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"SALUS POPULI SUPREMA LEX."

Original Communications.

—◆—

PRACTICAL OBSERVATIONS ON THE
ADJUSTMENT OF A FOOT-BOARD TO
DUPUYTREN'S SPLINT
—◆—
IN THE
TREATMENT OF FRACTURES OF THE LOWER
END OF THE FIBULA.

By JAMES STANNUS HUGHES, M.D., F.R.C.S.I.,

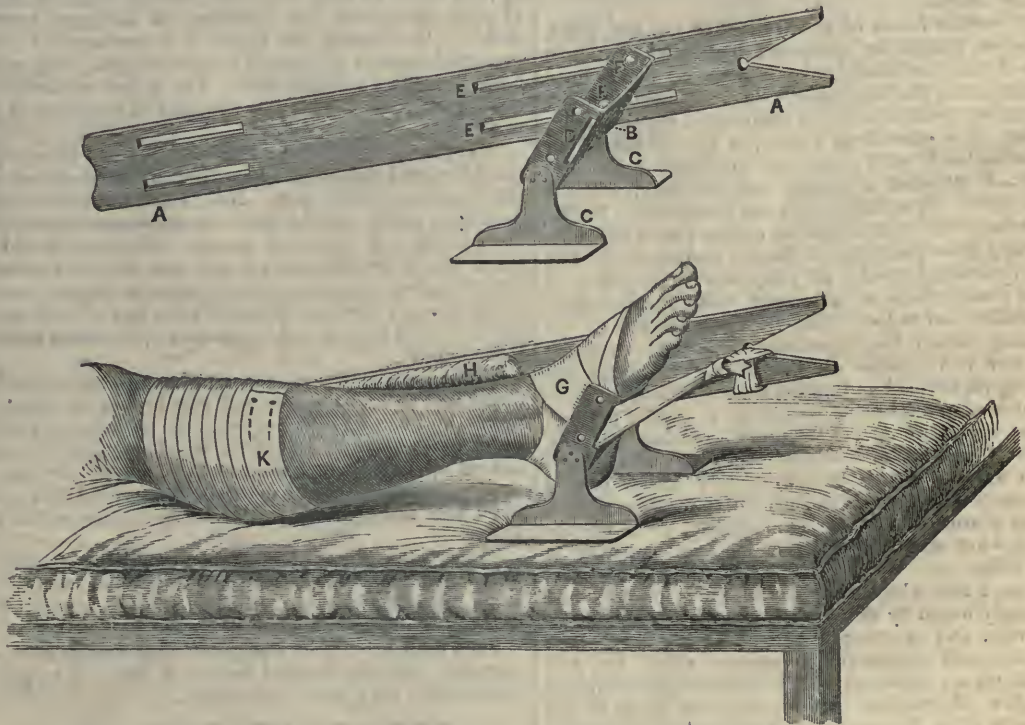
SURGEON TO JERVIS-STREET HOSPITAL; PROFESSOR OF SURGERY IN THE
ROYAL COLLEGE OF SURGEONS IN IRELAND; SURGEON TO THE LORD
LIEUTENANT'S HOUSEHOLD, ETC.

NOT long since I had the honour of laying before the profession a new foot-board for Desault's long splint in oblique fractures of the femur which met with general approbation. I now place before my brethren a foot-board which I contrived some ten months ago for Dupuytren's short splint in cases of fractures of the lower end of the fibula, and which I have since used with great advantage in several cases of these accidents.

The first patient on whom I tried the modification of Dupuytren's splint is a well known poor blind man of the name of Briggs, who obtains his livelihood by playing on a tin flageolette whilst led by a little dog through the streets

of Dublin. Briggs' having been knocked down and run over by a horse and car in July last, was carried into Jervis-street Hospital labouring under a fracture of the lower end of the fibula, together with rupture of the fibres of the infernal lateral ligament of the ankle-joint, and as a consequence, with eversion of the foot. The limb was placed in Dupuytren's splint (admittedly the best appliance in such a case), but it was found impossible to maintain the splint in its proper position by the ordinary means, owing partly to the helplessness of the poor blind man to assist in doing so, and partly to the constant tendency of the splint to become displaced by *ascend*. After some consideration I applied to the splint a simple lateral foot-piece made of sheet iron, presently to be described, by which the splint was not only prevented from becoming displaced by *ascend*, but the normal relations of the fibula and foot were steadily maintained throughout the treatment, and the heel was perfectly relieved from pressure—a point, as every practical surgeon knows, of great importance in these cases.

The apparatus consists, as may be seen by the accompanying woodcut by Mr. Oldham, from a photograph by Mr. Mercer and a drawing by Mr. Burnside taken during the treatment of Briggs' case, of Dupuytren's splint A A, with a lateral foot-board B, supported by two broad foot-stalks C C. On the external part of the foot-piece corresponding to the outer edge of the sole of the foot, there is a slot D, through which and the slots E E, the figure-of-eight bandage G, which extends and keeps the foot in its place, is brought out and applied in the usual manner after the conical pad H and upper roller K have been adjusted according to Dupuytren's directions. The extending force can be increased or diminished, the foot-board reversed, and the splint made to accommodate any sized patient by means of the two brass thumb screws F F, which are attached to the foot-board, and made to play in the slots E E.



The advantages of the above foot-board may be thus summed up:—

1st. The foot and fibula are steadily maintained in their normal relations.

2nd. The splint is prevented from becoming displaced by *ascend*, or in any other direction.

3rd. The heel is preserved from pressure.

4th. The extending force can with the greatest ease be increased or diminished, and the foot-board reversed.

5th. The apparatus is in no way irksome to the patient, and as it demands but very occasional readjustment, it saves the surgeon a great deal of time, trouble, and anxiety. Thus accomplishing in a very simple yet efficient manner with Dupuytren's splint even more than its distinguished inventor sought for in the treatment of fractures of the fibula.

The foot-board in question is, so far as I know, *original*—a term, however, which I have always been in the habit of using with great caution, for I well know that there are few surgical appliances which can in the present age be with truth so named, as can be easily proved by an inspection of the plates to be found in the works of Scultetus, Heister, Dionis, and other ancient authors.*

THREE CASES OF IMPACTED FÆCES IN THE POUCH OF THE RECTUM: WITH REMARKS.

By ANDREW PAUL, A.B.M.B., L.S.C.S.

Case 1.—In the summer of 1848 I attended a lady in town for spasm of the anal sphincters. I found her on the floor, with her feet elevated, and with intense bearing down at intervals in paroxysms resembling labour. Injections and aspersions, first hot, reduced down to cold from my douche bath, relieved her. On spasm subsiding, hard lumps were voided, with loud explosions of wind. Flatulence for years had been her trouble.

In 1851 I was written to, on a return of the same symptoms, more intense than in 1848. Aperients, injections did no good. I advised the passing of the finger, and if hard lumps were felt to hook them out. She did so, and succeeded—one, the size of a hen's egg, unusually hard, of a dirty chalky colour, when broken up contained a plum-stone. She declared she had not touched stone fruit for two months before.

Are the various forms of rectal diseases—to wit, piles, fissure, fistula, spasmodic sphincter, hereditary? as four members of this one family have been in my hands since 1837, constipation the forerunner with all, of local trouble. Some surgeons would divide the sphincters, yet this lady, the mother of a grown-up family, is now advanced in years, troubled only with occasional constipation.

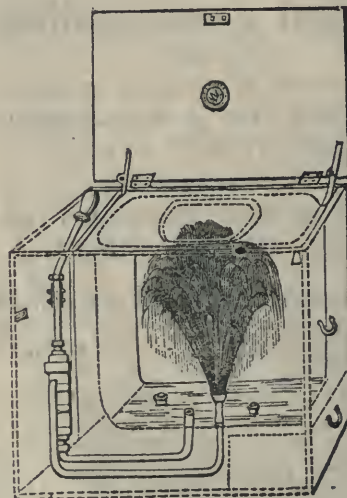
Case 2.—I attended a young married lady, without family, in 1855. Symptoms as in the foregoing. Unlike it, there was in this case much to contend with in treatment, arising from preconceived fancies and caprices. For example, compound powder of jalap was one medicine in the list of predilections, as a remedy, quite unsuited both to constitution and to local disease. Examination of the bowel being denied me, injections alone were complied with. After two months' attendance, violent abdominal pain setting in, calomel and opium were reluctantly taken. Bearing down and frequent desire to evacuate ensued, ending in expulsive efforts quite independent of will. Never will the mother of this lady forget the evolutions of fæces, in various phases of consistency, which ensued during twenty-four hours, the lady all the while in bed, and in the posture of a labour-pain woman, quite unconscious of what was coming from her, yet resulting in complete relief.

Here was a case wherein division of the sphincters had been strongly urged by the surgeon consulted previous to my first visit, and as strongly backed by the lady's husband, as the only chance for permanent relief, yet two years ago, on my seeing this lady, occasional costiveness was then her only trouble. Incontinence of fæces is admitted to be a too frequent sequel to division of sphincters, whether for fissure or fistula, making the remedy to the patient worse than the disease.

* The above foot-board was made by Messrs. O'Neill and Thompson of Heary-street.

Case 3.—In 1839 a lady in Devonshire consulted the writer for inward piles. Pressure alone, with cold water aspersion, gave at this time, and continued to give, relief.

I append an illustration of the apparatus employed for cold aspersion, which proved so efficacious in this case. Its principle and construction is manifest.



In 1864 I attended this lady for hæmorrhage from the bowel, the forerunner of a fresh growth of piles—"buds," in short, upon a very relaxed mucous membrane. Of both she was cured at the time.

Three weeks back a fresh attack was announced, calling me into North Devon. On examination, no vestige of piles could be seen, save the outward flaps or fringes of skin, indicating the existence of foregone tumours within. On passing the finger it encountered a round impacted mass in the pouch of the rectum, hard, and as large nearly as a cricket ball. The finger encircled this mass, as the accoucheur does the head of the fetus in parturition.

Were the sphincters to be divided, a stone forceps to be passed in, and this mass to be withdrawn whole or crushed? the rough-and-ready way. No. Incontinence of fæces, hereafter, might thereby prove an annoyance greater than such occasional impacted masses. Medicine would not touch this lump, injections would not stop up a sufficient time to soften the mass, hard for them, as urgent bearing-down in every position, from the erect to the inclined, was present, with tension and tenderness of abdomen foreboding mischief.

Making the curve of the sacrum a fulcrum, the forefinger and nail a drill, this ball was broken up into four pieces, and one was hooked-out; the remaining portions came away, aided by injections, which now—not as before—kept up a sufficient time to soften and to lubricate the residue. The blasts of gas escaping after all this astonished and made ashamed this old lady, now in her 75th year.

Though the widow of an eminent surgeon, she declared "she never heard of such a thing." "They will collect again," was the warning, "unless you take care." With that the writer took his leave.

Such cases are not of every-day occurrence, even with surgeons specially devoted to rectal disease; to general readers they may prove instructive.

27, Mecklenburgh-square, London, July, 1866.

The foundation stone of the new North Staffordshire Infirmary was laid by the Prince of Wales at Hartshill, near Stoke-upon-Trent, on Monday. The town and district were quite en fête, and business was almost wholly suspended.

ABSTRACT OF A PAPER
ON
SCURVY IN THE MERCHANT NAVY.

By Dr. W. DICKSON, R.N.,
MEDICAL INSPECTOR H.M. CUSTOMS.

(Read at the Epidemiological Society, June 4th, 1866.)

THE author had been engaged during the last twenty months in a series of investigations instituted by the Board of Trade, with the view of ascertaining the origin of scurvy in various ships which had arrived in the port of London, and in which the cases of the malady were either so numerous or so flagrant as to demand the notice of the Government.

Three years ago the Medical Officer of the Privy Council had called attention to the discreditable fact that this most easily preventible disease was still extensively prevalent in merchant ships, and at his request Dr. Barnes drew up a very valuable report, founded on his experience in the *Dreadnought*, where examples of scurvy are always to be found, and in every degree of intensity.

The public is chiefly indebted to the officers of that excellent hospital for information on the subject from Dr. Budd thirty years ago to Mr. Leach, the present Resident Physician, who has been indefatigable in exposing the abuses which, as he has gleaned from the narratives of the patients, indubitably exist, and in pointing out the means of redress. A very unsatisfactory feature in the recent history of scurvy is that, notwithstanding the acknowledged improvement in the condition of our merchant seamen since 1854 (the date of the Shipping Act), the disease appears to have increased rather than diminished.

The number admitted, for example, to *Dreadnought* last quarter was 39; that for the corresponding period of the three previous years being 22, 20, and 15. The admissions annually for some years have averaged about 90; those at Liverpool about 50. But these, of course, are only the more severe cases, hundreds of others not coming under professional observation, or only casually. At the Poplar Sailors' Home, for instance, it is reported that one-half of the inmates are affected in some degree, and one-twentieth are seriously afflicted.

In the scurvy-stricken ships the proportion of sick is often very large, ranging from 9 to 90 per cent. on strength. The mean ratio of 26 ships, with crews averaging 20 in number, was four cases, or 20 per cent. Out of 55 cases received from British ships into the *Dreadnought* 14 belonged to London ships, 21 to Liverpool, and 20 to other, chiefly northern ports. Of the foreign vessels, those from Hamburgh appear to be most affected. The voyages chiefly productive of scurvy are those from India and China, the duration of which varies from 90 to 150 days. The disease seldom breaks out in less than sixty days from leaving port. Any gross defect in the diet of the crew will therefore show itself unequivocally in the last days or weeks of the homeward voyage. It is at the time of rounding the Cape of Good Hope, or soon after, that scurvy generally appears, and those whose health has been weakened previously by other causes are almost invariably its first victims. Men whose constitution is tainted with syphilis, or who have suffered from climatic disease, and have perhaps been shipped direct from an hospital in some tropical seaport, begin to complain of muscular pains and extreme lassitude. The symptoms are often so obscure as to give rise to the suspicion of malingering. Mischievous, too, is sometimes done through the excusable error of the master in treating them as cases of venereal, rheumatism, and other diseases. Instances are not rare in which even the more characteristic signs of sponginess of the gums and mouth, and ecchymosis on the extremities, have been overlooked, and the patients, as well as their

shipmates, have been in ignorance of the true nature of the disease until their arrival in England.

There is often no emaciation, nor much outward indication of illness; yet exhaustion is so great that death sometimes occurs suddenly after slight exertion, or they have to be hoisted on board the *Dreadnought* in the last degree of prostration. There recovery is generally speedy and satisfactory; yet there is reason to believe that in many cases, as pointed out by Dr. Barnes, irretrievable damage is inflicted on the constitution, and the barrier is weakened against the invasion of other diseases. Phtisis and syphilis, in particular, appear to acquire increased intensity. The latter, indeed, is as much the bane of the merchant navy as scurvy is. Both cachexies react injuriously on each other. Conjoined with intemperance, hardship, and fatigue, they shorten the lives of individuals to an incalculable degree, and, by the disgust and terror they inspire, threaten almost to extinguish a most useful class of men, and to paralyze an arm which has been, both in peace and war, of the utmost value to the country.

In all the vessels inspected the outbreak of scurvy could be directly traced to privation of vegetable food, or of its recognized substitute, good lime or lemon-juice. In a few instances the provisions were deficient in quality and quantity, but as a rule they were unexceptionable. The same may be said of the men's quarters, and other hygienic conditions of the ships. Nearly all the men examined cheerfully acknowledged that, when sick, they had been treated with humanity and attention. But in no case was a wholesome mixed dietary used, such as is enjoined by law for our emigrants, convicts, soldiers, and seamen of the Royal Navy. The lime-juice, which is an undoubted preventive, during the time of an ordinary voyage, if issued as the Act requires, was invariably found to be either of bad quality, or served out irregularly, or neglected to be taken by the men themselves. In some cases it was not the juice of limes, but a spurious compound—a solution of citric acid flavoured with oil of lemons, which is much affected by shipowners and masters as less costly and less liable to spoil than the genuine juice. Experience has amply shown that, however plausible on chemical grounds this may be, it is, like all other medicated substitutes, comparatively valueless as an anti-scorbutic. More often the lime juice, originally good, had deteriorated from being kept carelessly in a large cask, and become either unfit for use or had lost by decomposition all its prophylactic virtues. An unaccountable prejudice prevents many merchant seamen from using even good lime-juice, and its use seems in all cases to be left too much to their own discretion. Their officers rarely take it, yet seldom suffer from scurvy, although their food in the smaller ships, which seldom carry passengers, differs but little from that of the crew. Yet that slight difference is essential; a few preserves, or vegetables that will keep, and the occasional use of beer or wine, prove sufficient to insure their safety. Although the young and feeble are the first affected in scurvy ships, the disease in time spreads in some degree to all, and by the time they arrive in the cold tempestuous latitudes of the Bay of Biscay and the English Channel, the crew is often so thinned by disease as to endanger the safety of the vessel. Even when the malady has distinctly shown itself, the island of St. Helena is in many cases passed by without touching for the supplies which would at once cure it and prevent its extension. Surely this is culpable neglect. It is sometimes explained by the stringent orders of the owners prohibiting all delay. Many scorbutic invalids are left, however, at St. Helena. Mr. Leach informs us that about thirty per annum are admitted into the island hospital, whose average treatment lasts thirty-five days for each, to say nothing of the very numerous cases of out-patients, in whom the symptoms are milder.

Details were entered into of mismanagement and improvidence that led directly to the disease in the vessels inspected. In some instances the masters seemed most to blame. In most, however, the chief responsibility rests

with the owners, who practise and inculcate an ill-judged parsimony, which is attended, as we have seen, with the most pernicious results. It is well known that many ship-owners pay great attention to the health and comfort of their crews, and that scurvy among them is as obsolete and unknown as in her Majesty's ships.

In the interest of a helpless, friendless class of the community, more isolated than any other, and including thousands of foreigners, who are attracted by the high rate of wages to our mercantile marine, it would seem to be the province of the State to interfere, and by more efficient legislation to lessen the evils that now so notoriously exist. Much was done for the seamen by the Act of 1854, but as germane to this matter it is defective in some essential points—1st, in not positively enjoining a mixed scheme of diet, of which fresh vegetables, or the best preserved substitutes for them, should form a part;* 2nd, in not insisting that lime-juice, in the form of lemonade, shall be served out every day on which fresh vegetables are not actually issued; and 3rd, in not providing that the lime-juice shall be ascertained to be of good quality, and supplied in such a form as to be reliable for at least two years as an anti-scorbutic. Regulations on the 1st and 2nd heads are easy and obvious; that on the 3rd is quite as essential.

Some interesting details were given as to the varieties of lime-juice and its analysis, and samples were shown of the nauseous, worthless stuff that is found under that name in scurvy-stricken ships. Even the best lime-juice should be mixed with 10 per cent. of spirit, and packed in sealed vessels not exceeding half a gallon. It should be given even with fresh meat, if, as sometimes happens, no fresh vegetables are procurable; and in the latter part of the homeward voyage the allowance should be increased to 1oz. per diem. All the substitutes for it now in use—citric acid, salts of potass, &c., should be prohibited. For securing a good article, *ab origine*, various plans have been suggested, among others, certificates from the vendors, warranting its purity and non-liability to decomposition. Respectable dealers receiving a fair price, would not decline a responsibility of this kind, and adulteration would be checked; or the lime-juice might be supplied to ships only from bond, after having been tested there, and mixed with the proper amount of spirit. Perhaps the most efficient check would be an official inspection, not only of lime-juice, but of the other provisions, more especially the anti-scorbutics. The Board of Trade, recognizing the importance of such preventive inspection, suggested the appointment of a medical officer for the purpose at nine of the chief ports. Control in such questions is vested in the Local Marine Boards, but, with the exception of London and Hull, the proposal was emphatically negatived by those boards as "unnecessary, impracticable, and interfering injuriously with the business of the port." It is worthy of note that it is from some of those very ports that the most flagrant cases of scurvy ships proceed, and where the adulteration and counterfeiting of lime-juice is most practised.

In a vessel from Sunderland, not long ago, two deaths from scurvy occurred, and four others of the crew were long in the *Dreadnought*, suffering from the cruellest form of that disease. The lime-juice supplied to that ship was a solution of citric acid.

Other instances of the same kind were adduced from Liverpool, Glasgow, and other ports, in which the result was not fatal, but many of the crews endured great misery from scurvy in its most intense form.

Some observations were made on the medical treatment of the sufferers, particulars of which are required by law to be recorded in the official log-book. Where the disease was recognized by the captain the remedies given were judicious, but, in the absence of the necessary articles of food, were of little avail. Great allowance is to be made

* It might also include, with great advantage, an occasional ration of beer or light wine, which are anti-scorbutics of great value.

for those officers who are often placed in very trying circumstances. They have too frequently reckless and insubordinate crews to govern, and have to do their best amid difficulties which can be realized in no other situation.

It seems desirable that some knowledge of the elements of hygiene should be acquired by young officers of the mercantile marine, and that they should pass a simple examination on the subject of preserving the health of the men they are destined to command. Erroneous ideas that now prevail on dietetics and other matters would thus be corrected. With seamen well cared for and contented, discipline and right feeling could be more easily maintained. Signs of decay in the mercantile marine are said to be so evident that its present depressed condition and the causes that have led to it are likely to engage the immediate attention of Parliament.

Much of the physical suffering of seamen may, doubtless, be alleviated if their diet, which is much the same kind as it was a century ago, were improved as indicated above. Various other points of hygiene in the merchant navy were discussed at length, and allusion was made to the necessity for an extension of the recent Contagious Diseases Act to our great commercial seaports, where it is even more imperatively called for than in garisons or naval stations.

Much benefit also was anticipated to the men, the masters, and owners of the small-class ships, which, as a rule, have no medical officers, if the crew were systematically submitted to a medical examination at the time of being entered for the voyage.

EXTRUSION OF THE UTERUS WITH THE FŒTUS STILL WITHIN ITS CAVITY.

In the May number of the *Detroit Review of Medicine and Pharmacy* Dr. E. W. Jenks, Physician to Harper Hospital, relates a case of extrusion of the uterus with the fœtus still within its cavity. The woman had been in labour four days under charge of a homœopath, when Dr. J. was called in. The waters had broken about forty-eight hours before, and the attending "doctor" described the case as progressing favourably, until the head was near the vulvar opening. Digital examination had disclosed the head presenting in the first position. When, after an intermission of some time, caused by the exhausted condition of the patient, the pains returned, the head and shoulders could be distinctly felt protruding from the vagina, but surrounded by something unusual at this stage of labour. Ocular examination revealed the fact that the head and shoulders were extended from the vulva, but *still in utero!* As the os uteri was no more dilated than at first (one and a half inches in diameter) the fœtal head could be distinctly seen, while the powerful propelling force of the abdominal muscles was pushing the uterus with its contents still further "into the world," and the overstrained os was beginning to tear at its anterior edge. The child being evidently dead, and rupture of the uterus threatening, under this condition Dr. J. encircled the fœtal head with his hands, for the purpose of preventing further protrusion or laceration, while Dr. T. who had also been called, reduced the head by craniotomy and then easily delivered the trunk with the crochet, through the circle made by Dr. J.'s hands. After removal of the secundines, the uterus was replaced in its normal position. There was little hæmorrhage and no further unpleasant symptoms. Convalescence was early established and the patient recovered her former health and strength.

The history of the case previous to labour explains the hindrance to its completion. At different times during pregnancy the uterus had been prolapsed and protruded beyond the vulva. At one time in climbing over a fence she slipped and severely bruised this dependent tumour, and an abscess in the muscular tissue of the organ resulted, which discharged for several weeks and then healed. The products of reparation in the healing of this lesion were the cause of difficulty in the dilatation of the os uteri in labour; for the cicatrix, formed of firm fibrous tissue, acted as an inelastic band, limiting the expansibility of the os beyond a given extent, which in this case was insufficient to allow the passage of the child.—*Phil. Med. Reporter.*

MATER MISERICORDIÆ HOSPITAL.

CLINICAL LECTURES ON DISEASES OF THE HEART.

By Dr. HAYDEN,

PHYSICIAN TO THE HOSPITAL.

LECTURE II.

MITRAL OBSTRUCTION.

Delivered Tuesday, 26th June, 1866.

[Continued from Vol. i, page 680.]

Case 6.—Mary S., aged 26, a native of the county of Clare, admitted into hospital, May 4, 1866. Seven years ago she emigrated to the United States of America, and whilst there had several attacks of rheumatism, in one of which the heart was engaged, as may be inferred from blisters having been at that time applied to the præcordium.

She returned to Ireland in July, 1865. About a year ago her legs became swollen. The swelling disappeared after a short time, but it has since occasionally returned. A month previous to the date of admittance she threw up a quantity of blood, and again a fortnight later.

Present condition.—Pulse 72, weak, but regular; tongue clean; appetite bad; bowels free; face fresh-looking, and free from congestion; œdema of feet; chest universally resonant, and respiration natural; dyspnœa on exertion; area of præcordial dulness not increased; apex beat feeble, and in normal situation; here both sounds are distinct, the first a shade softer and more prolonged than natural, but unattended with murmur. *Immediately preceding* and extending to the first sound is a soft bellows murmur, occupying the latter portion of the diastolic pause, and perfectly distinct from either normal sound. This murmur is loudest at the apex; it is faintly audible at the base; not at all in the course of the aorta, but distinctly audible at the inferior angle of the left scapula. The second sound is greatly intensified over upper edge of left third costal cartilage, in the area of the pulmonary artery. To have chlor. ether and aromat. spirit of ammonia, of each ℥iij., in camphor mixture to eight ounces; a tablespoonful to be taken three times daily; nutritious diet, fresh air, and very gentle exercise.

May 15th: A murmur accompanies first sound to-day; no murmur precedes it.

May 16th: Condition is much improved; no œdema of feet; pulse now strong, as well as regular; appetite and sleep satisfactory; no systolic murmur audible to-day; præ systolic murmur distinct as on the day of admission. Patient discharged at her own request, as she declares she feels well enough to resume her duties as house-servant.

This was by no means an aggravated case of mitral contraction; or rather the disease was, in this instance, in its earliest stage, after the subsidence of the acute inflammation which gave rise to it. The symptoms and signs were, however, quite unmistakable; thus, the rather fresh tint of the face, associated with a quick and thready (though in this instance, not irregular) pulse; œdema of the feet; slight dyspnœa on exertion; expectoration of blood, with scarcely any cough, and none of the signs or symptoms of phthisis; and above all, the characteristic murmur preceding the first sound of the heart, and loudest at the apex, left no doubt whatever upon my mind as to the precise nature of the cardiac lesion to which they were due.

Since I commenced to prepare this lecture another case (being the seventh) of mitral contraction has come under our notice; it is now in St. Catharine's ward, and you have an opportunity of studying and applying to it the diagnostic rules which I have laid down for your guidance.

Case 7.—Jane M., a poor woman, remarkably thin, aged 50, was admitted June 1, 1866; health has been moderately good; has never had rheumatism; two years

ago, after suffering much mental distress, she experienced, for the first time, palpitation and pain in the region of the heart; latterly her feet and legs became swollen; pulse so weak and irregular that it cannot be counted at the wrist; it is quite imperceptible on the right side, and barely perceptible on the left; counted by the heart it registers 150 in the minute; liver is much enlarged in both lobes, and descends nearly to the umbilicus; it is prominent but even on the surface, and not tender on pressure; there is not, nor has there been, jaundice; slight œdema at outer ankles; fingers and toes cold and livid; face rather fresh in colour, and not indicative of cardiac distress; heart's action remarkably irregular; both sounds clear and ringing, unattended with murmur, and extensively transmitted over front of chest; especially loud in course of aorta; cardiac impulse strong and labouring, contrasting markedly with radial pulse; apex-beat diffused, but not towards left side; resonant and respiratory sound over lungs are normal; some mucous râles over base of right lung. To have a rhubarb draught and two ounces of whisky with nourishment.

June 2nd: Pulse barely perceptible on right side; somewhat stronger on left, and 84 in the minute. Patient feels better. To have a tablespoonful of the following three times daily:—R. Tinct. ferri sesquichlorid. ether. chloric. aa. ℥ii., infusi quassia ℥viiss. M.

June 10th: Much œdema of feet and legs; orthopnœa; dulness over base of left lung, and here coarse crepitant râles are heard. To be dry-cupped over lower part of left side of chest, and take the following, viz.:—Tinctura digitalis gtt. v., spirit. juniper. c. ℥i. in mist. camphoræ ℥i. every sixth hour.

June 12th: Passed a bad night, having slept scarcely at all. To have chloric ether ℥i., solution of muriate of morphia ℥ii., in an ounce of camphor mixture every night.

15th: Pulse not perceptible on right, and barely perceptible on left side; it is irregular and intermittent, as is likewise heart's action. A *systolic* "whiffing" murmur is audible over the apex, or rather somewhat to the left of the nipple to-day; it is not audible elsewhere; both cardiac sounds are heard at the inferior angle of the left scapula, but no murmur. Second sound is much intensified over root of pulmonary artery; dulness on percussion over base of left lung, where respiration is feeble and attended with crepitus; spat some blood mixed with mucus last night; œdema of lower limbs; face free from œdema and lividity; no venous engorgement of neck; very little respiratory distress, save at night; a stinging pain occasionally experienced in region of heart; this has been relieved by an opiate plaster.

June 19th: Pulse 108 counted by the heart; orthopnœa; scarcely any respiratory distress in sitting posture; both sides of chest dull inferiorly, and to a corresponding extent respiration is weak and accompanied with obscure crepitus; has continued to expectorate a little blood since last report; an obscure rubbing or grating murmur immediately preceding the first sound is heard over the apex; it occupies the latter portion of the long or diastolic pause, but does not touch the first sound. For the last few days, having a strong impression on my mind that this case was one of mitral constriction, owing to the peculiar grouping of signs and symptoms so closely resembling those of the cases already detailed, I had been looking out for the characteristic præ systolic apex murmur, and mentioned my suspicions to the class. To-day, for the first time, this murmur was distinctly heard and identified, and thus the evidence of mitral obstruction was rendered complete.

June 21st: Pulse 114; respirations 30; urine 1015 s.g., acid, and free from albumen; murmur is to-day systolic exclusively.

June 22nd: Præ systolic murmur alone audible to-day; it is rough but faint, and audible only occasionally—i.e., when, as happens once every two or three minutes, the heart acts several times with unusual force and rapidity.

June 23rd: Præ systolic murmur remarkably distinct to-day, and is the only murmur present; it is not audible in

back, nor is second sound accentuated over pulmonary artery.

Before attempting to estimate the diagnostic value of the *præsystolic* apex murmur, as evidence of obstruction at the left auriculo-ventricular orifice, it is necessary you should have a definite and correct idea of the natural order, grouping, and rhythm of the phenomena which constitute a cycle of the heart's action.

As I cannot make this portion of our subject clearer than by quoting from my paper on "The Rhythm of the Heart's Action," read before the Medical Society of the College of Physicians on the 19th May, 1865, I will take the liberty of doing so briefly:—

"The whole period covered by a single action of the heart is divisible into two parts of unequal length, corresponding to the *ventricular systole* and the *ventricular diastole*. Of this period one-third is occupied by the ventricular systole, and two-thirds by the ventricular diastole, the pulse being at the rate of 90 in the minute.

"The first sound and the impulse initiate the ventricular systole, and are immediately succeeded by a short period of silence, or a pause, during which the ventricular systole is continued; this pause, which corresponds to the 'short pause' of French writers, I propose to distinguish by the title of 'systolic pause,' as indicating the state of the ventricles during its occurrence; it is of very brief duration, at the normal rate of the heart's action, not calculable, but distinctly appreciable by the ear, and is a pause only in the sense that that portion of the ventricular systole which coincides with it is unattended with sound.

"The second sound immediately succeeds the systolic pause, and determines its duration; the period of time covered by it is quite incalculable, but belongs to that assigned to the ventricular diastole. It is succeeded by a long pause, which I propose to designate as the 'diastolic pause,' in contradistinction to the former.

"This pause corresponds to the interval between the second sound and the first, and, at a pulse-rate of 90, occupies a period of one half second, *minus* the length of the second sound. During this pause the ventricles are undergoing dilation and the auricles contraction. There is, therefore, no pause in the sense of complete absence of movement of any of the chambers of the heart; the so-called pause is a period of *silence*, not one of inaction.

"During the period corresponding to the second sound and the diastolic pause—that is, to the ventricular diastole—the auricles are in a state of contraction; this is feeble and of an undulatory character till towards its conclusion, when it becomes quick and energetic, completing the distention of the ventricles, and is immediately succeeded by their contraction. This terminal portion or acme of the contraction of the auricles I propose to designate the 'momentum of the auricular systole,' because then the auricles, having discharged a portion of their contents, have acquired their maximum power of contraction, and propel a further volume of blood with increased force and rapidly into the ventricles.

"The forced and sudden entrance of blood into the ventricles during the momentum of the auricular systole serves the useful purpose of communicating to the ventricles the stimulus of distention, in response to which they immediately react upon their contents, and thus complete the cycle of the heart's action."

A murmur occurring during the period of the first sound is usually designated a "systolic murmur," and a murmur occurring during the period of the second sound a "diastolic murmur"—that is, *ventricular systolic* and *diastolic* respectively. This nomenclature would be unobjectionable did the ventricular systole accurately correspond in duration with the first sound, and the ventricular diastole with the second sound. Such, however, is not the case; for the ventricular systole, as already shown, extends over the first sound *plus* the systolic pause, and the ventricular diastole over the second sound *plus* the dias-

tolic pause. Hence, it should be distinctly understood that the terms "systolic" and "diastolic," as now commonly applied to cardiac murmurs, are intended to convey that the murmurs spoken of *coincide with, or replace,* the normal first and second sounds respectively. With this limitation the terms are quite unobjectionable, and may be allowed to stand; but without it they must lead to confusion and laxity in diagnosis.

The application of the terms "systolic" and "diastolic" being thus restricted to what they are really meant to express—namely, murmurs coinciding with the sounds of the heart—it is manifest that other designations must be found for murmurs which are *out of time* with these sounds. To this class of murmurs belongs, in a præminent degree that which has been named "præsystolic," and by Gairdner "left auricular systolic;" the former term implying that the murmur *precedes* the first sound which inaugurates the ventricular systole, and the latter, that it coincides in time with the contraction of the left auricle.

If the limited application of the term "systolic," already suggested, be borne in mind, the designation "præsystolic," as applied to this murmur, will be strictly appropriate, sufficiently expressive of its rhythm, and the most convenient for use.

The pitch and quality of this, as of other cardiac murmurs, will be found to vary in different cases. It is, however, usually harsh and whispering; thus, rrrr fine, in time it occupies the terminal portion of the long or diastolic pause; immediately *precedes* the first sound, running up to, without extending into it, and therefore coincides with the acme or "momentum" of the auricular systole.

A murmur of this character and rhythm, loudest at the left apex, not audible, or faintly so, at the base, and not transmitted save occasionally to the left side of the lower dorsal spine, may be regarded as diagnostic of mitral obstruction; and if, to the physical evidence thus afforded, be added œdema, rarely and never till the last stage of the disease, extending to the face; comparatively trivial venous engorgement, shallow respiration, dyspnoea, and occasional hæmoptysis, not due to primary disease of the lungs; and lastly, the thread-like, faltering, irregular, and intermitting pulse, the evidence is now complete, and fully warrants the confident diagnosis of narrowing or stenosis of the mitral orifice.

Taken alone, and with the limitations as to site and rhythm already mentioned, the murmur now described may be considered pathognomonic, but without these qualifications a localized atrition murmur due to pericarditis, and possibly also a murmur caused by patency of the foramen ovale, or by an aneurism of the left auricle, may be mistaken for it.

None of these murmurs, however, would have its point of maximum intensity at the left apex, or be inaudible at the base. Nor, in the absence of mitral constriction, would any of them be associated with the remarkable group of symptoms already described as characteristic of this lesion.

It is right I should inform you that stethoscopists are by no means agreed as to the identification and significance of the præsystolic murmur; some deny it altogether, and many, whilst admitting, attribute it to causes other than mitral obstruction.

It is no part of my duty to reconcile or explain these discrepancies; I am content to reassert in the most confident manner all I have advanced in relation to this murmur, and to express my conviction, notwithstanding the scepticism or dissent of men for whose opinions I have the greatest respect, that ere many years it will have assigned to it a prominent place in the catalogue of acoustic signs which yield definite and positive evidence of special structural lesions of the heart.

Dr. Blakiston ("Diseases of the Heart," 1865, page 246) says, "The chief physical sign of mitral obstruction is a diastolic murmur; it is rarely, however, that such a murmur is engendered, because the size of the auriculo-ventricular opening is so large," &c. Here the murmur

of mitral obstruction is described as "diastolic;" this is not strictly correct in the conventional sense, and by fixing attention exclusively on the second sound may lead either to non-observance of the murmur where it exists, or to non-identification of its true nature even when detected.

Præsystolic murmur is, no doubt, frequently absent in cases of veritable mitral obstruction, but never till the advanced stages of the disease, when the vigour of the heart has become much impaired, and even then *only at intervals*, except as regards the period immediately preceding dissolution.

Dr. Peacock ("Valvular Diseases of the Heart," 1865, page 109) says, "In cases of mitral disease it would often be difficult, if not impossible, to distinguish between simple obstruction and regurgitation;" and Dr. Andrews, in his recent article "On the Diagnosis of Systolic Endocardial Murmurs whose point of greatest Intensity is at or near the left Apex of the Heart," published in the first volume of "The St. Bartholomew's Hospital Reports," October, 1865, writes, "At the same time it must be confessed that the diagnosis of a præ systolic from a systolic ventricular murmur is one of the most difficult tasks in the physical examination of the heart, and is often all but impossible."

I have thus collated the opinions of three of the most recent writers on diseases of the heart, in order that you may understand the present state of knowledge on this subject and have your senses sharpened for further observation.

Skoda says (Markham's translation, page 232), "In the left ventricle during its diastole a sound unaccompanied by a murmur—second sound—indicates that there is no constriction of the left auriculo-ventricular opening, and that the blood, in passing from the left auricle into the left ventricle, does not flow over any roughened surface."

In reference to this passage I will only observe that the diastole of the ventricles commences *with* the second sound, and ends *at* the first; that the only sound occurring within this period is the second, which is never *accompanied* by murmur in simple obstruction at the mitral orifice, whether constrictive or not; and that, therefore, the absence of murmur with the second sound affords no evidence whatever of the absence of disease at the left auriculo-ventricular opening. The murmur indicative of mitral constriction or roughening occurs in the latter portion of the long or diastolic pause, in the "præsystole" of Gendrin, and is therefore preceded and separated from the second sound by the first and greater portion of that pause.

To Dr. W. T. Gairdner of Glasgow is due the chief merit of having established, in a clear and satisfactory manner, the differential diagnosis of mitral obstruction, and of having brought it prominently before the profession.

In his original and admirable work, "Clinical Medicine," 1862, page 599, Dr. Gairdner says, "Auricular systolic murmurs are certainly not rare; for here are seven of them, at least, in three months, as a counterpart to the same number of aortic murmurs, which nobody will assert to be rare. To me they are among the commonest and the most easily detected of all the cardiac murmurs; and, seeing that I regard the auricular-systolic murmur as all-important in the diagnosis of primary mitral disease, you may trust me when I tell you that in many years' hospital experience I have not seen a single instance in which an auricular-systolic murmur, being of mitral origin, has been produced by mere regurgitation, not a single instance in which such a murmur has occurred without either vegetations or contraction of the orifice. On the other hand, I have seen many cases of widely-dilated mitral orifice with evident regurgitation, but without obstruction or deformity; and in every one of these cases the murmur (if present at all) has been ventricular systolic. In our seven cases, therefore, I feel as sure as I can well be of anything in medicine that we have to do not only with mitral disease, but with mitral obstruction." I willingly and cordially subscribe every word of this passage, with one re-

servation—I do not think the præ systolic murmur easy of detection; it requires close attention, and a readiness in seeing and appreciating the peculiar and distinctive *rhythm* of the murmur, and therefore considerable practice, to detect it in the majority of cases.

Dr. Gairdner's cases were seven in number, as published in the "Clinical Medicine," amongst which were two deaths and one dissection, the latter confirmatory of the diagnosis.

My cases are also seven in number, with three deaths and three dissections; in six out of the seven the diagnosis was made; in the seventh it was not made for reasons already given, although post-mortem evidence showed that mitral constriction was considerable. In the two remaining cases in which a post-mortem examination was made it was confirmatory of the diagnosis.

The prognosis in these cases is of the most unfavourable character. I cannot altogether agree with Dr. Gairdner in the opinion that "mitral regurgitation on the average of cases is a much more immediately dangerous form of disease than mitral obstruction;" it may be more "immediately," but is not more certainly fatal than mitral obstruction.

In regard to treatment, very little need be said. The tendency to death is by asthenia and vascular engorgement of the lungs; the former due to failure of the systemic circulation by defect of supply, and the latter to obstruction on the left side of the heart. The object of treatment should therefore be to sustain the failing circulation by increasing the contractile force of the heart, which probably has itself suffered some impairment by defective coronary circulation.

This is best accomplished by the administration of ethereal and alcoholic stimulants, and by nutritious diet frequently given, and in a concentrated form.

Congestion of the lungs should, at the same time, be kept in check by means of dry cupping and counter-irritation, and the *volume* of the blood kept at a low standard by mild hydragogue aperients and diuretics. I have found much benefit in the treatment of these cases from the use of tincture of the sesquichloride of iron and chloric ether, of each three drachms, in seven ounces of infusion of quassia; a tablespoonful to be taken three times daily.

I have now done, and for the length to which my observations have been extended, the interesting nature of the subject, its novelty amongst us, and my desire to put you in possession of the clinical history and distinctive characteristics of these cases, and of the present state of knowledge on the subject generally, must be my apology. I shall continue to use such opportunities as may be presented to me of making further observations on this subject, and at some further time I hope to lay the result before you.

CEREBRO-SPINAL ARACHNITIS.

By P. C. LITTLE, F.R.C.S.I., &c.

Case 1.—At 9 p.m., of the 28th February, having visited M. M., aged 38, the mother of twelve children, and in her seventh month of pregnancy, I found her insensible and in fearful convulsions, which continued for about five minutes, after which there was an interval of comparative ease. During this period the patient's body was rigid, and appeared to rest upon the vertex and heels. The face was dark and puffy; jaws open and foaming; tongue protruding, lacerated, and too large for the mouth; eyes staring; pupils dilated; conjunctivæ suffused; muscles, especially of upper extremities, quivering; hands clenched; skin very dry and hot; pulse 120, sharp, but small; respirations difficult, irregular, mean 22; heart's action quick but otherwise normal; lungs healthy; bowels free; stomach sick; deglutition almost impossible; convulsions recurring every quarter of an hour.

I could detect nothing in the condition of the uterus to account for those alarming symptoms; but I perceived

a determination of blood, and an increase of heat along the spine, and with digital pressure discovered deep-seated tenderness extending on either side of it, from the fourth cervical to the third dorsal vertebra.

There was nothing in the history of the patient's family to explain this illness; and she herself had enjoyed excellent health up to two years ago, the date of her last confinement, in which she caught cold, and since which she has been delicate; has frequently had pains in the back, and slight attacks of convulsions about every second month, without loss of sensibility. The present visitation came on suddenly, and has continued for more than twenty-four hours, with unconsciousness, and is increasing in severity, although she has been actively treated with enemata, aperients, sinapisms, stupes of turpentine to the abdomen, and fly blisters behind the ears.

I advised the immediate application of twelve leeches to the spine, to be followed by hot poultices of bran and linseed meal; a powder of calomel and jalap (twenty grains of each) to be at once administered, and warm drinks of whey or barley-water when admissible.

On my visit next day, I was informed that the dangerous symptoms disappeared, and that consciousness returned during the leeching. There had been, however, some muscular spasms since that. The patient being now able to converse with me, complains of pains all over, of soreness of tongue, and of flashes of fire before her eyes. Her face is more tranquil; pupils still dilated; pulse 100, soft; skin much cooler.

I then placed her upon a short course of mercury, with James's powder (gr. ij. of the former, and gr. iij. of the latter, every third hour), and ordered a lotion for the tongue. In a short time the disease yielded to this treatment, which I terminated with blisters to the spine and general tonics. On the 13th March she was quite well, and took a drive in the country. I afterwards heard that at her full time she brought forth a living child, and that there had been no return of the convulsions.

Case 2.—R. S., aged 13, a plethoric muscular girl, suffering from convulsions with cerebral disturbance, was placed under my care January 18. The attacks recurred about every half-hour, and lasted for nearly ten minutes, during which time the body was strongly curved backwards; the muscles, and in particular those of the arms and face, were awfully convulsed; respirations rapid and irregular; countenance purple and swollen; mouth frothing; jaws firmly set, with some teeth broken from grinding; eyes rolling and winking; pupils dilated; conjunctivæ injected; insensibility, and frequent screaming. The fit subsided with the apparent exhaustion of the patient. In the intervals, the opisthotonos and tonic spasms continued, and consciousness partially returned. She complained of pains in the head and back, and of sickness of stomach. The menses had not yet appeared.

On examination, I observed photophobia, nervous irritability; calor mordax of skin; cold feet; pulse 140, variable in volume; physical developments, indicative of the approach of the catamenia; signs of local inflammation along the spine, from fifth cervical to sixth dorsal vertebra, with great tenderness over the third dorsal.

The disease seems to have originated in cold in the following way:—A fortnight ago, during the frost, the patient imprudently went into the garden in her bare feet, to play on the ice, of which she ate freely, and after having spent some hours in that way, felt a great chill, became very sick, and went to bed. Restoratives were given, and heat applied to relieve the shivering, but she grew worse; soon pains all over, headache, sickness of stomach, twitching of the muscles, and feverish symptoms set in. The day following slight convulsions occurred; ever since which they have been increasing in frequency, severity, and duration, notwithstanding that many remedies had been tried to allay them.

I ordered eighteen leeches at once to the tender part of the spine, and afterwards hot poultices; and an aperient immediately of cal. gr. x., and pulv. jal. co. gr. xv.

Next day she was better; slept pretty well last night; spoke sensibly; convulsions much less frequent and lighter; pulse 128, fuller and softer; face flushed; pupils dilated. I then put her on calomel and James's powder, until the system became affected, when I blistered the spine repeatedly, and pursued general tonic treatment. By such means the patient was perfectly restored in less than a month.

The following is a summary of the grounds of the diagnosis in these cases:—

1. The strong incurvation backwards of the spine.
2. Tetanic character of the convulsions.
3. Tonic spasm of the muscles.
4. Spinal tenderness.
5. Cerebral disturbance.
6. Irregularity of respiration.
7. History of the cases.

The foregoing left little doubt as to the nature of the disease. It had many features in common with affections of the spinal cord or its coverings, while it differed from those in some important particulars. Thus, in tetanus, cholera, or strychnia poisoning, we observe opisthotonos, convulsions, spastic contraction of the muscles, and irregularity of respiration, such as existed in these cases, but not the spinal tenderness and unconsciousness which distinguished them. On the contrary, the diseases mentioned are remarkable for exalted sensibility and acuteness of intellect. Strong cerebral derangement, when associated with such spinal indications as were in the present examples, may therefore be looked upon as of much value in the diagnosis of cerebro-spinal meningitis. And' if we adopt the opinion of Martinet and others, the measure of such derangement will depend upon the extent to which the meninges of the brain (probably those of the anterior superior aspect) may be implicated.

M. Trousseau, and the late lamented Dr. Mayne, who added much to our limited knowledge of this obscure subject, attached great importance to the character of the respirations in this disease. In the present cases, inspiration was strong and forced relatively to expiration, which was feeble, and generally almost inaudible. The respirations were rapid and irregular during a convulsion; afterwards they became slow and intermitting, and at times appeared as if they had for ever ceased.

The history of each case assisted materially in the diagnosis, as it pointed to cold as the exciting cause of the disease. What were the pathological effects which this agent may have produced in the envelopes of the spinal cord and brain?

If we accept as axioms in the human economy that the more complex the organism the more easily its harmony of parts and functions may be disturbed, and that the vascular supply is in proportion to the activity of the organ, we may arrive at a solution of the question. Without doubt the cerebro-spinal apparatus is the most wonderfully complicated, the most active and vascular portion of the system, and therefore most susceptible of derangement from disturbing causes, such as cold, external injury, tubercular deposits, &c. Moreover, if such influences act under circumstances in which the nervous system may be long and intensely excited, evil consequences are more certain to follow, illustrations of which we have before us. Thus, in Case 1, the many previous labours of the patient, her impaired health, and the extreme excitement of her cerebro-spinal and sympathetic systems during parturition, favoured the action of the exciting cause, which began by retarding the functions of the capillaries, induced a low form of inflammation, and ended in the symptoms described.

In the 2nd Case, the same cause operated upon a system preparing to undergo the most remarkable change in female life, and one always preceded by great nervous and vascular excitement.

That the disease commenced in the capillaries we

may reasonably infer from the delicacy of their mechanism, their known susceptibility for cold, and the slight occasions which may disturb their nervous relations. Pathology adds still stronger proofs in favour of this view. In cases such as these, during life the local effects of inflammation are noticed, at least as regards the spine; and after death, the more advanced products of inflammatory action are seen in the thickening of the membranes, adventitious deposits, effusions, and increased vascularity. The last condition is most general and most distinct where the capillaries attain their highest development in the pia mater of the cord and brain.

Presuming that this disease originates from the action of a foreign element, subverting the dominion of the sympathetic nerves over the capillaries, it may be asked why these nerves in preference to the cerebro-spinal are assailed? It may be because, the latter appointed for more active offices, are endowed with higher vitality, and are less exposed to disturbing causes than the former. The sympathetic system appears to hold a secondary place in man's organization, in controlling the vast cerebro-spinal current, which is destined to sustain, but which, without restraint, may extinguish, animal life. These two great nervous forces resemble in a manner the opposite poles of a magnetic battery. They act and counteract upon each other, the cerebro-spinal generally preserving a positive and preponderating influence. In some epidemics the latter is the more remarkable, as (on our hypothesis) its counterpoise, the sympathetic power, is suspended.

This disease occasionally assumes an epidemic character assignable to some local depressing cause. It so occurred in this country in the lamentable famine of 1846; in France, when large bodies of conscripts were crowded together; and in the United States, during sudden and great changes of temperature.

The cases before us had many epidemic features. They happened about the same time; in the same locality, a badly drained one; they had a common origin—cold; and were amenable to the same remedies.

The treatment was modified according to the circumstances of each case. Had I seen the patients before the disease had fully established itself, I should have tested the advantages of ice to the spine, so much extolled in kindred affections. There seems to be no reason why the early use of such an application, combined with antimonial saline aperients, should not relieve the spinal congestion, and restore tone to the capillaries. However, the period in which that might have been of service having passed by, I felt called upon to subdue the high inflammatory action that ensued. Blood was therefore quickly extracted from the tender part of the spine, with a two-fold object—firstly, to afford speedy relief to the patient; secondly, to gain time for the action of a more certain and permanent remedy. In meningitis, save perhaps in the tubercular form, timely local blood-letting will be of great benefit. Here the most gratifying effects followed this treatment, which was directed against the most evident seat of the inflammation. In similar cases, but without spinal tenderness, we might, with like fortunate results, begin by treating the most prominent symptoms, whether they be referable to the spine or the cerebrum; and afterwards we may act generally upon the disease, and so complete the cure. To attain this end, we rely solely upon mercury. In the last century, Dobson recommended it in acute hydrocephalus, on account of its action upon the absorbents. There can be no question regarding its efficacy in cases like the present, whatever objection there may be to its use in tubercular meningitis. In the latter, perhaps counter-irritation by blisters, setons, or escharotics, with general tonic treatment, would be most successful.

1, Lower Dominick-street.

THE DUKE OF EDINBURGH laid the foundation stone of a new infirmary for children, at Liverpool, on Saturday.

Hospital Reports.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

CASES UNDER THE CARE OF MR. PORTER,

SENIOR SURGEON TO THE HOSPITAL.

[Reported by ARTHUR WYNNE FOOT, M.D.]

(Continued from Vol. i., page 682.)

EPITHELIOMA IN THE LOWER LIP OF A FEMALE.

Case 24.—A woman, 77 years of age, was admitted early in the present month, under Mr. Porter, with an epithelial ulcer at the left side of the lower lip. The ulcer was oval, involving the free border of the lip and equal portions of its mucous and cutaneous surfaces. She had been a smoker for the last forty years; the present ulcer originated about twenty years ago in a crack or fissure, which healed up and reappeared from time to time, until by degrees a distinct sore became established. Since the year 1861 twenty cases of epithelial cancer have been operated upon in the Meath Hospital, and of these but two were females. In connexion with this circumstance Mr. Porter remarked upon the predilection of this disease for the lower lip. The preference of this disease to attack the male sex and lower lip is observed in all countries. Of eighty-one patients affected with labial cancer in the practice of Riberi of Turin, three of the cases occurred in women, and in only four was the upper lip affected. He also alluded to the advanced age at which this disease generally appears, and to the frequency with which this form of cancer appears to be connected with external rather than internal agencies. Though the disease is very frequently assigned to the irritation of a pipe, so much so, that the late M. Roux attributed the fact of his having met with a larger proportion of cancerous affections of the lips during the latter half of his surgical career to the increase in the practice of smoking, yet others have met with many cases of the disease in such places as among the peasantry of the mountains of Puy-de-Dome, and the vicinity where smoking is almost wholly unpractised. The prevalence of this disease among the lower classes, which all have observed, is attributed by Riberi chiefly to local irritation of the lip from any cause, neglect of personal cleanliness, and exposure to the vicissitudes of the weather. From a statistical analysis of one hundred and twenty-seven cases of epithelial cancer, published in the *Medical Times and Gazette* of 1860, it is shown that women are the subjects of this disease in the proportion only of 5 to every 100 males; that when it does occur in women it is usually in those who have been accustomed to smoke; that the lower lip is affected in 90 per cent. of the cases, the angle of the mouth in 6 per cent., the upper lip in 4 per cent.; and that the average age of patients suffering from cancer of the lip is 58 years.

RODENT ULCER AT THE INNER SIDE OF THE EYEBROW— TREATMENT WITH SIMPSON'S PASTE.

Case 25.—A shoemaker, 45 years of age, came under Mr. Porter's care, as an out patient, early in the present month with an ulcer situated close to the inner side of the left eyebrow, almost immediately above the articulation between the frontal and nasal bones. It was of irregular outline, the edges hard and raised, the surface much depressed, dry, and clean, without discharge or fetor from it. Till recently it caused no pain, although it had existed for six years, having originated from the wound received by hitting his head against a door. This wound never healed, but slowly increased in size; no exfoliation of bone occurred, nor was there any evidence of dead bone lying in the ulcer. There was no enlargement of the cervical glands, nor any deterioration of his general health. His anxiety to get cured arose chiefly from the unsightly ap-

pearance of the sore, and because its vicinity of the inner edges of the eyelids caused them to swell and interfere with the use of that eye in the pursuit of his trade. Mr. Porter filled up the excavation of the ulcer with the escharotic paste of Sir James Simpson, made by mixing intimately finely-powdered anhydrous sulphate of zinc with glycerine, in the proportion of a drachm of glycerine to one ounce of the powdered zinc. The pain of this caustic commenced in about half an hour after its application, and continued severe, but not unbearable, for four hours. Mr. Porter observed, in reference to the use of this caustic in rodent and epithelial ulcers, upon the advantages it possesses in not being deliquescent, and therefore very manageable, in its action being limited to ulcerated or abraded parts, the surrounding skin remaining uninjured, and upon the slight local inflammation it excites. It, moreover, acts rapidly, and will keep for any length of time. The effect of this caustic is the separation of a slough of a white colour on about the fifth day, leaving a granulating wound disposed to cicatrise.

That this ulcer deserved the name of the rodent ulcer, given to it by Lebert, and adopted in this country by Paget, was apparent from its neither belonging to a lupous nor epithelial variety of sore. In a clinical report published on this subject by Mr. Jonathan Hutchinson, it is stated that this ulcer differs from lupus exedens in that it never occurs in the young, and never gets well spontaneously, while lupus exedens but rarely begins after the age of thirty, and usually tends, after the lapse of time, to cicatrise spontaneously. The ulcer in question differs from cancer in that there is but seldom present any tendency to the production of new material, that it never causes the glands to enlarge, nor induces morbid growths in the internal viscera. It is most commonly met with between the ages of 50 and 60, and is equally frequent in both sexes. The diagnosis is thus set forth. An ulcer, with a hard sinuous edge, situated on some part of the skin of the upper two-thirds of the face, of several, perhaps many, years' duration, almost painless, and occurring in a middle-aged or elderly person, of fair health, and without enlarged glands. Mr. Hutchinson pays a well-deserved tribute of praise to the accuracy with which Dr. Jacob, prior to all others, described this disease, in the fourth volume of the "Dublin Hospital Reports," under the title of "Observations respecting an Ulcer of peculiar Character, which attacks the Eyelids and other parts of the Face."

BITE IN THE LEG FROM A DOG—APPLICATION OF STRONG NITRIC ACID IMMEDIATELY AFTERWARDS.

Case 26.—On the 8th of June, a boy, 10 years of age, applied at the hospital, having been bitten in the calf of the left leg, about five minutes previously, by a large and angry, but not rabid, dog. The wound was on the outer side of the leg, the inner side being merely marked by the teeth. It bled but slightly, but the boy suffered much pain, and was greatly frightened. Mr. Porter washed the wound, and applied strong nitric acid with a piece of pointed stick to every part of it, following the track of the teeth in all directions. The wound was then covered with a linseed-meal poultice, and a draught containing tincture of hyoscyamus in camphor mixture was administered. The slough resulting from the action of the nitric acid separated on the ninth day, and the wound is now almost healed by granulation, the local application being lotion of chloride of lime. With reference to the likelihood of serious consequences from the bite, Mr. Porter observed upon the advantage the boy had derived from having had a pair of trowsers on him at the time, which probably served to wipe the saliva off the teeth, and upon the advantages of employing a fluid caustic, which, by penetrating to every part of the wound, is much more certainly brought into contact with any virus than solid or powdered escharotics can be. He alluded to the lunar caustic, as highly recommended by Mr. Youatt, who has employed it on upwards of four hundred persons, and

four times on himself, after bites from dogs decidedly rabid, and in none of these cases did the disease appear in the bitten persons so treated. It has been questioned whether the bite of dogs, not rabid, but simply infuriated, can cause the so-called hydrophobia in the human subject; but cases have certainly occurred of the death of the persons bitten, the animal not having, up to that time, exhibited any symptoms of rabies. It is satisfactory that persons bitten by animals known to be rabid, only about one in four become subsequently affected with madness, or even a still less proportion, as Hunter gives an instance in which, out of twenty persons bitten by the same dog, only one received the disease. The poison of rabies is much more communicable to the lower animals than to man.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

ARACHNITIS AT THE BASE OF THE BRAIN CHIEFLY.

Case 1.—P. M., aged 17, was admitted into the Hardwicke Hospital, labouring under simple fever, from which he convalesced in about three weeks. A brief relapse of the febrile state, with very ill-defined symptoms, took place after an interval of about ten days, and from this attack he recovered in about seven or eight days, and was about to be discharged when he again fell ill, and now presented symptoms of a totally new character. He complained of intense headache, with constant vomiting of a greenish-yellow fluid. The tongue was furred, the skin moderately hot, and the pulse under 50 for several days. His head was shaved, leeches applied in repeated relays to the temples, and cold lotions placed upon the scalp. After the bowels were well cleared, small and frequent doses of calomel were administered, and mercurial ointment rubbed into the axillæ. Subsequently the head was freely blistered. Gastric irritation with the greenish bilious vomiting above referred to continued to the third day, and then subsided not to return again. The headache, however, continued with little or no intermission or alleviation, and the patient constantly moaned and complained of his head day and night, and was utterly exhausted from want of rest. He occasionally partook of food, which was now retained on the stomach, and at a later period readily took wine. The urine was surcharged with phosphates. Rapid emaciation was observable, and obstinate resistance to the specific action of mercury was remarked and commented on by Dr. Lyons in this and the following case, as well as in some other instances of lesion of the nerve-centres occurring about the same period.

When the conditions just noted had lasted for some three or four days, dilatation of the pupils became observable. The shape of the pupil was singular; it was that of a perfect ellipse, the major axis of which was directed from above downwards, and was about double that of the minor. This condition was uniform in both eyes, and was unattended at any time by strabismus or the slightest defect of vision. Consciousness was retained till the day before death.

On post-mortem examination, beyond some venous turgescence and inconsiderable serous effusion, but slight evidence of general arachnitis was detected until the base of the brain was examined. The arachnoid in the circle of Willis was thickened and opaque from yellowish gelatiniform effusion. On opening the ventricles there was an escape of serum, but not in excessive quantity.

Case 2.—A sailor, aged 18, a native of Scotland, was admitted into the Hardwicke Hospital on June 15. He was of well-developed frame, laboured under congenital convergent strabismus of the right eye, and was stated by his father to have been always a healthy lad, though somewhat dull and laconic in speech. Six months before admission he had been confined to bed for a week with a

rheumatic affection, the exact pathological nature of which was not discoverable. On the 30th of May he shipped for Howth on a fishing expedition, had a three days' voyage, was slightly sea-sick, and was rather confined in his bowels. Soon after reaching Ireland his appetite failed, constant vomiting set in, and he suffered from severe and continuous headache. Obstinate constipation was present, and besides salts and castor-oil, light enemata were administered prior to his reception into hospital. On admission he was found very dull, heavy, and stupid; he complained much of the severe pain in his head, and frequently vomited a greenish-yellow fluid. There was also observable a certain amount of rigidity of the muscles on the posterior right side of the neck, and any attempt to nod the head forward was attended with much pain. He was perfectly conscious, though uncommunicative, and it was exceedingly difficult to get from himself any account of his history or symptoms. The pulse was found to be but 72, and it never went beyond 84 until the day preceding his death, when it suddenly ran up to 140.

The head was shaved (with much difficulty, owing to numerous thick patches of porrigo); leeches were applied to the temples, a blister to the nape of the neck, and subsequently the head was freely coated with acetum lyttæ, and copious vesication maintained. Calomel was administered, mercurial ointment rubbed into the axillæ and applied to the blistered surface, and enemata were repeatedly given.

On the 21st, six days after admission, and then, for the first time, dilatation of the pupils was noticed, that of the right eye was irregular, there being observable a slight outward enlargement of the pupillary margin above the horizontal axis. This state of the pupils continued to the end. He gradually sunk, but, though dull and heavy and occasionally passing urine and fæces involuntarily, he retained consciousness till within a day of the fatal issue; partook of bread and milk, and put out the tongue when roused by shaking and urged in a loud voice to do so. As before stated the pulse rose to 140 the day before death. All efforts to induce mercurial action failed, and he died on June 26th, eleven days after admission, and on about the twentieth day of his disease.

On post-mortem examination considerable vascularity of the membranes of the brain was observable, there was slight general serous arachnoid effusions, but it was in the circle of Willis that most marked lesion was noticed. The arachnoid in this situation was opaque from greenish-yellow gelatiniform exudation. On opening the lateral ventricle there was a very considerable escape of slightly reddish serum.

Dr. Lyons observed on the marked similarity of the two cases just recorded as to the symptoms presented during life and the post-mortem appearances, the obstinately rebellious nature of the disease, and the total failure of all modes of treatment employed. In the latter case especially the continuous serous drain by vesication of the scalp which was most efficiently maintained for several days might have been expected to act beneficially as a direct derivative; but though slight improvement seemed apparent at first, no permanent result was obtained. The very limited amount of the gelatiniform exudation in the circle of Willis was likewise worthy of note. Viewed in connexion with the limitation of the effects of pressure to the production of paralysis of the constrictive fibres of the iris while sensorial functions and motor power remained intact until almost the last in the nerve filaments of the other intra-cranial nerves, it offers no little difficulty of interpretation in the phenomena presented during life and after death.

Dr. Lyons observes that where the sympathetic filaments as well as the second, third, fourth, fifth, and sixth pairs of nerves lie so close together in and near the circle of Willis, that they all become involved in the same mass of gelatiniform exudation, the intra-cranial nerves, from their firmer texture and sheath-like investment, may be presumed to be capable of resisting an amount of pres-

sure which proves fatal to the integrity of functions of the more delicate and less protected filaments of the sympathetic. It is, of course, presumable that other function of the sympathetic within the cranium are likewise impeded, but the filaments to the ciliary ganglion, and through them the constrictive fibres of the iris, are the only ones the paralysis of which becomes ordinary cognizable externally. Interference with the functions of the sympathetic filaments and consequent dilatation of one pupil by a pressure which may not derange for the time other nerve fibres is familiar to practical physicians in the study of the symptoms of aneurism.

Persistent partial dilatation of right pupil without discoverable cause.—This case may be noted in a few words. The patient was admitted to the Hardwicke Hospital labouring under typhoid fever, through all the phases of which he progressed, but without very marked head symptoms, and finally, after about six weeks' sojourn in hospital, fully convalesced. When convalescence was fairly established, but not previously, it was noticed that the right pupil was about twice the size of the left, but in other respects normal. No positive defect of vision existed, nor to the ophthalmoscope was any lesion observable, although sight was not quite so far in that as in the other eye. A most careful exploration was made with a view to detect latent aneurism or any other morbid condition, but with entirely negative results, and the patient left hospital unconscious of any impairment of vision or morbid condition of any kind.

Proceedings of Societies.

HARVEIAN SOCIETY OF LONDON.

MAY 17TH.

Dr. TYLER SMITH, President.

DR. RICHARDSON'S LOCAL ANÆSTHESIA.

DR. RICHARDSON, at the request of the President and members of the Harveian Society, explained to the Society that the effect of his ether apparatus was probably entirely due to the cold generated by the rapid evaporation of the ether. The action of cold in thus producing insensibility was due, he thought, to the fact that the force of sensation in different parts was brought down by the blood. When we touched a part more motion was produced, and consequently more sensation. He did not believe in compound nerves of sensation. When a part was frozen the blood could not supply sufficient heat to keep up the sensation of the part. Nerve force was brought down by every contraction of the heart. As a verification of this view he mentioned that local anæsthesia could be much more rapidly obtained, if, whilst cold was applied, the vessel leading to the part were compressed. Thus when the toe nail is removed pressure should be made on the anterior tibial artery, and thus we are enabled more rapidly to produce complete absence from pain. With regard to the apparatus required for operation, he generally carried about with him a three-division bottle, having three jets near each other, and all fitting together in a leathern case. By means of this apparatus the operation of Cæsarean section had been painlessly performed, and a tumour on the back, requiring an incision of seven inches, had been removed by Mr. Adams. When a part is to be frozen, it should be previously carefully and perfectly dried, otherwise a film of ice formed and obstructed anæsthesia. This was the reason of the difficulty in operations of dentists. In some cases hoar-frost is deposited on the surface of the part, but anæsthesia may be obtained even in such cases. If alcohol or chloroform were added to the ether hoar-frost appeared. The test for the purity of the ether consisted in finding whether it would boil when poured into the palm of the hand. This could be ascertained by holding the hand

near the ear and listening. One caution he would give—the use of chloroform had introduced a certain carelessness into operations, the operator would sometimes talk and observations were made, which might cause, as he had witnessed, syncope of the patient. Now that anæsthesia was local, solemn silence should be maintained. At first it had been thought that the process was only suitable for small operations; but ovariectomy had now been performed four times successfully. Amputations of half the foot, too, had been performed; operations for strangulated hernia had been performed three times with complete success; something, too, had been added in the last case, since the cold sometimes caused the hernia to become reducible. In Cæsarean section the advantages of the process were enormous. (1) There was no bleeding—a circumstance which used to render the operation extremely hazardous; (2) The cold made the uterus contract. Amputations of the thigh had not been tried. When there was any doubt chloroform ought to be used; but in cases of cardiac disease requiring amputation of the thigh, he would not hesitate to use it. A single jet did well for carbuncle. In whitlow the application was most useful, sometimes it will cure the complaint. In the last stage if the artery of the finger were compressed and cold frequently used the complaint could be cured in three days. There was sometimes a little pain felt in applying the spray to the hands or forehead. He had not yet seen sloughing follow on its application. In Bright's disease blistering of the skin was produced. With regard to its use in medical cases, whenever the pain was thoroughly local, freezing would relieve it. In cases of conjunctivitis it had proved of service. He had recently made use of a styptic ether for surgical operations and found it of great service. The ether was mixed with xyloidine, or starch dissolved in nitric acid. In the case of a young gentleman of a hæmorrhagic diathesis who had nearly bled to death from the extraction of a molar tooth, he first froze the part and then plugged it by the styptic, so that the bleeding was completely stopped.

Mr. ADAMS said the Society were deeply indebted to Dr. Richardson for thus explaining his great discovery to them. He had found that large operations might be performed with the aid of this apparatus with perfect success, provided that plenty of time were taken and no rapidity of operative procedure aimed at. Thus he had recently removed a large tumour requiring an incision of seven inches without any pain being felt. In tenotomy it was all that was needed to cause absence of pain. Wounds healed as well after the use of the process as when any other was used. In one case only had he seen any sloughing after its use; it was in an ulcer which had been subcutaneously incised after Mr. Gay's plan.

Dr. DRYSDALE had found Dr. Richardson's discovery most serviceable in many cases in which he had used it, and especially in touching large specific secondary sores with strong nitric acid. This was done without any pain either at the time or afterwards by freezing the part. He would be glad to hear from the illustrious discoverer whether the frequent surgical operation of tooth extraction was likely soon to be rendered painless by this means.

Mr. BENSON BAKER asked whether the process had been applied to the suppressing of post-partum hæmorrhage by means of some contrivance for locally applying the ether spray to the uterus.

Mr. ISAAC BAKER BROWN, junior, said that Dr. Richardson claimed for the ether process that it first prevented bleeding, next shock, and thirdly, produced contraction of the wards in the operator for Cæsarean section. But if the bleeding were stopped, did we not diminish the vitality of the child; and, again, he would ask, what was the result of the cases of ovariectomy? Did the cases recover? If not, what was the cause of death in any of them?

Dr. HAUT VINEN said he had been present during the operation of Cæsarean section referred to, and the patient, whom he had seen several times, was now quite well.

Dr. RICHARDSON said that he believed use might be made of this application in post-partum hæmorrhage. As to any danger from the use of the ether spray in ovariectomy, this was groundless. So volatile was the ether that we cannot even swallow it if we would. He had often asked himself whether this plan might not prove an anæsthetic in labour pains. He believed it would be found to diminish the pains of labour if the spray were allowed to play on the sacrum during the pains. As to tooth-drawing, there was no difficulty in extracting the upper teeth without pain. But in the back and lower teeth there was difficulty, because of the saliva becoming frozen. In one case he had applied cold to the cheek, and had thus caused painless extraction of the teeth. The whole operation of Cæsarean section only occupied two minutes, and thus could not have injured the child whilst bleeding was absent.

The PRESIDENT said it would not be just to the spray to use it internally in post-partum bleeding. Admission of air to the great uterine sinuses was so much to be dreaded as to render it likely to cause sudden death. Cold water used over the uterus externally was of great benefit in such cases, and doubtless the ether spray would be even more useful for the purpose of producing contraction of the uterus by external application.

ENTIRE DISLOCATION OF THE CLAVICLE.

ON January 26th, 1868, Dr. N. L. North of Brooklyn, New York, was called to see a boy of about fourteen years of age, who had been thrown backwards from a stool or slight eminence, upon which he had been placed, and came down striking with his whole weight upon the back of his left shoulder. Upon examination, Dr. North found the shoulder depressed and thrown forwards; the centre of the clavicle fallen in as if fractured, with an abrupt rounded prominence at the sterno-clavicular articulation, and a sharp prominent ridge on the top of the shoulder, standing three-fourths of an inch above the superior point of the acromion process, and running from that process towards the neck, for about an inch, then gradually tapering down to the usual form of the neck. The boy complained of a great amount of pain and considerable difficulty of breathing. Dr. North concluded from his examination of the case, that there was an entire dislocation of the clavicle without fracture, both ends, with of course the entire bone, having been forced out by the force of the blow or fall upon the shoulder, and then drawn half way over forwards and downwards by the large pectoral and deltoid muscles. The round prominence in front was caused by the turning out of the sternal end of the bone, and the sharp ridge on the top of the shoulder was caused by the turning up of the trapezoid portion, while the depression in the centre was the effect of the turning down of the convexity at the middle portion of the clavicle. The shoulders having been forcibly thrown backwards, and retained in position with long strips of adhesive plaster applied in the form of the figure-of-8 bandage, compression with the right thumb and finger, backwards and downwards upon the trapezoid portion of the clavicle, and at the same time, with the thumb and finger of the left hand upon the sternal end of the bone, firm pressure was made upwards and backwards. Dr. North felt the ends of the bone return to their normal positions, the proper shape and symmetry of the parts being completely restored. He applied compresses successively to each end of the bone, retaining them by means of adhesive straps; and applied Day's "neck-yoke" apparatus for fractured clavicle. In the course of two weeks he commenced loosening the dressings, and at the end of three weeks he removed them altogether, and discharged the patient well.—*New York Medical Record.*

ACCORDING to the report of the directors, lately given, of the Asylum for Idiots at Earlswood, there were 404 patients at the beginning of the year, and 421 at the end showing an increase of 17.

Foreign Medical Literature.

TWO CASES OF TUMOUR OF THE BRAIN, WITH REMARKS ON THE CONNEXION BETWEEN CEREBRAL TUMOURS AND AFFECTIONS OF THE RETINA AND OF THE OPTIC NERVE.

By W. KOSTER.

Translated from the *Nederlandsch Archief voor Genees- en Natuurlunde*, 1e Deel, 4e Aflevering, Utrecht, 1865.

By WM. DANIEL MOORE, M.D. Dub. et Cantab., M.R.I.A.,

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS, OF THE NORWEGIAN MEDICAL SOCIETY, AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; EXAMINER IN MATERIA MEDICA AND MEDICAL JURISPRUDENCE IN THE QUEEN'S UNIVERSITY IN IRELAND.

(Continued from page 686.)

c. *Connexion between tumours in the brain and blindness.*

THAT a serious organic affection of the brain, giving rise to paralysis of different parts, may also lead to blindness and other disturbances of the senses, has long been known. But while, previously to the treatise of A. v. Graefe, the removal of the function of a central part, whether by pressure or by softening, was looked upon as the cause of these lesions of the senses, ophthalmoscopic investigation exhibited changes in the papilla of the optic nerve and its surrounding, which are quite sufficient to account for the amaurosis. Without wishing to deny the existence of diminution or loss of the power of vision from a central cause, independently of alteration of the optic nerves and of the retina, without even being able to decide with certainty whether in the cases described by me, without any affection of the eye, the power of vision would have suffered, the ophthalmic lesion is evidently of the greatest importance, and the question of the connexion between the cerebral tumours and the ophthalmic affections at once suggests itself.

One word as to the nature of the changes perceptible in examination with the ophthalmoscope may still be premised. In the first case observed by von Graefe, and in which he, even before examining the eye, from the other symptoms suspected the existence of a cerebral tumour, the idea of pressure, or in general of paralysis of the optic nerves occurred to him, and he thought he should find "no material change in the eye, or only the signs of secondary atrophy of the optic nerves at the papilla." To his amazement he found "the papilla very considerably and irregularly swollen; it rose abruptly on the one side, to return on the opposite to its proper level. The otherwise transparent substance appeared turbid with an unusually strong admixture of red, as did the adjacent retina, whereby the choroidal boundary of the optic nerve was completely effaced. The retinal veins were dilated, unusually tortuous, very dark in streaks, stood out irregularly in the opaque substance, the arteries were proportionally slight."

As to the extent of the affection, it "diminished continually from the boundary of the optic nerve, and comprised on the whole a zone of rather more than 2" in breadth."

On dissection in this case a large sarcomatous tumour was found in the right hemisphere. In the latter weeks of the patient's life the swelling of the papilla of the optic nerve had disappeared, but the papilla itself had remained quite white; tortuous vessels and the turbidity of the retina around the papilla still always distinguished the appearance of the affection from that of ordinary atrophy of the optic nerve in cerebral amaurosis.

Von Graefe subsequently observed other similar cases, which are mentioned in the treatise above referred to. In some he found around the papilla of the optic nerve, at

first, slight ecchymoses, which at a later period again disappeared. Some of the eyes were examined by Schweigger, others by Virchow. Their results agreed tolerably well. Both found hypertrophic thickening, around the papilla, of the connective tissue-stroma of the retina, and in the same elongated cells with nuclei were observed. The nerve fibres were thickened. Somewhat farther from the papilla Seidel found among the radiating vessels round, homogeneous bodies without any distinct membrane and without nuclei. In radiating sections the bodies seemed to lie in the layer of the nerve fibres.

If we compare these cases with the two described by me we observe, with very great analogy, some points of difference, particularly in the first case (sarcoma cerebri). It is remarkable, that during life, on ophthalmoscopic examination, no other change than atrophy of the optic nerve, *papilla alba*, was recognized. Neither vascular congestion, hæmorrhage, nor opacity of the retina was here observed. Thus both what was seen during life, and the results of examination after death, agree with what usually takes place after paralysis of the optic nerve from a central cause, but without those great tumours, which produce such an increase of pressure within the cranium. And, nevertheless, this increased pressure constantly existed in this case in the highest degree. But besides the tumour distention of one lateral ventricle was present.

Another point which must be looked upon as of the greatest importance, is the dropsical distention of the sheath of the optic nerve within the orbit.

Von Graefe (*l. c.*, p. 64) looks upon the connexion between the affection of the optic nerve and the cerebral tumours as "entirely mediate," dependent on "the pressure, which such tumours exercise on the sinus cavernosus." Accumulation of blood in the retinal vessels, distention and tortuosity, swelling of the papilla, &c., he refers thereto. But he immediately adds: "The presence of actually inflammatory phenomena is attended with somewhat more difficulty." The mechanical hyperæmia is not sufficient for this; but both in the effusions of blood, and in the irritation of the fibres of the optic nerve "within the unyielding scleral ring," von Graefe thinks the cause of the essential nutritive changes are to be sought.

We can quite agree in this idea, and apply it wholly to the second case, where actual retinitis and swelling of the papilla of the optic nerve existed, as the histological investigation after death showed. In the first case we find in the dropsical effusion within the sheath of the intra-orbital part of the optic nerve evidence of the obstruction to the return of the blood (pressure on the cavernous sinus) from the orbit, and moreover a proof of the correctness of von Graefe's views respecting the interference with the optic nerve, in its swelling, by the firm boundaries surrounding it. But while in von Graefe's theory the margin of the sclerotic (the situation of the so-called lamina cribrosa) impedes the distention of the fasciculi of the optic nerve, in our case, as it appears, the foramen opticum was the place where the nerve was compressed. In this instance, too, the contrast between the strongly flattened portion of the nerve in the cranial cavity and the swollen dropsical part within the orbit was very striking.

This pressure and modified nutrition through impeded circulation produced the atrophy and slight degeneration of the scleral extremity of the optic nerve, and of the neighbouring portion of the retina, which manifested themselves during life, on ophthalmoscopic examination, as *papilla alba*. But why were the peculiar inflammatory phenomena, so distinctly present in the second case, absent in this one? We must evidently assume in the second case the existence of an accessory cause for the important inflammatory changes, which was wanting in the first. But the purely mechanical cause was in this instance present certainly in a greater degree than in the second.

As to the nature of this hypothetical cause we can venture only on conjectures. The reason why the papilla of the optic nerve suffers less, lies probably in the greater extensibility of the sclerotic tissue at so early a period of life (the child with sarcoma cerebri was only 7 years old), while the result of the obstruction to the return of the blood could manifest itself only as a dropsical effusion around the whole intraorbital portion of the optic nerve.

In any case, therefore, we must assume the existence of two different causes for amaurosis with cerebral tumours. The compression of the optic nerves and the impeded return of venous blood from the retina may, both by interrupting the conduction, and by changes in the circulation with hyperæmia and effusion (on which again granular change and the deposition of fat in the papilla depend), completely remove the function of the retina and of the optic nerve, changes which do not essentially differ from those of atrophy of the optic nerve from other cerebral causes. But in the second place, upon the results of mechanical obstruction an inflammatory process around the papilla of the optic nerve, so highly developed in our second case, may supervene. Although this is not in all points cleared up as to its origin, it may probably be deduced from the irritation caused by the vascular dilatation and minute extravasations of blood, though partly according to von Graefe's idea, from the actual condition of the place, where the optic nerve perforates the sclerotic.

Utrecht, March 5, 1865.

ACTION OF OXYGEN ON THE BLOOD.

By M. SCHOENBEIN,

PROFESSOR OF CHEMISTRY IN THE UNIVERSITY OF BALE.

Translated by THOMAS WHITESIDE HIME, B.A. Dub.

(Continued from Vol. i., page 668.)

If during respiration no peroxide of hydrogen be formed, it is impossible to conceive why the blood-globules possess the power of decomposing that substance. If, on the other hand, we start with the hypothesis, which so many analogies concur in strengthening, that neutral oxygen on its entry into the blood is decomposed into antozone and ozone, and thus produces peroxide of hydrogen, it is quite patent why the blood-globules possess in such a high degree the property of decomposing HO_2 .

Experiment proves that oxygenated water is indifferent to albumen, as to many other organic substances; whence it follows that the part of the inspired oxygen which is transformed into antozone, and combines with HO to form HO_2 , would be useless in the organism if that antozone combined with water did not undergo some modification to render it fit to act a part, chemically, and physiologically in the organism—that is to say, if it did not become capable of producing oxydation. In my opinion it is the blood-globules which chiefly produce this, and their property of decomposing oxygenated water, like platinum, makes them fit to modify suitably the antozone combined with water in HO_2 .

The theoretic importance of these questions, and the novelty of the views here advanced on the principal duty of the blood-globules, necessitate treating the subject at length, in order to make it thoroughly comprehended. It is better to be rather long and clear than concise and obscure.

The above experiments prove that the blood-globules undergo a chemical modification when they decompose peroxide of hydrogen: and this modification arises without doubt from their taking up a portion of the oxygen of that substance. If, however, as I have asserted, the antozone of HO does not oxydise albumen either liquid or solid, there is very little probability that this antozone can oxydise the blood-globules. By what, then, is this oxydation produced? To answer this question it is necessary to revert to the explanation I gave some years ago of the decomposition

of oxygenated water into neutral (ordinary) oxygen and water. Ozone, whether free or in combination, as found for example in peroxide of lead, peroxide of manganese, &c., forms readily with tincture of guaiacum a compound of a deep blue colour. Antozone united with water, oil of turpentine, &c., is quite indifferent to this tincture, and does not turn it blue. If, however, to tincture of guaiacum united with HO_2 , a small quantity of spongy platinum deprived of air, and for this purpose preserved under alcohol, be added, the tincture becomes deeply coloured, similarly as under the influence of peroxide of lead or manganese, or of permanganic acid, or of other oxygenated combinations, to which I have given the name of ozonides.

My experiments have shown further that solid pyrogallic acid becomes oxydised, even at a low temperature, by free ozonised oxygen, and becomes transformed into certain deeply coloured substances, known by the name of ulmics. If the action of the ozone continue it burns away entirely, and it is for this reason that pyrogallic acid is one of the most sensitive reagents of ozone. Experiment has proved that all oxygenated combinations which turn tincture of guaiacum blue, turn an aqueous solution of pyrogallic acid brown.

I have shown that peroxide of hydrogen can dissolve pyrogallic acid without causing the least oxydation of that substance which ordinarily oxydises so readily, the solution continues uncoloured, which proves strongly the indifference of the two substances to one another. But if to this solution be added the least trace of platinum black it rapidly becomes brown, which also takes place in an aqueous solution of pyrogallic acid when it is brought into contact with free ozone or an ozonide—e.g., peroxide of lead, permanganic acid, &c. From whence we may conclude that when in contact with platinum, the antozone of peroxide of hydrogen is transformed into ozone, and that it is the latter which produces the blue colour in tincture of guaiacum and the brown colour in pyrogallic acid.

But if platinum possesses the property of communicating to the antozone of peroxide of hydrogen the chemical activity of ozone—that is, if it can transform antozone into ozone, it must also possess the property of changing $\text{HO} +$ antozone into water and neutral oxygen. My experiments have proved that free ozone and the ozonides—e.g., peroxide of lead and permanganic acid—produce this decomposition. In fact, when a molecule of antozone belonging to a molecule of peroxide of hydrogen in contact with platinum has been transformed into ozone, this new molecule will combine with the antozone of the nearest molecule of oxygenated water to form neutral oxygen, which, being no longer able to remain in contact with HO , will escape in consequence of its gaseous form. As free ozone cannot unite directly with platinum, we conclude it undergoes no oxydation, and is not chemically altered during the decomposition of the peroxide of hydrogen.

I have already shown above that the blood-globules possess in a very high degree the power of turning tincture of guaiacum mixed with oxygenated water blue, and a colourless solution of pyrogallic acid, containing HO_2 , brown. From thence I conclude that the blood-globules possess, like platinum, the property of transforming the antozone of peroxide of hydrogen into ozone. As the blood-globules also decompose HO_2 into water and neutral oxygen, we are naturally led to explain this phenomenon in the same manner as the decomposition of HO_2 by platinum. There is, however, this great difference between the metal and the globules that platinum is entirely indifferent to ozone, while the globules readily decompose under its influence. It is, then, not surprising that the globules undergo a chemical transformation while decomposing peroxide of hydrogen; and this appears less strange when we observe that in transforming the antozone of $\text{HO} +$ antozone into ozone, they can produce, besides their own oxydation, that of other organic substances—e.g., of pyrogallic acid.

It is well known that there is always in the animal organism a certain amount of blood-globules in a state of formation, whilst others are in a state of disintegration. Their destruction is, I consider, very probably due to oxydation. If, in accordance with my hypothesis, respiration causes a continuous formation of peroxide of hydrogen in the blood, the globules should become modified by it, as they do by artificial oxygenated water. In other words, the blood-globules, in transforming the antozone of the peroxide of hydrogen which arises in the blood into ozone effect their own oxydation, and change into another albuminoid substance (fibrin?), and thus, perhaps, perform the most important part of their physiological rôle. It is, however, probable that, under the influence of the blood-globules, other oxydations are produced, as that of albumen, of certain tissues, &c., for if these globules can render the positive oxygen of the oxygenated water fit to oxydise the resin of guaiacum and pyrogallic acid, it would be hard to imagine that these are the only organic substances which undergo an analogous change under the same conditions. The blood-globules might still act in a third manner. If, for example, all the antozone of the peroxide of hydrogen contained in the blood was not employed in oxydising the globules which convert it into ozone, as well as other organic substances, if there remained an excess of ozone, this would combine with a portion of the antozone of the undecomposed oxygenated water to form neutral oxygen. This could in turn be decomposed into antozone and ozone, like the inspired oxygen, and thus become fit to produce further oxydations; but as the quantity of oxygenated water which exists at any given moment in a determined portion of the organism must be very small in proportion to the blood-globules, it is probable that this combination of antozone with ozone never occurs, or only to a very small extent.

If, as results from the preceding facts, we refer the oxydations which take place in the animal body to the transformation of neutral inspired oxygen into antozone and ozone, the question arises, from the influence of what part or parts of the blood does this transformation take place. In my memoir, "On the Formation of Peroxide of Hydrogen at elevated Temperatures," and in others, it has been shown that the condition most essential to the chemical polarization of neutral oxygen is the presence of two substances, one of which has an affinity for antozone, the other for ozone; but many of my latest experiments prove that water is the substance which has the greatest affinity for antozone, with which it forms peroxide of hydrogen. We know, too, that a large number of organic and inorganic substances unite with extreme avidity, and even at low temperatures, with ozone, and become oxydised under its influence. Such, in my opinion, is the manner in which a large number of oxydations are produced, which occur at the ordinary temperature in presence of water with formation of oxygenated water, and which seem resultant from neutral oxygen.

The organic substances which form the chief constituents of the blood—albumen, fibrin, and globules—may be classed as substances which absorb ozone artificially prepared with greater or less avidity. As water, too, is found in the blood, this liquid (the blood) presents the conditions essential to the transformation of neutral oxygen into ozone and antozone. But experiment shows that the blood-globules seize on ozone and become oxydised incomparably quicker than albumen or fibrin. From this we are induced to admit that they in presence of water transform the inspired oxygen into antozone and ozone. Some years ago I carefully compared the slow combustion of phosphorus in air with animal respiration, as regards the modifications which the active oxygen undergoes in these circumstances. The results of my latest experiments on the oxydation of organic and inorganic substances in moist air have only confirmed my first opinion. Phosphorus becomes oxydised, in fact, at very low temperatures under the influence of ozone, while oxygen cannot

combine with it under the same conditions. In the ordinary language of chemistry phosphorus has a great affinity for ozonised oxygen, while it has none for ordinary oxygen.

Water, which is equally indifferent to neutral oxygen, is remarkable for its great tendency to form with antozone, peroxide of hydrogen. It is for this reason that water acts with phosphorus, which has an affinity for ozone, to transform, or rather decompose, neutral oxygen into ozone and antozone; in consequence of which decomposition the antozone unites with water to form peroxide of hydrogen, and the ozone goes to the phosphorus to form PO_2 and PO_3 , while at the same time free ozone is produced.

The oxydisable matters in the blood, and especially the globules, may be compared with phosphorus in their property of polarizing oxygen. Thus will be seen why I attribute to the water in the blood the same rôle as in the slow oxydation of phosphorus. If this latter body, or the acids derived from it, possessed, like platinum and blood-globules, the property of changing into ozone the antozone of the peroxide of hydrogen, which is produced during the slow combustion of phosphorus, we would find no peroxide of hydrogen in the water which surrounds this substance, as we do not find it in the blood.

If there were in the animal organism, besides the blood-globules, other substances—e.g., tissues, acting like platinum on oxygenated water, it would follow, from the preceding facts, that these tissues would produce the same physiological effects as the globules; oxydations would be produced in other parts of the body. There are certain facts which justify this hypothesis.

If a few drops of subacetate of lead be added to a relatively large quantity of oxygenated water, first peroxide of lead is formed, which acts immediately on the oxygenated water not yet decomposed, reduces it to the form of water HO, and is itself converted to the form of protoxide, PbO. There is evidently a disengagement of neutral oxygen.

The peroxide of lead I consider a combination of ozone and protoxide of lead $PbO +$ ozone, and oxygenated water as a combination of water and antozone, $HO +$ antozone: I admit, consequently, that in the circumstances just mentioned the antozone of one part of the free peroxide of hydrogen is converted into ozone, which forms peroxide of lead with a part of the base of the salt of lead. But peroxide of lead is an ozonide and cannot exist in presence of an antozonide HO_2 ; the ozone of one and the antozone of the other unite to form neutral oxygen, while the two peroxides become water HO, protoxide of hydrogen and protoxide of lead, PbO.

But if subacetate of lead possesses the property of converting the antozone of peroxide of hydrogen into ozone it would naturally follow that it should turn a mixture of tincture of guaiacum and HO blue; and this in fact is the case.

The oxydation of indigo blue dissolved in sulphuric acid, and its transformation into isatin $C_{16}H_5NO_4$, under the influence of free ozone or the ozonides, as, for example, $PbO +$ ozone; $Mn_2O_3 + 5$ ozone, &c., are well-known facts; we know, on the other hand, that tincture of indigo is very slowly decomposed by $HO +$ ozone. But if a small quantity of subacetate of lead be added to oxygenated water coloured by tincture of indigo the mixture instantly becomes decolorized. Oxygenated water largely diluted with water is incapable of turning blue a mixture of starch paste and iodide of potassium; while ozonised or oxygen the ozonides—e.g., peroxide of lead—permanganic acid, produce this coloration immediately and in a very marked manner. If to an uncoloured mixture of peroxide of hydrogen starch paste and iodide of potassium, a single drop of subacetate of lead be added the mixture instantly turns a deep blue; so, too, does starch paste, saturated with iodide of potassium, when it is added to a solution of basic acetate of lead, which is one of the most delicate reagents of oxygenated water.

If a solution of a salt of protoxide of iron (e.g., a

solution of sulphate of the protoxide of iron) be mixed with a sufficient quantity of oxygenated water, the base of the salt becomes a peroxide, a part of which precipitates as basic salt. My experiments prove that the salts of peroxide of iron produce numerous oxydations which free ozone and the ozonides only are the cause of: thus they turn blue tincture of guaiacum. Further, peroxide of hydrogen can in favourable circumstances convert peroxide of iron to protoxide; as, for example, when H_2O_2 is made to act on a mixture of a solution of a salt of peroxide of iron and ferrocyanide of potassium, this reduction is accomplished with disengagement of neutral oxygen and formation of a precipitate of Prussian blue. From all these facts we may conclude that the third equivalent of oxygen in peroxide of iron is ozone, and consequently that protoxide of iron, even in the state of combination with an acid possesses the property of changing the antozone of peroxide of hydrogen to ozone. The truth of this conclusion is confirmed by the following facts: tincture of guaiacum containing peroxide of hydrogen, and starch paste, saturated with iodide of potassium and mixed with oxygenated water, are instantly coloured by the smallest trace of sulphate of the protoxide of iron in solution; similarly, peroxide of hydrogen, coloured blue by sulphate of indigo, becomes instantly decolorized under the influence of solution of sulphate of iron.

If, now, the preceding reactions of subacetate of lead and of the salts of peroxide of iron be compared with those exhibited by the blood-globules in the same circumstances we are struck by their similarity. Further, experiment has proved that the blood corpuscles act on tincture of indigo mixed with H_2O_2 similarly as on starch paste containing this same peroxide in presence of iodide of potassium.

In termination, this memoir has been published chiefly with the object of calling the attention of physiologists to a subject which should possess much interest for them, and the study of which the chemist cannot extend much further without their aid from want of the necessary physiological information; I freely admit I find myself in this position.

Reviews.

APONTAMENTOS ACERCA DAS ECTOCARDIAS A PROPOSITO D'UMA VARIEDADE NAO DESCRIPTA. *A Trochocardia Lidos na Academia Real Das Sciencias de Lisboa, pelo Socio Effectivo.* By Dr. Pedro Francisco da Costa Alvarenga, Medico Honorario da Camera da sua Magistrado el Rei D. Luiz.*

WE hail with pleasure this interesting and elaborate communication from the pen of our accomplished colleague, Dr. Alvarenga, who, to his other claims on our notice, adds that of being editor-in-chief of the *Medical Gazette of Lisbon*. Dr. Alvarenga, not satisfied with the narrative of his own interesting observations on a new and hitherto undescribed form of cardiac displacement, has published a valuable contribution to the literature, nomenclature, and general history of cardiac displacements. With an inexhaustible assiduity of research he has run through the whole range of ancient and modern medical literature bearing on the subject, and in his valuable paper, read before the Academy of Lisbon, and published under the auspices of that learned body, furnishes us with facts and notices gathered from the writings of the Greek and Latin fathers of medicine, the mediæval authorities and those of our own times.

In his preliminary observations he takes exception to

* Observations on Displacements of the Heart, with an account of a New Variety of Dislocation of the Organ. By Dr. da Costa Alvarenga, Honorary Physician to His Majesty Don Luiz, &c. &c.

the very unscientific classification and nomenclature of the conditions of cardiac displacements hitherto recorded, and for the term *ectopia cordis*, employed by Breschet and others, and which harmonizes ill with the terms *dexiocardia*, *hernia of the heart*, &c., proposes a uniform nomenclature to include all varieties, and based on homonymous Greek derivations for all the subdivisions. His views and classifications are thus represented:—

Ectocardia	Intrathoracica	{	Lateral	{	Dexiocardia.	
				{	Aristrocardia.	
				{	Trochocardia.	
	Extrathoracica or cardiocele	{	Central	{	Mesocardia.	
					{	Epicardia.
					{	Hypocardia.
					{	Thoracica.
					{	Abdominalis.
					{	Cervicalis.

Cardiac displacement was not unknown to the great observer of Cos (Hippocrates). In more recent times Cardan, and subsequently Riolanus, record examples. A remarkable instance is that observed by Riolanus in the person of Queen Mary de Medicis. He states: "Rarum est, sed non lethale, si cor feriat latus dextrum pectoris et situm mutet. Id visum in quadragenario, qui sanus ad hoc tempus vixit, et hoc vidi in Regina Matre Regis Lud. xiii." In the variety which he has himself specially noticed, and which he terms *Trochocardia*, Dr. Alvarenga describes two displacements of the heart; one consists in the falling down of the base of the organ, by which it assumes a horizontal position; the other depends on the rotation of the heart upon its own axis, which is now horizontal, and in such a manner that the right ventricle is placed upon the left. On post-mortem examination the heart was found twisted on its axis, the right border being pushed forward, the anterior part of the right ventricle being uppermost, and the posterior surface of the right ventricle below; the origin of the pulmonary was hardly visible, being to the left side and posterior to the aorta. In this case great dilatation of the right auricle would seem to be regarded by the author as the strict cause of the displacement. Other observations, with autopsies, follow, in which the mechanical bearings of the dislocation are fully discussed. In several instances tracings of the pulse-wave by the sphygmograph of Marey are given, and to those interested in the subject of cardiac displacements, the whole memoir will prove of much value. It is in all respects an important contribution to cardiac pathology.

A SINGULAR RECOVERY FROM CHOLERA.—The following singular fact is related by the *Mémorial d'Amiens*, in speaking of the cholera:—"During the summer of 1848, towards the end of June, the epidemic reached Brussels, where it attacked, one Sunday in the forenoon, General Chazal, Minister of War, who gradually sank, and by eleven on that night was in an almost hopeless state, notwithstanding the attendance of four medical men, including Dr. Seutin, the first surgeon of Brussels, and Dr. Varlet, a celebrated homœopathic practitioner. At eight the following morning all was considered over, the face having assumed a blue tinge, and the pulse having ceased, so that the general's death was communicated to the Royal Family and announced in the public journals, whence it was copied throughout Europe. Meanwhile, an accidental reference by General Jomini, before the attendants in the sick chamber, of a remedy had recourse to in Russia, where sacks filled with hot ashes were placed on the body of the patient, induced the general's aides-de-camp to try the plan, and after six hours of incessant perseverance the remedy proved efficacious, the body resuming its natural hue, and animation being restored. The general subsequently recovered, and is still Minister of War in Belgium."

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 4, 1866.

THE POOR-LAW INSPECTORS AND THE SICK POOR OF LONDON.

WE have often expressed the opinion that in the recent revelations which have been made as to the treatment of the sick poor in the metropolitan workhouses, the evidence has shown that the Poor-law Board itself is quite as much to blame as the local Guardians. We cannot too often repeat that the Poor-law Board has an absolute control over the management of the poor, including of course the sick poor, in this country, and that it ought to have made itself acquainted with the abuses which a voluntary association has lately taken upon itself to disclose and denounce. This opinion is now expressed by the *Times*, as well as by some other papers, which have expressed, in very forcible language, their disgust and horror at the condition of most of the sick wards of the workhouses, and at the neglect and ill-treatment of which the sick are the victims.

The last investigation of the nature to which we allude has been into the management of the sick poor in the Paddington Workhouse, which, we are told, is one of the best in the metropolis, and, as far as the construction of the building is concerned, we believe this commendation is not altogether unmerited. But as to the sick poor themselves, we have the same old story of inattention, neglect, overcrowding, want of classification, not to say wilful cruelty, with which the public mind has lately become so familiar.

In this workhouse—one of the best, be it remembered, in our great capital, and itself located in one of our most opulent and populous quarters—we are told that in one of the wards as many as three children slept in a bed, or even sometimes five had slept together. Of the three sleeping in one bed at one period, one of the children had inflamed eyes, another chicken-pox, and a third water on the brain. There is no classification of the sick, but the old women subject to fits, and sick children, and the acutely sick and the chronically sick are all indiscriminately herded together. The paralytic patients fall out of bed because there is no nurse to help them, and the epileptic and idiotic roam about the wards, fall down upon the floors, or disturb the other sick persons by their cries and moans. The nurses, so-called, are chiefly if not entirely paupers, many of them very aged, entirely ignorant, addicted to drink, and practised in no arts except stealing and extortion.

A lady visitor comes forward and corroborates most of these statements, deposes to the indiscriminate mixture of the sick, irrespective of the nature of their disease; to the unfitness of the pauper nurses for the duties imposed upon them; to the neglect of the proper warding

of the pauper lunatics, who disturb the sick both by night and day; to the venality of the unpaid nurses, and to the overtaxing of all the paid staff. To these charges no substantial defence is offered on the part of the Guardians, and although a barrister appeared on their behalf he brought little evidence to disprove the assertions made, and failed to elicit by cross-examination any facts of the slightest avail to his clients.

But the most amusing feature of the whole affair, if anything can be amusing where there is so much to horrify and disgust, was the speech of Mr. FARNALL, the presiding Poor-law Inspector, who volunteered a speech in justification of himself and of his neglect in discovering the existence of the abuses described in evidence. He had, it seems, very recently "inspected" this very workhouse, in company with a Medical Officer, with instructions from the Poor-law Board, but had failed to detect anything wrong in the general arrangements, and he very *naively* complains that neither the paupers themselves nor the paid officials gave him any information as to the facts subsequently deposed to. The indisposition of the paid officials to say more than they were compelled to say may perhaps be explained by the fact alluded to in the report of the proceedings, that the one paid nurse who *did* give information to Mr. FARNALL and Dr. SMITH, was immediately dismissed from her post, and, as is alleged, for so doing; and no doubt if the Medical Officers had deviated from their usual taciturnity, or had said anything except in laudation of the Guardians, they would have shared the same fate. Without alluding to the nurses, we may observe generally that the Medical Officers of such institutions exercise a wise discretion in saying as little as they can to a Poor-law Inspector, for if they reveal the secrets of the prison-house to that functionary they are liable to dismissal by the Guardians, and if they remonstrate unsuccessfully with the latter they are bound, according to the ingenious reasoning of one of our Medical contemporaries, to relinquish their post. The result of such proceeding would of course be to introduce successors more subservient and less conscientious than themselves, and thus to perpetuate the abuses which are now proved to exist.

As for a Poor-law Inspector, it would appear that he is a kind of *lucus a non lucendo*, and that it is his duty to keep his eyes shut instead of opening them. He is employed apparently to keep things quiet between the Guardians and the Board at Whitehall; and as long as the sick paupers are quiet, and the officials submissive, he imagines that everything is serene, and that his duty is accomplished by telling his superiors that things are "all right." Deficiency or obliquity of vision seems to be a positive qualification for the office, but a great achievement is effected if he can pull up some Medical Officer for omitting a few entries in a case-book, while the egregious abuses are altogether unnoticed if not purposely withheld from view. We ask again what is the use of the Poor-law Inspectors or of the Poor-law Board

itself if they fail to perform the very duties for which they were appointed?

THE ELECTION OF COUNCILLORS OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THIS event, which is now annually looked forward to as one of the medical sensations of the summer season, will come off to-morrow; but we cannot affirm with truth that there is very much on the present occasion either to alarm those who wish to perpetuate ancient abuses, or to stimulate the zeal of those who are the ardent advocates of reform. However, the only point at issue is whether the election shall be a reality, and shall result in the displacement of old elements of the Council, or whether it shall be a mere unmeaning ceremony, concluding with leaving things as they are. It may with all honesty be stated that personal feelings can have very little part in the forthcoming proceedings, for even if, as is contemplated, one member of the present Council should be removed, and one of the senior Fellows elected in his place, there will be very little reason for condolence on the one hand, or of exultation on the other. Mr. LUKE, the member of the Council who will probably be displaced, is a most estimable member of the profession, who has long and honourably served the College in various capacities, and will under any circumstances retain his seat at the Board of Examiners; and Mr. CHARLES HAWKINS, who will probably succeed to his place as Councillor, is well known as a most amiable and excellent man, as well as an accomplished Surgeon. We may mention, *en passant*, that Mr. CHARLES HAWKINS is not a relative of Mr. CÆSAR HAWKINS or Dr. FRANCIS HAWKINS, but he was the intimate friend of Sir BENJAMIN BRODIE.

THE STATE OF THE DRUG TRADE.

ACCORDING to the original *Charter Erectionis* of the Royal College of Physicians of Edinburgh, they were endowed with the power of inspecting all the drugs contained in apothecaries' shops, and destroying all such as were found inefficient, as well as—along with the fraternity of apothecaries—with the sole power of examining and licensing those who desired to open shops for the sale of drugs. All that, however, has been long a dead letter, and, with the advent of free trade, has passed wholly into desuetude; and yet the revelations in the *Lancet* of late years have shown us that in the wholesale drug trade adulterations are or have been extensively practised, and daily experience proves that many retail druggists are not so careful as they ought as to the quality and proper admixture of their drugs. Inspection may be a dead letter, but it is no less—indeed far more—required now than formerly. Not only are many of the drugs now employed far more powerful than those formerly in use, but experience has also taught us that when properly selected for smaller doses are efficacious than was formerly thought possible. Our forefathers would have laughed to scorn the idea of one-sixteenth of a grain of aloes or one-eighth of a grain of rhubarb proving an efficient purgative, or of one-fourth of a grain

of quinine being effective as a tonic; yet there are patients in whom these doses act effectually, and to whom larger doses are injurious, while one-fiftieth of a grain of arsenic or of strychnine are quite commonly prescribed, with the perfect certainty of in due time attaining by their aid the desired physiological and therapeutical effects of the drugs administered. Such being the state of matters in regard to our knowledge of the actions of carefully-selected remedies, it is excessively annoying to the physician to have purgative pills sent home so carelessly mixed that one-half are inert while the other half act too powerfully, thereby protracting the cure, and often disturbing the whole intent with which they are administered. Extracts—a most useful and powerful class of medicines—are often rendered disagreeable or inert by careless preparation; while even simpler articles are frequently rendered useless by want of care in their manufacture; tonic infusions robbed of half their power by inefficient maceration; and even the aqua acetatis ammonia containing free ammonia, or such a quantity of its carbonate as to require large dilution to make it possible to be swallowed. We are only instancing trifles, but they are trifles which exercise an important influence in the treatment of diseases by pharmaceutical remedies, and which, if not observed and inquired into, may injuriously bias our minds as to the actions of remedies, while, as is too well known, instances of more important and more serious blunders are not far to seek. Now, in the common interests of humanity, and in the special interests of the science of our profession, some means ought to be provided for checking even the least of these faults. It won't do to say that we have our remedy in free trade—that if one shop does not make up prescriptions carefully we can send our patients to another; that may be sufficient security for them, but not for the public. What is wanted is some system of self-government and licensing among the druggists themselves, some permanent Board to take cognizance of all complaints in regard to the dispensing of drugs, from the most serious to the most trifling, and to award the appropriate punishment, while this punishment should vary from a mere reprimand up to a temporary or permanent suspension of the license to deal in drugs, the mere possession of this power of suspending the license imparting a powerful weight to the slightest reprimand. This governing Board ought also, at certain stated times, inspect the official preparations in the various shops, to see if they come up to the standard of purity required by the Pharmacopœia. This inspection would not only act as a check on the retail, but also on the wholesale druggists, who, certain of detection and consequent loss of sale in the case of any impurity being discovered, would take special care to secure the purity of every drug sent out by them. By some such system of inspection and regulation not only would both the public and the profession be benefited, but the science of medicine itself would be advanced. Confident in the purity of the drugs and the careful apportionment of each dose, the physician would tread securely where now he often hesitates, and in time, and with care on his part, the true place and power of each fancied remedy would be more certainly ascertained than now they have any chance of being.

M. WORMS states his conviction to the French Academy of Sciences, that under ordinary circumstances, cholera may be certainly prevented from passing into cholera by means of sulphuric acid, which, he says, he has exclusively used in three successive epidemics.

THE EDINBURGH MEDICAL SCHOOL. SKETCH OF THE TEACHERS.

It has occurred to us that a few notes concerning the men who at present occupy prominent positions in the Edinburgh School of Medicine, might be of some interest, especially to those of our readers, who, separated from the metropolis by a distance of many miles, or tied to their posts by the duties of their profession, may have been prevented from paying a recent visit to the place where they received their first lessons in the theory and practice of the healing art.

We shall at present notice

I. THE SURGICAL SCHOOL.

In this department considerable changes have taken place during the last few years. The familiar forms and faces of some who used to be well known, and are still well remembered, as skilful surgeons, brilliant lecturers, and faithful friends, have disappeared from the scenes of their labours and triumphs; and a host of new but rising men has sprung up, men who are destined, we doubt not, to shed additional lustre on our already famous School of Surgery.

The distinguished Professor of Clinical Surgery, still fresh and vigorous as of yore, continues to attract large numbers to his lectures and operations, and a stranger, in dropping in to the amphitheatre, cannot fail to be astonished at the elasticity of step, the quickness of eye, and the steadiness of hand, which still characterise the greatest of living surgeons. Time has indeed dealt very kindly with Mr. SYME, and that he may yet be long spared to adorn by his talents the school in which he first won the spurs of his world-wide fame, is the hearty wish of all his old pupils and friends.

His operations are still marked by the same boldness, precision, and dexterity which long ago called forth the admiration of the profession; and there still exists that wonderfully perfect organisation amongst all his assistants and attendants which, we venture to say, can nowhere else be seen. There is never any fuss, or talk, or confusion, when Mr. SYME is operating, and some of his colleagues might take a leaf out of his book in this respect with advantage. This admirable order and discipline amongst his subordinates is quite in keeping with the calm self-possession and quiet deportment of the operator, and forms a striking contrast to the bluster and flurry which are too common in many operating theatres.

Mr. SPENCE, who is now Senior Surgeon to the Hospital and Professor of Surgery in the University, is generally followed by a very large crowd through the wards; and although not gifted with the oratorical powers of his lamented predecessor, or the neatness of hand of his colleague, Mr. SYME, he is, nevertheless, an excellent surgeon and a most successful operator. Of late his instructions at the bedside have been extremely practical, and as now-a-days the examinations at the various boards are conducted with the view of testing the candidate's knowledge, not only of the theory, but of the actual practice of surgery, these clinical lessons are greatly appreciated by the student.

Dr. J. D. GILLESPIE is at present the Junior Surgeon to the Hospital, and he also holds the office of Lecturer on Clinical Surgery, under the auspices of the Royal College of Surgeons.

Though not a brilliant lecturer or operator, he is never-

theless a surgeon of considerable experience, and is very much esteemed.

Dr. PATRICK HERON WATSON, son-in-law of the late Professor MILLER, is also on the Surgical Staff of the Infirmary, and although quite a young man, and of not more than thirteen years' standing, he has already made for himself a name in the surgical world. He is undoubtedly one of the best operators amongst our surgeons here, and his "style" is much admired. He is possessed, indeed, of most of those qualities which all great surgeons must have; and had his time been entirely devoted to this department instead of being occupied with the duties of general practice, he would undoubtedly have attained to a very high position.

The post of Assistant-Surgeon in Professor SYME'S Clinical wards is held by Dr. JOSEPH BELL, son of Mr. BENJAMIN BELL, a well-known man in the profession. This office of assistant in the clinical wards is of recent creation, and will, we believe, be continued only during Mr. SYME'S lifetime. Dr. JOSEPH BELL is a young man of promise, and several times during the absence of the professor he has discharged all the duties of the clinical chair with much credit to himself and with great acceptance to the students.

Mr. ANNANDALE, a notice of whose recent work on "Minor Surgery" appeared in our last number, is Assistant Surgeon to the Hospital, and also a lecturer on surgery in the extra-academical school. He is devoting his whole attention to surgery, and the opportunities he enjoys as private assistant to Mr. SYME, of becoming acquainted with this department, are very extensive. As yet he has not had very many opportunities of displaying those operative talents of which we believe him to be possessed in public, but his experience for his years is very great, and we hope to see him one day in a position of eminence in the metropolis.

Such is a brief sketch of the men who figure most prominently at the present time in connexion with the Edinburgh School of Surgery. In a future article we shall give a short account of the physicians who occupy appointments in the University, the College of Surgeons, and the Royal Infirmary.

ACTIONS AGAINST MEDICAL MEN.

THE following letter has lately appeared in the *Times*. It may be by an accidental coincidence, but the circumstance is, nevertheless, curious, that Mr. Lewis of Great Marlborough-street has been actively engaged as solicitor in several actions lately brought against medical men. It has been proposed, we believe, that there should be a Defence Fund for medical men who happen to have such proceedings levelled against them; and although we do not advocate any such fund, it may be a fair subject of inquiry whether there exists a "Prosecution Fund" against medical men, or whether those who bring such actions are actuated to do so by mere principles of philanthropy:—

"PERIONOWSKI v. FREEMAN AND ANOTHER."

TO THE EDITOR OF THE TIMES.

SIR,—As solicitor to St. George's Hospital, I have been directed by the Weekly Board of Governors to forward you a communication with reference to the above case, which was lately tried at Westminster before Lord Chief Justice Cockburn.

The claim of the plaintiff for compensation as originally (in July, 1865), submitted to the Governors of St. George's Hospital, and as subsequently presented to the jury, pro-

ceeded upon the allegation that he was forcibly immersed in a hot bath, and was so scalded; but the evidence adduced on the trial clearly showed that the plaintiff was not immersed in a bath, but placed over hot water.

With reference to the observations of the defendants' counsel (Mr. Coleridge) "that the hospital ought to be ashamed of themselves for having allowed such an action to be brought against his clients, and for having refused to compensate the plaintiff," I beg to say that when the claim for compensation was first submitted to the governors, they were perfectly willing to entertain the question, and to give the plaintiff compensation, if satisfied that his claim was an honest one. With that view the matter was referred to me for investigation, and the result of the inquiries which I made in July, 1865, led to the conclusion that the plaintiff's injuries arose probably as much from want of proper caution on his own part as from carelessness on the part of the nurses. This view of the case is borne out by the plaintiff's statement that when the water was poured into the vessel it appeared too hot, in consequence of which, he alleges, he objected to sit over it until forcibly immersed by the nurses.

As to the latter allegation, the Lord Chief Justice, in his summing up, observed, "I cannot help thinking the jury will be of opinion that he was not and could not be telling the truth in that;" and he subsequently added, "I cannot leave the case without observing that a great deal of discredit attaches to the representations of the plaintiff."

Upon investigating the case, I laboured under some disadvantage in ascertaining the real facts, as the under-nurse, who was probably the person best able to give an account of the matter had left the hospital, and could not be found.

Mr. Lewis of Great Marlborough street (the plaintiff's attorney), having addressed two urgent letters to the Governors of St. George's Hospital, and in the latter one, dated July 21, 1865, having asked for the name of the attorney of the hospital, I on that day saw him, and pointed out that the facts appeared to be in many respects incorrectly stated in his letter of complaint, but that the governors regretted his client had sustained an injury while an inmate of their hospital, and were disposed to award him reasonable compensation if the claim was not pressed adversely as a matter of right. Mr. Lewis replied that his client insisted upon compensation as a matter of legal right, and, in answer to my inquiry, he refused to allow the medical officers of the hospital to see the plaintiff, adding that evidence as to his condition would be forthcoming at the proper time.

No further communication with Mr. Lewis took place, and on the 9th of August the writ was issued against the defendants, Messrs. Freeman and Holmes—two of the medical officers.

The governors, as trustees of the funds of a public charity, felt that a claim of such a nature as that set up by the plaintiff should be fairly investigated, and, upon the plaintiff's action against Messrs. Freeman and Holmes being proceeded with, it was determined that the same should be defended at the expense of the hospital.

I attended court for four days for the purpose of giving evidence as to the efforts I had made to arrange the matter, on the footing of the plaintiff being compensated. The head nurse also attended for the purpose of giving her account of the original transaction; but Mr. Coleridge (who was well aware that the action was defended solely at the expense of the hospital), in the exercise of his discretion on behalf of the defendants on the record, abstained from calling the nurse and myself as witnesses.—I am, sir, your obedient servant,

GEORGE F. ELAND.

THE MORISON LECTURES.

THE fifth lecture of this annual series was delivered by Dr. SELLER in the Physicians' Hall, Edinburgh, on the afternoon of Tuesday, the 19th instant. The subject, "Lucid Intervals," was handled in a most interesting manner by the lecturer, who pointed out, by quotations from the classics, how the idea had arisen in past ages, and related from his own recollection how it had till recent times been kept up, by the periodical attacks of lunatics at large in our towns and villages, who, except at these times, were never heard of. He concluded by illustrating the periodicity of insanity by a reference to the periodicity

of disease generally, as based upon the periodical character of all (or at least most of) the phenomena of vitality.

On Thursday, the 21st of June, these lectures were concluded by a most interesting account of Paresis, or General Paralysis of the Insane, as it is usually termed. The lecturer pointed out the differences between this condition and paralysis occurring in the course of insanity, and adopting ROKITANSKY'S pathology that it consists of an increase of the connective tissue elements in the grey matter with a corresponding diminution of the true cineritious corpuscles or cells (chronic inflammation?) showed that though the development of its symptoms might possibly be checked, a cure was never to be looked for, and could not be expected. The lecturer then concluded with a wholly uncalled-for lamentation of his own deficiencies, and explained that the object of Sir ALEXANDER MORISON in founding these lectures was to keep alive in the general medical public—in contradistinction to those usually charged with the care of the insane—an interest in morbid mental phenomena, so that possibly from various sources light might be brought to bear upon them, and thus assist in unravelling their pathology and improving their treatment—an idea truly worthy of their distinguished founder, well adapted for attaining the desired object, and for which a better expositor could scarcely be found than the present lecturer, whose mind is at once matured by large experience and filled with varied learning.

THE EDINBURGH MUSEUM OF SCIENCE AND ART AND NATURAL HISTORY.

PROFESSORS ARCHER and ALLMAN, in a report which has just been issued, give some interesting information in regard to the present position and progress of these two museums.

Now that the collections of industrial art and natural history have been removed into their new and magnificent quarters in the Industrial Museum, the facilities for the exhibition and study of the numerous specimens, which in the course of time have been accumulated, are very much increased, and the interest of the public in such collections is abundantly manifest from the large number of visitors who have flocked to the museums. Some idea of the immense amount of labour which must have been expended on the removal of the collection from its former habitat to its new quarters, and its subsequent arrangement and classification, may be gathered from the fact, that up to the present time somewhere about 4000 specimens have been registered, labelled, and put into their proper place.

The natural history collection has as yet, owing to the delay which has occurred in procuring the necessary cases and fittings, been only partially arranged.

Ere long, however, under the combined and enthusiastic exertions of Professors ALLMAN and ARCHER, this magnificent temple of science and art, will, we trust, be completed, and the student will then have at his command a collection which for variety, rarity, and extent, can nowhere be excelled.

M. POGGIALE tells the French Academy of Sciences that electricity, in his opinion, has a direct influence in developing the physical and intellectual qualities. In one month, by electric baths, &c., he added three centimetres to the height of a youth who was a "positive abortion, intellectually and physically," and raised him from the bottom to the top of his class.

RECENT INVENTION.

A PELVIC UTERINE SUPPORT.

THERE is no disease in women more common, or productive of more serious inconvenience, than prolapsus uteri, and when accompanied, or in a measure caused, as it not unfrequently is, by rupture of the perineum, it is incapable of even being attempted to be remedied without premising a troublesome and not always successful operation. All ordinary forms of pessaries or uterine supports are injurious, in that they are apt to give rise to leucorrhœa, with or without excoriation, while by their very presence, and the mode in which they act, they tend to dilate and relax the vagina, thus ultimately increasing what they were meant to cure; even the very best of the old forms, such as SIMPSON'S wire pessary, were apt to produce discomfort by pressure on the front of the pubis, and were otherwise incapable of affording that firm support which is supplied by that to which to we are about to call attention. This *pelvic uterine support*, as it may be termed—the invention of Dr. CHARLES BELL of Edinburgh—consists in a steel band, an inch broad, covered with leather, which encircles the pelvis, and has a heart-shaped plate of the same material, corresponding to the mons veneris. To a socket in this plate a firm piece of German-silver wire, about nine inches in length, is attached, by means of a screw nail, so as to permit of its being lengthened or shortened, according to circumstances. This wire, while of sufficient strength to give firm support to the womb, is yet pliable, so that it can be easily bent so as to place its uterine extremity in the superior axis of the pelvis; upon this extremity is fixed the pessary proper which may be either a ball or a cup, and upon this the uterus rests. Once properly adapted to the pelvis this support gives not the slightest uneasiness, nor does it in any manner interfere with the true performance of the functions of the pelvic organs. The patient herself takes it out every night, and replaces it in the morning, after it has been properly cleaned, while its continued presence not only does not increase the relaxation of the vagina, but does not even interfere with the application of other remedies calculated to restore its tone, and thus promote the natural cure of that malposition of the womb, the discomforts of which it is the object of this instrument to remedy. As one instance of the pleasing results attained by the use of this pelvic uterine support we may adduce the case of a poor woman, whose perineum had been completely ruptured twenty-five years ago, and who all that time had gone about as best she could, with her uterus supported by a bandage and hanging between her legs. She had been often advised to submit to an operation, but had as often objected. Since being fitted with this instrument some few months ago she carries her uterus in its proper position, and is not only able to go about her household duties comfortably, but can walk any distance without the slightest feeling of uneasiness.

EDINBURGH UNIVERSITY ATHLETIC CLUB GAMES.

THE first annual public competition of this flourishing club took place in Greenhill Park, Morningside, on Wednesday last. The weather was fortunately very fine, although a little too hot, and a very large and brilliant company of ladies and gentlemen assembled to witness the games. We were specially pleased to observe so many professors and

distinguished members of the medical profession present, thus expressing their approval of and interest in such sports.

The various competitions were keenly contested, and it was apparent from the appearance of most of the athletes that a considerable amount of careful training had been gone through.

The vaulting with the long pole and the high leaping were most excellent, and we cannot allow this opportunity to pass without saying a word in commendation of the splendid way in which Mr. J. W. MOIR, son of the late distinguished Dr. MOIR (Delta) acquitted himself. The ease and grace with which he succeeded in clearing a bar five feet seven inches in height, called forth the admiration of all the spectators. Numerous prizes were given, and these were presented to the successful candidates at the close of the day, by the president of the club, the Hon. Lord NEAVES.

We hope that the success which has attended this the first public meeting of the club may stimulate its members to still greater proficiency in those exercises which beautify and invigorate the body.

Correspondence.

POOR-LAW MEDICAL REFORM ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It would be prudery on my part to pretend ignorance of the honour intended to be paid me on July 5th, and, therefore, permit me space to say I hope the meeting will not be confined to the donors of the Testimonial only, but that all Poor-law Medical Officers, who can spare time, will attend, in order that I may take that opportunity of personally consulting them as to the steps they desire to pursue in future in regard to Poor-law Medical Reform.—I am, &c.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, 25th June, 1866.

The meeting will be held at the Freemasons' Tavern, Great Queen-street, on Thursday, July 5th, at three o'clock. If any members of Parliament would honour the meeting with their presence they would be enabled to ascertain the feelings of the profession on the subject of the medical relief of the poor.

P.S.—Medical students are respectfully invited to attend the meeting on July 5th.

DISINFECTANTS FOR THE CATTLE PLAGUE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—You have, in my humble opinion, and, I may venture to say, in that of every right-thinking man who has paid any attention to the subject, done well for the public by exposing the one-sided character of the proceedings of the Cattle Plague Commission relative to the choice of disinfectants to be used against the rinderpest. Of all men in the world an inventor and patentee of a disinfecting preparation ought to have been the very last to have been entrusted with the decision as to the disinfectant to be recommended. Dr. Angus Smith has evidently interpreted the nomination made in his favour by the Commission to imply that he was not expected to take heed of any substances except those specified in his own patent. The result is, that no comparative trials of disinfectants on cattle have been made, and that everything but carbolic and sulphurous acids has been systematically ignored. It is as if the inquiry in respect to the best system of heat of ordnance had been entrusted to Sir William Armstrong alone, and he had not thought it worth while in the experiments instituted by him to bring

into play any but his own guns. The undue advantage which was taken by the late Sir William Burnett of his position as Medical Director-General of the Navy, to introduce Burnett's fluid into the public service, and which at the time was so severely and properly animadverted on, was a trifle compared with what has been taking place under the auspices of the Cattle Plague Commission during the last six months.

The labours of the Commission, so far as disinfection is concerned, have apparently been directed to establish the claims of Smith and MacDougall's patent; and much of the lengthy argumentation indulged in by Mr. W. Crookes in relation thereto, will, on close examination, be found to be little else than a *rechauffe* of the writings of Dr. Smith on disinfection, sanitary economy, &c., in Ure's Dictionary and other publications to which he has contributed.—Yours obediently,

M.D.

London, 25th June, 1866.

OUR SALARIES—THE CONSOLIDATED FUND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As Mr. Gladstone assented to pay half our salaries out of the Consolidated Fund, and as his successor will be certain to accede to it, should we not do one of two things—hold a monster meeting at the "Junction," or some other centre; or append our names to a general petition, praying the Chancellor to interfere only with these "unions in which the medical officers have £100 (or more) yearly."

The petition of 800 professional gentlemen would be certain to have the desired effect with such a Minister as Lord Derby; and granted or not, our illustrious taskmasters and most noble rulers—the boards—might in the meantime grant us the minimum as £100, if not for justice or charity, at least for policy and pocket.—Yours faithfully,

A DISPENSARY DOCTOR.

July 1st, 1866.

CHOLERA HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—If we believe that "events cast their shadows before," and that a disturbance of thermometric equilibrium prognosticates atmospheric changes in the aerial currents, why should it be deemed impossible to foretell with tolerable accuracy the approach of diseases, depending to a great extent on causes propagated or produced by those currents in combination with localized miasmatic influences easily recognizable and in most cases preventible? That the efficient causes which produce cholera are of such a nature has been long understood; also the meteorological conditions prevailing when the disease made its appearance in former epidemics have been recognized, and I think it will not be going too far in stating that those conditions were very similar to others by which we have for some time been surrounded; so that, arguing from past experience, it would be well to stand in readiness lest the trumpet-call of duty sounding the alarm should find us unprepared to defend our out-posts, and thus allow this enemy of our race to gain a march upon us. In no disease more than cholera hangs so much importance on its early recognition, and the application of appropriate means at the very outset is in most cases the best part of the cure. I think it becomes us now, before the actual danger has arrived, to deliberate well what is the best course to pursue should an epidemic of cholera make its appearance amongst us. No false considerations of producing alarm should deter us from the consideration of the subject, especially in the case of cholera—a disease, which if we place any reliance on past experience, is eminently at the very outset under the control of remedies, while in a later stage remedies are not only entirely useless, but in many cases even hurtful. But although I strongly advo-

cate the desirability of discussion as to the best means to be adopted on the appearance of the disease, in the pages of a medical journal, I am as strongly opposed to anything of the kind in papers entirely devoted to subjects non-medical. I do not see any good end to be arrived at by putting forth opinions and suggestions of treatment to be adopted, and which can only be efficiently practised by those conversant with the history of the disease and the nature of the remedies they employ, before a public at all times easily led to apprehend danger from the mere thought or mention of it. Should we desire an illustration of the proneness of the public mind to accept the false apprehension of a real disease by continually dwelling upon a supposed one, we need not travel out of our own land nor beyond our own times. A few weeks since, when the cattle plague was first understood to have appeared among the herds in one part of the country, we immediately heard of some twenty other examples scattered through the land. On inspection by those competent to form an opinion, these were at once determined not to have been cases of the disease at all. Nor otherwise would it be in the case of cholera. Let a suspicious case—or one supposed to be suspicious—occur, and the public papers recount it, and it is truly astonishing how the papers will, we know not how, hear of and comment upon facts which we had supposed buried in oblivion; and should these facts be devoid of any foundation in truth, the greater will in general be the importance placed upon it, and the firmer hold will it acquire on the public mind; thus a *panic* is easily produced, which in itself has been recognized as an efficient cause in the propagation of cholera.

Having premised the above, I will proceed to offer a few thoughts on the measures I conceive it would be advisable to adopt should the epidemic break out amongst us. By this means I hope, Sir, with your permission, to elicit in the pages of this journal (which I consider the legitimate place for so doing) the various ideas capable of being put forth upon so vast and important a subject; and I would arrange what I wish to say on the present occasion in the form of the following suggestions:—

1st. That a committee of medical men be formed as a "vigilance" committee, to whom entire control shall be entrusted of the supervision and management of the hospitals set apart for the treatment of the disease, and under whose control shall be placed all details necessary for the due suppression of the epidemic.

2nd. That the entire of the Dublin district be divided into four sub-districts, two north and two south of the Liffey, in each of which a separate hospital shall be devoted exclusively to the reception and treatment of cases of cholera.

3rd. That as regards reception of cases of the disease into hospitals, each sub-district shall supply cases to its own hospital, set apart for that purpose in the most central part of such sub-district, and none of the hospitals shall admit cases occurring out of their sub-district, except it shall happen that the hospital in the sub-district from which the case is sent be full.

4th. That in each of the four sub-districts, twelve (or more according to extent) medical officers be appointed by the committee as "inspectors" of the district, to whom shall be entrusted the sanitary arrangements required for the prevention of the spread of the epidemic in each sub-district.

5th. That the inspectors be required to visit every house, or other dwelling place, within their sub-district at least once every second day, or oftener, as may appear necessary, and cause to be adopted such sanitary measures as to them shall seem fit.

6th. All persons reported to the committee by the inspec-

tors as affected with premonitory symptoms, however slight, or in a bad state of health, shall be obliged to present themselves before said committee, and should they think fit must submit to detention in hospital.

7th. That each hospital be divided into separate pavilions—*a.* for cases unmistakeably choleraic; *b.* for suspicious cases; *c.* for cases threatened with premonitory symptoms, such as diarrhoea, &c.; *d.* for convalescents; *e.* a department in which all excrements from the sick shall at once be disinfected or otherwise destroyed, so that all noxious emanations shall as far as possible be prevented.

8th. All cases terminating fatally to be interred as soon as possible after death, and such interment to be as private as can be, so as to prevent needless alarm.

If these suggestions should meet with approval, and the necessary steps should be inaugurated to have suitable hospitals, &c., provided, I feel assured that the profession in this city will come forward with many valuable hints on the subject of prevention and treatment of the epidemic, should it unfortunately make its appearance amongst the community. The great advantage, I think, in adopting a method similar to that advocated above, would be the unanimity and promptness of action with which each line of treatment could be put in requisition; the merits of each remedy and the means of preventing the disease would be fairly tested in every case, and these being submitted to one committee, definite rules as to future treatment would be arrived at; and if any remedy exists for the cure of the disease, it would, most likely, by these means be discovered.

Apologising for trespassing so far on your space, believe me, Sir, faithfully yours,

JOHN S. A. CUNNINGHAM, L.K.Q.C.P.I., L.R.C.S.I., &c.
Grosvenor Road East, June 1, 1866.

POOR-LAW MEDICAL STATISTICS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Mr. Cogan, M.P., has sent me a House of Commons return for which he lately moved, and which shows the name of each poor-law union in Ireland, the accommodation in each for paupers, the infirmary accommodation in each, the accommodation for fever patients in each, the number of medical officers in attendance on each workhouse or in the infirmary or fever hospital or fever wards of each workhouse, and the salary paid to each medical officer. I copy the enclosed summary of this return, which I hope you may consider a fit one for publication in your journal, as no published official document contains the same information, particularly as regards the medical officers' salaries. It appears that these salaries range from £30 for attendance on some, generally houses of small accommodation, to a more liberal remuneration in those of a larger accommodation. In Belfast, for instance, the three medical officers' salaries is £325; in Cork three receive £300; in the South Dublin house three get £300. The salary of each of the 117 medical officers averages £71 11s. In Ulster the average is £64; in Munster, £83 9s.; in Leinster, £75 5s.; and in Connaught £73.—Your obedient servant,
DENIS PHELAN.
23rd June, 1866.

SUMMARY OF PROVINCES.

Provinces.	ACCOMMODATION ON WORKHOUSE SITE.					ACCOMMODATION NOT ON WORKHOUSE SITE.				MISCELLANEOUS.			
	Workhouse Infirmary.	Fever Hospital.	Wards of Workhouse used for Fever Patients.	Other accommodation on the Workhouse site.	Total accommodation on the Workhouse site.	Fever Hospitals.	Other accommodation.	Total not on Workhouse site.	Total Workhouse accommodation of the Union.	Number of Medical Officers in attendance.	Salary of each Medical Officer.	Number of Apothecaries.	Salary of Apothecaries.
Ulster	4,995	2,652	62	29,770	37,439	70	—	70	37,509	46	£ 2,940	2	£ 75
Munster	8,701	1,936	404	35,430	44,471	932	734	1,666	48,137	56	4,674	11	370
Leinster	7,044	1,384	41	29,307	37,776	670	928	1,598	34,374	54	4,064	5	302 10
Connaught	3,098	1,040	248	17,840	22,235	44	—	44	22,279	31	2,205	5	150
	23,798*	7,021*	755	112,347	143,921	1,716	1,662	3,378	147,299	187	13,883	23	972 10

* The total accommodation for patients in Workhouse Infirmeries and Fever Hospitals is 33,290, and the average daily numbers treated in them during the year ended 29th September, 1865, was 19,206, including an average daily number of 1,824 cases of fever.

GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The subjoined subscriptions have been further received on behalf of the above fund. The Testimonial will be presented at the Freemasons' Tavern at three p.m. on Thursday, July 5th, and I hope a drawing of it will be found in the *Illustrated London News* of the Saturday or Saturday week following.—Yours obediently,

ROBERT FOWLER, Treas. and Sec.

145, Bishopsgate-street, Out, June 27, 1866.

Robert Fendick, Esq., Bristol	£0 5 0
Mark A. Robinson, Esq., West Ashford	0 5 0
Geotge Bury, Esq., Barnet	0 5 0
Robert Ceeley, Esq., Aylesbury	1 1 0
John Rand, Esq., Woodbridge	0 10 0
Dr. Christopher Hall, Burton-on-Trent	0 2 0

Dr. Hewgill	0 10 0
Dr. Frederick Hawthorn, North Hoxeter	0 10 6
R. N. Robson, Esq., Durham	0 10 0
W. F. Brook, Esq., East Ashford	0 10 0
Rowland Smith, Esq., Epsom	0 5 0
Wm. Carruthers, Esq., Runcom	0 10 6
Edward H. Ambler, Esq., Hemel, Hampstead	0 10 0
E. G. Yarenne, Esq., Witham	0 10 0
Dr. Arthur Pearse, Hartismere	0 5 0
Dr. S. Drew, Wortley	0 10 0
R. Wilding, Esq., Church Stretton (2nd donation)	0 5 0
Dr. Wm. J. Tubbs, Wisebeach	0 5 0
Dr. T. T. Smart, Bedminster	0 10 0
C. W. Wood, Esq., Barrow-on-Soar	0 5 0
Dr. Wm. Parry, Newtown and Llanidloes	0 5 0
Dr. R. Gill, Alston	0 10 0
Dr. John Hembrough, Castor and Louth	0 10 0
J. M. Cunningham, Esq., Hailsham	0 5 0
Henry Lamden, Esq., Bourne	0 10 0

Paulin Martin, Esq., Abingdon	0	10	6
Dr. H. J. Collett, Worthing	1	1	0
Henry Taylor, Esq., Thingoe	0	10	0
Messrs. Barton and Turnour, Castor	0	10	0
Wm. Day Ditchett, Esq., Louth	1	0	0
F. H. Marshall, Esq., Brixworth	0	5	0
Dr. Chas. Harris, Rye and Battle	0	10	6
Chas. Henry Perry, Esq., Aylsham	0	10	0
Thos. G. Wales, Esq., Downham	0	10	0
Fred. Smith Garlick, Esq., Ilalfax	0	5	0
Dr. G. L. Thorne, Swanage	0	2	6
T. R. C. Downes, Esq., Church Stretton	1	1	0
E. M. Thompson, Esq., Sleaford	0	5	0
W. C. Arnison, Esq., Huxham	0	10	0
Leonard Woodridge, Esq., Whitechurch	0	5	0
Dr. Onslow Andrews, Monmouth	0	10	0
John Ness, Esq., Helmsley	0	10	0
G. O. Rogers, Esq., Newport Pagnel	0	5	0
J. R. Bedwell, Esq., Northleach	0	10	0
Dr. Evan Pierce, Denbigh	0	10	0
L. M. Bennett, Esq., Brigg	0	2	6
A. W. Owen, Esq., Black Torrington	0	5	0
John Ward, Esq., Penistone (second donation)	1	1	0
Henry Beck, Esq., Bosmere and Claydon	0	10	6
Samuel Burrows, Esq., South Molton and Tiverton	0	10	0
H. B. Gould, Esq., Portsea Island	0	10	6
Dr. S. B. Bucknill, Rugby	1	1	0
George Gibson, Esq., Ulverstone	0	5	0
Dr. J. Wilson, Guisborough	0	5	0
Amount previously announced	137	2	3
Received at "Lancet" Office	13	11	6

COPY.

"DEAR SIR,—I sent my subscription to the Griffin Testimonial twelve months ago. I am grieved and ashamed so small a sum has been subscribed to the Testimonial. Although a poor man with a large family, I shall be willing to subscribe a further sum of £5 if two hundred other gentlemen will do the same to make up a testimonial worthy the labour Mr. Griffin has bestowed upon the cause which interests us all.—I am, dear sir, yours respectfully,

"RICHARD ROE.

"Eccles, June 25, 1866.
"Dr. Fowler."

THE CHOLERA.

RIVETED by the war which has broken out on the continent, public attention for the moment has been diverted from the cholera. The progress of the disease in eastern as well as western Europe has, however, during the past month been such as to require narrow attention. The epidemic has broken out in Jassi, Pocktchani, and other towns of Moldo-Wallachian territory. It is to be presumed also that the malady has resumed its activity in the south-western provinces of European Russia, as active measures against it have been already adopted in St. Petersburg.

In Holland the disease is widely prevalent. From its first appearance in May (?) to the 13th of June 724 cases and 431 deaths had been reported in Leyden; 216 cases and 135 deaths in St. Gravenhage; 396 cases and 220 deaths in Delft; 708 cases and 433 deaths in Rotterdam; 100 cases and 50 deaths in Gouda; and 305 cases and 169 deaths in Utrecht.

In Prussia cholera has declared itself in Stettin, Berlin, Swinemunde, Frankfort-on-the-Oder, Neustadt, Eberwald, Cammin, Arnswalde, and several villages. From the 2nd to the 9th June there were 103 fatal cases in Stettin. Sixty-five cases occurred in two days at Arnswalde. The disease has not yet shown much activity in Berlin and the vicinity—the cases, indeed, would appear to have been scattered mainly in the suburbs.

The epidemic still lingers in the neighbourhood of Altenburgh (Saxony), and it is reported to have shown itself at Chemnitz and near Echernach, on the Rhine.

The need of watchfulness at Liverpool is taught by what has befallen Antwerp. A short time ago cholera broke out on board an emigrant ship, the *Agnes*, in Antwerp port. The disease has now appeared in the city, and to the 16th June there had been 84 deaths and

180 cases, irrespective of those which had taken place among the emigrants on board the *Agnes*.

In France the epidemic has broken out in several places, and it was recently prevailing with great intensity at Amiens. Cholera still shows itself from time to time among emigrant ships sailing from Liverpool to the United States.

The latest news from the East, while confirming the information of cholera having appeared among the returning Mohammedan pilgrims at Jedda leads to the conclusion that the previous reports of the number of cases there were exaggerated. One of the caravans on the route to Medina is, however, believed to have suffered severely. The pilgrims who had reached and traversed Lower Egypt were said to be entirely free from the disease.—*Lancet*.

PROPOSED AMENDMENT OF THE SANITARY LAWS.

A BILL with the above object has been introduced into Parliament by the government. It proposes to enact that there shall be "sewer authority" in districts, which may among other things require the owner of any dwelling house having insufficient drainage to amend deficiency, and to supply water to the inhabitants of such district in the same manner as the present local boards have the power of doing. When complaint is made to any justice, that a sewer authority has made default in these respects, and that a proper supply can be obtained at a reasonable cost, the sewer authority may be summoned before the justice unless they undertake to remedy the fault, and pay the expenses of the complainant. The justice has power to appoint a person to report at a subsequent session as to whether the sewer authority has done its duty according to its promise, and if it has not, to appoint a party to do the work, the sewer authority paying the necessary expenses. With regard to the removal of nuisances, it is proposed that an officer of police may do any act, or institute any proceeding which the nuisance authority of such place might do or execute with respect to the removal of nuisances, and any expenses incurred by him or under his orders in such cases shall be deemed to be expenses incurred in respect of the police, subject to his orders, and defrayed accordingly. The word "nuisance" is to mean any house or part of a house so over-crowded as to be dangerous to health; any factory or workshop not under the operation of any general act for the regulation of factories and bake-houses, not kept cleanly; or properly ventilated; and any fireplace or furnace which does not consume its own smoke. Complaints may be made to the justices of any neglect of duty on the part of the nuisance authority who, on the case being proved, is empowered to make an abatement of the nuisance, at the cost of the nuisance authority. Powers are sought for to cause premises to be cleansed, lime-washed, &c.; to provide carriages for the conveyance of infected persons; of mortuaries for the reception of dead bodies, at the public expense; and to place ships in harbour under inspection, like ordinary dwellings. The Secretary of State, on application of nuisance authority, may empower them to make regulations as to lodging-houses—viz., for fixing the number of lodgings, which may be separately let, or occupied in any house let in separate lodgings within the district, and the number of persons in such lodgings, for the registration of such houses, for the inspection of such houses, and keeping the same in a clean and wholesome state, for enforcing proper means for cleanliness, ventilation of the passages, and lime-washing at stated times, the enforcement of such regulations to be provided for by a fine not exceeding forty shillings for any one offence. Authority is also given to provide either permanent hospitals or temporary places for the reception of the sick. The sewer or nuisance authority may either build such places or make contracts for the use of any existing hospital or part of an hospital for temporary use, but where the nuisance authority is a Board of Guardians the sanction of the Poor-law Board must be obtained to any exercise of the powers given by this section. Penalties are sought to be imposed on any infected person exposing themselves in public, and on persons damaging any works in connexion with refuse or water. Guardians are to execute the Diseases Prevention Act, and they are empowered in certain cases to build baths and washhouses. There are also certain other enactments, which are of a minor character and need not be referred to.

TREATMENT OF CATTLE PLAGUE BY INJECTION OF ARTIFICIAL CHYLE.

Dr. RICHARDSON has forwarded to the Government of Ireland his proposition, made in January last to the Home Secretary, Sir George Grey, for the treatment of animals suffering from cattle plague. This proposition has already been before the profession for several months, but has scarcely received the attention we should have expected. We may, therefore, place in the hands of our readers the following facts, taken from the correspondence between the author of the proposed method, the Home Secretary, and the Royal Commissioners. In his first letter, which was addressed to Sir George Grey, and was forwarded on the 16th of January last, Dr. Richardson writes to ask if her Majesty's Government would allow him for experiment a hundred head of cattle suffering from the rinderpest at various stages of the disease, together with the means of subjecting the animals to treatment. For his purpose he should simply require accommodation in a healthy shed or stable for five or six animals at one time, with proper food for the animals, medicines, two keepers, and a reporter of cases. The only further favour he asks is that two or three scientific commissioners should be deputed to watch the results of the treatment, and to certify to the correctness of those results on his report. He adds that previous to taking this step he had placed all the details of his proposed inquiry before the President of the Royal College of Physicians, and the President, after carefully considering these details, had expressed his opinion that the proposal altogether was based on sound scientific principles, and was of a nature to deserve earnest consideration. This letter led to the placing of the proposition before the Royal Commissioners who were then sitting. The proposition was accompanied with explanatory notes, certain of which we subjoin.

In the first place, as to the curability of the disease, Dr. Richardson offered the following arguments:—

“I premise that the disease is curable, and for the following reasons:—

“1. According to my observation it is a disease affecting one set of organs only—the organs of vegetative life. The secondary changes which occur appear to me to be due altogether to a modified oxidation of the blood. In so far as I can gather, derangement of the nervous centres is no essential part of the malady. I look on these facts as tending to simplify very much every suggestion in respect to treatment, and as affording hope of the discovery of a means of cure.

“2. I observe that there are many instances of a spontaneous recovery in affected animals—a fact which I think especially favours—nay, indeed, proves the possibility of cure. Three days ago I saw two animals, of the same breed and age, in the same stall, fed on the same kind of food, breathing the same kind of air, and suffering from the malady in the same stage and in the same degree of severity. To-day I find that one of these animals died seven hours after I saw it, while the second animal—both having been treated alike—began, soon after the first died, to recover, and did recover so rapidly that it is now comparatively well. If the disease were incurable, why did not both these animals die? It is plain that there is a period during which the malady may be said naturally to last, and that the mode in which that period shall end turns on the power of the animal to pass through the said period. If, while its force is largely expended in eliminating from its body the morbid products that are common to the malady, the animal can also produce sufficient force to sustain a low form of life, it will begin to recover so soon as the elimination of diseased product is perfected. If it fail to produce sufficient force to sustain both elimination and the power necessary to keep the heart and the chest muscles in action, it will die. In plain words, the natural cure of the disease is elimination; and whether the cure be effective or not turns on the ability of the animal to sustain the eliminative process and its own natural processes at one and the same time. I hold, then, that art should step in and should do so little, and yet so much, as should place all animals on a par in respect to their power of sustaining natural recovery.

“The means I would suggest for the scientific treatment of the cattle plague are based on the principles I have laid down in the preceding paragraphs. There are, in my opinion, two clear lines of treatment open, applicable to two special periods of the malady. In the first stage, while the force of

the animal has been but little interfered with or reduced, it would be advisable, I think, to increase the process of elimination and to secure as rapidly as possible the removal of the poison from the organism. In the second and later stages, it would be correct to sustain the animal force so that time might be gained for the perfection of the process of elimination.

“I believe it is possible to carry out both these intentions by means that are rational in principle and easy in application.”

Having described a method of securing elimination by subcutaneous injection, Dr. Richardson continues:—

“To carry out the second intention of treatment, I suggest the artificial feeding of the animals during the later stages of the malady, so as to enable them to live on through the period of natural elimination of the poison. As the disorder presents itself to my mind, the circumstance of recovery turns in every case on the sustainment of secreting force by the animal; while the sustainment of secreting force, in its turn, depends on the power of the animal to take in and apply the source or store of force—food and drink. The common experience is to the effect that if the animals can be fed they live; if they refuse food, or if taking food it remains undigested in the first stomach, they die. In plain words, the blood not being supplied with new force burns out, and as is common in all this class of epidemic disorders, there is thus produced a condition which I have elsewhere designated as asphyxia commencing in the blood; the blood is not oxidised, the animal fire declines, and death—inertia—is the result. How, then, can this condition be met? In the first place, it can largely be met by paying great attention to the feeding and nursing of the animals. If the animals are placed in a warm room, and if they are steadily and persistently fed with food warmed to 90° Fahr., finely cut up, and well softened and diluted with water, the chance of recovery is unquestionably increased. Evidence of a very satisfactory nature on this point admits of being collected.

“But there are many cases in which, though food be introduced into the alimentary system of the animal, it undergoes there no proper digestion nor absorption, the surface of the alimentary canal being itself unnatural and unable to perform its ordinary functions. In these cases feeding by the mouth is of little service. Here I think art ought to step in and render important aid.

“I propose that in these instances the animal should be fed *artificially through the veins*, with a fluid resembling that which it manufactures in its own digestive organs, and throws into its own veins, I mean *an artificial chyle*.

“That an animal can be fed through the veins is a fact proved by experiment. I have fed a dog with blood through the jugular vein for many days together, and into a young dog, that was feeding ordinarily on milk, I have successfully injected milk in the place of blood. Dr. Bovell of Toronto, in 1854, injected milk even into the veins of men in the last stage of cholera, and with very satisfactory results. We might, therefore, safely inject either blood or milk into the veins of cattle in the later stages of rinderpest with promise of advantage.

“There would, however, at all times stand in the way the practical difficulty of obtaining blood or milk on a sufficiently extensive scale. My plan, therefore, is to substitute for the fluids an artificial chyle made by subjecting the ordinary food of cattle to artificial digestion out of the body.

“I have produced a fluid for this purpose so closely analogous to natural chyle that it would be difficult to distinguish it from the natural fluid by common observation. This artificial chyle has a specific gravity of 1030, a dirty-white colour, and an albuminous consistency; it contains albumen and solid matters to the extent of 8 per cent.

“This fluid, warmed to 90° Fahr., I propose to use as food for animals in the later stages of the disease, by injecting it into the external jugular vein in the neck.

“The operation of injection would be as simple as that of ordinary blood-letting. It would merely be necessary to insert a bougie into, and tie it firmly in, the vein, securing the vein above by a firm ligature. The feeding tube in the vein, if provided with a stopcock, need not be removed for many hours, so that several supplies of food might be introduced by the same channel. In introducing the food, it would be best not to use a syringe, but to place the liquid in a gallon barrel, provided with a quarter-inch tap. A tube of india-rubber should pass from the tap to the bougie in the vein, the tube being filled first so as to exclude the air. Then

the fluid being allowed to flow, an elevation of two feet above the animal would give sufficient pressure of current to feed the vein."

The Secretary of the Commissioners acknowledged the receipt of these suggestions on February 8, and intimated that they had been placed in the hands of Dr. Bence Jones, as chairman of the experimental committee.

How far the experiment of artificial feeding through the veins would have succeeded we cannot of course say, though we regret that so simple a means was not tried, and we would urge the Irish Government to test the matter fairly and faithfully. We need scarcely add that Dr. Richardson's plan anticipates by many months the suggested curative measures, by transfusion, which have appeared in the *Times* and other papers during the past month.—*Lancet*.

THE EDUCATION OF MIDWIVES.

THE second annual meeting of the Female Medical Society was held on Monday last at the Hanover-square Rooms, the Earl of Shaftesbury presiding. Dr. Edmunds read the report. It stated that the objects of the Society were but recently looked upon with little respect or sympathy, but a great and increasing change was now perceptible in this respect. Those objects were—(1) to promote the employment of educated women in the practice of midwifery and the treatment of the diseases of women and children; (2) to provide for women facilities for learning midwifery &c., like those which have long been in the possession of men; and (3) to establish a publicly recognized board of examiners, so that women who have pursued an appropriate course of study and passed an adequate examination may be distinguished from others. The progress of the Society's College, at 4, Fitzroy-square, has been thoroughly satisfactory; the number of students has increased to twenty; the lectureships have hitherto proved almost self-supporting, and the entries of students for the next session are likely to exceed in number those of either of the former years. Several students have already mencei practice, and a considerable number of lady patients have been referred to their care. The addresses of accoucheuses who are now settling in various parts of London may be obtained on application at the office, and there is no doubt whatever that this profession will prove a comparatively easy and lucrative employment for intelligent, gentle-handed, and properly educated women, and one to which the public will extend a rapidly increasing patronage. The receipts of the Society for subscriptions and donations amounted to £365 7s.; and for students' fees, paid, £87 2s. 9d.; unpaid, £14 3s. 9d.; making a total of £466 13s. 7d. The payments for rent &c., lecturers' fees, advertising, printing, interest on loan, &c., amounted to £634 1s. 5d., leaving a balance due to the treasurer of £167 7s. 10d. The adoption of the report was moved by Mr. George Burney, and seconded by Lord Houghton, who said that, as a trustee of the Nightingale Fund, he was glad to see that the Society had prospered, and he would do all he could to help it.

The meeting was addressed by Mr. Burney, Lord Houghton, the Rev. J. Burns, Mr. Elt, Dr. Murphy, the Rev. D. W. Corken, and Mr. Turner.

It was moved by the Rev. Dr. Burns, seconded by Mr. Elt, and unanimously adopted,—“That midwifery, as an important branch of medical practice, constitutes a lucrative profession for which women ought to have proper means of instruction, and in which it is highly desirable that women should be employed.”

It was then moved by Dr. Murphy, seconded by Dr. Farr, and unanimously adopted,—“That no sufficient system of instruction in midwifery and the accessory branches of medical science has hitherto been accessible to women in England; that the present utterly unregulated state of female practitioners in midwifery is repulsive to educated women and degrading to this important vocation; that great public inconvenience and frequent loss of life now occur for want of a properly qualified and sufficiently numerous class of midwives.”

Dr. MURPHY, in the course of his observations, said that he could bear testimony to the fact that those women who had attended the Medical College had proved themselves competent to undertake any duty in which a sound practical knowledge of midwifery was required. The object of the Society was no novelty. The duties of midwifery were formerly discharged by women; and it was a well-known fact that Queen Charlotte, the consort of George III., was always attended by a woman, at the births of her children. It was simply owing to the ignorance and want of skill on the part of the midwives that the members of the medical profession took upon themselves the duties of midwifery.

Dr. FARR said that he was glad to see the old English word “midwife” was not discarded by the Society. The midwife was an Anglo-Saxon institution, descended from the remotest time. The dictionaries told us the word came from “meed” (reward), and “wife,” and implied that the wife was to be paid for her work. That was a very proper thing; the labourer was worthy of her hire, and the practice of midwifery was a very legitimate means of gaining a livelihood. It must, however, be frankly admitted that midwifery remained in a very rude state so long as it continued exclusively in the hands of women—old women—whose superstitions were the laughing-stock of the wits and the bane of mothers. In the last century it was taken in hand by men, and by a series of such practitioners as William Hunter, Denman, Davies, Clarke, Ferguson, and a host of practitioners in the present day, including two gentlemen there present—Prof. Murphy and Dr. Edmunds—it had become a science. As an art, midwifery was probably the most advanced and useful branch of medicine. It was now in a state in which its practice might be taught to well-educated women in England, as it was taught to well-educated women in France. In childbirth two lives were at risk, the mother and the child; and sometimes both were lost, when by judicious art both might be saved. In eighteen years (1847-64) no less than 58,001 English women had died in childbirth—18,897 of metria or puerperal fever, and 39,104 of mishaps of various kinds. Nothing struck him as more deplorable in nature than the death of a young mother; when the husband was expecting a child, he lost a wife. He had a long list of the deaths of wives of miners, labourers, masons, ministers, and other classes in remote districts of Wales; and similar series of such deaths happened in other districts. He believed that a great majority of the women of the country, and many poor women in towns, got no skilled attendance in their lying-in. He should be glad to see well-instructed women taking up this old business of their sex—not in opposition to medical men, but in concert with them. The College required help at first; but if women were successful they would be able to pay for their professional training in an institution which appeared to be well suited to teach the art as well as the science of midwifery, and its indispensable subsidiaries, physiology and hygiene. He believed that the medical profession, however much they might oppose female doctors, would be glad to see educated young midwives take the place in every district of ignorant old women. There were more than a million children born every year in the United Kingdom, and on them the perpetuity of the English race depended. It was important that they should start well in the world, and vitally important that they should not lose their mothers. He hoped to see the day when less than five women died out of a thousand delivered of children.

Lord SHAFTESBURY, in his concluding address, strongly urged the friends of the Society to confine the students specially to the prosecution of midwifery, and not to enter upon too extensive a sphere.

The meeting then passed a resolution pledging itself to use all its influence to promote the objects of the Society, and the proceedings were brought to a close by a vote of thanks to the chairman.

Our Weekly Retrospect of the Medical Journals.

JUNE 30.

THE *British Medical Journal* hopes that at the election for the Council of the College of Surgeons the question of voting by paper will be again mooted; it would be a great boon to the country Fellows who, under the present state of things, cannot take part in the management of their own College. We very much fear that the authorities have too much at stake to run the chance of getting a new charter for the purpose of granting this privilege to the extra metropolitan Fellows; some more radical reform might be introduced into it which would seriously inconvenience the oligarchy, which at present dispose of matters surgical in Lincoln's-inn Field.

From all that is written weekly on the subject we have the satisfaction to find that we know nothing of the nature or treatment of cholera. Statistics on the latter portion of the question cannot be relied on.

The promotion in the Guards is to go on as formerly, unless in the case of future medical officers, who will be subjected to the warrant of 1860. So much has been gained by agitation in medical journals.

Mr. S. Smith has withdrawn his name from the candidature for the Council of the College of Surgeons so as to favour the return of Mr. Hawkins and to prevent any miscarriage from the splitting of votes.

The *Times* is unusually severe on Mr. Farnall, the Poor-law Inspector, for his having tolerated so long the system of treatment of pauper sick in workhouses.

The Prussian military authorities find that the most effectual way of curing itch is to smear the part with a mixture of two parts of liquid storax with one part of sweet oil; the cure is complete in twenty-four hours.

Egyptian medical students occupy six years in medical study.

M. Marey has invented an instrument on the principle of his sphygmograph for registering muscular contraction.

Dr. Ricord is justly indignant that his name has been used for the purpose of vending quack medicines.

The *Medical Times and Gazette* draws attention to the wholesale desecration of St. Giles' and St. Pancras' churchyard by the Midland railway. From the description, it would seem as if very many of the bodies so disturbed have not been long under ground, so that the earth and the atmosphere around are impregnated with the results of organic putrefaction; the railway has been obliged to suspend their operations for the present.

The Female Medical Society has held its second annual festival. The chairman, Lord Shaftesbury, impressed on his hearers the necessity of their confining their operations to the education of midwives. It were well if the objectionable name of the society were changed.

A verdict of manslaughter has been brought against a Leicester bone-setter. He employed the force of from twelve to sixteen men to reduce a dislocated elbow; the great pectoral muscle, the axillary artery, and brachial plexus of nerves were torn through. Death occurred from syncope.

Dr. Muspratt, the eminent chemist, describes the nature of the Harrogate spring, which he found to contain iron in the state of chloride, a most valuable discovery, as in this form it is more easily assimilated into the blood of living animals.

The cholera is still making ravages on the Continent.

Mr. Hutchinson's lecture this week, on fractures, has reference entirely to Colles fracture. He asserts that the displacement is due entirely to the violence and not to unusual action.

The *Lancet* calls attention to the various abuses existing in both the Colleges. It points at the fact, that in Lincoln's-inn Fields, the position of the body who were originally and by law intended to be the servants of the Council are in reality the masters. In the case of the College of Physicians it is urged that greater care should be taken in the selection of names for the Fellowship and

that it would be a wise expedient if the attainment of this honour were confined to those who had passed their thirty-second year, and who had served seven years probation as members.

In their petition against the rating of charitable institutions the governors of St. George's allude to an act of suicide which they have been for some years perpetrating; they have actually been compelled to make use of their capital for the support of the hospital, and have sold out to meet current expenses to the tune of four thousand a year for the last seven years.

The most "important pathological discovery yet made in the cattle plague," is the finding of the poison in the blood of infected animals.

Dr. Wilks records a case of cholera which recovered; some will doubt whether this was a genuine case of cholera.

The greater portion of the English medical journals is this week occupied by the half-yearly index.

THE QUEEN'S UNIVERSITY IN IRELAND, DUBLIN CASTLE.

Examination for the Degrees of M.D. & M.CH.

June 8, 1866.—Morning.

MEDICINE.

EXAMINER.—ROBERT D. LYONS, F. & C. K.Q.C.P.I.

1. State the normal average amount of urea and uric acid excreted per diem by a healthy adult male. If the same individual fall into a pyrexial state what alterations in the excretion of urea and uric acid may be expected?

2. Describe the symptoms of a well-marked case of cerebro-spinal arachnitis, and give your prognosis and treatment.

3. What secondary lesions may be anticipated in typhus fever about the end of the second week? Specify the treatment you would employ if the bronchial system became engaged.

4. Describe the sequence of the phenomena when the intestinal lesion of typhoid fever is latent at the outset, and does not progress, *pari passu*, with the primary pyrexia, and the precautions you would adopt.

5. What diseased states are marked by the occurrence of excessively rapid post-mortem decomposition, and what practical indications for treatment during life are furnished by a knowledge of the pathology of such cases?

6. In a case attended with sudden seizure, how would you diagnose between the possible conditions of uræmic poisoning, the syncope of fatty heart, and cerebral apoplexy, and what would be your treatment in each case?

7. What do you understand by the "tonic treatment" of pneumonia? Suppose a case and prescribe accordingly.

8. What symptoms would lead you to the diagnosis of peritonitis from perforation, and what treatment would you employ?

9. What symptoms and signs indicate the approach of tubercularization of the lung, and what means would you employ to avert this occurrence?

10. In what organs has the condition of embolism been observed, and what are the pathological anatomy, the symptoms, and treatment of this condition?

11. What are the conditions which produce systolic cardiac murmur, and how would you diagnose and treat them?

12. In a case of protracted renal disease, with albuminuria and dropsy, what symptoms would induce you to form a favourable prognosis, and what treatment would you employ to conduce to recovery?

Parliamentary Intelligence.

HOUSE OF COMMONS.—JUNE 26TH.

THE SICK POOR IN WORKHOUSES.

MR. FAWCETT asked the Secretary to the Poor-law Board whether he intended to introduce any measure relative to the sick poor in the metropolitan workhouses.

MR. D. BROMLEY asked the President of the Poor-law Board whether any steps were being taken towards the establishment of some system of supervision of the sick

wards in metropolitan workhouses, whereby the painful circumstances recently disclosed might be prevented from recurring pending the result of Dr. Smith's inquiry, and whether the result of Mr. Farnall's visits and investigations would be laid upon the table.

Mr. VILLIERS, in reply to both questions, said that a very full official and medical inquiry had been directed by the Government to be made into the condition of the infirmaries of these workhouses. That inquiry had been completed, and the report was on the table of the House. The subject was one which required very early consideration.

Abstracts of the Scientific Societies.

ROYAL.—June 14.—The following papers were read: "On the Anatomy of the Fovea Centralis of the Human Retina," by Mr. J. W. Hulke.—"Second Memoir on Plane Stigmatics," by Mr. A. J. Ellis.—"Fundamental Views regarding Mechanics," by Prof. Plücker.—"Contributions to Terrestrial Magnetism, No. 10," by General Sabine.

STATISTICAL.—June 19.—W. Farr, Esq., M.D., in the chair.—The Duke of Argyll read a paper, "On the Economic Condition of the Highlands of Scotland." The following are the facts and conclusions which the noble author arrived at with regard to the past and present economic condition of the Highlands: 1st. That before the end of the last of the civil wars the condition of the population was one of extreme poverty and frequent destitution. 2nd. That on the close of these wars and the establishment of a settled government, there was, during half a century, a rapid increase of population. 3rd. That this increase was out of all proportion to the means of subsistence. 4th. That the introduction of potato cultivation increased the evil of a rapid increase in population without any corresponding increase in skill or industry. 5th. That the emigration of the Highlanders arose as a necessity out of this condition of things, and was in itself the first step towards improvement. 6th. That the introduction of sheep-farming was a pure gain, not tending to diminish the area of tillage where tillage is desirable, and turning to use, for the first time, a large part of the wnooffhole area the untry, which was formerly absolutely waste. 7th. That for the old bad cultivation of small crofters there has been substituted for the most part a middle class of tenantry, thriving, holding under lease, and exhibiting all the conditions of agricultural prosperity. 8th. That the displacement of population by the introduction of great capitalists holding farms of very large value has not taken place in the Highland counties to an extent nearly equal to that in which it has taken place in some of the richest counties of Scotland. 9th. That the process which has been going on in the Highland counties of a diminution in the population of the rural districts is the same process which has, long ago, been accomplished in the other counties of Scotland, and in England. 10th. That in their case it was also deplored under the same economic fallacies—fallacies which are now applied only to the Highlands, because the process is not yet completed. 11th. That the prosperity of the Highlands will only be complete when the process shall have been completed also. 12th. That no part of Scotland, considering the late period at which improvement began, has advanced so rapidly, or given, within an equal space of time, so large and so solid an addition to the general wealth of the country.

ZOOLOGICAL.—June 12.—Dr. J. E. Gray, V.P., in the chair.—A communication was read from Dr. H. Dohrn, "On the Birds of Prince's Island, in the Bight of Zenin, West Africa," being founded on personal observations made during a recent exploration of that island. The species enumerated by Dr. Dohrn, as met with him in that locality were thirty-four in number, amongst which were several new to science.—A communication was read from Mr. J. Couch, giving an account of the occurrence of *Ausonia Cuvieri*, a fish new to the British Fauna, on the coast of Cornwall.—Dr. Gunther contributed some notes on the anatomy of the same fish, which presented several very noticeable peculiarities.—Dr. J. Murie gave an account of a singular case of malformation in the generative organs of a heifer, which had been recently transmitted to the Society by Mr. G. Latimer of Porto Rico.—Dr. Murie also read some supplementary notes on the red-bellied monkey (*Cer-*

copithecus erythrogaster), a new species founded by Dr. Gray upon an animal lately living in the Society's menagerie.—Dr. Gray communicated some notes by Lieut. C. F. F. Annesley, R.A., "On the Habits of the Mantis Crab (*Gonodactylus chiragra*) in Captivity," as observed by that gentleman at Aden.—Mr. A. D. Bartlett made some remarks on the singular bird of prey lately transmitted from Damaraland by Mr. Anderson, and described by Mr. Gurney as *Stringonyx Andersoni*, and suggested its identity with the *Machaerhamphus alcinus*, described some years previously by Mr. Westerman, but stated, probably erroneously, by the latter author to have been received from Malacca.—A joint paper was read by Messrs. A. B. Wallace and F. Moore, "On a Collection of Lepidopterous Insects obtained in Formosa by Mr. Swinhoe."—Mr. H. W. Bates read a paper "On the Coleopterous Insects obtained by Mr. Swinhoe in the same Country."

CHEMICAL.—June 7.—The papers read were:—"On the Oxidation Products of the Propione produced from Carbonic Oxide and Sodium-Ethyl," by Professor J. A. Wanklyn.—"A Preliminary Notice on Phthalic Aldehyde," by Professor H. Kolbe and Mr. G. Wirchex.—"On the Preparation of Chrysammic Acid," by Dr. J. Stenhouse and Dr. H. Müller.—"On Chrysammic Ether," by Dr. J. Stenhouse.—"On the Platinum Bases, the best Mode of obtaining and identifying them," by Mr. E. A. Pladow.—"On some Decompositions of Nitrite of Amyl," by Mr. E. T. Chapman.—"On a Cyanogen Derivative of Marsh Gas," by Mr. H. Basset.—Mr. A. Vernon Harcourt delivered a lecture "On the Observation of the Course of Chemical Change."

ERYTHROXYLON COCA.

Dr. REIS, in the *Bulletin Gén. de Therapeutique*, of Feb. 28, 1866, writes with regard to the Erythroxyton Coca:

"In January, 1863, as some of my colleagues may remember, I published an account of some experiments made with the leaves of the *erythroxyllum peruvianum*, *erythroxyton coca*, a plant which is used by the Indians of Peru as a masticatory, in doses of fifteen to twenty-five grammes daily for the purpose of enabling them to undergo fatigue, hunger, and thirst, or the severe labours of the mines.

"I have subsequently verified the powerful yet inoffensive efficacy of this substance as a nervous stimulant. On the one hand results are augmented, and continued activity of the mental faculties, rendering elocution easy and animated, and inspiring resolution, courage, and perseverance; on the other, an increased disposition to muscular action as shown by facility in locomotion, which can be continued without fatigue for a long period during the mastication of the coca. Hence, my observations have led me to regard this stimulant as an agent well adapted to distract the mind from its habitual cares, and sustain temporarily the vital forces, with or without a moderate use of food. Doses of two, three, or four grammes of coca, renewed at seasonable intervals, are sufficient to produce these physiological effects.

"The experiments of MM. Gorse and Mantegazza have, however, shown that in large doses the Peruvian leaf causes an acceleration in the cardiac contraction four times greater than that produced by tea, more than twice as much as that resulting from coffee, and at least a third greater than that which follows the employment of the *Ilex maté*. When used in doses of thirty to forty grammes, an intense fever, accompanied with hallucinations and delirium follows. Being among the first to call attention to the prompt, energetic, and almost poisonous action of the coca, I cannot but recommend its employment in diseases characterized by marked depression of the nervous and muscular system, and particularly in cholera."

Dr. Reis then goes on to state that he has used it during the recent epidemic, but adds that no severe cases came under his observation. In a few in which aligid symptoms began to make their appearance, and the pulse was small and almost imperceptible, the use of the remedy was followed by apparently good results. It may be administered in the form of elixir, syrup, extract, infusion, masticatory, or may be smoked like tobacco. The experiments made in this country with the coca do not confirm the very sanguine opinions of Dr. Reis. The results have been contradictory. It is, however, a remedy worthy of further examination, since if half which has been told of it were true it would be very valuable in some nervous diseases.

VISITATION OF EXAMINATIONS.

At a meeting of the Branch Council for England of the General Council of Medical Education and Registration on the 15th inst., the following resolution, passed by the General Council on the 28th of May, was read:—"That the visitations of the examinations, preliminary as well as professional, of the qualifying bodies, by the Branch Councils, or such of their members as they may depute, be continued during the ensuing year. That the reports of the visitors shall apply to every part of the examinations of each body, and shall include a statement of the facts observed, and of the opinions of the visitors as to the efficiency of the examinations, as also such remarks and suggestions on defects in them as circumstances may indicate. That the reports of the visitors be submitted in the first instance to the Branch Councils; and that thereafter the Branch Council shall direct them to be printed and circulated confidentially amongst the members of the General Council, so that they be in a condition at the meeting of the General Council in 1867 to consider them maturely." It was also resolved that the members of the Council who were deputed by this Branch Council on the 13th of October, 1865, to visit the examinations held by certain of the qualifying bodies in England, be again deputed to visit respectively the examinations of the same bodies during the ensuing year. Dr. Storrar and Dr. Sharpey were deputed to visit the examinations of the University of Durham. A letter from Mr. Rumsey was read, explaining his reasons for declining to take part in the visitation of examinations. Dr. Alderson was deputed, in place of Mr. Rumsey, to visit the examinations of the Society of Apothecaries of London. It was resolved that the travelling and hotel expenses of members of this Branch Council deputed to visit the examinations of the qualifying bodies, be paid to them on the same scale as for attending the meetings of the General Council; and that the consideration of the question of the payment of fees to the visitors of examinations be, for the present, postponed. A present of fifty guineas was made to the registrar of the English Branch Council, in acknowledgment of the extra duty entailed upon him by the registration of medical students.—*Lancet*.

Notices to Correspondents.

- M.D.*—The letter is inserted.
The Harveian Society of London.—The report has been received.
Dr. Dickson.—The paper has been received.
Dr. B.—It is better to let the matter rest until after the trial.
Mr. Griffin's letter is inserted.
Dr. Paul.—The paper has been received.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on June 25th, the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College:—

Charles, T. Edmondston, M.D. Edin., Elizabeth-terrace, Eaton-sq. Congreve, Richard, Southampton-row.
 Cumberbatch, Lawrence Trent, M.D. St. Andrews, Cadogan-place.

At the same meeting, the following College officers were elected for the ensuing year:—Censors: Dr. Guy, Dr. Herbert Davies, Dr. George Johnson, Dr. Peacock. Treasurer: Dr. Alderson. Registrar: Dr. Pitman. Librarian: Dr. Munk. Examiners: (Anatomy and Physiology) Dr. Handfield Jones, Dr. Brinton; (Materia Medica, Chemistry, &c.) Dr. Barclay, Dr. A. S. Taylor; (Principles and Practice of Medicine) Dr. F. J. Farre, Dr. Sieveking; (Midwifery and Diseases peculiar to Women) Dr. West, Dr. Oldham; (Principles and Practice of Surgery) Mr. Holmes Cooté, Mr. G. D. Pollock. Curators of the Museum: Dr. Alderson, Dr. Hamilton Roe, Dr. Wm. Wegg, Dr. Sibson.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on June 21st:—
 Crowther, Edward Lodewyk, Hobart, Tasmania.
 Jackson, Mowbray, Bowbrickhill, Bucks.
 Lamb, Barnabas Walter, Stourport.
 Pryce, Richard Matthews, Caersws, Montgomery.
 Quick, John, Penzance.
 Sanders, Thomas, Plymouth.
 Turner, Duncan, Peter-street Islington.
 Wilcox, Richard Wilson, Torrington-square.

The following gentleman also on the same day passed his first examination:—

Bland, Henry, King's College.

THE SOIREE OF THE ROYAL COLLEGE OF PHYSICIANS.—This annual gathering was held on Wednesday evening last, and was very numerously attended, not only by members of the profession but by visitors of eminence, amongst whom were the Bishop of Oxford, Mr. Tite, M.P.; Mr. Waldegrave Leslie, M.P.; Vice-Chancellor Wood, Sir J. Shaw Lefevre, and Sir J. Key Shuttleworth. The following amongst a host of other models and apparatus were exhibited:—By Professor Wheatstone: Means of communication between carriages on railroads. Professor Abel: Specimens of gun cotton and a lead-coated projectile, exhibiting results produced by electrolytic action. Mr. Ansell: Apparatus for detecting fire-damp in mines by the diffusion of gases. Mr. Herbert McLeod: Oersted's condenser for showing the liquefaction of gases by pressure, and the compressibility of water. Dr. Bence Jones: Animal florescence; Holtz electric machine. Dr. Lionel Beale: Specimens illustrating the mode of termination of the ducts, and other points in the anatomy of the human liver; cirrhosis of the liver; the connexion of the Malpighian bodies with the tubes of the kidney. Dr. J. B. Sanderson: Enlarged copies of tracings obtained by the application of a modification of the sphygmograph in the investigation of the movements of the heart and great vessels. Dr. Hassall: Samples of flour of meat, with several preparations made therewith, as also pure bran or bran and meat biscuits, for diabetes, absolutely free from starch. Dr. Thudichum: Microscopic illustrations of entozoa, including living trichina and tænia echinococcus, shown by means of the oxy-hydrogen and the electric microscope; and tables of new atomic weights. Mr. Jabez Hogg: Microscopic exhibition of lingual bands of cephalopods. Mr. Stear: Collection of wild plants—Essex. Mr. Wheeler: Microscopic objects and specimens. Messrs. Khroné and Sesemann: The instruments of Dr. Richardson for producing local anaesthesia, spray producers, laryngoscopes, &c. Mr. Browning: Micro spectroscopes exhibiting curious spectra, prisms, telescopes, &c. Mr. Collins: Microscopes and the new Webster condenser. Mr. Ladd: Wilde's magneto-electric machine—vibration of cords. Mr. F. Joubert: Photographic pictures on enamel. Mr. T. H. Collins: Photographs (Mayall). Messrs. Powell and Lealand: Binocular microscopes for high powers; circulation in the vallisneria, &c. Messrs. Murray and Heath: Demonstrating class-microscope, and field microscope with folding stand, &c. Parkesine Company: Specimens of Parkesine. Mr. Pulvermacher: New volta-electric flexible batteries.

THE SERIOUS CHARGE AGAINST A BIRMINGHAM SURGEON AND OTHERS.—On Friday, at the police-court, Birmingham, Ellen Elizabeth Owen, 37, herbalist, William Vernon Smith, 54, surgeon, and William Bromfield, 28, clerk, were charged on remand with having conspired and induced a married woman, named Elizabeth Ellesmore to procure abortion. From the evidence given on the last occasion it may be remembered that Bromfield, who had been keeping company with Ellesmore—who had for several months been separated from her husband—took her to the woman Owens in order that some medicine might be given her to procure an abortion. Owen's medicines failed, and Mr. Smith was then resorted to, a premature delivery being followed by a narrow escape of Ellesmore from death. For the defence it was urged, on behalf of Smith, that he knew nothing of the affair beyond being called in to treat the woman for typhoid symptoms. All the prisoners pleaded not guilty, and were committed for trial.

ITALIAN MILITARY SURGEONS.—The army being on a war footing and requiring additional medical officers, hundreds have offered their services, which have been accepted. As to the volunteers, so many surgeons applied for employment that the Director-General, Dr. Bertani, not having room for all, has incorporated the surplus into a special company, which is to accompany the volunteers as a kind of medical reserve.

CHOLERA has again broken out at Guadaloupe; and fever prevails at Barbadoes, but is not of a malignant type.

THE following are the results of the first operations of the sanatorium in Madeira, in connexion with the Brompton Consumption Hospital. Of the twenty male

patients sent out last year eighteen have returned, one being still under treatment in the island. Of the whole twenty, twelve have improved considerably, four others may be considered as stationary, three are not so well as they were six months ago, and one has died.

At their meeting last week the Royal Society elected on their list of Foreign Members Franz Cornelius Donders of Utrecht, Georg Friderich Bernhard Riemann of Göttingen, and Gustav Rose of Berlin.

A HANDSOME gilt time-piece, under a glass shade, was presented last week to Dr. W. K. Robinson, on his retirement from the post of Officer of Health to Birkenhead, which he has held for the last few years.

A CASE of cholera has occurred at Sunderland, in one of the ships. Due precautions have been taken against the disease spreading.

THE cholera has made its appearance in the camp at Chalons.

GARIBALDI has summoned his old friend, Alessandro Gavazzi, to assist in the care of the military hospitals. These two distinguished men have frequently been associated in serving their country in their different vocations. They were together on the walls of Rome when the city was besieged by the French in 1849, and again during the successful campaign of 1860, during which Gavazzi was appointed President of the Commission for the succour of the wounded.

IN London 2136 children were registered during the past week, and the deaths were 1540.

EXTIRPATION OF SCAPULA.—Dr. Hammer of St. Louis, reports in the *New York Medical Journal* for May a case in which he removed the entire left scapula and the acromial end of the clavicle, preserving the arm, in a young lady aged eighteen, for encephaloid cancer. The operation was in September, 1860, and the patient made a good recovery. The disease, however, recurred in the following March, and she died in July, 1861.

ADVICES from the Hague state that Queen Sophia had gone to visit the cholera patients at the hospital of that place, which proceeding produced the best effect on the minds of the people, who were commencing to become alarmed. The epidemic is on the decrease.

AN inquest was held on Saturday last, at Newcastle, upon the body of Mr. William Collins, a surgeon, who died quite suddenly. It was proved that death proceeded from disease of the heart, and the jury returned a verdict accordingly.

ONE of the last Acts passed during the late Administration was to enable boards of guardians in Ireland to provide coffins and shrouds for the burial of poor persons who, at the time of their death, were not in receipt of relief from the poor-rates.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—We have been requested to state that Dr. Grattan Guinness, F.R.C.S.P., of 24, Lower Fitzwilliam-street, having been appointed one of the Hon. Secretaries of the above Society in place of Dr. Churhill, resigned, all communications should in future be addressed to him.

A SCENE IN CALLINGTON MARKET.—On the last market day at the quiet town of Callington an amusing scene occurred. It appears that one of the gentry who vend worm lozenges—worms being of course at the root of all diseases—was expatiating on the virtues of his nostrums, and in relating instances of their curative powers, he mentioned with no small delight a case in which he had been the means of saving the life of a patient of the greatest physician in the West of England, Dr. Budd, who had dismissed the patient as incurable. Unfortunately for the quack, "the greatest Physician in the West of England" was passing near his stall at the time, and hearing his name mentioned was naturally arrested at the sound, and listened. The doctor's temper was roused, and just saying "Let me get at him," then and there administered sundry kicks on the nethermost person of the unfortunate quack,

which had the effect of putting him *hors de combat*. Roars of laughter greeted the onset of the valiant doctor, in the midst of which the vender beat a hasty retreat. The doctor enjoyed the scene as much as the bystanders, and related the circumstance with much gusto many times during the day.—*Western Mercury*.

Medical Diary of the Week.

LONDON—WEDNESDAY, JULY 4.
 ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ a.m.
 MIDDLESEX HOSPITAL.—Operations, 1 p.m.
 ST. MARY'S HOSPITAL.—Operations, 1½ p.m.
 ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ p.m.
 ST. THOMAS'S HOSPITAL.—Operations, 1½ p.m.
 GREAT NORTHERN HOSPITAL.—Operations, 2 p.m.
 UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 p.m.
 LONDON HOSPITAL.—Operations, 2 p.m.
 OBSTETRICAL SOCIETY OF LONDON.—7 p.m. Meeting of Council.—8 p.m. Dr. Routh, "On a New Mode of Treating Epithelial Cancer of the Cervix Uteri and its Cavity;" Dr. Tilt, "On the Present Surgical Tendency of Uterine Pathologists, and on Division of the Cervix Uteri;" and other papers.

DIETARY AT THE HOMOEOPATHIC HOSPITAL.

Take a robin's leg—mind, the drumstick merely,
 Put it in a tub filled with water nearly,
 Set it out of doors in a place that's shady,
 Let it stand a week—three days if for a lady.
 Drop a spoonful into a five-pail kettle,
 Which should be made of tin, or any baser metal;
 Fill the kettle up—put it on a boiling,
 Strain the liquor well, to prevent it oiling;
 An atom add of salt, for thickening one rice kernel,
 And use to light the fire "The Homeopathic Journal."
 Let the liquor boil—half an hour—no longer,
 (If for a man, of course you'll make it stronger);
 Should you now desire that the soup be flavoured,
 Stir it *once* around with a stalk of savoury,
 When the broth is made, nothing can exceed it;
 Then, three times a day, let the patient smell it;
 If he chance to die—say, 'twas Nature did it;
 If he chance to live—give the soup the credit.—*Public Opinion*.

BOOKS RECEIVED.

Gleet: its Pathology and Treatment. By Henry Dick, B.A., M.D. London: Hardwicke.
 Eriksen on Railway Injuries. London: Walton and Maberley.
 Dr. T. Spencer Cobbold on Tapeworms. London: Longmans.
 The Anatriptic Art. By Walter Johnson, M.B. London: Simpkin and Marshall.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.

NADIN.—On the 27th June, at Tipperary, the wife of Joshua G. Kooystra Nadin, Esq., Surgeon, of a daughter.
 HAYWARD.—On the 16th ult., at Wintstable, the wife of J. W. Hayward, M.R.C.S.E., of a daughter.
 KINGSFORD.—On the 1st inst., at Upper Clapton, the wife of Dr. Kingsford, of a daughter.
 POWER.—On the 1st inst., at Upper Seymour-street, Portman-square, the wife of H. Power, F.R.C.S.E., of a daughter.
 SMITH.—On the 2nd inst., at Burbage, Wilts, the wife of C. S. Smith, M.R.C.S.E., of a daughter.
 DIVERS.—On the 6th inst., the wife of E. Divers, M.D., of Queen's College, Birmingham, of a son.
 NORTON.—On the 6th inst., at Westbourne-grove, Bayswater, the wife of A. C. W. Norton, M.D., of a daughter.
 DEBENHAM.—On the 7th inst., at Heath House, Stepney, the wife of R. Debenham, M.R.C.S.E., of a son.
 HORN.—On the 16th inst., at Dalton in Furness, the wife of Wm. Horn, surgeon, of a daughter.

MARRIAGES.

SWAN—GODDARD.—On June 26th, at St. Maurice's Church, Winchester, by the Rev. H. Borefield, M.A., Rector, assisted by Rev. Charles Collier, A.M., Principal of Training College, John W. Swan, Esq., M.D., to Henrietta Lucy, second daughter of the late William Goddard, Captain R.N. No cards.
 BLAKE—HANSON.—On June 27th, at Newport, Salop, Edward T. Blake, M.R.C.S., of Wolverhampton, to Annie Madeline, eldest daughter of the late Sidney Hanson, M.D. No cards.

DEATHS.

MACFARLAN.—On the 4th ult., at George-town, Demerara, A. S. Macfarlan, M.D., aged 58.
 GILLHAND.—On the 22nd ult., W. L. Gillhand, M.D., of Hereford.
 HAYNES.—On the 31st ult., R. L. Haynes, F.R.C.S.E., of Haringey-park, Hornsey, aged 57.
 BIRNE.—On the 31st ult., M. Birnie, Surgeon, of Old Aberdeen, aged 80.
 TUNALEY.—On the 5th inst., C. Tunaley, M.R.C.P.L., of Millbrook-place, Harrington-square, aged 58.
 SINCLAIR.—On the 8th inst., at Carsewell House, Holbeton, South Devon, Duncan Francis Sinclair, M.R.C.S.E., L.S.A., aged 24.
 PERKINS.—On the 13th inst., at Avranches, France, Houghton Stephen, of Middlesex Hospital, eldest son of Houghton Perkins, F.R.C.S., of Mortimer-street, aged 27.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

THE RINDERPEST OF THE PRESENT TIME, AND THE CATTLE PLAGUES OF PAST AGES, IN THESE ISLANDS, AND ON THE CONTINENT.

By THOMAS MORE MADDEN, M.D., M.R.I.A.,

LICENTIATE OF THE KING'S AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; MEMBER OF THE ROYAL COLLEGE OF SURGEONS, ENGLAND; LICENTIATE OF THE FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW; DEMONSTRATOR OF ANATOMY, CARMICHAEL SCHOOL OF MEDICINE; AUTHOR OF "CHANGE OF CLIMATE IN PURSUIT OF HEALTH," "THE CLIMATE OF MALAGA," "OBSERVATIONS ON INSANITY AND CRIMINAL RESPONSIBILITY," &c., &c.

No I.

ITS SYMPTOMS—NATURE—CAUSES—DIAGNOSIS, PREVENTION AND TREATMENT.

My principal motive for undertaking this inquiry into the epizootics of the past and present time has been a hope to aid in the study of those laws which govern epidemics, and to illustrate the connexion between the epizootics which attack the lower animals and the epidemic pestilences which attack mankind.

The plan adopted in the following essay is, in the first place, to give an account of the existing cattle plague, its nature and treatment; then follows a historical notice of cattle plague in Ireland, down to the present day, succeeded by a sketch of the general history of the diseases analogous to the rinderpest, and the views as to their nature and treatment held in former times; concluding with some observations on the relation between epizootic and epidemic disease.

To no country in Europe is the value of stock so great, in proportion to the value of all agricultural produce, as in Ireland, and to none, therefore, is a question, as the cattle plague, which so deeply affects the existence of this description of property, of more vital importance. In Ireland the estimated average annual value of the crops, as given by Mr. Thom in his "Statistics of Great Britain and Ireland" (p. 70), is but £28,369,176, while the value of live stock amounts to £47,160,507.

The character of the disease now epidemic among cattle in England, has excited much, and sometimes even angry controversy. It has been stated to be identical with typhus and typhoid fever, with small-pox, scarlatina, and other eruptive diseases. Its similarity with typhus fever has been long believed in France, where it is known as *Typhus des Bêtes à cornes*. Last autumn, the French Government sent a commissioner over to England to investigate the cattle plague, and that gentleman's report, which was published in *L'Union Médicale* of August 31st, 1865, states that "the cattle plague is a contagious typhus, brought over from southern Russia and the Steppes of Asia, which are regarded as the birth places of the disease." And in the *MEDICAL PRESS*, December 27th, 1865, I published a translation from the French on this subject, in which the identity of the cattle plague with typhus fever is insisted on. The idea that rinderpest is analogous to typhoid fever is, I think, untenable.

At a meeting of the Pathological Society of London, in October, 1865, Dr. Murchison exhibited several specimens and drawings from healthy and plague-stricken oxen, from which he drew the conclusion founded on the result

of twenty-seven dissections of the latter, that the characteristic lesion of the intestinal glands, pathognomonic of typhoid or enteric fever in man is entirely absent in cattle that die of the cattle plague, and that, therefore, this epizootic is not a similar disease.

The theory that the cattle plague is small-pox—that was put forward last autumn by Drs. Murchison, Watson, &c., which, although the plan of prevention by inoculation to which it gave rise, not proving as successful as was anticipated, was abandoned, yet offered the most rational method of prophylaxis suggested, is but the revival of a theory as old as the sixth century, when the Burgundian Bishop Marius wrote of the cattle plague in the year 570, "Hoc anno morbus validus cum profuvia et variola, Italiam, Galliamque valede affixit, et animalia bubula per loca superscripta maxime interierunt." And in his admirable description of the cattle plague in Italy in 1711, Ramazzini recognised its resemblance to small-pox; he says, "pustulæ quinta vel sexta die per totum corpus eruptentes, ac tubercula variolarum speciem referentia" (*Opera omnia*, p. 788, Geneva, 1716).

In 1786 (as we read in the *Medico-Chirurgical Review* for 1802), Dr. Heirze published an account of the treatment of the cattle murrain, then epidemic in Denmark, by inoculation, which is asserted to have been productive of great benefit to that kingdom.

Many other theories as to the character of the cattle plague have been put forward, but the foregoing are the most important. The only point with respect to which all the authorities on the subject agree, is that the cattle murrain is a low febrile affection of some kind, beyond this they differ, as we have seen, very widely. It has, however, been proved, I think, beyond doubt, that the cattle disease differs from all the maladies with which it has been confounded, and the probability is that it is a separate disease, *sui generis*, and is the same as that prevailing from time immemorial in the Russian Steppes, and there known as the *Rinderpest*. The disease to which it presents most analogy being Irish typhus fever.

From the theories which have been promulgated as to the character of the cattle plague, we now come to examine the facts which have been ascertained on the subject. In the first place, there can be no doubt that the rinderpest is a highly contagious febrile disease, of a low type, chiefly attacking the bovine species. It is eruptive, the eruption consisting of resolar patches, of a scaly character (some writers have observed pustules, but this fact is denied by others) on the skin of the loins and back. This eruption is peculiarly observable on the udder, and may also be clearly seen on the inside of the thighs, as well as the mammary glands. Like other diseases of the same class it only occurs once during life, and the period of incubation is about ten days.

The symptoms which usher in the rinderpest are a dull and spiritless condition of the infected beast, and if this attract attention, on examination there will be found to be a rise of from two to three degrees in the natural temperature of the animal. This fact, the discovery of which is mainly due to Professor Gamgee and Dr. Saunderson, is one of the most important which have been ascertained in connexion with the disease. For practical purposes it affords a simple method of recognizing the earliest stage of the disease by the thermometer, for if the temperature of the suspected beast suddenly rise from the natural standard, 102° to 104° or 105° Fah., it may generally be pronounced, while the rinderpest prevails, to be infected, even in the absence of any other symptom, and while the animal is apparently in ordinary health, this rise of temperature generally occurring from thirty to forty hours after the animal is infected. About two days later, on the second or third day of the disease, an eruption very similar to that of thrush, may be observed on the gums and inside of the lips. This extends along the mucous membrane of the mouth, and by the sixth day this is covered with a white aphthous exudation, interspersed with raw denuded patches of a vivid red colour. Simultaneously

with the first appearance of these symptoms, on the second or third day, the mucous membrane of the vagina in cows presents a peculiar pathognomonic congested appearance, and the secretion of milk diminishes rapidly and soon ceases.

It is not till the fourth day of the illness that the plague-stricken beast shows unmistakable signs of the disease. The head now droops, the ears are drawn back, the coat is rough and staring, the eyes are dull and congested, and there is a discharge from them as well as from the mouth and nostrils. There is shivering alternately with a hot skin; the breathing is short and frequent; the animal moans as if in pain; it refuses food; the circulation fails; the breath is fetid. Generally there is constipation at first, followed, as the disease progresses by diarrhoea and tenesmus. A marked loss of muscular power is now the most remarkable symptom. Should the case, as it will probably end fatally, these symptoms continue to increase; the temperature falls much more rapidly, and more than it first rose, and the animal dies about the seventh day from the accession of the disease.

The pathological lesions most commonly observed after death from rinderpest are, a generally congested appearance of the mucous membranes, which is especially observable in the mouth, pharynx, and œsophagus. The mucous membrane of the mouth is generally a dull red colour, and is frequently covered with aphthous ulcerations. In the first and second stomachs the chief thing to be noticed is a quantity of undigested food; the third stomach, or omasum, is also full of exceedingly dry, hard, and undigested food, and the papillæ are red and enlarged; in the fourth stomach, the reed or abomasum, there is much evidence of inflammation; there occasionally large black patches of ecchymosis, the mucous membrane is extensively denuded of epithelium, and is sometimes even ulcerated. In the small intestines the villi are still more injected; the jejunum and ileum are often a bright red colour; the mucous membrane is softened, and in part stripped of epithelium. The solitary glands and Peyer's patches present a great variety of appearances; Dr. Murchison says they are smaller and less vascular in the diseased than the healthy animal; generally, however, they are congested, and are covered with an opaque sloughy exudation. The lungs are frequently emphysematous. Entozoa are unusually numerous in the heart and voluntary muscles. The blood is black and fluid after death, containing, according to Dr. Beale, "a peculiar granular matter;" of which Dr. Beale remarks, "possibly this granular matter may be the poison." There is ecchymosis and effusion of the blood after death under many parts of the skin and mucous membranes.

The diagnosis of the disease from other affections is a matter of the greatest practical importance, for we have seen that the whole question of the existence or non-existence of cattle plague in Ireland turned on this mooted point—Whether the epizootic which appeared last month in the county Down was rinderpest or not.

MATER MISERICORDIÆ HOSPITAL. CLINICAL LECTURES ON DISEASES OF THE HEART.

By Dr. HAYDEN,
PHYSICIAN TO THE HOSPITAL.

MITRAL OBSTRUCTION.

[Concluded from Vol. ii., page 7.]

JULY 2nd: Since the preceding lecture was delivered, the patient, Jane M., whose case is given as the last in the category, has died. For several days she had been somnolent, occasionally delirious, and expectorating large quantities of dark grumous blood; the radial pulse had entirely failed; and on Friday, 29th June, she sank quietly at two

p.m. The post-mortem examination, made in presence of the class, and of which I subjoin a summary, was entirely confirmatory of the diagnosis. I may remark here that whilst in hospital this patient was examined by several medical gentlemen, and was repeatedly pointed out by me to visitors and to the class as affording a typical illustration of stenosis of the mitral orifice.

The liver was contracted transversely, and elongated vertically, and in a condition evidently the result of tight lacing in early life, but otherwise healthy; kidneys and other abdominal organs healthy; both pleura and also pericardium nearly full of serum; right lung studded with masses of extravasated and solidified blood, varying in size from a pea to a pullet's egg; left lung presented only a single such collection, of medium size, near its anterior edge; heart enlarged, weighing 12½ oz., with one inch of the aorta and pulmonary artery attached; right ventricle dilated and thickened, and containing a thick flake of yellow fibrine, which extended into the pulmonary artery; left auricle greatly dilated, and its walls much hypertrophied; pulmonary veins likewise much dilated; left ventricle hypertrophied, but scarcely dilated; right auriculo-ventricular orifice much dilated, admitting four fingers with ease; left auriculo-ventricular orifice greatly contracted, and barely admitting the tip of the index finger passed from the auricle; both segments of the mitral valve were greatly thickened, of cartilagenous consistence, but flexible, white, and perfectly smooth on the surface and edges; when water was poured into the ventricle, the aorta being closed by compression with the fingers, the segments of the mitral valve fell together evenly, and prevented regurgitation into the auricle; the anterior and right segment of the valve was the thicker of the two, and one of the chordæ tendinæ extending from it to the anterior wall of the ventricle had become as thick as the point of the little finger; the aortic valves were perfectly healthy, and retained water.

Thus, then, this case being included, the post-mortem examinations were four in number, and in three instances confirmed the diagnosis. In the fourth instance (the case of aphasia) the diagnosis of mitral obstruction was not made, for reasons previously given; but this only shows that the evidence relied upon as warranting the differential diagnosis of obstruction at the mitral orifice occasionally fails, where serious complication exists to mask or derange it, and still more frequently in the period of cardiac asthenia of more or less protracted duration immediately preceding death; it does not in any measure diminish the positive value of that evidence when present, and the circumstances under which a diagnosis cannot be arrived at from want of the usual and distinctive signs and symptoms—namely, those of impending death—render it of very little consequence whether the disease be identified or not.

GASTEIN AND ITS THERMAL SPRINGS.

By Dr. G. PROELL.

"GASTANA TANTUM UNA."

GASTEIN is magnificently situated in the Province of Salzburg, in Austria. It is but a small village, traversed by a torrent called the Ache, close by a marvellously picturesque waterfall, in the midst of a valley 3135 feet above the level of the sea, and surrounded by the loftiest central Alps. The whole valley is called Gastein, and there are four villages which share the name, and are distinguished by a prefix—viz., Dorf-Gastein, at the entrance of the valley; Hof-Gastein, about the middle; Böck-Gastein, at the other extremity; and Bad-Gastein, which alone has made the name known throughout the world. The nearest railway station is Salzburg, about fourteen hours by mail-coach or post-carriage.

From the springs at Gastein it is calculated that 132,000 cubic feet of the water are given off every twenty-four hours. This water is pure and limpid—the purest in the world. It has no odour; it tastes like distilled water, and

has the same specific gravity. It is naturally warm, 112° Fahr., so that it has to be cooled for bathing. It is drunk either at the natural temperature, or, in some cases, after getting cold.

In 1862, I evaporated a large quantity, and only obtained 3.5 parts of solid matter in 10,000. This residue I submitted to Professor Redtenbacher of Vienna, who found it to consist of the following ingredients:—

(L'analyse spectral a fait découvrir la présence élatante de deux nouveaux métalloïdes: le rubidium et caesium).

Sur 10,000 parties liquides, on a trouvé:

1. Sulphate of soda	2.038
2. Chloride of sodium	0.466
3. Silica	0.495
4. Carbonate of lime	0.195
5. Sulphate of potass	0.134
6. Sulphate of lithia	0.035
7. Carbonate of magnesia	0.016
8. Phosphates	0.006
9. Carbonate of oxyd of iron	0.004

Total 3.389

By the spectral analysis rubidium and caesium have both been demonstrated.

Having almost no solid ingredients, and possessing the appearance of pure distilled water, the springs of Gastein are generally classified amongst the chemically indifferent; yet the baths enjoy the reputation of being the most powerful remedial agent in certain spinal and nervous diseases, and many cases of paralysis and prostration (mental and physical) have been relieved, after a vain trial of all other remedies. I have endeavoured to prove, and believe my numerous experiments demonstrate that the water of Gastein is a much better conductor of electricity than ordinary or even distilled water, and to this may perhaps be due some of its effects.

The Gastein waters have an eminently astringent and tonic effect upon the patients. After a bath the pores are closed, and perspiration impeded, the circulation is less active, and constipation of the bowels is frequently produced. The cases for which the course is prescribed are, very chronic diseases of the cerebro-spinal system, paralysis and debility, caused by excesses of all kinds, by too early marriages, by vice, by loss of blood, or by chronic exhausting diseases, the consequences of over-work of brain, certain female diseases of debility, mercurialism, chronic ulcers, caries of the bones, as well as very chronic rheumatism and gout, have all been benefited.

The cases most adapted for the treatment—those in which there is phlegmatic temperament, absence of fever, natural gaiety, a thoroughly contented disposition, and willingness in all things to implicitly obey the medical adviser. On the other hand, feverishness, sanguine temperament, discontented disposition, self-will, and a readiness to disobey the doctor's rules, are contra-indications.

Gastein has been called the "spring of youth," from the renewed strength that old age finds there, but very young children may also try the baths.

Gastein must never be recommended in liver complaints, or where there is any predisposition to consumption or chest disease. The remedy is applied in many ways. The course or cure consists essentially of the baths, but so great is the virtue of the water credited that it is used in almost every possible manner. Thus vapour-baths are invariably tried when the ordinary course is not effectual, or, as is often the case, is too powerful. There is also the mode of inhalation in vogue. When neither of these, the water is taken into the stomach, and this also very often as an adjunct. As a local bath of every description it is prescribed—*e. g.*, as collyrium in diseases of the eyes; a mouth-wash for alveolar abscess or caries; as a gargle for some forms of angina; an ear-injection in caries of the small bones of the ear; an injection for many female complaints; enema for habitual constipation from deficient tone of the muscular coat; as a sitz-bath in a

great variety of cases, and, in fact, in every possible mode of local application.

The water keeps its purity and its electrical properties for many years, so that it is often exported for those who cannot visit Gastein.

The cure can be taken at Hof-Gastein, one hour and a half distant from Bad-Gastein. The place is sometimes preferred, as cheaper and more retired, but there are few means of recreation, and the course cannot be so well carried out.

The Gastein season is from the middle of May to the end of September, and, on account of the small number of houses, it is necessary to write two or three months in advance, when the patient is desirous of taking the cure in the height of the season—from the middle of July to the middle of August. It is, however, the experience of all the physicians that it is better for those who go only for health to choose either the spring or the autumn. The cold does not interfere with the treatment, as there are bath-rooms in all the houses, and no perspiration follows; besides, the weather is generally much finer.

Apart from the thermal waters, the climate of Gastein has great influence. I have made a record of the meteorological changes during the last fifteen years, but can only offer in this place the results of these masses of figures.

In summer, Bad-Gastein is the coolest refuge in Europe. There is frequent rain in the hottest months; sometimes snow falls in the height of the season. Yet the humidity is not injurious; on the contrary, it renders the baths more easily supported. The great advantage is the absence of wind. Except from the south, wind can get no access, and from that quarter it seldom blows. There is no danger in walking about in slight rain, for the evaporation is very rapid, at a height where the atmospheric pressure is reduced to twenty-five inches. The mean annual temperature is only 4° Reaumur. In the thermal season it rises to 10°.5 Reaumur. There are in summer, 17 rainy days per month; in spring and autumn, only 9.

The ozonimeter always stands at the highest degrees. The humidity, as already stated, is excessive; nevertheless, it is not injurious. Like the gods of the ancients, at Gastein we walk surrounded by clouds. To this little sketch, I need only add that the hotels at Gastein are excellent, added to which, private apartments may be hired. Every comfort and luxury is to be found in the season. For persons in health there is the opportunity of exploring some of the most picturesque mountain scenery in Europe, and scaling the loftiest regions of the central Alps. Even the invalid will find numerous excursions he is capable of undertaking, and pic-nics are constantly being arranged. Besides the geology of the district never fails to occupy those disposed to science; while the history of Gastein for the last 1000 years is full of romantic legends, &c., to pass the time indoors. The prices vary according to the time of year and the advantages. The cheapest months are May and September; the dearest time is from July to the middle of August. Apartments in the central part of Gastein are more difficult to obtain than in the lower. The prices for rooms vary from two to twenty-five Austrian florins a week for a bed-room. There are two *tables d'hôte* at one o'clock for one florin, and at three o'clock for two florins (not including wine); in the evening there is no *table d'hôte*. The price for one bath daily, without linen or fire (in the stoves) is four florins. There is also a government tax for each person who remains more than six days, and a music tax of three florins. The band plays from June till the end of August. At Gastein a great advantage is a covered glass gallery, 420 feet long, where there is a little saloon, with a piano for ladies; a library, and an establishment for drinking whey and mineral water. Journals of all languages are also to be found here.

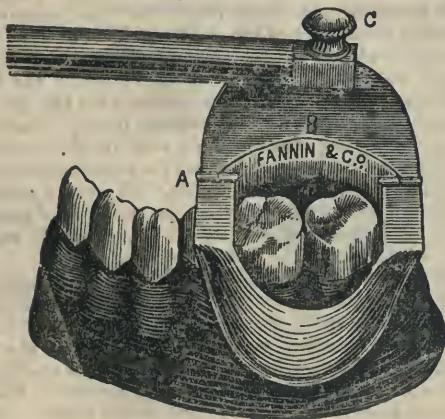
ATTENTION is directed to the frequency of deafness among the offspring of consanguinous marriages.

DENTAL INSULATOR FOR ANÆSTHETIC OPERATIONS.

By FRANCIS McCLEAN, Junior.

DENTAL SURGEON TO THE CITY OF DUBLIN HOSPITAL, ETC.

SOME months since when the anæsthetic spray producer was on its trial, it was reported to be most successful in all minor surgical operations, excepting the extraction of teeth, in which most painful one its efficiency was only doubtful. I then laid before the readers of THE MEDICAL PRESS AND CIRCULAR, in its issue for March 14, 1866, the result of my experiments with it in dental operations, and I arrived at the conclusion "that the anæsthetic effect is complete whenever the spray can be properly applied." In its application I found a number of difficulties to contend with, but the greatest was to prevent the tongue and cheek from interfering with the ether spray when applying it to the teeth in the lower jaw. With a view to obviate this difficulty, I have contrived an instrument which can be easily used without the assistance of a third party—which will expose an uninterrupted view of the tooth to be extracted, and of the parts necessary for the spray to play on—very simple in its construction, and can be held in the mouth lightly by one hand of the operator, while his other is engaged directing the ether jet.



The instrument, manufactured of silver, consists of two valves, curved so as to give a sufficient space round the teeth to which they may be applied for the introduction of the double jet, and hinged to each other at A, to allow them to adapt themselves closely to the lower part of the jaw. To the inside is attached the plate B for depressing the tongue, which it effects without controlling its movements or causing the unpleasant sense of sickening which the use of the spatula is subject to. To this depressing plate is attached the handle movable on a pivot C, so as to allow of its being drawn to one side. When the instrument is placed *in situ*, it perfectly protects the tongue and cheek from the ether, the two valves, being pressed together by the parts, fit closely to the gum covering the lower part of the alveolar process, while the tooth and its surrounding parts are seen in the centre perfectly insulated. That represented in the woodcut is for the left side.

The patient keeping the mouth well open so as to allow the ether to evaporate quickly, can at the same time work the hand-ball bellows as the operator may direct. The moment the parts become blanched the surgeon dexterously withdraws all, and without delay extracts the tooth, which I have no hesitation in saying can be done painlessly in a large majority of cases, provided you use anhydrous ether with Richardson's double spray producer in proper working order. Too much attention cannot be given to these requirements, for in cases in which I have seen the apparatus fail, and so fall into disrepute, the cause have been its not working properly and the im-

purity of the ether used. With regard to the objection of the ether entering the throat and tickling the fauces for the few seconds which the application requires, this can be avoided by protecting it with a napkin, and requiring the patient to breathe through the nose.

This instrument, to which I have given the name Dental Insulator, I place before the profession as the result of my exertions to facilitate the use of local anæsthesia in dental operations, not doing so, however, without fully testing its efficacy. Having done so, I feel satisfied that by its aid we will have more success in operating on the teeth of the lower jaw than has hitherto been experienced.

SCROTAL HERNIA, COMPLICATED WITH ORCHITIS.

By Dr. W. L. HEPBURN.

ON June 3rd I was requested to visit Mr. R., æt. 45, married, and holding a responsible situation in this city. He stated that, after a long walk the evening previous to my visit, he was suddenly seized with a pain in the right groin, accompanied with nausea and vomiting. On examining the situation of the pain, I found it occupied by an old hernia, which, to use his own words, "could never be made to go back," and from its size, as also from its being not unfrequently the seat of pain, this for years had been a source of discomfort to him. His countenance was anxious; hands and feet cold; pulse 110, and weak; tongue covered with a creamy feu. His bowels having been confined, he took some cathartic medicine, which, however, did not operate.

On my requesting to be allowed to examine the tumour, he hesitated, saying that of course I had seen such cases before, and that unless I considered it absolutely necessary he would rather I should not subject him to the exposure. However, on my pressing him, he consented, and the appearances which the tumour presented were the following: The scrotum at the right side was enlarged and red; at its posterior and lower part might be felt a well-defined hardness; on its anterior surface was the hernia.

I confess that at first sight I was not a little puzzled as to the nature of this case. The circumstances of his being advanced in life and married, its sudden occurrence after exertion, the presence of constipation, vomiting, and tenderness extending up the abdomen—above all, the fact of there having existed an old hernia, clearly pointed out the case as one of strangulated scrotal hernia.

On the other hand, the position and peculiar hard feel of the tumour, the sinking sensation complained of when I pressed it, a similar feeling experienced on pressing the opposite testicle, despite the absence of any evidence of gonorrhœa, and the patient's silence respecting it, in my mind pointed out the disease as epididymitis. The treatment pursued was leeching and subsequent fomentation, with the following lotion:—

R. Ext. belladonnæ, gr. 60.

Decocti papaveris, ℥x. M. Ft. lotio.

Also a mixture, composed of:—Liq. ammoniæ acet., ℥i.; Aq. lauro cevasi, ℥iss.; Tr. hyoscyami, ℥ii.; Vini antimonialis, ℥ii. M. Take two tablespoonsful every fourth hour.

On my again seeing him, he expressed himself much relieved by the treatment adopted. The tumour had lost much of its tenderness, and was somewhat reduced in size.

The following day confirmed the correctness of my diagnosis, inasmuch as a gonorrhœal discharge had made its appearance, and continued till arrested by treatment. The testicle is now reduced to its ordinary size, the hernia remaining as before.

Mr. Acton has recorded a case, in which a mistake might have occurred to an inexperienced eye, even more easily than in the foregoing instance.

The testicle having been retained in the inguinal canal, the subject of the deformity, contracted a gonorrhœa, terminating in metastasis, the influenced organ presenting, at first sight, many of the characteristics of strangulated inguinal hernia.

Hospital Reports.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

CASES UNDER THE CARE OF MR. PORTER,

SENIOR SURGEON TO THE HOSPITAL.

[Reported by ARTHUR WYNNE FOOT, M.D.]

(Continued from page 10.)

CHRONIC ECZEMA ON THE LEG, TREATED WITH CARBOLIC ACID OINTMENT.

Case 27.—A man, 43 years of age, of intemperate habits, came under the care of Mr. Porter during the preceding month for an eczematous eruption, in various stages, upon the right leg, covering the limb more or less thickly from the knee to the ankle. The disease had been on him since last Christmas; it commenced in the thin skin of the flexure of the knee-joint with "a little bit of an itching and a watery blister." The leg was, at the time of his application, more or less covered with crusts of the inspissated secretion from the ruptured vesicles, with here and there moist excoriations and red patches of raw cutis, denuded by the friction of his clothes and by his attempts to allay the constant itching, which was very severe at night. The cutaneous disease was not complicated with varicose veins or ulceration of the leg, nor could its appearance be traced to any local irritation. Mr. Porter, therefore, directed his attention to the constitutional treatment of the case and the alleviation of its most distressing local symptom—the intense itching. The mineral acids and bark were administered, and an ointment composed of two drachms of carbohc acid, two drachms of glycerine, and an ounce of lard, applied two or three times a day, according as his occupation of groom permitted. Under the use of these remedies the pruritus has become much lessened, the oozing of the watery ichor, which gives to the lower extremity when affected with eczema the appropriate name of "weeping leg," has been checked, and the skin has commenced to assume a healthy appearance in those parts where the eruption had been comparatively recent.

CHRONIC ENLARGEMENT OF THE TONSILS—TREATMENT WITH CAUSTICS—SUBSEQUENT AMPUTATION WITH A TONSIL GUILLOTINE.

Case 28.—The subject of this case was a boy, eight years of age, who had been for some time suffering from enlargement of the tonsils to such a degree as to interfere with deglutition, causing him also to snore loudly at night, and to speak with a nasal tone of voice; he was also frequently deaf. While eating his meals he appeared to hurry as much as possible through the act of swallowing, as if any delay in that act would cause him to choke. The enlarged glands very much encroached upon the isthmus faucium, and pressed upwards against the posterior nares, so that while food was in the act of passing through the posterior aperture of the oral cavity, he was obliged to suspend respiration. One tonsil was removed by Mr. Porter with a tonsil guillotine, and for some time there was a considerable abatement of those symptoms which called for the operation. To the other enlarged tonsil the solid nitrate of silver was frequently applied, and subsequently the London paste—a caustic composed of six parts of caustic lime, seven parts of caustic soda, and as much absolute alcohol as will make these into a paste. This application caused great pain, and produced a very thin slough, merely a superficial film of eschar, without any reduction in size of the part. Mr. Porter, therefore, to avoid delay, removed the second gland in the same manner as the former one; there was no hæmorrhage of any account on either occasion.

CONTRACTION AND FIBROUS ANCHYLOSIS OF THE KNEE-JOINT—TENOTOMY—FORCIBLE EXTENSION OF THE LEG UNDER THE INFLUENCE OF CHLOROFORM.

Case 29.—A little girl, aged 11, was admitted into hospital under Mr. Porter's care, with her right leg flexed nearly to a right angle with the femur—the angular ankylosis of Dr. Little—the head of the tibiapartially luxated backwards, and no enlargement of the end of the femur, the result of inflammatory action in the joint, the consequence of an injury received some years ago. She had not been able to put that foot to the ground or near it for a long time, and supported herself with a stick in walking. The joint was incapable of performing any of its motions, and the muscles of the thigh were much wasted. Having been brought under the influence of chloroform, the tendons of the hamstring muscles were subcutaneously divided as near to their insertion as possible, and this having been done, the leg was forcibly extended towards a straight line with the femur. The angle which the leg made with the thigh having been very much increased, a screw extending iron splint, well padded, was applied along the posterior part of the limb, and a moderate amount of extension maintained. Cold lotion was kept over the knee-joint, and subsequently a sand-bag was laid upon the patella. No inflammatory action resulted from this treatment, and the leg is being gradually more extended by the action of the screw. From the appearance of the child it could readily be inferred that the knee-joint had been the seat of strumous inflammation, which is so much more frequently a cause of ankylosis and deformity than any other. The method of treatment adopted by Mr. Porter was a combination of the practice of Stromeyer of Hannover, and of that recommended by Dieffenbach and Langenbeck of Berlin; the former divided the tendons subcutaneously, and did not forcibly extend the joint; the latter did not divide the tendons, but forcibly stretched the parts, Langenbeck objecting to the previous division of the tendons that the wounds made by the tenotome will gape during extension, and air be sucked in. In support of this opinion, Mr. Barwell mentions that he was present at an operation for extending the knee, in which, both hamstrings being divided at the time, the skin in the popliteal region split from side to side. The amount of extending force applied by Mr. Porter was regulated so as not to incur the risk of such an event. It is also known that tenotomy in the young is more necessary in dealing with contracted joints than in older persons, because the muscles of children, though weaker, are more apt to retract after extension and to thereby reproduce deformities than those of adults—a result which is obviated by previous division of their tendons.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

IRRITABLE AORTA.

PULSATION of the abdominal aorta, sensible to the patient, often attended with a peculiar uneasiness, and sometimes with positive pain, constitute a group of symptoms which must be familiar to the practical physician as a source of doubt and difficulty in diagnosis, and of much anxiety in regard to prognosis. This condition, Dr. Lyons observes, is common to the male and female, occurs in middle life—30 to 50 years of age—is liable to be confounded with aneurism, and denotes in his experience a condition of the aortic tube, in which there is present much irritation of its coats, with a tendency to atheromatous deposit, temporary dilatation of the vessel in a more or less limited portion of its extent, and a liability, if the morbid state be not checked, to the ultimate formation of some form of true or false aneurism. When associated with pain in the back and any form of tumefaction of parts in the abdominal cavity

which lie in contact with the aorta and receive a communicated pulsation, the liability to mistake the condition under consideration for aneurism is still further enhanced.

The principal phenomena of this morbid state and the elements of clinical diagnosis are well exemplified in the following cases, which have occurred in Dr. Lyons's practice:—

Case 1.—The patient, a man, aged about 40, and in fair average condition, was admitted into the Whitworth Hospital complaining of general debility, with a good deal of uneasiness, hardly amounting to pain, in the back, and also referred to the region between the xiphoid cartilage and the umbilicus. A certain amount of beating or "bealing" sensation was likewise experienced. The patient was placed in bed and directed to remain in the horizontal position for many days consecutively; a mild purgative was exhibited by the mouth, and the bowels were well cleared by an enema. The action of the heart and the radial pulse were normal throughout. On careful exploration and deep palpation in the mesial line of the abdomen, between the xiphoid cartilage and the umbilicus, the abdominal aorta could be readily detected beating with greatly increased force; it was somewhat tender to pressure, freely movable, and on minute examination by the fingers of both hands, it was found to be slightly dilated through about three inches of its extent; palpation elicited some tenderness in the course of the vessel, but not nearly so much in this case as in others subsequently to be noticed. On applying the stethoscope a distinctly single impulse and single sound were observable. The sound, audible on moderate pressure, was that of a short dull "thud," the normal *bruit de choc* of the abdominal aorta; on more firm pressure a slight murmur was elicited. The force of the aortic pulsation in this case was in marked contrast to that of the heart's shock, the impact of the radial arteries, and the contractile force of the iliac and femoral arteries, and no doubt could exist on the mind of any clinical observer that a certain portion of the abdominal aorta was in a condition of localised excitement, irritability, and increased size, exhibiting at the same time a very manifest increase in pulsatile force.

Perfect rest in the horizontal position was enjoined both day and night for many days in succession, the bowels were kept well cleared, sedatives were administered, and an ointment, containing one grain of digitaline to the ounce, was directed to be rubbed over the part in front and behind; mild but nutritious food was administered. Under this treatment the irritation, uneasiness, pulsation, and dilated state of the aorta gradually subsided. The patient felt himself so very greatly relieved that he believed himself cured, and feeling the irksomeness of restraint and confinement to bed intolerable, he left hospital. The dilatation of the vessel in this case on admission might be roughly estimated as equalling about one-third of the calibre of the vessel, and it was restored as nearly as could be estimated to its normal size and pulsation within the period mentioned. That a very much longer period of rest is required to restore the vessel to a permanently healthy state the experience of other cases in Dr. Lyons's practice very fully shows.

Case 2.—The patient was a man, aged about 45, a field labourer, with nothing unusual in his history, and who could give no account of any injury or special act of over-exertion to account for the condition and symptoms which he presented. After what has been mentioned more fully about the phenomena presented in the previous case, it may be briefly stated that those exhibited by this patient far exceeded them in severity of suffering and in the force of pulsation presented in the vessel.

The same measures were adopted. A mild purgative was administered, and the lower bowel well cleared by enemata prior to examination. The patient was rigidly restricted to the horizontal position. The pulse, heart, and great vessels were found to be everywhere normal in force and rate. Very marked pain was complained of in the back corresponding to the upper lumbar vertebra, and

very decided sensations of pain and distress were elicited on deep palpation and careful exploration of the abdominal aorta. This vessel was found to be dilated by about one-fourth of its diameter for some three inches of its extent, and the force of its pulsation was increased to a very manifest degree, while the tube was tender to the touch. On applying the stethoscope a very forcible impulse and sound were perceptible, but there was an absence of bruit except on firm pressure.

The patient was kept in bed, the bowels were gently evacuated, sedatives were administered, digitaline ointment rubbed in three or four times a day, and mild unirritating though nutritious diet was allowed. In about a fortnight the patient experienced very sensible relief to all his symptoms; the pain in the back disappeared, the sense of pulsation in the abdomen was lost, and the vessel sensibly diminished in volume to the touch and in force of its beat, while the tenderness to pressure was reduced to a minimum. In from four to five weeks such very marked improvement took place in the patient's general condition and local symptoms that he was no longer willing to submit to the restraint imposed on him, and requested to be discharged. He left hospital considering himself all but well.

Cases 3, 4, and 5.—These cases all occurred in females, aged respectively about 45, 50, and 60. All three were mothers of families; in no instance was there anything special in the history beyond active occupation in household cares. No incident attended with very unusual muscular strain to the back could be traced, and no previous accident or injury by a fall, crush, or impact of a ponderous body could be ascertained to have ever been experienced.

In case No. 3 the period of suffering extended over half a year. When at its worst this case exhibited a very strong pulsation over and to the left side of lumbar vertebra; there was no bruit whatever. Examination and palpation caused great pain and distress in the part of the vessel explored, and likewise in the back, extending down into the left side towards the hip. Independently of any examination much pain of a burning and grating character was complained of for days together, and the patient likewise suffered from palpitation of the vessel. The localised aortic pulsation in this case was the more remarkable that the patient presented an unusually feeble impulse of the heart, and the radial, femoral, and other vessels beat with a singular degree of faintness. The abdominal aorta in this case was fully twice its normal diameter, and its pulsation most powerful, though never diastolic.

In this case the patient, being a person of unusual intelligence, submitted with great fortitude to the conditions imposed. Rest in the horizontal position was most absolutely maintained for a period of fully three months. Wet cupping to the loins, sedatives, mild evanescents, digitaline ointment, belladonna and aconite liniments, with the emplastra ferri et belladonnae in equal parts, were employed from time to time as occasion demanded. As the result of a slow and gradual process, amendment was by degrees established, and after an interval of about nine months a very satisfactory condition of general health and freedom from local suffering was brought about, and, coincident with this, gradual subsidence of the aorta to its normal calibre was observable, while the forcible pulsation also gradually gave place to the more normal action of the vessel. Dr. Lyons believes that in this case the patient has had to thank her own fortitude in following through a protracted period very irksome advice for escape from the formation of aneurism.

Case 4 presented in many respects a very similar history; but, neither circumstances, nor the patient's disposition, allowed of such a protracted period of rest; and consequently the improvement in the local condition has not been so decided. But many months have elapsed without ill result.

Case 5 is still under observation, and does not admit of any conclusions being as yet drawn from the facts hitherto observed. From the loaded state of the intestines

Foreign Medical Literature.

ON

IRRADIATION ON SYMMETRICAL PARTS OF THE OPPOSITE SIDE.

By F. Z. ERMERINS, Professor at Groningen.

Translated from the *Nederlandsch Archief voor Genees- en Natuurkunde*, 1e Deel, 4e Aflevering, Utrecht, 1865, p. 473.

By WM. DANIEL MOORE, M.D. Dub. et Cantab., M.R.I.A.,
HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS, OF THE
NORWEGIAN MEDICAL SOCIETY, AND OF THE ROYAL MEDICAL SOCIETY
OF COPENHAGEN; EXAMINER IN MATERIA MEDICA AND MEDICAL JURIS-
PRUDENCE IN THE QUEEN'S UNIVERSITY IN IRELAND.

J. T., aged 53, was admitted into the University Hospital at Groningen on the 17th March, 1863, and died there on the 24th March, 1864. He suffered from paralysis of the lower limbs. He imagined also that he had a urinary fistula, but on examination this proved to be nothing more than an erythematous condition of the skin of the perineum and surrounding parts, as the result of enuresis. He sometimes complained of pains in the region of the upper part of the bladder, sometimes of pains in the urethra; but no cause could be discovered for them, they appeared to be neuralgic. During the first months he still got up occasionally, during the latter months he never left his bed. Gangrene *ex decubitu* now set in, the right trochanter being at last completely stripped, a necrosed spot of at least the size of the palm of the hand forming around it. On the sacrum, too, and on the left trochanter, mortification set in, though in a less degree, as the patient lay mostly on his right side. Although he had no anæsthesia, he suffered no pain in these situations. The legs were, even at the last, although somewhat, still not greatly emaciated; likewise the arms; the face presented no emaciation. The eyes had something weak and languid in their expression, otherwise there was no disturbance in their function, nor in those of the organs of hearing and speech. His intellect continued clear. In the intermittent feverish attacks, which from time to time occurred, he complained often of pains in the limbs, which did not depend upon muscular spasm.

The history of his case gave but little information. We learned only that he had probably for a long time led an irregular life. It moreover appeared that the disease had begun to develop itself several years before he applied at the hospital, and that his present state had gradually come on.

In the latter weeks of his life, in frosty weather, he moved a hot-water jar, which lay at the foot of his bed, higher up near his body, and burned himself on the inside of the left thigh. This was not mentioned until after the lapse of a day or two. I then found in the seat of the burn a small eschar, which gave him pain. But he now felt pain not only in the burned part of the left thigh, but also a painful sensation, although less violent, in the corresponding part of the right thigh, which he distinctly and repeatedly pointed out; for the symptom lasted some days, and ceased when the burn was healed. The painful part of the right thigh exhibited neither change of colour of the skin, swelling, nor anything unusual.

Of the treatment I shall not say much; anti-paralytic means were tried, but in vain. The treatment was often modified in consequence of intermittent fever, gastric symptoms, or other incidental circumstances. The post-mortem examination showed satisfactorily that all efforts to cure his principal ailment must have been in vain. The report of it is as follows:—

The skull and vertebral column were opened. The arachnoid of the brain and spinal cord was opaque and

the deceptive phenomena of tumour were at first much more marked in this than in any of the other cases cited. In studying the phenomena presented by these cases, and considering the light and illustration thrown upon them by what he has observed in similar cases during life, and in the pathological anatomy of the aortic tube in post-mortem examinations, Dr. Lyons is of opinion that we may conclude that there exists—

1. A state of localized and temporary irritation of the abdominal aorta, attended by a tender and sometimes painful condition of the coats of the vessel, and marked by an increased calibre of its tube and more forcible pulsation, amounting, in some instances, to violent localized throbbing, and with pain and distress more or less considerable, and conveyed to a greater or less distance along the vessel and the parts contiguous to it, or in connexion with it by community of nervous supply.

2. That it is probable this condition is, in the first instance, one of subacute localized aortitis.

3. That this condition is favourable to the ultimate development of atheromatous deposit, consequent injury to the elastic and contractile force of the aorta, and that the upright position favours the distension of the vessel by the pressure of the vertical column of blood.

4. That, consequently, patients labouring under this condition are in the predicament to favour the formation of a condition of true aneurism by permanent dilatation of all the coats of the vessel, if the state of irritation and distension be maintained, until by loss of organic tonicity, or by atheromatous deposit, the walls of the vessel are dilated, and can no longer contract.

5. That, while in this condition, sudden exertion or local injury by blows, crushing weights, &c., or over-distension of the vessel, readily leads to rupture of the internal and middle coats, and so conduces to the occurrence of false aneurism in any of its forms.

6. That absolute rest in the horizontal position, so as to remove the distensile force of the superincumbent column of blood from the weakened and dilated portion of the vessel, is a necessary part of the process of cure.

7. That the diagnosis between this state of partial dilatation and temporary irritation of the aorta and any of the forms of actual aneurism is to be based on the condition of the vessel as determined by most careful digital exploration (after the bowels have been well evacuated); by the absence of bruit except on pressure; by the mobility of the aorta and the very elongated fusiform shape it assumes; by the absence of true diastolic throb; and, lastly, by the effect of horizontal rest in decidedly diminishing, not alone the pain, distress, and suffering experienced by the patient, but in sensibly reducing the force and volume of the aortic pulsation.

That great care in diagnosis and prognosis is demanded by cases like those under consideration is obvious. An aneurism overlooked will lead to all the misery and appalling fatality of sudden, unexpected, and unprovided-for death. An aneurism assumed when it does not exist leads to unnecessary alarm, and ultimately recoils on the reputation of the practitioner concerned. Amongst the singular instances of abdominal pulsations the source of some doubt and much anxiety with which he has met, Dr. Lyons instanced the case of a very powerful pulsation sensible to a patient low down and far to the right in the right hypochondriac region. On applying the stethoscope in this situation a distinct double sound was audible. The phenomena were traceable to an aggravated form of temporarily enlarged and highly congested liver, which touched the heart on the left side and the parietes of the abdomen on the other, and, like the balk of timber conveying the ticking of a watch from one end to the other, transmitted the cardiac sounds and impulse in full intensity. Under treatment the liver returned to its normal volume, and the pulsation and sounds ceased in the right hypochondriac.

MRS. RAPEE has presented £500 to the General Infirmary, Aylesbury, in memory of her late husband.

thickened; the vessels of the pia mater were highly congested. On the cerebral arachnoid was a milky exudation. On the surface of the brain the depth and width of the sulci between the convolutions struck the eye. On taking out the brain there was a considerable amount of serum in the cavity of the occipital bone. The cerebral substance was to external appearance normal; to the touch it seemed to have the ordinary consistence. The ventricles were evidently distended; around them too the cerebral substance was not soft, but possessed the usual firmness. Atrophy of the brain therefore clearly existed. The condition of the spinal cord corresponded to this state of the brain. It was not here or there, but throughout slighter than usual, and there was a good deal of serum between its membranes. The body was subsequently used for the dissecting-room, and the fineness of the peripheral nerves then attracted attention. The cerebellum presented no certain sign of atrophy, but it was evidently in a state of softening. It could not be touched without falling to pieces. On the whole, therefore, we had atrophy of the brain and spinal cord, with softening of the cerebellum.

A circumstance, not indeed connected with the disease, but still deserving mention, was the existence of a symmetry between the right and left hemisphere of the brain. The latter exhibited a certain preponderance over the former. At the base of the brain the grooves in which the anterior and middle lobes lie were deeper on the left than on the right side, so the lobes were there more developed than on the right.

In the cavity of the thorax the lungs were found to be normal, except that they were attached by false membranes to the thoracic wall, as is often the case in the bodies of adults. The heart was rather small than large, otherwise it was normal.

In the sulci cordis was a considerable quantity of fat, corresponding to that found in the abdominal cavity; the valves were normal; there was no atheroma of the arteries.

In the abdomen the great development of fat, especially in the omentum majus, was remarkable. The liver was not large; its edges were indeed rather sharp, but there was no trace of cirrhosis. The spleen exhibited nothing unusual. On raising the omentum a portion of the small intestine struck the eye with its completely blood-red colour. Over the inferior part of the jejunum ran a string of false membrane, which was not broad, but cord-like, springing from and terminating in the mesentery. This false membrane extended nearly to the inferior boundary of the blood-red portion of intestine, yet, in my opinion, could have exercised no influence on this condition; there was no incarceration or rather constriction, nor had there been any symptoms of such during life. The portion of intestine in question was a part of the jejunum, in length rather more than a foot and a half. It was so coloured by an effusion of blood in the subserous connective tissue; the mucous membrane exhibited no trace of hyperæmia; the intestine contained no ecchymosed blood; the peritoneal investment of the portion of intestine was smooth, shining, and transparent. The blood extravasated in the subperitoneal connective tissue appeared so strongly through the latter as to make one suppose that he was looking at an intestine which had been dragged through a basin of uncoagulated blood, or which had been smeared with blood.

In the left kidney we found distinct fatty infiltration, white spots being formed throughout in the renal substance, especially in the cortical portion. In the right kidney the same was observable, though in a slighter degree; but in the latter the pelvis and calyces were undoubtedly dilated. In the bladder nothing abnormal was found; the urethra was not examined.

So far my history of the facts. I have recorded it chiefly on account of the existence of pain in the part of the opposite side corresponding to the seat of the affection. On this subject I shall take leave in the first place to quote the following words from Schiff's *Lehrbuch der Phy-*

siologie des Menschen: "Of the anatomical conditions under which one half of the body may become insensible from disease of the medulla, I have already treated. We have also here seen that destruction of only one half of the medulla is not sufficient to make the one side of the body anæsthetic, and that only the layer of æsthesodic substance situated most externally corresponds preëminently to one half of the body, and that the opposite. When I here say preëminently, and when I in general only approximately maintain a separation of the sensory systems of the two halves of the body, I rest less upon the results of experiments than upon a pathological observation of Boyer, *Traité des maladies chirurgicales*, t. vii., p. 9), which as yet stands alone."

Schiff further communicates Boyer's case in a few words. I take it from the latter writer:—

"A drummer was disputing with a drunken comrade; the latter, not being able to reach him, flung his sabre at him at a great distance, and at the moment when, wishing to withdraw, he turned his back upon him. The point of the weapon struck the upper and back part of the neck. The wounded man immediately felt his legs give way under him and fell; he was brought the next day to the Hôpital de la Charité.

"The wound, the edges of which were a little contused, was about two inches in length; it was situated at the posterior and upper part of the right side of the neck, immediately below the occipital. My finger could neither measure its depth, nor reach the vertebral column. The right arm had lost its movements, but it preserved all its sensibility. The right leg seemed a little weakened, but was as sensitive as usual. There was slight difficulty of breathing; the pulse was quick, strong, and full. The patient was bled from the arm. The wound was dressed with lint and an emollient cataplasm; a strict regimen and the use of diluent drinks were enforced. On the fourth day the weakness of the leg had quite disappeared; the patient could perform with the forearm some slight movements of extension, but it was impossible for him to bring the limb back again spontaneously into a state of flexion.

"On the thirteenth day the patient had recovered his strength and his appetite; he got up and walked, but the paralysis of the upper extremity was the same. In playing with one of the attendants who pinched him, he perceived that the left side of his body was insensible. He told me of this the next day, and I observed the following phenomena: the left leg and the left side of the trunk preserved the usual size, movements, and activity; but we could pinch, prick, and even cut the skin of all these parts, without the patient feeling or exhibiting the slightest pain; pins were inserted to the depth of three or four lines, and the patient, who had his head turned the other way, did not perceive it. However, extensive touches, such as the application of the flat hand moved along the skin, caused him to experience a kind of sensation, though extremely obscure and slight. This insensibility existed throughout the entire extent of the left foot, leg, and thigh; it was equally complete on the left side of the abdomen; but it ceased abruptly before and behind the median line, with this remarkable peculiarity that in this part, if the patient were pinched on the left side, he asserted that he felt the sensation in a slighter degree at the corresponding part of the right side. A similar demarcation between the right and the left side extended to the skin of the penis and scrotum. The insensibility was equally complete at the left side of the base of the chest; but a little higher up a dull sensation began to be perceptible, and became more manifest in proportion as we examined upwards; so that at the height of the fourth rib, the skin was as sensitive as that of the rest of the body. The left limb was in a perfectly natural state."

Twenty days after his accident, this man left the hospital, cured of the wound in his neck, and experiencing in that part neither pain nor inconvenience, but the arm, the forearm, and the right hand were almost completely

paralysed, and the left side of the body, with the exception of the upper extremity, was in the state of insensibility just described.

"Some months later he came to see us; his state was scarcely changed. The situation of the wound, and the symptoms by which it was accompanied, would lead us to infer that the spinal marrow was engaged, but that it must have been only superficially so."

This is the case referred to by Schiff, to which I shall revert, but in a note in the place above quoted from him, he states that, while writing it, he received a letter from van Deen respecting the same phenomenon. The greater part of this note I omit, because I have asked van Deen himself about his observations upon this subject, and he has communicated them to me. Only these few lines I borrow from Schiff's note:—"I was very anxious to direct the attention of the profession to this point. To the same category belongs also probably what Treviranus reports (*Biologie V.*, p. 370), that in some cases irritation of the one side is said to produce pains in the other."

I now return to the writer of whom he speaks. In Treviranus we read, in the place referred to, this definitely communicated observation:—"I have known a lady in whom a blister applied behind one ear, invariably at the same time gave rise to pain behind the other."

Schiff speaks of Boyer's case as of an isolated observation at the time he quoted it. Meanwhile, this of Treviranus is positive, although we should have wished to have known something more respecting the general state of the woman in whom he made the observation.

The case of which van Deen wrote to Schiff was, as I lately learned from himself, the following:—A lady had been attacked with apoplexy, which left behind it anæsthesia and acinesia of the left side. In this state, on the application of a stimulant (oil of mustard) to the insensible arm, pain was felt by the patient in the arm of the other side.

Van Deen told me also that he had observed something similar in a sufferer from paralysis of one of the lower extremities—namely, on peripheral irritation of the anæsthetic leg, a painful sensation occurred in the other.

Partly in accordance with this is what a doctor of surgery related to van Deen. A patient had undergone amputation of the thigh; the fresh wound was touched in a place where a nerve had been divided. Thereupon pain was felt both in the part touched, and in the corresponding point of the opposite side.

We have therefore, 1st, Boyer's observations; 2nd, that of Treviranus; 3rd, two cases observed by van Deen; 4th, the case orally communicated to him; 5th the case which led me to write the present paper; thus six cases in which undoubtedly sensory impressions were conveyed to the opposite side.

But respecting these cases there is still something very remarkable to be observed—in Boyer's case there was traumatic injury of the spinal cord. The sudden super-vention of paralysis of the legs upon the infliction of the wound, the extension of the symptoms of disturbed nervous function, leave no room for legitimate doubt with respect to Boyer's opinion in this respect. Of the two cases observed by van Deen, in one apoplexy, in the other anæsthesia resulted from a central affection.

In the case observed by myself, an abnormal state of the brain, cerebellum, and spinal cord existed. We have consequently four cases where the phenomenon occurred under pathological conditions of central parts, although these conditions were outwardly different.

In Treviranus' case nothing on this point appears; it is a pity that we do not know more about it. In the case of amputation related to van Deen we have also to lament that we are not more fully informed respecting it. But if we suppose that besides the local reasons for amputation, no morbid affections existed in the system, the communication of the painful sensation to the other side, nevertheless, occurred after an operation, which, from the violence of the shock, must almost necessarily produce a difference

in the functional condition of the spinal cord and brain. The case so briefly touched upon by Treviranus is the only one in which there is no mention of such a state or of the opposite.

From what has been observed I would therefore almost positively venture to lay down that: in order to produce transmission of sensory impressions to the opposite side, certain unknown abnormal conditions of the central parts are necessary. There is no doubt that in the healthy state such transmission does not take place.

Schiff appears in the above-quoted place to refer to an anatomical connexion between the sensitive parts of the right and left side of the spinal cord. Even if this exists, it is certain that in the regular function of the parts the connexion does not manifest itself in outward phenomena, and that consequently the left and right sides are functionally distinct. Under extraordinary circumstances this distinction is removed. As to the nature of these circumstances we know nothing, but they are to be sought in the spinal cord. Perhaps a certain unusualness and violence of irritation is necessary, in order, in this state of the central parts, to enable the transmission to be effected. The sensory nerves appear to me to remain capable of conduction, even where anæsthesia is present. The peripheral impression received by them does not reach the consciousness, but must in reality exist, and must act through the nerve upon the central part; how should the transmission of the impression to the opposite side otherwise be possible? If in the central parts those conveying sensation to the other side have come into action, this action must, according to the law of eccentricity, be transmitted to the periphery. This is all that I, at least, can suggest upon the subject.

Whether, moreover, the phenomenon is as rare as the little mention made of it would lead us to suppose, is doubtful. I imagine that it often occurs without being observed, and that it is often observed without sufficient importance being attributed to it to cause attention to be particularly directed to it. Physiologists attach more importance to such matters than practitioners do, and the latter have more opportunities than the former for making such observations.

SUMMARY OF SCIENCE.

(Specially Edited and Compiled for the Medical Press and Circular.)

By CHARLES R. C. TICHBORNE, F.C.S.L., F.R.G.S.I., &c.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

DISINFECTANTS, IN CONNEXION WITH THE CATLE PLAGUE AND OTHER CONTAGIOUS DISEASES.—*Summary of Mr. Crookes' Report.*—As this is the most systematic and scientific report yet published, we shall give a few more valuable extracts that have a broad bearing upon contagious diseases generally. Mr. Crookes' experiments have all pointed to the value of crude carbolic acid as a disinfectant, the use of which was advocated by the writer of this Summary years ago amongst a host of others.

What is understood by the term crude carbolic acid is a mixture of carbolic, cresylic, and other acids. It is an oily liquid, hardly distinguishable by an inexperienced eye from tar oil; but it should possess the property of being perfectly soluble in twice its bulk of a solution of soda containing about twelve ounces of caustic soda to the gallon. Mr. Crookes' experiments prove conclusively that carbolic acid does not retard or hasten oxidation; most of the other disinfectants do. It is therefore properly an *antiseptic*.

Some meat was hung up in the air until the odour of putrefaction was strong. It was then divided into two pieces; one was soaked for half an hour in chloride of lime solution, and was then washed and hung up again; the offensive smell had entirely gone. The other piece of meat

was soaked in a solution of carbolic acid, containing one per cent. of the acid; it was then dried and hung up. The surface of the meat was whitened, its offensive odour was not removed, though it was washed by the carbolic acid. In two days' time the bad odour had quite gone, and was replaced by a pure but faint smell of carbolic acid. In a few weeks' time the pieces of meat were examined again. The one which had been deodorized with chloride of lime now smelt as offensively as it did at first, whilst the piece which had been treated with carbolic acid had simply dried up, and had no offensive odour whatever. It was then hung up for another month and examined, but no change had taken place.

These are important experiments.

Mr. Crookes says very properly that his experiments point out in a striking manner the difference between deodorizers and antiseptics:—"Hitherto attention has been almost confined to the deodorization of gases arising from putrescence. The effect has been combated, whilst the removal of the cause has received scarcely any attention. Chloride of lime, one of the strongest of this class of deodorizers, acts, as has been shown, only on the gases of existing putrefaction, but it has no influence over the future. Carbolic acid, on the other hand, has scarcely any action on fœtid gases; but it attacks the cause which produces them, and at the same time puts the organic matter in such a state that it never re-acquires its tendency to putrefy.*

"Carbolic acid does not seem to act by coagulated albumenoid matter. Albumen was mixed with four times its bulk of water, and a one per cent. solution of pure carbolic acid was added to it. No change took place for the first few minutes, but after a little time a white cloudiness was formed, which gradually collected together into a coagulum. On separating this and exposing it freely to the air, it entirely resisted putrefactive decomposition; the solution strained from the coagulum still contained carbolic acid and uncoagulated albumen. The same experiments, repeated with cresylic acid show that that acid had even less affinity for albumen."

As regards the action of carbolic acid when injected into the system, Mr. Crookes says, when an animal is killed by this means circulation is instantly arrested, the blood is not coagulated, and no alteration either in the shape or appearance of the globules can be detected under the microscope. The only apparent change consists in the immobility of the globules. In the *Annales de Chimie* for October M. Bechamp says that creosote appears to be the agent which most strongly opposes the development of organic ferments when they are once developed. This assertion is in direct opposition to all Mr. Crookes' experiments, about the accuracy of which there can be no doubt. He says that in the presence of carbolic acid the development of embryotic life is impossible, and before its powerful influence all minute forms of animal life must inevitably perish. It may be considered as definitely proved that the vapour of carbolic acid in the atmosphere exerts a special selective power on all minute organisation possessing life.

On the injection of carbolic acid and bisulphite of soda into the blood of diseased animals, Mr. Crookes gives the following results:—"If harm were to follow the injection of carbolic acid the mischievous effects would be immediate, and that if the fluid could pass through the heart without exerting its paralyzing action on that organ, and could get into the circulation, no present ill effect need be anticipated. In every case where the carbolic acid was injected marked improvement was evident, and in some cases the animals recovered. In Mr. Crookes' experiments

he endeavoured to inject a maximum amount in a given time; a smaller amount injected at an interval of, say every two days, would probably give even more decided results. One cow that recovered bore the injection of six ounces of a solution containing 105 grains of carbolic acid. Sulphites produced more pain on injection, and the experiments did not seem so successful.

TRANSFORMATION OF RED PRUSSIAN OF POTASH INTO YELLOW.—M. Weltzien says that when we treat ferricyanide of potassium with an amalgam of sodium or potassium, it is transformed into the yellow ferricyanide of potassium.

ON THE DENSITY TEST FOR UNGUENTUM HYDRARGYRI.—Mr. G. Pile proposes, in the *American Journal of Pharmacy*, to assay, if we may use the term, mercurial ointment by its density. After describing the precautions necessary in making the experiments, he gives a table from actual trials with ointments made of various proportions of grease and mercury:—

Mercury.	Grease.	Sp. Gravity.
1	10	·981
2	10	1·065
3	10	1·147
4	10	1·229
5	10	1·311
6	10	1·393
7	10	1·471
8	10	1·548
9	10	1·625
10	10	1·700

—*British Pharmacopœia.*

ANIMAL ELECTRICITY.—Dr. Charles Radcliff constructed two electroscopes, in which one had the gold leaves charged with positive electricity. This is called the positive electroscope, and positive electricity causes increased divergence of these leaves. Negative electricity produces increased divergence of the leaves of the negative electroscope.

Dr. Radcliff obtained proof of the existence of great variations in the electricity of himself and others, at various times and under various circumstances. He has begun a series of observations with a view to ascertain the electrical condition of the human body at different times and under different circumstances as to health and disease. In the great majority of cases the electroscopic indications were those of positive electricity. The dead body exhibits no signs of electricity. As regards the electricity in living blood, the writer found as a rule decided indications of negative electricity indifferently in arterial or venous blood; now and then he found comparatively feeble signs of positive electricity. In every case where he examined blood after an interval of an hour or so from the time when it had flowed fresh from the vessels he failed to detect any sign of electricity, negative or positive. Living nerve tissues as a rule furnish electroscopic signs, sometimes positive and sometimes negative. These signs are always absent when the nerve tissues may be supposed to have lost all traces of vitality. He found also in the great majority of cases that all parts of the surface of living muscle furnish indications of the same kind of electricity, and that this electricity was sometimes positive, sometimes negative, and that these signs were invariably absent in muscle which had passed into the state of *rigor mortis*. The experiments moreover make it difficult to agree with Professor Du Bois Reymond in thinking that the longitudinal surface, natural or artificial, of the muscular fibres, and the transverse sectional surface of these fibres are electrified with different kinds of electricity. With respect to the electricity of muscular tissues, it seems to be precisely the same in character as that of the nerve tissues.

SOLUBILITY OF CARBONATE OF CALCIUM.—M. Cruse publishes some results which are only confirmatory of an experiment performed some years since by Dr. Hofmann. That experiment proved that, contrary to preconceived ideas, chalk was soluble in water without the aid of car-

* The experiments and conclusions contained in Mr. Crookes' report are completely borne out in a paper written some considerable time since by the Editor of this Summary. This paper has been in the hands of the publisher some two months, and although written in connexion with the preservation of animal food, the results contained therein are most confirmatory of the above experiments.

bonic acid. On boiling a solution of lime in carbonic acid for some considerable time, the water on cooling retains always a small quantity of carbonate in solution (.034 per litre); this solution, on filtration, does not give any precipitate with lime water. It therefore consists of carbonate of calcium, and not bicarbonate of calcium.—*Annalen der Chemie.*

PREPARATION OF A WEAK SOLUTION OF PEROXIDE OF HYDROGEN.—This preparation, which has been used for medicinal purposes, is a difficult substance to make when pure, and is very liable to change when procured. Schonbein has published a process by which a weak solution of this substance can be extemporaneously made. This solution may be prepared by shaking violently for a few seconds amalgamated granulated zinc with a little distilled water contained in a large bottle. Oxide of zinc and peroxide of hydrogen are formed, but no zinc or mercury is dissolved.

Proceedings of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 12TH, 1866.

Dr. P. BLACK, Vice-President, in the Chair.

A CASE OF PREMATURE MENSTRUATION.

By T. C. ALBUTT, M.B.,
PHYSICIAN TO THE LEEDS FEVER HOSPITAL.

THE patient, M. A. W.—, was seen in the summer of 1865, and was reported to have menstruated within the last few days. Her age was one year and six months. The child was then suffering from emaciation, weakness, quick pulse, and other symptoms of hectic fever. These symptoms passed off in a few days, and the child partially recovered her health. On examination, the anal and genital regions were found free from discharge, and quite healthy in appearance. On the following month the discharge again appeared, and after it had passed away the author found the child, as before, in a state of hectic, and still presenting a perfectly healthy appearance about the anus and pudenda. He was unfortunately unable, being absent from home for a while, to see the child during the continuance of the flow. In about a fortnight the child had again recovered some degree of health. On many occasions the author carefully examined the child for disease in other organs, and did not find anything of importance. At the third monthly period he actually saw the child in a menstruating state. The discharge appeared with curious accuracy at the month, and lasted about two days and a half. The discharge was sanguineous, and in every way resembled that of a girl at puberty, but was more scanty in quantity. A return of the hectic fever followed, and the child's life was endangered. She recovered, but only to be again prostrated by a fourth appearance; and after a fifth she died, wasted and exhausted, without any effort to rally. There were no other signs of premature puberty. A post-mortem examination could not be obtained. Among many cases of premature menstruation on record, there are two in which the menses appeared at the age of nine months, and one in which the discharge appeared at the age of two years. The first two cases are reported in the "Transactions of the Royal Medico-Chirurgical Society," vol. ii., p. 116, and in the *Lancet* for November, 1828, from Michel's Archives. The former cases were seen by Dr. Martin Wall. The third case is reported by Mr. Embling in the *Lancet*, 1848, p. 137. In these three cases obvious signs of puberty were seen in the genital organs, mammae, and elsewhere, and these signs form a great part of the interest of the cases.

In other cases of premature menstruation, exhaustion and death have occurred as in this.

CASE OF MYELOID TRANSFORMATION OF THE LUNG.

By T. C. ALBUTT, M.B.

The present perhaps unique case of complete myeloid transformation of the lung occurred under the author's care in the Leeds Infirmary: During life there were found complete dulness and stillness all over the left chest, and absence of vocal sounds and fremitus—or at least these, from the feebleness of the subject and the distance of the voice, were indefinable. The heart was seen to beat under the right nipple. Cough was almost absent, and there was no great dyspnoea. The intercostal spaces were not bulged, and the circumference of the left chest only exceeded that of the right by three-quarters of an inch. There was some degree of emaciation and of hectic fever present. The duration of the disease was uncertain, but certainly of eighteen months' standing. There was no marked cancerous cachexia of appearance, and the progress seemed to have been slow. The boy was 14 years of age. He remained in the house about eight weeks in the autumn of 1865, and, becoming more and more exhausted and short of breath, he left the hospital for home, where he died in a few weeks. Mr. Jessop performed the post-examination for the author. The whole of the left chest was found filled with solid substance, thrusting the heart out of sight on the right side, and pushing down the diaphragm to the left kidney. The solid contents were of two kinds. The upper portion which appeared on opening the chest was of a dense fibrous character, of a greenish-white colour, and presented the form of an enlarged lung. Below this, occupying the whole back of the chest, and in contact with the costal pleura, was a considerable quantity of true myeloid matter, soft and sanguineous. Both substances contained myriads of little bones, varying from the size of a pea to that of the thumb. These being densely packed in the upper and firmer mass made it almost impenetrable. The origin of the disease was probably in the chest-walls, and had thence impregnated the lung. No attachment could be found, however, nor disease of ribs or spine. The friends of the lad stated that he had been short-winded since his earliest age, and had presented some prominence of the chest for many years.

AN INQUIRY INTO THE INFLUENCE OF PREGNANCY, THE PUERPERAL STATE, AND LACTATION ON THE DEVELOPMENT AND PROGRESS OF CHRONIC DISEASE OF THE SKIN.

By BALMANNO SQUIRE, M.B., F.L.S.,

SURGEON TO THE WEST LONDON DISPENSARY FOR DISEASES OF THE SKIN.

(Communicated by WILLIAM JENNER, M.D., F.R.S.)

Mr. Squire related several cases of psoriasis (lately under his notice) in which the development and progress of the disease appeared to be influenced in a remarkable manner by pregnancy, the puerperal state, and lactation. From the data afforded by these cases he drew the following conclusions:—

1. That lactation is an exciting and sustaining cause of psoriasis.
2. That the period occupied by pregnancy and its sequel, the puerperal state, is unfavourable to the manifestation of the disease.

Why the puerperal state should exert the same influence as pregnancy on the eruption, and why the effect of lactation should be of the opposite kind, might not at first appear. The explanation, Mr. Squire thought, was to be found in the fact that the uterus, either when gravid or when undergoing the process of involution, was at its maximum of functional activity. Whereas during lactation its functions were more in a state of abeyance than at any other period of its functional life: more so than when menstruation was regularly taking place, and more so certainly than when the organ was either

gravid or undergoing involution. He arrived, therefore, at the following proposition:—That when a woman has exhibited a predisposition to psoriasis, her liability to an eruption of the disease at any time during the catamenial era will be inversely as the functional activity of the uterus at that time. In further support of this view he adduced the details of two more cases of psoriasis, which showed that the development of the disease may be connected with amenorrhœa. Of these examples the one occurred at the commencement and the other at the close of the catamenial era. In the former the first appearance of the disease coincided with the first molimen menstruationis. In the latter, the sudden and apparently premature arrest of the catamenia was promptly followed by the appearance, for the first time in the patient's life, of an eruption of psoriasis. The cases he had brought forward, it would be observed, were all of them cases of psoriasis. This was owing to his having preferred, in the first instance, following out his inquiry in one channel. He was, however, by no means prepared to say that psoriasis was the only chronic disease of the skin that exhibited the peculiarities he had described, but thought it extremely probable that further inquiry would show that other chronic diseases of the skin besides were similarly influenced by the state of the uterine functions. That pulmonary consumption might be arrested by pregnancy was well known, as well as that its course became unusually rapid shortly after delivery. But similar observations, so far as he knew, had never as yet been made on psoriasis; and it might be that there were many other instances of chronic disease, whether of the skin or of other organs, in which the control exercised by uterine influence in determining their commencement and in modifying their progress has in like manner escaped observation.

Dr. HILLIER said he could not corroborate the author's experience in reference to psoriasis. He had seen one case only of that disease in which eruption was worse during lactation. In his experience it was subject to relapse under very varying conditions. It very often became worse in the spring and when the patient appeared in robust health. Eczema, on the contrary, he had found to be often aggravated or induced by lactation, and at the climacteric period in women. Psoriasis very commonly began before puberty, and not at all frequently at the period when the catamenia ceased.

Dr. GREENHOW said that the author appeared to have overlooked the relation existing between psoriasis and the gouty constitution, and the fact that gouty ailments were liable to appear during lactation, and would disappear when lactation was over. Thus, in the cases related the connexion might be betwixt gout and psoriasis, although the appearance of the psoriasis might be directly due to the debility induced by suckling.

Dr. A. P. STEWART said that for fifteen years he had noted the frequent coincidence of psoriasis with lactation, and also of many cases with rheumatism or gout. He agreed with Dr. Greenhow that the connexion of psoriasis with gout was very strong.

Mr. BALMUNO SQUIRE was glad to find his researches supported at least in some degree by the observations of so careful and experienced an observer as Dr. Hillier. Yet he still continued to think it not unlikely that the examples he had adduced were mere coincidences. He did not bring them forward as picked cases to exemplify a fact of which he (Mr. Squire) had become previously persuaded. On the contrary, his attention had first been attracted to the subject by the history of the first of the cases he had narrated, and the remainder were given in his paper without any kind of elimination. They were simply the history, and the whole history of the subject, as it had come before him clinically during a certain period, the only qualification for the admission of a case into the series having been psoriasis plus either exaltation or suspension of the uterine functions. Mr. Squire then recalled attention to the case of the woman who, having suffered from psoriasis before her marriage and having

been subject to it since, had during her married life been five times pregnant, and on each of the five occasions had been temporarily free from psoriasis, but on those occasions only. From that case he thought the conclusion was fair that pregnancy was at all events sometimes antagonistic to psoriasis. Dr. Hillier had misapprehended him in supposing him to advance lactation as the cause of psoriasis. The tenor of his paper had, he thought, clearly indicated a presumption on his part of a predisposition to the disease in the examples he had brought forward. The object of the paper was not to show that lactation was the cause of psoriasis, but that it was an agency favourable to its development in persons in whom a predisposition to the disease existed; and that pregnancy, on the contrary, was a condition which was, so long as it lasted, unfavourable to the manifestation of the disease. In reference to Dr. Greenhow's and Dr. Stewart's remarks, Mr. Squire said that the development of psoriasis, as was well known, was usually associated with a vigorous state of the general health, and often with a state of plethora. Gout, he believed, was allowed to be often associated with the same general condition. He saw no reason, after having made inquiries specially directed to that subject, to suppose that there was any intimate connexion betwixt psoriasis and gout, and he was inclined to think that in the instances observed by Dr. Greenhow and Dr. Stewart the association of gout and psoriasis was to be considered as dependent rather upon a common predisposing cause—viz., an exalted state of the functions of assimilation—than as due to a dependence on the part of psoriasis on a gouty condition of the system.

TWO SUCCESSFUL CASES OF CÆSARIAN SECTION.

By Dr. BAEZA.

Case 1.—A woman, aged 38, had had three difficult labours, the children being all dead. In her fourth pregnancy, at term, she suddenly felt pain, and the fœtus moving outside the uterus. Severe fever followed, and on the third day the placenta was discharged. The fever lasted thirty days, attended by great pain in the abdomen. At the end of this time a large quantity of foul pus flowed from the vagina. A foreign body was now seen projecting below the umbilicus. This swelling burst; the head of a fœtus was seen in the opening. After a few days the patient herself dragged a portion of the tumour out. An incision was made in the abdomen, and the entire skeleton of a fœtus was extracted. The cavity of the cyst was washed out with warm water. The patient recovered.

Case 2.—A woman, aged 42, had had seven children. In September, 1863, she was again pregnant. She felt the child at four months, but the pregnancy continued for an unusual time. On the 10th May, 1864, when estimated at term, she felt a severe pain in the right leg which spread to the loins and hips. These increased, and great prostration ensued. At this time the cervix uteri was felt as in the non-pregnant state; a little pure blood, however, issued from the vagina. At the end of July she had renewed pains, and an offensive discharge escaped from the vagina. The pains remitted, and the abdominal tumour diminished. The 10th January, 1865, she came to the hospital. There was a then hard tumour, the size of a seven months' pregnancy. Crepitation was felt in the highest point. The general condition was that of hectic fever. An abdominal section was made on the 15th January. The bistoury struck upon a firm mass, which on section resembled the uterus. The fœtus was found in a cyst, macerated in a quantity of stinking matter, which was washed out by warm water. None of this fluid came out by the cervix uteri. The cyst had several diverticula, one of which seemed to communicate with the uterus. The cyst gradually shrank, and the woman recovered.—*Siglo Medico*, and *Brit. and For. Med.-Chir. Review*.

SCLEROSIS OF THE BRAIN AND SPINAL MARROW.

W. ZENKER of Gottingen contributes observations made by him during some months past on this subject. The microscopical investigation of sclerosed spots in the brain, made in a fresh condition, gave the following results:—Connective tissue-fibre existed in abundance, containing many interspersed nuclei, whilst no trace of brain-elements and nerve-fibres could be discovered. Moreover, amylaceous corpuscles, recognized as such by their reaction with iodine and concentrated sulphuric acid, were found scattered in great abundance and lying about in heaps in the field of vision, in size from that of a connective tissue-nucleus to that of a frog's blood-corpuscle, as round bright bodies, in which here and there a nucleus and also a concentric arrangement was distinguishable. As it seemed to be necessary to make a further investigation with finer instruments, some large sclerosed spots of the white substance of the cerebral hemisphere were hardened—a part in most highly rectified alcohol, and another part in a solution of two parts chromic acid to 1000 of water. After fourteen days the further examination was made and the following results obtained:—

1. In the chromic acid preparation, sufficiently fine sections, made with a razor, showed a fine connective tissue, consisting of fibres. These appeared to be in part arranged as a network, in the meshes of which appeared the form-elements to be mentioned later. In thicker sections there was found only an apparently finely granulated mass, in which it appeared that many fibres were cut obliquely or across. This partly net-shaped arrangement of the fibres was not probably an artificial production by the coagulating influence of the chromic acid solution upon an albuminous fluid, because, in certain spots, the fibres united into thick bundles passed away parallel among each other. The same fibres, but less easily, could be shown in the alcohol preparations. After the addition of acetic acid the fibrous arrangement disappeared altogether.

2. In the alcohol preparations, but not in those made with chromic acid, were found those larger and smaller concentric corpuscles which, in a fresh condition, the iodine sulphuric acid reaction had exhibited.

3. In the chromic acid preparation there were found, moreover, in the meshes in question, very numerous oval, somewhat flattened, or egg-shaped and incurved nuclei. There could not positively be shown around the nuclei cell-processes and cell-membrane, although in carmine preparations the appearance of spindle-shaped, star-shaped, or anastomosing cells was often very evident. This was sometimes produced by the nuclei lying embedded in the meshes of the fibrous bands crossing each other. In no way could anything but nuclei be isolated. Fine sections of the alcohol preparation, moreover, were treated with the ammoniacal carmine solution, then washed out with a saturated solution of acetic acid in distilled water and concentrated glycerine; then, again, the covering glass being frequently lifted, it was washed with water and finally the preparation examined in a glycerine solution. By this method the nuclei described were found to be dyed red.

4. Also, by the treatment just mentioned, the capillary vessels appeared as distinct strings furnished with very numerous nuclei in their coats. As to the capillary vessels themselves, many of them showed considerable fatty degeneration of their coats, which was very beautifully seen by treating the alcohol or chromic acid preparations with diluted soda solution.

5. Independently of the sclerosed parts the rest of the brain showed no essential change. Ganglia cells, however, were not unfrequently met with in the vicinity of the sclerosed spots. These were decidedly fatty degenerate, for they were almost completely untransparent, and filled with closely packed fatty granules; so also were their processes.

From all this taken together its results that, viewed

microscopically, it was a pathological new formation of a tolerably distinct fibrous connective tissue, with overgrowth of its nuclei, and of the nuclei of the capillary vessels, with a probably secondary fatty degeneration of the coats of the latter. The ganglia-cells may then have been changed by pressure of the callous connective tissue.

The microscopical examination of the spinal cord, preserved in alcohol, gave the following results:—In the cervical region, sections of the posterior columns made with a razor, treated with an acetic acid solution showed the same characteristics as did the sclerosed spots of the brain; a network of fibrous bands (here even more pronounced than in the brain); abundantly interspersed nuclei; concentric corpuscles; fatty degenerate capillaries; and in the same proportions as in the brain.

Cross sections of the lateral columns showed neither connective tissue-fibre with nuclei, nor fatty degenerate capillaries, but, on the other hand, a large number of normal nerve-fibres, in some parts single concentric, and here and there brown stellate corpuscles resembling pigment cells.—*Zeits. für Rationelle Medicin and Brit. and For. Med.-Chir. Review.*

ACCIDENTAL DEATHS FROM MECHANICAL INJURIES.

AMONGST this class of accidents those from vehicles in the streets are by far the most frequent. The deaths from railway accidents have increased this year from thirteen in the previous year to twenty-four. The greatest proportion of these deaths have occurred amongst men employed on the railways. In a majority of instances these accidents are the result of carelessness or recklessness amongst the men themselves. The accidents in the streets have increased from 39, including kicks from horses, in 1862-3, to 57, exclusive of kicks from horses, in 1864-5. The public attention has been drawn to the frequent occurrence of these cases by the Registrar-General. Above 200 fatal cases occurred in the streets of London alone in the year 1865. The deaths from street accidents present only a small proportion of the sufferings of the community from this cause. I have received from Mr. J. D. Hill, the active and intelligent resident medical officer of the Royal Free Hospital, the following summary of cases occurring in that hospital in the year 1865:—

Cases treated as out-patients	1131
" " in-patients.....	327
Deaths	31
	1489

thus showing that where one person dies from these accidents there are forty-eight persons injured. For the whole of London this gives an appalling amount of suffering, which it certainly behoves both the local and imperial government to make some effort to remove. The following are suggestions of the direction which efforts to diminish these accidents might take:—1. Regulations with regard to the rate at which vehicles should pass over recognized crossings for foot-passengers, and turning round the corners of streets. 2. More active police interference with vehicles driving at a rapid rate through any of the streets of London. 3. The erection of bridges or subways in the more frequented streets, that foot-passengers might pass without the liability to injury from vehicles. 4. The encouragement to the utmost extent of railway traffic underground, by which the streets would be relieved of their present crowded state. 5. The widening of small streets and the construction of new lateral streets leading from one great thoroughfare to another, so as to relieve the traffic of the great thoroughfares. 6. The abolition of obstructions in greatly frequented thoroughfares, such as "Temple-bar" in Fleet-street, Middle-row in Holborn, and many others. 7. The infliction of fines, or suspension of license in case of public drivers, in every case where persons are run over and either injured or killed. It

should be remembered that the money-value of the injury to life and limb in London annually cannot be much less than a quarter of a million.—*Journal of Social Science.*

ON THE TREATMENT OF WOUNDS BY VENTILATION.

In this paper, M. Bérenger-Feraud draws attention to a mode of treating wounds and ulcers described by M. Bouisson of Montpellier in the second volume of his *Tribut à la Chirurgie*, under the name of ventilation. This consists in fact in leaving small wounds exposed to the air, and in acting upon larger ones by means of the domestic bellows for a period varying from five to twenty minutes every two, three, or four hours, according to the amount of discharge and moisture that may be present. The object is to secure the formation of a crust over the surface of the wound, under which cicatrization takes place far more rapidly than when the surface is not so protected; and the applications must be sufficiently frequent and prolonged to maintain this crust of a certain thickness. When the crust acquires a degree of rigidity, however, it must be displaced and another formed; and when the discharge is very abundant, the alcoholic dressings, now so much in vogue in the Paris hospitals, should for a while precede the ventilation. The influence of this last in improving the condition of the wounds is almost immediate, a disposition to cicatrize and a diminution of the discharge soon being apparent.

This mode of treatment, according to its originator, M. Bouisson, may determine sedative, astringent, siccative, antiseptic, and tonic action; but it is by no means indicated in all kinds of wounds, and especially in those whose depth is great in proportion to their superficial extent. Thus, it is not fitted for penetrating wounds, as those of a fistulous character, or characterised by anfractuosités. Abundant suppuration is a further contra-indication, except, indeed, when this is due to a mere hyper-secretion dependent upon local or general atony or perverted nutrition, and to the lessening of which alcoholic dressings supply a useful preliminary to the employment of ventilation. In slight burns other means may be preferable, as of more convenient application; but in those of the second and third degree, arrived at the stage of a simple denuded wound, ventilation may advantageously supersede cotton and other impermeable applications. In resorting to this means for ulcers, we have to attend to the constitutional cause of these, as well as to render them by various local applications apt for cicatrization before we resort to ventilation.

Among the secondary advantages of this mode of treatment may be mentioned its simplicity, its easy applicability by the patient or his friends, its economy and its cleanliness. It substitutes a dry for a moist surface, diminishes the chances of septic decomposition, and lessens the chances of infection of the surrounding atmosphere.—*Bul. de Thérap. and Brit. and For. Med.-Chir. Rev.*

THE CHOLERA.

The cholera still extends its area of prevalence upon the Continent, and the disease has been imported into several English ports on the east coast, and has again appeared on the south coast. It is rumoured, also, that scattered cases of the malady have occurred in districts adjoining Liverpool and the Bristol Channel—localities into which the disease was earliest introduced during the present year.

On the 23rd of June a boy belonging to the Prussian steamer *Emilie*, Captain Pruss, from Stettin (where the epidemic was then prevalent), lying in the South Dock, Sunderland, was seized with cholera. The case was seen by Dr. Maling and Dr. Welford.

On the 29th of June, one of the crew of the barque *Clio*, which arrived in the Tyne off Shields from Hamburg on the same morning, was seized with cholera. He

had been attacked with diarrhœa the day previous. Violent cramps supervened on Friday; and when the patient was seen by Drs. Coward and Denham in the course of that day he was in a state of collapse. He was removed to the South Shields Workhouse Hospital, where he died early the next morning. The rest of the crew of the *Clio* were reported to be healthy, and were suffered to go on shore.

On the 28th—29th of June two fatal cases of cholera occurred on board an English ship which arrived at Goole on the 28th from Antwerp, where the disease has appeared.

Cases have also been reported in other ports on the east coast; and a fatal case occurred on the 2nd inst. on the south coast. The schooner *Messenger* from Southampton put in at Brixham on the 1st inst., the captain being ill at the time from cholera. He died next day.

There have been ugly rumours of the epidemic having reappeared at Southampton; but we lack details of the reputed cases there, as well as in the districts adjoining the Bristol Channel and Liverpool.

Cases are reported, unofficially, from the West Riding of Yorkshire.

It is clear, however, that there has been a free importation of the epidemic from infected localities of the Continent into our ports; and that it behoves the local health authorities to take active measures for the safeguard of the populations under their charge.

In Belgium, Holland, and Pomerania, the epidemic is steadily spreading, although the disease does not prevail with any great intensity.

The latest files of newspapers from the Hague give a long list of the communes in which the epidemic had appeared, and show that up to the 9th of June the attacks in them had amounted to 2410, the deaths to 1352. The following returns are also given from the commencement of the outbreak to the 22nd of June, 1866:

	Attacks.	Deaths.
Leyden ...	1021	649
The Hague ...	362	215
Delft ...	542	319
Rotterdam ...	824	503
Dordrecht ...	346	196
Gouda ...	140	73
Utrecht ...	688	382

The latest returns from Stettin show that from the 2nd to the 18th June inclusive there had been 537 cases, and 294 deaths.

The *New York Herald* of the 22nd ult. contains an account of several cases of cholera in that city.—*Lancet.*

ON THE TREATMENT OF FISTULOUS DISCHARGES DUE TO CARIES, &c., BY THE "LIQUEUR DE VILLATE."

In a former communication, in 1863, M. Notta drew attention to the value of the *Liquor de Villate* in the treatment of certain forms of obstinate fistulous discharges. Transferred from veterinary practice, in which it has been most advantageously used for more than twenty years, this substance has proved of great service, according to the testimony of MM. Notta, Nélaton, and other distinguished French surgeons. In the present paper M. Notta relates several additional cases, in order the better to distinguish the circumstances under which it can be resorted to with advantage. Those in which it has proved preëminently useful, have been examples of caries of bone, accompanied by fistulous track which have resisted various other modes of treatment. Still, it must not be indiscriminately employed here as it will succeed only in cases in which the caries is soft and vascular, and of limited extent, being of no avail when this is very extensive or sequestrated. Another class of cases which can be successfully treated are fistulæ consecutive to chronic abscess, often when iodine has been tried in vain. In several cases of tubercular fistula of the testis, M. Nélaton has effected a rapid cure by five or six injections. Even when the abscess has been of an acute character, but has eventually given rise to great detachments and obstinate fistulæ, the *Liquor* is found of equal value, several examples

of which are given by M. Notta. But any attempts that have hitherto been made to extend its employment to the seemingly analogous case of fistula in ano have so decidedly failed that there is no encouragement to repeat them.

The composition of the *Liqueur de Villate* is as follows:—Liquid subacetate of lead 30; sulphate of copper and sulphate of zinc aa 15, and white vinegar 200 parts by weight. It is essential to remember that it is suitable only when the affections reach their chronic stage; and that if employed prior to this period, in place of a salutary modificatory-inflammatory action, it may give rise to a phlegmon of a dangerous character. In suitable cases, injection of the fistulous tracks may be employed every second, third, fourth, or fifth day, according to the amount of inflammation produced, the patient then being allowed to repose awhile. In very obstinate cases, the injections may be made, as in veterinary practice, daily, and continued for months, if required. In all cases, however, they must be suspended awhile if too great inflammation be excited; and, in some cases, when the wound is not deep, or filled with fungosities, or when the caries is not easily accessible, some lint, soaked in the *Liqueur*, may be applied instead of using the injections. Generally the injections give rise to pretty severe pain, which may last for several hours, or even all day; but usually, though not always, after some days it becomes easily supportable. The first injections give rise to sharp inflammation in the fistulous tracks; but the suppuration, which is temporarily increased, soon diminishes. Small osseous fragments are often detached after injection; and M. Nélaton has several times observed membranous shreds—analogueous to the false membranes in the horse—coming away.—*Brit. and For. Med. Chir. Rev.*

LEGAL INTELLIGENCE.

PROCEEDING UNDER THE MEDICAL ACT.

AT Marlborough-street Police-court, on Saturday week, John Potter Sergeant, otherwise Crowther Smith, of No. 2, Pavement, Glasgow, described as a surgeon, and John Sutton, commonly called Dr. Sutton, of No. 36, Bloomsbury-street, dentist, were charged—Sergeant with procuring himself to be registered under the Medical Registration Act by false representation, and with attempting to do so; and Sutton with aiding and abetting.

Mr. Edward Trimmer, secretary of the Royal College of Surgeons of England, produced the certificate of birth and the schedule of the certificate of John Potter Sergeant, to whom a diploma was granted in May, 1836. No other diploma had been granted to any one named John Potter Sergeant since 1825.

Dr. Kenealy said he wished to put certain questions to show that the prosecution was not instituted by any of the respectable societies whose names had been imported into the proceedings.

The magistrate decided that the questions were irrelevant.

The witness, on cross-examination, said the Royal College of Surgeons were not the prosecutors in the case, but they took great interest in the affair. He was aware there was a *mandamus* applied for against the Medical Council on the part of the prisoner Sergeant. He had seen Mr. Imhoff, a pianoforte maker, against whom the prisoner Sergeant some time ago brought an action and obtained a verdict for £400.

The baptismal register of John Potter Sergeant, born in 1812, was put in and proved in the usual way.

Mr. John Roope, clerk to the Branch Council for England, appointed under the Medical Act, said it was his duty to assist at the registration of persons under the Act. The prisoner Sergeant brought him a document on the 6th of July.

The prisoner said he had heard his name had been removed from the Register in consequence of his connexion with the "Sutton gang."

Mr. John Turner, in the office of Mr. Clarke, Lincoln's-inn-fields, said he served both prisoners with notices to produce the diplomas, and they declined to do so.

Mr. Roope (recalled) said when Sergeant handed in the document he said he was John Potter Sergeant, and he applied for a re-registration. The prisoner pointed to the boy, and said, "There are my diplomas." The prisoner tendered the fee of £2. In January, 1860, in consequence of a notice, he altered the address from 45, King-street, Long-acre, to No. 8, Store-street. On the 19th April, 1861, a letter was sent by direction of Dr. Hawkins to the prisoner Sergeant to know if John Potter Sergeant still carried on business.

There was no answer to that letter. He produced the Register to prove that in 1859 the prisoner Sergeant was registered as living at King-street, Long-acre, and in 1861 at Store-street.

Sarah Smith said she knew John Potter Sergeant when in Leicester. He was articled to Messrs. Needham and Paget, surgeons to the Leicester Infirmary. She had seen his diploma from the College of Surgeons. He received the diploma in 1836. She also saw his diploma from the Apothecaries' Hall. She was present at his death. He did not practise; he gave private instruction to medical students. After his death she went back to Leicester, and took the diploma of the deceased with her. She had the diplomas at Swindon after she was married. In 1856 she missed the diplomas and a tin case in which they were kept. Neither of the two prisoners is the John Potter Sergeant she had known.

Mr. Ouvry, 66, Lincoln's-inn-fields, solicitor to the Council of Medical Registration, said a person, who stated his name was John Potter Sergeant, called at his office in November, 1865. He believed that person was the prisoner Sergeant. Two applications for a *mandamus* against the Council were made. The prisoner asked why the Council refused to put his name on the Register. He told them he believed the Council had reason to think he was connected with the Sutton gang. When the *mandamus* was applied for, the Council were not aware of the death of the real John Potter Sergeant.

Mr. Radford, reporter, 27, Victoria-road, knew Sutton well, and also his handwriting. He believed him signature and the affidavit produced to be in Sutton's handwriting. The letter produced he also believed to be in Sutton's handwriting.

Samuel Halley, in the service of Messrs. Clarke and Co., clothiers, No. 2, Red Lion-court, Watling-street, knew Sergeant. About six years ago Sergeant went by the name of Crowther Smith, and carried on the business of a clothier in the Hackney-road. He produced one of the prisoner's dishonoured bills: it had never been paid. In cross-examination this witness said the prisoner traded in the name of Crowther Smith. People sometimes trade in names not their own. One firm put the prisoner in the Queen's Bench, but he could not say whether the prisoner passed through the Bankruptcy Court.

Mr. Knox said, as far as the case against Sergeant was concerned, it was clearly one for the Central Criminal Court. He should, therefore, remand him without bail. The complicity of Sutton had not been fully proved, and he would remand him on bail with twenty-four hours' notice.

RATING OF CHARITABLE INSTITUTIONS.

THE recent decision of the House of Lords in the case of *Jones v. the Mersey Docks*, has settled the legal question as to the liability of charitable institutions to parochial and other taxes. Acting upon this decision, the parish of St. George, Hanover-square, has during the present year assessed St. George's Hospital to the poor-rate; and such hospital and the officers' house in connexion with it are assessed at four thousand and ninety pounds per annum, the amount of rate payable being five hundred and eighty-seven pounds eighteen shillings and ninepence. The vice-president, treasurers, and governors of the hospital presented, by Mr. Abel Smith, on the 13th inst., a petition against this assessment. They describe the position of the hospital in respect to its support by voluntary contributions; state that the annual subscriptions are insufficient to meet the current expenses; that it has been necessary of late to sell capital from time to time derived from legacies bequeathed to the said hospital; and that the deficiency of income which has been so met by sale of capital has amounted on an average of the last seven years to about four thousand pounds per annum. The petitioners conclude by submitting "that if St. George's Hospital be rated to the poor, the usefulness and benevolent objects of the institution will be seriously affected, and the payment of the large annual sum demanded for poor-rate will probably necessitate a curtailment of the number of patients annually relieved at St. George's Hospital."

St. George's Hospital offers a very strong illustration of the impolicy and injustice of rating charitable institutions to the poor; but no doubt there are many such cases, and it is the manifest duty of those interested to petition against a regulation so disastrous to their welfare.—*Lancet*.

Reviews.

SURGICAL APPLIANCES AND MINOR OPERATIVE SURGERY. By THOMAS ANNANDALE, F.R.C.S., &c. Edinburgh: Maclachlan and Stewart.

THIS little work is one which is extremely well calculated to be of use to the student or junior surgeon. It is profusely illustrated with numerous figures of the instruments and apparatus required, as well as with examples of the various modes of applying splints, bandages, &c.; most of these illustrations appear to be original, and they are all well and carefully done. The position its author has acquired as a surgeon, and the reputation he has already gained by his writings, are a sufficient guarantee that the surgery of this work is quite abreast of the day. At the same time, there are in it several little misprints, such as *Lotio nigrum*, &c., which might give occasion for cavilling, and which ought certainly to have been avoided; for in these days when so much is expected from students, their teachers cannot be too carefully accurate in what they say, and still more in what they print for their behoof.

There are two other points to which we would like to direct Mr. Annandale's attention—the first of these is in regard to the treatment of erysipelas, in which he recommends, after the employment of saline diaphoretics, the administration of "the muriate of iron in doses of twenty or thirty drops three times a day." Now we protest against this being considered a proper mode of administering this most valuable remedy, it is precisely in this way—from mal-administration—that useful remedies get despised and fall into desuetude; given in such doses and in such a manner, tincture of the muriate of iron is absolutely useless as a remedy for erysipelas, to act as such, it must be given early before these structural changes have commenced which cannot be checked but only promoted and guided to a close, while sixty or ninety drops a day are a mere mockery. To check erysipelas the system must be thoroughly saturated with the iron, and in severe cases from an ounce and a half to two ounces a day will be required (*vide* Holmes's "System of Surgery"), from 720 to 960 minims must be given in divided doses during the twenty-four hours, at regular intervals during the day and night; and if begun early and given in this way, we venture to say that it can and will produce effects to which Mr. Annandale seems yet a stranger, and which will certainly astonish him when first he sees them.

The second matter to which we would direct attention is the mode recommended by him for the collection and preservation of vaccine lymph; for this purpose he states that, "having filled the tube about half full, both its ends ought to be sealed up with a drop of sealing wax" (p. 211). The italics are ours, and we feel safe in saying that such a procedure has not hitherto been taught for the last thirty years at least, while we can assure him that it is no novelty, and is far from being an improvement on the mode of hermetically sealing the tubes recommended by his fellow-townsmen Dr. Husband. We regret, also, to find that in treating of fractures of the radius, he has omitted all notice of the admirable apparatus recommended by Dr. Gordon of Belfast for the treatment of fractures of its lower third, which is certainly an improvement upon all previous methods, nor has he even alluded to Dr. Heron Watson's useful modification of this apparatus referred to at page 400 of our number for the 18th of April last.

THE CONVOLUTIONS OF THE HUMAN CEREBRUM TOPOGRAPHICALLY CONSIDERED. By WILLIAM TURNER, M.B. Lond., F.R.S.E. Edinburgh: Maclachlan and Stewart. Pp. 28.

MR. TURNER is well known as a most able and painstaking physiological anatomist, his writings on the fossil skull controversy have made his name well known in regard to the conformation of the cranium, and his present *brochure* is calculated to increase his reputation in connexion with its contents. The difficulties experienced by morbid cerebral anatomists in giving accurate descriptions of the seat of morbid products, and the consequent almost impossibility of generalizing the results obtained from the examination of a large number of diseased brains viewed in connexion with their clinical histories, because of the absence of all guarantee that even in apparently the most similar cases the lesions could be properly referred to precisely the same parts of the brain, have necessitated those precise morphological investigations of the cerebral convolutions, which, within the last few years, "have led to the revival in Paris of discussions, in which the doctrine of Gall and his disciples—that the brain is not one, but consists of many, organs—has been supported by new arguments, and the opinion has been expressed that the primary convolutions, at least, are both morphologically and physiologically distinct organs." The observations of M. Paul Broca, in regard to aphasia (loss of the cerebral faculty of speech) and its connexion with a lesion of the posterior third of the inferior left frontal gyrus, along with several similar cases recorded by Dr. Sanders, Dr. Hughlings Jackson, &c., pointing apparently to some connexion subsisting between the grey matter of the island of Reil and adjacent frontal gyrus, and the faculty of spoken language, have "put this aspect of the subject into that stage that, to use the words of Dr. Sanders, 'it requires and invites fresh investigation.'" In order, however, to render this inquiry fruitful, it is absolutely necessary that those engaged in it should have the means of accurately referring the morbid lesions discovered to well-defined cerebral localities, and the topographical maps of the principal and annectent gyri supplied by Mr. Turner in this pamphlet will be found perfectly indispensable for all who are engaged in such inquiries. One of the most remarkable circumstances mentioned by Mr. Turner is, that in the brains of men distinguished for the extent of their attainments in various departments of knowledge, the surface of the cerebrum assumes an unusually complex appearance from the development of secondary gyri, as if in them we had not only an increased quantity of the grey matter—the supposed organ of mind—but also a more elaborate connexion of it with the white matter—the means of connexion of each mental organ with the others, as well as the channel of its communication with the external world—as if the manysidedness of the mind of a man of genius were not a mere figure of speech, but an actual truth dependent on his physical conformation, all this pointing to a yet undeveloped phase of cerebral anatomy of the utmost interest both to the physiologist and the psychologist.

ON RAILWAY AND OTHER INJURIES OF THE NERVOUS SYSTEM. By JOHN ERICHSEN, Professor of Surgery and of Clinical Surgery in University College, Examiner in Surgery to the University of London, &c. Pp. 144. London: Walton and Maberly. 1866.

The subject treated by Mr. Erichsen in this volume is one

of very great importance at the present time, when, in consequence of the enormous extent of the railway system, accidents on the lines are of frequent occurrence, and, as a consequence, actions for compensation are often brought against railway companies. In these actions it necessarily happens that medical evidence is sought on both sides, one party endeavouring to represent the condition of the sufferer in as serious a light as possible, both with regard to his present state and his future chances of health, and the other side exhibiting the reverse of the picture. Hence it happens, as all readers of the newspapers well know, that in such cases there is almost always a conflict of medical testimony, which is anything but creditable to our profession in the eyes of the public.

Such being the case, Mr. Erichsen has done good service by laying down in a condensed form, and in the shape of a short series of lectures, the principles on which an accurate judgment may be formed by medical men when they are consulted in cases of railway accidents and other injuries to the nervous system. For railway accidents, as Mr. Erichsen truly observes, do not differ essentially from other accidents to which mankind is liable, and many instances exactly analogous in their results to modern railway injuries have happened and have been recorded many years before railways were introduced. But still it is evident that the shock of ordinary accidents is very different in degree from that which occurs from railway injuries, the latter being necessarily more serious, from the rapidity of the movement of the train, the suddenness of the arrest of momentum in the person injured, and the depression of mind to which the sufferers are liable.

In discussing the particulars of these injuries, Mr. Erichsen purposely omits the consideration of such accidents as are attended by appreciable lesions, because in the case of loss of a limb, for instance, the effects are palpable to every capacity, and their reality admits of no doubt. But such is not the case in the instances where, although the sufferer exhibits no visible loss of limb or mutilation of structure, there is some latent mischief in the spinal cord or the base of the brain, which may render life burdensome or may prematurely terminate its duration. How the shock or jar of a railway accident directly influences the functions of the spinal cord, it is impossible accurately to determine, and Mr. Erichsen aptly compares the results which often ensue to the effect produced by a heavy blow of a hammer on a magnet, whereby the magnetic force, by some unascertained physical law, is jarred, shaken, or expelled out of the iron. So it is reasonable to suppose may the nervous force be so disturbed in the spinal cord by a railway accident that the animal functions may be at once impaired, although no visible lesion may be perceptible; and what is more, experience has shown that these primary functional effects may be followed by others of a structural character, and indicated by inflammation of the membranes of the spinal cord, or by disease of the cord itself. It is remarkable, too, that an appreciable injury of a limb, as for instance a fracture or a dislocation, is less likely to be attended by serious symptoms referable to the spinal cord, than when concussion is the only symptom and the limbs are sound. "It would appear," says Mr. Erichsen, "as if the violence of the shock expended itself in the production of the fracture or the dislocation, and that a jar of the more delicate structures is thus avoided."

After describing in succession the effects of severe blows on the spine, the concussion sometimes following slight injuries of the spine, the concussion of the spine resulting from general shock, and the effects of twists and wrenches of the spine, Mr. Erichsen discusses the very interesting questions of the symptoms and pathology of spinal concussion, and the diagnosis, prognosis, and treatment of this affection. The

diagnosis is in general not difficult, the principal diseases with which it may perhaps be confounded being principally rheumatism and hysteria, but the prognosis, as is well known, is very often the subject of doubt and even of controversy. Altogether, Mr. Erichsen thinks that the results of spinal concussion are more serious than is generally supposed, and he relates a number of cases in which the patients were most seriously damaged for many years after the accident, or in which no recovery took place at all, and where post-mortem examination showed the existence of serious myelitic or meningeal lesions.

Our limits prevent us from entering into a detailed analysis of Mr. Erichsen's very useful and instructive book, and we must conclude the present brief notice by remarking that its appearance is now particularly opportune, when definite opinions are required to be formed as to the nature and prognosis of railway injuries. It will serve as a most useful and trustworthy guide to the profession in general, many of whom may be consulted in such cases, and it will no doubt take its place as a text-book on the subject of which it treats.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 11, 1866.

THE RECENT ELECTION AT THE COLLEGE OF SURGEONS OF ENGLAND.

As we anticipated in our article of last week, the annual meeting of the Fellows of the College of Surgeons of England has terminated in the displacement of Mr. LUKE and the election of Mr. CHARLES HAWKINS in his stead. We repeat our opinion, that the contest was one only of principle, for on personal grounds no fault could be found with Mr. LUKE, and the election of Mr. CHARLES HAWKINS can only be interpreted as expressing the wish of the Fellows to break through that conventional system which has so often, on former occasions, frustrated the very objects for which the new Charters of the College were designed.

The candidates for seats in the Council were four in number (Mr. SPENCER SMITH having retired from the contest some days before the election)—namely, Mr. LUKE and Mr. HILTON, who were previously members of the Council, Mr. ERASMUS WILSON, and Mr. CHARLES HAWKINS. Mr. HILTON, being one of the Vice-Presidents of the College, and having had as yet but a very short tenure of office, was re-elected by a large majority; Mr. CHARLES HAWKINS came next; Mr. LUKE third, though at a very long interval; and Mr. ERASMUS WILSON last. Of the latter gentleman we think it only right to state that his election would have done no discredit to the College, for although he has adopted a speciality for his line of practice, he is a very distinguished anatomist, as his well-known works abundantly testify; and if it had happened to him to become an Examiner in the course of years, the *personnel* of the Examining Board would have been strengthened by his acquisition.

But we may remark that, under the operation of the new Charters of the College, there is nothing in future to prevent the election of Mr. ERASMUS WILSON, or of other gentlemen of similar attainments, to a seat at the Examining Board. In fact, the plan of electing Examiners from the Council by seniority, as is done at present, and allowing them to retain office in perpetuity, is a most mischievous arrangement, and constitutes one of the worst features in the practical working of the College. The office of Examiner is one that ought not to be looked forward to at the termination of a professional career, but should be held by men in the meridian of their faculties, and relinquished as age advances. Nor ought the Examiners to be members of the Council, because in that case the electors and the elected are virtually the same body, and there is no fair principle of selection available in filling the appointment.

Now, the obvious meaning of the new Charters granted to the College was to abolish the monopolies which it has too long cherished and perpetuated, and, by the infusion of new blood both into the Council Board and the Examining Board, to keep it on a level with the spirit of the age. The spirit of these Charters, however, has been, until recently, completely contravened, although the letter has been obeyed; and while power has been given to the Council to remove Examiners from time to time, that power has never been yet exercised, and the same persons are re-elected as a matter of course.

It is understood that Mr. CHARLES HAWKINS represents the views of those who desire that the objects of the Charters should be carried out both in the spirit and the letter, and that as he himself cherishes no aspirations to the post of Examiner he will endeavour, as far as it lies in his power, to dissociate the Examining Board from the Council. An important step, or rather two important steps have been already taken in this direction by the non-election of Mr. CÆSAR HAWKINS three years ago, and of Mr. LUKE last week. They are both Examiners, and they continue to hold that position, but they are no longer members of the Council, and have therefore no further power to vote for their own re-election. It remains to be seen whether the recent introduction of new members into the Council will be attended with any further changes in the proceedings of that body, and whether the obvious policy of the Fellows at large will be followed up by the liberal and enlightened views in the Council room.

It is almost proverbial that reformers out of office and reformers in office are very different persons, and that the atmosphere of routine and the enjoyment of the sweets of place have a wonderful influence in changing people's views, but still we cannot but believe that in proportion as the party of progress becomes augmented by the annual new elections by the Fellows, the influence of liberal and enlightened views will at last prevail, although perhaps several years must yet elapse before such a desirable consummation can be effected.

THE LOTHIANS MEDICAL ASSOCIATION.

It will be observed from a paragraph, under the head of "News of the Week," that on Wednesday last the medical practitioners of the villages and country districts around Edinburgh met and resolved to form themselves into an Association for the protection of the interests of country doctors. And in thus resolving we congratulate them on taking a step which, in our opinion, should have been taken long ago. We never could possibly see why medical men should not manage the commercial part of their profession on commercial principles; nor can we understand why they should be so modest in regard to matters of a pecuniary nature.

Why should the working man who is in the receipt of a good wage, and who never for one moment would think of leaving a district without first settling his bill with the grocer or baker, so often go off without discharging the same duty to his Doctor? Simply, we believe, because he knows that after he has left the Doctor will not trouble him any more; and he no doubt believes, too, that what is not worth asking for can hardly be of any great value! And it is the fault of medical men themselves that so many of the working classes in this country entertain and act upon such notions as these. By the carelessness and indifference of our profession in regard to money matters patients have been systematically trained to look upon services which entail a vast amount of labour and anxiety upon the practitioner as a thing of very small account and trifling value, and the sooner they unlearn the lessons they have been taught the better for themselves and for us.

Are country medical men so well to do, so opulent, that they can affect to despise money, and bestow their skill, and time, and energy upon the public without remuneration? Can they alone, of all other professional men in these kingdoms, afford to give their services gratuitously to those who are quite able, but most unwilling, to pay? Well, really, were we to judge simply from the manner in which so many of our brethren act, we would be constrained to answer these queries in the affirmative. But unfortunately we know that such a reply would be erroneous; we know that the expenses of working a country practice in many cases absorb nearly all the income; and we are also aware that many country doctors, instead of living in affluence, have the greatest difficulty in getting the two ends to meet. Why, then, should they lose accounts, which, but the exercise or better business habits, and the existence of a better organisation amongst themselves, might, in most instances, be easily recovered. At the meeting on Wednesday, the Chairman, speaking of his own practice, declared that every year he lost between £50 and £100, on account [against parties who were well able but unwilling to settle with him; and we believe that most provincial practitioners could tell a similar tale. In order to prevent such losses various suggestions were made. It was advised for instance, that at each half-

yearly term the Doctor should send in his account for attendance on the farm-servants to their masters, who would then deduct the amount from the wages. This proposal we think is a good one, and we understand that in some districts in Scotland the plan is already in operation. We think that in the great majority of instances no difficulty would be encountered in carrying out this system; for, generally speaking, farmers are desirous that all honourable debts incurred by their servants should be honestly paid. Then, again, to put a check on a custom which prevails to a very large extent amongst country people, the disgraceful practice of leaving one district without paying the Doctor, and carrying out the same tactics in another; it was proposed that something like a black-list should be instituted, from which members of the Association could readily learn whether any new-comers to his neighbourhood were defaulters or no, and might act accordingly, refusing to open a new account till the old score was cleared off. This is also a very feasible plan, and if medical men would only put themselves to the trouble of seeing that the list is correctly kept, we can see no reason whatever why such a proposal should not be carried into effect.

Of course, it is understood that these regulations apply only to that class of patients who are in a position to pay but don't choose to do so; and we entirely concur in the sentiments expressed by the Chairman of the meeting, who said "that in no case should the rules of the society be allowed to come into collision with the claims of humanity." Most certainly not; and amongst that large class of patients who, from their poverty and humble positions do not come within the operations of the Association's regulations, there is still left a field wide enough for the exercise of that noble charity and large-hearted liberality which have, in all ages, characterised the members of the medical profession. We wish the Lothians Medical Association all prosperity, and would urge every country practitioner in the neighbourhood of the metropolis to enrol himself at once as a member.

QUACKS AND THEIR VILE PUBLICATIONS.

THE following letter, which appeared in a daily contemporary, is here given as one well worthy of the attention of the medical profession:—

"TO THE EDITOR OF THE IRISH TIMES.

"SIR,—As your valuable journal has always advocated the interests and welfare of humanity, permit me to ask through its medium why the authorities permit the wholesale circulation of these vile and pernicious publications throughout our city—forced as they are daily in our public thoroughfares upon the young, in order that they may be ensnared into the 'compounding shops,' and there drugged in such a way as either to deprive them of their physical or mental powers. This, Sir, is no exaggeration—no mere abstract statement, for I have just seen a young lad, who, though perfectly sound in health, imagined, after reading one of these insidious productions, that every symptom of health was a sign of disease, so artfully are their books designed to their work of destruction. He went to the physician named in the little book, and owing to the advice he there received, and the dose he was obliged to swallow in that quack establishment, which are like pest-houses rising throughout our

city, has been for the past month perfectly insane, his mind wandering, his intellect deranged. The public have a right to insist upon this nuisance being abated, for the police have the power to seize those vile publications, and prosecute the vendors or distributors of them. If they still neglect this duty, which I think is due to humanity, I trust our new Attorney-General will direct his special attention to this very important matter, and weed out all impostors; but if he continue to pursue the principles of 'non-intervention' with regard to those 'quacks' who prey upon the credulity and weakness of our youth for their own aggrandizement, I hope he will be able to give a good reason for doing so when asked for it in the House of Commons by our city members. Surely, if the law, as it now stands, is not sufficiently strong to protect the public from every species of poisoning and physical and mental havoc, the sooner it is made so the better for the minds and bodies of all her Majesty's subjects. The attention of every qualified medical practitioner in our country should be specially directed to this crying evil until quacks and their vile publications are rooted out of our midst. Your valuable and powerful aid, Sir, in this matter will confer upon the public a great boon.—I am, Sir, your faithful servant,

"A PRESERVER OF REASON.

"Dublin, June 30th, 1866."

P.S.—If an anti-quackery association be formed my subscription is ready.

The most practical way of dealing with the very great evil alluded to in the foregoing correspondence, would be to form a committee of medical and lay gentlemen, who would coöperate to devise the best means of abating the system of quackery, now so glaringly carried on in our city, and we have reason to believe that the writer of the above letter would give such a committee the aid of his valuable services. We would be happy to receive the names of gentlemen who would be willing to form such a committee, and we can assure them that if they are determined, even now at the eleventh hour, to act in this momentous matter, the authorities and the public generally will not be slow to give them their cordial assistance. It is a duty which the qualified medical practitioner owes to himself, his family, and the public generally, that he should aid as best he can in uprooting this pernicious system of quackery out of the land.

SOME REMARKS

ADDRESSED TO THE

STUDENTS OF MERCER'S HOSPITAL,

ESPECIALLY APPLICABLE TO

CANDIDATES FOR THE PUBLIC SERVICES.

By Dr. MOORE.

As I see around me at least a score of students who, before many weeks have elapsed, will be fully qualified to enter the public services, it may not be out of place if I take this opportunity of briefly setting before you the present *critical* condition of the Army and Navy Medical services, and how far your ulterior prospects may be affected by the line of conduct you, at least for the present, pursue towards these departments. Many of you are no doubt aware that a Commission was appointed about eighteen months ago to report on the medical service of the army and navy, with a view to remedy some grievances which have long been complained of. The report of this Commission, although not long, deals with military status, rank, pay, promotion, and all other questions which could come fairly under its consideration, its purpose professedly being to encourage a larger number of the most eligible class of candidates, so as to render the competitive examinations really worthy of the name, and such as were

contemplated upon its establishment. Now, one of the first difficulties this Commission had to meet with was the subject of "slowness of promotion for junior officers;" in short, what plan the committee could devise to induce men to place their names at the foot of a list of some 700 or 800 assistant-surgeons. This has been met by giving the assistant-surgeon better pay, and after ten years' service giving him a pecuniary equivalent equal to the present pay of the full surgeon; after fifteen years, 17s. 6d., instead of the present 13s. This scale of pay seems reasonable enough, but all increase of pay for assistant-surgeons ceases after fifteen years. You will readily see that a service never can command highly educated men where they have almost a certainty of spending a great part of their lives in a subordinate rank, whilst in the Navy the promotion has been, and is quicker, and the Indian Medical Department fixes twelve years as the time for promotion. Another method of accelerating promotion is proposed—viz., an earlier permissive retirement; a retirement after twenty years' full pay service; the retiring allowance to be exactly the half of the pay which the medical officer may be in receipt of at the time his twenty years are up. Now in the case of a man joining at present, and at the present rate of promotion, he would be an assistant-surgeon twenty years hence, his pay 17s. 6d. per day, and his retiring allowance only 8s. 9d.

Surgeon-Majors retiring at fifty-five years of age (compulsorily) are recommended to be given a retirement of £1 per day, or about 1s. 6d. a day more than at present if they are compelled by their age to retire, instead of going voluntarily after twenty-five years' service. As regards the recommendations as to rank, position at mixed boards, and social distinctions, they are more definitely set forth; but, as I have frequently told you, the latter cannot be regulated by warrants, blue-books, or such like documents, they are and must be very much of your own making.

And now as to the Navy. To compensate the naval surgeon for loss of time by his being placed on half-pay and unable to obtain employment, it is recommended that the surgeons' and staff-surgeons' full-pay should increase by periods of four years, instead of five as at present; and with respect to cabins, about which we have heard so much, that whilst the requirements of the service render it necessary that the senior executive officer and the staff commander or master should have the cabins placed most advantageously for their special duties, medical officers should after them have cabins more in accordance with their relative rank in the service, and that cabins for assistant-surgeons should be specially ordered, to prevent future difficulties or neglect of the existing Admiralty order. Hitherto the contrast between the two services, as regards rank, pay, and allowances, was, to say the least of it, unfair; but, under these recommendations, the promotion in the naval medical service will be quicker than that of the army, whilst the pay for juniors will be quite as liberal.

Well, on the whole, whilst these suggestions are not all that could be desired, still they are a step in the right direction, and should be taken as an instalment; but what is the fact? This report was issued in February, and up till the present it remains a dead letter, and when questions have been asked from time to time as to carrying out its recommendations, the answers have been somewhat in this wise—"That the War Office had not

communicated with the Admiralty, and that the latter department in its turn had not consulted with the Treasury, and *vice versa*." Well, the way at once firmly, temperately, and self-respectfully to give the quietus to such replies is simply by giving these respective departments a "wide berth," as the sailors say, for the next twelve months, when I am satisfied all these improvements will be carried out; for so long as they can obtain candidates, experience has shown us no concessions will be made. This can be no hardship to any of you, as the emigration service, the mercantile marine, home and colonial appointments, are open to you. For the past *six* months I believe the naval service has not had *as* many candidates, and if the same negative treatment is applied to the War Office the cure will be perfected. By this course you will simultaneously and materially serve your professional brethren already in harness, those who hereafter may be disposed to adopt it, and the military service of our common country.

THE QUEEN'S UNIVERSITY.

OUR readers will have perceived that a new Charter has been granted to this body which confers similar powers to those of the London University—namely, that of admitting to Arts Degrees without study in Colleges, and to Medical Degrees, if lectures are attended in any recognized school. At the same time the Senate is to be increased to 24, one place to be filled by Convocation. Of the 23 present members but 3 are medical men, while in the analogous body—London University—of the 83 members of Senate, 15 belong to our profession. For this reason, among others, we are gratified to learn that Dr. MAPOTHER is to be proposed for the Senate in Convocation as one of the most distinguished Graduates of the University. All Doctors of Medicine, Masters of Arts, and Bachelors of Arts of two years' standing are entitled to vote. Application should be made at once to the Secretary of the Queen's University, Dublin Castle, as the meeting of Convocation will take place in a few days.

Notes on Current Topics.

Dr. BURROWS has been appointed by the Home Secretary a member of the Senate of the University of London. No appointment could have been more satisfactory to the profession.

The Cattle Plague Commissioners have presented to the Royal College of Physicians of London the very valuable collection of original drawings illustrating the pathology of the cattle plague, from which the illustrations to the recent parliamentary report were copied.

It is observed with much satisfaction that Sir W. Fergusson and Mr. Paget, who had been in attendance on the Speaker of the House of Commons during his recent illness, were present at the last unofficial dinner.

A case of Cæsarian section has occurred in Liverpool under the care of Dr. Grimsdale. The latest accounts report that after nearly three weeks the patient is in a fair way of recovery.

Mr. Alexander Ure, late surgeon of St. Mary's Hospital, London, died on the 15th inst. He appears never to have recovered from a serious fall which he had from a horse, about three years ago. Mr. Haynes Walton will succeed him as surgeon to St. Mary's Hospital.

MR. GRIFFIN AND POOR-LAW REFORM.

THE meeting held in London on Thursday last in honour of Mr. GRIFFIN, and the presentation of a testimonial to him by his brethren of the Poor-law service and others, are only the just rewards of years of disinterested labour in the promotion of Poor-law Medical Reform. Eleven years ago Mr. GRIFFIN commenced his work amidst every kind of opposition and discouragement, and ever since he has consistently, incessantly, and indefatigably, pursued his one great object—namely, to improve the condition of the Poor-law Medical Officers. We ourselves know how arduously he has toiled in this service amidst difficulties sufficient to appal any one unless possessed of the indomitable energy which has characterised all Mr. GRIFFIN's proceedings, and which has enabled him to encounter successfully the red-tapism of the Poor-law Board at Whitehall, and even the opposition of the House of Commons. Year after year has the topic of Poor-law Medical Reform been forced upon the attention of the reluctant Legislature by Mr. GRIFFIN's representations, and although the victory is not yet achieved, much has been done at least to enlighten the public mind on the subject. Of late the revelations made into the condition of the Metropolitan Workhouses have given a fresh impetus to the cause advocated by Mr. GRIFFIN, and he may enjoy the proud satisfaction of feeling that his labours have not been in vain.

DISPENSARIES AS SCHOOLS OF MEDICINE.

THERE can be no doubt that our Edinburgh Dispensaries have capabilities for being made schools of practical medicine hardly if at all inferior to the Royal Infirmary, while they also possess some superior advantages which are peculiarly their own. There is, however, just as little doubt that as at present worked they are of comparatively little use to the student, while to the practitioner—the medical officer—they are little more than a mere waste of time, and the patient is only benefited, as it were, on the average, that is, treated on the wholesale principle—as he must be—he is only benefited in proportion to the closeness with which his case approaches that happy medium of the disease—whatever it may be—for which the prescription supplied him has been devised. It is a fortunate thing for the patient, and a consolatory thing for the physician, that curable diseases get well under various treatments, while any little soothing prescription whereon to pin their faith is preferable to that utter and hopeless neglect to which such patients would, failing these dispensaries, be exposed. But however much the student may be impressed with the apparent skill of the necessarily rapid diagnosis, or with the apparent suitability of the prescription which he laboriously writes to dictation, he gains but little information, for there is no time to explain the steps by which the diagnosis is arrived at, nor the ends intended to be gained by the pharmaceutical combinations prescribed, and what little he does learn is but the lowest and least useful

form of medical knowledge, the parrot-like routine of this prescription for bronchitis, that for pleurisy, and something else for hooping-cough. All this is bad both for patient, for teacher, and for student; but with a mob of patients, averaging from twenty to fifty, to be seen in at most two hours there is no help for it, no hope of improvement. Yet what a vast field of study is here wasted, what ample means of tuition thrown away! To utilize these we want, in the first place, double the number of medical officers, so as to give each one time to teach his students, and explain the steps of his diagnosis, and the reasons for his treatment; we want also in each reception-room a cupboard containing all the modern appliances for aiding diagnosis, a microscope, a laryngoscope, &c., and with all the usual means of making local applications—sponges and solutions for the larynx, &c.—always at hand. These ought to be supplied from the funds of the dispensary; many of the medical officers would even be glad to supply them themselves, were there any place to keep them, any prospect of using them profitably.

These alterations and improvements alone would enable the students to be taught the arts of diagnosis and of prescription on a far larger scale than is possible in the Infirmary, while the results of treatment would be learned from the out-door cases under their own immediate care, or, if need be, in certain cases, by following to their own homes such of the casual patients who might not return sufficiently often. When the students once ascertained that they could be thus thoroughly grounded in practical medicine at the dispensaries, there would be no lack of them, and any little expenditure would be amply repaid by an increase of students' fees, as well as by the increased usefulness of the dispensaries and the fame which they would acquire as schools of medicine.

As a school of pathology, and as a place to learn the diagnosis and treatment of the rarer and more severe forms of disease, the Royal Infirmary would still remain unrivalled. But the greater bulk of the cases in ordinary medical practice are neither rare nor severe, and as a rule examples of them are never seen within the walls of the Infirmary. These two schools would therefore not interfere, their interests would never clash, the one would worthily supplement the other, and both would combine to build up the student of medicine into the practical physician, skilled in the diagnosis of the more obscure forms of disease, and yet not unacquainted with those slighter ones which will in after life become more peculiarly his daily care. We should not, however, wish the student to infer that amongst dispensary patients we have no rare or obscure forms of disease; on the contrary, they occur in a proportion considerably above what they do in ordinary practice, though inferior of course to what they do in the Infirmary, whither it is chiefly cases selected for their obscurity and rarity that are sent, though for obvious reasons of course their true nature is more readily, and in many cases more certainly, elucidated in the one case than in the other.

Correspondence.

THE TREATMENT OF DELIRIUM TREMENS.

MANY and various theories have been propounded during the last few years as to the treatment of delirium tremens, with arguments appertaining thereto, good, bad, and indifferent. Opium, digitalis, purgatives, with the presence or absence of stimulants, have all had their advocates, and varied results have followed these various plans of treatment. The pages of a contemporary have lately been occupied with an exchange of somewhat caustic correspondence relative to this important subject, the antagonists representing severally a London and an Edinburgh School of Medicine. The physiology of this disease, with its causes and consequences, cannot now be much a matter of dispute; but it is very advisable that we should arrive at some just and definite conclusion as to the *rationale* of treatment, and I cannot but think that we ought now to class delirium tremens among the controllable diseases. That it has not hitherto been so the statistics of our hospitals fully prove, and I am thereby induced to state simply the outlines of a course pursued at this institution during the past two years with its results, and so leave the reader to draw his own inferences and conclusions. It is hardly necessary to state that sailors are specially prone to this disease, suffer from repeated attacks, and these mostly of a severe form. An incorrigible offender (who generally sails in one of our smartest Blackwall ships) was admitted here some two months ago for the fifth time, and, as it seemed likely, for the last. By comparing the annual admissions on board this ship for this disease with those of St. Bartholomew's Hospital, it is found that the *Dreadnought* list exceeds that of the above hospital by about eighty per cent., so that in the matter of numbers it is fairly presumable that this institution has the largest annual score of delirium tremens in London. Until about two years ago the treatment followed on the medical deck of this ship was identical with that carried on in the great majority of the other metropolitan hospitals. Opium and stimulants were the staple articles supplied, both being given, as a general rule, in very large doses. On looking back to the statistics of former years, I find that the mortality here was about equal to that which it had obtained at St. Bartholomew's Hospital. The present plan consists, as to therapeutics, in the administration of a black draught on entry and a lavender placebo, no other drug of any sort or kind being given either at the outset or during the progress of the case. No stimulants are ordered. The patient is supplied with strong beef-tea, milk, and water *ad libitum*, and solid food is given as soon as the stomach is able to bear it. A little forcible restraint is practised as is consistent with safety.

The average duration of cases here is from eight to eleven days, very few extending over a fortnight. During the past three years sixty-four cases have been admitted, but of this number two deaths have occurred, one of these being complicated with dysentery and hepatic abscess. Many of these cases were very severe, and the quantities of liquor consumed to produce such undesirable results appear to landmen almost incredible. The notes are before me of a case in which the subject thereof was then suffering from a seventh attack of "the horrors." His average daily allowance during the week previous to admission had consisted of from ten to twelve glasses of rum, one and a half to two gallons of beer, and a few "tots" of brandy to vary the proceedings. A sum of twenty pounds was expended in three or four days in this and other species of debauchery. The two cases following state that from thirty to forty glasses of rum or brandy was the daily quantum imbibed. These are by no means exaggerated samples of the cases

received into this hospital, and I think it must be allowed that with such antecedents, a mortality of three per cent. is by no means large. The sum of cases here recorded appears sufficiently numerous upon which to form an opinion as to the propriety and value of the treatment adopted, and I am bound to say that we had viewed this plan in an eminently favourable light. The patients are, of course, for some hours after admission very noisy and troublesome. Constant watching is required, and it may be fairly discussed whether by hypodermal injections of morphia this noisy stage might not be mitigated and shortened, or even entirely avoided. Such a plan is, I believe, practised with success at Bethlem and other asylums for the insane. During the last month three patients have been treated here with hypodermal injections, containing from one-third to one and a half grains of morphia. A general and immediate quietude followed, and the annoying stage of yells and violence was thereby avoided. It will be a pleasure to furnish, at a future period, more ample proofs as to the efficacy of this last aid to treatment. Meanwhile, it is well worthy of consideration whether, in the administration of opium and other narcotics, we are not meddling with and muddling the efforts of nature to eliminate a poison from the system, and whether, too, by giving stimulants, we are not adding to the bulk of a poison that it is our desire entirely to remove. Statistics in medicine should be superlatively precise or they are worse than useless, as leading inevitably to erroneous results. At this hospital quality as well as quantity of cases of delirium tremens are entered, and the statistics of these cases, simple as they are, have been gathered carefully. The results should afford some proof as to the correctness of the treatment that has been adopted.

Hospital Ship *Dreadnought*, July, 1866.

THE ARMY MEDICAL DEPARTMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—His Royal Highness the Duke of Cambridge, with the silent assent of the Director-General of the Army Medical Department, has finally decided that the present condition of the Army Medical Officers must remain unaltered, and has totally ignored the just recommendations of a mixed and unprejudiced committee detailed by Government to inquire into our many grievances.

This denial of equity is entirely owing to the fact that at the last half-yearly Army Board Examination there were a sufficient number of candidates (chiefly Irish) to fill the vacant appointments, and who, by so acting, have effectually crushed for the present all the efforts and hopes of the many who have laboured for years to advance the unenviable status of the army and naval branches of our profession.

Should a similar influx of candidates take place at the next examination appointed to be held at Whitehall Yard on the 8th August, 1866, *there is no manner of doubt*—and it is a solemn and serious reality—that all our prospects of *genuine* relative rank, social position, promotion, pay, and retirement are for ever doomed.

This appeal is therefore forwarded to every Medical School in the United Kingdom calling upon the professors as well as students for the sake of justice and the honour of our profession to desist from permanently degrading the entire of your army and navy brethren, and cease to supply medical candidates for the vacancies of the army and navy at the next and subsequent examinations until the rights accorded us by the late Commission are duly approved of by the Horse Guards and the Admiralty and *insured* to us by Government.

"Amongst the Parliamentary documents issued during the last session is a return to the House of Commons of the number of Assistant-Surgeons at present in her Majesty's Service, exclusive of the Indian Army, and of the number

of Assistant-Surgeons promoted to the rank of Surgeon during the last three years, specifying the number of each year."

The return is very brief, but highly instructive. We quote it in its very words:—

"Return showing number of Assistant-Surgeons at present in her Majesty's Service, exclusive of the Indian Army, 738.

"Return showing number of Assistant-Surgeons promoted to the rank of Surgeon during the last three years:—

"Year ending 31st March, 1863	16
"Year ending 31st March, 1864	19
"Year ending 31st March, 1865	20

"The average annual rate of promotion for three years is simply 18, which 'goes into' 731 just 41 'times,' so that the last appointed Assistant-Surgeon in her Majesty's Service has the just expectation of being promoted at the end of forty-one years."—(vide *Lancet*, September 30, 1865, p. 381.)

This is the present prospect there is of promotion to Army Assistant-Surgeons. The rank of all in both the army and navy is "nominal" not "relative;" they can retire on pension only after a full service of twenty-five years, and during that period self-respect too frequently dwindles away, and gradually succumbs to a process of perpetual "snubbing," and for the sake of peace and years hard spent in every climate they have almost to barter all the feelings of gentlemen and often endeavour to forget the dignity due to themselves and their profession.—Yours truly,

ONE OF THE ABOVE.

June, 1866.

MEDICAL MEMBERS OF PARLIAMENT.

MR. BAXTER LANGLEY has just issued an address to the members of the Medical Profession in the borough of Greenwich, of which the following is a copy:—

"Gentlemen,—You will probably have seen by the public announcements that I am again a candidate for the representation of Greenwich, and I take the liberty of submitting a few of the reasons upon which, I think, I may have a claim to your support:—

"1. That I am member of the Royal College of Surgeons, and of some of the learned societies; and that I have devoted my attention for many years to the question of medical reform, having written upon it in the public journals so far back as 1842.

"2. That the medical profession is not sufficiently represented in the House, Dr. Brady and Mr. Clement being the only members of our body in Parliament.

"3. That medical representatives are more than ever necessary at a time when sanitary reforms of the most important character are under consideration; when the Poor-law Guardians are proved to be generally neglectful of the medical requirements of the poor, and are almost uniformly regardless of the respect due to the 'parish doctor;' when great works for the utilisation of sewage are being carried out; when, in a word, educated scientific opinion is wanted in Parliament.

"4. That the claims of the medical profession are not sufficiently regarded in the public services.

"5. That the laws for the protection of authorised medical practitioners are crude and ineffective.

"6. That, though a member of your profession, I have nevertheless made politics a study, and that as a writer and speaker upon public matters I am not unknown; whilst, as a 'man of business,' I believe that I am favourably known to most of you.

"Under these circumstances, I take the liberty of asking your support to my candidature, assuring you that the welfare of my professional brethren will always be a matter of the warmest and deepest interest to me.—I am, gentlemen, yours faithfully,

"J. BAXTER LANGLEY, M.R.C.S., F.L.S., &c."

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We understand that Dr. Rutherford Haldane, who has so long and so ably conducted the *Edinburgh Medical Journal*, has resigned his position as editor, and will be succeeded by Dr. Sanders, lecturer on physiology, and one of the physicians to the infirmary.

GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

THE following subscriptions have been further received on behalf of the above fund:—

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—Yours obediently, ROBERT FOWLER, M.D.,  
Treasurer and Hon. Sec.



## SINGULAR DEATH OF A PHYSICIAN'S WIFE.

ON Wednesday evening the Brighton borough coroner was engaged for several hours in an investigation into the circumstances attending the death of Mrs. Ellen Vivian Warder, aged 35 years, wife of Dr. Alfred William Warder. The deceased lady was the sister of Mr. R. Branwell, a surgeon at Brighton, but neither she nor her husband resided there. They came on a visit to Brighton about two months ago and took lodgings in a house in Bedford-square. About six weeks ago Mrs. Warder was attacked with illness. Her husband himself attended on her till her brother, Mr. Branwell, called in the aid of Dr. Taafe, of Brighton. The rest of the case will be made clear from the subjoined evidence.

Mr. Stuckey, solicitor, Brighton, watched the case on behalf of Mr. R. Branwell, brother of deceased. Several medical men were present during the investigation, and the proceedings appeared to cause a great amount of interest. Dr. Warder was not present, having himself been attacked with illness since the death of his wife.

Richard Patrick Burke Taafe, said—I am a Doctor of Medicine and Master in Surgery of the University of London. About four or five weeks ago I was called by Mr. Branwell, the surgeon, who asked me to see his sister, and on the following day I did so. I saw Mrs. Warder, the deceased, and her husband. Mrs. Warder then complained of symptoms of strangury. Dr. Warder also said she had hysterical attacks, and in the absence of any other theory of disease to account for the symptoms, she appeared to me to be hysterical. I continued to attend her up to the time of her death. I prescribed for her the usual remedies to allay strangury. When I first saw her Dr. Warder told me he had been prescribing 20-drop doses of Fleming's tincture of aconite, as the only remedy to allay the pain of the strangury, which remedy had also produced tingling in her limbs. I objected both to the remedy and the dose, and substituted instead such remedies as henbane, tincture of castor, valerian, and laudanum and water fomentations. The remedies seemed to do her good, and I was also informed that she kept them on her stomach pretty well. I also prescribed valerianate of zinc. After some days I was informed that she had got tired of these remedies, and could not take them. Dr. Warder informed me so in her presence. I never saw her but in his presence. The symptoms and an account of her food were generally explained to me by him in her presence; being a medical man he could do so more accurately. I was told in her presence that sickness had supervened, and that she had vomited about twice a day; that her stomach loathed the remedies, and she could not retain them. I then desisted from giving her the remedies above mentioned, and gave her an effervescent saline draught, with aromatic spirits of ammonia and chloric ether contained in it. Finding that this even could not be retained, I substituted simple saline draughts, with one minim doses of prussic acid, Scheele's strength. When I wrote the prescriptions it was understood between myself and Dr. Warder that he would get them made up; being a medical man it was not unusual that he should do so. Even this did not succeed in allaying the sickness. I myself saw her take a draught which returned in five minutes after it was swallowed. She complained also of gripping pains in the abdomen. She was not purged, and I was informed in her presence that the matters vomited did not contain blood. Dr. Taafe described minutely the daily changes in the symptoms, and then continued as follows:—About ten days before her death a fresh symptom arose; her tongue presented a swollen appearance, its mucous covering white and soddened, as if it had been parboiled—the mucous membrane very much swollen. My attention was called to this appearance by Dr. Warder and the deceased, and the explanation given by Dr. Warder was that the previous day, in order to relieve the intense thirst of which she was complaining, and also with the intention of quieting the sickness, he had directed her to have an ice, or to suck small portions of ice occasionally, and that at night, after sucking ice continuously all day, she had drunk a cup of scalding hot milk and arrowroot, and Dr. Warder's notion was that the scalding hot fluid, taken after the cold ice, had produced this appearance. Deceased was present, and heard what Dr. Warder had stated. I prescribed effervescent draughts again, and in about forty-eight hours the tongue resumed its natural appearance. The mucous membrane seemed to separate and flake off, though I never saw any of the separated membrane. Most of her symptoms disap-

peared, and she seemed to get better. The strangury disappeared entirely, for she did not refer to it, and the vomiting, I was told in her presence and hearing, took place once in the twenty-four hours. About a week previously to her death her symptoms began to increase, and the strangury returned in as violent a form as before. I believe I saw her every day during the last week of her life, and on seeing her on Saturday last between three and four o'clock I was so struck with her appearance that I said to her husband, not in her hearing, that I intended to call upon her brother and suggest to him the advisability of having another medical man associated with me in the case. When I saw Mr. Branwell I suggested to him also that a regular nurse should be supplied to take the whole superintendence of the nursing, and I thought it would be better if she could be alone with such attendance for some days, her husband even not to be with her. Mr. Branwell and I agreed to meet at the deceased's house next morning (Sunday), but at half-past five that morning he was sent for and found his sister dead. On the Sunday forenoon, when I saw Mr. Branwell, we at once went to Bedford-square and saw Dr. Warder. I suggested there should be a post-mortem examination, and Dr. Warder said he had no objection. I asked Dr. Warder how she appeared to die? He said she got gradually weaker and weaker, and told him she had never felt so weak before in her life. I asked him if she had fainted suddenly, or had any attack or violent difficulty of breathing? He said "No; she seemed gradually to get weaker and weaker, and died." Witness then minutely detailed the results of the post-mortem examination made by himself, Dr. Withers Moore, and Mr. Jowers, on Monday morning, Dr. Warder being present. The body was well nourished; there was half to three-quarters of an inch of fat beneath the skin. Pleura and lungs healthy, slightly gorged at base, with frothy mucus at apices. The mucous membrane of the stomach was congested in a starlike form, especially near its junction with the gullet and its large end or curvature. At its upper end the mucous membrane peeled off easily. The stomach contained about eight ounces of a thickish brown fluid. The lining membrane of the gullet was softened, soddened, and of a whitish colour, and peeled off easily down to the muscular tissue, being friable and easily broken up into flakes. The papillæ of the tongue were raised at the root of that organ, and its mucous membrane was softened, soddened, and of a whitish opaque colour, and was torn off easily in large flakes. This appearance and character were continued down through the gullet as to its lining membrane. Both kidneys congested; the capsules easily torn off; the mucous membrane of their cavity especially congested, the left more so. The small bowels healthy, and contained a liquid similar to that in the stomach. The contents of these and the stomach were preserved. The liver was dark-coloured and gorged with blood. In the head, dura mater was pale; arachnoid distended with clear fluid; vessels of pia mater filled with dark blood. Brain itself generally healthy, but its cavities were filled with serum, and their roof and partition were softened, a stream of water washing them away.

Coroner—Now, as to the cause of death?

Witness—I am not in a position to state that there is any natural cause of death.

Coroner—Have you formed any opinion as to the cause of death?

Witness—Some time previous to her death—about fourteen or eighteen days—a painful impression arose in my mind that her death was resulting from unnatural causes. The incessant vomiting and spitting of blood first brought it to my mind. Then when she was recovering I did not allow my mind to dwell on it.

Coroner—You say you thought her suffering from something which was being administered to her?

Witness—Yes; in the absence of anything to lead me to a definite conclusion as to the diagnosis of the case. I did not communicate my suspicions to any one during her life, but I intended doing so if she had lived till the next day, to the second medical man who would then have been associated with me. That impression struck me more forcibly on the day previous to her death, and it was that which determined me to seek her brother and suggest a second medical opinion.

In further examination, Witness said that the contents of the stomach, part of the contents of the small intestines, a portion of the liver, one of the kidneys, the spleen, and a small portion of the small intestines had been deposited by



him in London with Dr. Taylor, the eminent analyst. That was done after consultation with the gentlemen who assisted at the post-mortem examination.

In answer to the jury, witness said that Dr. Warder told him that after he had objected to the aconite it had not been again administered. Latterly deceased had a ravenous appetite. He had ordered her nourishing diet. Deceased did not keep her bed on the Saturday. The ordinary dose of Fleming's solution of aconite was from three to five drops. Dr. Warder nearly always described the symptoms of deceased, but she was present and heard. Witness nearly always called at the same time of the day; Dr. Warder was particular that he should do so. He was always present when witness called.

Dr. William Withers Moore was present at the post-mortem examination, and agreed in every particular with the details given by Dr. Taafe. He could not reconcile the appearance of the body, taken as a whole, to any known natural cause of death that he was acquainted with. He had never seen deceased during life. He had come to his opinion quite independently of any other person.

Mr. Frederick William Jowers also assisted at the post-mortem examination, and was not able to assign any cause for death.

Charlotte Lansden, living at 36, Bedford-square, deposed that deceased and her husband came to lodge there on the 23rd of May last. Deceased did not appear to be ill when she came to her house. She saw deceased die. Dr. Warder rang the call bell about half-past five as near as possible. Witness sent her servant immediately, but the bell was rung a second time before the servant reached the room. She followed her servant immediately. Deceased was in bed and undressed. She was not able to speak, and seemingly unconscious. Her countenance was very calm. Deceased died about six o'clock. As soon as the servant got down stairs she was sent for Mr. Branwell. Just as Mr. Branwell arrived deceased breathed her last. Witness never took part in giving deceased any medicine. Dr. Warder usually attended on deceased and gave her food and medicine. Deceased had no servant of her own, and there was no one with her but her husband. Witness did not see deceased every day. The servant always put the vomited matter away.

By Mr. Taafe.—The arrowroot and milk was always sent up boiling hot, and I have remonstrated with her for drinking it so quickly as she used to do.

By Mr. Stuckey.—When I went into the room on Sunday morning, when called, Dr. Warder told me she was dying. I went up to the bed and looked at her. Dr. Warder was quite dressed. My servant had told me on the Saturday night that he was going to sit up. I then went and offered to assist him, but deceased herself declined my doing so. I had never given deceased food. Dr. Warder used to ask for me to do so if he did not get back in time to do so, but as a matter of fact I had never given her food. I should say I have a nephew staying with me who is about six years old, and when I have not been in the way he has often eaten all that has come down from the room of deceased, the beef tea and so on. The windows of the room were closed when I went in.

By the Jury.—I did not smell the slightest odour when I went into the room, and if there had been any I should have done so for my sense of smell is very keen. When he called us up Dr. Warder begged of my servant to go for Mr. Branwell. He said he had rung the bell immediately he had seen the change. Deceased could walk on Saturday. I offered to assist her to a hand-chair at the door, but she said she could do very well with Dr. Warder. He told me she had walked from the sitting-room to the bed room adjoining when she went to bed. I had given her food on one or two occasions, but not on Saturday.

By Dr. Taafe.—I do not know whether that remained on her stomach; I did not stop with her.

By the Jury.—We gave her no stimulants to keep her up during the half hour she lived after I went into the room. There were stimulants in the adjoining room, but not in the bed room. I asked Dr. Warder what she had taken, and he said about as usual. On Saturday night he had served out the essence of beef to make the beef-tea, from a canister which he had. I bought all the food they had in the house, except the beef essence from which the beef-tea was made. The medicine used to come mixed up in bottles in the ordinary way. Dr. Warder did not tell me when I went into the room, before she died, how long she had been in a sinking

state. He said she had slept a good deal during the night. I asked him, was she conscious of her end, and he said "No; you know how excitable she is." He also said that when she woke she complained of prostration. He did not say how long she had been awake before he rang. When she came to my house she said she was excitable, and that she did not wish any one about her, and, therefore, I did not intrude, and I did not see her frequently. Dr. Warder always remained with her when she was ill; she could not endure him to leave her for a moment. I never suggested a nurse, for she told me she preferred her husband to do everything for her.

At this stage of the proceedings the inquiry was adjourned for ten days, the coroner informing the jury that in the meanwhile he would direct Dr. Taylor to make an analysis of the viscera and the contents of the stomach and intestines.

ABSTRACT OF THE  
NINETEENTH ANNUAL REPORT  
OF THE  
COMMISSIONERS FOR ADMINISTERING THE  
LAWS FOR RELIEF OF THE POOR  
IN IRELAND.

TO HIS EXCELLENCY JOHN, BARON WODEHOUSE, LORD  
LIEUTENANT-GENERAL AND GENERAL GOVERNOR OF  
IRELAND.

Poor-law Commission Office,  
Dublin, 31st March, 1866.

MAY IT PLEASE YOUR EXCELLENCY,—We submit to your Excellency this the nineteenth annual report of our proceedings.

We submit a summary of weekly returns of persons relieved in the workhouse and out of the workhouse for fifty-two weeks, from the week ended 25th February, 1865, to the week ended 17th February, 1866, both inclusive.

Tables are submitted representing in figures the maximum, minimum, and average daily numbers relieved for the last seven years.

The progressive decrease of pauperism, which we noticed in our last annual report, considered apart from fluctuations incidental to different seasons of the year, has now again to be noticed as showing itself in a still more marked degree on a comparison between the last and the preceding years; the average daily number of workhouse inmates having undergone a further decrease of 3687, the difference between 55,808 and 52,121, or 6.6 per cent.

The average daily number of persons receiving out-door relief has in the same period increased from 8748 in the preceding year, to 10,040 in the last year, showing an increase of 1292 persons; but, as observed in previous reports, a small increase in the number receiving out-door relief indicates rather a change of practice in the administration of relief by the Guardians than any increase of distress.

It was noticed in the seventeenth paragraph of our last report that during the latter part of the year 1864, and the commencement of 1865, some alarm was caused by the prevalence of an unusual amount of fever, and, in some localities, of a bad type. On the 11th February, 1865, the number of fever patients in the workhouse hospitals reached the number of 2211, a greater number than had been known since the year 1855; the daily average during the intervening years seldom exceeding 1200. At the corresponding date in 1866, the number is shown by the table, in paragraph 1, to have been 1557, or 654 less than in 1865, showing an improved sanitary state in the population generally, and a further continuance of that immunity from epidemic typhus which has prevailed since the famine period.

In the deaf and dumb asylums of Ireland there is an average daily number of about 150, and in the blind asylums of about 200 inmates, supported at the charge of the poor rates of the several unions.



An Act was passed in the last Session of Parliament authorizing the Guardians of Unions, subject to the consent of the Poor-law Commissioners, to grant a superannuation allowance to any union officer who had devoted his whole time to the duty, and had become inefficient through old age or through permanent infirmity of mind or body.

We are enabled to report that the operation of this Act has been so far satisfactory, and that the Guardians have in several cases awarded, with our consent, the full amount authorized by the Act—that is to say, two-thirds of the salary. At the same time, the public advantage gained by parting with inefficient services in the way provided, has not been purchased by any serious amount of expenditure, especially when it is considered that some of the cases dealt with in the first instance may be regarded as cumulative through the previous absence of such a provision as that in question.

In reference to the remarks which we shall hereafter submit on the successful operation of Sir Robert Peel's Compulsory Vaccination Act, it may be here pointed out that the number of deaths in the workhouse hospitals by small-pox is only 59, in comparison with 145 in the preceding year.

Proceedings under the Medical Charities Act; the Act of 1858, "To make further provision for the practice of Vaccination in Ireland," and the Act of 1863, "To further extend and make compulsory the practice of Vaccination in Ireland."

There has been in the province of Ulster a decrease in the number of cases prescribed for at the dispensaries amounting to 11,095; and of cases attended at the patients' homes, a decrease of 354 cases. In the other three provinces there has been a considerable decline in the number of cases prescribed for at the dispensaries, and an increase in the number of domiciliary cases, amounting for the former class of cases, to 18,119 for Munster, to 22,229 for Leinster, and to 4259 for Connaught. While, on the other hand, there has been an increase in the latter class of cases of 740 for Munster, 1446 for Leinster, and 2704 for Connaught, giving, for the whole of Ireland, a decrease in the number of cases prescribed for at the dispensaries, amounting to the large number of 55,702 cases, and an increase in the number of domiciliary cases of 4536. A decrease in the former class of cases has occurred before on two occasions only since the enactment of the Medical Charities Act of 1851, but to a much less considerable extent than now. In the year ended September 30th, 1860, compared with the year before, there was a decrease in these cases amounting to 19,806, and for the year ended September 30th, 1864, compared with the preceding year, there was a decrease of the same class of cases of 6649. Taking the whole series of years since 1851, there has occurred a decline in the total annual number of cases receiving dispensary relief on three occasions, comparing, in each case, the year with that immediately preceding—viz., in the years ended September 30th, 1860, 1864, and 1865; but upon the whole series of years we find an increase in the total annual number of cases relieved from 690,411 in 1853, to 837,669 in 1865.

We submit a table giving the expenditure on dispensary medical relief in each province, and in all Ireland, for each of the last ten years ended, respectively, on the 29th of September.

For the first three years the expenditure was incurred solely under the Medical Charities Act, vaccination having been performed during that time as a part of the ordinary duty of the dispensary medical officers. For the last seven years the medical officers have received special remuneration for the performance of this duty, by fee for each case of successful vaccination, under the Act for the further promotion of vaccination of 1858, and that of 1863, to make compulsory the practice of vaccination in Ireland. To the operation of these Acts is mainly due the sudden increase of expenditure observable for the year 1859, and continued since.

We next submit a table giving the total expenditure under the three Acts above mentioned, digested under six heads, for the year ended September 29th, 1865.

Under the heads of salaries and medicines and medical appliances, there appears an increased expenditure for the last over that of the year before, amounting under the former head to £1275, and under the latter to £713. A small increase has taken place also under the heads of rent of dispensary buildings and vaccination expenses—viz., £98 under the former, and £329 under the latter head.

The average poundage on the poor-law valuation of Ireland, to furnish the total expenditure of last year, under the Medical Charities and Vaccination Acts, was 2·17d., or nearly 2½d., which is very slightly above that of the year before—viz., 2·16d.

The means do not exist of making any comparison of the former mortality by small-pox throughout Ireland, with the same as affected by the provisions of the Compulsory Vaccination Act, the causes of death not having been registered before 1864; and the Registrar-General's returns of the causes of death since that date not having yet been published. But from the weekly returns of mortality within the Dublin district (population 314,409), we are enabled to make a comparison between a period of six months ended 31st March, 1865, and a like period ending 31st March, 1866. The result is a decrease of deaths by small-pox from 52 to 4. Assuming the number of deaths to have been in the ratio of 1 to 5 to the number of attacks, we have a decrease of small-pox cases from 260 in 1864-5, to 20 in 1865-6. Whatever value may attach to results obtained for so limited a period, and within so limited a district, they are, to say the least, of good augury for the whole country and for the future; and it must not be forgotten that the class protected by the operation of the new Act is that which is most exposed to fatality by small-pox. Dr Farr calculates that 75 per cent. of the total mortality from small-pox takes place under the age of five years. It is probable that the average age of vaccination in Ireland, before the enactment of compulsory vaccination, was as high as this, and consequently, that three-fourths of the deaths that small-pox would ever have occasioned in a given population had already occurred before the protective influence of vaccination, as formerly practised, had been resorted to.

The success that has attended the Compulsory Vaccination Act during the past year is owing to the diligence and zeal with which the guardians, the magistrates, and the medical officers have very generally performed their respective parts in the enforcement of its provisions. A very few instances have come to our knowledge in which the justices in petty sessions have defeated the benevolent intentions of the Legislature, by imposing nominal fines on defaulters under the Act, and throwing the expense of the proceedings taken to enforce its salutary provisions on the guardians. It is to be hoped that these gentlemen will reflect on the calamitous consequences of their ill-judged lenity, and discontinue it. Otherwise, it will sooner or later assuredly happen that natural small-pox, being introduced amongst the unprotected children of their districts by itinerant inoculators, or accidentally, that virulent and most contagious disease will destroy every fourth or fifth child attacked, and of the survivors a certain number will lose their sight or hearing, or have their constitutions so broken as to be disabled from earning their livelihood in after-life.

However gratifying the amount of success already attained, it must be borne in mind by those to whose exertions that success is due, that much still remains to be done to ensure the complete and permanent success of compulsory vaccination; and that this result will only be secured by the steady enforcement of the penalty enacted against defaulters by the 8th section of the Act, till the poor all over Ireland become convinced that failure, on their part, to perform their duty by their children in this



respect, will very certainly be visited with the trouble and expense of prosecution and fine.

The Registrar-General for Ireland has registered the births of 144,638 children for the year ended March 31st, 1865, all of whom had come within the purview of the Compulsory Vaccination Act, at the close of the year ended September 30th, 1865. We may safely assume that the registered number of births is somewhat under the truth. Making a reasonable addition to it on this account, and a deduction from the sum on account of children vaccinated by private practitioners, and of children dying within six months after birth, we think it cannot be very wide of the truth to estimate that there were born in the course of that year about 130,000 children proper subjects for gratuitous vaccination by the dispensary medical officers. The number, however, actually vaccinated was 97,160, leaving the large number of 33,840 still to be vaccinated. We trust and anticipate that this excess, the measure of the degree in which the operation of the Compulsory Vaccination Act has fallen short of complete success, will diminish year by year till it shall nearly, if not entirely, disappear.

There has been a considerable increase in the number of cases of fever for 1865 compared with 1864, the numbers being for 1864, 21,586, and for 1865, 26,566. This excess arose from a prevalence of the disease which caused some alarm in the end of 1864 and beginning of 1865, lest it might indicate the commencement of one of those terrible epidemic visitations of fever which formerly so frequently, and during this century, till the time of the famine, with such singular regularity, afflicted Ireland, destroying great numbers of lives, and reducing to the condition of paupers great numbers of the poor.

In paragraph 15 of the Medical Charities Report for 1857 attention was directed to this subject. We said:—

“The quarterly reports from the medical officers of dispensaries for the year ended 29th September, 1856, show an increased prevalence of fever in the spring, and a subsequent very considerable decline in the autumn, but negative the existence of the disease to any serious extent in any part of the year. Nevertheless, the time being now at hand when, according to the lamentable experience of past times, a visitation of epidemic fever might be expected to occur in this country, we shall not fail to watch the indications of the returns with deep interest, and not without hope that a powerful proof of the improved condition of the people, in addition to the unmistakable ones we are already acquainted with, will be found in the mitigation of this scourge, which, for a long series of years, has returned with such periodic regularity and such terrible destruction of life. Severe epidemics of fever occurred in Ireland in 1799, 1810, 1816, 1826, 1836, and 1846. Any evidence of the absence of epidemic influence in respect to this disease at the present time is therefore highly gratifying; and we have the pleasure of being able to add that the returns from the fever hospitals of the workhouses completely confirm the evidence of the dispensary returns, inasmuch as they exhibit for the six months, from the beginning of April to the end of September, 1856, a tolerably uniform decline of fever, from 1806 cases in April to 1015 in September. It is true this decline of fever belongs to the season; but it is quite inconsistent with the supposition that an epidemic fever has commenced and is making progress.”

In the last of these epidemics recurring so regularly at each decennial period from 1816 to 1846, the number of cases treated in the temporary fever hospitals provided under requisitions of the Board of Health (and therefore exclusive of cases treated in other hospitals or for which removal to hospital was refused) was 332,462, with 34,622 deaths. It might naturally be supposed that this famine epidemic must have been preëminently fatal; but, owing perhaps to the fact that much of the fuel that would otherwise have fed it was destroyed by famine, or removed by emigration, this was far from being so. In the severe epidemic that commenced in 1816 there were treated in

the fever hospitals of Dublin, Cork, and Waterford alone in the years 1817–1819, 67,611 cases, with 2855 deaths; and in the admirable account of that epidemic drawn up by Drs. Barker and Cheyne, it is shown to be probable that “assuming the population of Ireland to amount to six millions, it will be no exaggeration to state that a million and a half of persons suffered from an attack of fever in the time included between the commencement of the year 1817 and the middle of 1819.” At the average rate of mortality of that epidemic, this amount of typhus would have been attended with 150,000 deaths.

The returns, now very nearly complete, of the number of cases of fever treated by the dispensary medical officers in the last quarter of 1865, give 5536 cases for that quarter, against 7109 for the same quarter of 1864; and at the end of the last week in December, 1865, there were in the workhouse fever hospitals 1478 cases, against 1881 at the same period in 1864.—We have the honour to be, your Excellency's obedient, faithful servants,

A. POWER.

C. P. FORTESCUE.

THOMAS A. LARCOM.

J. McDONNELL, M.D.

R. M. BELLEV.

### THE ARMY MEDICAL DEPARTMENT.

THE change in the Ministry is regarded by the Medical Officers of the Army and Navy as affording reasonable hopes of an improvement in their prospects. Instead of the Duke of Somerset and Earl de Grey and Ripon, who were known to be hostile to their claims, the management of these departments pass into the hands of Sir J. Pakington and General Peel, who have always shown themselves to be well disposed towards the medical profession.

The Chairman of the late Committee to consider the claims of naval surgeons will be a Lord of the Admiralty, and as that Committee has reported strongly in favour of the demands of the navy surgeons it is hoped that a more favourable administration has taken the question in hand.

As regards the prospects of the Army Medical Officers, the state of affairs is easily understood. The Committee which has reported in favour of improved rank and pay was appointed contrary to the wish of the Horse Guards authorities. It reported strongly against the opinion and action of the Horse Guards authorities. As a natural consequence it has been determined to delay the carrying out of the recommendations till it is absolutely impossible to avoid doing so. The following conversation on the subject took place lately in the House of Commons:—

“ARMY AND NAVY MEDICAL OFFICERS.—In the House of Commons on the 14th inst., Colonel North asked the Secretary to the Treasury whether the recommendations of the committee presided over by Admiral Sir Alexander Milne, relative to the medical officers of the navy and army, and which the authorities both of the navy and army had been for some time in communication with the Treasury, were likely to be decided upon shortly. He begged to remind the House that the committee reported early in February. Mr. Childers said, that in July last the College of Physicians wrote to the War office, complaining that the status of army surgeons was unsatisfactory, and to the Admiralty, that navy surgeons were, both as to pay and rank, not on a par with army surgeons. In consequence, the War Office and the Admiralty appointed a department committee, consisting of military and naval officers, and of medical men recommended by the College of Physicians and Surgeons, to inquire into the rank, pay, and position of the surgeons of the two services. The Treasury were not parties to the inquiry, and they had as yet only been officially in communication with the Admiralty on the subject. When the Government were in possession of the definite views of both the departments, they would be in a condition to deal with the cases of both the army and navy surgeons at the same time. The question was a very important one, involved a large amount of money, and required careful consideration.



Colonel North asked whether no communication had been received from the War Office. Mr. Childers said the War Department had not yet made their recommendations upon the report of the committee; but he personally had been in communication with his noble friend."

We have on former occasions declined to join in the statement persistently made by our contemporaries that the Army and Navy Medical Services were beneath the notice of the members of our profession who were looking for a field for their labours. We still maintain the opinion that, in spite of many injustices and grievances, those services afford a fair opening for a young medical man. It is now, however, the duty of surgeons to consider what course they will pursue in view of the following circumstances:—The Horse Guards and Admiralty authorities are awaiting with anxiety the issue of the next competitive examination, and they have postponed their acceptance or rejection of the recommendations of the Committee till they see what a month may bring forth.

As certainly as we write the words, if the next examination produces a sufficient supply of candidates the recommendations in favour of the profession will be repudiated, and all the grievances of army and navy surgeons will remain as they are; if, on the other hand, the requirements of the public service be not met, with almost as much certainty the redress will be accorded.

With such a prospect in view to reward them for holding back, we earnestly urge medical men to strain a point to meet the wishes of their brethren in the army and navy. If they will abstain from presenting themselves at the next examination they may calculate with reasonable certainty on a greatly improved position in future.

#### IRISH CANDIDATES FOR MEDICAL APPOINTMENTS IN THE PUBLIC SERVICE.

In another column we publish some well-timed observations which Dr. MOORE of Mercer's Hospital recently made to his Clinical Class on the above subject. If every clinical teacher in Dublin would but take a similar line, and dissuade young men from entering the public service for a short time, every reasonable demand *must* be conceded by the authorities; for unless there be a dearth of candidates, it is almost certain that things will remain in *statu quo*, on the ordinary commercial principle of the supply being equal to the demand.

Our Irish Medical Corporations are in honour bound to look after the interests of their alumni, and if the University of Dublin, the Queen's University, and the Irish Colleges of Physicians and Surgeons, would but unite in a strong memorial to the Secretary of State for War, while their alumni kept at a distance from army and navy medical examinations, the desired end would very soon be attained.

We are in a position to state that the King and Queen's College of Physicians has inaugurated a movement regarding this question, and we wish it success; but we think, at the same time, that success is much more likely to be attained as the result of an *united* effort, such as we now beg to suggest.

**DEATH OF THE BARONESS DUPUYTREN.**—The French journals announce the death, at a very advanced age, of the Baroness Dupuytren, widow of the illustrious surgeon.

#### STRAND WORKHOUSE.

THE report of Mr. Cane, the Poor-law inspector, on his recent inquiry into the treatment of the sick in the Strand Union Workhouse, has been laid before Parliament. For the most part it is confined to a summary of the evidence he took, and which, it will be remembered, related to the charges of the overcrowding of the sick wards, bad nursing, negligent administration of the medicines ordered, robbing the sick of their beer and wine, defective supply of linen for the sick, and uncleanly condition of some women admitted last year. Mr. Cane states by way of opinion or judgment of his own, that "it is manifestly clear from this inquiry that the workhouse has in many of its wards been for a long time seriously overcrowded, and that there has never been a proper staff of efficient nurses to attend upon the sick and infirm poor," and he refers to the evidence for a description of "the hardships and sufferings to which the inmates have been, and still are, exposed from these causes." The space prescribed for each person by the Hospital and Barrack Commissioners is 1200 feet; but in the Strand Workhouse the largest space in a sick ward is 748 feet, and in the nursery, which is used night and day, the space for each occupant when the ward is full is 218 cubic feet only, while the average cubic space for each inmate of a ward in constant occupation when all the wards are full is no more than 487 cubic feet. Mr. Cane has to state that at this time there are only two paid and 18 pauper nurses, and that the majority of the pauper nurses either cannot read writing at all, or read it so very indifferently that it is not safe to allow them to give medicines except under the immediate superintendence of others. "It is not surprising," he says, "that Dr. Rogers (the medical officer of the workhouse) does not consider two paid nurses sufficient to attend upon an average number of 487 sick, aged, and infirm inmates, 200 of them under medical treatment. There may be reasons why the guardians should feel embarrassed, and hesitate to carry out their resolution to build a new workhouse; but there are no reasons that I am aware of which prevent them from at once appointing a sufficient staff of efficient nurses and attendants upon the sick." Mr. Cane appends to his report letters from several ladies who have visited the workhouse; and who testify to the care and attention of the master and matron, and state that the writers always found the house clean and in good order. Miss L. Twining writes, "The master and mistress would, I believe, willingly welcome a reform, which can only be made by a change in the whole system and management of the sick."

#### Medical News.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on June 28th:—

Chatterton, Percy, Edgware-road West, Paddington.

Couch, James, Swansea.

Melhado, Alfred Courtney Bailie, Princes-square, Bayswater.

Trimnell, Edward Alfred, Lewisham-road.

The following gentlemen also on the same day passed their first examination:—

Anderson, Tempest, University College.

Gill, Henry Clifford, University College.

Powell, William, Charing-cross Hospital.

**THE INDUSTRIAL TENEMENTS COMPANY.**—We willingly direct attention to the useful and benevolent effort which is being made by means of a limited company to improve the dwellings of the poor in Dublin, and heartily wish it success. Its operations might afterwards be most advantageously extended to our provincial towns. The financial terms of the Company are set forth in our advertising columns, and the only amendment which seems desirable is, that weekly or monthly payments for shares should be accepted from the humbler classes—an arrangement which would thus confer on them the advantages of a savings bank and building society.

**THE CARLOW LUNATIC ASYLUM.**—In the House of Commons, on the 2nd inst., Mr. Bruen asked whether Dr. White, the Resident Superintendent of the Carlow Lunatic Asylum, had tendered his resignation; when that resignation was received by the Government; and whether a new Superintendent had been appointed, and the date of the appoint-



ment? Mr. Fortescue replied that the Resident Superintendent of the lunatic asylum referred to by the honourable gentleman did not resign, but died about a week ago. The Government accordingly had to consider the claims of a gentleman who was strongly recommended as his successor; and if that gentleman's qualifications had proved to be satisfactory, there could be no doubt that the appointment had been already made by the Lord Lieutenant.

COUNTESS WENCKHEIM has contributed a thousand bottles of splendid Tokay for the benefit of wounded Austrians. The Empress-Mother has given 10,000 yards of flannel for bandages. The bandagist, Vogl, has presented splints, &c., of the value of 1100 florins.

MR. CLEATON, resident medical superintendent of the Wakefield Lunatic Asylum, has been appointed a Commissioner of Lunacy in place of Mr. Gaskell. The appointment is worth £1500 a year.

ALUMINIUM.—A trial has just been made at Florence of a cuirass in aluminium, which is as light as an ordinary waistcoat, nearly as flexible, and capable of turning a musket ball fired at the distance of thirty-eight paces and of resisting a bayonet thrust from the heaviest hand.

ON THE ACTION OF SODIUM AMALGAM UPON HIPPURIC ACID.—When we make sodium amalgam to react upon hippuric acid and neutralize with sulphuric acid, two oily products are procured, which M. Otto has named respectively hydrobenzoic and hydrobenzyluric acids.—*Bulletin de la Societe Chimique de Paris.*

AN appeal has been published by the War-Minister to surgeons, even if not Prussians, to report themselves for voluntary service upon the medical staff, in order that provisions may be made for the cure of the enemy's wounded. The Queen has had the surgeons leaving for the army presented to her at the railway station.

WORKMEN are at present employed in the erection of two fountains in the quadrangle of the university which will, no doubt, prove ornamental as well as useful.

A SHOCKING outrage has been perpetrated by a chemist at Annfield, near Newhaven. Having quarrelled with two women he ran to his room and brought out a bottle containing some light coloured liquid, which he threw over them, producing serious injury to the eyes of the one and the neck of the other. The fluid was most likely sulphuric acid, or some other corrosive substance; and the perpetrator of this dastardly crime has been apprehended.

GREAT alarm has been caused in Leith by the arrival, last week, of a screw steamer from Stettin with a cholera patient on board. On coming into port the master reported that one of his seamen had been ill for some days with diarrhoea, and had been confined to his berth in consequence. As it was well known that cholera has been prevalent at Stettin of late, Dr. Williamson, the medical officer of health, lost no time in visiting the vessel. He found that the patient presented symptoms of cholera, and directed that all communication between the steamer and the shore should be forbidden, at the same time advising that she should be taken down to the Roads and anchored there. The vessel was fumigated, and every precaution taken to prevent an outbreak of this dreadful scourge. Subsequently the sick man was removed on board an old vessel moored in the harbour, where we believe he is convalescing. An hospital for the reception of cholera cases is to be erected immediately on the West Pier, and the customs' officers and police at the docks have been ordered to keep a sharp look out on all foreign vessels coming into port, and to report without delay any case of illness that may be found on board. In the meantime the Health Committee are exerting themselves to the utmost in order to place the town in the most favourable sanitary condition, and with a view to this the closes have been all lime-washed, and the drains repeatedly flushed with water. We trust that these measures may be effectual in preventing the spread of the pestilence.

ON Wednesday last a meeting of considerable interest and importance was held in the Waterloo Rooms, Edinburgh. It was composed of medical men chiefly from the villages and country districts of Mid-Lothian, and the object of the meeting, as stated by Dr. Fowler of Ratho, who

presided, was to endeavour to form an association for the protection of the interest of medical practitioners, especially for those members of the profession who practised in the country districts. The chairman alluded, amongst other things, to the difficulty that was experienced in getting accounts collected, owing chiefly to the shifting character of the working population, suggested that medical men should, at the end of every half year, send in their bills for attendance upon the farm labourers and their families, to the employers, with the view of having the amount deducted from the servant's half yearly wages. He likewise suggested that in the case of those who removed from one parish to the other without settling their doctor's bills, notice should be sent to the doctors in the district in which they should settle, who ought then to refuse to attend such persons, unless under circumstances of pressing need. Dr. Fowler added that, notwithstanding the commercial view of an matter which, in suggesting the formation of this society, they were taking, there was not one of them who would not do all he could to prevent the rules of the association from coming into collision with the claims of humanity, and to maintain the reputation of the profession for charity and liberality. A resolution to the effect, that an association to be called the Lothian's Medical Association, should be formed for the purpose of carrying out the purposes of the meeting, was agreed to; and a committee, with Dr. Stephenson of Edinburgh as secretary, was then appointed. The meetings of the society are to be held weekly.

ON Thursday afternoon Mr. Griffin received at the Freemasons' Tavern the handsome testimonial that has been subscribed for his energetic efforts in behalf of Poor-law Medical Reform. The testimonial consisted of a fine épergne, representing the good Samaritan relieving the unfortunate man who fell among thieves, together with an album containing the photographs of the subscribers. The meeting was quite a success, as a still further demonstration of the rights of the English Poor-law Medical Officers.

IN the theatre of the College of Surgeons are now exhibited the additions made to the Hunterian Museum during the last year, some of which are particularly interesting. We have just spent some time in inspecting them, and have been somewhat surprised at their extent. The preparations comprises important purchases as well as donations. We observed amongst them Dr. Bell Pettigrew's dissections, illustrating the arrangement of the muscular fibres of the human bladder, recently described in his paper read at the Royal Society. There is a corresponding set relating to the voluntary muscles. Amongst some splendid injected pathological specimens, are an enlarged breast, and an osteo-sarcoma, both of which were removed by Sir Wm. Fergusson. Messrs. Curling, Hilton, Wormald, and Bush, as well as others, have also contributed valuable specimens. The collection is to remain on view only until the 12th instant.

DECLINE OF THE CATTLE PLAGUE.—The cattle plague continues to decline in a satisfactory manner since the adoption of a policy of isolation and slaughter. The number of cases reported in the week ending June 23rd was 467. The cattle plague has now entered upon its second year.

MODE OF RESUSCITATING PATIENTS DYING FROM CHLOROFORM INHALATIONS.—M. Lefort stated at a late sitting of the Surgical Society of Paris that he believes death to occur in these cases from syncope—i.e., want of cardiac contractions. He considers artificial respiration useful, because it forces blood from the lungs into the heart. A more efficacious measure, according to M. Lefort, is galvanism, with one pole placed along the spine and another on the epigastrium.

HIS ROYAL HIGHNESS THE PRINCE OF WALES has subscribed one hundred guineas, for the purpose of aiding the establishment in Ireland of an institution for the protection, training, and education of idiotic and imbecile children.

THE *Eolus* frigate of forty-two guns has been fitted as a hospital ship, and moored at the entrance to the river Itchen, for the use of seamen on board of German steamers calling at the port of Southampton.

THE nineteenth annual session of the American Medical Association was opened at Baltimore on the 1st ult.



About two hundred delegates were present. Dr. D. A. Storer, of Boston, the president elected last year, occupied the chair. Dr. Montrose A. Patten, who last year was expelled from the Association, was unanimously reinstated, having been fully exonerated by the committee to which the papers in his case were referred.

On Saturday last a boy, eight years of age, the son of Mr. Isill, Willesden, died in St. Mary's Hospital from hydrophobia. It appears that he was bitten by a dog in May last.

## Notices to Correspondents.

*Cyclops*.—The letter has been received.

*J. E., Dreadnought*.—The letter is inserted.

*Dr. Fowler*.—The letter is inserted.

*Dr. Andrew Paul*.—The proposed cases will be acceptable.

## Vacancies.

*Cheltenham Union*.—Workhouse; salary £45 per annum.  
*Charley Union*.—Croston District; area 10,125; population 5369; salary £20 per annum.  
*St. Thomas Union*.—Tedburn St. Mary District; area 4433; population 768; salary £9 12s. per annum.

## Appointments.

**I. ASHE, M.B., C.M.**, has been elected Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Warrenpoint Dispensary District of the Newry Union, Co. Down, vice J. Robinson, L.K.Q.C.P.L., resigned.  
**L. C. BADCOCK, M.D.**, has been appointed House-Surgeon to the Brighton and Hove Dispensary, Queen's-road, vice C. V. Willett, M.R.C.S.E., resigned.  
**G. H. BARLOW, M.D., F.R.C.P.L.**, has been appointed Physician to the Asylum for the Deaf and Dumb, vice B. G. Babington, M.D., deceased.  
**P. BRADY, L.K.Q.C.P.L.**, has been elected Surgeon to the Clonmellon Dispensary District of the Delvin Union, vice W. Murray, L.R.C.S.Ed., elected to the Delvin Dispensary District.  
**J. D. CLEATON, M.R.C.S.**, Resident Medical Superintendent of the West Riding Lunatic Asylum at Wakefield, has been appointed a Commissioner in Lunacy.  
**W. H. COPE, M.R.C.S.E.**, has been appointed Medical Officer for District No. 4 of the Croydon Union, Surrey.  
**W. E. CREASY, M.R.C.S.E.**, has been elected Medical Officer to the Asylum for Female Orphans, Westminster-road, Lambeth, to attend the Asylum when the children are removed to the new building at Beddington, near Croydon.  
**Dr. W. MACDONALD, of Daviot**, has been appointed House-Surgeon to the Northern Infirmary, Inverness, vice D. Campbell, resigned.  
**R. D. TANNABILL, M.D.**, has been appointed one of the Physicians to the new Dispensary for Women and Children in connexion with the Glasgow Lying-in Hospital.  
**EBEN. WATSON, M.A., M.D.**, has been appointed Surgeon to the Royal Infirmary, Glasgow.  
**Dr. J. C. ROBERTS of Nunhead**, has been appointed Public Vaccinator for the South Peckham District of the Camberwell Parish.  
**W. C. SEAMAN, M.D.**, has been elected a Fellow of the Zoological Society.  
**T. J. FITZPATRICK, L.K.Q.C.P.L.**, has been appointed Medical Officer for the Hornton District of the Banbury Union, Oxfordshire, vice James Taylor, L.F.P. & S. Glasg., resigned.  
**H. C. LAWRENCE, L.R.C.P.Lond., M.R.C.S.Eng., and L.M.**, has been appointed House-Surgeon at the Bath United Hospital.  
**H. J. JOHNSTONE, L.R.C.P.Ed.**, has been appointed Medical Officer to the Crossakel Dispensary District, county Meath, and Surgeon to the Constabulary, vice M. Davidge, L.R.C.S.Ed., deceased.  
**W. MURRAY, L.R.C.S.Ed.**, has been appointed Medical Attendant to the Constabulary, Clonmellon, county Westmeath, vice M. Davidge, L.R.C.S.Ed., deceased.  
**Dr. J. W. PATRICK** has been elected Medical Officer for the Carrickfergus Dispensary District of the Larne Union, county Antrim, vice W. H. Patrick, M.R.C.S.E., deceased.

## WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING JULY 7TH, 1866.

By J. II. STEWARD, Strand, and Cornhill, London.

| July, 1866. | Barometer read at reduced to 32 degrees. | Thermometer. |       | Dry bulb. | Wet bulb. | Wind.      |        | Rain. | Remarks.   |
|-------------|------------------------------------------|--------------|-------|-----------|-----------|------------|--------|-------|------------|
|             |                                          | Max.         | Min.  |           |           | Direction. | Force. |       |            |
| 1           | 29.046                                   | 80           | 54    | 57        | 56.05     | W          | —      | 107   | Heavy Rain |
| 2           | 29.046                                   | 78           | 51.05 | 58        | 52.05     | W          | —      | 005   | Showery.   |
| 3           | 29.041                                   | 75           | 68.05 | 61        | 54.05     | W          | —      | 007   | do.        |
| 4           | 29.046                                   | 74           | 52.05 | 59        | 56        | W          | —      | 000   | Dull.      |
| 5           | 29.046                                   | 75           | 50    | 62        | 54        | W          | —      | 012   | Showery.   |
| 6           | 29.062                                   | 75           | 51    | 8         | 58        | W          | —      | 120   | Showery.   |
| 7           | 30.000                                   | 83           | 49    | 63        | 63        | NW         | —      | 000   | Fine.      |

## To the Electors of Dublin University.

GENTLEMEN,—

In anticipation of a vacancy in the Representation of the University, I beg to offer myself in that event as a candidate for your suffrages. I do so at the suggestion of several influential friends, and with the promise of extensive support.

A consistent Conservative in politics, I believe I agree with the large majority of the Electors upon all the great questions that occupy public attention. If chosen to represent you in Parliament, I shall resist all hasty or ill-considered changes in the Constitution.

Sincerely attached to the United Church of England and Ireland, I shall strenuously maintain its rights in this country.

As to the important subject of Education, I feel strongly the injustice of a system which excludes so large a number of conscientious men from participating in the funds devoted to that purpose, and I should be anxious to concur in any measure for the satisfactory settlement of the question on terms which would enable the great body of the Clergy to take advantage of the grant.

Led by my professional pursuits to the study of Ecclesiastical Law, I may, perhaps, claim to be qualified to represent usefully a constituency of which the Clergy form so large a portion.

Should you do me the honour of returning me as your Representative, I shall endeavour, by constant attention to public duty and the interests of the University, to deserve the confidence which you may repose in me.

I have the honour to remain,

Your obedient servant,

JOHN E. WALSH.

10, Trinity College, Dublin, June 30, 1866.

## To the Electors of the University of DUBLIN.

It being now tolerably certain that a vacancy will immediately take place in the Representation of the University, I beg leave to offer myself as a candidate, and to place before you a statement of my political principles.

I am desirous of maintaining, in its fullest efficiency, the Established Church, to which I am warmly attached, and am resolved by all means in my power to resist any assault upon it.

I am, and have ever been, a steady supporter of the principles of that Constitution under which our country has enjoyed true freedom. I shall oppose all projects tending to disturb its balance, or conceived in a democratic spirit, while ready to give my support to well-considered measures for its real improvement. I shall, therefore, ally myself with the great Constitutional party of the State, who will be found to possess more true liberality of sentiment than those who have so long arrogated that quality to themselves.

On the difficult subject of National Education I can here only say that I shall use my best endeavours to effect such changes in the system as will enable our clergy to avail themselves generally of the grant without doing violence to their consciences.

If elected, I shall devote my best exertions to advance the interests of our University.

HEDGES EYRE CHATTERTON.

Committee Rooms, 7, Trin. Coll., July 4th, 1866.

## QUEENSBERRY LODGE, EDINBURGH. ESTABLISHED 1866.

FOR THE ACCOMMODATION AND REFORMATION OF FEMALES OF THE BETTER CLASS ADDICTED TO INTEMPERATE HABITS.

## The Numerous applications which have

from time to time been received by the Directors of Queensberry House to provide accommodation for Females addicted to habits of intemperance, and the want of room at their disposal in the present Building to meet these demands, as well as to admit of proper classification, led them to see that there existed a necessity for a separate Building, which should be devoted exclusively to the reception of Females of the better class who are thus afflicted. The Directors have now to intimate that a Suitable House, in an open and healthy locality, immediately adjoining the Queen's Park, has been built; and it is expected that it will be furnished and open for the reception of Boarders by the 1st of AUGUST NEXT. The new Institution is under the same Management of Directors, Governor, Physician, and Chaplain, who have so long and so successfully superintended the affairs of the old Institution; and the Public have thus a sufficient guarantee that the arrangements will be conducted in such a way as to secure the confidence of the community. Applicants or their Friends are required to sign a Form of Application for Admission, voluntarily consenting that the Applicant shall become a Boarder, subject to the Rules of the House.

Further particulars may be obtained from Mr. THOMAS P. NELSON, House Governor, or Miss DONALD, Matron, Queensberry Lodge, Edinburgh.

## COUNTY OF DOWN GAOL.

The Board of Superintendence will proceed to Elect an APOTHECARY, at Two o'clock p.m., on the 25th July, 1866. Salary £27 18s. 10d. per annum. Testimonials to be lodged in the Board-room before Twelve a.m. on that day, when a personal attendance of the Candidates will be required.

JAMES STEVENSON, Local Inspector.



# London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

## Original Communications.

### CLINICAL RECORDS ILLUSTRATIVE OF THE DISEASES OF CHILDREN.

By G. STEVENSON SMITH, L.R.C.S.E.,

FELLOW OF THE OBSTETRICAL SOCIETY, AND FORMERLY RESIDENT MEDICAL OFFICER, ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.

#### VI.

#### CANCNUM ORIS, OR GANGRENOUS STOMATITIS—TWO FATAL CASES.

THE following cases present a very graphic and faithful picture of a disease, which, in its severest form, is always most loathsome and hideous, and generally terminates in death.

Fortunately cancrum oris is, comparatively speaking, a rare affection, and those in this country who have had the largest experience of the diseases of childhood are able to count on their fingers all the examples of this frightful malady which have come under their personal observation.

The patients whose cases are here recorded were, curiously enough, seized with illness about the very same date; they were both patients at the Childrens' Hospital, where they died within a very short time of each other.

There are some points of interest in connexion with both cases, to which I am anxious to allude before proceeding to give the particulars in detail.

In Case 1 it will be noticed that, previous to the swelling of the face and the factor of the breath, the child had been ill for about twelve days, having had rigors and other symptoms of what the mother thought was a "bad cold." Moreover, there had been an outbreak of continued fever in the close where the patient resided; and it is, therefore, extremely likely that previous to the appearance of the gangrene, the child had suffered from a febrile attack. And this is what is generally observed in the majority of cases of cancrum oris; the patient has been previously weakened and prostrated by some illness. Idiopathic gangrene of the mouth—that is, gangrene coming on suddenly in a child who had been previously in perfect health—is very rare indeed, so rare that out of twenty-nine cases of cancrum oris, MM. Rilliet and Barthez found that only one appeared to be an instance of the disease in that form.

The apparent absence of pain, and the extraordinary placidity with which the poor little patient bore the ravages of the dreadful malady, are also worthy of remark.

Pneumonia is stated to be of very frequent occurrence in the course of this disease; and although in Case 1 no post-mortem examination was allowed, there were some evidences in the dulness at the lower part of the right lung, and the short cough, of the presence of that affection.

The urine in this case was found on admission to be alkaline in its reaction, and of sp. g. 1012, while the presence of membranous scales, and numerous rounded epithelial cells, with one nucleus, each was revealed by the microscope.

In Case 2 there had also been a prolonged period of ill health antecedent to the appearance of the gangrene. But this case is chiefly interesting on account of the evidence it furnishes of the fatal attack of cancrum oris having originated in, and been preceded by, an attack of

ulcerative stomatitis. For a whole month before the child's admission to the hospital the incisor teeth of the upper jaw had been gradually rotting away, the gums round the stumps were tender and bled frequently, and the breath had an offensive smell. Here we have very clear proof of the existence of ulcerative stomatitis, which had commenced about the beginning of December, 1865, and it was not till the 1st of January, 1866, that the swelling of the face and other symptoms betokened the presence of the more serious disease. The termination of ulcerative stomatitis by gangrene is rare, Dr. West having out of a very large number of cases only met with one instance; but the very fact that an attack of ulceration of the gums may end in fatal sloughing, should lead us to be on our guard when such cases come under our care.

Another point of interest in this case is the tendency to sloughing of the integuments which was manifested—a tendency which I have not seen alluded to by writers on this disease. On the arms, face, neck, and thumbs, there were numerous blistered patches which, when broken, discharged dirty-looking sero-purulent matter, and continued to throw off an unhealthy discharge from their raw surfaces afterwards. This tendency to ulceration of the skin was manifested likewise in Case 1, though not to the same extent, for in her the skin over the sacrum, which for a day or two presented a purple appearance, became disorganized before death.

In Case 2 these blisters assumed the character and appearance of *plyctenae*, which are frequently seen in gangrenous disease of other parts of the body.

The urine was of sp. g. 1021, and contained albumen, along with numerous reddish brown membranous scales and a copious deposit of urates.

With these preliminary observations I shall now narrate the particulars of the two cases in detail:—

*Case 1.—History.*—E. R., aged 4, first showed symptoms of illness on New Year's day, 1866, when she had rigors and seemed to be suffering from cold. She likewise complained of pain in the right ear, and her whole body was tender to the touch. Patient never had any of the diseases of childhood, except whooping-cough. Continued fever had been prevalent in the close where the child resided.

On the 12th of January a swelling of the right cheek was noticed by the mother, and the breath smelt badly. A medical man had seen the child and prescribed some simple gargle for the mouth. This swelling, however, gradually increased in size, and the patient went from her food.

*State of the patient when first seen by me.*—I first saw the child on the 26th of January, nearly four weeks after she had turned ill, and a fortnight after the swelling of the cheek had been observed.

The skin was then of a dirty greenish hue; the pulse 132 and feeble; the extremities cold. On the right cheek there was a rounded swelling about the size of a small apple, glossy, and shining on its surface, and when touched, communicating to the fingers a soft elastic feeling. Extending from the right angle of the mouth to the ala of the nose was a brownish black patch, about half an inch in breadth, dry and soft on its surface, and resembling fine chamois leather to the touch. This patch I learned from the mother had first shown itself as a fiery red spot a few days previously, and had assumed its dirty black colour the day before.

On looking into the mouth, masses of dirty disorganized pultaceous-looking matter were seen hanging from the inside of the right cheek; and the whole of the internal surface of the cheek on that side was in a state of putridity. The gum of the upper jaw had become disorganized also, leaving the alveolar process blackened and bare. The teeth were quite loose, but the tongue was moist and natural. The factor of the breath was most offensive and sickening, and a stream of bloody saliva trickled away from the mouth.

The patient was quiet, and appeared to suffer no pain.



*Treatment.*—A warm bath was given, which had the effect of raising the temperature of the body; and ten grains of the chlorate of potass with five minims of the muriated tincture of iron were ordered to be administered every two hours. Sherry, strong beef-tea, and milk, were likewise prescribed in frequent doses.

With the object of destroying the sloughy textures, the inside of the cheek was touched freely and thoroughly with strong nitric acid, and the mouth was afterwards syringed with a weak solution of chlorinated soda. The application of the acid gave no pain. In order to keep the atmosphere of the apartment as sweet as possible, towels were wrung out in diluted Condy, and suspended in the room. Free ventilation was at the same time maintained by keeping the window open, and a good fire burning.

*The urine.*—Sp. g. 1012, faintly alkaline, and of a turbid appearance. A microscopic examination revealed membranous scales, some of which were granular, and some stained yellowish brown; numerous rounded epithelial cells, containing one nucleus each, and a few bright greenish tinted corpuscles, were also visible.

*Vesperi.*—The ulceration has spread externally; the margins of the gangrenous patch being of dirty white colour. The edges and entire surface of this patch were now touched with the nitric acid. There has been slight bleeding from the right nostril, and patient has vomited once or twice; pulse 132, and very feeble.

January 27th: Externally the disease continues to spread, the gangrene extending upwards; breathing is quiet; pulse 130 and weak. There is an occasional short cough, and percussion elicits some dullness over the right lung inferiorly. Eleven p.m.: Externally the ulcer was touched with a weak solution of carbolic acid. The child rests quietly, and continues to swallow without difficulty.

January 28th: The swelling of the cheek continues to increase, and the disease is rapidly extending upwards towards the eye. After each time that the cavity of the mouth is syringed out, little portions of the broken down textures are washed away.

January 29th: The right half of the nose is now entirely destroyed, and the nasal bone is bare, and of a charred appearance. The slough in the cheek, which measures about an inch and a half in diameter, and is of a dirty coffee-brown colour, is becoming detached superiorly, and hangs out, exposing the malar bone and the cavity of the mouth. A charcoal poultice was applied to the whole of the diseased parts. Over the sacrum there is a purple-coloured transverse mark, about two inches in length and a quarter of an inch broad. Patient is extremely weak, but still swallows well.

January 31st: Bowels, which up till this time have been rather constipated, became very loose this morning. The gangrenous margin is close up to the right eye, and has now destroyed the lower eyelid. Inferiorly the line of the upper lip is still intact. The colour of the skin is dingy yellow. The feet are œdematous.

Towards evening patient began to vomit everything she swallowed, but lay very quiet, was quite sensible and composed, and apparently suffered no pain. One or two teeth are quite loose, and were easily removed by the fingers. Pulse rapid and extremely thready. The purple mark over the sacrum has ulcerated. Patient lingered on through the night, but died quietly early in the morning of February 1st.

No post-mortem was allowed, but a cast of the face was taken.

It was seen that the gangrenous action had involved the whole thickness of the cheek, and a cavity, measuring two inches in width, and extending from the lower border of the eye to the level of the upper lip, had been exposed. The right nasal, malar, and part of the upper jaw bones, were quite bare and blackened. The brownish, black dead slough was quite detached above, but was still held in its place below by the line of the upper lip. Around the margin of this horrible ulcerated excavation there was a circle of a bluish-green tint, about a quarter of an inch in width.

*Case 2.—History.*—J. S., aged 3; was never very robust, and about a year ago suffered from measles; six months ago he was seized with hæmoptysis, accompanied by a violent cough, which lasted till October last.

I first saw him on the 5th of January, 1866, and was told by his mother that more than a month before that date his two upper incisor teeth had rotted away, and the gums round the stumps were tender and bled frequently, while, at the same time, the breath smelt very badly. About two weeks before I saw him he had had a slight feverish attack, and was prescribed for by a medical man, after which he improved considerably, and was able to be out of bed. On the 1st of January it was noticed that the left side of his face was swollen, and bloody saliva trickled from his mouth, staining his shirt and the bedclothes. The bowels were loose, and very dark in colour. On the 2nd, elongated blisters appeared on his arm and face.

The house in which the patient resided was one of the darkest and worst ventilated hovels in the Cowgate, and consisted of one small apartment into which daylight never penetrated. In this wretched abode a family of seven persons resided.

*State of the patient when first seen on 5th January.*—The stench from the boy was dreadful; the left cheek was swollen to about the size of an orange; the lip was also swelled, and the eye on the same side was nearly closed; the mouth was distorted. The surface of the affected cheek was of a pale olive colour, had a glistening appearance, and to the touch felt like a tense elastic ball. There was not the slightest blush of redness on the cheek; there were two dirty-like fissures of the upper lip. Inside of the mouth, so far as could be seen, for there was much difficulty in separating the jaws, a slough of a dirty dark greenish appearance could be seen, covering the internal surface of the left cheek, and extended over the roof of the mouth to about the middle line; the tongue was perfectly clean and moist. On the face, neck, arms, and thumbs there were several shrivelled blistered patches of a greenish colour. The pulse was 144, and feeble; respiration hurried; the skin of the whole body was of a dingy yellow colour, and the feet were slightly œdematous. The power of swallowing was not much impaired.

*The urine.*—Sp. g. 1021, of a reddish colour, and contained albumen. Under the microscope an abundance of amorphous urates were seen, along with numerous reddish brown membranous scales of an irregular oval form.

*Treatment.*—Ten drops of the liquor potassæ perman-ganatis were directed to be given every two hours, and the chlorate of potass was to be mixed with all the fluid he drank. The whole of the sloughy surface inside the cheek was touched with the strong nitric acid, a glass brush being used in the application, and the mouth was frequently syringed with a solution of chlorinated soda. The application of the acid gave almost no pain. When the mouth was washed out some of the sloughy débris came away.

January 6th: At two a.m. patient was resting very quietly, and was able to swallow small quantities of fluid.

In the course of the day, however, a choking gurgling rattle in the throat always followed when the patient attempted to swallow; the pulse was so feeble as to be almost imperceptible, and the surface of the body was cold. The gangrene has not spread much, but the stench is still dreadful. The appearance of the inside of the mouth is much the same as it was yesterday, only now shreds of sphacelated texture hang from the inside of the cheek and palate. Nitric acid was again applied to the sloughs, and the mouth washed out with Condy's fluid and water. Enemata of strong beef-tea and brandy were administered.

*Vesperi.*—Towards evening a dark brown spot made its appearance externally, near the angle of the mouth, and continued to extend towards the centre of the cheek; the spot was dry, and there was no discharge from its edges. Child lingered on till about two a.m. in the morning of the 7th January, and died quietly without any struggle.



No post-mortem could be obtained. After death, however, I made an incision through the substance of the affected cheek, and from the appearance of the parts it was evident that the disease had commenced internally and gradually extended outwards. The dark spot on the cheek was now coal black, and surrounding it were two rings of different hues, the internal one being purple, the outer of a dark blue colour.

The left half of the soft palate and of the lower jaw, as well as the whole surface of the cheek internally, were covered with a dirty brownish putrescent matter, and the teeth on that side were all loose.

It is worthy of notice that a sister of this patient's, aged 4 years, died of typhoid fever about a fortnight afterwards.

In both cases, it will be observed, the treatment was nearly the same. The application of the nitric acid was made more with the view of destroying the sloughs, and thereby removing a fertile source of contamination, than in the hope of arresting the gangrene. The disease in both instances had gone too far, and was too deeply rooted to lead us to look for the latter result.

But cases are on record (see West, p. 571, and an article on "Cancrum Oris," by Dr. Keiller in the *Edinburgh Medical Journal* for April, 1862), in which the free and determined cauterization of the diseased parts by strong acids had the happy effect of arresting the progress of the malady, and saving the patients. It is only, however, when the disease is seen in its early stages that such treatment, or indeed that any treatment whatever, can prove successful. The application of the acid is not attended with any great pain.

In Case 1 the application of a weak solution of carbolic acid to the sloughy textures was attended by some good, in so far as checking the fœtor was concerned. It is, doubtless, of the very greatest importance to endeavour, if possible, to neutralize the dreadful stench which is always given off from the disorganized textures in this affection, for there cannot be a doubt that Dr. Keiller's views are correct on this point when he says: "It is, I consider, by no means improbable that death ensues in such cases not so much from any previous diseased condition or contamination of the blood, as from the continued and unavoidable inhalation of the poisonous products arising from the gangrenous degeneration within the mouth."

And one means by which we may strive to prevent this contamination of the blood is by the frequent use of gargles of chlorinated soda, dilute Condy's fluid, dilute carbolic acid, and the like. These are all best applied by means of a syringe.

But besides mere local remedies constitutional treatment must likewise be carried out.

The chlorate or permanganate of potass, and some of the preparations of iron or quinine, are the agents which are particularly indicated, while stimulants and a liberal supply of fluid nourishment will in most cases be required. But seeing that in these cases we have to do with poisoning of the blood, it has occurred to me that the inhalation of oxygen gas might be of benefit in cancrum oris. This agent has been used with success in many diseases by Trousseau, Demarquay, and others, and the mode of administration consists in making the patient inhale pure oxygen from an apparatus which has been constructed for the purpose. Such a remedy is, I think, well worthy of a trial in our Children's Hospitals, where cases of cancrum oris not unfrequently turn up.

**THE CHOLERA.**—There seems great probability that cholera will continue to spread. Although decreasing at Amiens, it is much on the increase in other French towns. At Antwerp, also, 40 deaths in one day have been reported. In Berlin, 76 cases, of which 50 were fatal, occurred on the 30th June. In Southern Russia we also hear that it is making progress, and it has broken out at St. Petersburg.

THE RINDERPEST OF THE PRESENT TIME,  
AND  
THE CATTLE PLAGUES OF PAST AGES,  
IN THESE ISLANDS,  
AND ON  
THE CONTINENT.

By THOMAS MORE MADDEN, M.D., M.R.I.A.,

LICENTIATE OF THE KING'S AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; MEMBER OF THE ROYAL COLLEGE OF SURGEONS, ENGLAND; LICENTIATE OF THE FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW; DEMONSTRATOR OF ANATOMY, CARMICHAEL SCHOOL OF MEDICINE; AUTHOR OF "CHANGE OF CLIMATE IN PURSUIT OF HEALTH," "THE CLIMATE OF MALAGA," "OBSERVATIONS ON INSANITY AND CRIMINAL RESPONSIBILITY," &c., &c.

No I.

ITS SYMPTOMS—NATURE—CAUSES—DIAGNOSIS, PREVENTION AND TREATMENT.

(Continued from page 32.)

THE diseases with which rinderpest may be most easily confounded are pleuro-pneumonia, the "mouth" and "foot diseases," and puerperal fever. Of these the most commonly met with in Ireland is pneumonia, which, as I have shown, has prevailed extensively in the country ever since 1842, and which is asserted by many to have been the disease which appeared at Drennan in May last. In favour of this assertion we have the fact that pneumonia is generally most prevalent among cattle at this time of year, and that it is always increased by the long continuance of easterly winds, such as preceded the cattle disease at Drennan. The symptoms of pneumonia and the other diseases are, however, I think, sufficiently distinct from those of

| PNEUMONIA.                                                                                                                                                                                                                                                                          | MOUTH AND FOOT DISEASE.                                                                                                                                                                                                                                                                                              | RINDERPEST.                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Attack gradual; a dry short husky cough; tenderness on pressure over the diseased lung; appetite impaired, but not lost; eyes bright and clear; fœcal discharge natural till near death, when diarrhœa sets in; no discharge from eyes or nostrils; animal may live thus for weeks. | Attack sudden; animal smacks the lips, from which a quantity of rosy saliva flows; the tongue and lips covered with large white blisters; sometimes affects the feet; blisters between the toes, causing a peculiar walk; circulation and fœcal discharge natural; is seldom fatal, and lasts only for a short time. | Attack gradual; a peculiar weak and languid appearance; heads and ears drooped; temperature high; eyes congested and dull; frequent moaning; loss of appetite; mouth and vagina intensely red; great loss of power; milk stopped; diarrhœa towards end; death about seventh day. |

Whether the rinderpest be communicable to non-ruminant animals or not, is a point on which there is yet much doubt. It is certain that sheep and goats have suffered from this murrain; but although the disease was introduced in October, 1865, by cattle brought in for slaughter to feed the animals in the Zoological Gardens, London, where shortly afterwards the rinderpest broke out and destroyed a pair of bisons and three Italian cattle, it seems not to have spread beyond ruminant animals.

The cause of the disease is the next point to be considered. For my own part I believe that, like every other epidemic or epizootic disease, the cattle plague is caused by, or at least is connected with, some peculiar contamination, or "epidemic constitution of the atmosphere," the existence of which is established by its effects, though its nature is utterly unknown.

The Royal Commission appointed to inquire into the nature and origin of the cattle-plague in their last, *The Third Report*, deny the dependence of the disease on an "epidemic constitution of the atmosphere." And their opinion is followed by almost every writer I have consulted on the subject. But the Commission appear to me to bring forward no satisfactory proof that it is not connected with this cause. They say, "The way in which



the disease broke out and was destroyed in the Jardin d'Acclimatisation in Paris and over and over again in Aberdeenshire, its absence from Ireland, the manner in which it has spread in England and Scotland during the summer, autumn, and winter—all these facts are conclusive evidence against the assumption of an occult atmospheric condition, and in favour of its spread by multiplication in the bodies of living animals (p. 7). The weight of evidence appears to me, however, directly otherwise, and proves that, although most contagious, the disease is not propagated in this way only. If it were contagious it should spread with most rapidity where sanitary regulations are most neglected, and yet the Commissioners in their *Report of May, 1866*, admit that. In some of the worst cowsheds in London the plague has not yet penetrated; in some of the best it has swept the stock entirely away" (p. 8). At the Albert Veterinary College, where every precaution was used to ensure separation and prevent any contact, three animals kept twenty-five yards from some sick beasts, took the disease. The pestilential miasm, like all malaria, seems to love the earth, and seldom rises over elevated districts. Thus Mr. Williams has proved in the *Report of the Veterinary Department to the Privy Council* that the plague is Yorkshire adheres to the lowlands and valleys alone, and not a single case is recorded at the height of 1000 feet above the level of the sea (p. 35).

All epidemics have their season of rise, of progress, and of decline. After a certain period they tend naturally to become less "fatal in their attack and less contagious in their character, and as if the virulence of the poison had expended itself, they gradually wear away and disappear. Now, this law, which is little but an obvious truism, is, I think, overlooked by many of those who, because the cattle plague declines in any locality, ascribe this result wholly to the measures which have been adopted, and talk of the epizootic having been "stamped" out in such a place by the slaughter of all cattle supposed to have been infected with the rinderpest.

We hear a great deal said about "stamping out the cattle plague" by killing the infected cattle. In some districts we are told that the idea has been thus "stamped out," and great praise is given to the activity of the local executive. Now, heretical as the idea may seem, I have great doubts as to the possibility of eradicating any epidemic disease by killing those affected by it. The only reason which could justify the slaughter of all beasts attacked by rinderpest is, that the diseased animal is a centre of contagion, dispersing around a subtle and highly contagious animal poison. Therefore, if placed under treatment, which in successful cases averages three weeks, the plague-infected animal propagates the disease, and thus occasions a loss infinitely greater than any compensating advantage which the most successful treatment could confer. Those who reason in this way appear to me, however, to overlook the very important consideration that cattle plague, although highly contagious, does not depend on contagion alone, or even mainly for its diffusion, but is also spread by the "epidemic constitution of the air," to which no human barrier can oppose an obstacle. Therefore I think it would be more seemly to abandon the arrogant phrase I have alluded to, which supposes we have the power of averting the visitations of epidemic disease. But I fully admit that each plague-stricken beast becomes for the time a moving centre of contagion, and that consequently, in the absence of any successful plan of treatment, it may be wise, as well as justifiable, to destroy the infected animal to limit the amount of contagion as far as possible.

From the earliest times the relation between the weather and the sanitary condition of those exposed to its vicissitudes has been regarded as a subject of great interest. I have myself devoted considerable attention to this branch of medical inquiry, and have, in a work published two years ago, endeavoured to elucidate the nature of this connexion in relation to its influence to human health and disease. In this place, however, I had merely to examine

its connexion with epizootic disease in Ireland. But I may presume that almost every human epidemic, the history of which is recorded, was preceded or accompanied by some unusual atmospheric condition or intemperature of the seasons. The same observation holds good with regard to epidemic disease occurring in the lower animals. This intemperature is generally an unusual severity of the weather in winter. Thus in the ancient Irish annals so often quoted in this essay we find in nearly every instance that mortality among cattle, or *bo ar*, is preceded by some entry of the great severity of the foregoing winter. Thus the Four Masters record that the year 684, in which commenced "a great mortality on all animals in general, which lasted for the space of three years," was so intensely cold that "the sea between Ireland and Scotland was frozen over, so that there was a communication between on the ice." In the history of the English epizootics the same connexion between wet and cold and cattle disease may be observed; thus, in the winter of 1709 the weather was extremely severe, and it was followed by an epidemic in cattle in 1710. So also was the murrain of 1741 preceded by a hard winter, and the inelemt winter of 1767 seems to be similarly connected with the outbreak of the disease in the following spring. In the second *Report of the Royal Commissioners* we find that the cattle plague increased notably during the winter. Thus, up to the 9th of October, 1865, 11,300 cases had been reported, and on the 27th of January, 1866, the number had risen to 120,740.

With respect to treatment, my remarks shall be extremely brief, for now that it has been authoritatively decided that the only remedy is the poleaxe, any lengthened dissertation would be useless. In this epizootic nearly every method of cure recommended in former visitations, together with a few novel systems, were again resorted to and again failed. In truth, the disease seems little amenable to medicine, but yet there is reason to think that, had a more extended trial been given to it before resorting to the slaughter of all cattle affected with rinderpest, some more successful plan of treatment might have been discovered. In the *Report on the Origin, Propagation, and Treatment of the Cattle Plague, from June, 1865, to March 20, 1866*, we find the following table, showing the results of various plans adopted:—

| Treatment.          | Number treated. | Recovered. | per cent. |
|---------------------|-----------------|------------|-----------|
| Antiphlogistic      | 1389            | 27.5       | "         |
| Tonic and stimulant | 3842            | 25.9       | "         |
| Antiseptic          | 2970            | 25.4       | "         |
| Special             | 1507            | 25.8       | "         |
| Total               | 9708            | 26.3       |           |

If I were to recommend any plan of treatment I should do so on principles derived from the analogy which in my mind the rinderpest presents to the features of Irish typhus fever. I should advise the withholding of all solid food whatever throughout the entire course of the disease, the administration of a mild purgative in the early stage, the animal should be kept separated in a clean white-washed, warm but well ventilated shed, given as little medicine of any kind as possible unless it should be advisable to give stimulants in the latter stage. The chief reliance should in my mind be on the *vis medicatrix naturee*, and this might be supported by fluid nourishment, such as hot gruel or even hay water. With respect to disinfectants, numerous agents of this class have been suggested, as will be seen in the sequel, both in the present and in all past epidemics. The most valuable appears to be carbolic acid, but as this is seldom at hand in this country the most practical measures of this kind are the use of vessels of tar placed in each shed, and above all, cleanliness and white-washing. [To be continued.]

PAUPERISM in Ireland has much decreased. Last year the decrease was considerable, the daily average number of workhouse inmates having undergone a decrease of 3687, or 6.6 per cent., in comparison with the previous year.



## A CLINICAL LECTURE ON FEMORAL HERNIA.

By MAURICE H. COLLIS, M.B., F.R.C.S.,

SURGEON TO THE MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY, AND  
SOME TIME EXAMINER IN SURGERY TO THE QUEEN'S UNIVERSITY, ETC.

GENTLEMEN,—We have at present in the hospital some most interesting cases of femoral hernia. They interest us from their number, considerable in proportion to the time in which they arose; they further interest us by the fact that two out of the five patients are males, who are not usually subjects for femoral hernia; they are of further interest, inasmuch as in every case the hernia was reduced by Petit's operation, in which the sac is not opened; and, finally, they are a source of special gratification to us by the uniform success of the operation, and by the final recovery of the patients. Before I draw your attention to the patients who are specially under my care, it may be well to say a few words upon the subject of hernia in general, and upon the mode of operating for femoral hernia which I have adopted.

And first, as to hernia in general, a very great and important change has taken place in the treatment of strangulated hernia within the last thirty years; at least, it is only within this period that the improvement to which I allude has become at all general. Formerly when a portion of intestine became strangulated much valuable time was lost before an operation was decided upon. Purgatives had to be administered by mouth and rectum, the lowering effects of bleeding, tartar emetic and tobacco, were, one or other, or all, judged necessary, and prolonged attempts at reduction by taxis were repeated from time to time. Although by these means a small percentage of cases escaped operation, the remainder (a great majority) were placed under disadvantages which more than counterbalanced the benefit. In those days, according to statistics which I have compiled from various authors, the percentage of deaths, at the lowest computation, exceeded fifty per cent., and some writers, who refer to the earlier times, assert it to have been as high as two deaths in three. This great mortality was due to the combined influence of delay, of depression resulting from medicines, and of actual injury done to the intestine by the taxis. We now operate early in cases of strangulated hernia. A fair trial is given to remedies, but if they do not act promptly, we proceed to operate.

As to the mode of applying the taxis, it cannot be too frequently repeated that the object of the taxis is not to return the intestine but to empty it. Any one who studies the mechanism of hernia will at once perceive why this is so. When a knuckle of intestine comes down through a narrow opening, it gets spread out, filled with feculent matter, and gorged with blood, so that it quickly comes to bear no manner of proportion to the passage, through which, if at all, it is to get back into the abdomen. If direct pressure is made upon it when in this condition, this may flatten it a little, but cannot assist in returning it. Nay more, it increases the obstacle to return, which is produced by the disproportion between the size of the ring and the protruding intestine. The taxis is to be properly performed by laying the fingers all round the tumour, and by trying to compress the tumour by a movement which shall tend to approximate the tips of all the fingers. By this concentric movement of the fingers the intestine is gently compressed so as to unload it; if possible, first of its gaseous contents and then of its feculent, and perhaps also to diminish the amount of blood which circulates sluggishly and in a congested stream through the vessels of its walls. That this is so, all surgeons who have succeeded in returning a hernia know; first is felt and heard the gurgling passage of air from the intestine back into the abdomen, then by continued pressure the feces follow, and finally, the intestine is felt to slip up. Let this be borne in mind whenever taxis is used, and more especially when the stricture has been divided external to the sac.

Although chloroform is more especially useful in inguinal hernia, where the ring is more or less connected with muscle, its use is not to be despised in femoral. No doubt it cannot relax the ring, but it has great power over the abdominal muscles, and even over the muscular coat of the intestine. You have all seen how rigid the abdomen becomes when the bowel has been constricted for even a few hours. This rigidity yields under chloroform. I therefore advise you to chloroform your patient even in case of femoral hernia. In inguinal hernia this alone will often effect its reduction; and you should use it as a preliminary treatment before speaking of operation to your patient. In femoral, however, I have rarely found it of such distinct service until some at least of the constricting bands are divided; hence, I seek the patient's concurrence in the operation before I give chloroform, so that the one administration of the anæsthetic may suffice.

I now pass on to call your attention to Gay's operation. It is beautifully simple, and if you will take the pains to understand it, you will find it as safe as it is simple. You all know where Gimbernat's ligament lies; its position is further marked out for you by the tumour, to the upper and inner side of which it lies. Feel, then, for the neck of the tumour, the spot where you cannot get your fingers under it, where it feels as if part and parcel of the deep tissues of the thigh, and on its inner side make an incision through the skin long enough to admit easily the forefinger of your left hand—from three quarters of an inch to a full inch will do. The direction of this incision, as recommended by Mr. Gay, is nearly vertical, and such a line has been usually followed in all cases that I have either seen or operated on. One objection to it arises at a later period of the progress of the case, and to this I shall now allude, although somewhat out of place. The skin in this locality abounds in lymphatic vessels, running from the pubic and infra-pubic regions to the superficial chain of glands in the groin. Any vertical or oblique incision necessarily divides many of these small and thickly-packed tubes; hence arises frequently inflammation of the glands, which may run on, as we have lately seen, into either suppurating bubo, or may be the centre of a diffused suppuration. To avoid these consecutive accidents I propose, for the future, to make the preliminary incision parallel in direction to Poupart's ligament.

In whatever direction this incision be made it is merely to go through the skin; the finger-nail is now to be used to pick up on the side of the sac every constricting fibre which intervenes between the surface and Gimbernat's ligament. The number and direction of these bands will vary according to the length of time the hernia has existed. In recent hernia there will generally be found one tolerably well-marked superficial constriction, firm enough to be taken perhaps for Gimbernat's ligament. This is formed by that portion of the superficial fascia, known as the cribriform fascia, through which the saphena vein passes to the deep femoral, and through which also at this or some other opening the hernia often escapes. This is to be divided carefully with the hernia knife. The hernial sac may then be gently compressed to see if it will yield, or it may be slightly drawn down, if possible, by one finger in the wound.

It is quite possible that such a manœuvre may occasionally succeed. Care must be taken not to use too much force. In older hernie a succession of fibres and bands are found spread along the body or elongated neck of the sac. When all these are divided the true stricture is reached at Gimbernat's ligament; it lies wonderfully deep down, and it is to be remembered, the finger must be pushed on at right angles to the plane of the external wound, not being suffered to pass in any degree upwards, else the stricture will be missed, and the finger be lost in a region above and superficial to it. Once felt it cannot be mistaken; a touch of the knife divides it enough, it matters little whether upwards or inwards; a slight nick will do; gentle compression, with one finger in the wound and the others outside upon the sac, will now



empty the latter and complete the reduction. Cases will occur now and then in old herniæ where these measures are insufficient. The neck of the sac is thickened, the intestine is adherent, there is an hypertrophied mass of omentum, and you find even a free division of Gimbernat's ligament insufficient to get the hernia reduced. In such cases you should open the sac sufficiently to allow your finger in, and divide the constriction at the neck of the sac, if any exist. Large masses of omentum may be either broken up and returned, or in rare cases it may be needful to cut them away. The adherent intestine will be carefully separated from the sac and returned; in rare cases this is impossible, and you must be content to divide all constrictions freely (as is known by your being able to empty the gut), and to leave it *in situ*. As regards stricture by the neck of the sac, an old hand may even venture to nick the outside of the sac with great care, and so may avoid the necessity of opening it, but I do not advise a beginner to try this delicate and dangerous manœuvre.

You may hear many objections raised to Gay's operation; they have been refuted over and over again. Some of them arise from prejudice, others really from ignorance. The former will yield as surgeons become impressed with the superior safety of the operation: of the latter I give you but one example. It has been said over and over again, that you run the risk of returning the hernia strangulated *en bloc*—that is, that you are liable to send back the sac, with its contents in one mass, still strangulated by the constriction of the neck of the sac. This really silly objection ought not to pass the lips of any one who knows how to use the taxis aright. Such an accident I never saw, nor can I conceive it to occur in the hands of any one who knows how to use the taxis properly. Gentle concentric compression, and not direct backward pressure, as I before said, is the proper method, and if this is remembered the return of the hernia *en bloc* cannot occur.

I shall now read the notes of two cases taken for me by Mr. George Roe Carter:—

STRANGULATED FEMORAL HERNIA OPERATED ON BY MR. COLLIS.

Ann Baker, æt. 50, or more, not married, was admitted into hospital on the 1st May, with a strangulated femoral hernia on the right side. The patient stated that on the 28th April, when carrying a bundle of clothes on her back, she suddenly got a pain in her bowels; this became very violent, and on her return home she was obliged to go to bed; vomiting came on soon after. She had no previous rupture, and first noticed the swelling on that night. Dr. C. F. Moore of Peter-street Dispensary was sent for; he ordered her a dose of castor oil, which she vomited. She had repeated attacks of vomiting on the 29th and 30th ultimo, but none on the day she was admitted. Dr. Moore made efforts to reduce the hernia at different times, but finding it impossible he had her removed to hospital. Mr. Collis used a reasonable amount of force in trying to reduce the tumour, but finding the stricture very tight, he did not try the taxis for more than a few minutes. He at once decided on operating, which was done about half an hour after the patient was admitted. Having put the patient under chloroform he performed "Gay's operation" after the usual manner; there were two strictures, one superficial, and the other deep, at Gimbernat's ligament, which he divided, and returned the contents of the sac with the greatest facility; the wound was brought together by a horse-hair suture and a pad of lint, and bandage applied; the patient was removed to bed, and ordered a draught containing twenty-five drops of Battley and some wine. Five p.m. (three hours after the operation), the patient appears to be going on favourably; pulse 120.

May 2nd: The patient is going on well; slept pretty well during the night; pulse 120; tongue moist. Ordered wine  $\mathfrak{z}iv.$ , and beef-tea, and the following draught:

$\mathfrak{R}$  Olei ricini,  $\mathfrak{z}ss.$

Tincturæ sennæ comp.  $\mathfrak{z}ii.$

Aquæ menthæ piperitæ ad  $\mathfrak{z}ii.$  M. Fiat haustus.

3rd: The patient had a pretty good night; complains of headache and thirst; pulse 112; beef-tea and wine continued. Ordered an opiate at night, and a bread-and-water poultice to the wound; bowels moved on yesterday.

4th: Did not sleep so well as previous night, but feels better, the superficial glands in the groin are somewhat inflamed and tender to the touch; bread-and-water poultice continued. She appears rather low. Ordered wine  $\mathfrak{z}viii.$ , and a pill containing one grain of opium; pulse 108.

5th: Slept well during the night; looks better; wound more healthy; the inflammation of the glands has greatly subsided; pulse 90; beef tea and wine continued. Ordered  $\mathfrak{R}$  Olei ricini,  $\mathfrak{z}ss.$

6th: The patient is going on favourably, appears much better; had a good night; pulse 90; tongue moist and clean; nourishment continued.

7th: Continues to improve; the wound assumes a healthy appearance; pulse 88.

9th: The patient is considerably better, able to sit up in the bed; pulse 84; tongue clean.

12th: She continues to go on well; the wound is healing nicely; the inflammation of the glands has altogether disappeared. Wine and beef-tea continued; pulse 88; tongue clean.

16th: The patient is much improved; feels considerably stronger; the wound is almost healed.

19th: The patient having got on a truss was able to be up to-day. The patient left hospital soon after with the wound almost healed and protected by a truss. Her general health was also greatly improved. She had some bad symptoms for a few days after the operation, which was only natural to expect from the length of time the hernia was strangulated.

CASE OF STRANGULATED FEMORAL HERNIA OPERATED ON BY MR. COLLIS.

John Beahan, ætat. 43, dairyman, brought into hospital by Dr. O'Dwyer, on the 3rd of May. The patient has had a hernia on his right side for the last four years, which he could always put back until the morning he came into hospital, but never wore a truss. At six a.m. on the above date, the hernia came down; the patient finding he could not put it back, went to Dr. O'Dwyer of Camden-street, who also tried to return it; finding that moderate taxis did not avail, Dr. O'Dwyer brought him to this hospital. The patient complained of pain in the bowels, but did not vomit. Mr. Collis examined him and found the stricture to be very tight. On consultation he decided on operating, and at eleven a.m. having put the patient under chloroform, assisted by his colleagues, he performed "Gay's operation". Having divided two or three superficial strictures, he came down on Gimbernat's ligament, and returned the contents of the sac. The wound was brought together by a hemp suture and a pad of lint, and bandage applied. The patient was removed to bed, and ordered Battley gttss. xxv., and some beef-tea in the afternoon. Six p.m.: The patient is going on well; pulse 90.

May 4th: Slept well during the night; going on favourably; bowels not moved since the operation; pulse 80; beef-tea continued; no wine ordered.

5th: The patient is getting on well; had a good night; pulse 88; tongue moist and clean; beef-tea continued. Ordered:

$\mathfrak{R}$  Olei ricini,  $\mathfrak{z}vi.$

Tincturæ sennæ comp.,  $\mathfrak{z}ii.$

Aquæ cinnamomi  $\mathfrak{z}i.$  M. Fiat haustus.

6th: The patient is going on favourably; had a good night; his bowels were moved to-day; pulse 90; his tongue is clean; the wound assumes a healthy appearance; bandage and pad removed; beef-tea continued.

8th: He is going on well; has not had a bad symptom since the operation; pulse 80; tongue moist and clean.

10th: Continues to improve; pulse 80; ordered the following draught:

$\mathfrak{R}$  Olei ricini,  $\mathfrak{z}vi.$

Tinct. sennæ comp.  $\mathfrak{z}ii.$

Aquæ cinnamomi,  $\mathfrak{z}i.$  M. Fiat haustus.



12th: The patient continues to improve; the wound is healing nicely.

15th: The patient left hospital to-day with the wound almost healed, and wearing a truss; thus in eleven days the patient was cured of his dangerous malady without one bad symptom since the operation.

## Hospital Reports.

CITY OF LONDON HOSPITAL FOR DISEASES  
OF THE CHEST,

VICTORIA PARK.

CASES TREATED WITH HYPOPHOSPHITES  
OF SODA AND LIME.

(Under the care of Dr. THOROWGOOD.)

*Case 1.*—Elizabeth R., æt. 38, came under observation September 14th, 1865. Patient has just returned from Sydney. While living there she was taken, about nine months ago, with severe cough, copious expectoration, and great general debility, all these symptoms coming on gradually, and with increasing severity.

The physician who was called in prescribed citrate of iron, applied tincture of iodine over the right side of the chest, and told the patient she had tubercles forming in her right lung.

Shortly after she set sail for England, and was soon conscious of great benefit from exposure to the sea air (the climate of Sydney she described as very changeable, and ill-adapted for such a case as hers), so that by the time she reached England she was in much better health, notwithstanding one or two attacks of hæmoptysis.

*Present State* (September 14, 1865).—Pale, but not thin. During the few weeks she has been in London has had much return of cough, with thick expectoration and much dyspnœa; pulse 104; tongue clean.

*Physical Signs.*—No marked dulness. Breath sound feeble under left clavicle; very harsh and tubular under right clavicle and at right supra-spinous fossa; often much pain on this side of the chest.

R. Sodæ hypophosphit. gr. v.  
Tr. camph. co. ℥x.  
Aq. camph. ℥j.  
M. Ft. hst. ter die sum.  
Ol. morrh. ℥ij. ter die.

September 19th: Much less cough and spit; pulse 80; cannot take the cod-liver oil, as it causes heartburn. Respiration on right side not so harsh as it was.

She continued the above mixture till October 10th, when it was changed to one of vin. ipecac, with tr. opii with mucilage. This agreed very well, but she preferred the hypophosphite, and this was therefore again given till early in November, when she left town, the cough and expectoration being much diminished, the general strength greatly improved, and the respiration in the right lung less harsh and quite painless; she was able also now to take some cod-liver oil.

*Case 2.*—Ann B., æt. 16, living in Whitechapel, seen June 2, 1864.

*Present State.*—Pale, thin, and wasted; been ill twelve months, and had frequent attacks of hæmoptysis; cough very severe, with copious expectoration; pulse 120.

*Physical Signs.*—Right front quite dull and full of crepitation; left, deficient expansion, and respiration very blowing.

This patient got for a time five grains of the hypophosphite of soda in infusion of calumba, and also cod-liver oil. Under this treatment her appetite improved, but the pulse did not fall and the cough was severe, so that a change was made to one or two expectorant and opiate mixtures, with the effect of greatly impairing the

appetite without sensibly checking the cough and expectoration. Eventually she found five grains of hypophosphite of lime in infusion of calumba, cod-liver oil, and a morphia pill at bedtime, the treatment that gave her most relief. The physical signs seemed in no way to increase, and she held on fairly till one intensely cold day in January, 1866, when she suddenly sunk into a state of great collapse, and in a few hours died.

*Case 3.*—J. F., a clerk, seen January 12, 1865. Looks pale and rather thin, and has been ill with a cough and blood-stained sputa for twelve months.

Pulse 100; appetite bad; has to work hard, and is much confined indoors; tongue coated.

*Physical Signs.*—Left chest very dull, with humid crackling at upper part; slight râle heard also at right infra-clavicular region, but resonance here is good.

R. Sodæ hypophosphit. gr. v.  
Sodæ bicarb. gr. x.  
Infus. calumbæ, ℥j.  
M. Ft. hst. ter die sum.  
Ol. morrh. ℥ij. ter die.

January 19th: Two days after last visit to hospital coughed up half a pint of blood and phlegm. To-day feeling better; less cough; less spit; pulse 84. The percussion note seems rather clearer over left chest, but no good breathing to be heard.

Begs to be let off the oil, as it makes him feel very sick. Omit oil and continue hypophosphite.

February 9th: Less nausea; less expectoration; appetite much better; left side clearer, and dry creaking is heard more than the humid crackling of a former date.

Soon after this he was let go at own request.

November 30th, 1865: Came again, looking fearfully ill and pale; constant cough and copious spit, but no blood; left lung full of humid crackling, and dull on percussion; right in fair condition.

This time he got syrup of iodide of iron, cod-liver oil, and a morphia pill at bedtime.

December 28th: Feels better, but expectoration and cough increase greatly, and suspicious sounds are heard in the upper part of the right lung, while in left large humid crackling exists in increased amount. Pulse 88. Thinks the oil does not suit him. He had a quinine mixture given him, and was not seen again till February 15th, 1866, when he came in a worse state than ever. Tongue dry and red; much sickness, left lung full of moist sounds, and respiration in right extremely feeble. Ordered five grains of hypophosphite of soda in camphor water thrice daily, and five grains of carbonate of iron pill after breakfast and dinner.

22nd: Feels much better; able to do some work, and begs to be allowed medicine for a fortnight.

March 8th: Cough much less; appetite better, though at times he vomits his meals; less moist sound in left lung. Ordered an alkaline tonic two hours after meals.

22nd: Less cough; less spit; complains of the time he loses in coming to hospital, and thinks now he shall do very well.—Not seen again.

### REMARKS.

These three cases exhibit pretty well-marked instances of confirmed phthisis.

No. 1 had been treated with citrate of iron and the external application of iodine, but it seems no relief was experienced till she was out at sea, and when the same symptoms returned after she had been a short time in London, she found the hypophosphite of soda to give more relief than anything she had ever tried.

Few will dispute the genuine nature of the disease in No. 2, and of the variety of medicines used none seemed so valued by the patient as the hypophosphite, given in a very simple form. Probably had this patient been able to leave Whitechapel, and go to a warm and healthy place for the winter, she would yet be alive.

No. 3 was one who worked hard, and in a close atmosphere. He sorely grudged the time spent in attending the hospital, but yet even with his irregular attendance he



managed to reap very decided benefit from the use of the hypophosphite of soda.

Thus we see that these hypophosphites, like many other medicines, have their use and sphere of action in checking the progress of phthisis. To cry them up as specifics in all cases is a grievous error, likely to lead only to the abuse and discredit of the medicines, for there are cases of true phthisis in which they have no appreciable action, while iron, nitric acid, or possibly zinc, will have a great effect in removing symptoms and doing good to the patient. He is likely to prove the best physician who, while eschewing the title of specific hunter, at the same time observes cases in their individual peculiarities and differences, and giving medicines simply and uncomplicated by admixture with a host of other well-meant drugs, notes carefully under what circumstances he succeeds, and also not less carefully and scrupulously under what conditions failure only results from his efforts.

### METROPOLITAN FREE HOSPITAL.

#### WHOOPIING-COUGH CURED BY HYPODERMIC INJECTIONS.

(Under the care of Dr. BEIGEL.)

ANN WILSON, three years old, began to cough at the beginning of January, 1866, the cough becoming more and more intense until it ended in severe whooping-cough. Admitted to hospital January 21. She is worse at night, and attacks are so frequent that she has little rest. Each attack ends in vomiting a quantity of slime. She is a well-built child, chest fully developed. On right side some râles, but nothing else abnormal on auscultation and percussion. Appetite fair; bowels rather costive; one-twelfth of a grain of acetate of morphia by subcutaneous injection. The mother had not left the consulting-room many minutes when she returned very much alarmed, because the child seemed "lifeless;" it was soundly sleeping. In the evening the mother's fears became more urgent, because the child did not wake, but she reported that it breathed easily. Advised to let it sleep without disturbance.

27th: Reported that child slept till next morning; on waking it coughed still, but without hooping; injection repeated.

31st: Slept after last injection eight hours; cough, extremely slight, about three times during the night; no vomiting after the cough; appetite much better. From this time the child recovered.

Out of five cases of ague successfully treated by Dr. Beigel by the hypodermic method, we report the following:

Harriet Franklin, æt. 30, married, never before ill. In August, 1865, went with her husband to Harveston, and there was attacked with fever, called by the doctor in the town marsh fever. It had a tertian type and lasted three weeks, but yielded to the use of quinine. In the following September it returned, but was quartan; lasted two months, and was again stopped by quinine. The patient remained well up to January 14th, 1866, when the attack again seized her. Returns every day at noon, beginning with pain in the spinal column, followed by very intense shiverings which are succeeded by great heat, and this in turn by profuse perspiration. The fit occupied about two hours.

17th: Admitted out-patient, pale and ill-nourished; she is now in the febrile paroxysm; respiration accelerated; pulse 128; spleen much enlarged; injected a quarter of a grain of acetate of morphia.

18th: Sick nearly the whole night; attack at noon as usual; injection repeated.

19th: Attack occurred at eleven o'clock to-day, but was much slighter; slept much better the previous nights; injection repeated.

21st: Attack recurred early in the morning, but was very slight; injection repeated. From this time there was no recurrence of the attacks.

### MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

#### CASES UNDER THE CARE OF MR. PORTER,

SENIOR SURGEON TO THE HOSPITAL.

[Reported by ARTHUR WYNNE FOOT, M.D.]

(Continued from page 35.)

#### COLLES' FRACTURE OF THE RADIUS TREATED WITH GORDON'S APPARATUS.

Case 30.—A middle-aged woman fell over a piece of wood while pursuing a pig which had been trespassing in her garden; putting out her hands to save herself, she fell to the ground, and the left radius was broken across within an inch of the wrist-joint. Very soon after the occurrence the fracture was put up according to the method called Nélaton's, with a curved dorsal splint maintaining the hand in a state of adduction. This position and splint gave her great pain, and was removed in a short time by Mr. Porter, who applied the splints and pads recommended by Professor Gordon of Belfast. The displacement having been reduced, the forearm was laid upon the boat-shaped splint, in the prone position, the hand hanging over, and the bevelled portion of the radial pad brought exactly under the seat of fracture, the dorsal pad and the second splint extending from the upper end and back part of the forearm to the metacarpus was now applied, and the whole bound together by two straps with buckles. The woman found immediate relief from pain after her forearm had been put up in this manner. In the thirty-ninth volume of the *Dublin Quarterly Journal*, Mr. Porter has given the results of seven cases of Colles' fracture which he had treated with Gordon's splints, and his experience since then has confirmed him in his opinion of the superior advantages of this method of treating these fractures. He sums up the advantages of this method thus:—It is more comfortable to the patient than any other; it restores the natural concavity of the radius and produces a straighter limb; perfect use of the forearm is obtained sooner by it than by any other method; the manner of binding with two straps is lighter and more manageable than the application of rollers.

#### EPITHELIAL CANCER IN THE LOWER LIP—EXCISION.

Case 31.—During the present month a tall healthy-looking man applied to Mr. Porter about a sore on his lip. On examination it proved to be an epithelial ulcer, as yet superficial, occupying the middle portion of the lip. It originated from a very trivial pimple first observed two years before the present time. There was no glandular enlargement, nor any irritation of the follicles on the mucous surface of the lip. He had been an habitual smoker of the pipe, but the central position of the ulcer did not make it very probable that this habit had any direct relation to the disease. A more important fact was that his father and his father's brother had suffered from "cancer in the lip." The former died of it, "because he had neglected it and it spread;" his uncle had the affected portion of his lip removed, and the disease did not recur. Profiting by their experience the nephew applied in very good time, being most anxious to have the sore at once removed. The ether spray was applied to the part by Mr. Smyly from a double-jetted instrument; Mr. Porter took a horizontal slice off the free border of the lip, and then brought the mucous and cutaneous surfaces in apposition by four points of silver wire suture. A propensity to the epithelial variety of cancer is not so often observed among related persons as one to other varieties of cancer is, so that its occurrence in three members of a family is deserving of record, the more so, because this form of cancer being more than any other attributed rather to the influence of external agencies than to a cancerous crisis



or diathesis, an hereditary predisposition is not, *a priori*, to be so much expected.

#### HYDROCELE OF THE TUNICA VAGINALIS TESTIS—PALLIATIVE TREATMENT.

*Case 32.*—A man, 30 years of age, applied to Mr. Porter with a collection of fluid in the tunica vaginalis testis on the right side, of seven years' existence. He was not aware of any cause for this accumulation of fluid; he had not received any injury, nor were the veins of the leg or spermatic cord in a varicose condition. The hydrocele had been emptied by tapping on nine previous occasions, and had now again assumed a large size, the penis being almost buried in the tumour and directed towards the left side. Mr. Porter pointed out the diagnostic marks between hydrocele of the tunica vaginalis and those affections in the neighbourhood of the organs of generation, with which this complaint may be confounded, and observed upon the application of the translucent test, which in this particular instance was very satisfactory; that this means of diagnosis was not unfrequently frustrated in old hydroceles by a preternatural thickness of the tunica vaginalis, or by opacity of the liquid of the hydrocele from admixture with blood, or from other causes. Not being able to prevail upon the man to submit to an operation for the radical cure, Mr. Porter tapped the tumour, and drew off twenty-two ounces of a clear lemon-coloured albuminous fluid, possessing the usual resemblances to the serum of the blood, which the fluid in simple hydrocele generally presents.

#### RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

##### DR. LYONS'S CLINIQUE.

#### ARACHNITIS SITUATED AT THE BASE OF THE BRAIN.

Two further cases of this formidable affection will be worthy of notice. The first has been already partially alluded to on a former occasion.

*Case 1.*—A boy, aged 12, previously in the enjoyment of excellent health, went to bathe on Sunday, June 3, 1866. He remained for some time in the water, and on the next day was seized with severe pain in the head, rigidity of the deep muscles of the neck, retraction of the head, and inability to draw it forward, or perform the nodding motions without extreme pain, and beyond a certain angle no force, which it was safe to apply, could succeed in causing the head to nod downwards and forwards. As in the previously recorded instances of this disease the pulse varied much in the progress of this case. At first there was a certain amount of pyrexial action, with hot skin, foul tongue, and pulse at and above 100. A few days subsequently the pulse sank to 80, to rise again some few days afterwards to a rate of 100 per minute. It is worthy of note that the rate of the pulse and the amount of cerebral pain complained of appeared to bear no direct relation to each other. The pain was constant for several days and then remitted, to recur after a variable interval with almost undiminished force. Very slight dilatation of the pupils was observable for about three or four days successively, but the rigidity of the deep cervical muscles continued in a marked degree for at least three weeks. A rather curious play of antagonistic muscular force was exemplified in the attempts to nod the head forward. The patient, in the effort to accomplish this action, seemed to bring into action, partly voluntarily and partly involuntarily, all the muscles which assist in flexing the head on the neck and the head and neck on the trunk, and conspicuous amongst these latter were the contractions of the *platysma myoides*, the fibres of which showed very visibly through the skin over the clavicles and infra-clavicular regions, contracting in radiating cord-like masses, and thus displaying the anatomical distribution of its muscular

fasciculi in a manner but rarely so well demonstrated in the dissecting-room.

Mercury, leeches to the head, and blisters were employed in succession, and with but variable and doubtful result. The relief from the application of leeches was by no means so marked as in one of the cases recently recorded, in which the patient himself *craved* the application of the leech on each accession of pain. In the case under consideration the little patient had a dread of the application of a leech, said it *caused* the pain, and attempted to conceal the accession of pain to avoid the application of the dreaded leech.

After a very protracted period (thirty days) convalescence began to be slowly established. Extreme emaciation had taken place in this case, and under the impression, considering the age and condition of the patient, that tubercular deposit might be formed in the membranes of the brain or other situation, cod-liver oil was administered.

*Case 2.*—The patient, a man previously in good health, aged 55, after exposure to cold, was seized with anomalous symptoms, vomiting, some pain in the head, much depression, hebetude, and indistinct pyrexia. The pulse was found to be but 60, when the patient was first seen; urine and fæces were being passed involuntarily; the patient was sweating profusely, lay in a dull stupid condition, from which, when forcibly shaken, he could be partially roused, and induced to put out the tongue, give short, surly, but coherent answers, but he relapsed immediately; no paralytic condition existed, save that the pupils were largely dilated and insensible to light. The head was shaved and extensively blistered with the acetum lyttæ, ten grains of calomel were placed on the tongue, and prompt measures were taken to induce mercurial action in the system. A slight rally appeared to take place on the following day, the patient was more readily roused, and could with less difficulty be got to answer, put out the tongue, &c., but the pupils remained dilated and insensible. On the subsequent day the pulse rose suddenly to 140, all the symptoms of depression and compression became aggravated, a tympanitic state of the abdomen was superadded, and the patient rapidly sank, and death took place about the seventh day from the first seizure.

Dr. Lyons remarked on the great importance of early diagnosis, and the prompt employment of very active measures in these somewhat obscure cases. He regards the condition of the pupil as the cardinal point in the diagnosis and prognosis.

These cases may be distinguished by the early occurrence of depression, with dulness or hebetude, but the capacity for being partially roused to consciousness remains, and coherent answers can be extracted from the patient, after which he relapses.

Violent pain, deep-seated in the head, is complained of in some instances. Paralytic phenomena are not to be looked for until the close of the case, when relaxation of the sphincters, immobility, and true coma may be present. Dilatation of the pupil is observable sometimes at an early period, and is then persistent until death, or in some cases until convalescence begins to be unmistakably established. It constitutes the most important, and, so to speak, the cardinal phenomenon of the case, in the absence of other paralytic conditions. It is dependent, as before explained, and as shown by the result of Dr. Lyons's post-mortem examinations on gelatiniform exudation within the circle of Willis, sufficient in amount to compress the delicate and ill-protected filaments of the sympathetic, and so to paralyse the ciliary supply from the lenticular ganglion, while the amount of effusion is inadequate to interfere by compression with the functions of the second, third, fourth, fifth, or sixth pairs of nerves, by reason of the greater consistence and power of resistance of their firmer neurilemma.

The phenomena of rigidity of the neck, of gastric irritation, and vomiting, and the tendency to rapid and extreme wasting of the tissues where the case lasts for any lengthened period, would seem to be referrible, in Dr. Lyons's



opinion, to the pressure and consequent irritation exercised by the gelatiniform exudation on the roots of the par vagum, and on the cranial plexuses of the sympathetic. The variable states of the circulation may be fairly attributable to the same lesion.

It is worthy of remark that these cases present a high mortality. Active depletion of the head by repeated relays of leeches, and by continuous vesication, with the free use of mercury, appear to be the means which offers the best prospect of dealing successfully with these cases. The obstinate and, in some instances, complete resistance to the specific action of mercury, has been already commented on.

## Proceedings of Societies.

### ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 12TH, 1866.

Dr. P. BLACK, Vice-President, in the Chair.

#### ON ATROPHY OR DEGENERATION OF THE MUSCLES OF THE UPPER AND LOWER EXTREMITIES FROM DISEASE OF THE SPINAL CORD.

By GEORGE LEWIS COOPER, F.R.C.S.,  
SURGEON TO THE BLOOMSBURY DISPENSARY.

J. J.—, aged 41 years, married, but his wife had no family; was much exposed to the weather in his daily occupation, at the same time had been a man of intemperate habits, and the subject of a long chronic cough. He was admitted under the care of the author at the Bloomsbury Dispensary on Feb. 14th, and died on the 26th. He suffered from complete paralysis of the upper and lower extremities, with atrophy of the muscles of these parts. The symptoms were slow, but progressive. They commenced in the hands and feet, and extended to the arms and legs, and ended in total paralysis. His cough was severe, with purulent expectation, to the time of his death, which took place on Feb. 26th. The post-mortem showed much distension of the coverings of the cord from fluid, with congestion of the pia mater in the cervical region, and considerable softening in the substance of the white columns. At the commencement of the lower third in the dorsal region the central grey substance contained a large dilated vessel on each side, surrounded by extravasated blood-globules; and the extremities of the posterior cornua were highly vascular, as also in certain parts of the grey substance there were patches of extravasated blood.

Dr. PAVY exhibited a patient from Guy's Hospital, the subject of Vitiligoidea Plana et Tuberosa. He remarked that this disease had been described by Drs. Addison and Gull in the Guy's Hospital Reports for 1851. In their communication they stated that the affection they were describing occurred either as tubercles, varying from the size of a pin's head to that of a large pea, isolated or confluent (vitiligoidea tuberosa); or, secondly, as yellowish patches of irregular outline, slightly elevated and with but little hardness (vitiligoidea plana). Either of these forms, they further stated, might occur separately, or the two might be combined in the one individual. The case before the fellows of the Society was an exceedingly well-marked one, and one in which the combination of the two forms occurred. The patient, a female, aged 39, three years ago became the subject of jaundice, which lasted for ten months. She was then free from it for about two months. It afterwards reappeared, and had continued up to the present time. About a year and a half ago she experienced a sensation of great itching and stinging in her skin, and after this the eruption that now existed began to appear, and gradually reached its present state. It was not so perceptible by night, but she was pretty deeply jaundiced of an olive colour by day; and in association with the jaundice it was to be remarked that a large and tender swelling, evidently connected with the liver, was to be seen in the right hypochondriac region. Completely

encircling each eye, and extending for a space of from half to three-quarters of an inch in breadth, was a patch of an opaque yellowish colour, and slightly elevated above the surrounding skin. Upon the ears there were a number of tubercles, looking certainly to the eye like sebaceous tumours. Similar tubercles also existed upon the backs of the hands and arms, and also on the back and nates. Upon the palms of the hands and palmar aspect of the fingers there was a patchy and diffused cream-coloured deposit in the skin. This disease, Dr. Pavy observed, had been recently considered by some as a disease of a sebaceous character. It was so regarded in Hebra's work on skin diseases, which is being translated by Dr. Fagge for the Sydenham Society. In Neligan's work, published in 1866, it had been spoken of as a form of acne, and called "stearrhœa flavescens." It was a point of interest, Dr. Pavy considered, to determine the precise nature of the affection, and he had had a tubercle removed from the back of the little finger for microscopic examination. The deposit pervaded the true skin and occurred in little nodular masses beneath. These were exceedingly tough, and consisted of fibrous tissue. On being squeezed between the forceps an opalescent juice exuded, which was found to contain a large number of fat-granules. The cuticle was not involved in the affection. Independently of the result of minute examination, against its being a sebaceous disease was the fact that it occurred, and in a marked manner, on the palmar aspect of the hands where no sebaceous glands existed. Dr. Pavy also exhibited another patient from Guy's Hospital suffering likewise from a peculiar form of skin disease. The subject of it was a feeble, sickly-looking woman, twenty-five years of age. She belonged to a family in which there was a history of both scrofula and carcinoma. Upon the fingers and hands were some scar-like looking spots of a bluish-white colour, which had been gradually appearing since March last. There were also spots of a somewhat similar character on the outer side of the anus. They came without any previous sore or ulceration. They might be said also to look as though the skin had been seared by the application of a hot iron. Dr. Pavy was open to the suggestions of the fellows present, but he had regarded the case himself as an early stage of the disease which had been described by Dr. Addison in the thirty-seventh volume of the "Medico-Chirurgical Transactions," under the name of "true keloid." This now went by the name of "keloid of Addison" in contradistinction to the keloid which had been described by Alibert, and which was altogether a different disease, consisting as it did of raised tumours with claw-like prolongations instead of cicatrix-looking spots.

## Abstracts of the Scientific Societies.

ZOOLOGICAL.—June 26.—Dr. E. Hamilton in the chair.—The Secretary called the attention of the meeting to a fine specimen of the Californian vulture (*Cathartes Californianus*, Shaw) lately received in the Society's Gardens.—A communication was read from Mr. G. Krefft, containing "Descriptions of New Species of Australian Snakes, of the Genus *Hoplocephalus*."—A communication was read from Dr. J. C. Cox of Sydney, containing characters of six new Australian Land Shells.—Mr. T. J. Moore communicated some notes on the habitat of *Chauna Derbiana*, which appeared to be the littoral of New Granada, and not Central America, as had been previously supposed.—A paper was read, by Mr. H. Adams, "On the Shells collected by Mr. S. W. Baker, during his recent Explorations in Central Africa." Two species of *Unio* contained in Mr. Baker's collection were considered by Mr. Adams to be new to science and described under the names *U. Bakeri* and *U. acuminatus*.—Mr. Frazer exhibited and made remarks on a pair of Horns of the Philippine Deer (*Cervus mariannus*, Desm.)—Mr. H. E. Dresser read some notes on the nesting of the Booted Eagle (*Aquila*



*pennata*), and exhibited specimens of the eggs of this bird recently obtained by himself in Central Spain.—Mr. Blyth exhibited some pairs of Horns of different varieties of the African Buffalo (*Bubalus Caffer*), and pointed out the distinctions between the Central African and Southern forms of this species.

ENTOMOLOGICAL.—July 2.—Sir. J. Lubbock, Bart., President, in the chair.—The Hon. T. De Grey, M.P., and C. Ward, Esq., of Halifax, were elected Members.—Mr. Stainton exhibited a head of *Typha latifolia*, for the purpose of showing the mode of feeding of the larva of *Laverna phragmitella*; also, specimens of a *Gelechia*, very similar to *G. leucomelanella*, bred from galls formed on *Gypsophila saxifraga*, and found at Mentone.—Mr. Bond exhibited a specimen of *Dianthæcia cæsia* and a Phycita, probably new, both captured in the Isle of Man, by Mr. Hopley; also specimens of *Lesia philanthiformis*, bred from pupæ sent to him by Mr. Greening, from the Isle of Man.—Mr. Edwin Shepherd produced a specimen of *Dianthæcia cæsia* from Bentley's collection, supposed to have been captured many years ago in Yorkshire.—Mr. Edward Saunders exhibited a collection of Mexican butterflies, amongst which was a gynandromorphous *Pieris Euterpe*.—Mr. Pascoe called attention to an extract from Von Tschudi's "Thierleben der Alpenwelt," and to a paper, by Mr. Albert Müller, in the last number of the *Zoologist*, with reference to insects at considerable elevations in Alpine regions settling on and sinking into the snow through the radiation of heat from their bodies, confirming some observations of Mr. Pascoe communicated to a former meeting of the Society. A discussion ensued, in which Professors Westwood and Brayley took part.—The President directed attention to an article in the *Comptes Rendus* for the 4th of June, 1866, by M. Balbiani, in which the author, as the result of observations of his own, advanced a theory that the Aphides are true hermaphrodites.—Mr. Stainton mentioned that much injury had been done to the rye in the neighbourhood of St. Etienne which he believed was caused by the larva of *Ochsenheimeria taurella*.—Mr. Stevens exhibited *Dicranoccephala Wallichii* from Northern India, and *D. Bowringii*, from Southern China.—The Rev. Douglas Timins communicated notes on larvæ of *Charaxes Jasius* and *Melitæa Provincialis*.

ROYAL INSTITUTION.—May 4.—Sir Henry Holland, President, in the chair.—"On Recent Progress in the History of proposed Substitutes for Gunpowder," by Prof. F. A. Abel.

May 25.—Sir H. Holland, Bart., President, in the chair.—"On the Shooting-stars of the Years 1865-6, and on the Probability of the Cosmical Theory of their Origin," by Mr. A. S. Herschel.

June 1.—Sir H. Holland, Bart., President, in the chair.—"On the Opalescence of the Atmosphere," by Mr. H. E. Roscoe.

June 15.—"Experiments on the Vibrations of Strings," by Prof. J. Tyndall.

July 2.—Sir H. Holland, Bart., President, in the chair.—The Duke of Edinburgh was elected an Honorary Member; R. Kockerton, Esq., was elected a Member.

SOCIETY OF ARTS.—June 27.—W. Hawes, Esq., Chairman of the Council, in the chair.—The Secretary read the Annual Report of the Council.—Silver Medals have been awarded by the Council as follows:—To Mr. J. C. Morton, for his paper "On London Milk;" to Mr. T. Gray, for his paper "On Modern Legislation in regard to the Construction and Equipment of Steam-ships;" to Dr. J. L. W. Thudichum, for his paper, "On the Diseases of Meat as affecting the Health of the People;" and to the Hon. C. G. Duffy, for his paper "On some Popular Errors concerning Australia."

PRODUCE OF MERCURY.—The produce of the New Almaden (Spain) mines for the last ten years has averaged about two thousand five hundred flasks, of seventy-six and one-half pounds each, of mercury per month.

## THE LATE POISONING CASE.

APROPOS of a recent poisoning case, the *Court Circular* remarks:—

Now, a man entrusted with the lives of the public is, to all intents and purposes, a public man. His actions are open to criticism and liable to praise or censure as their merits may justify. And it is right that it should be so. A surgeon or physician is bound to bring a certain amount of skill to the performance of his duties; and if he is not what he represents himself to be, he is a pretender. To the encroachments of such men the medical profession is especially liable. Every other profession—the church, the law, the army, and navy—is guarded against intruders, save this; and yet this is the most important of all to be kept sacred. A great deal of fuss is often being heard about medical bills before Parliament and elsewhere, but to this moment there is no efficient protection against ignorance and quackery. The self-styled physician may prescribe, and the druggist's errand-boy may dispense; if either kill his victim, the law, which ought to punish severely, as it would for a criminal offence of grave magnitude, is practically powerless. The quack escapes and the public suffers.

In the particular case which gives rise to these remarks the druggist should have paused for further instructions before he made up such a prescription. Four grains of morphia ordered in a draught by a person who, on his own showing, could write neither Latin nor English correctly, was assuredly enough to make any well-qualified druggist consider twice before he sent such a dose out of his shop. Yet, so far from the shopman who prepared this prescription feeling any doubt about it, he openly asserted on oath before the coroner that he frequently administered as much as twenty grains of morphia and he felt no hesitation in doing so.

Now, if the law were what it should be, neither prescriber nor dispenser in this instance would be allowed to practise in his respective department of physic until compelled to obtain a little information as to his duties. It is monstrous that the public should be permitted to run the risk which is involved here. This is no private question, but one of wide importance. It is not limited to a single case of poisoning, but affects the entire subject of public safety. If the whole truth could be got at it would probably be found that lives are constantly being sacrificed through the blundering of sham practitioners. But it is a point upon which the means of arriving at sufficient information do not exist. The fact, however, is one to which most medical men in large practice can testify, and they will continue to be able to testify to it so long as unregistered persons are allowed to roam about society and physic people at will. It is time that the public took this matter up for themselves. When our lives are at stake, and while it is impossible to detect unregistered persons from those who are registered, it is hard to ask people to be careful in choosing a medical adviser.

## SANITARY REFORM.

### DEPUTATION TO THE DUKE OF BUCKINGHAM.

A DEPUTATION, emanating from the Metropolitan Sanitary Association, waited upon the Duke of Buckingham (President of the Privy Council) yesterday, at the Office of the Privy Council, for the purpose of urging the Government not to abandon a measure introduced under the late Government to give increased powers to the authorities for putting down fever dens, and preventing the overcrowding of houses. This formed the principal subject, but the bill entitled, "The Artisans' Dwellings Improvement Bill," which provides for the rebuilding of houses pulled down under the other Bill, was brought under notice. The deputation, which was introduced by Mr. Powell, M.P. for Cambridge, consisted of the follow-



ing gentlemen:—Mr. Locke, M.P. for Southwark; Mr. Torrens, M.P. for Finsbury; Mr. Graves, M.P. for Liverpool; Mr. Godwin, F.R.S.; Mr. Shaw, Mr. Hall, Mr. Randle, Mr. Evans, Mr. Pocock, Dr. Sanderson, Dr. Hardwicke, and Dr. Bentley.

The deputation having stated its objects at considerable length,

The DUKE OF BUCKINGHAM said—Gentlemen, I am very much obliged to you for the great amount of information you have given me on this subject, and I am glad to see so large a deputation. With regard to the Public Health Bill, I may say that every endeavour will be made to pass it through Parliament. It will be taken up by the Secretary of State for the Home Department, and I shall be very sorry if anything happens to prevent it passing. There are, no doubt, some provisions which it would be well to add to it, some of which have been alluded to to-day, but I would not supplement it in a manner which might endanger the bill. There is as much in the bills in existence, but the more summary jurisdiction of this bill will be valuable. I should not like a single day's delay in this bill. The other bill is of very great importance, and a decidedly necessary supplement to the Public Health Bill. The first bill merely goes to the extent of getting rid of the objectionable houses, and provision must be made for supplying their place. We cannot, keep driving our labourers further and further away. The great evil now is that the men are too far away from their work. We know and feel that in the country. I shall be very happy to see the Artisans' Dwellings Bill passed, as a very important supplement to the other, and it has been brought under our notice, but I cannot say more than that it is our wish for it to pass. I do not think it can be in better hands than it has been in, for there is no more difficult task than to pass a bill through a select committee. If it is brought in by those who have already had it in hand it will meet with every support.

The deputation, after thanking his Grace for the attention he had given, then retired.

## Our Weekly Retrospect of the Medical Journals.

JULY 14TH.

THE *Medical Times and Gazette* reviews the working of the College of Physicians, chiefly in reference to the recent election for Fellows. The existing law in this respect has not given general satisfaction. It is proposed to limit the degree of Fellow to Members who shall have served seven years as such; at present four years is all that is required. No matter what laws the Council may make, it will be found that many will be advanced who have but a flimsy claim for the dignity, and many estimable names will, on the other hand, be passed over.

The dinner of the Fellows of the College of Surgeons, England, seems to have been a very happy affair; it was a convenient wind-up to the election which was so warmly contested.

Several sporadic cases of cholera continue to be reported. It has again made its appearance in Liverpool, as predicted at the termination of the late outbreak some six weeks ago.

A correspondent, "R.D.," in whose pen we recognize the familiar style of an eminent officer of health, writes an exhaustive account of the outbreak of cholera at Amiens, only half a day's journey from London. Every cause which is generally considered as an essential factor in the localisation of the epidemic seems to exist in this unfortunate city; low, damp, permeated by stinking streams, drainless, pauper, some of the drinking water very good, some contaminated by sewerage, with the usual filthy condition of an important department, which is observable in all French towns. The disease, although dying out, does not seem to have been rendered subservient to treatment, but dies out of itself, proving the correctness of Dr. Farre's views as to the culmination and duration of epidemics. The

population are bearing their visitation well in a moral sense, but thousands of the inhabitants have fled. A stranger who visits the scene is looked on as a curiosity, and excites some scepticism as to his state of mind. Of course, it is to be expected that the mortality has been greatest among the lower orders, although some eminent citizens have gone to their account. The various and opposite plans of treatment which have been put in practice are of little use to us. Some propose hippo, others use astringents, many put their faith wholly or in part in opium, but all agree that the cases which have lately occurred do not present that virulence which was observed at the outset; sixty per cent. of those attacked died at the commencement, but sixty per cent. are now saved.

The obituary contains a notice of the death of the celebrated aurist, Dr. Toynbee, who fell a victim to his love of science. He was incautious enough to make experiments on himself, without an assistant being present, on the introduction of the vapour of chloroform to the internal ear by the Eustachian tubes.

A correspondent connected with a French wine grower offers as a present a cask of French wine to each of twelve London hospitals—a very seasonable gift this warm weather.

Dr. Suckling introduces a new practice in the treatment of retained placenta after abortion—viz., plugging.

Dr. L. Earle describes a new method for inducing premature labour, which we do not think will be received with favour.

Mr. Fagrer of the Calcutta Hospital contributes a very interesting case of osteo-mylites which came on after an amputation through the forearm. It recurred in the secondary stump after amputation through the humerus, finally necessitating disarticulation at the shoulder-joint. The case ultimately did well.

The *British Medical Journal* gives a *resumé* of the Appendix to the Third Report of the Cattle Plague Commissioners.

The College of Physicians have taken charge of the valuable drawings of the pathology of rinderpest.

Dr. Cheevers has put in practice Mr. Marshall Hall's suggestion of tracheotomy in hydrophobia. The patients were enabled to drink, and died ultimately, not of spasm of the glottis, but of exhaustion from the spasms as in tetanus.

Dr. Greenhow's Lecture on Addison's Disease contains all that is known on this very dark subject.

Dr. Bracey contributes an interesting case of rupture of a thoracic aneurism into the cavity of the pericardium.

## TREATMENT OF ANTHRAX.

DR. LARGH of Vercelli, describes the form of treatment which during the last twenty years he has pursued with great success in the treatment of anthrax. As soon as he is called to a case—and the sooner the better—he makes a free crucial incision, so as to reach the sound parts at the margin of the tumour, as well as through the depth of its substance, and then proceeds to freely apply the solid nitrate of silver, sticks of which he has ready mounted on an elastic catheter. Every portion of the incised parts, as well as any spontaneous opening that may have taken place, are thus thoroughly cauterized with the nitrate—which, in fact, is thoroughly dissolved, while when the tumour is very deep a second cylinder is applied. A pulsatious semi-liquid mass results, and on this being removed any points whence blood issues are again cauterized. The edges of the wound are also carefully cauterized. The incisions and cauterizations are rapidly performed, and the pain caused is not durable, while a calm sleep soon supervenes. The tumefaction and pain of the anthrax rapidly subside, and the separation of the eschar is allowed to take place spontaneously, a weak solution of nitrate of silver only being thrown into the cavity. Neither erysipelas nor purulent absorption ensues, the fever ceases, and the patient rapidly recovers.—*Annali Univ. di Med. and Brit. and For. Med.-Chir. Review.*



## THE REPORT OF THE MEDICAL OFFICER OF THE PRIVY COUNCIL FOR 1865.

Mr. SIMON'S Eighth Annual Report has just been laid before Parliament. It is full of matter of the highest interest and importance. It deals in succession with the proceedings of the Medical Department of the Privy Council during 1865, in reference to vaccination, the distribution of disease in England and the circumstances by which it is regulated, and finally, to foreign epidemics of the year. The general question of contagion, in its bearings upon the public health, is also considered by Mr. Simon.

1. In respect of vaccination, it is gratifying to learn that the district inspections which have been carried out during several years past, under the direction of the Privy Council, have been productive of good results. In many districts they have led to an improvement in the performance of public vaccination. Mr. Simon justly remarks that "in the present unsatisfactory state of the law even a very little progress deserves mention," certifying as he thinks it does "that, except for that state of the law, the progress would have been far beyond its present stage."

2. The proceedings in reference to the distribution of disease in England, and the circumstances by which it is regulated, relate to house accommodation of the poor, the effects of sanitary improvements, the question of injury from infected rags, certain scientific researches, and occasional investigations respecting local outbreaks of disease. An extensive inquiry as to the housing of the poorer population in towns (harmonizing with one which had been made in 1864 into the housing of the rural poor) was carried out by Dr. Hunter. His valuable report is published in the appendix to Mr. Simon's Report, and will subsequently receive special consideration.

"Large as the inquiry was," says Mr. Simon, "and copious as are the resulting details of information, the broad results may be told in these very few words: that neither against degrees of crowding, which conduce immensely to the multiplication of disease as well as to obvious moral evils, nor against the use of dwellings which are permanently unfit for human habitation, can local authorities in towns, except to a certain extent in some privileged places, exercise any effectual control. Resulting from (or at least attributable to) the powerlessness of the authorities, which only sometimes were supplemented by strained constructions of the law, the evils in question were found very extensively, one or both of them, in operation."

To remedy this state of things, Mr. Simon holds that, in the interest of our labouring population, the local authorities should be able and willing to exercise the following powers:—

"1. To deal universally with overcrowding on the basis of its being technically a 'nuisance,' and to take as the sole test of overcrowding the proportion borne by the number of occupants to size and ventilation of given space.

"2. To apply to the so called 'tenement houses' of the poor a system of registration and regulation akin to that which is applied to common lodging-houses under the statutes of 1851 and 1853.

"3. To enforce everywhere against the use of cellar dwellings the restrictions which, under the 67th section of the Public Health Act, 1848, are enforceable in places which are under that Act and the Local Government Act.

"4. To exercise against premises of parts or premises which, by want of access of light or air, or by dampness, or through ruinous condition are rendered unfit for human habitation, the same powers as against premises which by 'nuisances' are rendered unfit.

"5. To acquire premises, by compulsory sale, either in order to make useful openings and clearings where ground is too closely built upon, or for other sanitary improvements."

These propositions refer to existing and old-standing evils, and they would fairly meet the difficulties which are encountered in endeavouring to overcome them. But there is a question which cannot be dissociated from the state of things to which these propositions have special reference, and which it would be well to consider in conjunction with this state.

It is tolerably certain that in towns and rural districts the progress of building proceeds at a more rapid rate than the progress of sanitary legislation or improvement. A recent examination of the newer houses and cottages springing up, mushroom-like, in thriving centres—even centres where Building Acts exist, renders it well-nigh certain that in a large proportion of instances their construction and arrangement are such as of necessity to entail the most lamentable consequences to the health of the inhabitants in the course of a very brief period. This question, doubtless, does not come strictly within the province of the medical department of the Privy Council, but it seriously demands the attention of the Legislature. And it is obvious that any legislation must be so far defective, which, while providing for the rectification of certain evils, does not provide against the continuous growth of those evils.

An inquiry conducted by Dr. Buchanan into the effect of sanitary works or regulations in improving health in divers localities was completed at too late a period to have a place in Mr. Simon's present Report.

In order to obtain more exact knowledge of the alleged occasional conveyance of morbid contagion in the various stuffs which form the staple of the rag trade, Dr. Bristowe was instructed to make a detailed inquiry. "It is a matter of congratulation," Mr. Simon observes of this investigation, "that the results are almost negative, and such, I think, as fully to establish that the rag trade does not play any considerable part in the distribution of contagions of disease."

It is of great interest to learn that a series of scientific researches in aid of the more immediately practical objects of the medical department have been begun under the superintendence of Mr. Simon. The inquiries already made with regard to the distribution and causes of all our most destructive diseases, and of which the results have been published at length in Mr. Simon's series of invaluable reports, constitute a mass of information unrivalled for precision, extent, and national value. The time has now come when more recondite questions of the genesis of disease may occupy with advantage to the nation the attention of the department, and accordingly series of investigations are now being carried out by Dr. Thudichum with reference to the chemical processes of disease. Inquiries tending to a repetition of evidence on the subjects which had already been dealt with by the department would be of but secondary interest; whereas scientific researches leading to a more intimate knowledge of the nature of morbid processes which are yet to be prevented, and such as were not likely to be undertaken here by private investigation, open out a field of utility of the highest promise.

The third portion of Mr. Simon's Report is devoted to the foreign epidemics of the year, and the general question of contagion in its bearings on the public health. The outbreak of epidemic cerebro-spinal meningitis in Northern Europe, the present extension of epidemic cholera on the continent, and the importation of yellow fever into Swansea last year, give an interest altogether exceptional to this part of Mr. Simon's Report, and to the appended elaborate reports of Dr. J. Burdon Sanderson, on the Epidemics of Cerebro-Spinal Meningitis on the Lower Vistula in Europe; of Mr. John Netten Radcliffe, on the Sources and Diffusion of the present Epidemic of Cholera; of Professor Parkes on the Outbreak of Cholera at Southampton in 1865; and of Dr. Buchanan, on the Outbreak of Yellow Fever at Swansae. We must postpone the consideration of this part of the Report.—*Lancet*.



## DEATH OF A PHYSICIAN FROM AN EXPERIMENT.

ON Tuesday an inquest was held relative to the death of Dr. Toynbee, aged 50, of No. 18, Savile-row, Burlington-gardens, London.

George Power, who had been in the service of the deceased for six years, said that he was last in conversation with his master at ten minutes to four on Saturday afternoon, owing to a patient wishing to see him. He was lying on the couch. He had delayed his luncheon that day until half-past one, and as he usually took a sleep afterwards he told witness not to disturb him for an hour or so. When witness knocked at the door he was answered, "Come in," and on entering his master had apparently awakened from a sleep. There were papers on the chairs and deceased's watch on the table. Before the patient was admitted deceased removed the papers and seated himself in his consulting chair. The interview did not occupy more than a couple of minutes, and on the exit of the patient he said he was coming again on Monday. Another patient called, and on witness re-entering the room he found his master again lying on the couch with a piece of cotton wool over his nose and mouth. The chairs and papers were placed as before. He thought deceased was asleep as he did not answer, and he thereupon removed the cotton wool; but from the appearance presented he became frightened and thought something was wrong. He then ran for medical assistance.

By the Coroner—Witness was not aware that the deceased made experiments on himself. He seemed as cheerful as usual on that day, and paid up his book, as he always did on the Saturday.

Dr. Orlando Markham, of 3, Harley-street, Cavendish-square, found the deceased on the sofa perfectly dead. There was some cotton wool on the table close by, and witness's attention was attracted by a smell of chloroform in the room. The cotton wool smelt strongly of chloroform. Dr. Leared happened to come in at that time, and they both tried artificial respiration for half an hour without the least hope of restoring life. There was not the slightest sign.

By the Coroner—There were papers on two chairs, and a watch upon one set of the papers. On the first set there was a slip which referred to an experiment apparently tried on Thursday last—viz., "The effect of inhalation of the vapour of chloroform for singing in the ears, so as to be forced to the tympanum, either by being taken in by the breath through a towel or a sponge, producing a beneficial sensation of warmth." The second paper was an experiment on "The effect of chloroform combined with hydrocyanic acid." This was not clipped, apparently waiting for a result. Close to his hand on the chair were two bottles, which had been obtained at Bell's that afternoon. The one contained rectified ether, which had not been opened. The second was a little more than half full of hydrocyanic acid. He did not detect any smell of hydrocyanic acid, for that acid would evaporate very quickly. There was also a machine made of indiarubber lying on the chair used for injecting ether or other vapours, and afterwards was found, underneath the sofa, just as his hand—that of a dead man's—would fall, a six-ounce bottle, completely empty, which had contained chloroform but was dry and free from smell. The stopper was not in. From his experience, he should say the appearances were quite consistent with death from the effects of chloroform, but it was not possible to say that there was a combination of hydrocyanic acid with the chloroform, owing to the advanced state of decomposition of the body, both being so volatile that they speedily evaporated in an ordinary temperature.

In answer to further inquiries, he said he had made a post-mortem examination, but not an analysis, as he did not consider it necessary. In fact, there were no contents in the stomach to analyse, and not the remotest smell of the acid, which must have been present had it been taken

in quantity into the system. He believed that the death was due to chloroform, but what effect the prussic acid would produce in combination with the chloroform in vapour he could not tell.

Witness here produced a letter written by deceased to Dr. Gibson on the 6th inst., in which was expressed an opinion that Clover's apparatus for inhaling the vapour of hydrocyanic acid could be safely applied to the tympanum. This was explained by stating that the vapour was inhaled to the back of the throat, and, by holding the mouth and nostrils, was forced into the cavities of the ears, thus removing the singing and other nervous sensibility.

The Coroner—In fact, he must have forgotten his lungs, being so wrapped up in what he was doing to the ear.

Witness—Yes; he forgot that the vapour was getting into his chest.

John Barnard, 338, Oxford-street, managing superintendent to John Bell and Co., chemists, said he knew deceased personally. In consequence of a letter Mr. Hills received from deceased he went to see Mr. Clover's instrument for inhaling the vapour of ether and chloroform. The letter directed that the firm should send to deceased 6 ounces of chloroform, also of ether, and 1 ounce of hydrocyanic acid. He then went to deceased on Saturday morning, at eleven o'clock, to describe Clover's instrument. He said it would not suit him, for it was too complicated. He told him he had directed the things ordered to be sent him. Deceased said he wished to try the effect of mixed vapours for curing nervous affections of the ears, and that the instrument described would not suit him. Witness offered to get him any other that he might wish, when deceased thanked him, and witness left. About a quarter to two he called in Oxford-street, and said witness had not sent the articles ordered, but while there the messenger returned, saying he had just left them. Deceased asked the strength of the hydrocyanic acid which had been sent, when witness replied, "The dilute form." Deceased said, "That will not suit me; it is not strong enough. Give me immediately some of Scheele's strength." He seemed rather annoyed at not receiving the articles, and he appeared in a hurry. Witness took down the bottle, and caused to be supplied some acid of Scheele's strength. He heard nothing more until Dr. Markham came and told him of the lamentable death.

By the Coroner—Deceased was not in the habit of having hydrocyanic acid, but frequently was supplied with chloroform. The "dilute acid" was half Scheele's strength, and quite sufficient to destroy life.

Mr. Valpy, Captain Toynbee, Mr. Gowan, and other gentlemen, testified to the high intellectual and moral character of the deceased, and that being in a prosperous condition, surrounded by a loving family, he had given himself up to scientific pursuits, experimenting upon himself, and leaving nothing undone for the promotion and welfare of his fellow-creatures and the advancement of social science.

The Jury having consulted a few minutes returned the following verdict:—"That the deceased met with his death accidentally, while prosecuting his experiments, by inhaling a combination of chloroform and prussic acid; and the jury desire to express their deep sympathy with the family of the unfortunate deceased gentleman."

The Coroner expressed his concurrence with the verdict and expression of the jury, and the proceedings closed.

At an inquest recently held before Mr. Payne, at the Crown Tavern, Essex-street, Strand, it was stated that the dead-house of St. Clement's Danes is so small and dark that when a medical man is called upon to make a post-mortem examination he is obliged to have the coffin removed into the churchyard, and to have the dead-house doors open to get light, so that the bystanders who collect can inspect the whole operation. The coroner wished the public press to call attention to the state of the dead-house and to the necessity for the erection of a place for the depositing and examination of bodies, similar to the Morgue, at Paris.



**LEGAL INTELLIGENCE.****CENTRAL CRIMINAL COURT.—JULY 12TH.****FRAUDULENT REGISTRATION.***(Before the RECORDER.)*

CROWTHER SMITH, alias JOHN POTTER SERJEANT, 52, described as a surgeon, and JOHN SUTTON, 31, dentist, were charged with misdemeanor in having unlawfully, and by false and fraudulent declarations, procured the registration of the defendant Smith as a duly qualified medical practitioner, under "The Medical Act of 1858." The prisoners were also charged with conspiring together to commit the same offence.

Mr. Serjeant Ballantine, in opening the case for the prosecution, described it as one of a very remarkable, if not even romantic character, and one which also involved many important considerations in reference to the protection of the public from being imposed upon, and suffering severely both in their pockets and their persons, by the proceedings of utterly unqualified medical practitioners. The transaction appeared to have originally commenced so far back as the year 1836; and in that year it appeared that a gentleman named John Potter Serjeant was residing at Leicester, studying for the medical profession, and was no doubt regularly qualified by his education for that position. It appeared that he came to London, and after undergoing the usual examination he received a diploma from the Royal College of Surgeons of England, and subsequently a licence from the Apothecaries' Company to act as an apothecary, and he was for some time, no doubt, in regular practice in London. He was not aware what the habits of life of this person were, but it appeared that he had contracted an intimacy with a lady at Leicester, and that this intimacy continued in London, but about the year 1846 the person, whom he should show was the real John Potter Serjeant died, and from the fact of the cause of his death being delirium tremens, he was afraid that it must be inferred that his course of life was not of the most regular character. All the property he possessed was left to the lady to whom he referred, and amongst it were the diploma and the licence, which were kept in tin boxes, and which were considered by the deceased, no doubt, to be of considerable value. The lady in question subsequently got married, and was now a widow, and it appeared that for a considerable time she took no particular notice of the articles she had received from her deceased friend, and it turned out, several years afterwards, that, in some extraordinary manner, both the diploma and the licence had disappeared, and no one was able to tell at that time what had become of the documents. The case on the part of the prosecution was, that the prisoners had in some mysterious manner got possession of both the diploma and the licence, and that the prisoner Smith, who was an utterly illiterate man, and perfectly unqualified to act as a medical practitioner, had assumed the name of John Potter Serjeant, and that both the prisoners had at different times acted as medical practitioners under the diploma and the certificate which they had undoubtedly fraudulently obtained in the first instance. The learned Serjeant then proceeded to state that in the year 1859 the prisoner Sutton applied to the Medical Council, in accordance with the Act of Parliament, for a certificate of registration, upon the production of the diploma and the licence, and the certificate was granted, and from this time he practised as a regularly qualified man at different places in the metropolis, the name of Dr. Serjeant being upon the door, and one or other of the prisoners constantly practising in that name. These were the principal points in the evidence relied upon to support the prosecution, the substantive charge against the prisoners being that they had for a great number of years practised under the name of John Potter Serjeant, it being clearly proved that this person was dead, and that they had no right whatever to the certificates of competency that he had received.

Dr. Francis Hawkins, and Messrs. Roope and Bell

gave evidence on the part of the Medical Council, and Messrs. Trimmer and Stone on the part of the College of Surgeons of England.

At the conclusion of the case for the prosecution, the learned counsel for the prisoners addressed the jury at considerable length, and with a good deal of ingenuity in behalf of their respective clients.

The Recorder summed up with his usual clearness, and the jury, after a very short deliberation, found them both Guilty.

Mr. Oppenheim informed the court that both prisoners had been previously convicted, or rather pleaded guilty, in this court to a charge of fraud, the offence being that of forging the trade mark of Messrs. Broadwood, the eminent pianoforte manufacturers. Upon that occasion they were sentenced to three months' imprisonment.

John Mark Bull, a detective officer, of the city of London, then stated that he had known both prisoners a great number of years, and they were notorious swindlers.

The Recorder, in passing sentence, said that the prisoners had been convicted of what he could not help considering, under the circumstances, to be a very serious offence. He, therefore, felt it to be his duty to inflict the full punishment fixed by the law, which was, that they be imprisoned and kept to hard labour for twelve months.

The conviction of two men named Smith and Sutton for conspiring to procure the registration of one of them as a qualified surgeon under the Medical Act only shows how extremely clumsy some rogues are, and what unnecessary pains they take to put their necks in the noose which dangles before them, although there be plenty of space to pass on either side. They mistook a scarecrow for a policeman, and turned into the path beset with man-traps, instead of walking boldly on, and defying this mock penal enactment. There are hundreds of quacks of the same order as these, who practise with great success particular branches of medicine and surgery, and with very flourishing titles. Only last week a witness in court incidentally acknowledged that he was practising medicine and surgery, and that he had no diploma whatever, or any medical education. The quacks generally manage to avoid running their heads against the medical act, which is intended to protect the people from their false assumptions of titles, because the penalty is imposed, under its fortieth clause, not for the false pretence of possessing a diploma and being duly educated, but for the endeavour to get registered by fraud, or for untruly declaring oneself to be registered. Now, as not one person in ten thousand in England knows anything about the Medical Register, and not one in a hundred thousand has ever seen it, or ever thinks of asking whether the red lamp in the next street is a trustworthy and registered luminary, the quacks simply ignore the act, and practise without legal title. Smith and Sutton took a world of pains to commit an altogether unnecessary offence, and are lodged in prison accordingly. The act is a complete failure as it stands; it affords no protection whatever either to the public or the profession. And we may take this opportunity of calling the attention of the new Home Secretary to the fact that he will find in a pigeonhole of his office a short and simple bill devised by the solicitor to the Medical Council, and approved by Sir George Grey and Mr. Thring, of which the effect would be to make the assumption of the title penal, as well as its registration. This short and easy protective measure we commend to his early consideration.

CHOLERA AT PERTH.—On Monday afternoon, a man confined in one of the lunatic wards of the general prison at Perth, was suddenly taken ill, and died, with all the symptoms of Asiatic cholera. So far as we have been able to ascertain no other cases have occurred. And at Leith, where two cases were reported last week, no further manifestations of the disease have been noticed.



## Reviews.

**THE CLIMATE OF SAN REMO**, and other Winter Stations of the Mediterranean, including Nice, Mentone, Cannes, and Hyères. By M. PROSSER JAMES, M.D., Senior Physician to the City Dispensary, late Senior Physician to the Metropolitan Dispensary, Author of "Sore Throat and the Laryngoscope," &c.

**SAN REMO AS A WINTER RESIDENCE.** By AN INVALID.

**THE CLIMATE OF SAN REMO AS ADAPTED TO INVALIDS.** By Dr. HENRY DAUBENY.

The first book on this list is medical and scientific. The author has for several winters visited the climatic resorts of the Mediterranean, and has given us in this pamphlet the results of his professional observations. He has been led to adopt the views which he here records from a careful and continued examination of the position of San Remo, and the peculiar advantages which it offers to the invalid as a winter residence, compared with those of the other places of fashionable resort along the coast of the Mediterranean, between Genoa and Marseilles. He appears to have been particularly struck with this Italian town during his first short visit, and resolved to spend the following winter there to ascertain if his original impressions were well founded or not. A further investigation confirmed him in the opinion he had formed, and led to the publication of the work which we here introduce to our readers. It is well written, the style is vigorous, often bright and sparkling, the meteorological statistics are carefully collected, and the conclusions at which he arrives always fairly deduced from the reasons assigned.

Indeed, if to be plagiarized be a proof of value, Dr. P. James may well be proud of the manner in which his work has been made use of without acknowledgment. Both professional and literary critics have already pointed this out, and therefore we refrain from a full investigation. We may, however, cite the tables given by Dr. James from unpublished records, as well as others from newspapers, both translated by him for this pamphlet, and which have been transferred bodily to the pages of Dr. Daubeny as if they were literally his own. It is rather amusing to observe that by a clerical error Dr. James cites Sir C. Clarke, which error Dr. Daubeny most innocently copies.

Mr. Aspinall's book, the second publication which we here notice, is popular and gossiping. It is a pleasant narrative of the feelings of "An Invalid," when he reached, as he himself says, "bright, beautiful, exhilarating Liguria," and when, after the "first few weeks spent at San Remo, he began to experience the exquisite sensation of returning health, and was enabled to enjoy long rides amongst the charming scenes with which this lovely country abounds." The volume is quite unpretending. It gives a description of the new and the old town, and a condensed *epitome* of its history. It points out the objects of interest to be found there, enumerates the natural productions of the climate, gives full directions for finding the road leading to the different localities in the neighbourhood where there is anything remarkable to be seen, or where the most striking views of this mountainous region are to be obtained, advises the best method of proceeding there, whether by a donkey-ride or on foot, and indicates the places for rendezvous or pic-nic. Indeed, it furnishes almost all the information needed by a visitor, and that is usually comprised in a far less interesting form in an ordinary guide.

We have only to remember one fault in Mr. Aspinall's volume, that he has cited, instead of Dr. James, his plagiarist; but we must, at the same time, bear in mind that Mr. A.

as an invalid resorting to San Remo might know nothing of the respective dates of their publications.

Dr. James's work was the first in point of time, and is unquestionably the most important. There are some lively descriptions of places and scenes which will interest the general reader, while to the profession it will furnish many valuable hints which may guide them safely in recommending a winter residence to their invalid patients.

As to Dr. Daubeny, we advise him openly to acknowledge the source whence the chief part of the information contained in his pamphlet was derived. Should he, however, decline to do so, he ought unquestionably, in fairness, to suppress the remaining copies.

## London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 18, 1866.

### MEDICINE AND THE NEW MINISTRY.

The profession of Medicine has so little reason for the expression of gratitude to any of the Administrations which have successively held the reins of government that the late changes in the Administration will probably be regarded with a feeling of indifference, relieved perhaps with a gleam of hope that, as things cannot well be worse than they are at present, they may possibly be better. In a Medical Journal politics are of course beyond the legitimate sphere of discussion, but it must be admitted that the late Ministry exhibited in general the utmost disregard for the interests or the advancement of the Medical Profession, and the rare cases in which honours were bestowed upon its members were rather to be regarded as exceptions than as a rule. In all the instances where medical matters were discussed in the Legislature scarcely common intelligence was displayed in the debates, and a sentiment of apathy, if not of positive opposition, was manifested whenever the interests of our Profession were advocated.

No better proof could have been given of the utter listlessness, if not contempt, felt by the late Government towards Medical interests than the conduct pursued in reference to the amendment of the Medical Act. This measure, as is too well known, has entirely failed, not merely to protect the Profession, but to protect the public, or even to effect the small object at which it professed to aim—namely, the indication of the difference between licensed and unlicensed practitioners. But notwithstanding the repeated representations and remonstrances made to the Government, nothing whatever has been done or even proposed in Parliament to rectify the obvious anomalies and imperfections of the Medical Act, and all that the late Home Secretary has done has been to grant the services of the Solicitor of the Home Office in drawing up some heads of an amended Bill, which, however, has never received any official sanction, and has now been abandoned altogether.



The grievances of the Poor-law Medical Officers have elicited no response from the late Government, and the stolid red-tapeism of the Poor-law Board has steadily resisted all the efforts of the Poor-law Surgeons to ameliorate their own condition. These gentlemen are perhaps, at present, not quite so much crushed as they previously were by the tyranny of the local Guardians; but the improvement, if improvement it can be called, is owing, not to any exercise of legislative or official power, but to the exposure, in the newspapers and by a voluntary association, of gross defects in the management of the sick department of the Workhouses, defects which are obviously due to the ignorance of local Boards upon sanitary and Medical subjects, and to their contemptuous and offensive behaviour to their Medical Officers.

It remains to be seen whether the Earl of DERBY and his colleagues in the new Ministry will bestow a greater attention on Medical matters than his predecessors have done, and we may state, in the first place, that the present Government are, in some special way, bound to remedy the defects in the Medical Act, which was a bantling of their own production. Most of us can recollect the rapidity with which this Act was passed, under the last Conservative Ministry, of which Lord DERBY was the head, and it is quite possible that if its amendment were promoted under the same auspices, the results might be satisfactory to the Profession. At all events, the practitioners of Medicine have a right to ask the present Ministry, with far more urgency than of the last, such alterations in the measure as may render its provisions at least intelligible, and enable the public to comprehend the reasons why it was ever passed. At present there has been but little gained by the Medical Act of 1858, except the representation of conflicting corporate interests at a central Board, the annual discussion of plans which come to nothing, the publication of a Register which few in the Profession and none out of it ever care to read or consult, and the levying of a large sum of money from an ill-paid and over-taxed Profession.

The only topic in relation to the Medical Profession which has hitherto been touched upon by the Earl of DERBY is the improvement of the condition of the sick poor in the Workhouses, but this subject at present occupies so much of the public attention that legislation will not be very difficult. The interests of the poor in this case are almost identical with those of the Poor-law Medical Officers, who are the real friends of the sick poor, and stand between them and the Guardians, and any measures calculated to improve the state of the Workhouse Infirmaries must necessarily tend to improve the status of the Medical Officers. If Lord DERBY should succeed in remedying the abuses which are proved to prevail in the management of the sick poor he will be regarded as the benefactor of the community, and we may add, he will show himself more worthy of support than those whose philanthropy thereby engages

them chiefly in foreign sympathy, but blinds their vision to the abuses prevalent at home.

### MEDICAL FEES IN TOWN AND COUNTRY.

IN our last number we directed attention to the formation of a Medical Protection Association for the Lothians of Scotland, having for its object the due reimbursement of country medical men for their skill and labour. With much sympathy for our country medical brethren, we must confess to an equal sympathy with our agricultural labourers, who are a hard-worked, ill-paid set of men, and yet the backbone of our country, and having a strong desire to mediate between the two, we beg to suggest some such plan as the following, which we think would be found to work well for all parties. We think that all farmers and other large employers of labour in the country should act as the managers of collieries and ironworks are in the habit of doing, they should deduct a certain weekly amount off each man's wages for medical attendance and medicine, leaving midwifery to be settled for separately and per case, and rating the amount at so much less for bachelors than for married men. This mode would at once secure the doctor his fees, and at the same time not oppress the labourer, while it would also suit the employer, as the patients would be sure to apply early, and would, therefore, have the best chance of being cured early. Let the Lothians Medical Association press this view of the case on all the employers within their bounds, and we are sure it will receive all due consideration, and will probably settle their difficulties at once. In towns, however, the case is somewhat different. In them we have a large class just barely above pauperism, and only kept from sinking into it by medical and other charities; from them nothing can be expected, but on their behalf the State ought to subscribe largely to these charities, because it is by them relieved of a large part of its proper burdens. A proper system of medical organization would compel this, and it is only not needful, because those charitably disposed relieve their brethren to the extent necessary, and we believe that, morally, this is far better than for centralization and organization to apportion each man his proper share and tax him to that amount. In towns, also, there is, from the great facilities, a large proportion of black sheep, who, after exhausting the patience of one doctor, flit to another, and, mayhap, confer their patronage on a third, having, all the while, the dispensaries to fall back upon in case of refusal to attend; for this there is hardly any remedy without importing into the profession more of the commercial spirit than we have any desire ever to see within it. These are two burdens which weigh more or less heavily on every practitioner in a town, which are, to a large extent, irremediable, and which serve, at considerable personal expense, to keep alive his charitable feelings. In Edinburgh we have also another source of trouble, and in many cases of loss. We have no such thing as a fixed table of fees. Advocates have their retaining and refreshing



fees, the amount of which they fix for themselves. Writers have a regular and fixed scale of charges; but medical men take off their hats and beg. We have given you our advice on so many occasions, we have paid you so many professional visits, what do you think them worth? What will you give us for them? Such a mode of acting is embarrassing to both patient and doctor till they get accustomed to it, and we certainly think it far less gentlemanly than a plain statement of what we think to be the value of our services. If we practise as advocates, as writers, or as doctors, the fact itself shows that we require to supplement our patrimony, or supply our wants by selling our services to those who need them. Why should one only of these professions, and that not socially the highest, decline to state what it deems these services worth? This anomalous state of matters requires to be set right and placed upon a firm basis, and the profession would not lower itself, but the reverse, in the eyes of every right-thinking man by so doing. It is all nonsense to say that we have no means of knowing a man's income, that we must not oppress the poor nor sponge upon the rich; in the sum paid for house-rent we have an approximative index to a man's means, and certainly a fair basis in accordance with which to draw up a table of fees, and we feel certain that both the profession and the public would be thankful to have some authoritative and definite regulations to guide them in their pecuniary relations, which would yet neither prevent a man asking more if he felt himself in a position to do so, nor oblige him to refuse any additional *douceur* to which a grateful patient might think his services entitled.

#### THE TEACHING OF PATHOLOGY.

We are sure that no one will dispute our opinion that pathology in its enlarged sense as the science of disease, the history of morbid processes, and their mode of differentiation from healthy ones, constitutes the only firm basis whereon to found a rational system of medical treatment. Pathology, as thus understood, is neither a doctrine of crases, of cells, nor of exudations, but a true science, necessitating a knowledge of all these matters and of something more. Every deviation from the normal in structure or function is a pathological product, and the unravelling of the causes, as well as of the tendencies of such deviations, is the true work of pathological science. But to unravel these causes and tendencies, the mind of the inquirer must be thoroughly conversant with healthy physiological structure and function, and with their laws which regulate the latter, as well as wholly untrammelled by any prevalent theories as to the actions of remedial agents. After the pathologist has determined his premises and laid down his laws, it is then time for the practitioner to inquire how far the agents he employs have the power of modifying them, or how far his preconceived theories of the actions of remedies must be modified by the facts ascertained by the pathologist. In this view of the matter it cannot

but be subject of regret how little has been done in Britain in regard to placing pathology on a proper basis. In this country practice is the El Dorado of physicians, and pathology itself, which ought to be a lifelong study, is, like everything else, only employed as a means of making one's name known, as a stepping-stone into the more fruitful fields, in a pecuniary point of view, which lie beyond. This, however, is not as it ought to be; every large hospital ought to have attached to it a Chair of Pathology, so well endowed as to give no inducement for its occupant to stray into more golden but less scientific fields. In Edinburgh we are peculiarly ill-situated in this respect; we have a Chair of Pathology, unconnected with the hospital, the teaching from which is purely theoretical, while its occupant devotes his life, not to study, but to practise physic; while connected with the hospital we have a practical pathologist whose position is unendowed, and whose sole hope of gaining a competence is to make use of that position as a stepping-stone to practice. Between these two stools pathology falls to the ground. Mere theoretical pathology may suffice to teach a smattering of doctrines already effete, but can never conduce to the useful development of the science, while no sooner has our practical pathologist gained sufficient experience to begin to make his knowledge available in the development of the science than he finds that he can also make it useful in gathering riches for himself, and so he merges the pathologist in the physician. We very much regret that this should be the case, and, considering the vast importance of the science of Pathology, we are sure that we are not overstating the matter when we say that the School of Medicine which shall first sufficiently endow a Chair of Practical Pathology and receive an efficient man for its occupant is certainly destined far to outstrip its competitors. We should be sorry to see Edinburgh behind in this; it numbers amongst its professors men whose names are second to none in medical science. But suppose we had a VIRCHOW here? Would not the efficiency of the school and its fame be increased tenfold. Yet we have ample material and able men; all we want is an endowment sufficient to induce these men to devote their lives solely to pathology. Cannot that, too, be provided?

#### THE CATTLE PLAGUE IN IRELAND.

THE history of this calamitous disease in Ireland is so remarkable, and so clearly opens the question of whether it is desirable that medical or other professional subjects should be discussed in the ordinary journals, that we propose to review it briefly. Towards the end of May it was reported to the Castle authorities that a disease which had been smouldering for some weeks at Drennan, near Lisburn, was rinderpest, and such it was at once pronounced to be by the Head of the Veterinary Department and an English Cattle Plague Inspector of much experience. Doubt was cast on this opinion, mainly because post-mortem examinations had been considered unnecessary, but all approved of the vigorous



measures which were taken towards stamping out the disease. It had been introduced by drovers and dealers returning from Scotland. Early in June another outbreak was reported at Drumra, just outside the cordon which had been drawn round Drennan. The authorities requested Dr. MAPOTHER to witness post-mortem examinations of the animals affected, and it might be supposed that any deliberate opinion his on this pathological subject would be considered conclusive. He detailed the symptoms which one surviving beast presented and the appearances of its carcase and organs when slaughtered, as well as those of three other cows, which had succumbed to the disease. Every symptom and appearance which is recorded in the Commissioners' Reports and other authorities were noted as being present, and pleuro-pneumonia, milk fever, and foot and mouth disease were put out of the question, not one character of any of them being observable. This decision was verified by some seven or eight Veterinary Surgeons, who had studied cattle plague in England, and who were present at the dissections, and by many others who examined the diseased specimens when sent to Dublin. It was impugned, however, in one of the morning journals, in which pathological matters were talked of so glibly as to warrant the vulgar belief in editorial omniscience. As recently as last Friday week a portion of this report and a description of malignant catarrh were placed in parallel columns in this paper, from which it appears the writer would infer that the animals had died of that disease. The descriptions are, however, remarkable for dissimilarity instead of identity.

The effusions of this journal, and the clamour of a number of persons interested in the cattle trade, induced the Government to bring over one of the Officers of the Cattle Plague Department of the English Privy Council. Mr. GEORGE BROWNE, who is so well known for his manual of "Microscopical Anatomy," in conjunction with Dr. HARLEY, was selected. He had taught the diseases of cattle for many years at Cirencester Agricultural College, until, together with many of the other Professors, he was compelled to secede from that institution for reasons in no way discreditable to him. We mention the latter circumstance as it has been the text for a personal attack in the journal to which we have so often alluded. He had acted as Chief Inspector in London and other parts of England since the outbreak of the disease. Arrived in the infected district, he very deliberately observed the cases, not volunteering his opinions to the reporters of the provincial papers—and hence much wrath; but in due time reported to the LORD LIEUTENANT that they were unmistakable cases of rinderpest.

Together with Professor FERGUSON he has announced the same sad news from Enfield, county Meath—the county above all in which an outbreak would be most destructive.

After the animals had been dissected and buried, an

expedition of the sceptics arrived at Enfield, and from the hearsay of the herds and such persons ventured to assert that the cases were "typhoid pneumonia." We regret to say that Mr. FARRALL, the well-known Veterinarian, lent himself to so unprofessional and injudicious a course.

This resolute determination not to believe that rinderpest has appeared in Ireland in spite of any evidence, has already done much injury by inducing humble farmers to treat their stock without giving notice to the Government officials. But from the report of the Mansion-house meeting for the last two weeks it would appear that a better spirit is awakening. One respected member of the Committee withdrew his name to mark his disapproval of its conduct, several followed his example, and others proposed a vote of confidence in the head of the Veterinary Department.

Two facts alone could at first have given any colour to the disbelief of the appearance of the disease in Ireland. First, in the Enfield case, it could not be ascertained with certainty how the disease was imported, but the same had to be confessed in hundreds of outbreaks elsewhere; and second, it did not spread extensively. This may be attributed to the isolated condition of the small herds attacked, to the summer temperature, which greatly lowers the danger of contagion, and above all to the prompt and vigorous measures which were adopted by the Executive.

In conclusion, we do not apologise for having occupied so much space in discussing this mislady, so interesting in its pathological features, and so fraught with danger to national prosperity, as to have attracted to its study some of the ablest physicians in London, not exclusive of the illustrious Sir THOMAS WATSON.

#### JOSEPH TOYNBEE, F.R.S.

WE cannot but add our tribute to the general feeling of respectful sorrow which has been elicited by the death of Mr. Toynbee. The details of the accident which caused it are no doubt known to our readers from the reports in the public papers, which, we believe, are accurate, except in respect to the "commercial speculations" in which Mr. Toynbee (doubtless to the surprise of his medical brethren) is said to have indulged. This is, of course, an error of the reporters, "commercial speculations" being put for *investments*. Mr. Toynbee carried on no speculations, nor had he incurred any losses in the recent panic. A death encountered in the prosecution of experimental research in the domain of therapeutics forms in some sense a not inapt termination to a life so full of labour often undertaken with little regard to personal reward or safety. Few lives, indeed, even among our own laborious fraternity, exhibit a history of toil so zealous and unintermitting. Not far short of one hundred contributions on the subject of aural surgery alone have marked his life of 50 years. His father was a farmer, known as a successful



breeder of cattle at Heckington, in Lincolnshire; but a love for the practice of medicine seems to have been a family taste, since no fewer than three of the sons adopted it. Of these Mr. Toynbee is the last. He entered the profession as pupil to the late Mr. Wade, at the Soho Branch of the Westminster Dispensary. Here much of his time was spent among the lanes and courts of St. Giles, in alleviating the sufferings of the sick poor; and no one who recalls his cheerful friendliness of manner among the poor, and the unwearied efforts which to the last he continued to make for their welfare, can doubt that his duties were not only faithfully performed, but were graced by a kindly sympathy of manner that must have rendered them doubly valuable. Mr. Toynbee both understood and respected the poor. He would often express his dissatisfaction with visits made to their houses merely on errands of charity, and longed and laboured for a time when common knowledge and mutual interests should open a door to a mutually respectful and natural intercourse between the different classes of society. One of the chief attractions which the scheme of Local Museums possessed for him was the prospect it opened in this direction. Probably these habits of thought first sprang up amid the wretched courts and alleys in which his duties lay at the commencement of his professional career; at any rate, it is to this period we may no doubt assign the origin of that philanthropic zeal, which almost grew into a passion in his bosom, for improving the dwellings of the working classes, and for which his position as Surgeon to the St. George's and St. James's Dispensary soon opened a wider field. Here he set on foot the "Samaritan Fund," by which that institution still adds to the completeness of its beneficence; and directing his own attention specially to the ear soon attracted to his out-patients' room a very large attendance of the deaf. He practised at this time in Argyle-place, but his success, though latterly very great, does not appear to have been rapid, as might indeed have been expected from the strictly scientific character of his work. At one time, we believe, his public labours seemed seriously to threaten his private practice, and this led him to take a less prominent, though scarcely a less active, part in many public movements than would otherwise have naturally fallen to him; but a genuine modesty of character, and a wish rather to do than to appear, contributed to the same result. He gave, anonymously, on one occasion, £500 to the Medical Benevolent Fund, of which he was for many years a most efficient treasurer. It would be easy to multiply details of his benevolence, but we forbear. It is, however, only just that we should briefly refer to certain events connected with his mode of taking fees, which at one time excited unfavourable remark. Without attempting to justify any particular case in which an excess above the usual fee may have been charged, we feel bound to affirm, as a matter beyond all question, that the motive which in this mainly influenced Mr. Toynbee was a regard to what he considered the just

rights of the profession, whose claim to a higher rate of remuneration, in certain cases, he held to be indubitable. Here, as elsewhere, even if mistaken, he took his stand, with a view to rectify that which he thought wrong. Of no man can it be more truly said that he lived a hidden as well as an external life. The general outline of his work is known to all, but the diligent and steadfast perseverance of which it was the fruit, the truthfulness and love of science which prompted and controlled his labours, the kind-heartedness and readiness to teach and to assist, which lay beneath an exterior that sometimes did scarcely justice to the man within, those only know whose privilege it was to hold a place among his friends and to share his private moments. That he almost alone raised aural surgery from chaos to the rank and dignity of a not unworthy branch of medical science, though a legitimate title to honour, is yet among the lesser of two claims to respect and gratitude. Unremittingly he toiled for his fellow-men, following with kind sympathy and kinder deeds every want which solicited his aid, every wretchedness, however sullied, which his hand could reach. Though sensitive to physical distress, his wisely-ambitious charity aimed constantly at a higher end than its mere relief. Above all things, he sought to elevate the minds and hearts of his fellow-men, and till the last moment of his life—spent as it was in self-sacrificing effort to extend his medical power—his mind teemed with fresh schemes for spreading the pure and purity-producing love of Nature among the poorer classes of the community. He had faults and he fell into errors, but those who knew him know that even his faults had had a tinge of virtue in them, and chief among his errors seems to have been an enthusiastic belief in the power of right, which led him sometimes into a too zealous effort to effect that which might perhaps have been more wisely left unattempted. Scarcely less in that in which he failed than in that wherein he succeeded, he has laid under a permanent obligation the student and practitioner of medicine.

J. H.

LAST Thursday a child was admitted to the Liverpool Workhouse suffering from cholera, and died in a few hours. This gave the signal. On Friday night four children and a nurse were seized with "Asiatic cholera" in the Foundling Ward of the Liverpool Workhouse. In three hours one of the children was dead. On Saturday morning the nurse died, and the three remaining children were reported to be dying. It may be proper here to draw attention to the Registrar-General's report for the week preceding this outbreak. Clearly Liverpool was in a most unhealthy state, for the official returns give the mortality at nearly twice that of London, and more than double the mortality of Birmingham. Even Vienna shows a lower rate by 8 in 1000. The newspapers tell us that energetic measures have been taken to meet the circumstances. We sincerely hope the officials are really alive to the danger, and we earnestly entreat them to make some inquiry as to the peculiar unhealthy state of their town.



## Correspondence.

### DISINFÉCTION AND THE CATTLE PLAGUE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have observed that the investigation which has been set on foot as to the state of the metropolitan workhouse infirmaries, has been entrusted to Poor-law Inspector Farnall and a Dr. Smith. Can it be that the last-named gentleman is Dr. Angus Smith, whose proceedings in regard to the inquiry touching cattle plague disinfectants have given rise to so much unfavourable remark? If so, I think a considerable portion of the public will have very little confidence in the conclusions he and Mr. Farnall may arrive at. The medical world in particular can hardly be expected to accept as an authority an individual whose pursuits have not been of a kind to familiarise him with the details of hospital routine.

It would seem to me that in respect to this inquiry Dr. Smith not being a medical man, but a professional chemist, and not a Doctor of Medicine, but a German Doctor of Philosophy, has gone beyond his "last." I should like to see it explained wherefore an investigation which has been obtained on account of the pressing representations of a medical journal, and which is of a nature specially requiring that knowledge of hospital arrangements and management which none but medical men can be expected to possess, should be placed in the hands of a non-medical gentleman in conjunction with a Poor-law Inspector. I suspect it will turn out that one of the principal features of Dr. Smith's part of the work will consist of a fresh series of observations with his "air test." If such should happen to be the case, it is to be hoped that they will prove capable of verification, which is more than can be said of some of the air-test observations he has already published.—Yours obediently,

ONLY A SURGEON AND NO PH.D.

### LETTER OF "CYCLOPS."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Last year, before the amalgamation of THE MEDICAL PRESS with THE MEDICAL CIRCULAR, I sent to the latter journal thirty-three consecutive letters on physiology. I have now a case to record of great magnitude which occurred to myself, in which I followed out the great rules I there laid down, and I now ask you if you will kindly insert it in your journal, as it may be interesting to your readers as illustrative of great principles, and oblige, Sir, your obedient servant,

CYCLOPS.

London, June, 1866.

#### A PHYSICIAN'S FORTNIGHT'S ILLNESS—PREDISPOSITION TO DISEASE—A SEVERE COLD FOLLOWED BY RAPID FEVER AND ERYSIPELAS—DESQUAMATION—DIET AND TREATMENT—RECOVERY—PHYSIOLOGICAL REMARKS.

Respecting the physiological problem that any person may be suddenly attacked by any great disease whilst in perfect health, I have always insisted that such is opposed to all physiological laws. The general condition and state of such individual should always show some previous departure from a true balance of health in the system, although such person might apparently be in his usual good health and able to perform all the duties of the healthy individual in every way; still, when we see, as we do, a certain number of individuals taking an epidemic or an endemic, and others entirely escaping, I hold that all those who take the disease have what is called "a predisposition," which term, vague as it is and so little understood, yet actually amounts to that state I have set forth as a principle—namely, that in some chemicovital conditions at present undeveloped by science, yet, nevertheless, should be brought to bear upon it, shows a want of balance of certain states and secretions of the

body, and that it may at any time be upset and take on disease.

At the latter part of last year (1865) and beginning of this, I observed neuralgia to be more prevalent than I had seen it for some years at one time, and that persons in all classes of society, high and low, rich and poor, had it, while, of course, many were exempt. Here, then, is the fact of a departure from that chemicovital law which makes perfect health, and that any such person might be liable to take other diseases solely from this fact. I had neuralgia myself at this time, which lasted off and on for nearly two months. It was the only thing I had to complain of; but it never interrupted my professional pursuits, nor my eating and drinking or general habit of body, for in every other particular I considered myself in tolerable health. Nevertheless, here was evidently a departure from a true balance of health. Again, about March this year, I had many cases of a singular tracheal congestive cough more prevalent among adults and middle-aged persons. I had it myself for two months, and so like a chronic whooping-cough was it, that I designated my own to be nothing more nor less than this disease. The expectoration was enormous, and the noise in the inspiration while coughing resembled the whoop. Indeed, several medical men who had had cases of this kind under their care called upon me to ask my opinion on it, as they could not find any disease of the lungs themselves. On comparing notes they agreed with me that this singular attack which appeared so general was nothing more nor less than tracheal congestion, and resembled chronic whooping-cough. This congestive action and consequent irritation seemed to extend from the chordæ vocales to two-thirds down the trachea, often not reaching even to the bifurcation. The adults who had it, having power to expectorate freely, did so.

The treatment I adopted and recommended consisted of generous living and diet with expectorants and plenty of fresh air, which seemed to keep it under control, but not to reduce it entirely under two months. This was about the time my own attack lasted, yet in every other respect I had fair health. Some of my own patients had already compared their attacks to the same cause from the similitude of the coughs to some of the younger members of their families who had had whooping-cough.

Now these two prevalent diseases I mention by the way to draw the attention of my medical brethren to them should they have seen them, and yet not noticed their singular epidemic character, as well as to lead me up to the first observation that my system was evidently out of a chemicovital balance of health, and was prepared from such predisposition to the attack of which I am about to speak.

On 5th June last, in the midst of what I may call my usual health, I felt, towards the middle of the day, great lassitude and debility, attended with curious aching pains throughout the whole body, and by the time I usually leave my town residence for the country, I felt unusually ill, so hastened home as quickly as possible. By this time I was thoroughly subdued, and went to bed, suffering with alternate rigors and intense painfully cold sweatings, and then bursting into fiery heats. The peculiar sensations of patients, I think, for the sake of physiology, should be recorded. I seemed to lose all identity of myself, and believed myself a mere nebulous mass, and it appeared to me that a few imps of darkness, regardless of my fourteen stone weight, had quietly tied me up in a common silk pocket-handkerchief, and by the four corners tossed me into a furnace—a veritable pandemonium. My thirst was unquenchable, my body a burning surface. In this furnace I seemed, for some thirty-six hours, to sink and sink lower and lower, yet I felt to want support and plenty of cold drinks; so I had every two or three hours, from a delicious cold cellar, tumbler after tumbler of porter and strong ale alternately, with draughts from an unparalleled well, whose water is both pure and cold. Cold applications to the body evaporated as soon as put on.

The third day my friend, Mr. B., was summoned to my bedside—a man second to none in the perfect knowledge of every branch of his profession. "Well, Dr. C., I am sorry to see you so ill, but I have always a difficulty when I approach your bedside, knowing your peculiar views as to medicine." "Well; then, B., leave it alone," was my reply, "I am taking no end of cold drinks—porter, strong ale, and water; water, strong ale, and porter, alternately, and they seem to do me good." "Well, if they suit you and you



think it right go on; but what is this red patch on your cheek? Why, you have erysipelas setting up!" And true enough it was; and like its name it ran like wild-fire over all the right side, ear, neck, and back of the head. Next day, a corresponding patch came on my left cheek with even greater virulence, and ran as rapidly over the left ear, neck, and back of the head. Here it seized on some old and wonderfully deep cicatrices of my friend, Mr. B.'s, scalpel of eleven years ago, when I had a carbuncle of great magnitude, that sent me *hors de combat* from my profession for three months. I suffered all the pains of the carbuncle over again, barring the deep and ghastly incisions. The erysipelas extended to my back and shoulders, and altogether I suffered the torments of the condemned.

Now, as I lay writhing in bed, I wanted to find a cause for these agonizing pains, I tried to reason upon them physiologically, and at last came to the conclusion they were caused by the sudden drying up of all my secretions, and with them the disturbance of all the chemic-vital actions, as well as the sources from which arise our natural galvanic or electrical powers of life, and also from the constriction of all the circulating vessels, and I don't think my conclusions were wrong, as I will show bye-and-bye. Goulard's lotion combined with camphor julep was freely squeezed from linen rags over my head and face, and the cool trickling through the roots of my hair and down my face and neck were most delicious. Curious enough my tongue was clean, and my pulse not bad, and my appetite such that I could take meat and nonrishing things when fed, but I could not feed myself. On the sixth day my head and face feeling like the side of a house, was so disfigured that I should not have been recognizable by my oldest friend. On the seventh day a new feature set up. I burst into such terrific perspirations that I sopped everything I wore, and immediately a new train of symptoms set in. The horrible racking pains I previously suffered now gave place to a different class. All the lakes and springs, rivers and seas, and ponds of the body, seemed to relax; all the circulating vessels and the pains from their distension, and the fluids once more coursing through them seemed to quiet me, and I could bear them apparently without moving; whilst the others, from an entirely different physiological source, caused me to writhe, and, as I lay, I often tried to calculate how many different positions and angles of the body and limbs a patient might make and get into, and how many times he might roll a good old four-poster, six feet square, in an hour. My calculations got to many hundreds. But with these new symptoms came other curious sensations. I could not now bear anything cold to drink, but wanted everything hot; and the quantity of boiling hot—but not strong sherry and water—I drank I must forbear to mention. It seemed as if I could not get enough of it. I felt a sensation (here the sick man's fancies appear again) that I had in the upper part of my trachea a great black hole, about an inch wide, and three inches long, and when I drank the hot sherry and water, it seemed to fill it up. Now, curious enough, this had been the seat of my tracheal congestion, or chronic whooping-cough for two months. The effect on me was that it warmed and stimulated the anterior and posterior mediastinum, and to have a specific action on all the upper part of the heart.

On the sixth day, my friend, Mr. B., said, "How are your bowels?" "Oh!" I said, "they are good friends, they are conserved, they have not been opened since my attack." "Well, I know you have peculiar views on that subject, but should they not be opened?" "No, not till Nature dictates." Physiologists do not yet know the value of the gases generated from fæces, nor the value of the fæces themselves as fæces. In the evening, however, I had a very black solid motion. "Oh!" said I, "here is plenty of carbon; all the burnt up and charred materials after Nature had extracted from them their precious gases."

Next day I had a similar motion, and the following a natural solid one in colour and consistence, and every day since one of the same character. On the ninth day desquamation of the erysipelas came rapidly on, and I could bear no longer the cold applications, so I applied starch powder to all the parts. My pains gradually subsided, excepting that I lay with difficulty on the back of my head, and the great bunches of red and purple spots on my shoulders and back pained me much. Desquamation of my face, as I have said, was most rapid. I had been fed on beautiful lamb and mutton chops, egg and bread crumbed,

and plenty of hot sherry and water. Now, I could compare the desquamation of my face, ears, &c., to nothing but one of these egg-and-bread crumbed chops when cold. Directly you cut them, the mass of egg and bread crumbs comes off, leaving the chop bare. So the desquamation of my erysipelas. All came off, and left my face as clear and rosy as it had been before, and no one would have believed I had had such an attack.

On the eleventh day I got up for a few hours. On the twelfth day (Sunday) I got up and shaved for the first time. This was a terrible operation, but I found the skin beneath well healed. On the thirteenth day I was up all day, and on Tuesday, the day fortnight of my attack, I came to town to follow my usual consulting practice; but, feeling dreadfully weak and quite the invalid, I could only say with Cæsar, "Give me some drink, Tiberius, like a sick girl."

Now come the important points to be considered. I took no medicine of any kind from the beginning to the end of the disease, excepting a dose of morphia, which could not be repeated, and, as suggested by my friend, Mr. B., a little acid and quinine the last five days, which was very grateful. The art and mystery of medicine can therefore claim no credit in the case. The homœopaths might step in and say you did nothing, but where is the humbug of their globules to credit them with anything? Well, then, there is nothing left but the *vis medicatrix nature* and common sense to fall back upon for explanation, and in the former we must look somewhat to a knowledge of physiology. In the first place there was a rapid wasting and a house in a blaze, water quenched the fire to some extent, but the porter and ale supplied that part of the fabric which was being rapidly consumed, for I have observed this great physiological law—namely, that Nature never has a disease, even from its first onset, but that she immediately, by the *vis a tergo* of her chemic-vital powers, begins to repair from her cases of operations, both actions going on at the same time. That I have for many years been of opinion that we do not understand fevers and great inflammatory actions, inasmuch as we keep them too low, and do not properly assist Nature's great laws of reconstruction. Next, as I have always said in my physiological writings, man is an acid generator, and everything he takes in the shape of raw material or diet, barring the direct acids, are alkaline or highly alkaloid. Stimulants and diet in my case were all the medicines I wanted. The fire burning up all stray material was first subdued by cold, while the structure was not allowed to be over-consumed, because the mere act of absorption of fluids through porous structure increases temperature, and it would not have been at all consistent for a certain temperature to be suddenly reduced; for if that once takes place the power of reconstruction of elements is taken away, so that as fast as structure was burnt up in one sense of the word, a reconstruction of material took place, which was, no doubt, assisted by the porter and ale.

Then, again, the uses of the fæces were most important to supply the vital gases to the body. If salines or aperients had been used these elements would have been swept away, and Nature been left to find others where she could. Here, then, is a great field for the consideration of the physiologist, which I have endeavoured to force on his notice, and he who should stand by the bedside as the *opifergue per orbem dicor*, is, alas, the great destroyer of his species, through obedience to the falsest dogmas that ever gained current belief, and he, unknowingly, and through utter ignorance of the laws of life and physiology, sweeps away the very elements which Nature herself designs to uphold—structure and life. The conservatism of the colon, and making use of the fæces as the agriculturist makes use of his manure, was the great act which led to the upholding of all the natural powers, and assisting them in every possible way to supply the deficiency of what was burnt up and destroyed.

Those who might have read my letters on physiology in last year's CIRCULAR, and who may now read this case, will see that I followed in one of the severest illnesses that can attack the human frame, the very laws I have laid down, for it was marvellous to all who saw me, my friend, Mr. B., my brother, Dr. —, my brother-in-law, Dr. —, and others, that in one fortnight I rushed into a life-destroying fever and erysipelas, and came out of it without a functional disturbance. Great, nay excessive, weakness and debility was all the trace left behind. Now, there is one more fact to be noticed here, and it may be of great value, my



brother, Dr. —, reasoning in this way, said:—"Now, you, in your sixtieth year, must be very careful. Have an easy carriage to go to your town residence for a few hours a day, and be brought back in the afternoon." Here, again, there is a great want of knowledge of physiology. To get into Uncle Fozzie's stuffed coach, with springs so easy that you may imagine you are not out of your own arm-chair, all having a tendency to produce apoplexy and gout, and if you close the windows, suffocation. "No, no," was my reply. "I shall have my short sharp ride by rail, then I shall get into one of those delicious old London four-wheeled cabs, and have my secretions shaken into their proper places, and get exercise into the bargain, which I cannot take in any other way, for I am too weak; and if I am obliged to shut the windows I shall still have plenty of air. This I shall do night and morning." On the day fortnight of my attack I did this, and have been at my post every day since. On the third day after I was out I had a telegram to go into Kent. I started early, and from one station to the other got my jolting ride in a cab, and then into Kent, and back again to my practice. And let me say this, that when a man of sixty has had such an attack as I had, and once gives up to laziness and Uncle Fozzie's stuffer coaches, and unnecessarily makes himself more an invalid than the nature of the disease has already done, instead of rousing himself on the truest principles, he begins at once to shorten his life ten years.

QUACKS AND THEIR DUPES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—In the letter of "A Preserver of Reason," copied from the *Irish Times* into this week's issue of THE MEDICAL PRESS AND CIRCULAR, the writer gives a painful instance of the moral and physical destruction caused by quackery, the enclosed productions will, I think, give you an idea of what an amount of pocket consumption will most assuredly follow even a short correspondence with such fellows.

The case was simply this:—A young gentleman having read an advertisement in a local paper, wrote to Dr. Watson, Governor of the Lock Hospital, &c. &c., got by return of post a pamphlet (one of the worst of its kind), read it, and, as a natural consequence, thought himself sick; sent a statement of his case and a sample of his urine; then he gets No. 1 letter, which he answers by sending £1 5s., thinking that his troubles were well-nigh ended, and that he would have by return of post a talisman against all the evils to which the flesh is heir to (at least the venereal ones), when lo! back to him comes No. 2 letter, being what Watson calls a statement of items (and very large items my poor verdant friend thought them).

It was at this period your humble servant was consulted, and after a most careful examination of both patient and urine, I must say I have seldom seen a more striking example of what is called robust health.

As for the urine, I trust the Governor of the Lock Hospital may always have as harmless a supply himself. Now, it is quite clear that if this young gentleman had not seen the advertisement in the newspaper in the first instance, he never would in all probability have heard of Dr. Watson, never would have read his filthy pamphlet, never would have paid the carriage of a sample of his urine to London, and sent £1 5s. after it, never would have formed an idea of about the disease for which it is purported to treat him, and, though last not least, never would have spent a fortnight of his life in the most deplorable state of mental prostration; for on my asking him how he could be such a fool as to send £1 5s. without knowing anything about Dr. Watson but his pamphlet, he immediately answered, "When I saw the advertisement in the newspaper and I thought it was all right."

With regard to the measures to be taken, I think your idea of forming a committee of medical and lay gentlemen a most excellent one, and if well worked will surely put a stop

to these disgusting newspaper advertisements and street pamphlets, &c., that are really and truly a disgrace to our country. I, for one, will be most happy to subscribe to the funds necessary for the working of such a committee.—I am, dear Sir, your obedient servant.

T. G. O'SULLIVAN, L.R.C.S.I., &c.  
Resident Surgeon, Limerick Union Hospital.

Limerick, July 12, 1866.

(COPY NO. 1.)

"London, May 26th, 1866,  
1, South Crescent, Bedford-square, W.C.

"SIR,—I have maturely considered your case, and have no hesitation in saying that the chief source of your malady is in a relaxed and debilitated state of the seminal vessels which causes the semen to pass away involuntarily with your urine; the result of this frequent loss will be very evident when you are acquainted with the fact that the loss of one ounce of semen is equal to that of forty ounces of blood.

"This distressing evil is not only calculated to produce all the symptoms complained of, but such is the vital action which exists between the brain and generative organs (*vide* page 25 of pamphlet), that unless this loss of the *most vital* of all your secretions be promptly arrested, the whole system, mental and physical, will be greatly and seriously impaired, and the sexual capacity is destroyed as to render intercourse impossible. Though you are not affected at present with all these serious evils you may daily apprehend their appearance if not at once attended to. To conclude, it affords me much pleasure to be able to acquaint you that by care and attention, and at once adopting my professional instructions, all further ill-consequences will be speedily controlled and your perfect restoration to health secured.

"Local and constitutional treatment of your malady is necessary, a 'Curative Appliance' is therefore necessary.

"These means, if at once applied as I shall direct, will enable me to guarantee a perfect and permanent cure.

"You may rely on my utmost attention to your case on receipt of remittance.—I am, Sir, your obedient servant,  
"(Pro Dr. WATSON) J.M."

(COPY NO. 2.)

"London, July 4, 1866,  
1, South Crescent, Bedford-square, W.C.

"SIR,—The treatment of your case must be local and constitutional, therefore a curative appliance and special remedies to act in conjunction are essential and absolutely necessary in order that a perfect and permanent cure may be effected.

"I subjoin a statement of items, and on receipt of balance rely on prompt attention.—I am, Sir, yours obediently,  
"(Pro Dr. WATSON) J.M."

| Items.             |     |     |        |
|--------------------|-----|-----|--------|
| Curative Appliance | ... | ... | £2 2 0 |
| Special Remedies   | ... | ... | 2 2 0  |
| Usual Fee          | ... | ... | 1 1 0  |
| Balance            | ..  | ... | £4 0 0 |

THE STATE OF THE DRUG TRADE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In an article on "The State of the Drug Trade" in your last number I noticed the following—"Our forefathers would have laughed to deem the idea of one-sixteenth of a grain of aloes or one-eighth of a grain of rhubarb proving an efficient purgative, or of one-fourth of a grain of quinine being effective as a tonic; yet there are patients in whom these doses act effectually, and to whom larger doses are injurious." Now having, during thirty-two years of practice, paid much and close attention to the effects of medicines, I unhesitatingly aver that the eighth of a grain of rhubarb or the sixteenth of a grain of aloes never has proved an effective purgative, and it is only coquetting with homœopathy to assert that it has. I am well aware that such action is often apparent, but on close observation I have always found it to be a coincidence and not an effect. Very naturally so. A man suffering under what is commonly called an attack of bile takes nine small doses of



medicine. He has next day a copious evacuation from his bowels which he attributes to the medicine, but which was really the culminating crisis of his attack; and I have frequently seen the same patient take, the day after, a sharp dose of medicine without any effect. We are too prone to put the *post hoc* for the *propter hoc*, and in no instance more likely than this I have just stated. But let us reflect. A copious evacuation is the natural relief of the attack. Immediately before it occurs the patient takes his quarter of a grain of rhubarb, because he feels poorly. What more natural that to attribute the action to the medicine? I have observed this over and over again; but I again declare that close observation has shown me that such effects are not produced by minute doses of such medicines as aloes or rhubarb. I doubt not the one-fourth of a grain of quinine and one-sixtieth of strychnine are effective doses of powerfully therapeutic drugs. I need not say that there is no analogy.—Yours very truly,

JAMES MARTIN.

#### THE GRIFFIN TESTIMONIAL AND POOR-LAW MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me space to offer my warmest thanks to the subscribers of the testimonial presented to me on the 5th inst. To have four hundred gentlemen scattered over the length and breadth of the land thus coming forward is an honour which I highly prize, as it proves to me that the course I have hitherto pursued is one that is approved of by a large body of my medical brethren. To those gentlemen who are not Poor-law Medical Officers I am especially indebted. To those that are, my thanks will be best proved by my devotion to the cause of Poor-law Medical Reform—the accomplishment of which will, I feel confident, be not only beneficial to them, but to the nation at large.

To Dr. Fowler, the Hon. Treasurer and Secretary to the Testimonial Fund, I know not how sufficiently to express my thanks for all the trouble he has taken in the affair. I can only say I thank him very sincerely. To the medical press my acknowledgments must ever be due, for without their aid I could never have been placed in a position to merit the testimonial I have received. The subject of the testimonial (the Good Samaritan) is one which must ever make me feel it to be a religious duty to relieve suffering humanity. As a work of art, the testimonial is nearly perfection. The expression of the countenance of the figures cannot be better. The album of photographs of my medical friends I greatly prize, and yet hope the few gaps in the volume will be speedily filled.

To all and every one my thanks are due.

I shall feel obliged by your insertion of the annexed letter to the President of the Poor-law Board.—I am, &c.,

RICHARD GRIFFIN.

The following gentlemen have forwarded their subscriptions to the funds of the Association:—J. M. Greensill, Martley, 5s.; R. N. Robson, Durham, 10s.; James Hughes, Northwick, 10s.; T. T. Jones, Chesterfield, 5s.; H. M. Simmond, Newington, St. Mary, 10s.; E. G. Verenne, Witham, 10s.; Arthur Pearce, Hartismere, 5s.; T. L. Price, Wigan, 6s.; T. A. Freeman, Hartly Wintney, 10s. 6d.; W. A. Peacock, Halifax, 10s.; John Robinson, Halifax, 10s.; T. L. P. Pugh, Halifax, 10s.

12, Royal-terrace, Weymouth, July 9, 1866.

SIR,—I have the honour to inform you I have in my possession a petition from a meeting of Poor-law Medical Officers, held at the Freemasons' Tavern on July 5th, which I shall be glad to present to you, as President of the Poor-law Board, whenever it will be convenient for you to receive it. It is signed by the Chairman only on behalf of the meeting, but if you desire other signatures, I will quickly procure them. In order that you may at once know its contents, I send you a printed copy. I beg to forward you a summary of the proceedings of the Poor-law Medical

Reform Association, of which I have the honour to be Chairman, in order that you may know what has occurred during the last eleven years, and thus enable you at a glance to understand the question. I also send you a copy of a pamphlet which has been delivered to the Poor-law Board, but which has not been as yet forwarded to the individual members of the House of Commons, owing to the Reform Bill obstructing almost all other business. At page 12 of the pamphlet you will perceive a proposed Bill, which I sincerely trust the Poor-law Board will bring into Parliament. It is not a Bill for a class, although urged upon the country by medical men; it is a bill that will benefit the entire nation. The Right Hon. T. Sotherton Estcourt, when President of the Poor-law Board, said—"I freely and at once admit that I am of opinion that the system of medical relief throughout the country requires alteration." The papers have of late teemed with the abuses of the present system. I respectfully urge upon you to lose no time in taking this subject into your serious consideration. I believe a Poor-law Board Continuance Bill must be brought into the House this session. I pray you to take powers in that Bill to carry out the necessary reforms. I will attend any day you may name, either alone, with three or four other medical men, or a large deputation; but, in the latter case, I shall require ten days' notice to inform my medical brethren of it. At any rate, I trust you will allow me to ask some members of Parliament to accompany me.—I have the honour to be, Sir, your most obedient servant,

RICHARD GRIFFIN.

The Right Hon. Garthorne Hardy, M.P.,  
President of the Poor-law Board.

#### HAY FEVER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your readers will be interested to know that I have lately treated a case of hay fever with the most complete and immediate success by means of Dr. Dewar's sulphur fumigations. I found the patient—a lady—after exposure to the usual cause, in bed suffering from intense headache, suffusion of the eyes, which, as well as the nose, streamed with water, while the sneezing and cough were incessant. The very first fumigation caused the whole of these distressing symptoms to vanish as by magic, and they never returned. I may also mention that an old gouty patient, who is usually most sceptical as to the effects of remedies, fancies he has in his last attack, which is just over, obtained great relief from sulphur fumigations made three or four times a day.—I am, yours, &c.,

M.D.

Edinburgh, July 12, 1866.

### Notes on Current Topics.

AMONG the law intelligence of the daily papers is buried a decision which particularly interests the profession—viz., the liability of charitable institutions to parish rates and other taxes. The Governors of St. George's Hospital appealed against the decision of the parish authorities, who had assessed them at upwards of £4000, and under such assessment charged a rate of £587 18s. 9d. It appears from the petition that the annual subscriptions are insufficient to pay the ordinary expenses of the hospital, and that during the last seven years it has been necessary to sell about £4000 a year of the capital to defray these current expenses, conclusively showing that "the payment of the large annual sum demanded for the poor-rate will probably necessitate a curtailment of the number of patients annually relieved at St. George's Hospital." This institution is probably not the only one similarly circumstanced, and since the decision of the House of Lords in *Jones v. the Mersey Dock*, all our hospitals are liable to parochial rates.

SILKWORM DISEASE.—It is reported by Dr. Drouke



that worms fed upon mulberry trees containing a large proportion of potash, lime, and phosphates are always free from this mysterious disease; and he accordingly advises the phosphates of lime and potassa to be mixed with the manure which is applied to the roots of the trees.

**THE ATLANTIC CABLE.**—The departure of the *Great Eastern* from the Medway, laden with the thread through which it is hoped shortly to flash messages between the Old and New Worlds, has rekindled the public interest in the enterprise, and roused all sorts of inquiries on the subject of the cable and the scientific appliances for laying it and then using it. Perhaps the most important news, provided the cable is once safely deposited in its resting-place, is that just announced respecting the increase of its capabilities. Experiments have been constantly going on with a view of increasing the rapidity with which messages can be sent. By a system of codification, Captain Bolton saves some 35 per cent., and Messrs. Snell and Thomas are reported to have effected an average saving of 40 per cent. The latter gentlemen make the signals of ten words by means of the waves of electricity hitherto required to express six or seven words. Both systems will, no doubt, be thoroughly tried. We may add that all the electricians believe the cable now on the bed of the Atlantic to be in better condition than when it was first submerged, while those in charge of the picking-up machinery are confident that they will be able to find and raise the broken end. Having spliced the shore end, it is expected the great ship will get a clear offing from Valentia. From English and Americans alike earnest wishes for success will follow her across the Atlantic.

**PADDINGTON WORKHOUSE.**—A thorough investigation has just been concluded in this favoured parish which will go far to take away its heretofore superior reputation. Amongst other things, it now comes out that only one qualified nurse had charge of seventy patients in the infirmary, and that the assistant pauper nurses, if not drunken or cruel, were so old as to be incapable of doing their duty, or required bribes to induce them to try. One woman, nick-named "Pots and Pans," took a pillow away from a dying patient, saying "she would go quicker when her head was low." There was no night-nurse, and a poor paralyzed pauper fell twice from her bed to the floor in trying to get up at night. A child was injured by a large iron spoon being forced down its throat by one of the hard-hearted women. Three children slept in the same bed—one of them at the time being affected with hydrocephalus, another with inflamed eyes, and the third with chicken-pox (!). The state of the lunatics was equally untended, and a poor woman is described having bad bed-sores, yet sleeping on a filthy and wet pallet. But in spite of all this, Dr. Anstey declared that, "*knowing its deficiencies, he held that, with one or two exceptions, Paddington Infirmary was the best he had inspected.*"

**URQUHART v. BONNAR.**—This case, an outline of which appeared in our columns some months ago, is again to come before the court of session during the approaching jury trials. It will be remembered that the action was brought by Urquhart, a shoemaker, against Dr. Bonnar; and he sought for a reduction of an assignation of policy of life insurance signed by the pursuer, on the ground of essential error as to its nature and effect, induced through

fraud and misrepresentation or undue concealment on the part of the defender. The case was twice tried by a jury, and in both instances the verdict was against Dr. Bonnar. It is now set down for trial for the third time, and it is not known of course how it will be decided; but we understand that since the death of Urquhart, which happened a short time ago, Dr. Bonnar has made offers of compromise to his friends, which, however, have been refused.

**LONDON HOSPITAL.**—We regret to announce that, on account of failing health, Dr. Parker is obliged to resign his office of physician to this hospital, and his lectureship on the practice of medicine at the College in connexion with it. The opening of the new wing will shortly take place, after which the necessary election will be proceeded with. Several candidates are said to be likely to come forward. Dr. Parker's resignation is a source of regret to all who knew him. His urbanity of manner, his facility in the art of teaching, and his fluency as a lecturer rendered him universally popular and esteemed by his pupils. We sincerely trust his health may be restored, and that he may yet return to his professional labours.

**CHARING-CROSS HOSPITAL.**—There is a vacancy for the office of dentist to this hospital.

**CITY DISPENSARY.**—A physicianship is vacant at this charity by the resignation of Dr. Overend Drewery.

We understand that Dr. William Abbotts Smith has ceased to conduct the editorial department of the *Medical Mirror*, and that Dr. McGowan, lately his colleague, has taken up his pen. The *Mirror* has appeared in a new and improved form, and we anticipate will deserve and receive a more hearty support from the profession than it enjoyed under its late *regime*.

**THE LATE MR. TOYNBEE.**—This distinguished Surgeon has fallen a victim to his love of experimental science. As has been shown at an inquest, he was found dead by his own servant on the sofa of his consulting-room. He had been trying the effect of chloroform and prussic acid vapours to the internal ear, and seems to have suffered some of it to enter the lungs. It is a source of regret to all his numerous friends for so distinguished an ornament of his profession to be thus suddenly called away in the zenith of his hard-earned reputation. He was only 51 years of age when he thus sacrificed his life to his scientific enthusiasm, and has left a wife and nine children to mourn his untimely loss. We are glad to hear, however, that these are amply provided for. Indeed we might anticipate as much from the high position held as a specialist for several years by the lamented deceased gentleman.

**SUICIDE OF DR. WARDER.**—We reported in full last week the "Singular Case of Death of a Physician's Wife," as detailed in the daily papers. It will not be forgotten by our readers that the inquest was adjourned to allow time for chemical analysis of the contents of the stomach. During the week the case has acquired a still more tragic appearance from the suicide of the physician implicated, as will appear from the report of the inquest which has also been adjourned. Dr. Warder was, we believe, formerly a lecturer at the school adjoining St. George's Hospital.

MR. WALTER COULSON is a candidate for the vacancy on the surgical staff of St. Mary's Hospital, Paddington.



## THE CORK POOR-LAW BOARD AGAIN!

THE following extract from the *Cork Constitution* report of the Poor-law Board meeting of the 4th instant shows how a medical man's character is put at the mercy of any ignorant fanatic who may desire notoriety. In this case, however, the Board acted properly. We have corrected a printer's error in the report—the name of Dr. Gardiner, Resident-Surgeon to the Cork Workhouse, having been incorrectly given as “Dr. O'Connor:”—

The Clerk read a letter from the Poor-law Commissioners, enclosing the following, which had been addressed to them by Mr. Parker, and requesting an explanation:—

(COPY.)

“The Green, Passage West, June 26, 1866.

“SIR,—I beg leave to bring under the notice of the Poor-law Commissioners the following complaint made to me this day by Andrew Daly, belonging to Passage, whom I have known for several years to be a well-conducted, sober, and industrious poor man. He stated that he was suffering from pleurisy, pain in the back, with a heavy cough, and after having been examined by Dr. Johnson, the medical officer of this town, on last Wednesday morning, the 20th instant, he was sent by the doctor's directions to the Cork Workhouse Hospital for medical treatment, where he arrived at about twelve o'clock on the same day, taking with him the doctor's order and certificate of disease. On his arrival he felt much weaker, and was taken in the car direct to the gate of the hospital, where he was delayed for upwards of fifteen minutes, and instead of immediate admission he was ordered off to the probationary, where he was again delayed for more than half an hour, and eventually sent to hospital; during this period no medical officer attended him. On leaving the probationary, he found the car which brought him to the house was sent away, and he was so low and weak that he had to be supported by a man as he walked to hospital, where he arrived about one o'clock, and went to bed. No food or refreshment of any kind was offered him until the evening, when he got a pint of milk (which was sour) and half a pound of bread; at nine o'clock, a pint of barley water. That evening passed, also the night, and the next morning, without any medical officer attending him, until between twelve and one o'clock, when Dr. Shinkwin, acting medical officer in Dr. Townsend's place, examined him, who said ‘he did not think there was much the matter with him.’ Daly, suffering from extreme thirst, asked him for something to drink, as he was obliged to drink water, the doctor made no reply, and during that day, Thursday, he (Daly), got neither medicine nor additional drink, except water. The next day, Friday, the doctor asked him how he was getting on, when he replied, ‘It was hard for him to get well when he got nothing to make him strong.’ That day, for the first time, he got a little meat, some porridge, and a half pint of porter, but was refused additional drink in the shape of milk or tea, or anything to assuage his thirst. On the following Sunday night, the pint of barley water he was in the habit of taking, was reduced to half a pint, but, through the kindness of a patient from Queenstown, who knew him, he was brought water from the water closet. On the next day, Monday, finding that he would not get any medicine or proper food, he left the hospital, returned to Passage, and is now under the care of the medical officer in Passage. On inquiring from Daly, he stated that Dr. Gardiner, the resident medical officer, did not see him at all from the first time he entered until he left the workhouse. As the guardian for this district, a sense of duty to the poor alone urges me to ask the Poor-law Commissioners to direct an inquiry to be held into this case with as little delay as possible. I do not intend mentioning the circumstance to the Board of Guardians, because, from experience, I have learned it to be more than useless making any complaint, as, invariably, sympathy is aroused for the officer who neglects his duty, while the case of the poor is ignored, which was clearly shown in the last case I deemed it my duty as a guardian to urge before the Board.—I am, &c.,

“WM. D'ESTERRE PARKER.

“To B. Banks, Esq.,

“Poor-law Commissioners' Office, Dublin.”

The Mayor—Whose letter is that?

Chairman—Oh, you need not ask.

Clerk—It is Mr. D'Esterre Parker's.

High Sheriff—I suppose Dr. Shinkwin and the master and matron will be able to answer for themselves the charges brought against them in that letter; and I suppose Mr. Parker took the usual course adopted by members of this and every other Board before sending forward complaints of any of their officers, and informed Dr. Shinkwin, and the others against whom he preferred charges, of his intention to do so (hear, hear). I know it was my unpleasant duty once to make a complaint against a dispensary physician, but before bringing the matter forward at the committee I wrote to that gentleman, stating the course I was about to take. He came to me to speak to me on the subject, but I told him I could have no intercourse with him about the matter, but he would have an opportunity of answering the charges and explaining them, if necessary, at the committee. I presume Mr. Parker has taken this fair and proper course, in justice to the parties he accuses (hear, hear). I would also ask him, Mr. Chairman, through you, whether he means to stand by his assertion that there was no use in bringing the matter before the Board, as invariably their sympathies were with the officer who was charged with neglect of duty towards the poor.

Mr. Parker—I do, Sir, I brought forward several cases of this nature here and asked for inquiries, and they were refused. I may mention one individual case. A man who was sent in here in a dying state—his name was Nicholas Dunscombe Parker, or Nicholas Parker Dunscombe, I don't know which. The man died, and an inquest was held. It was proved on the inquest that the poor man was grossly neglected. I applied for an inquiry to ascertain the truth of these statements, but an inquiry was refused. I hold now, Sir, that when this present case was represented to me by a man whom I have known for many years to be a truth-telling man, it was my duty to bring it forward and seek to have it investigated, and I ask for an inquiry into the man's case, and the truth of what he represents can then be ascertained. I think it my duty to do so, and my duty I will always continue to do.

Chairman—Will you answer the question put by the High Sheriff, whether you will adhere to the statement in your letter, “I do not intend to mention the circumstance to the Board of Guardians, because from experience I have found it to be more than useless making any complaint to them, as invariably sympathy is aroused for the officer who neglects his duty, while the case of the poor is ignored?”

Mr. Parker—Distinctly, Sir, I stand by it, and will prove it, and very glad to have the opportunity of proving it.

Mr. Keller—Did you consider it your duty to ascertain whether the man's statement was true or false? Did you communicate with the doctor, with the master or the matron, before sending your letter?

Mr. Parker—Indeed, I did not.

Mr. Mahony—I would ask the chairman whether what Mr. Parker says about the neglect he alleges to have been proved on the inquest is correct or not?

Mr. Parker—The sworn testimony of the witnesses on record will prove it. I would make no such allegation if it was not true. I would rather cut off my right hand.

Mr. Mahony—I only want to know what was the decision come to by the twelve gentlemen who were sworn on the inquest. I would like to know the result of their inquiry?

Mr. Parker—The twelve men who composed the jury were most illiterate men (oh, oh, and no, no). I refer you to the public records.

Mr. Mahony—I take it the coroner's inquest absolves us from all responsibility or blame in the matter.

Mayor—When they are going to canonise a man in our church, there is always a person they call “The Devil's Advocate,” whom Mr. Parker in some measure represents at this Board (laughter). His writing to the Commissioners asking for an investigation takes the matter out of our hands, and I propose we take no further notice of it.

High Sheriff—The twelve jurymen in the case alluded to exonerated us completely by their finding. Mr. Parker seeks to prove his statement to the Commissioners, that the Board invariably sympathise with officers who are charged with neglecting duty, by reference to this case. Now, I will put it to the Board whether his allegation is true or not. Is it true that the Board of Guardians have ever refused an inquiry into the conduct of any officer who was charged with neglect of his duty? (hear, hear.) And is it not the fact that the Board have been most severe and strict on their officers? (hear, hear.) It is not becoming



in any man, I don't care who he is, if he hold the highest position in the community, to go behind a Board's back of which he may happen to be a member, and malign that Board and a jury of twelve men sworn to return a true verdict according to the evidence before them (hear, hear).

Mr. Butcher—Certainly.

Mr. Parker—I always will take whatever course I like.

High Sheriff—We always move a vote of thanks to our chairman or any of our officers when their conduct specially calls for it, and it is but fair, on the same principle of giving people their merit, to move a vote of censure on the gentleman who wrote that letter to the Commissioners and could not substantiate it (hear).

Mr. O'Sullivan—What answer are you going to return to the Commissioners? I think it right that an inquiry should be made. It is but fair to the medical officer. If it is true, Mr. Parker deserves credit, and if it is not true it is right the doctor should have an opportunity of answering it. I move it be referred to the house committee (no, no, no).

High Sheriff—My resolution will have nothing to say to that, because the doctor and master will be able to answer for themselves.

Mr. A. Perrier—I think it is not fair to pass such a vote in hot blood. I have heard the guardian who wrote the letter say he can and will substantiate it, and, under the circumstances, I think the passing of such a vote would be premature.

The High Sheriff said he thought he had been explicit enough. Mr. Parker, on hearing this statement as to the man's being neglected, was perfectly justified in writing the letter to the Commissioners, if he had acquainted those whom he accused of his intention. But with reference to the part of his letter stating there was no use in mentioning the matter at the Board, having failed to establish his assertion that the guardians invariably take part with their officers when charged with dereliction of duty, such assertion not being the fact, he thought it was due to the Board to pass a vote of censure on the person who made the statement behind their backs (hear, hear).

Mr. Collins—I think Mr. Parker was perfectly right in calling the attention of the Commissioners to the ill-treatment this man says he had received, and it is a matter for his own good taste and gentlemanly feeling whether he thought it right to do so without acquainting the person he charges or not. But the portion of the letter charging the Board with refusing to institute inquiries into cases of neglect on the part of the officers brought before them is a direct slander on the Board, for they have always been disposed to hold the scales rather against them than with them. I think, therefore, there should not be a moment lost in affirming that this portion of the letter is a slander. I think you ought not for a single moment leave it resting on your Board (hear, hear). We know our own case, and we are prepared to give our opinion here (hear, hear). As to the other portion of it, as Dr. Shinkwin is in the room, this is perhaps the best time to explain it away, if it can be explained away. If he cannot, I think Mr. Parker ought to be acquitted of any blame as far as that goes (hear, hear). But I think this Board would not be acting right to themselves if they delayed a moment in affirming that the reference made to their conduct is a slander (hear, hear).

The Chairman then intimated to Dr. Shinkwin the Board were ready to hear any explanation he had to offer.

Dr. Shinkwin said—Mr. Chairman and Gentlemen, I am very glad you have given me an opportunity of explaining to you about this case. This man, Andrew Daly, was admitted to the Cork Union Hospital on the 20th June. He was admitted after the time I had passed the patients through the probationary ward. On looking at the book I have before me, I find his name under that date, and I find he was sent to nurse Williams's division by Dr. Gardiner. Here is Dr. Gardiner's handwriting, directing the patient to be sent to nurse Williams. In looking into the prescription book I find, in Dr. Gardiner's handwriting also, that this man had been ordered a turpentine stupe to his chest. I saw him on the 21st, the following day. I examined him, and found very little the matter with him, hardly anything in fact. His own expression to me was, he would be all right in a few days. On that day, the 21st, I ordered him number 6 diet, and half a pint of porter. He said it was not worth my while to divide the pint, but to give him the whole of it. (On the next day he was standing near his bed

when I went into the ward. He then remarked to me that he was very thirsty. As he had had a half pint of porter the day before, it naturally struck me he wanted the other half then, and seeing the man strong and healthy-looking I passed on. Touching the complaint Mr. Parker made, that there was not sufficient drink in the hospital, allow me to say, that any of you who go up now, or any other time, will find that there is plenty of drink. There are five gallons of milk and barley-water brought up every morning, and four gallons in the evening. It appears strange to me, that a man able to walk about as he was, should require the assistance of another to bring him a drink of water from the water closet. I regret that for the short time I have been an officer of this Board, a charge should be made against me—a charge, I may say, totally unfounded (hear, hear), and I think it would be fair of Mr. Parker, had he applied to me, or the master, or the nurse, or the matron. There was a variety of ways in which Mr. Parker could satisfy himself about the truth or untruth of the man's statement before taking the course he has adopted. Is there any other question the Chairman wishes to put to me?

Chairman—In my opinion you have fully exonerated yourself (hear, hear.)

Mr. Parker—Was there no medicine required?

Dr. Shinkwin—No.

Mr. Butcher (to Mr. Parker)—Sure, the doctor knows better than you do.

Mayor—The man states he saw no doctor till next day. It appears he did not consider Dr. Gardiner a doctor at all. I think the whole letter of a piece with the statement made about this Board (hear, hear.) You may fairly take the entire letter as one tissue of misstatements.

Mr. Keller—All the fellow wanted was a drink of porter (laughter).

Dr. Shinkwin—It is one of these cases that we get abundance of, where a man has been suffering from a long course of illness outside and comes into hospital, not for medicine, but for food.

The High Sheriff then proposed and Mr. Butcher seconded—

“Resolved—That the statements made in the letter addressed by Mr. D'E. Parker to the Poor-law Commissioners are wholly unfounded, and that the Board express their strongest reprobation of the conduct of Mr. Parker, who has, without any ground whatever, grossly slandered the Board as well as the officers in question.” The resolution was passed unanimously.

Chairman—If this system continues you will not have a respectable officer in the house.

It was then resolved to reply to the Commissioners' letter that the statements contained in Mr. Parker's letter enclosed by them to the Board, were wholly unfounded.

Mr. Parker—Gentlemen, your resolution has proved my case, and time will prove it.

### TRICHINA IN AMERICAN PORK.

THE committee appointed by the Chicago Academy of Science, to examine into the facts concerning the supposed existence of trichina in our pork, have presented a very elaborate report upon the subject. Portions of muscle of 1394 hogs, taken from the different packing-houses and butcher stalls of Chicago, were submitted to careful microscopical examinations, and twenty-eight trichinous specimens were found. The committee conclude that in the hogs brought to Chicago, one in fifty is affected with the disease in a greater or less degree, which indicates with little doubt the startling fact that trichiniasis in pork is even more common in this country than in Germany. But notwithstanding this fact, there is conceded to be very little danger of the disease spreading in this country, as Americans are in the habit of thoroughly cooking the pork before it is eaten. 160° Fahr. is a heat said to be sufficient to destroy the worms. “Again,” says the committee, “by properly salting and smoking the meat for at least ten days, the trichina, should they exist, will certainly be killed. Simple desiccation of the meat, if continued for a period of sufficient length will also kill them. They will never be found alive in old hams for instance (!). On the other hand, mere pickling appears to have very little effect upon these worms. They con-



tend that a strict attention to the feeding of hogs and their confinement in pens where no animal food is accessible, is an infallible preventive against trichiniasis in them. They also endorse the European authorities in reference to the disease, that it is impossible to diagnosticate it from external appearances.

UNIVERSITY OF DUBLIN.—TRINITY COLLEGE.

Examination for Medical Degrees.

Trinity, 1866.

ANATOMY AND PHYSIOLOGY.—PROFESSOR McDOWEL.

1. Enumerate in their order the parts which the omohyoid muscle lies on.
2. Ment on the principal theories which have been held as to the production of animal heat.
3. Describe the course and give the relations of the temporal artery.
4. Enumerate the intrinsic muscles of the larynx, and arrange them according to their actions.
5. Describe the epiglottis, and assign its relations.
6. The composition of the bile?
7. Trace the anterior crural nerve, give its relations, and enumerate its principal branches.
8. Contrast a nerve of the sympathetic and a nerve of the cerebro-spinal system as to their minute structure.
9. Enumerate the structures which maintain the antero-posterior and the transverse arch of the foot, respectively.
10. The minute structure of synovial membrane, and the composition of synovia?

DR. STOKES.

1. What is the cause which, according to Sir Gilbert Blane, is a greater source of the mortality of troops during war than all other causes, including the sword?
2. What are the conditions which render the system more susceptible to the invasion of the so-called zymotic diseases, and less able to resist their influence?
3. Compare the ordinary effects of animal and marsh miasmata on the animal economy.
4. Enumerate the different forms of disease traceable to vegetable malaria.
5. As regards the efficacy of early treatment, compare the diseases induced by animal miasmata with those resulting from true malaria.
6. Give the signs of the scorbutic diathesis; its exciting causes and treatment; and its influence in medical and surgical affections.
7. What are the comparative influences of dryness or humidity of soil as to the production of malaria?
8. What advice would you give to the public authorities, and what prophylactic measures would you recommend to individuals, when an invasion of cholera is threatened?
9. In the construction of the wards of an hospital there are two important points to be attended to—namely, the number of cubic feet of air for each patient, and the amount of ventilation. To which of these would you attach the greater importance?
10. How far can a deodorizer be considered a disinfectant? Enumerate the deodorizers and disinfectants in use.

DR. BANKS.

1. What are the causes of intestinal occlusion?
2. The symptoms and pathology of leucocythemia?
3. Compare the prodromal fever of small-pox, scarlatina, and measles.
4. What are the symptoms, pathology, and treatment of malignant jaundice?
5. What are the diseases in the course of which cardiac inflammations are likely to occur?
6. What are the symptoms, pathology, and treatment of cerebro-spinal arachnitis?
7. What are the physical signs of cirrhosis of the lung?
8. What are the indications for the operation of thoracentesis in pleuritic effusions?
9. What are the indications for the administration of stimulants in typhus?
10. What is the form of epilepsy in which bromide of potassium has been found useful?

CHEMISTRY.—DR. ARJOHN.

1. If the same galvanic current be transmitted successively through water, hydrochloric acid, and a solution of

sulphate of sodium, what are the relative quantities of these compounds which will undergo electrolysis?

2. Explain, in the case of a Nairn's machine, how the positive conductor becomes charged; also why, in order to bring the machine into action, one or other of its two conductors must be uninsulated.

3. What is the ordinary method of developing chlorine gas, and the reactions which ensue when the gas is conducted into a strong solution of potash?

4. Copper may be converted into a soluble salt by sulphuric or by nitric acids; explain the action of the acid in each of these cases.

5. How is liquor potassæ made? Mention also the impurities usually present in it, the experiments by which they are detected, and the manner of removing them.

6. Mention the composition of the chief ore of antimony, how it is converted into antimoniæ terchloridi liquor, and how from this latter a pure oxide of antimony may be obtained.

7. Write the formula for urea: mention how it is usually extracted from urine, and the advantage which oxalic acid has over nitric when used in the latter process.

8. Write the formula of valerianic acid; explain how it is made artificially, and converted into valerianate of zinc.

9. Name the leading proteinic compounds, and the percentage of nitrogen occurring in each; state also how the protein of Mulder may be extracted from them; and mention the method suggested by Liebig for showing that they include unoxidized sulphur as a constituent.

10. Write the formula for chloroform; explain how it is made, and how it is deprived of spirit, hydrocarbons, and water.

MATERIA MEDICA.—DR. AQUILLA SMITH.

1. Give the characters of the seed of "Strychnos Nux Vomica." Name the preparations made from the seed, and state the dose of each for an adult.

2. How much lime is held in solution in one fluid ounce of "Liquor Calcis Saccharatus;" and how much in one fluid ounce of "Liquor Calcis?"

3. State the quantity and kind of cinchona bark in one pint of "Tinctura Cinchonæ Composita;" and in one pint of "Tinctura Cinchonæ Flavæ."

4. Name at least three of the tinctures in the British Pharmacopœia which become turbid on the addition of water, and the colour of the precipitate in each case.

5. What are the constituents of "Pilula Rhei Composita," and how much rhubarb is in ten grains of the mass?

6. Give the botanical name of the plant, and the part of the plant from which "Resina Podophylli" is prepared. Why is hydrochloric acid used in preparing the resin? State the therapeutic action, dose, and mode of administration of the resin.

7. How much "Tartarated Antimony" is in one fluid ounce of "Vinum Antimoniale?" and how much "Tartarated Iron" in one fluid ounce of "Vinum Ferri?"

8. Give the general characters of the gum-resins, and a description of one of them, with its action, dose, and mode of administration.

9. What preparation of "Catechu Pallidum" is in the Pharmacopœia? Describe the drug, and give the name of the plant from which it is obtained.

10. Write a prescription in Latin for an eight-ounce mixture, containing two vegetable diuretics, and one diuretic salt, with directions for its administration.

DR. WRIGHT.

1. Enumerate the different forms of inflorescence in which the flowers are sessile on (a) an elongated and on (b) a shortened or depressed axis.

2. Enumerate some of the more striking modifications of persistent Bracts.

3. Describe the calyx in Delphinium, Helleborus, Anemone, Hyoscyamus, Eschscholtzia, and in Physalis.

4. Describe the flower of Sarothamnus Scoparius.

5. Enumerate the different modes of dehiscence.

6. Describe the different parts of the pericarp in an Achene, Drupe, Pomum, Berry, and Hesperidium.

7. Describe a strawberry, raspberry, and mulberry.

8. Enumerate the different layers of bark met with in the common oak.

9. Refer the Plant A on the table to its natural family and genus.

10. Describe the Plant marked B as to its stem, leaves, inflorescence, and flowers.



## EXECUTION OF THE NEW MEDICAL WARRANT OF HER MAJESTY.

WE learn from an authoritative source that, at the Council held at Windsor on Friday week last, a Warrant, embodying the Recommendations of the late Committee on the Army and Navy Medical Services received the sanction and signature of Her Majesty. If our information be accurate, we offer our most sincere congratulations to the profession. By this Warrant, if it be honestly and justly carried out by the Horse Guards and Admiralty, a field worthy of their acceptance and cultivation is thrown open to medical men.

## Medical News.

**ROYAL COLLEGE OF PHYSICIANS OF LONDON.**---At a general meeting of the Fellows held on the 9th inst. the following Members of the College were duly admitted Fellows of the same:—

Andrew, James, M.D. Oxon., Russell-square.  
Buchanan, George, M.D. Lond., Harley-street.  
Chadwick, Charles M.D. Edin., Leeds.  
Falconer, Randle Wilbraham, M.D. Edin., Bath.  
Fox, Wilson, M.D. Lond., Cavendish-square.  
Hewitt, William Morse Graily, M.D. Lond., Berkeley-square.  
Ogle, William, M.D. Oxon., Clarges-street, Piccadilly.  
Southey, Reginald, M.D. Oxon., Montague-place, Russell-square.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**---The following gentlemen have just passed the Preliminary Examinations in Arts, &c., for the Fellowship of the College:—

Edward Bellamy, E. L. Fenn, J. W. Howard, Edward Smith, W. M. Vores, C. H. Allfrey, and F. W. Braine.

And the following for the Membership:

M. S. Allen, F. C. Batchelor, Herbert Curtis, J. W. Anningson, Alexander Cartwright, Richard Aubrey, J. J. Allen, William Beesley, A. E. Davies, C. W. Evans, George Millson, J. E. Clarke, Edward Bovill, E. R. L. Crespin, F. D. Grayson, William Garratt, Charles Glasier, C. B. Plowright, F. H. Edmonds, Edward Barber, C. J. Davis, Joseph Farrar, J. E. C. Ferris, Adam Young, John Booth, Robert Caldecott, F. H. Bodman, J. E. Gabb, E. H. Gibbon, Chas. Gosse, Thomas Harvey, H. A. Leapingwell, G. A. Jennings, H. W. Hewetson, F. W. O. R. Jones, J. B. Lyth, L. J. King, Henry Gibbs, W. C. Heane, J. L. Leckie, S. A. Julius, T. J. Jones, W. L. King, W. H. Davies, J. A. Lewis, R. J. Cope, W. A. Dunn, B. P. Morrison, E. C. Ling, H. E. Hudson, Edwin Price, A. M. Palmer, H. C. Lacy, G. O. Risdon, E. C. Rogers, Edwin Hemsted, W. A. Satchell, E. C. R. Roose, J. G. Roberts, Tom Robinson, E. G. Roche, C. W. Price, W. H. Thompson, M. A. B. C. Stevens, C. W. Harvey, T. H. F. Tothill, F. G. Ree, H. O. Taylor, T. C. Temple, C. W. Vickers, S. J. Wolton, J. Oliver, C. L. Vasey, Wadhwan Robinson, Henry Thompson, A. D. Wray, R. L. Verley, W. J. Powell, C. W. Chinery, William Rendall, Alfred Dix, R. H. Paterson, W. M. Rosten, G. E. Rundle, Hugh Acock, K. F. Sylvester, H. T. Tatum, G. D. Thane, J. H. Thomas, S. W. Fitt, Arthur Lascelles, Thomas Dewhurst, Edward Elsmere, and William Beaton.

**KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.**---Licences to practise Medicine were granted to the following gentlemen during the months of April, May, and June, 1866:—

|                                    |                                   |
|------------------------------------|-----------------------------------|
| W. B. Peebles, B.A., M.B., Dublin. | C. R. Enright, Limerick.          |
| John B. Kelly, Drogheda.           | Henry Dwyer, Dublin.              |
| John O'Hanlon, Dublin.             | William B. Anster, Dublin.        |
| Robert F. Maunsell, Dublin Castle. | John Campbell, B.A., M.B., Dublin |
| William I. Wheeler, Kildare.       | William C. Roe, Dublin.           |
| Malachy J. Kilgarraff, Dublin.     | Patrick T. Lyster, Athlone.       |
| P. O'Neill, L.R.C.P. Ed., Kildare. | William P. O'Leary, Cork.         |
| G. C. Chesnaye, Allahabad.         | Charles P. Tomkins, Cork.         |
| Francis Egan, Dundrum.             | Henry Nugent, Waterford.          |
| Adam Clarke, Fermangh.             | W. J. Martin, M.D. St. And., Dub  |

The following gentlemen obtained the Midwifery Diploma during the same period:—

|                            |                        |
|----------------------------|------------------------|
| J. B. Kelly, Galway.       | Adam Clarke.           |
| Edward J. Kelly, do.       | Henry Dwyer.           |
| Charles Fryer, Southport.  | Cornelius R. Enright.  |
| William Ireland Wheeler.   | Patrick Thomas Lyster. |
| Malachy Joseph Kilgarraff. | Charles Payne Tomkins. |
| Patrick O'Neill.           | Henry Nugent.          |
| Francis Egan.              |                        |

**APOTHECARIES' HALL.**---The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 5th inst.:

Lloyd, Evrn, Cross-inn, Llanelly.  
Low, Alexander James, St. Belares, Jersey.  
Needham, Frederick, York.  
Place, Thomas Lloyd, Wickham Market, Suffolk.  
Taylor, Isaac, York.  
Underhill, Francis William. Tipton, Staffordshire.

The following gentlemen also on the same day passed their first examination:—

Benjamin Walker, Guy's Hospital; William James Bennett, ditto; Charles Trew Winckworth, Westminster Hospital; George Amsden, King's College.

**UNIVERSITY OF ATHENS.**---In this University there were, during the last session, two hundred and fifteen students of medicine.

**GLASGOW MEDICAL SOCIETIES.**---The Medical and Medico-Chirurgical Societies of Glasgow have wisely undergone the process of amalgamation.

**SIR JAMES CLARKE.**---The Queen has appointed Sir James Clark, Bart., M.D., to be an Ordinary Member of the Civil Division of the Second Class, or Knight Commander of the Order of the Bath.

**W. E. WILKINSON, L.R.C.S. Ed.,** has been appointed Surgeon to the Constabulary of Glasson, Ballykeirnan, and Baylin, county Westmeath.

**THE MEDICINA,** a Naples journal, threatens to publish the names of all its subscribers who are in arrear.

**MR. QUAIN** has resigned the Surgeoncy of University College Hospital, and also the Professorship of Clinical Surgery at University College.

**DR. GULL** has resigned the physicianship of Guy's Hospital.

**DR. A. P. STEWART** has resigned his office of Physician to the Middlesex Hospital. He has held office there for about twenty years. His natural successor is Dr. Murchison; and candidates Drs. Tatham, Liveing, and Fenwick, are in the field for the vacancy which will be made by Dr. Murchison's promotion.

**THE POLLUTION OF RIVERS COMMISSION.**---The Royal Commissioners are at present engaged in making a personal inspection of the river Ouse and the surrounding neighbourhood, previous to taking evidence on the spot, which will not be till the first week in October.

**THE CURÉ of Neuri-sur-Baraujen** died some days ago from the effects of a sting in the lip from a venomous fly.

The deaths in London last week were very little over the average. Diarrhoea is on the increase, but is not excessive for the beginning of July. Cholera shows no tendency to become epidemic. The thermometer in the sun last Thursday reached 147 degrees.

**THE EMPRESS AT AMIENS.**---Great excitement has been created in France by the visit of the Empress Eugénie to Amiens. The cholera has been raging there to such an extent that the assizes were indefinitely postponed. Eighty deaths a day have been recorded, and it is said that no medical records exist of any European city having been so devastated by cholera as Amiens has been for the last three weeks. The Empress arrived in Amiens at half-past ten in the morning, and then proceeded to the Hôtel Dieu, visiting all the cholera wards, and thence proceeding to the various charitable refuges, &c., thus passing the whole day. Whatever practical utility there may be in such a visit, there can be but one opinion as to the noble self-devotedness, sympathy, and courage that prompted it. It is said that when complimented by a French Marshal on the courage displayed by her on this and a previous similar occasion, her Majesty replied, "Monsieur, c'est notre manière d'aller au feu." The Municipal Council of Amiens have voted an address of gratitude to her for her visit, and ordered that a commemorative medal in gold should be sent to her. The last sanitary report gives forty deaths by cholera on Monday.

It is a significant fact that the functionaries of the German Association of Naturalists and Physicians have sent out circulars announcing that the forty-first meeting, which was to be held in September next, will not take place. This will be a disappointment for those members of our scientific societies, who had planned to take part in the very agreeable proceedings which have usually characterized the meetings of the Association.

**FATAL SOMNAMBULISM.**---An inquest was held at Devonport on Wednesday on the body of Joseph Colclough, a soldier in the 94th Regiment. On Sunday morning the



sleepers in the Raglan barracks were aroused by cries of distress, and on going out of the barrack-room they found the deceased lying on the ground suffering from severe injuries. It is supposed that the deceased, who had gone to bed quite sober, had walked in his sleep and fallen out through a large window which had been left open. He died from his injuries on Wednesday afternoon. The inquest was adjourned for the attendance of medical witnesses.

**UNSCIENTIFIC AND FATAL SURGERY.**---Friday, at the Norfolk Assizes, a bone-setter named Bennett was indicted for the manslaughter of James Squires. The deceased, who was 66 years of age, had put his shoulder out, and went to the prisoner to have it set. The latter employed several men to pull at the arm, and these did their work so vigorously, that the muscles were torn assunder and important blood vessels ruptured. The man died the same evening. His lordship, in summing up, pointed out that the fact was that more force had been used than was necessary or intended; and that while on the one hand it appeared that the prisoner was grossly ignorant on surgical matters, on the other there was no imputation of negligence against him. The jury returned a verdict of guilty, and the prisoner was ordered to pay a fine of £50, or to go to prison for six months if the fine was not paid before the next goal delivery for the county.

**ARTISANS' DWELLINGS AND PUBLIC HEALTH BILLS.**---Friday afternoon, Mr. Walpole received his fifth deputation, at the Home Office, in reference to the Artisans' and Labourers' Dwellings and Public Health Bills, which was from the vestry of St. Marylebone, and was introduced by Mr. Harvey Lewis, M.P. It consisted of Mr. Chubb, Mr. Poland, Dr. Richardson, Mr. Tavener, Mr. Tyler, Mr. Harlowe, and Mr. Surridge, accompanied by Mr. W. E. Greenwell, vestry clerk, and Dr. Whitmore, medical officer of health. The objects of the deputation having been urged with great force by Mr. Chubb, Mr. Poland, Mr. Whitmore, and others, Mr. Walpole said the deputation would not expect him to give any decided opinion on the subject that had been brought before him, but it should receive his best attention. The deputation, having thanked the Home Secretary, then retired.

**THE SUICIDE'S OBSEQUIES.**---On Thursday evening Dr. Warder's remains were interred without the usual rites. The spot selected was the parochial cemetery on the Lewes-road, near the Preston Barracks, and at half-past ten on Thursday night the burial was accomplished in the briefest imaginable time. The nothingness of the ceremony is worth a word. A grave had been dug in the chalk; a hearse arrived with a common coffin; three seconds later the coffin was at the side of the grave; and in three other seconds it was at the bottom of the excavation, and three other seconds heard the rattle of the clods on the elm boards of the doctor's *domus ultia*. The only light thrown on the transaction was that which streamed from the bull's-eyes of a couple of police lanterns. About 100 people witnessed the novel ceremony.

The Medical men *en masse* of the North London districts have just addressed an energetic letter to the *Times* denouncing in no very measured terms, the verdict and sentence in the recent case of rape, "The Queen *versus* Toomer." The letter goes on to say—"We desire to place on record our earnest protest against the decision of the jury, and the sentence of the judge in this case. . . . There has been a frightful miscarriage of justice here, and we call on you, in the name of justice, to use your all powerful voice to secure for this prisoner a remission of the dreadful sentence (fifteen years) passed on him for the commission of an offence which was not rape."

**NAVY SURGEONS.**---We believe we can safely announce that at the Council held at Windsor yesterday week, the Queen signed the order confirming the suggestions made by Sir Alexander Milne's Committee, for improving the pay and position of the Medical Officers of the two services.—*Army and Navy Gazette.*

MR. QUAIN'S resignation of the offices of Special Professor of Clinical Surgery at University College and of Surgeon to the Hospital has been accepted with regret by the Council, which has decided that in future the Special Professorships of Clinical Medicine and Surgery shall be the Holme Professorships.

GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.  
SIR,—The following subscriptions have been further received on behalf of the above fund, the balance-sheet of which I hope to forward next week:—

|                                                                   |         |
|-------------------------------------------------------------------|---------|
| H. M. Simmonds, Esq., Newington                                   | £0 10 0 |
| Thomas Harper, Esq., Plymouth                                     | 0 5 0   |
| Thomas Taylor, Esq., Braintree                                    | 0 10 6  |
| John Harrison, Esq., Braintree                                    | 0 10 6  |
| George Greaves, Esq., Chorlton                                    | 1 1 0   |
| Henry Bencraft, Esq., Southampton                                 | 0 10 6  |
| A. P. Rayner, Esq., Shrewsbury                                    | 1 1 0   |
| Dr. J. H. Lloyd, Anglesey                                         | 1 0 0   |
| Dr. T. Orme Dudfield, St. Margaret's, and St. John's, Westminster | 0 5 0   |
| W. B. Brown, Esq., Windsor                                        | 0 10 0  |
| Messrs. Clark and Wilton, Sutton                                  | 1 1 0   |
| And previously announced                                          | 186 6 9 |
| Received at <i>Lancet</i> Office                                  | 13 11 6 |

—Your obedient Servant,  
ROBERT FOWLER, M.D.,  
Treasurer and Hon. Sec.  
145, Bishopsgate-street Without, July 10, 1866.

Appointments.

LONDON.

W. DRAPER, M.R.C.S., has been appointed Resident Obstetric Assistant to the Middlesex Hospital.  
REES LLEWELLYN, M.R.C.S.E., has been appointed House-Surgeon to the London Hospital.  
H. A. PITMAN, M.D., has been appointed Consulting Physician to St. George's Hospital.

PROVINCIAL.

E. HILL, M.R.C.S.E., has been appointed Assistant House-Surgeon to the Kent and Canterbury Hospital, vice W. Rigden, M.R.C.S.E., resigned.  
G. H. MADELEY, M.R.C.S.E., has been appointed House-Surgeon to the Coventry and Warwickshire Hospital, vice H. C. Lawrence, L.R.C.P.L., resigned.  
W. J. MERLIN, L.R.C.P., has been elected Medical Officer and Public Vaccinator for the Sutton District of the Ely Union, Cambridgeshire, vice Wm. Bullers Buller, M.R.C.S.E., resigned.  
G. C. MILLAR, M.D., has been elected Medical Officer to the Hackney Union Workhouse, vice D. De Berdt Hovell, F.R.C.S.E., resigned.  
W. PARKINSON, M.R.C.S.E., has been re-appointed one of the Hon. Surgeons to the Bradford Infirmary and Dispensary, upon retiring after ten years' service in accordance with the rules.  
J. RILEY, M.R.C.S.E., has been elected a District Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, Manchester, vice T. Sutton, L.R.C.P.Ed., resigned.  
C. ROBERTS, M.R.C.S.E., has been appointed Surgeon to the House of Correction at Northallerton, Yorkshire, vice F. R. Gibbes, M.R.C.S.E., resigned.  
H. RUNDLE, M.R.C.S.E., has been appointed House-Surgeon and Secretary to the Hants County Hospital, Winchester, vice A. B. Adams, M.R.C.S.E., resigned.  
J. E. SMITH, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Hertfordshire District and the Workhouse of the Hay Union, vice Procter, resigned.  
R. SOUTHY, M.B., has been appointed Hon. Physician to the Metropolitan Convalescent Institution, Walton-on-Thames, vice T. Dixon, M.D., resigned.  
J. N. TERRY, M.R.C.S.E., has been re-appointed one of the Hon. Surgeons to the Infirmary and Dispensary, Bradford, Yorkshire, upon retiring after ten years' service in accordance with the rules.

IRELAND.

M. BAREN, M.D., has been appointed Surgeon to the Constabulary, Labasheeda, county Clare, vice J. Finucane, L.R.C.P.Ed., deceased.  
J. CAVET, L.R.C.P.Ed., has been elected Surgeon to the Leper Hospital, Waterford, vice J. P. Mackesy, M.B., deceased.  
M. J. SHERIDAN, M.D., has been elected Medical Officer for the Oulart Dispensary District and the Fever Hospital of the Enniscorthy Union, county Wexford, also Public Vaccinator and Registrar of Births, &c., vice M. J. Cartan, L.R.C.S.I., deceased.

SCOTLAND.

S. BUCHANAN, M.D., has been appointed Surgeon (*pro tem.*) to the Clyde Police, Glasgow, vice E. Milner, M.D., deceased.  
J. G. WILSON, M.D., has been appointed one of the Physicians to the new Dispensary for Women and Children in connexion with the Glasgow Lying-in Hospital.

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING JULY 7TH, 1866.

By J. H. STEWARD, Strand, and Cornhill, London.

| July, 1866. | Barometer reading reduced to 32 degrees. | Thermometer. |      | Dry bulb. | Wet bulb. | Wind.      |        |       | Remarks. |
|-------------|------------------------------------------|--------------|------|-----------|-----------|------------|--------|-------|----------|
|             |                                          | Max.         | Min. |           |           | Direction. | Force. | Rain. |          |
| 8           | 30.027                                   | 7905         | 5103 | 63        | 59        | SW         | —      | 001   | Showery. |
| 9           | 30.027                                   | 8805         | 51   | 7505      | 67        | W          | —      | —     | Fine.    |
| 10          | 30.031                                   | 92           | 60   | 76        | 6705      | NW         | —      | —     | do.      |
| 11          | 30.056                                   | 9005         | 68   | 80        | 7105      | NW         | —      | —     | do.      |
| 12          | 30.040                                   | 103          | 60   | 86        | 73        | SW         | —      | —     | do.      |
| 13          | 30.010                                   | 98           | 69   | 83        | 73        | S          | —      | —     | do.      |
| 14          | 30.022                                   | 102          | 63   | 76        | 68        | SE         | —      | —     | do.      |



# London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

## Original Communications.

### LECTURES

ON THE

### NATURE, CAUSES, AND TREATMENT OF DYSPEPSIA.

Delivered at the Queen's Hospital, Birmingham.

By BALTHAZAR W. FOSTER, M.D., F.L.S.

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON; LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; PHYSICIAN TO THE QUEEN'S HOSPITAL, PROFESSOR OF CLINICAL MEDICINE IN QUEEN'S COLLEGE, AND OF THERAPEUTICS AND MATERIA MEDICA IN SYDENHAM COLLEGE, BIRMINGHAM; PHYSICIAN TO THE GENERAL DISPENSARY, BIRMINGHAM.

### LECTURE V.

GENTLEMEN,—In our review of the oral and gastric stages of digestion, we have seen the manner in which the saliva and the gastric juice act upon the saccharine and albuminous portions of our food, and we have noticed that these fluids have no share in the transformation and preparation of fat.

The chyme as it passes from the stomach contains much converted albumen and some starchy matters in a state of solution; the oleaginous substances have simply their investing membranes acted upon, but are themselves chemically unchanged. In the small intestine, with its varied secretion, we have to look for the converting agents which render fat fit for absorption, and to which we must attribute the digestion of the starch and albumen which have escaped conversion in the stomach. In the small intestine three fluids are poured out to mingle with the food, and to help in its assimilation—the pancreatic juice, the bile, and the secretion from the intestinal glands—the succus entericus.

The *pancreatic juice* first claims our attention, for of late years it has been the subject of much investigation by physiologists, and to the elucidation of its action some of the most brilliant of his experimental inquiries have been devoted by Claude Bernard.

The pancreas (similar in structure to the salivary glands) begins, some thirty minutes after the commencement of gastric digestion, to pour into the intestine a clear, viscid, alkaline fluid, containing a peculiar coagulable substance called pancreatine. Mingling with the descending stream of chyme, this fluid reacts upon its constituents, but chiefly upon the unaltered oleaginous materials.

Fats no longer escape conversion, they are emulsified and chemically changed by this secretion. If we mix healthy pancreatic juice with fat out of the body, and maintain a temperature sufficient to liquify the fat, we observe that when stirred the fluids combine, and form together, by what we term the emulsification of the fat, a substance like chyle. Moreover, they do not separate when left alone for a considerable time, as is the case with an emulsification formed by bile, saliva, serum, and other fluids. This action of the secretion of the pancreas is, however, not limited to the mere division and emulsification of the fat; it is also marked by a chemical change—the fat is separated into glycerine and its fatty acid, and the mixture, previously alkaline, betrays a slightly acid reaction. No other fluids in the economy, according to Bernard, can effect this; and only after the chyme has mingled with the secretion do fatty substances enter the lacteals. This point has been much contested, and it is now considered probable that some of the small duodenal

glands may aid, to a small extent, in the conversion of fatty foods.

The starch, unconverted by the action of the saliva, but rendered soft and easy to act upon by its delay in the stomach, passes into the duodenum, suspended in the chyme, to meet with rapidly converting agents in the pancreatic fluid and the succus entericus.

The ferment contained in these secretions rapidly changes the starch into grape sugar, and thus renders it capable of being absorbed. The part played by the intestinal glands is feeble, and to the pancreatic juice is chiefly due the conversion of starch and fat. Pathology supports this view by the fatty stools characteristic of diseases of the pancreas, and extirpation of the gland has been found to be followed by the excretion of a considerable quantity of unchanged starch and fat. The function of the pancreatic juice is, however, triple in its nature, and it seems to be poured forth as the last agent necessary to form that elixir vite—chyle; for not only does it play an important part in the conversion of the fat and starch, but it also acts upon the unchanged albumen, which, suspended in the chyle, has passed onward from the stomach. This action only takes place under certain conditions—viz., first, that the albumen should have previously undergone some preparation, by gastric juice; secondly, that the pancreatic juice should be mixed with bile; and thirdly, that the reaction of the solution should be slightly acid. Now these three conditions are readily fulfilled in healthy digestion; the albumen meets the pancreatic juice only when it has escaped the gastric juice, and when much of it has already been converted into parapeptone; the bile also mingles with the pancreatic secretion as it is poured into the intestine, and the acid character of the chyme supplies the third condition. When, however, any cause interferes with the existence of a sufficiently acid reaction in the chyme itself, the action of the pancreatic juice on the fatty matters sets free enough acid to supply the necessary quality.

From a review of the experiments which have been made by many observers with reference to the converting power of this secretion over albumen, we must concur in the opinion, that the pancreas plays an important part in dissolving the albumen and the parapeptone which have escaped the action of the stomach. Schiff, in his experiments on this subject, points out an interesting relation with reference to this action existing between the pancreas and spleen. The extirpation of the spleen, in his observations, invariably deprived the pancreatic juice of its converting power over albumen, but, at the same time, the secretion of pepsine by the stomach was more copious.

The supplementary part which the pancreatic juice plays to the other digestive fluids, and the importance of its special action upon fatty foods, make any derangements, either in the quality or quantity of its secretion, of much consequence to the economy.

In all experiments that have been made upon this gland, one of the most striking features is the extreme ease with which the healthy secretion is disturbed. The viscid, alkaline, coagulable fluid is replaced by a thin watery liquid, still alkaline in its reaction, but *no longer containing coagulable organic matter*, and consequently no longer capable of acting upon fatty food. Another fact worthy of notice is, that the secretion no longer *intermits* between the digestive acts, but the altered secretion pours *continually* into the intestine. Such serious changes are brought about, we are led to believe, by functional nervous disturbance, and to the branches of the sympathetic system which preside over the function of this gland, we must refer this abnormality.

Bernard has well pointed out for our guidance that below the pylorus we no longer have secretion governed as in the stomach by both the cerebro-spinal and ganglionic systems, but to the great sympathetic alone do the glands connected with the intestine answer. Paralysis of the branches of this system supplying the intestines is ever followed by increased secretion from the pancreas and other intestinal glands.



Inflammatory conditions of the pancreas, originating either in its own structure, or secondarily affecting the gland, as is most common, have the same result.

We can easily understand how serious to the digestive process is any derangement of secretion such as we have mentioned. No longer are the fatty portions of our food converted and absorbed; but, on the contrary, they pass away with the excreta, and the system languishes for its chief respiratory food. But the evil ceases not here, the altered secretion acts upon the unconverted starchy matter, and being greater in quantity, and flowing constantly into the intestine, the action is no longer bounded by the normal limits, glucose is continuously converted into lactic acid, and the intestines are distended and irritated by CO<sub>2</sub>, H<sub>2</sub>, and other gases. I need hardly tell you that the parapeptone and unconverted albumen, mingled in the chyme, are also not digested, but passing away with the fæces, are lost to the system.

On the other hand, conditions are well known to us in which we have reason to believe that the functions of the great salivary gland of the abdomen are by no means as active as they should be, and we find our patients labouring under various dyspeptic symptoms, the chief and most characteristic being an inability to digest fat. We often call this fatty dyspepsia, and you have frequently had it pointed out to you as one of the common symptoms of the dyspepsia of phthisis. Under these circumstances there is much reason to believe that the stomach acts very thoroughly, possibly for a time even more actively than in health, upon the albuminous food, but the fatty matters are scarcely, if at all, assimilated, and the starchy substances are partly undigested.

Arrangements of this kind cannot exist long without producing serious disorder in the system, and they call for well-directed action on the part of the physician. Of late, attempts have been made, when the pancreas is supposed to be inactive, to supplement its action by the administration of extracted pancreatine and pancreatic emulsion. This was first suggested by Dr. J. A. Flés; it has since been ably advocated in this country by Dr. Dobell of London. But I would have you first try the effects of remedies upon the pancreas itself, for Bernard's experiments teach us that we have one if not two valuable drugs in *ether* and *iodide of potassium* at our command, by which we can stimulate the secretion of this gland. The action of either in increasing the flow of pancreatic juice is so marked that Bernard used it frequently in his experiments to stimulate the gland, and always with success. Of this subject I shall have more to tell you in a future lecture; I merely indicate the fact now for your consideration. We have seen how the pancreatic secretion plays an important part in the assimilating process, and we have glanced at the manner in which dyspepsia is produced by the disorder of its functions. Before leaving this part of the subject, however, let me add, that in those states in which the flow of pancreatic juice is continuous, gastric digestion is occasionally impeded by the regurgitation of the secreted fluid into the stomach.

(To be continued.)

## RICHMOND HOSPITAL.

### CLINICAL SURGICAL LECTURES.

By JOHN HAMILTON,

SURGEON TO THE RICHMOND HOSPITAL, AND TO SWIFT'S HOSPITAL FOR LUNATICS.

#### LECTURE I.—PHYMOSIS.

We have had during the last two months six cases of phymosis in the hospital.

1. A man, in No. 6 ward, with inflammatory phymosis, from phagedenic chancre, which perforated the prepuce, requiring the prepuce to be slit up. When the chancre was exposed it was the size of a florin. He was put under mercury till salivation, and the improvement in the sore

was so rapid that he left, after having been in sixteen days, with a small granulating ulcer only requiring water-dressing, the prepuce merely showing a small slit where the incision had been made.

2. In the opposite bed, in No. 6, George Campbell, a dirty, half-witted fellow, with very bad inflammatory phymosis, the penis enormously enlarged, red, and œdematous; profuse, fœtid, oily-brownish discharge, tinged with blood; exquisitely tender. His general aspect sallow and wretched. There was a black spot on the dorsum of the prepuce, evidently over a phagedenic sore. Mr. Henry, the resident pupil, in my absence, seeing there was no time to be lost, immediately on his admission did what he had seen me do in the previous case, slit up the prepuce through the black spot, and came down on a large phagedenic chancre. He was put on calomel and opium. I saw him the next morning. There was a large flap of thickened prepuce hanging down, which I desired Mr. Henry to cut off, effecting complete circumcision. His mouth became sore, his general health much improved, and he left quite well in about a month.

3. A young man, in No. 8 ward, with phymosis, not large nor very inflammatory, but he could not draw back the foreskin to exhibit the chancres. There was profuse yellow discharge, and when the prepuce was a little retracted, a portion of a chancre was exposed at the lower edge of the orifice of the urethra at the frænum, and evidently extending down. He had enlarged glands in both groins, many and indolent. The chancre could be felt in the situation of the frænum, through the prepuce, hard. Five grains of grey powder were given three times a day, and injections of water, and afterwards of black-wash, ordered. His mouth became sore; he could then draw back the foreskin, though with some difficulty. Three chancres became visible—a large one over the frænum, which it had destroyed, and two others, small and granulating, on the glans. The large one was still unhealthy; it was touched with the solid nitrate of silver decidedly. All the sores were healed in four or five days, except a small portion of the upper part of the large one, but it healed entirely in two days after. Two of the glands—one in each groin—suppurated, were opened, and discharged some thick yellow pus; they gave no further trouble. He left the hospital to go to his friends, the glands in the groin still swollen and discharging a little.

Jan. 2, 1866: I saw him two months after for a gonorrhœa, but he was completely well of the syphilis.

4. A young policeman, with phymosis, not inflammatory, but arising from indurated chancres round the orifice of the prepuce—a bubo in the left groin. He left the hospital of his own accord a few days after admission.

5. A man, in the new ward, with acute phymosis and phagedenic chancre. The prepuce was slit up on the dorsum, where the chancre was felt to be. He was brought under the influence of mercury, and left the hospital at the end of three weeks quite well, a small notch alone indicating where the incision had been.

6. In No. 5 ward, a patient with chancres round the orifice of the prepuce and consequent complete phymosis. After slight salivation, the application of, first, the saturated solution of the nitrate of copper, and afterwards the use of the solid nitrate of silver, the chancres healed, and at the end of a month he could draw back the prepuce, but there was some induration at the orifice.

While these cases are fresh in your minds it may be profitable to consider the different forms of phymosis which the surgeon meets with, and the kind of operation suited to each. We are oftener called to treat that division which is called accidental than congenital cases of phymosis. I have never met with the prepuce entirely closed, as described by Petit, where the infant, soon after birth, is observed to be restless, irritable, and constantly crying, and the linen dry; and on examination the prepuce is found swollen out, transparent, and full of urine; a puncture with a lancet readily remedies the distress for the time.



Others at birth have the orifice of the prepuce so very small that the water not readily getting through it at each time of passing water the urine distends the prepuce, and finally irritates and excoriates its lining membrane and that covering the glans, and the two raw surfaces adhere, forming one of the most difficult cases of phymosis for operation, as it is very hard to divide the prepuce without wounding the glans, and after the division is accomplished there is still a most difficult and painful operation to perform—that of dividing the adhesions and peeling off, as it were, the prepuce from the glans. My colleague, Dr. Banks, sent me, some years ago, a case of this kind, where the adhesions, except in one or two points, were so close that, with difficulty, at one spot I could get in a small director between the prepuce and glans. I divided the prepuce, and afterwards, partly by cutting and partly by tearing, I separated the prepuce from the glans. The case terminated well. The contraction of the orifice of the prepuce not only prevents its retraction, but gives rise to such irritation that the surgeon is imperatively called on to operate.

Master C., æt. 12, was observed by his father to make water often and with pain, and it was found that the orifice of the prepuce was so reduced in size that when he tried to make water it only came drop by drop, while the prepuce itself swelled out like a little bladder, the urine escaping freer from the orifice of the urethra than it could get out from that of the prepuce. All this irritability and pain were removed by the operation.

Let me adduce another case where we are obliged to operate at once to get at a derangement which the phymosed prepuce conceals. I was sent for to a child of the farrier of Mr. Ferguson, the veterinary surgeon, who had had retention of urine for two days. I found the child in great pain and distress, the penis swollen and œdematous—the œdema causing the prepuce to be elongated to a great degree. I made a few punctures with a lancet into the swollen penis to lessen the swelling, but though the punctures caused a considerable exit of fluid, it was regenerated quickly again, and no effect produced. I then passed through the narrowed orifice of the prepuce a small gum elastic catheter with the stylet to try and get into the orifice of the urethra. I failed in this, but felt a sensation of grating, and on passing a probe I struck against a stone. It was likely, therefore, that a stone had become impacted at the end of the urethra. I slit up the prepuce and saw the end of a small stone sticking out of the urethra. With a forceps it could not be got out, the forceps constantly slipping from its polished oral end. With some difficulty I therefore passed a probe bent like a hook, and with some force I pulled out the stone. The urine immediately gushed out with great violence. The penis continued œdematous for a few days, but there was no further trouble in the case.

In cases of warts on the glans and round the corona and frœnum, covered by a prepuce which cannot be retracted, I have often operated. In these cases, through the orifice of the prepuce, the surface of some of the warts may be seen or felt like hard lumps through the prepuce. About two years ago a little boy was admitted into No. 5 ward, with phymosis and some yellow discharge and much irritation. I felt on the right side through the prepuce a hard mass, which, I thought, might be warts, though it was unusually hard. On slitting up the prepuce it turned out to be a thick flat piece of calcareous matter moulded on the side of the glans. You will find in Boyer some curious cases of very large masses of similar material in this situation.

In cases such as I have mentioned, where the prepuce is healthy, uninfamed, and non-adherent, the operation I perform is as follows:—I hold tightly, with a straight scissors-forceps, as much of the prepuce and its lining membrane as I wish to remove, taking care not to bring the skin of the penis too much forward or on the stretch, otherwise it retracts too much. I then cut off with a sharp straight bistoury the portion so seized. The integu-

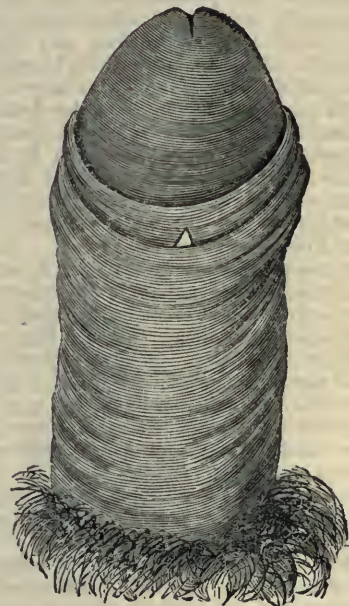
ment runs back, while the lining membrane, not retractile, remains nearly stationary, as in Plate No. 1. I then slit

Fig. 1.



up with a scissors this inner membrane in the middle line, and as far as the edge of the retracted skin. The dotted line represents this incision. The next step is to fold over the lining membrane, which this slit allows to be readily done, so that its edge meets that of the skin, as shown in drawing No. 2. It is rarely necessary to put in any

Fig. 2.



suture as the lines meet so accurately; but should there be a gaping at any part a suture may be used. A little strip of lint spread with simple cerate is put round the penis at the cut line. The first part of this operation is like that recommended by Sir W. Ferguson; but the



second part, that of turning back the lining membrane to meet the cut edge of the skin, is a very material step, as it greatly expedites the healing. You have seen me operate in this way very often, and have witnessed the good results.

### NOTES ON ANOMALOUS ANATOMY.

By ALEXANDER MACALISTER, L.R.C.S.I., L.K.Q.C.P.I.,  
DEMONSTRATOR OF ANATOMY, ROYAL COLLEGE OF SURGEONS, IRELAND.

IN every department of Creation we find the prevailing principle to be unity in variety. The typical features of every class are modified differently in each of its component genera, and the characteristic marks of each genus are presented in varying modes of combination and arrangement in each species. The same general law we may even trace further in its operation, as it affects the individual organisms of every species; for, as there are scarcely two individual plants alike in shape, size, foliage, &c., in like manner there is a variation almost endless in extent to be found in the animal world. This is true most particularly among the higher and more complex groups of beings, as in these, from their intricacy of structure, there is much more scope for individuality of character than in the smaller and more simply constructed races, and thus structural variations are commoner among the vertebrates than among invertebrates, among mammals than among birds, reptiles, or fish, and in man than in any other mammal. In the human species, as no two individuals are alike in features, voice, or handwriting, so it is quite possible—nay, in the experience of anatomists, demonstrable—that no two are identical in anatomical arrangement, that here a muscle, there a nerve, and now an artery, will be found to vary from what is recognized as the type structure. In this, I think, we may find the clue to the many little discrepancies which are to be found in our standard works on anatomy, as mayhap the authors would correct their general notes by a few careful and painstaking dissections in which they might light upon modes of arrangement, perhaps not the most usual or typical. We will take one instance of this. In the accounts of the attachments of the pronator radii quadratus muscle, we find the usually accurate Harrison describing it as arising from the lower fifth of the ulna and extending to the lower fourth of the radius; while Cloquet, Cruveilhier, Jamin, and Marjolin, give its attachments as to the lower fourth of each bone. On the other hand, as far as my measurements have gone, the most usual and typical attachments seem to be those given by Ledwich to the lower fourth of the ulna and the lower fifth of the radius. As a general rule, we should regard as typical those characters which we find the most constant in the greatest number of individuals.

Anatomical variations in man occur more numerously in the vascular systems than in any other series of structures. Any one who has made injections of the lymphatics and veins knows how frequently they are to be found variable, or rather how comparatively seldom they are to be found similar or typical. As a rule, lymphatics are more irregular in arrangement than veins, veins than arteries. The muscular system in variation comes second to the vascular; and we may look upon the nervous as the least mutable of the three. Fascial variations are not of very common occurrence, but I hope soon to be able to publish several very interesting and surgically important cases of unusual arrangements of aponeurotic structures. In a paper laid before the Royal Irish Academy in the past session, I proposed a classification of muscular anomalies, based upon the admirable system of Mr. Wood, and I enumerated many varieties which had up to that time fallen under my notice. Since then new materials have been accumulating, and I have found many specimens of considerable interest to which I wish to direct attention.

Of muscles, which are not normally parts of the human frame, there are three which I will notice. The first

of these existed in a young female, and arose on the right side from the ilio-pectineal line immediately behind the attachment of Gimbernat's ligament, from this point it ran upwards and a little outwards, lying beneath the transversalis muscle, and upon the fascia transversalis, after crossing the deep epigastric artery, it terminated not far out from the median line, by being inserted into the fascia transversalis at a distance of two-thirds of the interval between the umbilicus and the pubis. To this fascicle the name Pubia-fascial might perhaps be affixed. Of the normal abdominal muscles on this subject I remarked a pyramidalis nearly reaching to the umbilicus, a supernumerary, supra-umbilical, linea transversa in the rectus, and a strong well-marked transversalis.

From the outer side of the origin of the extensor digitorum communis in the forearm of another subject, a small muscular band started and passed downwards, superficial and parallel to the tendon of the extensor secundi internadii pollicis, along with which it passed beneath the annular ligament in its third sheath, and was inserted in common with that muscle, the tendons coalescing opposite the base of the first phalanx of the thumb. A similar instance was noticed by Blandin, and the same arrangement exists in several mammals.

The palmaris accessorius muscle, many of whose mutations have been before noticed, occurred in a new form in both forearms of a strong well-developed male subject as a large expanded muscle, more than half the size of the flexor carpi ulnaris. It arose by two heads, one a tendinous, or rather fascial slip, from the point of the internal condyle of the humerus, superficial to the other flexor or pronator muscle. The second head arose fleshy and tendinous from the inner edge of the ulna under cover of the flexor carpi ulnaris, and extended nearly for the lower two-thirds of that bone. The two origins were separated by the ulnar nerve alone, as no ulnar artery existed in the subject. The insertions of the muscle were two-fold; first, by a tendon which was attached to the palmar fascia; and, secondly, by a much stronger band, likewise tendinous, which united with the abductor pollicis; as in one of the other cases quoted by me in the paper read before the Royal Irish Academy, this band was inserted into the outer side of the first phalanx of the thumb. In this subject the ordinary palmaris longus and brevis muscles were present and distinct. This accessory palmaris is, when existing, liable to many variations. Vicq-d'Azyr describes it as running from the coronoid process of the ulna to be inserted into the anterior annular ligament, and Rosenmüller has seen it coalescing with the flexor sublimis.

Of the duplication of normal muscles I have seen additional instances since I compiled my former list. One occurred in the case of the lesser pectoral, and was an extremely perfect example of this class of abnormalities, as the two strata were nearly equal in strength and development, and very closely corresponding in attachments.

The coraco-brachialis was the subject in the other instance, and here the additional portion sprang from the whole length of the inner or anterior aspect of the coracoid process under cover of, and extending posterior to, the insertion of the lesser pectoral. This muscle passed downwards, crossed over by the external cutaneous nerve, and lay first internal and then superficial to the normal coraco-brachialis; at the middle third of the arm it became tendinous, and lower down was connected closely to the natural coraco-brachial muscle, than which, however, it was inserted lower down by a round tendon, which lay internal and posterior to the brachial artery. This supernumerary part may perhaps be the homotype of that portion of the adductor magnus which detaches the round tendon, whose usual insertion is into the inner condyle of the femur.

Of the class of normal muscles with unusual origins there were some notable instances. One of these occurred in the case of the biceps. In the left arm of a subject there was—1st, a third or humeral origin for the muscle



springing from the bone external to the insertion of the coraco-brachialis, from which it was separated by the inner head of the brachialis anticus; 2ndly, a flat accessory tendon arose from the inner lip of the bicipital groove below the tendon of the latissimus dorsi, this after a short course joined the former or humeral head. In the right arm of this subject the first of these peculiarities existed, but the second was absent. A double coraco-brachialis co-existed with this anomaly.

In the left hand of a thin old male subject, the indicial tendon of the flexor digitorum sublimis became suddenly fleshy opposite the metacarpo-carpal articulation, and formed a belly two inches in length, which ended opposite the metacarpo-phalangeal joint in a rounded tendon, whose course and attachments exhibited nothing unusual. In this subject the lumbricales were quite normal and well developed. This variety seems to be a partial attempt at the digastric arrangement which I have more particularly described before, and which is to be found in Stenops.

One example of the splitting of normal muscles occurred in the instance of the flexor profundus digitorum, whose indicial portion was in a thin forearm perfectly differentiated from the remainder of the mass.

Of the other classes, as notable varieties have occurred to me since the formation of my list, but as an illustration of the frequently gregarious nature of abnormalities, I may mention that the last subject dissected by me showed the following peculiarities. The zygomatica minor was a slip of the orbicularis palpebrarum. The internal maxillary artery lay entirely behind the external pterygoid muscle. The two digastrics were united by the passage of the tendon across from one side to the other, the two anterior bellies being united and parallel, precisely the arrangement found in Macæus. A strong musculus risorius and a thin small zygomaticus major were present. The omo-hyoid had a large clavicular superadded to a suprascapular origin. There was an additional linea transversa in the rectus, and an enormously developed pyramidalis. The pubo-fascialis above described existed and was strongly marked. The posterior tibial artery was absent, and its place was supplied by the peronæal. The internal circumflex femoris was very large and came off from the obturator artery. The adductor magnus was split into two distinct parts, and the gluteus quartus of Meyer and Haughton (the ilio-capsular of Harrison) was of great strength. The psoas parvus was present and large. The rectus femoris had three heads; one from the anterior superior spine, one from the anterior inferior spine of ilium; and the third from the brim of the acetabulum. A peronæus quinque was present, and sesamoid cartilage in the tendons of the tibialis posticus and peronæus longus. An extensive junction was present between flexor longus pollicis and flexor digitorum longus, and the abductor ossis metatarsi minimi digiti of Huxley was very strong and separate. The infraspinatus secundus (Haughton et mini) was distinct and strong. The brachial artery divided opposite the upper border of the insertion of the coraco-brachialis into two branches of nearly equal size, one a dilated vas aberrans, somewhat similar to those described before, which terminated in the flexor sublimis muscle (DUBLIN MED. PRESS, vol. 11, p. 325); the other or trunk passed to opposite the coronoid process of the ulna, and there again divided into two branches, one the radial, which was very large and formed the whole of both the superficial and deep palmar arches, the other a short axis which gave off the anterior and posterior ulnar recurrents. The arteria articularis Meyer's and the anterior and posterior interosseous trunks. The triple attachment of the extensor primis interodii pollicis, described by Hood, was very distinctly marked, and a large coronoid head existed for the flexor carpi radialis separated from its condyloid head by the median nerve. A uniting band connected the extensores carpi radialis longior and brevior, and lastly, a few decussating fibres were present in the pronator radii teres. This last variety is of interest, as it was a step towards the X-

like state of the muscle mentioned by the American editors of "Meckel's Anatomy," or the double triangular state, described by Dr. Barton of the Philadelphia Hospital.

### INFLAMMATION FROM INSECT BITES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I think the following case worthy of record, owing to the unusually severe symptoms that followed such a trifling accident.—Yours, &c.,

CHARLES GARLAND, L.K.Q.C.P.I., L.R.C.S.I.

Newry, July 20, 1866.

Miss —, previously in good health, was bitten on the back of the hand by a species of fly at seven o'clock p.m., July 11th. During the remainder of the day and following night, the pain was very severe in the hand and along the arm to the shoulder; sleep absent.

12th: Erysipelatous blush all over hand, with considerable œdema extending to elbow, a feeling of coldness in limb, and general *malaise*.

The treatment consisted in confinement to bed, keeping arm stretched on a pillow, and using astringent and cooling lotions. Calomel and jalap in powder were also administered. Patient is now, July 28th, convalescent.

I have never seen nor heard of any case in which the symptoms ran so high as in the above, and I think it bears a strong analogy to similar cases occurring on the Continent. Had the patient, in this instance, been of bad constitution, a fatal termination from pyæmia, &c., would most likely have been the result.

### NOTES ON SOME CASES OF ECZEMA.

By J. S. A. CUNINGHAM, L.K.Q.C.P.I., L.R.C.S.I., &c.

#### II

(Continued from Vol. i., page 536.)

THE subject of causation has long been one of the most obscure departments comprised in the natural history of diseases—why one person, to all external appearances under the same hygienic influences, and surrounded by similar vital conditions, should escape the noxious *entity*—call it what we will, the product of "zymotic, cachectic, monorganic, metamorphic, or thanatic" influence—which lays his fellow on the bed of suffering, and may even extinguish the flickering lamp of life; while the other, more fortunate, pursues his accustomed avocations unscathed by the blasting breath of the fell-destroyer, and untrammelled with the thongs of debilitating disease, is truly, in the majority of instances, wholly inexplicable by any means hitherto made known to us by the inventive genius and far-seeing wisdom of our noble profession; in truth, if, perhaps, we except the action of most of the known active poisons as the efficient cause capable of producing a special action on the living economy, whereby the necessary changes indispensable to the continuance of vital activity are impeded or wholly suspended, thus producing tangible and easily recognized forms of disease, or the climax of all diseased processes—death; the etiology of disease is, even at the present day, very obscure, and in many cases entirely unknown to us. How long we may be destined merely to seek for, and by the aids of our ever-advancing art, endeavour to estimate the importance of the many varied, predisposing, and exciting causes which seem capable of favouring the production of diseases, without having arrived at the cause or causes whereby the subtle primordial change is produced, necessitating the development of a consequent deviation from that state most conducive to the healthy condition of the living organism, depends, I think, in a great measure on the scanty, and, in many cases, meagre records, we possess of most diseases. If, then, we would endeavour to throw the light of experience in no dim or fitful ray into the dark recesses of the production and early history of disease—thus indicating the



first step to its prevention and treatment, we should not shun the midnight lamp or the toilsome exertion of an over-wrought day, nor yet the chilling breath of criticism, but sustained by the *mens sibi conscia recti* endeavour by reasoning upon accurately observed facts to arrive at true and legitimate deductions, alike untrammelled by theory and unbiassed by personal considerations. It has been well observed "that the value of medical science depends wholly upon its connexion with medical art."\* It might, to be sure, be cultivated as an interesting subject of inquiry independent of this connection, but it derives most of its interest, and all of its importance and practical utility, from its agency in the prevention, mitigation, and removal of disease. These are its great ends and objects, and so far only as it attains them or ministers to them, can it lay claim to our veneration and regard as a blessing and a benefit to our race. It happens, however, that less confidence is felt in medicine as an art than as a science. It is precisely here in its chief end and purpose that it is said to fail. Physicians, it is admitted, may indeed understand the seat and nature of disease, but it is denied that they can, with any certainty or uniformity, control or cure it. Practical medicine, it is asserted, is altogether a haphazard affair of guess and conjecture, "doing good when this happens more by accident than according to any constant and fixed principles, and as often doing harm as good."

It shall be my endeavour to show that even in the case of eczema, belonging, as it does, to that class of affections termed skin diseases, so proverbially refractory under almost every method of treatment, is, when rightly understood, in most cases as easy of cure as intermittents by quinine, or chlorosis by ferruginous preparations.

That eczema is generally the result of irritation of some sort has been long recognized, and when the history of almost all the cases met with in practice comes to be inquired into, it will be found, in the great majority of instances, that the patient attributes the affection of the skin as an effect following on some form of irritation as its cause; thus it is often induced by irritating lotions and ointments. This is well exemplified in the following case which came under my notice a short time since. The patient, a healthy-looking and robust countryman, by occupation a blacksmith, aged about 40 years, was attacked with the affection on the back of the hands, wrists, and subsequently the greater part of the upper extremity became implicated in patches with the cutaneous eruption; there was much constitutional disturbance, with pain in the head and obstinate constipation of the bowels, pain in and enlargement of the lymphatic glands in the axillæ. The man, however, still continued to work, and shortly after the commencement of the eruption he applied at the dispensary in the neighbourhood and obtained an ointment which was to be rubbed on the affected patches night and morning, with an aperient draught *statim sumendus*. The application of the ointment caused intolerable itching, accompanied with a smarting sensation on and around the diseased parts. He still, however, applied it for two or three days more, but had at length to desist, the itching becoming intolerable, so that he could, with difficulty, refrain from "tearing off the skin," as he stated, when I saw him a few days after. Some of this ointment which he had preserved I found to contain a large amount of *tartar emetic*, so much, indeed, that if we may form any conclusion from the quantity contained in the half-drachm (nearly) which I obtained, the total in an ounce box-full must have reached no inconsiderable amount; indeed, the effects it produced—if we may believe the great irritation to have been caused by its action—were abundantly visible in the appearance of the erupti<sup>n</sup>, especially at the bend of the elbow of the right arm, where the vesicles had entirely disappeared, with the exception of a thin circle around the patch, which presented a heterogeneous mass of scabs and scales intersected with livid excoriations, and deeply cracked in the line of the articulation, exuding a bloody sanies, and bleeding when scratched, which the

patient could with difficulty refrain from doing momentarily; the other patches on the extremity were good examples of the form of the affection termed *eczema rubrum*, and presented an inflamed basis, with here and there small yellowish red crusts which must have been formed very rapidly, as the result of scratching caused *pro tem* their entire desquamation; but in a few hours the patches would again be found covered with scales as before, provided the patient did not disturb them by scratching, with the exception of a few patches presenting the true eczematous vesicular and scaly eruption (not confluent) on the chest and lumbar region of the back. The affection was confined to the upper extremities only, worse on the right than the left. The bowels being constipated, the treatment was commenced by ordering the following:—

℞ Olei ricini, ℥i.

Tincturæ sennæ, ℥ii.

Aquæ menthæ pip., ℥ss. M.

Fiat haustus statim sumendus.

And (having long since experienced the good effect of the following liniment in cases attended with itching of the skin, no matter from what cause produced, I determined to try it in this case; and I may add my expectations were not disappointed, as the *next day* the itching, which was so marked a feature, had almost entirely subsided, notwithstanding the continuance of heat and slight inflammation).

℞ Acidi hydrocyan. dil., ℥ss.

Bicarb. potassæ, ℥i.

Aquæ rosarum, ℥iv. Solve.

Fiat liniment. partibus affectis ter quaterve in die infricetur, et signetur, "Poison."

The next day the above draught not having produced the required effect, two drops of croton-oil were administered, which caused copious watery discharges, with great amelioration of the heat of skin and subsidence of the headache. On the following morning the more active treatment of the case was commenced by ordering the following:—

℞ Liq. arsen., m̄ij.

Infusi dulcamaræ, ℥viii. M.

Fiat mistura ejus unciam ter in dies post cibum capiat.\*

For a few days after the commencement of the arsenical treatment no decided improvement was visible in the eruption, if we except a cessation of the formation of any new crusts by the bursting of the vesicles; this may, however, have been caused by the patient not scratching the part, as the itching had then totally ceased to annoy him. A week after the first administration of the mixture the amount of liquor arsenicalis was increased to *forty minims* in the eight ounces, and two days after this to *six minims* in the ounce, to be taken thrice daily (*i.e.*, forty-eight minims of the liquor arsenicalis to eight ounces of the infusion of dulcamara). This latter was continued throughout the remainder of the treatment, and, with the exception of an occasional purgative when required, was the only medicine used. Under this treatment the patient steadily improved, and in just two months from the commencement of the treatment with arsenic the entire disease had disappeared, without one bad symptom having arisen during that time, although the patient had consumed a considerable quantity of the drug. If we allow sixty days as the entire time from the first administration of the arsenical solution to the period of perfect cure, we may thus tabulate the amount received into the system:—

\* To insure the requisite amount of the remedy being taken, and prevent accidents where medicines of a dangerous nature are prescribed to patients not under immediate and continuous observation, I am in the habit of ordering a one ounce phial (as in this case, or any other size that may be requisite) to be attached by a string to the bottle containing the medicine, and instructing the patient to measure out the small bottle-full at each period directed for taking the medicine, which has the advantage of obviating all chance of accident, and, in addition, we are able to convey to the most obtuse intelligence a clear conception of the amount to be taken at each time.

\* Bartlett on "Certainty in Medicine." Philadelphia, 1848.



|                                                                                                                                                              | Period. | Strength of mixture.      | Quantity taken. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------|-----------------|
|                                                                                                                                                              | 7 days  | m <sup>30</sup> to ℥viii. | ℥i. ter die.    |
| Liq. arsenicali                                                                                                                                              | 2 "     | m <sup>40</sup> "         | " "             |
| (grs. iv. As O <sub>3</sub> to ℥i)                                                                                                                           | 51 "    | m <sup>48</sup> "         | " "             |
|                                                                                                                                                              | Total.  |                           |                 |
| $\left. \begin{array}{l} m78\frac{1}{2} \\ m80 \\ m918 \end{array} \right\} = m1026\frac{1}{2} = \text{grs. } 8\frac{3}{4} \text{ As O}_3 \text{ (nearly).}$ |         |                           |                 |

In cases where arsenic is given for any length of time we are taught that "saturation" of the system by the metal may take place, it thus acting as a slow poison, and producing results in a chronic form, similar to those observed when administered in poisonous doses; but that the amount required to act thus must vary within wide limits has been frequently proved, and I think amongst ordinary cases observed in practice, if we take the precaution of administering an active purgative every alternate week, the chances of arsenical poisoning, even where the doses amounts to eight minims three times a day, will be reduced to a minimum. Another objection to the employment of arsenic in cases of eczema and skin diseases generally is its uncertain action—cases apparently getting quite well and in a few weeks or months breaking out as bad as ever, if not worse; not denying that such may occur without any obvious specific cause, still I think the returns of the disease is exactly similar to what takes place in all other affections (some "zymotics" excepted), which may be relieved, or cured if you will, at the time, but on a return of the patient to his accustomed occupation, or a recurrence of the primary cause which produced the disease in the first instance, should we be surprised to find the affection returned in all its pristine virility? or blame the non-continuous action of the remedies first used? If, then, we believe eczema to be caused by irritation internally, externally, or however produced, why, it may be asked, should it differ from other diseases which recur on a continuance or reapplication of the first exciting cause? (e.g., necrosis of inferior maxilla from exposure to fumes of phosphorus, black rot from inhalation of carbonaceous particles, colica pictonum from absorption of lead, &c.) Almost all diseases may be cured, indeed for a time, but let the patient be exposed afresh to the action of the deleterious substance—let the irritation be renewed, and the silent germs again put forth their noxious powers, and stimulated into new life cause the very same train of symptoms which at first characterized the disease. It is not otherwise with affections of the skin. We should not therefore blame the non-efficient action of the remedy employed, but seek to learn the hidden and often obscure latent cause which, having first given birth to the disease, may, by the action of medicine, be for a time suppressed, only on a future occasion to burst forth with renewed energy on a recurrence of the original producing cause.

(To be continued.)

#### PROF. A. C. POST'S NEEDLE DIRECTOR.

This instrument is designed to facilitate the introduction of insect pins for sutures in wounds of the face, and of other parts where it is important to secure an accurate adaptation of the edges of the wound.

It consists of a needle two inches and a quarter in length, of a diameter corresponding with that of a very large darning-needle, straight except at the point, where it is slightly curved to the extent of a quarter of an inch, and having a small flat handle at its proximal extremity. The curved portion of the needle is flattened, and has cutting edges. Throughout the greater part of its length the needle has a groove on the side corresponding with the convexity of its curve. In using the instrument, the needle is passed through the edges of the wound in the position which is to be occupied by the pin, and the pin is then slipped along the groove upon its under surface. By this means the most slender and delicate pin may be passed through the skin with perfect facility, and without being bent out of shape. As soon as the pin is introduced, the needle is withdrawn, and the pin is secured by a thread in the form of the figure. And the point of the pin is removed by cutting-pliers.

## Hospital Reports.

### MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

#### CASES UNDER THE CARE OF MR. PORTER,

SENIOR SURGEON TO THE HOSPITAL.

[Reported by ARTHUR WYNNE FOOT, M.D.]

(Continued from page 69.)

#### ANEURISM OF THE AXILLARY ARTERY.

Case 33.—During the present month a man, 67 years of age, was admitted into the Meath Hospital, under the care of Mr. Porter, having a pulsating tumour connected with the left axillary artery. He had been suffering for the last three weeks from severe pain felt along the inside of the left arm, and in the neighbourhood of the left elbow joint. The day before his admission he discovered a "lump beating" below his collar bone. On examination a tumour was found, about the size of a large walnut, with strong eccentric pulsations, occupying the first stage of the left axillary artery. A loud bruit de soufflet is audible in the tumour with the stethoscope, and its pulsations can be entirely arrested by pressure applied to the terminal stage of the subclavian artery, as it passes over the first rib. Mr. Porter remarked upon the interesting fact that this patient had last year been the subject of an aneurism of the right popliteal artery, which had been successfully treated by digital compression applied to the main vessel. The consolidation of the aneurism was accomplished in thirty-six hours and forty-five minutes. The patient's age, his previous history, and the condition of the coats of the superficial arteries make it probable that he is an example of the condition termed the aneurismal diathesis, from the facility with which dilatations of the arterial tunics become formed.

The constitutional tendency to the formation of aneurism is sometimes extreme, as in the case under the care of Pelletan, senior surgeon to the Hôtel Dieu, in which sixty-three aneurisms were found in the same body.

Having pointed out the various points of the diagnosis of external or surgical aneurism which this case well exemplified, Mr. Porter stated his intention of employing digital compression of the vessel leading to the tumour, as a means of cure; should this treatment not effect the consolidation of the aneurism, he will apply a ligature to the subclavian artery.

#### LARGE EPULIS ORIGINATING IN THE TOOTH SOCKET.

Case 34.—A female, 30 years of age, was admitted during the present month, under the care of Mr. Porter, with a large growth springing from the molar region of the right side of the lower jaw, disfiguring her appearance by the protrusion of her cheek, and interfering with mastication and articulation. About two years previously, the first molar tooth at the right side of the lower jaw became so loose that she pulled it out herself. Shortly afterwards a small cherry-like tumour was observed growing from the socket, this tumour became gradually larger until it attained its present size, that of a small hen-egg. It overlaps and conceals the adjacent teeth, investing both the lingual and buccal surfaces of that portion of the lower jaw, and encroaching upon the tongue and cavity of the mouth. The superior part of the tumour has become ulcerated from frequent pressure against the opposing teeth of the upper jaw, and the injured part is the seat of pain which is not severe, and has but lately occurred. The tumour possesses the same degree of firmness and vascularity as the healthy gum, and there is no glandular enlargement. Mr. Porter drew attention to the distinction between these kind of tumours and malignant growths in the same situation, and to the resemblances which an epulis in a



state ulceration, the seat of hæmorrhage and of suppuration, presents to malignant disease, remarking upon the origin of the disease in this case from the alveolus as being less common than that from the inter-dental gum, as in the case operated on by him in May. The woman's health being delicate, her confinement having taken place three weeks ago, any operation for the removal of the tumour has been postponed until she is stronger, as it will be necessary, on account of the size and situation of the disease, that the cheek should be partially slit from the angle of the mouth to give room for the extirpation of the growth.

## RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

### DR. LYONS'S CLINIQUE.

#### MISCELLANEOUS NOTES.

*Typhoid Fever.*—When carefully noted the clinique of the practical physician in hospital, as well as in private experience, will be found to present cases of true *typhoid* or enteric fever more commonly than is often supposed. Error or oversight in diagnosis may occur in either of two ways. In the one case, a patient, with fully marked symptoms of *typhic* prostration, *facies typhosa*, sordes on teeth and lips, and general hebetude, may be at first assumed to labour under ordinary typhus, and may be treated accordingly, no suspicions being awakened until later in the disease. The presence of diarrhœa, and it may be of melæna or grave symptoms of enteric or peritoneal complications, with long deferred convalescence, or it may be fatal issue at some interval between the thirtieth and sixtieth day makes known the true nature of this insidious malady. To those who believe with Dr. Lyons in the absolute necessity of much careful discrimination between typhus and typhoid fever, especially in regard to the all-important questions of special alimentation and medication, the importance of early diagnosis cannot be over-estimated. In the more insidious non-typhic forms of typhoid or enteric fever, the disease is not infrequently overlooked, and the patient is supposed to suffer from an attack of ordinary simple continued fever, unsuitable remedies or incautious regimen are employed, and the patient succumbs to the failure of art, not the gravity of disease.

The following case exhibits well marked the principal features of the first variety of enteric fever alluded to:—

J. McV., aged 19, a seaman, was admitted to the Hardwicke Hospital on the 20th June, 1866. He had suffered from "pains in the guts," as he expressed it, so early as the 4th June, but does not appear to have had rigors till a week later. He was much exposed at sea during part of this interval, and appears to have taken purgatives. On admission he was extremely low and prostrate, with much typhic depression, *facies typhosa*, and foul tongue, with sordes on teeth and lips. On the previous night the bowels had been acted on seven times, and there was much intestinal irritation, with ilio-cœcal gurgling. On close inspection four or five lenticular rose-coloured spots could be discovered on the abdomen, much obscured by the general dusky hue of the surface. The pulse was exceedingly weak, but not above 100 per minute.

In consideration of the state of typhic depression which he presented, this patient was placed on chlorate of quinine, in three-grain doses, with six ounces of wine; mild astringents were employed to check the diarrhœa; the abdomen was assiduously poulticed, and a rigid adherence to the use of milk and farinaceous diet was enforced throughout. Under this treatment he soon evinced manifest symptoms of amendment. The pulse fell to 88; the diarrhœa was speedily controlled; ilio-cœcal gurgling and tenderness on pressure in the abdomen disappeared; the typhic aspect gave place to a more sthenic condition, and convalescence began to be steadily established after the thirtieth day. Perseverance in the restricted milk and farinaceous diet

was enjoined until the fortieth day, when beef-tea with bread was found to be well borne, and in a few days subsequently the patient left hospital, a marked instance of the safe conduct of a case very unpromising at the outset through a protracted and treacherous malady.

Dr. Lyons regards this case as well exemplifying—

(a.) The combination of the state of *typhic* depression, with the specific intestinal lesion.

(b.) The value of regimen as an adjunct to medication in the management of the enteric lesion.

*Hay Fever—Hay Asthma.*—The rich and abundant meadow harvest of the present season has given rise to some well-marked cases of this singular pyrexial malady, associated as it usually is with more or less bronchial and, in some instances, general mucous irritation, and much nervous irritability and depression. Dr. Lyons records an instance of a family of nine persons being simultaneously affected by this disease. The affection is variously known as hay-fever, hay-asthma, heu fieber, frùhsommer-catarrh of the Germans. The odorous emanations of various grasses, of the rose under certain circumstances, and of ipecacuanha, are known as active agents in the production of a form of bronchial irritation, accompanied by a varying amount of pyrexial action in different individuals, and recurrent in the same persons under similar circumstances of season and exposure. To a like cause must be assigned instances of obscure and peculiarly irritable bronchitis, which are found to be rebellious to all treatment during the season of hay-making, and are only to be cured by total removal from the vicinity of meadows in the season of hay harvesting.

The disease is marked by the occurrence of constriction of the chest, cough, mucous râle, with more or less copious yellow expectoration, nervous excitability, and occasionally with smart fever, accompanied by subsequent depression, sleeplessness, wandering, or actual delirium. Expectorants, tonics, the citrate of quinine and iron, and more recently sulphur fumigations, have been recommended for the treatment of this affection. In some cases active measures of support and stimulation are required, and the tendency to asthenia has been occasionally, in Dr. Lyons' experience, such as to warrant grave alarm for the safety of the patient, and to call for a very bold use of stimulants.

## ADELAIDE HOSPITAL.

### CASE OF STRANGULATED FEMORAL HERNIA.

Under Mr. BARTON'S care.

[Reported by SIDNEY R. SMYTHE, Esq.]

ANNE A—, a native of Germany, 48 years of age, had a femoral hernia for twenty-six years, which she kept up with a truss. Upon the morning of Monday, 28th May, when getting up, she experienced great pain in the tumour, and had an inclination to be sick. She went to bed and used stupes, &c., but with only partial relief. Her symptoms becoming worse, Dr. Hayden of Harcourt-street, was at length summoned upon Thursday, the 31st, when, finding the hernia strangulated, and having in vain endeavoured to reduce it, he advised her removal to hospital. She wished to be taken to the Adelaide, so she was at once conveyed thither. Mr. Barton saw her at half-past seven o'clock in the evening, and upon examination found a strangulated femoral hernia on the right side, about the size of a small orange, tense, but not very painful. Vomiting frequent; pulse rapid and small. Considering that the hernia had been strangulated more than three days, Mr. Barton determined to operate at once, if the warm bath which was being got ready failed to relieve the symptoms. At ten o'clock, assisted by Mr. Morgan, Mr. Barton operated. The sac was opened, as it appeared too hazardous to omit an inspection of the contents. After about eighty-four hours' strangulation there was scarcely a drop of fluid in the sac; the contents were omentum, and a small knuckle of intestine, which was of a very dark purple



colour, but bright; the stricture was peculiarly hard, and required three or four cautious applications of the hernia knife before sufficient room was obtained for the reduction of the intestine, and when this was accomplished the omentum quickly followed. Two points of suture held the lips of the wound well together, the thigh was supported by pillows in the bent position, and a full opiate was then given, the patient having been under the influence of chloroform during the operation.

June 1st: Patient had slept several hours; tongue dry; pulse 88; abdomen full and tender on pressure. Eight leeches over tender part, afterwards a large poultice. Calomel gr. ii. and opium half a grain, to be taken immediately, and again at night.

2nd: Decided tenderness in right iliac region; pulse small and rapid; respiration very rapid. Calomel and opium given every four hours.

Upon the 4th the mouth was slightly touched, and the symptoms relieved, and the patient went on safely, her recovery being slightly retarded by the formation of mucus abscess in the wound; after this was opened the wound healed kindly, and a proper truss was applied.

## Foreign Medical Literature.

### CASE OF EPITHELIAL CANCER OF THE ŒSOPHAGUS, WITH PERFORATION OF THE AORTA.

Communicated by Dr. C. van WICHEREN.

Translated from the *Nederlandsch Archief voor Genees- en Natuurkunde*, Eerste Jaargang, Utrecht, 1865, p. 508.

By WM. DANIEL MOORE, M.D. Dub. et Cantab., M.B.I.A.,

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS, OF THE NORWEGIAN MEDICAL SOCIETY, AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; EXAMINER IN MATERIA MEDICA AND MEDICAL JURISPRUDENCE IN THE QUEEN'S UNIVERSITY IN IRELAND.

THIS case is that of a patient whom I saw only a few hours before his death, when he was brought into the Royal Hospital. He had been long under the care of heer Lulofs, officer of health, and, through the kindness of my esteemed colleague, I am enabled to communicate the following, to which I shall have to add only in the main the results of the post-mortem examination:—

J. B., a subaltern officer in the battalion of Sappers and Miners, aged 49, was formerly addicted to the abuse of spirituous drinks, which he gave up only in the beginning of his illness. This dates from May, 1863, when he began to complain of pain in the region of the stomach, closely resembling gastralgia, and which was treated with narcotics and antacids. At first some improvement seemed to be obtained, but this was of short duration. About January, 1864, difficulty in swallowing solids supervened: the patient felt as if the morsel stuck for a while about half way down the œsophagus, and afterwards descended slowly to the stomach. At the same time there was occasional vomiting shortly after swallowing. The pain, which was always felt most in the epigastrium, a little to the left side, increased in proportion as deglutition became more difficult, and increased also with the vomiting.

The patient had long avoided the use of all stimulating food and drink, and now restricted himself, moreover, to taking food in a soft or fluid form, but as nourishing as possible, and also in sufficient quantity. As medicines he made use of oily and narcotic remedies, when the pain or vomiting was particularly severe, and these then produced for him some alleviation of his sufferings. The vomited matters, which consisted of the food he had eaten, mixed with much mucus, had so far never been bloody.

Notwithstanding that the difficulty of swallowing, pain and vomiting increased, the patient's general state continued very satisfactory, inasmuch as there was scarcely

any perceptible loss of power or emaciation; he could even daily attend to business. His appetite also long continued acute, although his tongue was now covered with a persistent greyish coating, and his breath was most disagreeable.

His condition now remained for a long time apparently unchanged, until on the 28th of August, after a movement of deglutition, he suddenly felt a most violent tearing pain along the course of the œsophagus, which was so severe that at first he dared not venture on the slightest effort at swallowing. Upon this, feverish reaction ensued, and the patient suffered for some days, partly in consequence of nearly total abstinence from food, from a feeling of weakness.

This particularly violent pain did not return, not even when the patient after a few days again ventured to use some fluid sustenance, which, contrary to expectation, was swallowed with much greater ease than before. The vomiting was also less frequent; the vomited matters now consisted, besides the remains of food, often of a mucopurulent, sometimes rusty-coloured fluid.

On the whole, therefore, the patient had for some time considerable alleviation. It is true the pain never entirely disappeared, but it lasted a much shorter time, and was, because the difficulty in swallowing was much less, less violent; he had a feeling as if the obstruction was in great part removed. He could, therefore, again use a sufficient quantity of food, of course only in the fluid form, so that his strength was once more restored, and the emaciation was not striking. His skin was indeed pale, but had no cachectic appearance.

This favourable change was, however, not of long continuance. At the end of September swallowing was again as difficult and painful as before, and the vomiting returned in a much greater degree. The use of food also became progressively more difficult, so that the patient's suffering now, for the first time, reached its highest stage. In the beginning of October the vomited matters were almost always tinged with blood. At last, on the evening of the 14th of that month, more than six ounces of blood was discharged in vomiting, with symptoms of great distress, which lasted all night. It was not, however, until the following morning that the patient called in medical aid, when another vomiting of blood ensued, and his state became very critical. He was then, at about ten o'clock in the morning of the 15th October, brought to the Royal Hospital, where we found him with distinct symptoms of internal hæmorrhage. His face was deadly pale, and had an anxious expression; his eyes were sunken; the lips and tongue were blanched; the extremities were cold, covered with a clammy sweat, and quivering; the pulse was extremely small; the patient was on the verge of complete syncope.

At about half-past eleven he again threw up, with great distress, and with violent straining, about fourteen ounces of arterial blood. The state of collapse now rapidly increased until about one o'clock p.m., when a tendency to vomit again manifested itself, with great distress, under which the patient sank, without the vomiting taking place.

*Post-mortem examination.*—The body was in good condition; there was distention of the epigastric region, with resistance on pressure, and a dull sound on percussion.

*Abdomen.*—The stomach was highly distended, and translucently red. After tying the duodenum, the stomach was opened along its great curvature, whereupon a large quantity of coagulated blood was discharged. The mucous membrane was everywhere normal, without ulceration or erosion. The rest of the abdominal organs presented no abnormality. When the intestines were removed the inferior cava and the aorta were seen on a level with the third and fourth lumbar vertebræ, diverted from their ordinary direction, and making a curve upwards. The cause of this was found to be a circumscribed tumour, of the size of a small hen-egg, situated between the vertebral column and the vessels, raising the latter, and being very firmly connected with both parts. The vessels themselves exhibited no morbid change. The lumbar portion



of the vertebral column, with the tumour connected with it, and the vena cava inferior with the aorta, were now removed, and set aside for further examination.

*Thorax.*—The lungs were sound; at the posterior part were tolerably firm adhesions between the pleura pulmonalis and costalis; the left lung was tolerably firmly connected with the middle portion of the œsophagus. The heart was free from valvular or other lesions. It was now removed along with the aorta, trachea, œsophagus, and stomach, which was accomplished not without difficulty, in consequence of the existence of very firm adhesions between the œsophagus and the vertebral column. These parts were also firmly connected to one another by very dense connective tissue.

On external examination, the œsophagus, just above the cardia, was seen to be considerably thickened, and throughout its entire inferior half it was very firm to the touch. Its calibre was so constricted that the finger could not be introduced from the cardia. The lymphatic glands around the œsophagus and the bifurcation of the trachea were enlarged, very firm to the touch, and were of a bluish black colour, from deposition of pigment.

After the heart was removed, and the aorta and œsophagus were laid open in the longitudinal direction, only the upper part of the œsophagus appeared to be still healthy.

From the level of the third dorsal vertebra to near (2½ centimètres, or '984" above) the cardia, the mucous membrane was almost everywhere destroyed, or was so loosely connected with the subjacent layers, that it was easily removable with the forceps. Here and there small coagula of blood were present between the remnants of the destroyed tissue. Where the degeneration began superiorly the calibre was very much constricted, as well as at the inferior part above the cardia. Between these constricted parts the canal was dilated posteriorly in the place where the œsophagus bends over the aorta. Here, in particular, not only the mucous membrane, but throughout a certain extent, the whole œsophageal wall, was destroyed. Opposite this place we now observed in the anterior part of the wall of the aorta a small opening, about a fourth of a centimètre in extent, partly covered by a thin membrane.

This opening communicated with the cavity of the œsophagus, by means of a canal, about a centimètre in length, directed obliquely downwards, which had formed in the connective tissue existing between the two parts. In the seat of the communication of the aorta with the œsophagus, the middle and outer arterial coats, as well as the whole œsophageal wall, were destroyed for about a centimètre around the opening. The inner coat was not affected, but appeared to be torn by the pressure of the blood flowing through, as the membrane which hung loosely over the opening was a continuation of the inner coat, and could be laid in such a manner over it as to leave only a small slit. The inner surface of the aorta exhibited in addition some flat, not white (atheromatous) spots.

On microscopic examination it appeared that the destruction just described was the result of cancerous formation, and precisely of epithelial cancer. The large cells, resembling scaly epithelium, were present in such preponderating number that we could perceive among them only a few other cells of irregular formation, with free nuclei. In many cells the nucleus was swollen out into a large cyst; here and there they were packed together in small heaps, or were arranged more or less concentrically.

Among the cells were seen a few streaks of connective tissue as remnants of the decayed tissue, and near the seat of perforation of the aorta were many corrugated elastic fibres, derived especially from the outer coat. Everywhere, both directly beneath the mucous membrane, and in the muscular coat and the surrounding connective tissue, between the aorta and the œsophagus, the same degeneration was met with. The enlarged lymphatic glands behind the œsophagus exhibited similar degeneration.

From the results of this investigation it was, *a priori*, probable, that the tumour in the lumbar region was also

formed by a similar production of morbid growth, and microscopical examination confirmed this suspicion. It consisted likewise exclusively of epithelial cancer, in the form of a circumscribed tumour, surrounded with an envelope of connective tissue, which had developed itself from the membrane attaching the great vessels to the vertebral column. Thin streaks of connective tissue ran as a wide-meshed stroma through the tumour, and between these the large, flat, rhomboidal cells were very beautifully seen.

In the part of the vertebral column, extending from the sixth thoracic to the third lumbar vertebra, no cancerous formation was to be traced in the connective tissue. There was consequently no extension of the process by continuity, but the cancerous tumour in the lumbar region was anatomically independent.

In the foregoing case the phenomena observed during life accorded with those discovered upon post-mortem examination. The formation, without any definite cause, of an organic constriction of the œsophagus in a man of a rather advanced time of life, who had formerly been addicted to the abuse of strong drink, would necessarily give rise to the suspicion that a cancerous degeneration lay at the bottom of the case, even if the symptoms of emaciation, loss of strength and colour, which usually accompany a chronic cancerous affection, were wanting.

While the dilatation of the œsophagus in the particular situation was gradually induced by ulceration of the cancer, it is very probable that the total destruction and perforation of the mucous membrane had taken place, when the patient on the 28th of August suddenly felt a violent rending pain in this part, whereupon for some time a remission in the symptoms ensued. Probably, too, the other coats were then soon after destroyed. Effusion of food into the mediastinum could not, however, take place, on account of the intimate union with the surrounding parts effected by means of condensed connective tissue. That the temporary improvement was not of long duration cannot be matter of surprise, as the cancerous formation could now freely progress in the connective tissue binding the œsophagus to the aorta, and could thus soon reach the arterial wall, whose destruction is a result of the same process.

Between the first vomiting of blood and death a comparatively long time elapsed, nearly twenty-four hours. As the perforation of the aorta took place, by laceration of the inner coat, the opening was at first only small and could consequently give exit to but little blood, which could now spread in the connective tissue between the œsophagus and the aorta, coagulate there, and so prevent for a short time any further effusion. These circumstances could, however, ward off the fatal hæmorrhage only for a short period. When for the third time a violent effort at vomiting occurred, all these obstacles were overcome, and the blood flowed freely through the œsophagus into the stomach, whereupon almost immediately death ensued.

From an anatomico-pathological point of view this case is not devoid of interest.

If the patients have passed the period of constriction of the œsophagus by not yet softened cancer, they almost always succumb in consequence of anæmic marasmus, before the process has accomplished greater destruction. More rarely does perforation of neighbouring parts produce communication with the cavity of the œsophagus. Of perforation of the trachea, of communication of the latter or of the lung with the œsophagus, different cases have been cited by earlier and later writers, among others by Lieutaud,\* van Doeveren,† Albers,‡ Vigla,§ Hartung,||

\* *Historia anatomico-medica*. Paris, 1767. Tom. ii., pars. iii. P. 310.

† *Observationes pathologico-anatomicæ*. Lugd. Batav. 1789. Obs. ii.

‡ *Erläuterungen zu dem Atlas der pathologischen Anatomie*. 2. Abtheilung, p. 219.

§ *Archives générales*, xii. 1846.

|| *Hufeland's Journal der praktischen Arzneikunde und Wundarzneikunst*, 1838. Bd. 86. St. G.



and others. There are also numerous examples of perforation of the aorta with effusion of blood into the œsophagus, but then in general the case was one of aneurism of the descending aorta, which burst after it had perforated the œsophagus. But perforation of the aorta, in consequence of cancerous ulceration, primarily proceeding from the œsophagus, is extremely rare. Only three cases of this kind do I find on record: one by van Doeveren,\* one by Bürger,† and the third by Pfeufer.‡ Bürger, in his case, distinctly mentions scirrhus degeneration and ulceration of the coats of the œsophagus as the cause. In like manner, carcinoma œsophagi is mentioned by Pfeufer; in this case there existed, moreover, communication with the trachea. Van Doeveren, however, does not speak of cancer, but attributes the ulceration he met with to inflammation. But perforating ulcers in the œsophagus occur only in consequence of the action of accidentally swallowed caustic substances or of sharp foreign bodies.

Also the simple perforating ulcer of the œsophagus, which Albers looked upon as the analogue of the *ulcus perforans ventriculi*, is referred by Förster and most recent investigators to the class of cancerous degenerations. We may, therefore, consider the observation of van Doeveren as a case of the same nature. According to the accurate description of the post-mortem examination, and the drawing which Sandifort§ gives of this case, it presents the greatest analogy to that observed by me.

As to the form of cancer, Förster, too, found the epithelial form thirteen times in sixteen cases of cancer of the œsophagus. Connected herewith is the rarity of secondary cancerous tumours in this disease.

### Abstracts of the Scientific Societies.

ROYAL SOCIETY OF LITERATURE.—July 4.—Sir C. Nicholson, Bart., in the chair.—Messrs. F. H. Petrie and E. Villin were elected members.—Mr. Vaux read a paper "On a Greek Inscription from Thessalonica," which had been procured by the Rev. D. Morton, through the kindness of R. Wilkinson, Esq., H.M. Consul, Salonica. This inscription is of much interest, as confirming the statement of St. Luke in the 17th chapter of the Acts of the Apostles, that Thessalonica was governed by officers, called *Politarchs*; a title, curiously enough, found in no work of classical times. Mr. Vaux traced the history of this inscription from its first publication by Muratori, in 1740, through the successive works of Pococke, Beaujour, E. D. Clarke, Leake, Swan, Cousinery, Boeckh, &c., and showed that, though some of the later copyists had recorded the inscription with tolerable fidelity, none of them had produced a rendering of it so perfect as that shown in the photograph sent to Mr. Morton by Mr. Wilkinson.—Sir Patrick Colquhoun read a paper "On the Nature and Origin of Romaic Greek," in which he pointed out that this dialect is, properly, the language of the lowest trading classes, and may be considered as a sort of Greek *Lingua franca*. It can hardly be held deserving the name of a language, nor would really be deemed to be so by any except the so-called "Modern Greeks." It has little or no connexion with the artificial language which has been invented by newspaper-writers, authors and the bar, and is wholly useless as the exponent of the ideas of any persons except the poorest and humblest classes.

ARCHÆOLOGICAL INSTITUTE.—July 6.—The Marquis Camden, K.G., President, in the chair. The noble chairman took occasion to remind the members that their approaching Congress in London, under the special sanc-

\* *L. c.* Obs. i.

† Rust's *Magazin für die gesammte Heilkunde*. Bd. xx., 1825. Heft. 2, p. 348.

‡ *Zeitschrift für rationelle Medicin von Henle und Pfeufer*, 1845. Bd. iii., p. 136.

§ *Museum anatomicum Academicæ, Lugd. Bataw.* 1793. Tom. i. Sect. v., p. 242.

tion and patronage of the Queen, would present features of unusual attraction. Her Majesty had been graciously pleased to direct that Windsor Castle should be thrown open to the Society. Lord Camden hoped that the opening meeting in the Guildhall, on the 17th inst., would be graced by the presence of H.R.H. the Prince of Wales. The Hon. W. O. Stanley, M.P., gave a short notice of certain vestiges of the earlier occupants of Anglesey; he described some very ancient interments brought to light, about 1860, on the estates of the late R. Trygarn Griffith, Esq., at Carreglwyd. The bodies, which had been of unusually small stature, had not been burnt; they were deposited in rudely formed cists of stone, probably covered over by a sepulchral hillock. According to popular tradition, a great conflict took place near the spot between the inhabitants and the Danes. A large upright stone still marks the battle-field. Mr. Stanley placed before the meeting a photograph of a very elaborately ornamented urn found at Rhosbirio, in a grave closed in by slabs of stone; there were no ashes or bones in this beautiful vase, which is of the class designated by Sir R. Colt Hoare and other antiquaries, "drinking cups," doubtless used as depositories for food in the tomb. Specimens have been found in Derbyshire, Yorkshire, and Scotland; none had hitherto, as Mr. Stanley stated, occurred in Anglesey or North Wales. Prof. Buckman read an account of implements and weapons of flint found in Dorset, especially on his own farm at Bradford Abbas; "cores" of flint from which flakes have been struck off, also knives, arrow-heads and other relics, of which specimens were shown, occur in abundance. Of these the Professor offered a classified arrangement. Some of the arrow-heads show great skill and perfection in manufacture, and are assigned to an early period—no barbed specimen having been found. Many objects have been collected that may have served, probably, in scraping skins; others have been used as hammers, or implements of uncertain purpose. Various flints, undoubtedly wrought by man, are to be found in several parts of Dorsetshire. Mr. F. Boyle read a memoir on the ancient tombs of Nicaragua, and on the races that seem to have occupied that district of Central America. He pointed out the characteristics and distinct funereal usages of these peoples, the Chontals, by whom the mountains were inhabited, the Caribs, and the Toltecs—the latter having been the early occupants of the shores of the great inland lake of Nicaragua. Mr. Boyle described the examination of several remarkable burials, and brought numerous relics that throw light on the arts and usages of the early Indian races at a very remote period.—Mr. B. Williams invited attention to a Roll, belonging to the Hon. Fulke Greville, and showing the state of the lordships, manors, &c., in the Marches of Wales, 10 Henry VII., as enrolled in the Court of Exchequer; a document of singular interest in regard to the conditions of the Principality and adjacent counties in the fifteenth century.—A brief account was given, by Mr. G. Scharf, of the examination of the grave, apparently of one of the early abbots of Westminster, accidentally brought to light immediately in front of the high altar. A chalice and patin of base metal, with remains of the crosier found in the tomb, were shown by the Dean of Westminster, and called forth some remarks from Mr. Franks in regard to the usages connected with the interments of abbots and dignitaries in the Middle Ages.—Mr. Scharf also read a paper "On the curious historical Picture now exhibited at South Kensington, and hitherto regarded as portraying Queen Elizabeth's Visit to Hunsdon House in 1571." He pointed out, however, that it really represents the Queen's visit to Blackfriars in 1600, to do honour to the marriage between Anne Russell, grand-daughter of the Earl of Bedford, and Lord Hertford; and it is recorded that Elizabeth was conveyed from the water side in a litter borne by six knights. Mr. Scharf proceeded to identify the distinguished persons who appear in this remarkable painting, which was executed, as he believes, by Isaac Oliver, the celebrated miniature painter, long resi-



dent in Blackfriars.—Mr. J. Gough Nichols offered some remarks on the locality of Blackfriars, as seen in the picture; the details may not be given with much reality; but the house of Lord Cobham, in which the Queen was entertained, seems to be shown. It was afterwards known as Hunsdon House, and was the scene of a memorable catastrophe, by the fall of one of the floors, when an assemblage of Roman Catholics had congregated, in 1623. The house stood near the theatre in which Shakspeare was a partner. The site is now occupied by the printing-offices of the *Times*.—An account of an Anglo-Saxon cemetery, found at Melton Mowbray, and of various weapons and relics accompanying the numerous deposits, was sent by Mr. T. North of Leicester.—Mr. J. B. Waring exhibited a large series of drawings of stone monuments and illustrations of the ornamental art of the earliest periods in various European countries.—Mr. Hewitt brought some large maps of Eastern China, obtained in that country by Colonel Gordon, R.E., and found to be of the greatest precision in their details.—Mr. Dodd contributed some Italian and German MSS. of the fifteenth century; and Mr. J. Rogers sent a large medal of rare occurrence, found at Carminow, in Cornwall.

CHEMICAL.—July 5.—Prof. W. A. Miller, M.D., President, in the chair.—Mr. J. Yates exhibited and described the new standard mètres of glazed porcelain which have been recently prepared by Mr. Cassella, for the Weights and Measures Committee of the British Association. They are said to be correct to 1-5000th part of their length—show in a conspicuous manner the yard and mètre, with their respective subdivisions in juxtaposition—and are intended to serve as mural tablets.—Prof. A. W. Williamson then explained the principles of a new symbol notation adapted to the representation of organic compounds, which was criticized by Sir B. Brodie and Profs. Debus Frankland and Odling.—Mr. W. Thorp read a paper “On the Reduction of the Oxides of Nitrogen by Metallic Copper in Organic Analysis.”

#### AMENDED MEDICAL ACT.

A DEPUTATION, consisting of Dr. Burrows (England), Dr. Aquilla Smith (Ireland), and Dr. Andrew Wood (Scotland), had an interview on Tuesday with Mr. Walpole, Home Secretary, with a view to the amendment of the Medical Bill. The Medical Amendment Act, framed by the Council, and approved by Sir George Grey, was discussed. The Secretary of State gave a most patient and attentive hearing to the deputation. He had long been aware that the Medical Act of 1858 required amendment. He would look carefully through the amended Bill proposed by the Medical Council, and, if there had been time, would have attempted to pass a measure this session. He feared this was impracticable, but he should be prepared to confer with the President of the Council during the autumn, and prepare a more matured Bill for the ensuing session. The Secretary of State expressed his readiness, as far as possible, to meet the wishes of the Council, and promised to undertake the charge of the amended Bill.

### Reviews.

A PRACTICAL TREATISE ON THE DISEASES OF THE TESTIS, AND OF THE SPERMATIC CORD AND SCROTUM. By T. B. CURLING, F.R.S., Surgeon to the London Hospital, &c. Third Edition. Pp. 609. London: Churchill and Sons. 1866.

TEN years have elapsed since the appearance of the second edition of this excellent treatise, and more than twelve years intervened between the publication of the first and second editions. During the long period of two-and-twenty years Mr. Curling has therefore been accumulating materials for the illustration of the special subject with which his name is so honourably associated, and to which he has devoted the acuteness of a highly cultivated mind, and the practical experience gained among private patients and in the wards of a large hospital. The appreciation of Mr Curling's labours among our French neighbours may be inferred from the fact, that M. Gosselin, Professor of Surgical Pathology in the Faculty of Medicine of Paris, translated the second edition into French, and accompanied his translation with many valuable notes, of which Mr. Curling has availed himself in his present edition.

The increase of the matter in the book is indicated by the number of pages, which is greater by ninety than in the second edition, and the work has been thoroughly revised, and additions have been made to most of the chapters. The new subjects introduced are—Inguinal Hydrocele, Sterility, and Congenital Vascular Tumours of the Scrotum. Inguinal hydrocele is the name given to a collection of serum round a testicle, detained in the inguinal canal, or outside the external abdominal ring, and enclosed in a distinct tunica vaginalis. This affection is rare, and is very liable to escape detection during life. The chapter on Sterility extends to nineteen pages, and is a very important one. It describes successively the different conditions which may cause this affection in the male, and Mr. Curling insists strongly on its being a necessary consequence of obstruction in the excretory ducts of the testicle. He introduces a number of interesting cases in corroboration of this view, and although it can scarcely be said that he has quite decided the question, yet it must be admitted that the cases adduced very strongly support his position.

The well-worn subject of spermatorrhœa is discussed with great ability by Mr. Curling, and we need scarcely state that his opinions on the subject are entitled to the greatest attention. We should also remark that in this and other subjects treated in the work, in which some authors might be tempted to transgress the usual rules of propriety, Mr. Curling's language and precepts are marked not only by the soundest professional principles, but by the dictates of a pure and exalted morality.

We can only state, in conclusion, that every novelty, either in pathology or practice, connected with the affections of the testis, has been carefully recorded by Mr. Curling, and that the work is copiously illustrated with excellent wood engravings, and we cordially recommend the present edition to the notice of the profession.

ON DROPSY AND ITS CONNEXION WITH DISEASES OF THE KIDNEYS, HEART, LUNGS, AND LIVER; as well as some other Diseases of those Organs without Dropsy. Illustrated by numerous Drawings from the Microscope. By W. R. BASHAM, M.D., Physician to the Westminster Hospital, &c. Third Edition. Pp. 437. London: Churchill and Sons. 1866.

THE last edition of this book being out of print, and a recent publication by Dr. Basham on the “Significance of Dropsy,” having been received with favour, the author has been induced to revise and re-arrange the original work, and to incorporate with it the chief part of the text of the other volume, which, in fact, consisted of the “Croonian Lectures” delivered before the Royal College of Physicians. The title page is so copious, that the subjects discussed and explained in the text may be perceived at a glance, and it will be observed that they not only include all those diseases of which dropsy is a symptom, but also many which are unattended with that complication. The illustrative plates are very numerous and well executed, and indeed they constitute a complete *embarras de richesse*, so frequently are the same conditions repeated and displayed. The objection which Dr. Basham states has been made by some friendly critics that the illustrations of the tube-casts and cells are too clearly defined is not without some foundation, but the reasons given in explanation are to a great extent satisfactory. It is better, after all, if there be an error, to err on the side of too great distinctness than to fall into the opposite extreme, which is not infrequent in drawings of microscopic objects.



Dr. Basham's work, in its present enlarged form, constitutes a very handsome volume, containing a great mass of practical information, and is plentifully illustrated with cases. The drawings, instead of being placed at the end or scattered through the book, are placed together at the beginning, and opposite to each plate is a page explaining the figures.

## London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 25, 1866.

### THE CASE OF DR. ALFRED WM. WARDER.

A MYSTERIOUS case, involving a suspicion of the double crime of murder and suicide, has lately occurred at Brighton, and has received a due amount of notice in the public journals. It seems to be fully understood that Dr. WARDER poisoned his wife, and it is beyond all doubt that he poisoned himself, and a coroner's jury has decided that he did so when in full possession of his reasoning faculties. He has accordingly been buried without any religious ceremony, in the darkness of night, and his property has become confiscated to the Crown, although we believe that the legal advisers of the Sovereign do not usually alienate the property in such cases from the representatives of the deceased. We have no desire whatever to become the apologists of Dr. WARDER, of whose antecedents we know but little, but we may be excused for the expression of some scepticism as to the facts either of the murder of the wife or of the felonious suicide of Dr. WARDER himself. It has been stated in the newspapers that Dr. WARDER was "a distinguished toxicologist," but if so, we must confess our own ignorance of his having achieved any such distinction; still it is admitted that he lectured some years since at the now defunct Grosvenor-street School of Medicine on Forensic Medicine. In reference to this latter statement we are informed by the *Lancet*, which probably has some knowledge of the facts, that "he tried for a short time to hold the Forensic Chair, but that he was an utter failure, and simply showed that he really knew nothing of the subject." This reminds us of the story of the Scotch newspaper which informed the public that Sandy MacPherson who was hanged for sheep-stealing in the middle of the last century, was not a Scotchman, but was born in Carrickfergus. Whatever might have been Dr. WARDER's shortcomings as an authority on Forensic Medicine and Toxicology, it appears from the *Medical Directories* that he held the position of Professor of that branch of Medical Science for ten years, from 1844 to 1854, which was certainly a sufficiently long period for his colleagues to estimate the value of his teaching.

As to the transactions at Brighton which have lately excited so much attention, we desire to express our concurrence in the general sentiment of approbation manifested towards Dr. TAAFE, for his efforts to unravel the

mystery in which the case was shrouded; but we can by no means jump at the conclusion that Mrs. WARDER was poisoned by aconite administered by her husband, even although that view was advocated by no less eminent an authority than Dr. TAYLOR, and adopted by the Coroner's jury, and endorsed by the *Daily Telegraph*. There seems to us to be nothing but negative evidence to support any such conclusion, although we by no means assert the innocence of Dr. WARDER. As to the circumstances attending the suicide of the wretched man himself, we confess that we are by no means so well satisfied as the Brighton jury and the *Daily Telegraph* appear to be, that it was a case of *felo de se*, although we do not advocate the view of his insanity. All we desire to point out is that no poison was detected in the body of Mrs. WARDER, and that it was not proved that any was administered to her; and as to the sanity or insanity of Dr. WARDER, the crucial test proposed of a post-mortem examination of his brain is simply no test at all, inasmuch as the records of lunatic asylums all tend to prove that no constant morbid indications are observed after death in the brains of lunatics, and on the other hand, innumerable cases are found in which disease of the brain is clearly traced after death where no mental aberration has been observed during life. We may also mention incidentally, that no conceivable motive can be assigned either for the murder of the wife or for the suicide of the supposed murderer, for if the statements in the newspapers are true, WARDER appears to have been in the possession of considerable property at the time of his death, and his wife's murder could have been of no advantage to him. He may, however, have perpetrated the crime for the mere gratification of a cruel propensity, and such cases are by no means uncommon.

### THE QUEEN'S UNIVERSITY IN IRELAND.

THE discussions which have lately taken place in the House of Commons in respect of the grant of a New Charter to the Queen's University in Ireland have been read with much interest by the Medical Profession in Ireland, and more especially by those engaged in teaching, or connected with our Medical and Surgical Licensing Corporations. The matter certainly involves the most serious consideration, not solely for the profession in Ireland, and our readers ought to be kept *au courant* with what has been and is about to be done.

It is almost needless for us to recapitulate the first circumstances of the Queen's University. Briefly we may say that the University itself has been simply a central examining and governing board, sitting by its Senate in Dublin Castle. It has granted hitherto the Doctorate in Medicine and the Mastership in Surgery, at the fee of £5 for each qualification, but though these licences have been taken by a considerable number of candidates, still the results attained have been very unworthy of the character of a great National University, and the system has proved a complete failure as regards the education



of "the million," to meet whose requirements the Queen's Colleges were erected. In the hope of attracting a large number of students from the neighbouring countries, Medical Schools had been established and maintained in Belfast, Galway, and Cork, at a very serious expense for the salaries of Professors, and by the Charter a protective system was provided for the advantage of these schools, a residence for three months at one of these Colleges being made compulsory on all candidates for degrees.

The response of the public to this invitation on the part of the Government has grievously disappointed the expectations of the founders of these institutions, and the experience of several years, which has been passed, has distinctly shown that local medical education "won't pay." Of the three schools Belfast has been the most successful, Cork second, and Galway last; indeed, this latter School may be said to have vegetated for its term of existence on the Dublin students, who, having plenty of time and little money at their disposal, went there to eat their dinners, and returned to pass at the Castle, obtaining a full Medical Doctorate for £5 instead of £15, the cost of the licence of the College of Physicians.

To meet this indisposition to accept the degrees of the Queen's University, its friends (and notably Sir R. PEEL) offered every blandishment in their power to students, by offering for their acceptance numerous money prizes, exhibitions, and scholarships, to pay for which a great national subscription was inaugurated. Our readers will have learned for themselves, from allusions to the matter from time to time in the House of Commons, that the proportion of these prizes to the number of students was ridiculously large—in fact, about one prize, exhibition, or scholarship to every four students, and yet it totally failed to recruit the numerical strength of the University. The fact was, that the original speculation was badly calculated: three medical schools could not live on the patronage of extra-metropolitan students, and the Queen's University had to earn for itself the prestige which was already amply possessed by Trinity College, the Royal College of Surgeons in Ireland, and the College of Physicians. The compulsory residence at the Queen's Colleges was, in fact, an incubus on the Queen's University, and the late Government determined to throw it off, and leave the local institutions to take care of themselves. With this view the Supplemental Charter was drawn up, and received the assent of Her Majesty, abolishing the essential term of residence, and throwing open the portals of the University to all comers, no matter where educated.

Our readers are, of course, in full possession of the circumstances under which the new Charter has been completed, and it is not relevant to our observations to enter into the dispute between Sir G. GREY and Mr. GLADSTONE, on the one part, and Sir ROBERT PEEL on the other, as to the propriety of the course adopted.

It is a matter of doubt whether the Charter is to be

regarded as a *fait accompli*, and its provisions irrevocably settled. About ten days since the Senate of the Queen's University met at Dublin Castle for the purpose of considering the course to be adopted, and a very animated debate took place. The Queen's College interest was numerously represented, and Sir ROBERT PEEL, as the spokesman of that section of the Senate, vehemently urged the complete repudiation of the new Charter, urging, as we are informed, that it had been enacted irregularly and unconstitutionally, and attributing in so many words the perpetration of a "fraud" to Mr. GLADSTONE. The Right Hon. Baronet, having embodied his observations by a motion of protest, Sir DOMINIC CORRIGAN addressed the Senate in support of the Charter generally, and more especially against Sir ROBERT PEEL's motion and its phraseology. After considerable discussion, the motion was withdrawn, and a second proposal for the postponement of the question till next October was passed by a majority of 11 to 3. The adoption of the Charter is therefore in abeyance for the present, and an opportunity will be afforded to Sir ROBERT PEEL to obtain explanations from the members of the late Government, and, if possible, to persuade the new Ministry to rescind the act of their predecessors.

What the fortune of the Queen's University and of Medical Education in Ireland may be will be very seriously influenced by the determination as to whether the New Charter stands or falls. In the first place, it admits of great doubt whether the Senate or the Queen's Colleges have any option whatever in the matter or can decline to accept the proposed arrangement should the Ministry be determined on carrying it out. Should they be so, it does not seem to us that the profession or the public at large can lose anything by the abolition of the local Medical Schools of Belfast, Cork, and Galway, and the University itself must gain much by the abolition of a restriction which has hitherto prohibited the growth of its influence. The Schools have been useful as fostering provincial surgery, and in so far their immediate *locale* will suffer loss, but, as educational establishments, their existence has been always a sickly one, and their demise cannot be of great import.

It is most earnestly to be hoped, however, that the provisions of the new Charter will be carried out so as to guard against the flooding of Ireland with cheap degrees and the demoralisation which the same system has effected elsewhere. The smallness of the fee itself is a source of danger. Now that the requirements which have checked its abuse have been withdrawn, and if the University allows its repeatedly evinced appetite for numerous graduates to induce it to relax its vigilance, the ruin of the profession and the depreciation of the value of its own degrees must be the inevitable result.

A SUPPLEMENT to the *London Gazette* of Friday week contains an order in Council directing that the provisions contained in the Diseases Prevention Act shall, from and after the 14th inst., be put in force throughout all England.



## NOTES OF LONDON HOSPITALS AND LONDON PRACTICE.

THE hospitals at present look "like some *marvellous* halls deserted" rather than what they were in November, or in the new start of student life after the Christmas vacation; yet there is much to give us pause as we pass along though our vigorous friends, the students, vote the thing of "walking" the wards a bore this heathenish hot weather.

A very remarkable course of lectures by Dr. Andrew Clarke, not yet finished (as there are two more to be delivered), has been perhaps the greatest novelty of the season. We are told pneumonia (the old inflammation of the parenchyma of the lung, cured by bleeding and salivation by calomel), is not an inflammation at all, but a kind of passive œdema; that there is no parenchyma in the lung; and that the patient usually gets well in spite of the mischievous effect of calomel and bleeding, a wiser but a weaker man: as our friend Mr. Skey would say in things surgical—mammary abscess to wit—there is a local *remora* from debility to be remedied rather by bark, ammonia, and wine.

Summer brings us many visitors in the wards, with whom it is pleasant to exchange notes and feelings. Of these Professor Keith of Edinburgh, the eminent ovariotomist beyond the Tweed, has set us thinking this month again about that formidable and still misunderstood and a little misrepresented operation. Keith has had forty-four ovariotomies with thirty-three recoveries, and meeting him in the instructive and excellent clinique of Mr. Baker Brown, who has had lately a run of good cases (fifteen, one after another, without a single death), it was important to note what advances in diagnosis and securing the pedicle or adhesions has been made. Our friend, Dr. Tyler Smith, it was said, has had thirty operations and twenty recoveries, and something like fifty other cases which have come under the notice of Keith, had a mortality of about 75 per cent. It is too painfully evident that everything depends on the diagnosis as to whether the case is one free of adhesions, free of malignant or uterine complications, or one of simple unadherent ovarian growth—not tapped too often—we must admit we have individually seen ovariotomies commenced that frighten us: the adhesions so formidable, the complication, with malignant growth of uterus or ovary so extensive, that death was inevitable. We have seen also cases, it is only fair to add, pronounced fibrous growths of uterus (one case dogmatically asserted to be *pregnancy*) yet turn out at the last moment typical specimens of simple ovarian tumour, and recover without a bad symptom; but, like lithotomy, we always feel a relief when the operation is two-thirds finished, and a good prognosis may be offered.

The death of the late Mr. Toynbee has produced an amount of gloom and sorrow in the profession in London that we have seldom or never observed before. Few men were so generally esteemed; and, whether we regard him as he was, as one of our best microscopists, one of our most benevolent helpers when any good work was afloat, his life was in every aspect admirable. We abstain on purpose from any exact details as to his various appointments or writings, as they cannot fail to be published already; indeed, one of the daily papers, *The Telegraph*, gives a touching and striking leading article on the case, equal to anything in any of our own journals.

If ever there was a man to whom the words of Pliny were applicable it was poor Toynbee, ever thus foremost in any benevolent design for the weaker portion of the profession, ever with a smile and manly recognition of what is true and of good report, but the hand of death is ever premature, and in his case fatally so. Those who labour for humanity with useful work, to such death comes too soon; it finds them amidst some unfinished design, *acerba semper et immatura mors, et quæ semper inchoatum aliquid abramsiat*, &c. This was truly his case. The tale told by Dr. Markham, who first saw him after the fatal event, is one of great interest. Two papers by the side of the couch on which he lay; on one was written the result of some experiments through the Eustachian tube with chloroform vapour, pure and simple, while the other paper (his death warrant) has only writing for a blank to be filled up as to the effect of prussic acid vapour.

Much doubt existed at the inquest as to whether the death was due to chloroform or to prussic acid. The post-mortem told almost nothing, as the body had already undergone rapid decomposition when it was made. Dr. Charles Kidd stated in evidence, corroborated by Dr. Leared, that prussic acid would probably have caused a struggle, and also have left traces of odour, as also reddening of the mucous membrane of stomach; the jaws would be clenched, lungs congested, pupils dilated, heart empty, &c.; whereas, under chloroform, the right side of the heart is nearly always engorged, stomach normal, pupils contracted, nor does chloroform at all accumulate in the system as some suppose. Dr. Kidd also stated that a year and a half ago he consulted Toynbee in a case of a lady with nervous deafness where he wished for a trial of electricity, but the deceased, to Dr. Kidd's astonishment, strongly recommended chloroform, which actually did the lady good. Dr. Kidd also mentioned that a case almost similar occurred not very long ago in the country, where an insurance office refused to pay a policy, as it was thought chloroform for suicide had been taken; but Dr. Kidd, from the post-mortem alone, was led to the conclusion that chloroform had not been taken, as the after-death appearances of death from chloroform, when the necropsy is made so as not to empty the vessels of the head first, are nearly always uniform, and certainly so in hundreds of experiments on animals poisoned by chloroform.

It is probable, in a word, Toynbee fell a victim to what are called "mixed vapours." The last death in America recorded is also of that nature, and the intensely deleterious prussic acid, in place of getting into the middle ear, had reached his lungs.

Of other subjects of the week we have had heavy debates by Moxon on the nature of "Vital Force;" a curious offer of twelve casks of wine to the London hospitals by a Frenchman; the Griffin Testimonial, so nobly earned and at last presented to our indefatigable friend; we have had Mr. Disraeli on the crying abuses of London workhouses, which he and Lord Derby (an Augean stable! verily) purpose to cure. We have had Dr. Taylor and Dr. Wilkes at Brighton about a wretched post-mortem of a lady supposed to be poisoned; we have the order of the Bath for Sir James Clark, M.D.

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In Bergen there are two large hospitals devoted exclusively to the treatment of patients suffering from a peculiar form of disease brought on by eating badly cured fish. The disease is a mixture of leprosy and elephantiasis

Parliamentary Intelligence.

HOUSE OF LORDS.

JULY 12TH.

LAW OF CAPITAL PUNISHMENT AMENDMENT BILL.

This Bill, as amended, was considered.

Lord CRANWORTH, in rising to move certain verbal amendments, said that among the crimes for which persons were to be delivered up to foreign countries was that of murder, but not that of manslaughter. Now if the word "murder" were to be changed in any degree, questions would arise in those countries concerning the legality of delivering up certain persons now handed over to the officers of justice of those countries. He, therefore, proposed to insert a clause to the effect that nothing in the Act shall be deemed to alter or effect the word or meaning of the word "murder" as far as the extradition treaties in question are concerned.

This and the other amendments proposed were agreed to, and the Bill was read a third time and passed on Friday.

JULY 13TH.

THE FACTORY ACTS.

Lord DERBY, in reply to a question from Lord Shaftesbury, announced the intention of the Government to consider an amendment of the Factory Act in relation to the employment of women and children in various manufactures to which the present Acts do not apply, but intimated that the measure, which was in course of preparation by the late Government, was not sufficiently advanced to permit of any action being taken in the present Session.

JULY 17TH.

The following Bills received the Royal assent:—Drainage Maintenance (Ireland), Burials in Burghs (Scotland), Lunacy Acts (Scotland).

The Dogs Bill was read a second time.

HOUSE OF COMMONS.

JULY 17TH.

Mr. WALPOLE, in reply to Mr. Henley, said that he proposed to take the Public Health Bill, if possible, on Thursday next.

VACCINATION BILL.

The right hon. gentleman, in reply to Colonel Barttelot, said he would state, on Thursday, the course which the Government intended to pursue on this Bill.

MEDICAL OFFICERS AND WORKHOUSE SCHOOLS (IRELAND).

Sir H. BRUCE asked the Chancellor of the Exchequer whether he proposed to relieve the Irish poor-rates from the payment of medical officers and the expenses of workhouse schools; and if so, when.

The CHANCELLOR of the EXCHEQUER said the question put by his hon. friend referred to the circumstances which were brought before their notice by the motion of the hon. member for Meath. Having been in favour of that motion he should certainly be ready to take all the steps that were necessary to afford the relief which appeared to be justly required. All he could do was to give instructions to that effect when the next Estimates were prepared.

MEDICAL OFFICERS OF THE ARMY AND NAVY.

Mr. NICOL asked the First Lord of the Admiralty whether he had any objection to lay before the House the report and evidence of the commission on the position of the medical officers of the army and navy, presided over by Vice-Admiral Sir Alexander Milne, of which a summary had appeared in the public papers; and whether it was intended to adopt the recommendations of the commission in favour of the medical officers of the Royal Navy.

Sir J. PAKINGTON replied that, so far as the navy was concerned, he should have no objection to lay upon the table the report of the commission; and as to the latter part of the question, whether it was the intention to adopt the recommendations made, he would say that it was the intention to adopt those recommendations, and that he would that evening lay on the table a supplementary estimate to carry them into effect.

SICK WARDS IN WORKHOUSES.

Mr. FAWCETT asked the President of the Poor-law Board whether it was the intention of her Majesty's Government to introduce during the present session any measure for improving the sick wards in the metropolitan workhouses;

and further, how it had happened that Mr. Farnall and others, whose duty it had been to inspect these workhouses, had not made known the lamentable condition of these sick wards until attention was directed to the subject by non-official persons.

Mr. HARDY replied that the Government did not intend during the present session to bring in any measure on the subject. He could assure the House that the condition of the sick wards in the metropolis would receive his best attention, and for that purpose he proposed to deal with the question under the powers conferred by law on the Poor-law Board. They were in his opinion very ample, but he wished to act in complete harmony with those guardians who had the charge of the sick wards of the metropolis. It might be necessary to ask for further power to make alterations and improvements in these wards, for at present it only extended to £50, and he proposed to make it £500. The powers possessed at present by the board enabled them to appoint medical officers and nurses, and to regulate their salaries; and without wishing to make any reflection on anybody, he pledged himself to the House that he should use his endeavours to remedy the evil. With respect to Mr. Farnall, a return would shortly be laid on the table which would give information as to his visits to these wards, and the general efficiency of the officers of the Poor-law.

WORKHOUSE INFIRMARIES IN LONDON.

We have much pleasure in reprinting from a late number of *Aris's Birmingham Gazette* the following sensible remarks:—

"MEDICAL RELIEF OF THE POOR.—This subject has been so fully discussed that everybody who cares about it has formed an opinion. Some of the guardians profess to see no necessity for changing the present system. Well, it would be useless to reason with men who think a penny farthing a week enough to provide medicine and a doctor for a sick man. We shall repeat the facts again, so that if the public do not heed them it will not be for want of our reiterating them. The parish medical officers are allowed fourpence for each case (*vide* Mr. Delany's speech at the committee meeting on Wednesday). The average duration of illness is three weeks. The allowance is therefore fourpence for medical attendance and medicine for three weeks. We hope we have not any readers who are unconvinced by this one fact alone that the present system of medical relief requires to be changed. We ask again, as we have already asked repeatedly without receiving an answer, how is it that at the Workhouse Infirmary, which is under the management of the Board of Guardians, the cost of each patient form medicine only (not including medical attendance) is a shilling and elevenpence, and how is it that medicine for each patient at the General Hospital costs three shillings, if the sum of fourpence is sufficient for medical attendance and medicine for an out-door pauper? It is really discreditable that it should be necessary to argue on such a question. Let the public either provide for the poor, or frankly say they will not. Why tax themselves, as they do at present, for the sake of upholding a mere form, without the substance, of relief? As to the establishment of a central dispensary, we are not wedded to that or any other system; but we object *in toto* to the plan of paying the medical officers a fixed sum and requiring them to provide the medicine. It is unfair to the medical officers themselves, because the amount of their remuneration ought to be no mere lottery, dependent on the cost of the drugs which may happen to be required during a given period: and unfair to the poor, because there will occasionally be dishonest medical officers (there have been rebellious angels), in which case the proper medicines will not be supplied. We have confidence in the good sense and humanity of the majority of the Board, and believe they will, in spite of opposition, agree to a system of medical relief which can be approved by conscientious men who really think about and care for the subject. They will hold no high place in the estimation of thoughtful and humane men so long as the present rotten make-believe system exists."

THE CHOLERA AT AMIENS.—The heat experienced on Sunday and Monday, as well as the disturbed state of the atmosphere, have exercised an unfavourable effect on the cholera patients at Amiens. The number of deaths has increased, being 55 for the two days—24 for the former and 31 for the latter.

Correspondence.

GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg now to submit my balance sheet in connection with the above. The fund was started "for the object of—firstly, defraying the outstanding expenses pertaining to Mr. Griffin's Poor-law Medical Reform Fund; and, subsequently, enabling our whole body to present him with such a testimonial as might be determined upon."

The first part of the object has been provided for by debiting the fund with £15 5s. 6d. In a letter addressed June 29, 1864, to the subscribers of the Poor-law Medical Reform Association, it appears that this balance was then due to Mr. Griffin. The second part was consummated on the 5th inst., at the Freemasons' Tavern. I have only to add that, in addition to the above £15 5s. 6d., there was a further balance in hand of £48 8s., which I have also forwarded by cheque to Weymouth. An engraving of the *Epergne* will, I trust, be in *The Illustrated London News* of Saturday, the 28th instant.

Robert Fowler, Treasurer, in account with
THE GRIFFIN TESTIMONIAL FUND.

DR.	£	s.	d.	CR.	£	s.	d.
June 24, 1864, to July 10, 1865.				Mappin, Webb & Co.	117	3	0
To 393 Subscriptions, forwarded to Treasurer -	202	9	3	London Stereoscopic and Photographic Company	10	7	6
To 22 Subscriptions, forwarded to <i>Lancet</i> Office -	13	11	6	Postage -	18	9	0
To Interest on £100 Deposit at London and County Bank -	6	8	9	Stationery and Printing Advertisements -	7	1	6
				Carriage, Portage, and Cab Hire -	4	7	0
				Freemasons' Tavern Co.	0	7	0
				Balance due Mr. Griffin June 29, 1864, from the Poor-law Medical Reform Association -	15	5	6
				Balance -	48	8	0
	£222	9	6		£222	9	6

I hope you will now allow me a short space to state that I feel the time has come for me to resign the post, which for the last seven and a half years I have held, as Secretary to the Metropolitan Poor-law Medical Officers. Public and private avocations alone compel me to this. The fulfilment of the undertaking of presenting a testimonial to Mr. Griffin, I have long intended should be the termination of my active clerical labours. It is therefore but right that to those brother medical officers, who for some years have looked upon me as their representative, I should give an account of my past stewardship.

For many years the medical officers of the three city unions had been in the habit of holding monthly meetings to compare their experiences, and determine upon a common course of conduct in matters parochial, sanitary and sanatory, affecting their several appointments.

Dr. Lobb, late of the East London Union, was for many years the honorary secretary. Circumstances necessitated the dissolution of the Association, when very shortly afterwards the then President of the Poor-law Board (Hon. Sotheron Estcourt), in honourable fulfilment of his promise, promulgated his "Heads of a Scheme for a suggested New Arrangement of Medical Relief."

On January 3, 1859, by the united wishes of a preliminary committee, subsequently ratified by the unanimous vote of a general meeting of the Metropolitan Poor-law Medical Officers, I assumed and have ever since retained my representative position. The resolutions submitted by the committee to this general meeting were unanimously adopted. After four subsequent committee meetings, the course of action eventuated in a numerous deputation, which was introduced to the Poor-law President by Earl (then Lord John) Russell, accompanied by many other members of Parliament. The deputation clearly showed the President

that, through the alterations suggested, not only would our independence of action have been very vitally threatened but our professional honour and honesty would have been sorely tempted by the intended rivalry and competition. The President was convinced of the inacceptability of, and withdrew, his scheme.

Two other committee meetings were held that year. In 1860 five committee meetings were held to watch the progress of Mr. Pigott's Bill, which, by reason of the opposition of the guardians, he was compelled to withdraw.

In 1861 ten committee and sub-committee meetings were held, to devise a course of action in reference to the Select Committee moved for by Mr. Villiers to inquire into the administration of the Poor-laws.

At a general meeting, held on May 10, 1861, the statement (*vide Medical Circular*, May 22, 1861) of the committee was adopted "as the embodiment of the collective opinions of the Metropolitan Poor-law Medical Officers;" and Mr. Villiers was respectfully solicited "that certain members of the latter body be called before the said (Parliamentary) Committee, in order that they be examined on the several points contained in such statement." Of the six names forwarded, the Select Committee called upon two only—Dr. Rogers and myself—to give evidence during the last half-hour of the last day the Committee sat. Our evidence appears in the Fifth Report on Poor Relief (England) 1861; and in the Appendix to the same appears also a memorandum delivered in by myself, and which, though incorrectly and imperfectly transcribed, goes more into detail than did my evidence in chief, by reason of the very short time allowed me to speak.

In 1862 I was again examined by the Select Committee.

Of this examination it now only becomes me to say that at the very first of our two last committee meetings in 1862 I stated that, as I could no longer conscientiously advocate the per-case system of payment, to which I was of opinion the committee had pledged itself in the Statement delivered in to the Parliamentary Committee, I tendered my resignation. I added that "as my strongly expressed convictions may tend to fetter your future actions, and may conduce to the damage of the good cause, I feel that I ought no longer to hold office, and am not fit to be your representative." Nevertheless, the following resolution was carried unanimously:—"That the thanks of this committee be given to Dr. Fowler for his energetic exertions in behalf of the cause of the Metropolitan Poor-law Medical Officers, and that he be requested to continue the duties of the office of Hon. Secretary which he has so ably fulfilled."

I must now, however, again most firmly tender my resignation. The "good cause" will most assuredly suffer if it remains longer in my hands. I have no time to devote to the active duties of its metropolitan secretaryship. I hope ever to take a lively interest in the question, and shall be at all times delighted to aid in any way that my now little leisure will admit of.

It would be presumptuous to assume that the Committee of the Metropolitan Poor-law Officers then must necessarily collapse by my resignation. Should an occasion arise, I know that they who have so ably worked with me during the last seven and a half years, would not hesitate to follow a well-trusted leader.

It is right that it should be known, that during the whole period of its existence, the expenses incidental to the proceedings of the committee have been entirely met by contributions from the metropolitan men alone, without in any one instance trenching upon the funds of Mr. Griffin's Reform Association.

Now, in conclusion, let me first, as Treasurer and Hon. Sec. to the Griffin Testimonial Fund, most cordially thank the Committee, and especially the excellent Chairman,

Henry Blenkarne, Esq., City of London, for the time they have given me during half a dozen successive meetings; and especially let me express my most grateful obligations to the above 400 subscribers, who have so liberally enabled me to successfully prosecute what I two years ago undertook.

Secondly, as Hon. Secretary to the Metropolitan Poor-law Medical Officers, permit me to say that for the attention shown to my suggestions, for the invariable kindness always and universally displayed towards me, I sincerely and most cordially thank them all, collectively and individually, and hoping ever to remain in their very good remembrances, I subscribe myself ever theirs, truly and obliged,

ROBERT FOWLER.

145, Bishopsgate-street, Without,
July 16, 1866.

MEDICAL FEES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I am sure that every medical man in England and Ireland as well as in Scotland will be pleased with your remarks in the last number of your influential journal, given under the heading of "Medical Fees in Town and Country." Your observations cannot be too highly valued. If the public understood what fees their medical adviser expected previous to a long attendance, it would save a great deal of unpleasantness on both sides. There is no doubt that patients ought to pay their physicians and surgeons in proportion to their means, and a scale of fees drawn out on this principle would be highly advantageous to the public and the profession. You say very truly in your leader of the 18th instant—"Advocates have their retaining fees, the amount of which they fix for themselves. Writers have a regular and fixed scale of charges, but medical men take off their hats and beg." You likewise add—"Why should only one of these professions (meaning the medical), and that not socially the highest, decline to state what it deems their service worth?"

Some time ago there was a committee appointed by three of the medical bodies in Glasgow to examine and report on the subject of medical charges. The report, stating a fixed table of fees according to the incomes of individuals, will be found in THE MEDICAL PRESS, December 23rd, 1863. I think if you were to republish this document it would afford a useful example for future legislation, if the Colleges in Ireland would take up the matter as they ought to do for the guidance of the profession.—I remain, yours truly,

A SUBSCRIBER.

July 21st, 1866.

Notes on Current Topics.

THE CHOLERA.—As we ventured to predict last week the cholera has continued to spread. At Liverpool there have been several severe cases in the town, in addition to other deaths in the workhouse. An outbreak has also occurred at Newcastle, another at Sunderland, and a very terrible epidemic is raging at Llanely, and the neighbourhood. One of the worst cases was at Newcastle. It appears that the steamer *Otter* came into that port from Antwerp last Monday about half-past eleven o'clock. The mate of this vessel, 45 years old, went to his home in Gibson-street quite well. There had been no illness on board during the voyage. He went to bed at eleven p.m. At 12.30 was awoken by violent cramps, and these were followed by sickness and purging. He died at three p.m. the next day, having experienced all the symptoms of the most violent Asiatic cholera. It was in the same street that the first case of cholera occurred in the epidemic of

1853. At Sunderland the barque *Emander* arrived from Stettin with the captain suffering from cholera. He was taken to hospital and the vessel disinfected.

In the workhouse of Liverpool up to Thursday evening there had been eighteen deaths, and there remained in the house fifteen cases, many of which seemed likely to be fatal. The Liverpool Health Committee have adopted the recommendations of the corporation medical officer (Dr. Trench) to employ additional men in scavenging and removing filth, and to sprinkle the houses of the infected districts with carbolic acid.

London is also threatened. It has been stated that the *Queen of the Colonies*, having Asiatic cholera on board, was towed last Thursday afternoon from Gravesend Beach to the Lower Hope. Several fatal cases are reported in the eastern districts of the metropolis. The Limehouse Board of Works has issued large posters recommending cleanliness and disinfection, advising what food to avoid, and pointing out what remedies may be resorted to. In Mile-end, old Town, six deaths were registered on Wednesday last. In Stepney Union there have also been several cases. Lastly, a fully reported case has been described at the London Hospital.

On the Continent there is no improvement. Amiens, which may be taken as a specimen, added twenty-four deaths on Sunday week and thirty-one on the Monday after to the fatal record. Both days were very hot, and the weather unsettled.

POLLUTION OF RIVERS.—The Royal Commissioners have made some preliminary inspections in Leeds, Huddersfield, and Bradford. It appears that about two millions and a half of skins are dressed and tanned annually in Leeds and the neighbourhood. The fluid refuse, together with the entire sewage of Leeds, is turned into the rivers. On the meadows below the main outlet of the Leeds sewers all the live stock perished by the cattle plague. At Bradford the canals are foul with sewage and the waste fluids of the woollen factories. The same may be said of Huddersfield. In fact, all the streams of the manufacturing districts are polluted by the refuse from the factories, the dye-houses, the sewage of the towns, and even by the cinders from the steam-engines at work. Nothing is deemed improper for these receptacles. It is to be hoped, Her Majesty's Commissioners may be able to devise a remedy for this state of things.

COMMONS NEAR LONDON.—Mr. Peck has offered (through the Commons' Preservation Society) four prizes for Essays on the Preservation of the Commons in the neighbourhood of London; two prizes of £50 and £25 for the two best Essays on the Sanitary and Moral Aspects of the question; and two others of £100 and £50 for the first and second Essays treating of the Legal and Historical bearings of the question. The Sanitary Essays to be in length about 35 pages, and the Legal Essays about 75 pages of the size of the *Edinburgh Review*.

FARRINGTON GENERAL DISPENSARY.—The anniversary dinner of this charity took place at Radley's Hotel, New Bridge-street, Blackfriars, on Monday last. The Lord Mayor in the chair. A subscription list of £470 was announced during the evening.

ARCHAEOLOGICAL CONGRESS.—Several interesting

meetings have been held in London by this body. Mr. Beresford Hope's address upon "London Past and Present" opened the Architectural Section. Dr. Guest has devoted a discourse to Cæsar's passage of the Thames, stoutly maintaining opinions that differ much from those of the Emperor Napoleon. On Thursday Dr. Stanley gave a sketch of Westminster Abbey in the Chapter House of that old Cathedral. Here, also, Mr. Gilbert Scott read his paper on the "Architecture of the Abbey." In the evening Mr. Hepworth Dixon lectured at the Museum, Jermyn-street, on the "Tower of London." At the Royal Institution Mr. G. Scharf discoursed "On the Historical Paintings at Windsor and Hampton Court." A number of other papers read, lectures given, and visits made, fill up the programme. There only needs to mention the special sermon on Sunday by the Very Rev. Dean Stanley in Westminster Abbey.

BRISTOL ROYAL INFIRMARY.—Among the list of contributions last week to this charity we note, "from a lady who takes a deep interest in the welfare of the Bristol Infirmary, £1000."

BAKE-HOUSES.—The Government Report on the Bake-houses Representation Act for the year 1866, has been just issued. Great improvements as regards the health of the workmen in England and Scotland have been effected. In Dublin the Act has been zealously worked, but it has not been applied in any of the other twenty Irish towns to which it bears reference. The reply from one city was, that there was "no board of health which the Mayor was aware of." No facts could better exhibit the uselessness of permissive sanitary legislation for this country.

SANITARY STATISTICS.

MR. W. LUCAS SARGANT, who has frequently distinguished himself as the critic of plausible theories based upon an incorrect or careless application of statistics, has lately pointed out, in a letter to the *Manchester Guardian*, a serious mistake which occurs in Dr. Morgan's pamphlet on "Deterioration of Race."

"Dr. Morgan," says Mr. Sargent, "infers that the fecundity in Manchester is less than half that of Hertford. He asks us to believe that vice and disease produce such enervation as to issue in this diminution of child-bearing. I am happy to be able to show that the notion is fabulous. Dr. Morgan's statement at page 23 is as follows:—'In the next table the marriage and birth rates for the years 1860 and 1861 in the four cities are compared with those in the agricultural counties. It shows unmistakably that natural increase of population is materially influenced by different conditions of life. We find, for example, that in Manchester the average number of marriages was in the years 1860 and 1861 18.5 in every 1000 of the population; whereas there are some counties, such as Hertford, in which the rate did not exceed 5.8. On the assumption that the fecundity of the population would bear a certain fixed ratio to the number of marriages, we should anticipate a proportionately wide difference in the birth-rate of the two places. Such, however, is not the case, for in Manchester the average number of births was 37.5; in Hertford, 30.5. In other words, while the marriages in the city were nearly fourfold more numerous than in the agricultural county, the births there only exceeded the latter by about one-sixth. In Manchester there were but two children to every married couple; in Hertford, five.'"

"Nothing seems more convincing. Here are in Manchester two children to a marriage, and in Herts five to a marriage; then the fecundity of marriage is in Manchester less than half what it is in Herts. Convincing as this seems, it is really fallacious. The error consists in the confusion of marriages with married couples. It is obvious, when once suggested, that a place may have many

marriages celebrated in it of couples who come in to be married and go out again to live. I happen to have gone through this calculation before, and to have discovered the ambiguity of the result. (*London Statistical Journal*, March 1865, page 121, column 12.) I find that the births in ten years to 100 marriages were, in Manchester, 201; in Salford, 928; in Oldham, 585; in Bristol, only 175. It then occurred to me that probably the Salford people came into Manchester to be married, and went back to Salford to live; and that thus the marriages were registered in Manchester, the births in Salford.

"The question then arose, How many couples of breeding age there were in Manchester. and how many in Salford, and what proportion the births bore to these? I owed this notion to my friend Mr. J. T. Danson, of Liverpool. I found results much less abnormal. Taking, by the census, each 100 married women of 20 to 45 years old, it turned out that the ten years' births were, in all England, 299; in Manchester, 300; in Salford, 305; in Birmingham, 313; in Oldham, 305; in York, 306. In Liverpool the number was only 252; but I assigned reasons for believing that the register of births there was not to be trusted.

"It appears, therefore, by this reasonable mode of calculation, that the fecundity of Manchester is equal to that of the whole kingdom, town and country together; but that it is rather below that of some of the great towns. In this result there is nothing remarkable; and it is different indeed from the one obtained by Dr. Morgan. Manchester has vice and disease in unfortunate abundance, but these scarcely affect the fecundity of married people."

As this statement of Dr. Morgan's has been frequently quoted, and specially alluded to by some of his too trusting reviewers, we are happy to give publicity to Mr. Sargent's criticism, especially as it points out the danger of hastily forming theories from insufficiently tested statistics.

THE CHOLERA.

THE report of Dr. Simon to the Privy Council on the Public Health, contains an interesting chapter on the cholera. Believing in the contagiousness of the disease, Dr. Simon says:—

"The doctrine on this subject, which in my opinion deserves in the present state of knowledge to be accepted as practically certain—sufficiently certain, I mean, to be made the basis for precautionary measures—may be stated in the following propositions:—That when cholera is epidemic in any place, persons who are suffering from the epidemic influence, though perhaps with only the slightest degree of diarrhœa, may, if they migrate, be the means of conveying to other places an infection of indefinite severity; that the quality of infectiveness belongs particularly, if not exclusively, to the matters which the patient discharges, by purging and vomiting, from his intestinal canal; that these matters are comparatively non-infective at the moment when they are discharged, but subsequently, while undergoing decomposition, acquire their maximum of infective power; that choleraic discharges, if cast away without previous disinfection, impart their own infective quality to the excremental matters with which they mingle in drains or cesspools, or wherever else they flow or soak, and to the effluvia which those matters evolve; that if the cholera-contagium, by leakage or soakage from drains, or cesspools, or otherwise, gets access, even in small quantity, to wells or other sources of drinking-water, it infects in the most dangerous manner very large volumes of the fluid; that in the above described ways even a single patient with slight choleraic diarrhœa may exert a powerful infective influence on masses of population among whom perhaps his presence is unsuspected; that things, such as bedding and clothing, which have been imbued with choleraic discharges, and not afterwards fully disinfected, may long retain their infectious properties, and be the means of exciting choleraic outbreaks, wherever they are sent for washing or other purposes."

Speaking practically, Dr. Simon has no doubt that quarantine, conducted with extreme rigour, and with the precision of a chemical experiment, will keep cholera out of any part of Europe in which the extremely difficult conditions can be fulfilled. He is quite satisfied it ought to keep the disease out of England.

THE SUICIDE OF DR. WARDER AT BRIGHTON.

LAST week the Brighton borough coroner (Mr. L. Black) held an inquest at the Bedford Hotel, Brighton, on the body of Dr. Alfred William Warder, who poisoned himself by swallowing about half an ounce of prussic acid while in bed in the hotel on Monday night. Deceased was for some years Lecturer on Medical Jurisprudence at the School of Anatomy and Medicine, adjoining St. George's Hospital, London, and Medical Officer to the North District and Workhouse of St. Luke's, Chelsea. In 1858 he lived at Uxbridge, in 1859 at Ottery St. Mary, Devonshire, and in 1860 at Ethell, Wooton under-edge, Gloucestershire. His residences are not further given in the Medical Directory; but his second wife died at Campbelltown, Scotland. It is said she had been married to him for only eight months, and the unfortunate lady whose death is now being inquired into was his wife for but five months.

Mr. Stuskey, solicitor, Brighton, watched the case on behalf of Mr. Branwell; and Mr. Eland of Trafalgar-square, London, attended to represent Miss Gunning of Brompton, to whom deceased has confided the care of his four children, the offspring of the first marriage.

The jury viewed the body as it lay in bed in the position described by Dr. Pickford.

Mr. Richard Branwell was the first witness sworn. He deposed—I am a surgeon residing in Cambridge-road, Hove. The deceased had married my sister about five months ago. He was a doctor of medicine by profession. Did not know the age of deceased exactly, but thought about 45 or 46. The marriage was without the knowledge of our family or without the idea that any such step was contemplated, and he was an entire stranger to me till he came to Brighton. He came to Brighton about the middle of May; my sister was then with him. She died on the 1st of July. It is a fact that an inquest is now pending, and not concluded, on her body; also that an analysis of a portion of her remains was ordered by the coroner. Last saw Dr. Warder at the funeral of my sister on Saturday; but did not then speak to him. That was the last time I saw him alive. I identify the body lying up stairs as that of Dr. Warder. I had never observed in him any symptom of insanity. He was a remarkably cool and collected man.

After several other witnesses had been examined,

The Coroner said he thought the best course to adopt would be this—he would consult with the jury alone, and possibly in a few minutes they would be able to come to a decision on the question whether they would adjourn or not.

The jury consulted together for a considerable time, and on the readmittance of the public,

The Coroner intimated that the jury thought, even assuming Mr. Eland's statement as proved, that could not influence the decision as to the state of deceased's mind at the time of his death. That would be that he was not insane. However, they were willing to adjourn in order that Dr. Pickford might make a post-mortem examination, and especially of the brain, to see if there was any organic disease there. The inquest would be adjourned till tomorrow for that purpose. Supposing the brain were found healthy the jury would be fortified in their present view—which was, that deceased was of sound mind when he destroyed himself.

The inquiry was then adjourned to the following day, when

Dr. Pickford detailed the result of the post-mortem examination. Deceased's brain structure was normal and healthy, and its substance exceedingly firm. There was an absence of all evidence of disease of the brain or its investing membranes. There was an odour of prussic acid in the contents of the stomach.

Dr. Taaffe proved that he tested for prussic acid in the contents of the stomach, and found it by both Scheele's test and Liebig's sulphur test. During his four or five weeks' attendance on Dr. Warder's late wife he had never

observed even the slightest symptom of insanity about him. He had frequently talked to Dr. Warder about Mrs. Warder's illness, and considered him perfectly sane. After the post-mortem examination of Mrs. Warder's body Dr. Warder asked him for a certificate of death, and when he refused it drew attention to the appearances of the liver and brain as being sufficient to account for death. Dr. Warder also said he wished the body buried immediately, saying he did not think it would keep this hot weather.

The jury returned a verdict of *felo de se*.

The coroner ordered burial accordingly.

Mr. Eland, solicitor, suggested that the property of the deceased had been given in trust to Miss Gunning, and claimed it on her behalf for the benefit of the children of the deceased.

The coroner recorded the claim on the inquisition, leaving the law officers of the Crown to act as they might be advised.

BOW STREET.

LUNATICS IN WORKHOUSE HOSPITALS.

Matthew Crozer, an alleged lunatic, was brought before Sir Thomas Henry, the chief magistrate, on the application of Dr. Rogers, the medical officer of the Strand Union, for an order to remove him to an asylum.

Dr. Rogers observed that this was one of a class of cases in which he was frequently embarrassed by the want of proper information. A lunatic, or alleged lunatic, was brought to the workhouse gate by a constable, who handed in with him a note from the divisional surgeon, recommending his examination, as he appeared to be of unsound mind. The constable then walked away, without giving any further information as to the circumstances under which the person had been brought to the station. Many people seemed to suppose that a medical man, on the first view of a patient, intuitively perceived everything that was the matter with mind and body, but he (Dr. Rogers) could assure them that he had no such miraculous instinct. It was frequently almost impossible, without some clue to the nature of a patient's illusions, to discover that he was of unsound mind at all; a fact which some lunatics are very skilful in concealing. On a recent occasion a man was brought to the workhouse in this way, and after a long conversation he (Dr. Rogers) was unable to discover any illusion. After a renewed examination on the following day, he (Dr. Rogers) came to the conclusion that the man was of sound mind and was about to discharge him, and had left the ward to give orders to that effect, when, thrown off his guard by his apparent success, he made some absurd remarks to the ward master. The latter called him (Dr. Rogers) back and told him what the man had said. With this clue to the nature of the mania, which the patient had concealed for forty-eight hours, he (Dr. Rogers) discovered that he was a most ferocious and dangerous madman. The present was not so extreme a case, still the constable, though he was the same officer who had taken the patient to the station-house, gave no information as to the circumstances.

Sir Thomas Henry said that in future the officer who knew most of the circumstances must go to the workhouse, and give every information as to the case.

Dr. Rogers then stated the result of his own examination of the patient, from which, and from the man's own replies to the court, his insanity became painfully apparent.

Sir Thomas Henry granted the order.

DOCTORS FOR THE PRUSSIAN ARMY.—Applications have been made to the Prussian Embassy by English gentlemen wishing to enter the Prussian army, and by physicians, surgeons, and other medical men, offering their services for the duration of the present war, it is made known by the Prussian Embassy in London, that the admission of physicians, surgeons, and medical men in general, is a matter for the consideration of the General Staff Physician of the army, to whom applications are to be made at Berlin.

LATEST NEWS OF CHOLERA.

Two fresh admissions to the cho'era ward at Liverpool Workhouse on Saturday. Four more deaths on that day, making up forty-three cases, of which twenty-eight have been fatal since the 10th, nine cases of these remaining are reported convalescent. A case took place in Gregson-st on Saturday, a district up to that time quite free. The Bank Hall warehouses are now ready for occupation.

In Cheshire there is no amelioration, and cases have been reported in localities hitherto uninfected. Between thirty and forty serious cases remain under treatment at Winsford, and the whole population is suffering from diarrhoea.

Medical men in London report a considerable number of isolated cases.

On Saturday it transpired that the disease was spreading rapidly in East London. Several deaths had occurred in the principal London Hospitals. At the London Hospital cases were still coming in, and thirteen or more deaths had taken place. In Stratford ward sixteen deaths were registered by Dr. Vallance during the week; one died in six hours, another in ten from the attack. Dr. Morris had had nine cases in Canning Town and Plaistow during the same period.

The medical officer of the district, at a meeting of the board, held on Thursday night, reported forty-four cases in all. The board sat till a late hour at night, and resolved on putting in force the "Diseases Prevention Act," and carrying out the recommendations of their medical officer.

At Bethnal-green the disease is unchecked, and great complaints are being made at the absence of sanitary supervision. It is to be hoped some immediate steps may be taken to remove the filth, and enforce in the strictest manner the provisions of the Sanitary Act. The London Hospital, situated in the centre of this district, continues to receive fresh cases, and a ward has been fitted up expressly for this purpose.

In our ports there is no amelioration: at Liverpool a house-to-house visitation has been commenced; and large warehouses outside the town, at Bank Hall, have been taken to afford accommodation to families stricken with the disease.

We regret to announce that the disease has now appeared at Southampton, more than forty deaths having occurred.

Winsford, in Cheshire, is also the scene of another outbreak, above fifty cases, many fatal, occurred last week.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.---At a general meeting of the Fellows held on July 18th, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Bateman, Francis, Canterbury.
Clothier, Henry, Wilmington-square.
Gill, John, Guy's Hospital.
Gorton, Jas. Keith Jeanneret, Sheffield-gardens, Kensington.
Horton, Henry James, Wrentham.
Kenyon, George Arthur, Soho-square.
Leonard, Frederick Lewis, Royal Navy.
Low, Alexander James, St. John-street-road.
Ramsford, Gifford, St. George's Hospital.

At the same meeting, it was reported by the Examiners that the following had passed the *primary* examination for the Licence of the College:

Frank Henry Laking and Jas. Frederick Parry McConnell, of St. George's Hospital; William James Bennett, Charles John Sells, William Bevan Lewis, Benjamin Walker, George Rootes, and George Stokell, of Guy's Hospital; Edward Withers Minter, John Lloyd, and David Havard, of University College; George Amsden, of King's College; James Marc Taylor, of Wednesbury.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.---The following gentlemen passed their Primary Examinations

in Anatomy and Physiology at a meeting of the Court of Examiners on the 17th inst., and when eligible will be admitted to the Pass Examination:—

Alfred Cuff, F. R. Rouse, H. C. Gill, Tempest Anderson, and A. P. Hurlstone, students of University College; Charles Lewis, J. D. Mason, A. R. S. Perkins, and Thomas Brockwell, of Guy's Hospital; Lawrence Clapham, E. S. Angove, and C. B. D. Duncombe, of St. Bartholomew's Hospital; H. A. S. Prosser and James Bradley, of Birmingham; M. F. Reilly and Thomas Wilson, of Dublin; G. C. Rigby and William Drinkwater, of King's College; W. J. Donor, of Philadelphia; P. R. Hyccock, of Edinburgh; James Ridley, of Newcastle; G. H. Jackson, of the London Hospital; Augustus Wells, of Hull.

The following gentlemen passed on the 18th inst:—

T. W. Evans, Lewis Edwardes, M. O. Coleman, R. J. Shepherd, W. F. Flowers, and A. S. Atkyns, students of Guy's Hospital; Henry Cass, J. P. Bartlett, W. R. Gowers, and C. C. Whiteford, of University College; Valentine Folwell, F. G. Guy, and S. L. Trevor, of King's College; L. M. Griffiths and C. B. Bernard, of Bristol; Joseph Moore and F. A. Fisher, of St. Bartholomew's Hospital; G. F. Jones, of the London Hospital; A. H. Newth, of St. Thomas's Hospital; D. W. Ferguson, of the Westminster Hospital; Frederick Woolhouse, of Sheffield; G. Purdey Field, of St. Mary's Hospital.

It appears that of the seventy-two candidates who offered themselves for this examination twenty-seven failed to acquit themselves to the satisfaction of the Court, and were consequently referred to their studies for three months; one candidate had an additional three months, having been discovered copying from a gentleman undergoing the written examination. The last *pass* or surgical and pathological examination for the diploma of membership of the College this session will take place on Saturday next.

APOTHECARIES' HALL.---The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on July 12th:—

Read, Arthur Walter, Arden Lodge, Coventry.
Simpson, John Henry, Fore-street, E. C.
Thomas, Owen Roberts, Liverpool.

The following gentlemen also on the same day passed their first examination:—

William Kepling, John Lloyd, David Havard, Thomas Richardson Loy, and Edward Withers Minter, of University College.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.

Names of candidates who passed the Major Examination, July 18, 1866, as Pharmaceutical Chemists:—

Dumolo, John Thos., Birmingham.	Green, James Samuel, Braintree.
Forth, William, Bridlington-quay.	Hunt, Charles, Bristol.
Hodgson, William Henry, London.	Jones, William, Shrewsbury.
Pullin, Wm. Henton, Atherstone.	Kinch, C. J., Henley-on-Thames.
Cable, George Hughes, Dunmion.	Padwick, John, Christchurch.
Coleman, Alfred, Norwich.	Sandell, Thomas O., N. Hoxiter.
Corner, Robert, West Hartlepool.	Sharp, J. J., Newcastle-on-Tyne.
Doughly, Edward Thos., London.	Squire, Peter Wyatt, London.
Elliot, George, Rotherham.	Watts, Charles C., Richmond, S.W.
Farries, Thomas, Driffield.	Yates, Robert, London.
Goulden, Edward B., Walworth.	

THE ALKALI ACT.---Dr. Angus Smith has a satisfactory report on the Alkali Act of 1863. The escape of muriatic acid gas averages only 1 0889 over the kingdom; five hundred tons of the gas are evolved per day, and five tons escape, above thirty tons of dry acid per week, equal to rather more than three times that weight of liquid acid as sold. In 1864 the amount of escape was forty-three tons per week. In many works the condensation is complete. There has been no prosecution under the Act. At Oldbury the gardens suffered, and an individual brought an action, but no unlawful escape of muriatic acid could be detected.

TESTIMONIAL TO MR. E. CANTON.---The students of Charing Cross Hospital have just united to show their respect for the above distinguished member of the medical profession by presenting him with a testimonial, on his retirement from the office of lecturer on anatomy. The testimonial consisted of one of Ross's best microscopes. Mr. Canton, in returning thanks for the gift, dwelt, amongst other things, upon the vast improvement in the manners, habits, and dress of medical students since the days when they were described by the late Albert Smith.

The thirty-seventh annual festival of the Farrindon General Dispensary was held at Radley's Hotel, New Bridge-street, Blackfriars. Since 1828, 216,000 cases have received relief. Upwards of 15,607 cases were attended in the year ending March, 1866.

THE ITALIAN ARMY.---Signor Testa, the Neapolitan surgeon, has left Naples for the camp, in order to superintend the host of young practitioners who have already

joined. Great activity prevails in Naples in collecting money, lint, and bandages for the combatants and their families. The hospitals at Brescia are full of wounded men.

The number of paupers relieved last year in England and Wales on the 1st of January last was 924,813; the number on the corresponding day in 1865 being 783,661.

A MAN committed suicide the week before last, in Soho, by taking a large quantity of cyanide of potassium.

CONVALESCENT HOME, STILLORGAN.—A meeting of the committee of this institution was held on Thursday at 59, William-street, the Hon. Judge Berwick in the chair. Present—Dr. Croker, Dr. Wright, Messrs. Thomas Pim, Alexander Parker, Frederick Stokes, William Hogg, and William M. McCay, hon. secretary. Mr. Butler, architect, having submitted revised plans of buildings proposed to be erected, same were approved of by the committee and adopted, and directions were given to have the specifications at once prepared, and advertisements inserted in the newspapers inviting tenders for the erection of the buildings. The secretary reported that the subscriptions received now amounted to above £1600, and the committee adjourned to Monday, the 23rd July, to receive and open the tenders for the buildings.

Notices to Correspondents.

Mr. Griffin.—The letter is inserted.

The General Medical Council.—We have received the Reports of the Visitation of Examinations conducted by the Qualifying Bodies.

P. Q.—The Report was not published in this Journal, and we cannot, therefore, contradict the statement alluded to.

Dr. W.—The matter is altogether of a private nature, and cannot be discussed with propriety in a medical journal.

F.R.C.S.—The communication will be acceptable.

M.D.—The letter is received.

Dr. Andrew Paul.—The case will be acceptable.

The Pharmaceutical Society of Great Britain.—The note has been received.

Mr. C.—The Prize Essays on Vivisection have been received.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.
DEAR SIR.—In reporting my case of "Scrotal Hernia Complicated with Orchitis," in your last weeks' number, you were inadvertently led into a mistake as to the quantities of the ingredients which formed the mixture I prescribed—

R Liq. ammon. ant. ʒi.
Aq. lauro cerasi, ʒiss.
Tinct. hyoscyami, ʒii.
Vini antimonalialis, ʒiss.
M. Ft. mist. &c.

Whereas, if you will be good enough to refer to the manuscript of my case, you will find the quantities were the following—viz.:

R Liq. ammon. ant. ʒi.
Vini antimonalialis, ʒiss.
Tinct. hyoscyami, ʒij.
Aq. lauro cerasi, ʒiss.
Aqua camph. ad. ʒviij.
M. Ft. mist. &c.

Hoping you will be kind enough to make this correction in your next impression, I remain, yours faithfully,
W. JOSEPH HEPBURN.

WEEKLY METEOROLOGICAL REPORT FOR THE
WEEK ENDING JULY 21st, 1866.

By J. H. STEWARD, Strand, and Cornhill, London.

July, 1866.	Barometer reading reduced to 32 degrees.	Thermometer.		Dry bulb.	Wet bulb.	Wind.		Rain.	Remarks.
		Max.	Min.			Direction.	Force.		
16	30.022	80	60	64	51	NE	—	—	Fine.
17	30.012	78	60	67	61	E	—	—	do.
18	30.007	82	51	64.05	56.05	NE	—	—	do.
19	30	74	54	66	60	NW	—	—	do.
20	30.014	82	50	60	53	NW	—	—	do.
21	30.020	89	53	66	58	NW	—	—	do.

Late Publications in Medicine & Science,

(From the Publishers' Circular.)

Atkinson (Rev. J. C.)—British Birds' Eggs and Nests Popularly Described. New edit. 12mo. cloth, 2s. 6d. (Routledge.)

Beasley (Henry)—The Druggist's General Receipt Book. 6th edit. 18mo. pp. 508, cloth, 6s. (Churchill.)

Jackson (R. E. Soresby)—Note-Book of Materia Medica, Pharmacology, and Therapeutics. Post 8vo. (Edinburgh, MacLachlan) pp. 630, cloth, 10s. 6d. (Hardwicke.)

Jones (T. Wharton)—Effects of Sight and Hearing, their Nature Causes, Prevention, and General Management. 2nd. edit. of "Defect of Sight." 12mo. pp. 177, sewed, 3s. 6d. (Churchill.)

Smith (Southwood)—The Common Nature of Epidemics, and their Relation to Climate and Civilisation; also Remarks on Contagion and Quarantine; from Writings and Official Reports by Southwood Smith. Edited by T. Baker. 8vo. pp. 136, cloth, 3s. 6d. (Trubner.)

Von Cotta (Bernhard)—Rocks Classified and Described: a Treatise on Lithology; an English edition by Philip Henry Lawrence, with English, German, and French synonyms, revised by the Author. Post 8vo. pp. 437, cloth, 14s. (Longmans.)

Althaus (Julius)—Progressive Locomotor Ataxy: its Symptoms, Diagnosis, and Treatment. 8vo. sewed, 2s. (Churchill.)

Barker (Walter Goodyer)—On Diseases of the Respiratory Passages and Lungs, Sporadic and Epidemic; their Causes, Pathology, Symptoms, and Treatment. Post 8vo. pp. 290, cloth, 6s. (Churchill.)

Braithwaite (W. & Jas.)—Commentary on Midwifery and the Diseases of Women and Children for the last Half-Year. 12mo. sewed, 2s. 6d. (Simpkin.)

Braithwaite (W. and J.)—Retrospect of Medicine. Vol. 53, 12mo. cloth, 6s. (Simpkin.)

Chuckerbutty (S. G.)—Cases illustrative of the Pathology of Dysentery; with Remarks. 8vo. sewed, 2s. (Churchill.)

Edwards (Ernest)—Photographs of Eminent Medical Men of all Countries. Part 3. Price 3s. (Churchill.)

BOOKS RECEIVED.

Bleeding and Change of Type of Diseases, being the Gulstonian Lectures for 1866. By W. O. Markham, M.D. London: Churchill and Sons.

A Winter in Paris. By Frederick Simms, M.B.Lond. London: Churchill and Sons.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.

HUGHES.—On the 17th ult., at Kirkdale-road, Liverpool, the wife of Eben. Hughes, M.D., of a son.

DIPLOCK.—On the 22nd ult., at Western House, Oakley-square, the wife of T. B. Diplock, M.D., of a daughter.

CHILD.—On the 23rd ult., at Oxford, the wife of Gilbert W. Child, M.D., of a son.

SKEGG.—On the 24th ult., the wife of J. J. Skegg, L.R.C.P.Ed., of St. Martin's-place, Charing-cross, of a daughter.

LOW.—On the 25th ult., at Martley, Worcestershire, the wife of W. C. Low, M.D., L.R.C.S.Ed., of a son.

EVERSHED.—On the 28th ult., at Amphilh Beds, the wife of Arthur Evershed, M.R.C.S., of a daughter.

WRENCH.—On the 28th ult., at Park Lodge, Baslow, near Chatsworth, the wife of E. M. Wrench, late of the 12th Royal Lancers, Surgeon, at the Duke of Devonshire at Chatsworth, of a son.

GARMAN.—On the 1st inst., at Kent House, Bow-road, E., the wife of H. V. Garman, M.R.C.S.E., of a daughter.

TODD.—On the 1st inst., at Glanton, Northumberland, the wife of J. Wm. Todd, M.R.C.S.E., of a daughter.

MARRIAGES.

COUPAR—RITCHIE.—On the 19th ult., at Leuchars, Fife, J. L. Coupar Physician, of Dundee, to Maggie, eldest daughter of the late James Ritchie, Esq., of Westfield, Fife.

SAUNDERS—BYASS.—On the 19th ult., at the Church of the Holy Trinity, Cuckfield, Sussex, Chas. Edward Saunders, M.D., of Cuckfield, to Edith, youngest daughter of T. S. Byass, M.D., also of Cuckfield.

LINDSEY—TRESS.—On the 21st ult., at St. Stephen's, Tunbridge, John B. Lindsey, L.D.S.R.C.S., of Maison Dieu-road, Dover, to Emma, widow of the late Wm. Tress, Esq., of Red-hill Lodge, Surrey.

WEEKES—HOLMAN.—On the 21st ult., at East Hothly, Sussex, Henry Weekes, Surgeon, of Old Brompton, Kent, to Harriet, youngest daughter of Henry Holman, Surgeon, of the former place.

DEATHS.

RUTHERFORD.—On the 4th ult., at Annahilt, Co. Down, Wm. Rutherford, C.M., L.M.Glas., Medical Officer of the Annahilt Dispensary, aged 66.

LIZARS.—On the 12th ult., at Ambleside, A. J. Lizars, F.R.C.S.Ed., late of Arncle, near Aberdeen, formerly Professor of Anatomy in the University of Aberdeen.

WHITTY.—On the 15th ult., at Briton-ferry, Glamorganshire, David Jones Whitty, M.D., aged 41.

BLENKINSOP.—On the 20th ult., Henry Blenkinsop, F.R.C.S.E., of Coten-end, Warwick, aged 53.

JOHNSON.—On the 21st ult., C. Johnson, Surgeon, of Lancaster, aged 63.

NEWMARCH.—On the 22nd ult., at Micklegate, York, Henry Newmarch, M.D., late Surgeon Bengal Army, aged 65.

JACKSON.—On the 25th ult., at Sheffield, Henry Jackson, F.R.C.S.E., aged 60.

DAVIS.—On the 29th ult., of bronchitis, Wm. Davis, M.R.C.S.E., L.S.A., aged 53.

CHALDECOTT.—On the 1st inst., W. Chaldecott, M.R.C.S.E., of Holmwood, Dorking, Surrey, aged 67.

WEST.—On the 4th inst., at Alford, Lincolnshire, Mary, the wife of Dr. Uvedale West, aged 57.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX"

Original Communications.

CLINICAL LECTURE

ON A CASE OF DOUBLE PSOAS ABSCESS, WITH WOUND OF THE FEMORAL ARTERY.

By JOHN ADAMS,

SURGEON TO THE LONDON HOSPITAL.

It is not often that these circumstances co-exist, but the accidental opening of the femoral artery occurred to me, and I take the opportunity of making a few remarks on the subject.

From the history you will observe that the case was one of double psoas abscess—that is, that there was an abscess in the upper femoral region of both sides in this poor boy, and that both abscesses communicated with this diseased vertebræ, which distinctly exhibited in the lower dorsal region a prominence which is usually designated angular curvature. Psoas abscess comes under the class of chronic abscess, and demands the most careful consideration. It is usually a fatal disease. However, now and then cases are cured, or rather get well, much to our astonishment, whilst other cases, causing but very trifling disturbance to the system, terminate fatally almost immediately after the escape of the matter by an opening made by the surgeon.

I remember a case which well illustrates this fact. A man called on me some years ago from Wales, with an immense abscess occupying the upper femoral region, which, from its history, was recognized as psoas abscess. I was about to admit him into the hospital, when some of his friends advised him to consult Sir Astley Cooper. Sir Astley at once introduced a lancet, an enormous amount of pus escaped, and the man died in forty-eight hours after the escape of the matter. On dissection the diagnosis was confirmed, and extensive caries of the lumbar vertebræ was discovered. Now, this man had walked a large part of the distance from Wales to seek relief in London. The fact was, the bodies of the vertebræ, although diseased, were capable of supporting the superincumbent column, and the spinal marrow and its nerves were intact. I make no especial allusion to the treatment pursued in this case, for I shall consider that subject presently.

Five years ago, having been sent for about seven miles from London to an operation, I was requested to see a poor girl who had been on her back an entire year, for psoas abscess depending on disease of the spine. She was much emaciated, apparently hectic, and there was an opening in the upper femoral region through which matter was escaping. I admitted her into the London Hospital, placed her on a water-bed, allowed her to assume a position most agreeable to her—namely, the semiflexed position, I gave her wine, quinine, and good diet, and she left the hospital well after many months of this treatment.

I think I am right in the conclusion to which I have arrived from the observation of many cases that, where the abscess depends on disease of the bodies of the dorsal vertebræ, the cause is more likely to happen than if the lumbar vertebræ are affected. I presume that in the dorsal region there is a more natural tendency to coalition of the bones from the direction of the natural curvature than in the lumbar region, where the bodies of the vertebræ present a natural convexity forwards. In the last case, I do not hesitate to say that the disease was in a very great measure cured by position of parts; but of course a great deal depended on the stimulus and good diet this young woman enjoyed in the hospital. In the case before us the disease has been of very long standing, and the vertebræ

have become fixed, and the abscess is probably consequent upon some access of inflammation in the body of one or more of the dorsal vertebræ, as indicated by pain at the seat of curvature and general indisposition. You will have observed that both abscesses had remained stationary for a very long time, and that all my efforts were directed to the improvement of the boy's general condition, for this purpose sea air was recommended, and he was expecting daily to be sent to Margate. However, on my visit on June 2nd, I found that the abscess on the right side had suddenly enlarged, and the enlargement was attended with great pain and tension. I therefore proceeded to open it, taking, as I presumed, the greatest possible precaution to avoid the femoral artery which is so often displaced in deep abscesses. Unfortunately, however, I not only punctured the artery but I actually slit it up for the distance of a quarter of an inch. I need not say that the escape of arterial blood in a rush, and with an audible whizz, informed me of the fact, and I at once enlarged the opening in the abscess on my forefinger, seized the structures between my finger and thumb of the left hand, and asked my colleague Mr. Maunder, who was present, to secure the artery with an armed aneurism needle. This was done with great facility after he had laid bare the artery on my forefinger. When the ligature had been applied above the wound I sought for the opening in the artery and directed another ligature to be applied below the opening. I felt now that every thing was secure, the limb was enveloped in cotton wool, and treated as after ligature of the superficial femoral for popliteal aneurism.

Let us now pause and briefly consider this case. Where was the abscess which had thus dislodged the femoral artery and raised it from its bed? Clearly it had made its way in the course of the psoas, but instead of pointing superficially, as it does most commonly, it had taken a direction deeper than usual, and most likely had made its way, as the muscle does, downwards towards the trochanter minor and along the front of the femur under the fascia lata. Anatomy teaches us all this with great precision, and believing in the possibility of such an occurrence, I had actually made the remark that before opening deep abscesses like the present, the surgeon should satisfy himself as to the position of the femoral artery. I did with my own fingers try to feel the artery, but I failed to do so. Its pulsation was no doubt feeble, and most probably the tension of the abscess from below rendered it quite imperceptible. I cannot say I erred from ignorance; but I am free to confess that I should have been more cautious. But having opened a large artery you must proceed to tie it, for no pressure, however judiciously applied, is sufficient to prevent a recurrence of hæmorrhage usually; and although exceptional cases may now and then occur, believe me there is no security against bleeding equal to the ligature when a large artery is wounded. In this case no pressure could be applied, as there was no solid body in the vicinity of the artery.

What is the treatment to be pursued in psoas abscess? Put this question to yourselves and think the case over. The disease here evidently is in the spine, the abscess is its consequence; therefore, put aside the question of the abscess and try and cure the disease on which it depends. If you can do this, the abscess may disappear, either by becoming absorbed, or you may open it. That abscesses do disappear I have no doubt. The case illustrates the position, for during the treatment of the abscess in the right thigh that in the left has altogether disappeared. I remember a case, under the care of Mr. John Scott, formerly a surgeon of this hospital, in which a psoas abscess suddenly disappeared, and the urine was loaded with pus for some days; clearly the abscess burst into the bladder or the ureter. The patient got well. It is, however, advised to let the abscess alone as long as you can, either hoping for its disappearance or deferring the opening until absolute necessity demands your interference by operation. No man likes to meddle with such cases unnecessarily.

The proper time for opening the abscess is when tension and its consequent pain render the case unbearable. How, then, are you to open psoas abscess? This question implies that there is some risk in the operation, and this really is the case. The risk is lest the patient should become exhausted by long-continued discharge, and that hectic fever should arise from inflammation of the cyst of the abscess consequent on the admission of air. Hence the efforts of surgeons have been directed to provide against this most frequent contingency. Mr. Abernethy advised that a small valvular opening should be made, the matter to be allowed to escape without pressure and by the elasticity of the sac itself, and the wound to be carefully closed by adhesive plaster; and after a short time, before the sac had refilled to its original size, that the puncture should be repeated, and a similar treatment again pursued as after the first puncture; and he hoped that by these means the cyst might contract, and the abscess might thus disappear. The plan rarely answers, and the reason is obvious—the disease of the spine still remains, and unless that gets well, which is most rare, the discharge must continue, and will, probably, eventually wear the patient out.

My advice is this—When you think it desirable to make an opening for the discharge of the matter, make one of moderate extent with a sharp-pointed bistoury, place a fomenting cloth over the opening, permit all the pus to drain away without pressing and by the elasticity of the sac itself, and after this apply a soft linseed poultice over the wound. You may use a drainage tube if you like, but the objection I have to its employment arises from its acting as an irritant in many cases, and thus increasing the discharge it was employed to diminish. Never lose sight of the general treatment of the case, by position, tonics, stimulants, and especially by sea air, or, if this cannot be obtained, residence in the country. Machines for conveyance of patients by rail are so beautifully contrived that no damage need result to the spine itself in travelling, or passive exercise, so to speak, may be enjoyed with the greatest ease in the recumbent posture on the sea beach without the slightest fatigue.

But in these cases which result so unfortunately, remember the golden rule, *Principiis obsta*. Arrest the disease when it is just beginning. Remember that long before any advance has been made symptoms will have presented themselves which ought not to have been passed over, as pain in the loins, weariness in walking, emaciation, slight febrile symptoms, dyspepsia, constriction around the chest and abdomen in the course of the spinal nerves, and others of this character, which are the certain harbingers of mischief beginning in the vertebral column, which eventuates in that most intractable affection we are now considering. This is the period for the employment of issues, rest, tonics, &c. &c., and, at this time, if steady use of these means is enjoined you may fairly expect to ward the disease off altogether.

THE rage which has prevailed lately in France for popular scientific lectures may be judged of by some figures recently published by the Minister of Public Instruction. Lectures of no sort whatever can be delivered without due authorisation in France, and between November, 1865, and April, 1866, there were 865 such authorisations granted, Paris having 235 of these to her share. Between 500 and 600 were given in Academies or under their auspices, and 152 under the auspices of the municipal authorities. As a general rule the auditory has been very numerous, frequently amounting to 500 or 800, and even reaching 1,200 or 1500, the places assigned for the lectures often proving far too small to admit all desirous of attending. The lectures were delivered by, amongst others, 2 councillors of state, 9 members of the institute, 100 professors of faculties or superior schools, 143 professors in Lyceums, 88 professors in colleges, 16 magistrates, 32 public functionaries, 22 free professors, 29 advocates, 53 physicians, 3 architects, 21 engineers, 7 priests, 3 pastors, and 3 military officers.

RICHMOND HOSPITAL.

CLINICAL SURGICAL LECTURES.

By JOHN HAMILTON,

SURGEON TO THE RICHMOND HOSPITAL, AND TO SWIFT'S HOSPITAL FOR LUNATICS.

LECTURE II.—PHYMOSIS.

WE often meet, particularly in hospital practice, with cases of acute inflammatory phymosis accompanied by chancre. In those who have the prepuce long, and who contract chancre on the inside of the prepuce, or at the corona, or the frænum, and the chancre inflames, even slightly, from dissipation or other cause, the inflammation extending to the prepuce, effusion of serum and lymph rapidly and readily take place into the loose cellular tissue of the part. The prepuce becomes elongated and inelastic, and phymosis is the result, varying according to the degree of the inflammation. We should not be too hasty to operate in these cases, as both the cause and effect may be removed in many instances by proper treatment. In the young man (Case No. 3) admitted into No. 8 ward January last, the case was of this kind, phymosis, not of great size, nor very acutely inflamed. He had had chancres for a fortnight, and had been able to draw back the foreskin; but could not do so for the last two days. There was profuse yellow discharge from under the foreskin, and when it was drawn a little back the edge of a chancre could be seen at the orifice of the urethra. Chancres could be felt over the situation of the frænum through the phymosed foreskin; they were indurated. Mercury to slight salivation, and injection of water and black-wash completely removing the phymosis and cured the chancres, and this treatment will usually succeed. I recollect, some years since, seeing a case of acute inflammatory phymosis with Dr. Gorman of Henry-street. The penis was swelled; the prepuce elongated and curled at the end and œdematous, but not very red. It was painful and very tender. A flat induration could be felt through the prepuce where the tenderness was the greatest, no doubt the seat of the chancre which he had contracted three weeks before; there was not much discharge; by the use of the local means already described, and slight salivation, he was completely cured.

The following is a well-marked example:—

Patrick Ward, a healthy-looking man, was admitted October 6, 1863, with inflammatory phymosis; the prepuce dull red, swollen, elongated, painful, and exquisitely tender, with profuse discharge of thin brownish purulent matter. The prepuce could scarcely be drawn back enough to expose the orifice [of the urethra, from which there was no discharge. Through the prepuce at the outside of the base on the right side a hardness could be felt, and the tenderness was so great that he could scarcely bear it to be examined. A chancre was diagnosed in this situation.

He was ordered five grains of grey powder three times a day, and to inject three or four times in the day cold water followed by black-wash. Under this treatment a gradual improvement took place; but immediately his mouth became sore, at the end of a week a most marked change for the better ensued; the redness and swelling nearly disappeared, and the discharge which, though changed to healthy yellow pus, had hitherto been profuse, became gradually diminished. Omit the pills, but continue injections. He left the hospital at the end of the fourth week. For a few days before leaving he could draw back the foreskin entirely so as to show the ulcers. There were five or six of small size in the granular stage and just healed. One of the largest was at the right side of the corona glandis, and was the one which had been felt, in the beginning, through the prepuce. I touched them freely with the solid nitrate of silver, and told him to take one of the pills at bedtime for another week.

I could multiply such cases, but enough has been said to prove, that we should not be too hasty to operate, as rest in bed, purgatives when required, the use of injections of water, followed by those of black-wash, or solutions of sulphate of zinc, putting a probe armed with lint and wet with a strong solution of nitrate of silver under the prepuce at the site of the chancre, and applying it decidedly to it; but, above all, the use of mercury to slight salivation, will prevent the necessity of operation, by curing the inflammation, and the cause on which it depends.

Where, however, the patient could not previously draw back the prepuce at all, or with much difficulty, before he got the chancre, it is better to operate even in these cases.

But if a case presents itself to you where the inflammatory symptoms are more intense, the penis greatly swelled, the swelling of a columnar or pyriform shape, the lesser end at the pubes, the larger below, of a deep dull red colour, rather firm to the feel, exquisitely tender, so that the patient, not only cannot bear the slightest examination, but hollows his body in to avoid the contact of the clothes; and where, when he attempts to draw back the foreskin, there is a gush, first of yellow, then of thin oily-looking fetid discharge, which discharge is profuse, saturating the dressings which are around the penis. Where the pain is great, the fever high, quick pulse, hot skin, loaded yellowish tongue, with red tip and edges, and sleepless nights, you have to deal with a phagedenic sore, the cause of the phymosis, and hidden by it, the sooner you perform the operation the better. You give exit to pus and sloughs, expose the chancre, and are enabled to use the proper local applications. Should you delay, Nature will anticipate you by more or less sloughing of the prepuce, or by perforation of it. The operation in such a case is most simple; you introduce a director under the prepuce, and passing a sharp bistoury along it, slit up the prepuce down to the corona. The same may be accomplished without the director, by blunting the sharp end of the bistoury with a small ball of wax, which probed instrument is passed flat between the prepuce and glans, to the lowest point: it is then turned with the edge of the bistoury towards the prepuce, which is rapidly divided by pushing the sharp end through the ball of wax and prepuce. Petit was the inventor of the latter method. Some prefer dividing the prepuce along the centre of the dorsum; others, thinking that a pendulous flap is left by this operation, prefer the one recommended by Celsus, of dividing the foreskin below by the side of the frænum. Where you have the choice, the latter is preferable. As the parts are consolidated by the effusion of lymph, the skin, after the division, does not retract from the lining membrane, as when the case is one of non-inflammatory phymosis, but the surface bleeds very freely. At each side at the angles of the cut at corona, and at the end of the prepuce, small arteries can be seen to furnish a rapid flow of blood. Usually this can be restrained by small compresses of lint, and when not, a needle armed with a ligature should be passed through at the bleeding vessel and tied over it. The surface of the incisions looks pale and œdematous at first, and as the inflamed prepuce is rigid, it cannot always be retracted sufficiently, immediately after the operation, to expose the sore entirely. It is, however, not absolutely necessary, as the bleeding and the free escape of sloughs, if there are any, or of the confined matter which there is almost always in the sulcus of the corona, give great ease, and much benefit the chancre.

On the third day the cut surface will be covered with a greenish exudation, and when this is thrown off it granulates and heals pretty quickly, unless it has become inoculated with the syphilitic virus, and becomes chancreous. This, I am happy to say, is rare. A bread-and-water poultice for a day or two is most useful, afterwards water dressing with lint is more convenient. Sometimes the mere operation of dividing the prepuce by letting out the pent-up sloughs and matter, removing constriction, and also, probably, by the local bleeding, arrests the phagedenic action, and the sore afterwards rapidly improves

and yields readily to treatment. A man of the name of Tyrrell, 19 years of age, and a teetotaler, was admitted into No. 1 ward, some years ago, with acute phymosis of a deep red colour, œdematous, very tender, and with oily shreddy discharge from a phagedenic chancre within; he suffered great pain. There was a chain of slightly enlarged glands in both groins, but no indication of bubo. A fortnight before he had connexion, four or five days after he perceived a chancre; the phymosis came on almost immediately after. The prepuce was divided by the side of the frænum; the bleeding not profuse and stopped by lint; no ligature required; the edges of the wound did not separate, being matted together by lymph.

The next day, at the inside of the prepuce on each side, extensive phagedenic ulceration was observed, the incision having gone through the middle of the ulcer. He was put on calomel and opium. On the fourth day the phagedenic action was stopped. On the sixth day the mouth was sore; the chancre remarkably improved, and afterwards the process of healing was most rapid. The only local application was black-wash.

In these cases of phymosis with phagedena you should ascertain, and usually it is not difficult, the situation of the chancre. You will find at one part of the prepuce greater induration and greater tenderness; the patient also will tell you that this was where he first perceived the disease. When the case has existed some days without treatment, and its progress is very acute, a dusky spot, the indication of mortification, will lead you to where perforation is at hand. This plate, from the Museum of the Richmond Hospital, shows this well, as also the remarkable elongation and distortion of the penis in severe cases.



Allow me to mention a case in point of the care with which you should seek for the seat of the chancre. A man was admitted into No. 1 ward with inflammatory phymosis and phagedena. There was evidently no time to be lost, the symptoms ran so high. I therefore slit up the prepuce by the inferior incision by the side of the frænum.

Next day a dusky spot appeared at the upper surface of the prepuce near the corona. I knew if I left this a perforation would take place, to anticipate which, I slit up the prepuce along its upper surface through the dusky spot, which was exactly over a phagedenic chancre. Finding, however, after this operation that there were ugly pen-

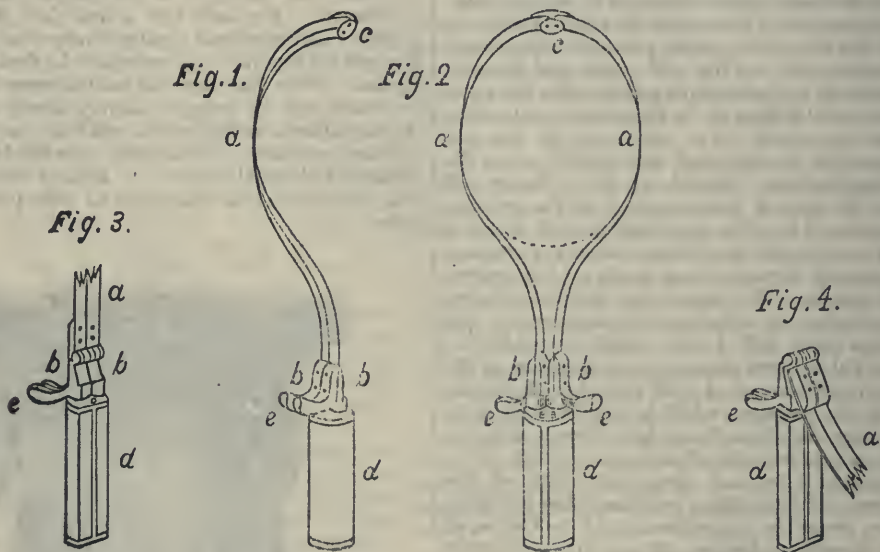
dulous flaps on each side, I cut them off, and thus, as it were, in three operations, performed circumcision. No doubt if I had been less in a hurry, and taken time to ascertain the seat of the chancre, and made my incision through the upper surface of the prepuce, the one operation would have sufficed.

THE STEEL FILLET.

By G. R. SHERATON, L.R.C.P.E., M.R.C.S.

THIS instrument is intended to supersede the forceps, vectis, &c., in cases of difficult parturition, where the use of these instruments is indicated. It is constructed by combining a rotatory action with the fillet principle. It consists of two blades (*a*, Figs. 1, 2, 3, and 4), of highly tempered and flexible steel, curved in a somewhat sigmoid

form, fitted and fixed into the rotatory bars (*b b*) of the handle at one extremity, whilst at the other they are united by being riveted into a linked joint (*c*), which allows each blade to rotate in opposite directions to the extent of 90°.



The rotatory bars are also formed and fitted with stops to limit their motion to 90°. The rotatory bars rotate upon the handle (*d*), to which they are fixed by nuts being screwed upon their ends to retain them in their position.

The handle (*d*) is flattened at the back part to enable the operator to determine with accuracy its relative position to the foetal head and maternal passages.

The rotatory action is obtained by pressing upon the transverse bars or "lugs" (*e*), by which the blades are formed into a hoop (Fig. 2) of elliptical form, having a short or transverse diameter of 4½ inches, and a long diameter of 5½ or 6 inches. Tractile power is obtained by placing the fingers across the transverse bars. Its application may be effected by the blades being parallel or a little apart, forming a sort of fenestrum, and is to be introduced in the same manner as one blade of the forceps or the vectis, using the same precautions and preliminary measures as with those instruments.

It may be applied over the occiput or chin as desired, when the blades are to be made to rotate by pressing upon the transverse bars, when it is converted into a hoop embracing the head. Its application is facilitated by the form of the linked joint, which renders the instrument, as it were, probe-pointed, whilst its being slightly movable renders it less liable to catch folds of the maternal passages, &c.

The flexibility of the blades allows it to adapt itself to the axis of the pelvis and the form of the head. The thinness of the blades, from the small amount of space which they occupy, is also calculated to facilitate its application. The fingers are then to be placed across the transverse bars, and tractive force applied in the direction of the axis of the pelvis.

The amount of compression upon the head is always in proportion to the amount of force required in extraction, and from the manner in which that compression is applied it is not liable to cause injury to the child.

The chief advantages and claims of superiority over the forceps are—

1. That its application is easier from—
 - a. The narrowness of its blades.
 - b. The thinness of its blades.
 - c. Its flexibility.
 - d. One blade being of easier application than two.
2. It is less liable to injure the maternal passages or the foetal head.
3. It occupies less space than the forceps.
4. It can be used without the knowledge of the mother.
5. From the facility with which it can be applied the duration of the operation is shortened.

It may be made with folding joint to render the instrument more portable, as Figs. 3 and 4.

CASES OF
URINARY AND ANAL FISTULÆ,
CURED WITH AND WITHOUT OPERATION.

By ANDREW PAUL, A.B, M.B, L.R.C.S.I.

"CAN cancer be cured without the knife?" was a question asked in the leading journal of this country, some twelve years ago, by a most amiable clergyman and accomplished divine, himself a sufferer. This gentleman had been a patient of the writer, ere this, for inward piles, and had got well.

A thunder-storm of professional wrath assailed this would-be doubter of scalpel supremacy. Yet *time*, since then, has modified very much professional opinion as to the almighty influence of the knife in the radical cure of cancer.

Just so may it turn out now, on the question being asked, "Can anal and perinæal fistulæ be cured without the knife." Professional echo will answer "No." Here then, reader, you have so many cases, as *naked facts*, from a dissentient voice.

Case 1.—In 1854, a young gentleman, in a government office, Whitehall, came under treatment, with five fistulous openings in right buttock, and two urinary openings midway between anus and back of the scrotum, the result of urethral stricture, caused, as he said, by strong injections.

A single waxed string, conveyed by an eyed-probe, was passed along the main pipe of these sinuses, tied in a loose loop, and left there. The string—seton fashion—continued in for three weeks. Surgeons in olden times found it very hard to keep a seton in nape of the neck, from ulcerating out, here the intention obviously is for the string to cut out the parts in the rear, healing as the thread advances, and curiously enough, its presence in the main tunnel, aided by water aspersion, percussion, and injection, into and against the surrounding parts—hot, when tender; cold, when not so—not only obliterated the one wherein it was, but the four tributaries as well. The enlargement of the right buttock, which, from long-continued burrowing of matter, had become twice the size of its opposite neighbour, subsided. The urethral discharge, with which the patient was literally flooded, ceased by catheterism of water percussion, and aspersion along the floor of the urethra, the stricture gave way, and, in time, the urinary fistulæ also dried up. Anal cold water injections materially helped in altering the diseased structures around. What one of us who would not rinse out his mouth after teeth-cleaning? so, likewise, the bowel, for health and cleanliness.

Case 2.—A gentleman, aged 30, called in the autumn of 1855, with urgent symptoms of retention, consequent upon stricture, in a state of spasm, the result of excessive drinking the previous night. Three years before had been treated by caustic injections for urethral discharge, that had stuck to him for six months. He begged to have an instrument passed, but was put off with the assurance of a more speedy and less painful method of immediate relief. He was seated over a shower of hot poppy-head water, from douche-jet No. 1, for about twenty minutes, when, to his amazement, a stream of water flowed from him almost involuntarily. He was desired to continue this daily and nightly for a month. Has since indulged in after-dinner libations with impunity, relying upon aspersion alone to anticipate or to meet the urgency of an attack; and has latterly been using cold aspersion with an amount of benefit such as has insured to him release from an attack ever since. This case, bearing as it does upon the previous one, is given as a proof of local anæsthesia from warmth.

By adopting this simple course, at the same time applying cold per anum, as by lavement, not only will the impression of this salutary agent be conveyed through this channel—the rectum—to the bladder, but the bowels will

be kept thereby in an easy comfortable state. Let any one afflicted with incontinence of urine from catarrh of the bladder, from prostatic disease, or from uric acid or alkaline in excess—above all, from chordee—inject, were it but a wineglassful of cold water, into the bowel, he will be astonished by the effects, from the instantaneous relief experienced through the agency of this powerful sedative.

Case 3.—A gentleman in a city bank, April, 1856, has had gonorrhœa thrice. The last time treated with stimulating injections. A fortnight after getting well, felt uneasiness and pain in the perinæum. An abscess formed and was opened by a surgeon, but the urethra was not then explored. The abscess healed up and cicatrized. It opened again the following January, and notwithstanding caustic in substance and astringent lotions, the outlet had not closed up at the time of his call. He said he wished to get well soon, as he was to be married at Midsummer. Catheters Nos. 5 and 3 failed. Having used hot water aspersion for twenty minutes, No. 10 catheter passed into the bladder with the greatest ease. On his subsequent visits, the catheter invariably passed, as at first aided only by the hot water jet. The next step was to close the fistula, and to cure the gleet, which off and on stuck to him from the first. He was enjoined to use aspersion, if possible, before passing water. On two occasions a probe, with a hole and string through its probe-end, and dipped in a weak solution of sulphate of zinc, was passed down the fistula, as far as it would go. The result was that, instead of his shirt being wetted the size of one's hand, the urine stained a surface not larger, at first, than a crown; nor, secondly, than a sixpence; ultimately, he passed water without one drop escaping through the opening.

Case 4.—May, 1864, Mr. W., from Brighton, called. Fistula in left perinæal region, leading towards the anus. Passed an armed probe, which, on reaching the lining membrane, was made to pass through into the gut, and then hooked out, the probe being unthreaded, was withdrawn, and the string tied loose. Fomentations relieved the stiffness that ensued for a few days. Mr. W. was enabled to attend business, and occasionally to come to town. Refusing to have the string tightened, or changed for a new one, the time taken to work out extended over six weeks. Sea water injections were used daily. The case ended in a cure.

Mr. W. had been cut for fistula on the right side, by the late Mr. Lawrence, and had been three weeks in bed. This case could be traced to no other cause save to regular autumnal diarrhœa, which for years he had been subject to.

Case 5.—Mr. C., aged 52, called in August, 1856; a builder by trade. He never knew what illness was that needed a dose of medicine, therefore averse to taking any.

A solid tumour the size of a marble was felt in the right buttock, with a "core" leading towards the gut, full, an inch and a half from the outlet; this was tender to the touch; no evidence at this time of matter having burst into the gut, as there was no pain at or after the closet, nor was there on the stool the slightest vestige of matter. Anal injections—warm when tender, cold after escape of matter—were the only means used during nine months; healthy action being set up, abscesses ceased to form, the opening closed, and all induration became absorbed.

This gentleman, who was seen twelve months ago, reports nothing amiss now.

Case 6.—In 1864, Mr. —, mayor of a borough town in one of the midland counties, applied for advice. Fistula underneath the fold of left buttock, leading towards the gut, which it did not penetrate. An abscess had formed nine months before, outlet closing and opening as matter formed and ceased to form in surrounding tissues. In the centre of right buttock was a second opening, leading straightforward to a depth of three inches into the buttock cushion; but unlike the other, not leading towards the gut. His health had been impaired. Scarlatina had entered his family six months ago; had been both mild and malignant in its form. My patient had it in

the throat severely; since then, health indifferent; mind depressed; was advised to have both fistulæ laid open; objecting to this he commenced cold water aspersion, percussion, and injection; in the latter the *stream* of water against the anus so relaxed the strictures as to pass in unaided by elbow-pipe, thus creating desire for stool, and to rinse out the rectum as well; this course has been pursued ever since.

For the last six months I have not seen this gentleman, though I have heard of him through the member for his borough, whose wife I have since attended for inward piles.

Case 7.—Mr. M., aged 30; strongly marked scrofulous diathesis; scars in various places, neck and chest; fistula lachrymalis of left eyelid years ago left a prominent scar; three openings in left buttock, two in right; not one leading into the gut; complained of palpitations, headache, sleepless nights, loss of appetite, occasional night-sweats; all tonics making, as he said, his head worse; nothing in the way of medicine was taken. His office-hours were light, not over-confined to the desk; still he had to breathe in an atmosphere which he found prejudicial to health—namely, that of a wholesale tobacconist. The seton healed up four of these sinuses, still fresh collections of matter formed; as a last resource, I said, “to Margate forthwith; live well, and as much on the water and in the sea-air as you can; bathe also.” He did so, in three months returning, with all the sinuses dried up; health and strength restored; since 1864 has been two voyages to America and back, as purser in a steam-ship company, wherein the writer procured for him a berth.

Case 8.—In August, 1865, Gunner R. Jury, Royal Artillery, Maidstone, came under treatment. A twelvemonth before had been in hospital, and in bed at Woolwich six weeks, having been cut three times in the right buttock for complete anal fistulæ. The string took longer than usual to work out. Why? Because of the parts being indurated through the previous operations. On the left side there was an incomplete fistula running to, as on the other side towards, the rectum. The latter I treated with seton in the presence of Assistant-Surgeon Boulton, to whose kindness and professional courtesy I feel much indebted. This case has got well, under the care of Surgeon B., to whom luckily, at the time, a similar case presented, and who introduced a string, with similar results.

Case 9.—Quarter-Master Sergeant G. Ripley, at same station, and in the same troop as foregoing, applied to me for fistula on right side, and inward piles on the left verge of the anus. I passed a seton for the sergeant; duty in the saddle called him on parade next morning, stiff though he was, yet he went through an hour's drill. Was excused from similar duty but one morning all through the treatment. His *faith* in cold water aspersion and percussion was such as that he never omitted to use it both before and after saddle exercise; this has likewise been successful. The inward piles now trouble him but little. The cure of fistula will often cure piles. These cases have been reported on to “head quarters,” by the senior surgeon of the dépôt, as evidences of treatment quite compatible both with the ordinary duties of the soldier, who is not necessitated to forego them, and as not requiring confinement to the wards of a military hospital. The attention of the military authorities has also been directed to the treatment, as the means of saving to this arm of the service many valuable men, who otherwise would be discharged.

Treatment.—1st, let us consider the *principle* on which it rests; 2nd, the *process* by which it is accomplished.

The structures in and around the anus are, even in the normal state, but of low vitality, and when diseased, are most prone to suppurative inflammation. It is extraordinary the extent of mischief entailed on this locality by neglect or by untimed treatment. Three such cases could be adduced were it necessary; one, however, is given briefly as a striking instance how mind and body become victimized. In 1838 a gentleman called from Yorkshire; repeated abscesses had formed; tardy ill-timed openings had been made; suppuration and sloughing from time to

time had so destroyed the tissues surrounding the anus that a cricket-ball could be buried in the *gulf* between the tuberosities of the ischia; the anal sphincters had been destroyed, and though all was healed over, yet on the slightest error of stomach or bowels, wind, gelatinous exudation, and liquid fæces, would escape. His object in calling was to procure some mechanical means of resisting feculent escape. Though a family man, with ample means, yet so sensitive was he on the score of effluvia, as to live in a separate wing of his mansion apart from his family, still so personally, so scrupulously clean, that the most *fastidious nose* could detect no smell. A spring-bandage and lint-pad, with aspersion and injection, so far obviated the nuisance complained of, that this patient, on calling a twelvemonth after, assured me everything had succeeded. The pillars of the rectum had assumed the office of sphincters, and that, excepting when relaxed, he had gained complete control over the exudation and had returned to family society. Before we met he declared he was barely passing through life, “now (on his second visit) I'm enjoying it.” But to return, a new and *long-continued* action must be set up. Those who fancy the knife must admit that in twenty-four hours after the operation all irritation sinks below par, requiring caustic in substance, daily and nightly dressings, relays of poultices—in hot weather most offensive—strong astringents, chloride of zinc, Condy's fluid, all combined, caging the patient for weeks—nay, months—within the walls of bed or dressing-room; whereas with string or seton, long-continued healthy action, aided by the other means, is kept up, and this at the cost of but trifling inconvenience to the patient in the pursuits of every-day life. Such is the experience of thirty years. Nor can it be said with truth that the string is much in the way during the calls of Nature. Even the act of cleansing is productive of good, as the seton is moved and drawn upon, so as to allow the escape of matter should the string cause lodgment. Once the wall of the gut becomes perfect by healthy granulation, no further escape of gas, of fæces, or of the bowel's exudation can escape into the structures around; hence a stop to suppurative inflammation. In short, after the string has cleared the bowel, and the slit has been filled up by granulation, the *bore* of the gut again becoming *patent*, neither gas, nor fæces, nor exudations, can escape therefrom. The seton enters upon its second stage—namely, to rectify and to restore to health the structures *outside* the wall of the gut, which to a certainty it will do the looser it is, the longer, therefore, will it remain in the flesh. If tightened every other day, the seton will work out in ten days, quite too short a time for the object in view—viz., restoration to healthy from unhealthy structural action, the surgeon will be beat and his patient annoyed. For what happens? The superficial parts bridge over by too hasty adhesion, the tunnel underneath remains, the surgeon has to break up the adhesions on the surface, some stimulating ointment must be applied, a torpid state of parts sets in, just as after the knife performance, and time is lost. The writer has often noticed that some patient's flesh will *rot* the string much sooner than others. So was it in the gunner's case. The seton had to be replaced thrice; whereas but lately, in the case of Capt. S. (fistula having followed dysentery in India), the second string, when withdrawn, was found as tough as a trout-line, which the Captain, another Isaac Walton, assured me would hold a good-sized fish. In the case of Mr. W., Brighton, the seton was not once changed.

2ndly. The “process,” or method of getting the seton in. In all these cases of fistulæ, whether anal or urinary, there is invariably undue crampy-action of sphincters, or of the urethral muscles; hence extreme tenderness, often amounting to torture, whether from the finger introduced, or from catheter ever so gently passed, the hot water aspersion, or, as recently, the “ether spray,” for five or ten minutes, will allay all spasm; a simple silver probe or fine gum-elastic catheter, tipped with a silver bulb, having an eye drilled in the probe end, is passed along the fistula. On

its reaching the gut there, the forefinger of either hand passed into the bowel will encounter the instrument and will hook it out. The eye of the probe is then threaded with an ordinary shoemaker's "waxed end," to which a bristle has been secured. This bristle helps the surgeon vastly to thread his probe, the waxed end is drawn through the probe eye, so as to double the string or not, as the surgeon thinks fit; the probe is withdrawn, first, back into the gut; secondly, out from the fistula. The probe is cut off, and the surgeon ties his loop, tight or slack, with an ordinary reef-knot, cutting off the ends of the waxed string, so as to be out of the way in cleansing.

If the surgeon wants to change his string, all he has to do is to loop on over the knot a second waxed end, the knot will keep the new string from slipping. With a dissecting forceps he draws the circle of the original loop round and round until the knot, holding on the loop of the new string, clears either the fistulous or the anal outlet, he then cuts the old string, and with the new one makes a new loop. Should the surgeon be summoned to a case without knowing beforehand what is the matter, if he has not got his probe in his pocket, rather than probe a fistula twice, let him ask for a lady's bodkin, which, if silver, supple, and with an eye in its bulb, will answer just as well as a Weiss's or Ferguson's probe, three or four strings of white-brown thread, well waxed, will answer his purpose: thus the surgeon kills two birds with one stone, he probes his fistula, and, at the same time, he passes his string to cure it. If the anal fistula be incomplete—i.e., not entering the gut—the moment his finger in ano meets with the head of the probe, he can scratch with his nail an opening for the probe to pass in, making the probe a fulcrum for the finger-nail to act on.

Remarks.—Incontinence of fæces—a rinderpest plague-spot to the knife—has not followed in one single instance upon the foregoing method.

That fissure, fistula, both anal and urinary, can be cured without the knife, has been, as it is to the present hour, amongst bygone and modern surgeons a *vexata questio*. To this, historical surgery, both periodical and voluminous, amply testifies. The "perineal section" has been a *casus belli* amongst moderns, north, south, east, and west in the British Isles.

Indeed, one doubts whether an individual advocating, or venturing to advocate, a peaceful mode of treatment is, or is not, an orthodox member of the "war conference." However, the writer trusts that ere the "treaty" be signed, the working of his principle will have a further and a fairer trial. As in military so in surgical warfare, routine must eventually give way to mishaps. Years may pass ere such be the result. In meantime, we must be content to escape, if we can, the casualties which "system" entails upon us. Should we, like Shadrach and Co. of old, escape scatheless from the fiery furnace, *fortune* indeed has smiled on us.

27, Mecklenburgh-square, July 20, 1866.

CASE OF CHOLERA.

By P. C. LITTLE, F.R.C.S.I., &c.

J. K., aged 51, a corpulent plethoric gentleman, residing at the sea-side some miles from the city, was suddenly attacked this morning, July 20th, with violent vomiting and purging. A few hours after the illness set in I visited him, and found him in great suffering. The stomach and bowels made strong and almost unceasing efforts at evacuation. The stools were copious, liquid, somewhat gelatinous, and nearly black. The matters vomited were acid, and deeply coloured with bile. The patient was very restless; tossed himself about; threw the bedclothes off his arms and legs, and persisted in having his head very low. For brief intervals he lay supine, resting with the vertex and heels firmly fixed on the bed. From that position he would instantly bound up, with rapid

and strong muscular convulsions, soon after which, the emesis and diarrhœa would return. His face was extremely anxious, bloated, dark, and perspiring. The eyes were heavy, half closed, rolled in their sockets, and sometimes turned upwards; the conjunctivæ suffused; pupils natural; the surface of the body was moist; the temperature equable, but higher than usual; the pulse was nervous, irregular, mean 84; the tongue was furred, white around the edge, brown in the centre; the thirst was insatiable; the urine was scanty.

I could discover no tenderness over the colon or small intestines; no collection of urine in the bladder; nor was there any unusual condition of the spine, excepting increased heat.

The history of the case seems to be of some pathological importance. The patient had enjoyed robust health up to about a year ago, when, I understand, asthma and vesicular bronchitis interrupted his happiness. Within the past few weeks he became remarkably well, and never appeared more so, or in better spirits than, on the evening before this illness. He dined heartily of lamb and vegetables, drank freely of water with a little spirit in it; and, before going to bed, partook of a draught or two of cold lemonade. Early next morning the disease burst forth, which he attributed to the lamb which was "high."

I advised the following treatment:—

℞ Plumb. acet. gr. ij.

Pulv. opii gr. j.

Pulv. aromat. gr. iij.

M. Ft. pulvis statim sumat. To be repeated in two hours, if necessary; fresh air to be freely admitted to his apartment; the excreta not to be allowed to remain in the room a moment; sinapisms to be applied to the abdomen and pit of the stomach; an ounce of brandy every second hour; cold beef-tea frequently; bits of ice to be constantly given, and a cup of strong coffee occasionally.

Next morning (21st) he said that he had derived some relief from the treatment. The powder had been resorted to three times after its first exhibition; yet he rested very little; his stomach was still sick; the bowel complaint continued; the stools had become watery and creamy in colour; the features more congested and desponding; the pupils not in the least changed, though he had taken four grains of opium since yesterday evening; the pulse was 88, but weaker. The hands and feet were cold; the abdomen tympanitic; the sudden muscular spasms and emprosthotonos still remarkable. He complained of much general distress, flatulence, pains in the great toes, a creeping sensation about the legs, and burning thirst.

I ordered a mustard foot-bath immediately, and a tumbler of hot brandy punch afterwards. The previous directions to be carried out, substituting for the powder the following mixture, a tablespoonful after each motion of the bowels:—

℞ Tinct. catechu.

„ kino.

„ opii ss. ℥ij.

Sp. ammon. arom. ℥j.

Menthæ piperitæ gtt. x.

Mist. cretæ ad. ℥viij.

In the evening he appeared to be improved; the vomiting had almost ceased, but not the diarrhœa; he cried out several times during my visit with cramps in his legs; he felt faint and more uneasy; the pulse was nearly the same but more feeble; the temperature of the feet and hands had fallen considerably lower; the features were sharp and expressive of acute pain; the eyes rolled quickly during the spasms; there was a purple hue around the mouth, eyes, ears, neck, and the nails of the fingers and toes.

I recommended the foot-bath with mustard to be repeated, sinapisms to the thighs, frictions with hot flannels over the body, an enema of starch and opium at once, and brandy punch, with a few drops of turpentine, to be given. He felt much easier after the foot-bath and the punch, and dozed awhile. I directed the astringent mixture to be

administered should the bowels move again; the other particulars to be attended to as before.

22nd: On my morning visit he was enduring great pain from the cramps which came on in convulsive paroxysms; the thighs, hips, and back seemed to be chiefly affected by them, and the breathing was much oppressed; the skin, excepting that of the chest, head, and spine, felt very cold, dry, and shrivelled; the hands and fingers were crooked; the toes stiff and pointed; the nails almost black; the diarrhoea was still urgent and attended with kneading; the pupils were contracted. I discontinued the mixture, and ordered two of these pills to be taken after each stool:

R Plumb. acet. gr. ij.

Ext. hyos. gr. iij.

Confect. aromat. gr. ij.

M. Ft. mas. Divide in pil. duo. Mitte tales duodecim. An enema of starch to be immediately given; the stimulants in larger quantities and very hot; frictions and stupes of turpentine to be persevered in.

Evening visit: The bowel complaint has ceased; the cramps have increased and have implicated the respiratory muscles; he feels a constriction around the chest and pains in the breast, with inability to breathe; the eyes are glassy and almost closed; skin all cold; the cyanotic appearances deeper; hiccup; occasional delirium and unconsciousness. I advised hot jars and other heating applications around the whole body, and turpentine punch. About midnight, after an hour's fearful convulsions with great respiratory distress, he gradually sank as if exhausted. No autopsy was admissible; but I observed that the body was livid and extremely so, and patchy over the hands, feet, face, and neck, not very unlike the post-mortem appearances which I recently remarked in a case of "Black death." Decomposition rapidly set in, and a large quantity of bloody serum flowed from the bowels some hours after death.

However unwise it may be to sound amongst the public the alarm of cholera, there can be no question as to the propriety of communicating its earliest appearance here to the profession. The present case possessed the general features of that dread disease. It was clearly defined by two periods, invasion and collapse. The former was ushered in suddenly by—

1. An increased temperature of the body.
2. Vomiting and purging.
3. Phenomena of nervous exaltation.

The second stage was marked by—

1. A lowered temperature.
2. Cramps.
3. Nervous depression.

In the first stage the great development of animal heat was very evident, and was independent of the violent peristaltic and convulsive movements; for, in the intervals of comparative ease, the temperature was undiminished, and the vomiting and purging did not appear to be primary actions, but secondary, the result of a great nervous force, a *vis a tergo* abnormally acting. This view is strengthened by the sudden nervous commotions and convulsions which immediately preceded an attack of emesis and diarrhoea; by the continuation of the latter conditions after the viscera had certainly cast off all ingesta; and by the character of the ejections, which, as regards the stools, were opaline—to all appearances the chyle and other constituents of the blood; and, as regards the stomach, were bile, mucus, and probably gastric juice. We are, therefore, disposed to consider cholera as primarily affecting the nervous system, and are forcibly led, by its many points of similarity, to associate it with a large and obscure class of diseases referrible to spinal lesion, and whose pathology may be found in the loss of balance between the cerebro-spinal and sympathetic systems, the former preserving a preponderating influence. In a recent number of your valuable journal we advanced this view regarding cerebro-spinal arachnitis, and it is gratifying to observe that it has since been adopted by so well-known a pathologist as Dr. Lyons.

Viewing cholera in the same pathological aspect, we may consider the symptoms of the period of invasion as indications of a conflict between the two nervous systems, in which the sympathetic, overbalanced by the foreign element, yields more or less to the cerebro-spinal system. In the second stage the sympathetic is quite disorganized, the cerebro-spinal is consequently uncontrolled; and this brings us to inquire into the origin and nature of the nervous lesion in cholera.

It is most likely the disease is a contagion, as Mr. Simon and other distinguished nosologists hold. This opinion is verified by the fact that, in the early outbreaks of the present epidemic in England, and on the emigrant ships between this country and America, the disease first manifested itself amongst persons who had recently come from infected continental ports. It afterwards extended to the attendants upon such patients, and then to others. But what the nature of this contagion may be is yet a matter of speculation. It is probably an animal poison, introduced into the system through the medium of air, water, or food; and there is every reason to believe that the development and diffusion of the morbid matter are favoured by certain atmospheric, hygienic, and individual conditions. An epidemic constitution of the atmosphere has been often observed to precede cholera, and we have been for some time apprised of the existence of such aerial condition by epidemics amongst the lower animals, and by such diseases as febris nigra and arachnitis amongst ourselves. That hygienic and personal states influence the spread and fatality of cholera is clear from the disease breaking out and proving most destructive in localities in England in which sanitary arrangements are most neglected, and amongst persons whose constitutions have been subjected to deteriorating physical, moral, and mental agencies. Amongst the latter fear seems to be a strong predisposing cause.

What is the *modus operandi* of this poison? Does it prevent the proper aëration of the blood? or the elimination of carbonic acid?

Whatever may be its mode of action, its chief effects appear to be a suspension of the sympathetic power over the capillaries, a consequent blocking up of these vessels, and a cessation of their secretive and excretive functions. In the first stage the capillaries seem to resist, to the utmost, the depressing effects of the poison, which may explain the great increase and evolution of animal heat, the excretive efforts of the alimentary canal, and the high nervous phenomena which usher in the disease. The elimination of the poison through these vessels in some cases is not as rapid as its development, owing to weakness of the sympathetic system in such individuals. The consequence is an accumulation of the poison in the system, a suppression of the secretions, as of urine, and the establishing of all the features which indicate the second stage of this malady.

As regards the case under consideration, there is no doubt there were many causes predisposing the patient for epidemic disease. The lowered tone of his nervous system, through his recent delicacy; his asthmatic tendency; unusual mental anxiety; together with the injudicious use of certain kinds of food, and the likelihood of the water supply being impure, would give ready access to cholera. And how may the contagion have been contracted? Possibly from an English tourist travelling in one of our railway carriages with deceased; or more likely, from one of his own family, who, a few days before, had come from England, and soon after his arrival suffered from unusual derangement of bowels and stomach.

The nurse in attendance upon deceased became affected with choleraic diarrhoea and vomiting, and subsequently with coldness of the extremities, but no cramps. Another attendant in the house became similarly indisposed. The locality is considered very healthful, yet I have been informed that an epidemic has recently been noticed amongst fowl there. The poor birds drop from their roost, flutter about, and expire in convulsions. I myself

remarked at the time of this case, low land fogs prevailing in the neighbourhood.

The foregoing observations aim at the discovery of a true basis of treatment, which is to be found in pathology alone.

In our diagnosis and treatment of this case, we were guided by the early symptoms, which were those of diarrhœa and emesis. This view, taken with the absence from this country of epidemic cholera, indicated the remedies we applied; and the same would have been resorted to by the majority of practitioners in the first stage of cholera. Our diagnosis was modified on the appearance of the "rice-water" stools and the cramps. The treatment was then in every way stimulating. The mustard foot-bath alone afforded the patient some temporary relief. Had I, in the outset, suspected this to be a case of epidemic cholera, I should have directed my treatment to the eradication of the poison, in accordance with the views above expressed. To that end I should probably have commenced by abstracting some of the poisoned blood from the spine by leeches, with the object of gaining time for the action of the antidote upon which I rely—mercury, quickly given to salivation, in the form of calomel with opium; or by rolling the patient in a sheet covered with mercurial ointment. The power of this medicine in neutralising animal poisons in the system is well established, and why should it not act similarly as regards cholera poison? Of course such treatment would be very injudicious in the stage of collapse.

Much has been said of the efficacy of ice to the spine. I can appreciate its mode of action in cases of mere spinal excitement, or in arachnitis; but I cannot understand how it could remove a poison from the system. It might, by lowering the spinal energy, delay the development of the toxic agent. It could not eradicate it. "Cases have recovered under its use;" others have failed. Under every form of treatment, and without any treatment whatever, some patients have recovered and some have died. However, it might be desirable to test and accurately note the effects of the application of cold to the spine in cholera, should opportunity offer. And, on account of the many inconveniences in the use of ice, not to speak of the difficulty of getting it sometimes and in some localities, I would suggest the application of Richardson's ether spray along the spine, through some well constructed, easily-worked instrument. Such an apparatus would certainly be of great advantage in cases of spinal arachnitis or kindred diseases; and it might be of some benefit in the treatment of the early stage of a disease of blood poisoning, and which has so far baffled medical science.

1, Lower Dominick-street.

Hospital Reports.

LONDON HOSPITAL.

CASE OF PSOAS ABSCESS: WOUND OF FEMORAL ARTERY.

(Under the care of Mr. ADAMS.)

[From Notes by Mr. WILLIAM E. DITCHETT.]

ON March 20th, Charles Moore, a weakly-looking anæmic boy, æt. 11, was admitted into the hospital. On examination there was found to be a fluctuating swelling in the left groin, a little below Poupert's ligament, which communicated an impulse on coughing, and diminished in size when the patient lay down. In the right groin there was a little tenderness and swelling, with rather obscure fluctuation. There was considerable angular curvature of the spine about the last dorsal vertebra. He complains of

pains in the back and loins. He is ordered the ol. morrhuae, ʒi. and vin. ferri, ʒi., and full diet. His mother tells me that until five years ago he had very good health, when he gradually became thin and weak. He attended as out-patient at the Victoria Park Hospital. During some time he had been complaining of the pain in the back. His mother now first began to notice the projection of the spine. He cannot remember any accident to account for it. Three years ago he was a patient in this hospital, under the care of Mr. Critchett. The back was treated with setons, and after six weeks he left the hospital somewhat relieved. He says the swelling in the right groin commenced about six months ago. He first noticed a little soreness and swelling in the right thigh a day or two before admission.

March 22nd: As the patient cannot take the cod-liver oil it is discontinued; he is still to take the steel wine.

June 2nd: The patient continues about the same; the abscess in the left groin has increased but slowly; the one, however, on the right side is considerably larger, extending some distance down the thigh. Mr. Adams, therefore, determines to open it. Before performing the operation he told the class that great caution was necessary in opening abscesses in this region, on account of the danger of wounding the femoral vessels. As no pulsation could be detected after a careful examination, Mr. Adams made an incision parallel with the long axis of the limb. A gush of pus and blood immediately followed; Mr. Adams plunged his finger into the wound (and the artery being compressed), enlarged his previous incision, and laid bare the vessel in which was a longitudinal incision about a quarter of an inch long; a ligature was then placed above and below the wounded part.

The boy has since improved, the abscess discharged freely for some time, but the one in the opposite thigh has gradually disappeared. There was no secondary hæmorrhage. The ligatures came away three weeks after the operation.

July 20th: The boy feels in much better health than when admitted; he feels stronger and has less pain in his back. Both the abscesses have disappeared, and the wound in the thigh is nearly healed, and he is discharged to-day, and ordered to go to Margate.

CITY DISPENSARY.

CASES TREATED BY ACONITE INTERNALLY.

(Under the care of Dr. PROSSER JAMES.)

Case 1.—A boy, æt. 13, seized with febrile symptoms on Monday; admitted the following Wednesday, complaining of sore throat and feverishness. Skin hot and dry; tonsils large and tender; whole fauces intensely congested; tongue "strawberry;" pulse full, 120; cough. Tinct. aconiti. ʒvj.; aq. ʒiij. M. Sumat. ʒij. Stia quaque hora. On his next visit he was much better in every respect. The pulse had fallen to 98. One week after he commenced the treatment was discharged cured.

Case 2.—John B., æt. 35, after exposure to cold and wet, was seized with shivering, followed by heat of skin. On second day of illness was admitted with fever and sore throat. Voice reduced to a whisper; tenderness on touching the thyroid cartilage; fauces fiery red; tonsils somewhat swollen; with laryngoscope redness seen stretching down the larynx to vocal cords; epiglottis swollen and congested; pulse 110, full. Two drops of tincture of aconite (P. Lond.) to be mixed with a little powdered sugar and laid on the tongue every three hours. After eight doses complained of tingling all over. Congestion of throat nearly gone; voice better, but hoarse; skin cool and comfortable; pulse 80, small, compressible. Omit the medicine. The third day discharged cured.

Case 3.—Thomas —, æt. 20, usual health good; states he has caught cold; on admission is very hoarse; has redness of fauces; tenderness over thyroid, and congestion

of larynx on inspection by laryngoscope; skin hot and dry; throat; pulse 95, full and hard. Three drops of the tincture mixed with sugar placed in his mouth. Numbness soon supervened; then a sensation of "pins-and-needles" all over him. About four or five hours later applied again, being frightened by these symptoms, besides a constant desire to swallow and fits of suffocative cough. On inspection the injection had gone, the velum lay loosely on the tongue, as though it were paralyzed—accounting for the desire to swallow and the cough. Pulse soft, 72. To take no medicine, but gargle the throat now and then with pure water. Next day all his symptoms had disappeared.

Case 4.—Henry —, æt. 53, admitted November 1st, having been ill a week with pain in the side, cough, and expectoration. The pain is dull, and continued all over right side. Breathing very short and laboured; pulse full, 120; tongue furred; bowels open; expectoration "like white of egg," once a little rusty-coloured. On percussion and auscultation there is dulness and crepitus all over right back. Tinct. aconiti $\mathfrak{m}xv$; aq. $\mathfrak{z}xij$. M. $\mathfrak{z}j$. 4ta quæque horâ.

Nov. 5th: Pulse much less full, only 86; all below the level of right nipple tubular breathing, with here and there points of crepitation. The whole inferior half of right back presents also tubular breathing and bronchophony. Cough troublesome; expectoration quite white. Continue the medicine.

8th: Pulse 80, soft and compressible; otherwise much the same; feels some numbness in his fingers. \mathfrak{R} Pil. conii comp. gr. v. ter die sum.

12th: There is some increase of voice-sound over the right back, but no moist râles can now be heard; the numbness has not nearly gone from his two middle fingers; the cough is slight and easy; skin cool; no pain; all functions comfortably performed; was desirous of being discharged; was therefore discharged with a few more pills, and directions to take care of himself.

REMARKS.

These cases illustrate very well the practice of Dr. P. James in the internal use of aconite. He has employed it in several thousand cases of various diseases—mostly those in which there is increase of the heart's action. He employs it frequently as a febrifuge instead of salines, attributing to it the power of reducing the pulse and relieving the whole train of febrile symptoms. It is particularly useful as possessing certain anodyne qualities. There are few diseases in which the experiment has not been made. All cases characterized by nervous excitement seem to be benefited. Many forms of palpitation are at once cured. Dr. J. has frequently used it in organic cardiac diseases. In his practice aconite takes the place of digitalis as a controller of the circulation, in addition to the place of salines as febrifuges. The sensation of "pins-and-needles" shows that the drug is acting on the system, and on the appearance of this symptom it should be discontinued or the dose diminished. It is to aconite what salivation is to mercury, or muscular twitchings to strychnine. Its powerful action on the heart is shown by the rapid fall of the pulse in each of the cases reported above. Its local action on the fauces is well seen in Case 3, while in Cases 2, 3, and 4 the numbness was produced by a few doses.

MATER MISERICORDIÆ HOSPITAL.

CASES OF PHTHISICAL HÆMOPTYSIS.

(Under the care of Dr. HUGHES.)

Case 1.—A young man named J. Carey, aged 24, was admitted into the Mater Misericordiæ Hospital on the 4th May, 1866, under the care of Dr. Hughes. He had been spitting blood very freely every day for the previous week, and felt weak and nervous. He was a tall, good-looking, well-conditioned young man, with a high complexion, fair

delicate skin, and dark (almost black) hair and eyes. He was of regular and temperate habits, an only child, and lived in the country until within the last two months, when he came to Dublin to fill a commercial situation. Last autumn he caught cold, and from that time had cough with expectoration. He was under medical advice and taking cod-liver oil for months up to the time the hæmoptysis occurred. The expectoration of blood came on suddenly without any provocation, either from external violence or as the result of any unusual exertion. It was stated that his father died of phthisis, but his mother is living and healthy. On admission into hospital it was evident that he was suffering from great constitutional disturbance. The countenance wore an expression of anxiety and apprehension. The breathing was short and hurried; the skin pale, hot, and dry; the pulse small, quick, and compressible, beating 110 in the minute; the tongue furred; bowels costive; urine scanty; thirst urgent; appetite gone. There was cough with expectoration, mostly bloody, or rather consisting of pure blood, with an occasional admixture of muco-purulent matter. The cough was most troublesome towards evening and during the night, but generally abated in the day-time; it was, however, even then easily excited by talking or any mental emotion, when blood was invariably expectorated. On examining the chest, which was narrow and badly developed, there was no difficulty in discovering the physical signs of a cavity in the apex of left lung situated towards its posterior aspect; and that this was the result of tubercular disease was inferred both from the history of his case and the constitutional symptoms. The opposite lung was apparently healthy. Without any delay an endeavour was made to control the bleeding, and every means was employed to that end; perfect quiet, rest in bed, with the shoulders raised; ice and iced drinks; cupping over the chest, followed by blistering; purgatives to empty the alimentary canal; acetate of lead in small and very large doses, with opium and hydrocyanic acid; gallic acid; turpentine—were all tried, and in the order above mentioned, without producing the slightest beneficial effect. At every succeeding morning visit almost the same quantity of blood was produced, and the patient gradually lost ground until at last he sank from pure debility on the thirty-first day after his admission and the thirty-seventh from the commencement of the hæmoptysis, and it may be stated without any exaggeration whatever that he lost on an average six ounces of blood each day while he was in the hospital.

A post-mortem examination was made twelve hours after death, and after the facts already stated it seems unnecessary to add that the body was remarkably ex-sanguineous. There was no morbid adhesion of either lung; in the apex of the left lung, beneath the place which afforded the stethoscopic phenomena, there was a tubercular cavity about the size of a small orange, filled with a clot of blood of soft consistence, and the bronchial tubes opening into it were plugged with coagula. The remaining portion of this (left) lung, and also the right, were perfectly healthy, with the exception of a very few miliary bodies deposited in apex of latter, but both were completely drained of blood; not a drop of blood or serum exuded when they were divided, and they appeared exactly like the emphysematous portion of a lung which had long suffered from chronic bronchitis, both as regards their pale colour, absence of blood, and specific gravity. The heart was very small but quite healthy, without any blood in the right cavities, but with a small coagulum in the left ventricle. It was intended to have injected the left lung, as there was no doubt the hæmorrhage proceeded from rupture of a large bloodvessel opening into the tubercular cavity; but the examination was made under considerable difficulties, and there was no apparatus procurable in sufficient time for that purpose.

In connexion with the foregoing the following case, copied from Dr. Hughes's hospital case-book, is interesting:—

Case 2.—On the 26th January, 1864, a sailor, named

William Murphy, 19 years of age, was admitted into the Mater Misericordiæ Hospital. The gentleman who recommended him to Dr. Hughes wrote that he had been found a few days before on the roadside near Dalkey station, "lying in a pool of blood." On admission he stated that he had served two years in the Royal Navy, from which he had been discharged some three or four months before as unfit for service because of diseased chest. His habits of life were not temperate. His father was alive, but his mother and brother died of decline. He was a tall well formed, muscular young fellow, and he never suffered from any illness until this cough came upon him, about eighteen months ago, and never left him since. He thinks he contracted the cold while serving on the African coast, where he indulged as freely as he could in intoxicating drinks, and that it was aggravated by the same habits since his return home, four months ago. The hæmoptysis occurred while he was hastening to catch the train at Dalkey, and was very considerable in amount, he says "a couple of quarts." He felt extremely weak and exhausted for some days subsequently, but feels now greatly recovered, as he is able to stand up and walk a little. The cough is still very troublesome, but there is no blood expectorated. He has little appetite, and sweats very much at night. On examining the chest the physical signs of suppuration in apex of left lung were very plain. On the right side, also, there was comparative dulness beneath the clavicle and tubular breathing. There was no abnormal sound heard in the præcordial region, and there was no abdominal complication. The pulse was 120, small and weak, and the patient was very nervous and excitable. On the fourth day after his admission into hospital there was a slight bleeding, which readily yielded to appropriate treatment, and the patient made a considerable progress for a fortnight after. His appetite improved, his strength increased, and his excitability diminished; so that it was expected his case would assume a chronic form and follow the usual course of tubercular disease of the lung. Under those circumstances he was anxious to return home, and there was no objection made to his doing so, for his condition did not excite any apprehension as to a sudden termination, and the only unusual symptom remarked was the quickness of the pulse, which never fell below 120, and frequently ranged higher. He spoke about leaving for some mornings, and ultimately fixed the 20th of February as the day on which he would leave. He walked about the ward on the 19th, ate and drank as usual, and was examined at the morning visit on that day without anything new being discovered. He went to bed at nine o'clock and slept some hours, until between one and two o'clock a.m., when the patients beside him were aroused by hearing him make a noise trying to get out of bed. They at once summoned the night nurse, and she found him leaning over the side of the bed throwing up blood and gasping for breath. In a few minutes he died in her arms suffocated, twenty-eight days after the first attack of hæmoptysis occurred.

Post-mortem examination.—All the air-passages were filled with blood; the larynx, trachea, and larger bronchial tubes were so filled as to exclude the passage of air. The left lung was extensively diseased, and large vomicæ were found in the upper lobe. In the apex of the right lung, also, there was a large amount of tubercular deposit, but no cavities. The heart and abdominal organs were apparently healthy.

In these two cases the mode of death was different, but the cause the same. In the one the hæmorrhage was directly fatal; in the other indirectly. That a large vessel gave way in both can scarcely be doubted, not alone from the way in which the loss of blood occurred, but also from the inspection after death. It has been stated by some of our best authorities that pulmonary hæmorrhage happens much more frequently as an exhalation from the bronchial membrane than as the result of a ruptured vessel. This is, no doubt, quite true, and accords with one's every-day experience. We very frequently meet with hæmoptysis as a symptom in connexion with tubercular disease, gene-

rally speaking moderate in amount, readily controlled by remedies, and even often serviceable in relieving local congestion; and we cannot doubt that in such cases there is no broken vessel. But when the loss of blood is large in amount, sudden in its occurrence, and, above all, when it proves fatal, as in the foregoing instances, even although we are unable to demonstrate the ruptured vessel, it is impossible to doubt the source of the hæmorrhage; and it is well to bear in mind that such a contingency may happen, although, fortunately, very rarely: so seldom, indeed, that Dr. Walshe says, "My analysed series of 131 cases furnishes but two examples of such mode of death; one from asphyxia, the other from exhaustion; both were males." The records of the Mater Misericordiæ Hospital for the last six years, furnish only those two examples of fatal hæmoptysis in connexion with phthisis; and one other in the surgical wards, under the care of Dr. Cruise. This last instance occurred in 1861 in the person of a man over sixty years of age, named Brady, who was sent from the country, and whose case was diagnosed as one of advanced phthisis. He died suddenly of hæmoptysis, producing suffocation, and the post-mortem examination verified the diagnosis as to the disease and cause of death.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

ORGANIC CARDIAC MURMURS—DISAPPEARANCE OF.

Case 1.—J. M., aged 18, female, unmarried, a domestic servant, was admitted into the Whitworth Hospital, labouring under well-marked rheumatic arthritis. She had on two previous occasions, at intervals of about a year each, suffered from the same malady. When examined the principal joints were found to be affected, and some distress and uneasiness were complained of in the præcordial region, and pain was elicited when pressure was made over the heart. On applying the stethoscope a slight but distinct double friction sound was audible. The patient was placed on the combination of the salts of potash in infusion of gentian, referred to in former notices of Dr. Lyons's Clinique. Opium was administered in quarter-grain doses every fourth hour; the joints were poulticed with chamomile flowers and poppy-heads, and three leeches were placed over the heart. Very great and speedy relief to all the symptoms followed the use of these measures, and the cardiac phenomena in particular exhibited a marked amelioration. Two days subsequently the double cardiac friction sound was found to have entirely disappeared; but a single systolic murmur was now audible over the aortic orifice, and propagated a short distance up the line of the aorta. While all else about the case promised most speedy convalescence, Dr. Lyons observed that the presence of a systolic cardiac murmur greatly complicated the prognosis. The occurrence of any form of cardiac implication must be ever regarded as a serious addition to the weight of responsibility attaching to the practitioner who has to deal with cases of rheumatic arthritis, and though pericardial affections are not found to be of the necessarily fatal character, immediately or remotely, of which they were once supposed to be, the presence of such a lesion is an unfavourable element in any case in which it is presented. That pericardial lesions terminate favourably in a large number of cases (contrary to the statements and opinions of Hope) is now well established to the satisfaction of all practical physicians. But in regard to endocardial lesions no such favourable issue can in general be predicated. It is usually assumed that once deposit is established upon the semilunar or mitral valves, the case progresses in a downward direction and with a rapidity proportionate to the amount of physical impediment to the circulation through the orifice engaged. That this is usually but too true, the daily records of hospital and private practice attest.

The case of the patient now under consideration is important, inasmuch as it shows a more hopeful result. It is unnecessary to follow out its daily history. Suffice it to say, that under the treatment above indicated, with a renewal of the application of leeches over the heart, marked and rapid amendment took place in the arthritic state and the general pyrexial condition. The systolic cardiac murmur continued well marked for a period of about ten days, and was still clearly observable after the patient was sufficiently convalescent to sit up and walk about. Her medicines were now changed for bark and iodide of potassium, with local application of the tincture of io line over the præcordial region. Day by day the cardiac murmur lost its intensity, until finally it could be but faintly distinguished, and then only by those who had been familiar with its character during the earlier periods. To strangers, and she was on several occasions examined by well-practised auscultators, no murmur was recognizable. This patient left hospital fully convalescent, and with no lesion of the heart discoverable by the stethoscope.

Case 2.—This patient, a young man, aged 26, married, was admitted with other applicants to the Hardwicke Hospital. When examined he was found to exhibit all the phenomena of well-marked rheumatic arthritis with implication of all the main joints and several minor ones subsequently. Slight systolic cardiac murmur was observable over the aortic valves, and a good deal of suffering referable to the heart had been experienced for some days and nights prior to admission. This patient was treated by the combination of potash salts and opium internally, with poultices to the joints and leeches to the heart already referred to. In no case was more immediate and decided relief experienced to the local symptoms in the joints. The heart likewise was sensibly improved, in so far as regards its pulsation and the sufferings complained of; but day by day the murmur became more and more distinct, until a well-marked and perfectly unequivocal systolic bruit was audible over the base, and seemed to become established as a permanently persistent condition, but one free from cardiac irritation. In this state the patient was daily progressing to recovery, when a case of extremely low maculated typhus was placed in the next bed to him.

The striking character of this case, attended with much delirium, made a deep impression on the mind of the patient, all but convalescent from his rheumatic attack, and he glided, by insensible gradations, into the typhic state, soon presenting a well-marked eruption of true typhus rash; muscular debility ensued, and the patient's state was soon undistinguishable from that of the ordinary typhus inmates of the ward. The pulse rose slightly above 100 per minute, and became weak, soft, and compressible; but the most noted change was that manifested in the heart. This organ was daily examined with great care. When the patient lapsed into typhus the cardiac action was attended by a full and well-marked systolic murmur, audible at the base, propagated up the aorta, but heard over the left side likewise. Day by day, as the state of typhus fever progressed, the cardiac impulse and systolic sound became more and more feeble, until finally all trace of murmur disappeared.

A day or two subsequently, the force of the impulse was still further reduced, and the integrity of the first sound became more and more impaired, until finally, the *tic-tac* action was assumed, and the first and second sounds were of the same duration. In further evidence of the full sway which the typhic action acquired over the patient's system, it may be mentioned that though in a well-ventilated ward, and in a sheltered position in it, he developed a marked amount of secondary typhoid bronchitis, which, for a few days, raised anxiety as to the issue of the case.

The complete extinction, or extrusion as it were, of all remains of the rheumatic element of this case on the accession of the typhic influence, is worthy of comment. The patient gradually convalesced; the heart daily reacquired vigour of impulse, and full integrity of its first sound, but all trace of murmur was finally extinguished, and although,

owing to the protracted debility, consequent on two so closely consecutive and formidable maladies, the patient was kept an unusually long time in hospital, no attempt to re-establish murmur was ever noticeable. The patient, who was much dispirited on finding that when he was convalescing from one malady he had contracted another, of which he evidently entertained far more serious apprehensions (no uncommon thing, though all considered, the comparative gravity of the maladies is not a matter so easily to be determined), was much comforted on being assured that the second affection seemed to have expelled the remaining ill effects of the first.

Case 3.—The patient, a man, aged 30, was admitted into the Whitworth Hospital, with fully developed rheumatic arthritis in all the joints. He was placed on the plan of treatment already referred to. On about the fourth or fifth day, slight but distinct systolic murmurs was observable in the cardiac region. A few leeches were applied, and in a brief period the murmur alluded to gradually subsided, and finally disappeared altogether. The patient convalesced finally.

Viewed in connexion with other instances which have fallen under his experience, Dr. Lyons observes that these cases go to establish a basis of evidence on which it is fairly assumable—

1st. That under certain circumstances, endocardial murmurs occurring in the course of rheumatic arthritis, and therefore presumably of organic origin, may disappear in the sequel of the case under treatment.

2nd. That by reason of a modified state of system, induced by another disease, as that of typhus fever supervening on rheumatic arthritis, a cardiac murmur of presumably organic nature may finally disappear.

3rd. That as it is well-established that the intensity of a murmur is no measure of the gravity of the valvular lesion, the persistence of even marked endocardial murmur in the sequel of rheumatic arthritis does not necessarily indicate incurable valvular disease.

4th. That it is highly expedient that all proper measures should be directed to promote the removal by liquefaction or absorption of bead-like deposit, or incipient warty vegetations upon the valves; and that so far as is practicable, rest to the heart from all unnecessary exertion and excitement should be enjoined.

In the three cases just cited the flannel vest was employed, the sheets were removed, and all precautions were adopted which could ensure a uniform and equable temperature around the patient, with the least possible risk of exposure to cold. Farinaceous diet with milk was enjoined, and all stimulants were withheld. The relief to the intense pain in the articulation was great and permanent from the use of the poultices described above.

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OUTBREAK OF CHOLERA IN THE WEST RIDING.—Much alarm has been caused in Batley and Dewsbury, West Yorkshire, on account of the occurrence of several fatal cases of Asiatic cholera. On Tuesday week a man living in Batley was suddenly seized with racking pains in the abdomen, and in a short time all the symptoms of cholera presented themselves in a virulent form. The surgeon who was sent for applied various remedies, but without effect, and the unfortunate sufferer expired at noon on the same day. The attack proved fatal in under six hours. The deceased resided in a locality notorious for its dirty, overcrowded hovels, and for the number of filthy heaps which are allowed to accumulate in the most exposed parts. The local authorities are aware of the invasion of cholera in the town, but as yet no precautionary measures have been taken. A few days ago a lady in Dewsbury, whose dwelling stands in a neglected part of the borough, fell sick and grew worse. Her medical attendant soon discovered that she was suffering from cholera, and treated her accordingly, but she died within 48 hours from the commencement of the attack. Diarrhoea of the severe type is very prevalent in the district, and fears are entertained that this is but the precursor of cholera on an extensive scale.



## Proceedings of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JUNE 6TH, 1866.

Dr. BARNES, President.

THE following gentlemen were elected Fellows of the Society:—Dr. F. Boulton; Dr. R. C. Croft; Dr. Maddever, Rothsay; Dr. Tannahill, Glasgow; Dr. Yeaman, Glasgow; Mr. A. G. Chattaway, Leominster; Mr. A. L. Peacock, Devonshire.

Dr. GREENHALGH exhibited several specimens of Medicated Cotton Wool which had been recently made at his suggestion by Messrs. Bell and Co., of Oxford-street. He used them chiefly for application to the neck of the uterus and vagina. Being prepared with glycerine, they could be used much stronger and applied for a longer period, and are much cleaner than the greasy pessaries and suppositories in ordinary use. The specimens exhibited consisted of—

|                                               |                   |
|-----------------------------------------------|-------------------|
| Cotton wool with iodine and iodide of potass. |                   |
| " "                                           | atropine.         |
| " "                                           | morphia.          |
| " "                                           | iron and morphia. |
| " "                                           | tannin.           |
| " "                                           | matico.           |

He had pursued the following mode of application:—A portion, about the size of a half-crown piece, secured by a piece of thread, is applied through the speculum to the affected part, over which a larger piece of cotton wool, similarly secured and freely saturated in glycerine, is to be placed, and retained *in situ* from twelve to twenty-four hours, when it can be withdrawn by the threads either by the patient or practitioner.

Dr. WYNN WILLIAMS exhibited a specimen of a large Abdominal Cyst, which he had removed from an unmarried female, 40 years of age. The case had been supposed to be one of ovarian disease, and a month previous to the operation seventeen quarts of fluid had been withdrawn by tapping. Death unfortunately took place twenty-four hours after the removal of the mass; and a post-mortem examination showed that the tumour had no pedicle, and was unconnected with the uterus or its appendages.—The specimen being of an exceedingly interesting nature, it was referred to a committee for further investigation and a report thereon.

Dr. SANSON exhibited a Uterine and Vaginal Douche.

Dr. GRAILY HEWITT exhibited a specimen of Uterus during Menstruation; also a coloured drawing of the specimen while in a recent state. The specimen exhibited very perfectly the condition of the uterus during menstruation. One ovary contained a Graafian follicle quite recently ruptured. The subject of the case was a girl, aged 15, who died forty-eight hours after being severely burnt.

Dr. J. BRAXTON HICKS exhibited some Sticks of Anhydrous Sulphate of Zinc, which he recommended to the notice of the Society, having himself found them very useful and safe in the treatment of those conditions of the canal of the cervix uteri requiring styptics: such as produced cervical leucorrhœa, menorrhagia, &c. He considered that they were much more efficacious than fluid injections, because the stick could be allowed to remain in the canal, whereby a much more prolonged contact was obtained. They were made for him by Johnson and Sons, Basinghall-street, City.

Dr. GRAILY HEWITT read a paper on

#### MENSTRUATION IN PREGNANCY.

The following case was related illustrative of the occurrence of menstruation in pregnancy, and as a contribution

to the knowledge of this subject. A. B.—, aged upwards of 30. Several pregnancies previously. Last child born June 23rd, 1865; suckled one month. Catamenia Sept. 15th to 25th; in October absent; on Nov. 7th a discharge of blood, with slight watery discharge, alternating for a week. Dec. 7th, "poorly," as usual, for six days. January 8th, 1866, felt quickening. March 1st, pregnancy distinctly diagnosed. Delivery of a female child, apparently about a fortnight short of full time, on May 17th. The author considered it probable in this case that there was a twin conception, one ovum perishing and giving rise to the flooding observed in November. It might be that some other cases of apparent menstruation in pregnancy have a similar source; but in regard to the majority of the cases of menstruation in pregnancy, and excluding cases of irregular hæmorrhage, he believed the source of the blood to be the decidua vera, as in ordinary menstruations, the unusual condition in such cases being the absence of adhesion of the two membranes, the decidua vera and decidua reflexa. The decidual chamber may, in other words, persist to a later period than usual, in which case there is no difficulty in accounting for the exudation of blood from within it, and its appearance externally.

Mr. ROBERT ELLIS read a paper

#### ON ANÆSTHESIA BY MIXED VAPOURS.

In opening this subject, Mr. Ellis said it would be taken for granted that the administration of mixed anæsthetic vapours possessed certain advantages over that of pure chloroform, counteracting the depression produced by the latter agent, and giving great security to the anæsthetic art. But the difficulty consisted in the due application of these vapours, and up to this time the anæsthetic fluids had been simply mixed together, and their resulting vapours administered. It was then shown that the whole theory of anæsthetic mixtures, and especially of those recommended by the Chloroform Committee, was based on an error; this being the idea that the vapours of each fluid would rise from the mixture in the same proportions as those of its constituents. A large number of experiments were detailed, the object of which was to prove in the clearest possible manner that this notion was wrong from the commencement. Anæsthetic mixtures were shown to give off their respective constituents in vapour as nearly as possible in the order indicated by their boiling points. Thus ether came off in largest quantity, and alcohol in the least; and it was found that it was not possible to construct any formula for an anæsthetic mixture which would give off a definite and unvarying constitution of vapour from first to last. The patient consequently would be inhaling a mixture of vapours of different character at each moment of evaporation, and no reliance could thus be placed upon these compounds. The author, therefore, denounced the whole practice and theory of anæsthetic mixtures in the fluid form as uncertain in their effects, and not to be depended upon for practical employment. Mr. Ellis, however, believing in the great value of a true system of anæsthesia by mixed vapours, was led to the discovery of a simple means by which this anæsthetic method might be carried out in practice. In the instruments exhibited to the Society the following principles were completely carried out:—

1st. The anæsthetic fluids were evaporated in distinct and separate chambers, and their vapours were combined in an air-chamber on their way into the lungs.

2nd. The proportions of each vapour were regulated by a most simple mechanical contrivance.

3rd. It was impossible to give an over-dose of either ether or chloroform in consequence of the peculiar adjustment of the receptacles for those fluids.

Without entering into the details of construction of these inhalers, the author drew attention to two very important features in his invention, which he believed likely to influence for good all future form of chloroform instruments. The first of these was the method of only liberating a cer-



tain number of minims per minute of chloroform or ether. This was effected by an adaptation of the self-acting law of capillary attraction. And the other was the powerful evaporating surface of a frilled description, by which he could saturate the inspired air with the powerfully stimulant vapour of alcohol. He estimated at a high rate the value and importance of these adjustments, and invited the close attention of the meeting to their excellent performance. The fluids employed by the author were pure chloroform, ether, and alcohol; and so great was their economy of use that, in anaesthesia for such an operation as ovariectomy, extending over half an hour, scarcely two drachms of chloroform were used—an allowance of less than four minims per minute, or only *three quarters per cent.* of chloroform in the inspired air. In midwifery practice, in which the author claimed for his system many special advantages, he seldom used more than from sixty to ninety minims of chloroform per hour.

Dr. SANSON thought the observations of the author most valuable, as urging upon the attention of the profession the necessity of a proper dilution of chloroform. From his own experience he was assured that by the ordinary rough means adopted to administer chloroform it was common to allow an atmosphere of from ten to thirteen per cent. to be inspired. Dr. Sanson explained his theory of narcotism, especially the action of narcotics upon the calibre of the arteries. A typical anaesthetic would be one which would not, on the one hand, like chloroform rapidly abrogate the functions of the sympathetic and paralyze the heart, nor, on the other hand, "over-stimulate"—i.e., by contracting the arteries, throw a large volume of blood upon the venous system. Chloroform acted best when freely diluted, but, unlike the author, Dr. Sanson considered that this dilution could be effected without special apparatus. Ether was ineffectual for dilution, because, from its volatility, it nearly all evaporated away from its mixture with chloroform; and its excitant as well as nauseating properties were objectionable. But from great numbers of experiments (many of which Dr. Sanson detailed), he was convinced that in chloroform diluted with an equal bulk of absolute alcohol we have an excellent anaesthetic, which gives off a proportion of chloroform vapour in a given time almost exactly half of that which is given off by chloroform pure and simple. As to Mr. Ellis's instrument, though most ingenious, he thought, as anaesthetics were for the many and not for the few, we should recommend such a process as will render anaesthesia safe, and be encumbered as little as possible with mechanical complications.

Mr. ELLIS, in reply, stated that he could scarcely sufficiently forcibly dwell on the fact that the fluid anaesthetic mixtures gave off uncertain and varying compositions of vapour—a fact clearly demonstrated by many of the experiments he had detailed, and that, therefore, they were not to be relied upon. Especially in midwifery practice this grave error, in consequence of the duration of inhalation, was most manifested. He could by no means agree in the remarks of Dr. Sanson as to administering as high a per centage of chloroform as four per cent. He was, by his system, perfectly well able to obtain speedy, and to sustain prolonged, anaesthesia with an allowance of barely one per cent., the security and well-doing of the patient being, in his opinion, in exact proportion to the diminution of the dose of chloroform. The vapours of ether and alcohol mixed with it seemed in an extraordinary manner to enhance the activity of the chloroform, and safely to sustain its force. He begged, in conclusion, to exhibit to the Society a perfectly new form of his inhaler. This instrument he had especially designed for his use in midwifery. It was simple in construction, and of equal safety in use with the more powerful inhaler. Its principal feature was a beautiful little reservoir for chloroform, which, acting on the principle already alluded to, dropped that fluid over an evaporating surface, at any rate per cent. desired by the operator. The instrument was thus effectually protected against an overdose.

Dr. BATTYE read a paper on  
AN EXAMINATION OF CERTAIN UTERINE AFFECTIONS IN  
THEIR RELATION TO PHTHISIS PULMONALIS; WITH  
CASES.

The author's attention to this subject had extended over fourteen years, during which time he had collected numerous examples of various forms of uterine leucorrhœa coexisting with affections of the lungs. He brought eleven cases before the Society, minutely describing the symptoms and termination of each. It was shown that as soon as the leucorrhœa was cured or relieved, the chest-symptoms also either entirely disappear or lessened in extent and force. He strongly urged early special attention during the treatment of phthisis to uterine discharges when present, as such caused a constant drain on the constitution. As to treatment, he seldom used local remedies, but trusted to acids, vegetable bitters, and cod-liver oil. The salts of iron were found by him to be very valuable in the chronic forms, having a special effect on the lung condition as well as on the uterine discharge.

### NEW PHARMACEUTICAL PREPARATIONS.

#### GUFFROY'S COD-LIVER EXTRACT.

THE inventor of this preparation, which is coming into considerable use in London and elsewhere, proceeds on the hypothesis that the active medicinal principles of the Cod-liver oil are to be found in the greatest abundance in the watery constituents or serum of the liver, which he has converted by his process of sugar-coating into an attractive preparation. He claims for his Cod-liver Dragées that they contain all the beneficial ingredients of full doses of Cod-liver oil, and being of very small bulk and perfectly tasteless, they completely obviate the objections which bar the use of that agent in the cases where it is most wanted. We take our information from an explanatory pamphlet issued by the manufacturer, whose statements must stand *quantum valet*:—

"Many persons, thinking that the nausea caused by the oil, was to be attributed to the colouring and empyreumatic matters contained in the common cod-liver oil of commerce, recommended the use of refined and colourless oils; but the slight advantage which was thus obtained in rendering the oil less repulsive, was by many thought to be more than counterbalanced by a loss of remedial virtue. Others, less happily inspired, proposed to administer the oil in the form of jelly, but that also failed. It was then attempted to render the oil less unpalatable by enclosing it in gelatine capsules, but little was thereby gained, since the gelatine in no way tended to promote the retention of the oil by the stomach. Some, again, have tried to produce an artificial cod-liver oil, by imitating its chemical composition. . . . It was evident that the composition of a complex organic product like the oil in question, could not be successfully imitated by any artificial compound. But it was equally clear that whatever virtues cod-liver oil possessed over other animal oils and fats, were referable to the source from which that article was procured—namely, cod liver. . . . The inventors had noticed that the substances to which the best authorities attributed the medicinal properties of cod-liver oil—namely, gaduin, propylamine, iodides, bromides, and phosphates, were more soluble in water than in oil; and as cod-liver contains a larger proportion of water than oil, they formed the opinion that the watery components of the livers must carry off the greater part of those substances. Chemical analysis, followed by practical observations, fully confirmed these theoretical views. It has been distinctly proved that the oil contains but a very small part of the medicinal elements existing in cod liver, and that the greater portion is left in solution in the waters which have hitherto been thrown away.

"This important discovery once made, it only remained to reduce the watery constituents of the livers to a proper official form, in order to possess a medicine containing the active principles of cod liver, separate from the oil. That of extract was adopted as the most suitable. The waters were



accordingly evaporated, and were found to yield a product which, on being analyzed by Dr. Garreau, Professor of Chemistry in the University of Lille, proved to have the following important chemical constitution:—

|                                             |         |
|---------------------------------------------|---------|
| Ichthyoglycine . . . . .                    | 50·000  |
| Propylamine . . . . .                       | 2·545   |
| Acetic, lactic, and butyric acids . . . . . | 6·000   |
| Phosphoric acid . . . . .                   | 2·090   |
| Sulphuric acid . . . . .                    | 0·200   |
| Chlorine . . . . .                          | 1·525   |
| Iodine . . . . .                            | 0·154   |
| Bromine . . . . .                           | trace.  |
| Soda . . . . .                              | 1·170   |
| Potash . . . . .                            | 0·211   |
| Magnesia . . . . .                          | 0·366   |
| Lime . . . . .                              | 0·510   |
| Ammonia . . . . .                           | 2·862   |
| Extractive matter undetermined, gaduin, &c. | 10·620  |
| Water and loss . . . . .                    | 21·747  |
|                                             | 100·000 |

“The extract thus obtained presented, however, two difficulties: in the first place, it was found to be exceedingly deliquescent, and, secondly, it was too concentrated for direct administration. These obstacles were overcome by mixing intimately with the extract about an equal weight of cacao-butter. The resulting compound was a firm and stable mass, of which pills, capable of being sugar-coated, could be made. By these means the preparation assumed the form of sugar-plums or *Dragées*.

“A proper official form for administering the new medicine having been found, it was submitted to the Académie Impériale de Médecine of Paris, who, in the month of May, 1861, appointed a committee, composed of Drs. Bouillaud, Poggiale, and Devergie, to examine, experiment, and report upon it.

“At the meeting of the 21st October, 1862, the Académie approved and adopted the report of those gentlemen. It will thus be seen that the deliberations of the committee extended over a period of sixteen months—a length of time which afforded ample opportunity for prolonged trials and a well considered decision.

“This report, which is too lengthy to be here given *extenso*, recognizes the accuracy of the analysis of Dr. Garreau of Lille, and deduces from it a comparison of the proportion of chemical elements contained in the extract, with that found in oil of the best quality. According to this comparison, cod-liver oil contains scarcely 3-1000th of the elements iodine, sulphur, chlorine, and phosphorus, while the extract possesses 98-1000th of the same elements, or their acids, thus showing thirty-three times the amount; and while, from the oil only, about 10-1000th extractive matter can be obtained, cod-liver extract yields 724-1000th, or seventy-four times more.

“If, continues the report, ‘chemical composition be taken as the measure of the comparative value of cod-liver oil and cod liver extract, it must be admitted that twenty centigrammes represent nearly forty-five grammes of oil, or more than two tablespoonfuls. . . . The extract obtained from cod livers contains, in a condensed form, all the active therapeutical principles of cod-liver oil. . . . The system under its use acquires more vigour, the appetite gradually returns, the complexion improves, and the muscular strength increases. In short, the administration of the extract, like that of the oil, promotes assimilation, and consequently tends to the improvement of the general health of the patient. The richness of its chemical composition, its efficiency and certainty of action on the economy, the possibility of administering it to the most delicate and fastidious persons, constitute it a valuable therapeutical agent in all those affections which require the employment of cod-liver oil.’

“Cod-liver extract has likewise been tried in Russia, under the auspices of Dr. Kalenitchenko, Professor of Medicine in the University of Karkow; and has been officially recognized and authorized by the Imperial Medical Council of St. Petersburg.”

The course adopted by the patentee of this preparation is such as to merit, *ab initio*, the confidence of the profession. He has not desired or attempted—as others have done—to force the medicine amongst the general public, but has

simply submitted it to the profession on its own merits. He expresses a hope that medical men will be induced to give it a fair trial; if they find it meet their expectations, prescribe it regularly; if not, reject it summarily.

With reference to its employment in practice, he says:—

“Possessing, perhaps, in a higher degree than cod-liver oil itself the peculiar remedial properties of that substance, it is well qualified to take its place in certain cases even when the oil can be borne. But irrespectively of its claims in this respect, the full value of which enlarged experience can alone determine, cod-liver extract specially recommends itself in the following circumstances:—

“1—When the oil is rejected by the stomach.

“2—When, although the oil is not actually refused by the stomach, the production of nausea and disgust, renders a change of remedies very desirable.

“3—When, without discontinuing the oil, there may be reason for wishing to increase its efficacy.

“4—When the oil, whether agreeing or not with the patient’s stomach, has failed to produce beneficial results.

“These objects may, according to circumstances, be attained by prescribing the extract alone, by administering it along with some oily matter less nauseating than cod-liver oil, by alternating its administration with that of the oil, or by giving it at the same time with the oil, and thus, as it were, enriching the latter substance with a superadded dose of those more active principles, in which cod-liver oil is deficient.”

We will not be expected to give an authoritative opinion here as to its merits. Theoretically it is simply a question of what the benefit derived may be due to. If it be simply the oil itself, it appears rather inconsistent to prescribe cod-liver instead of many less nauseating oils. If it be the Iodine, Ichthyoglycine, Propylamine, or other correlative ingredients, the inventor has, we think, proved his case.

We are not certain that Mr. Guffroy has been judicious in labouring so energetically to make the medicine pleasant to the taste, for the profession in Great Britain seem to look coldly on the *Dragées* and *Troches* of the French Pharmacy. If it is any inducement, we may say that the cod-liver extract, before it has received the coating of sugar, is as unpleasantly fragrant a preparation as could be desired.

### CHOLERA HOSPITALS.

A REPORT on Cholera Hospitals has been drawn up by the Council of the Epidemiological Society, of unusual interest at the present crisis, and will immediately issue from the press. In March, the Council, having regard to the threatened outbreak of cholera, drew up a series of queries referring (1) to the advisability or not of cholera patients being admitted into the general wards of hospitals; (2) to their admission into special wards set apart for them in hospitals; and (3) to the necessity of special hospitals for the treatment of such cases. These queries were distributed amongst the most eminent members of the profession, and a series of replies of great value have been received. Amongst those who have expressed opinions in answer to the queries may be enumerated the Presidents of the Royal College of Physicians and of the General Medical Council, the Director-Generals of the Army and Navy Medical Departments, the Physician to the Secretary of State for India in Council, Dr. Jenner, F.R.S., Dr. Milroy, Professors Laycock, Parkes, Maclean, Gairdner, Sir D. J. Corrigan, and numerous other distinguished men. The following is the substance of the report:—

I. There appears to be a general concurrence of opinion, expressed or implied, that under certain circumstances and conditions cholera is liable to be communicated from person to person; the liability being usually in proportion to the crowding of many persons together, the defective ventilation of apartments, and the neglect of thorough cleanliness in respect of person or abode.

In addition to the possible risk of the extension of the disease from this source, the alarming character of the symptoms, and the necessity for unremitting attendance



upon the sufferers, are calculated to produce terror in the minds of spectators, and thus strongly predispose them to be attacked during an epidemic season.

For these reasons the opinion is very generally held that it is unadvisable that cholera patients should be admitted into wards which are occupied by other sick inmates.

The experience, however, of some of the metropolitan hospitals in past epidemics shows that, due attention being paid to sanitary arrangements, cholera patients may be received, in limited numbers, into the general wards without injurious results either to the other sick or to the ordinary attendants.

No instances have been referred to, in the evidence before the Council, in the opposite direction—viz., of the disease having spread to the other inmates of a ward in a well-regulated hospital.

II. With respect to the second query, the experience of the metropolitan physicians who have favoured the Council with replies appear to be that, with proper precautions, cholera patients may be admitted into separate wards in general hospitals or infirmaries without undue risk of the extension of the malady to the other inmates of the institution.

This opinion is shared by all the respondents who have had experience of the disease in tropical countries.

It would have been very desirable to have been informed of the results on this point in some of the military and naval hospitals in this country and also abroad.

The precautions above referred to are these:—(a) Ample space to each patient; not less than 1500 or 2000 cubic feet. (b) Thorough ventilation of the wards at all times both night and day. (c) Immediate disinfection, and removal of the excreta, soiled linen, &c. (d) A separate staff of nurses.

III. The reply to the third query depends much on the opinion formed in respect of the two former questions. If cholera patients are not admissible into general hospitals or infirmaries under any condition, it is obvious that some extemporised and special arrangements must be provided for the reception of the destitute when attacked.

But even when they are admitted, there are various circumstances in which it will be advisable or necessary that special hospitals should be provided, *e.g.*—(a) When general hospitals or infirmaries are at a distance from the seat of the actual or apprehended outbreak. (b) When there is a want of accommodation, with due regard to the ordinary patients, or when the accommodation is unsuitable or objectionable.

In selecting the site of special hospitals, the following points require to be attended to:—(a) Nearness, if possible, to the chief seat or seats of the outbreak. It is important that cholera patients should not have to be carried far. There is, moreover, great risk in moving patients in, or verging to, the state of collapse. (b) Airiness, and freedom from intrinsic or contiguous sources of atmospheric pollution. (c) A dry soil and raised situation are, of course, to be always preferred to a low and damp one.

Amid the crowded districts of a large town, it appears preferable that several small and suitable hospitals, or "houses of recovery," should, if possible, be established in different localities, rather than one or two large hospitals for the reception of a great number of cholera patients.

The remark that the presence of an experienced staff of medical officers in general hospitals, and the existence of more complete appliances of every sort in them than is likely to be provided in extemporised special hospitals for the treatment of cholera patients, are marked advantages in favour of the former, deserves consideration.

The general conclusions of the Council are these:—

1. That it is, on the whole, unadvisable that cholera patients be admitted into the ordinary wards of general hospitals or infirmaries.

2. That cholera patients can be safely admitted into special wards in general hospitals, due precautions being taken; and therefore that it is desirable, as an important means of providing accommodation for the destitute

when attacked, that the authorities of these institutions grant this valuable benefit to the public.

3. That it will be often necessary that special hospitals be provided in aid or in lieu of general hospitals and infirmaries.

In addition to these arrangements for the accommodation of the poor when attacked with cholera, the Council would recommend that places of refuge be provided for the temporary sojourn of some of the unattacked inmates of unwholesome dwellings and localities where the disease has appeared.—*Lancet*.

## London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JULY 25, 1866.

### THE WORKHOUSE INFIRMARY OF ST. MARY, ISLINGTON.

In the report just published by Mr. FARNALL on the Metropolitan Workhouses, he specifies certain establishments which he condemns as unfit for the reception of the sick, and incapable of being satisfactorily adapted for that purpose. These are Clerkenwell, St. Giles's and St. George's (Bloomsbury), Holborn, St. Margaret's and St. John's (Westminster), St. Martin's-in-the-Fields, St. Mary's (Islington), the Strand, Whitechapel, Bermondsey, St. George-the-Martyr, and Lambeth.

Now it will be recollected that every one of these establishments has been prominently brought before the notice of the public very lately in consequence of the gross mismanagement of the departments intended for the sick; but it can hardly have escaped notice, that the sanitary condition of the workhouse of St. Mary, Islington, has been passed over somewhat lightly, and even the *Lancet* Commissioners, who have been severe enough in their animadversions on other establishments of a similar character, have been satisfied with a mild remonstrance as to the construction of the Islington building, and have even indulged in a kind of passing eulogy on the Trustees of that parish for their praiseworthy intention of building another and more suitable edifice. If any such intention has really been carried into effect, we will join in the eulogy, but considering that the Trustees have expressed this intention for the last twelve years, and that the Poor-law Board and their Inspectors have been during the whole of that time fully aware of the gross defects of the building and of the flagrant mismanagement of the sick department, we may be excused for disbelieving any professions of a wish for improvement on the part of the Trustees, until we learn from authentic sources that the new building has been erected. Twelve years, as is well known, is quite enough and more than enough time for the completion of the Thames Embankment, or of the Houses of Parliament, or of a railway of the length of Great Britain, or of any other gigantic enterprise in modern days, and surely it ought to be sufficient for the building of a Metropolitan Workhouse. In the favoured district of Islington, too, there



is no want of space for building purposes, no want of architectural skill, and no lack of means, and in a far shorter time than it has been necessary to think about building a habitation for the sick poor, there have sprung up in the same suburb whole rows of streets and squares, scores of churches and chapels, besides two huge prisons, and an immense cattle market.

Mr. FARNALL, however, may possibly believe that the defects of the Islington Infirmary were unknown to the Poor-law Board and their Inspectors, and Dr. SMITH may perhaps think that the Medical Officers were to blame in not representing to the Trustees the necessity of improvement. But if Mr. FARNALL or Dr. SMITH hold any such opinions they are entirely mistaken, for the Trustees and the Poor-law Board were all made thoroughly acquainted with the condition of the building, the ill treatment of the sick poor, the overcrowding of the wretched inmates, the want of classification, the absence of proper nurses, and all the other abuses which have lately been exposed in other institutions of a similar kind. The Poor-law Inspectors actually visited the Infirmary on repeated occasions, Mr. H. B. CANE being one of them, and they measured the cubic space of air accorded to each person; and yet with all this knowledge, the Poor-law Board positively refused even an inquiry into the state of the Workhouse, and contented themselves with receiving an assurance on the part of the Trustees that the latter intended to build a new establishment.

We propose, for the edification of philanthropists and for the refreshment of the memory of the Poor-law Board, to publish some details of the condition of the sick in the Islington Workhouse, as it was reported to and witnessed by the Poor-law Inspectors twelve years ago, and we can only add at present that unless it can be proved that substantial reforms have been made since that period, the Poor-law Board are convicted, in this instance at least, of a gross dereliction of the duty which has been imposed upon them by the State, and which they are liberally paid to discharge.

#### THE LOTHIAN'S MEDICAL ASSOCIATION.

IN another part of our columns we give a full report of a large and influential meeting of medical men, both from town and country, held in Edinburgh on Wednesday last, at which the Lothians' Medical Association was fairly started into existence. It is, we may remark, neither the first nor the only one of its kind, but, being composed of the practitioners in the metropolitan counties, it promises to be by far the most influential medico-ethical society ever instituted—in Scotland at least—and by means of subsidiary affiliated societies it may become a most useful means of promoting unity among the members of the profession, as well as a most powerful agent in bringing the united opinion of the profession to bear upon Government in regard to legislation involving its interests, a matter which, to their own loss, has been too much neglected by the vast body of medical

practitioners, and in regard to which our two Colleges—of Physicians and Surgeons—who have hitherto fought the battles of the profession, will find their hands immeasurably strengthened by the co-operation of this subsidiary College of General Practitioners, for such this Lothians' Medical Association, if properly carried out, promises in truth to be. The draft of the constitution of this Association, as brought forward at the meeting and embodied in our report, is in some respects scarcely consistent with the dignity of the profession, and will no doubt be importantly modified before being finally accepted. It would be a decided lowering of the profession to embody an association for the purpose of telling the public that midwifery fees are to be paid at the time, or that messages ought to be sent early; these are matters for private arrangement, the first of which is easily settled, while the chief difficulty in way of settling the latter is the amount of competition present and the way in which that competition is carried on. Wherever the public find half a dozen medical men ready to run after them at a moment's notice there are plenty amongst them who prefer to consult their own convenience in sending; where the choice is more limited and discriminating they consult that of the medical men. On the other hand, the very great importance of there being something like a standard table of fees, by which the pecuniary relations between the public and the profession could be regulated, has quite recently received additional illustration in the dispute between the Warden of Trinity College, Elenalmond, and Mr. MAUGHAN, his medical attendant. Not to enter too minutely into this dispute, we may merely mention that the Warden, Dr. HANNA, though not objecting to 5s. as a reasonable fee, yet objects to pay it for every visit; nominally he acknowledges five shillings quite reasonable, really he wishes to pay only half a crown or less, and he asserts that his former medical attendant in Edinburgh never charged him for every visit, while his consulting physician received his fee of one guinea only on alternate visits. Now we have no hesitation in saying that if Dr. HANNA's former professional advisers did act thus—in the absence of any special reasons—they acted unprofessionally, and undersold their brethren, a matter which perhaps seemed to them of little consequence at the time, but which we now find to have been fraught with results which tend to affect more or less the relations with the public of every man in the profession. Surely, however, these men have something to say in their own behalf; their names cannot long remain unknown; let us not condemn them unheard. In regard to medical attendance, many men choose to protect themselves against what they imagine to be a too great multiplication of medical visits, by paying their professional attendant an annual sum. This we conceive to be the most advantageous mode for all parties, inasmuch as it will induce the very worst doctor to cure his patient as quickly as possible, and will prevent him profiting by his very unskilful-



ness, which otherwise he is permitted to do; while the best doctor of course gets off with the easiest work, and are not mulcted of half their income, because they are skilful, as they now too often are. For general practice, we contend, a regular annual payment of a fixed sum is the best for all parties. In India this is the rule, and we should like it introduced here; then, in Bengal at least, one week's pay is considered a very reasonable allowance. We should think it would be the same here, and that few of us would quarrel with our income, though restricted to only one week's pay from each of our patients.

### THE CHOLERA.

OUR readers will learn with regret that the appalling epidemic has been introduced into this city from Liverpool, and that three cases have already occurred in the same room in a house on City-quay, two having proved fatal in fifteen hours each. The first patient, a girl aged 15, was landed from one of the Dublin and Liverpool steamers on Thursday morning, having been purged and vomited during the passage. She was severely attacked at ten o'clock the same night, and died at one p.m. on Friday. Steps were at once taken by the Medical Officer of Health and the City Coroners to disinfect the house and to enforce the speedy burial of the deceased, but unfortunately there were no means for isolating or treating separately any other cases to which the contagion might spread. Exhortation to prevent waking and the presence in the room of several persons not required for the care of the sick has proved useless. On Monday, at seven o'clock a.m., the niece of the deceased, a child of three years of age, was attacked, and died at about twelve the same night. The father, while returning from the coffin-maker at four a.m. this morning (Tuesday), took ill in the street, and as we write suffers from the unmistakable symptoms of the epidemic. All the cases have been actively treated by Dr. Shanahan (Count de Kavanagh). The house, 3, Upper Frederick-st., in which the girl resided at Liverpool, is a greatly overcrowded lodging-house, frequented by foreign sailors, and a case of cholera occurred in the same street on Wednesday last, but was at once removed to the wards at the workhouse, Brownlow Hill. About 80 patients have been up to the present treated in these wards, and every plan has been fairly tried. Amongst those which are somewhat novel, have been the subcutaneous injection of morphia, of strychnia, and of hydrocyanic acid, the administration of camphor in large doses, and the application of ice to the spine, either constantly or alternately, with hot water, all of which have proved miserably unsuccessful. The last few cases have been treated on the plan recommended in Dr. George Johnson's most persuasive book, "Notes on Cholera," with results very satisfactory. The able resident attendant, Dr. J. W. McCloy, formerly of the Belfast Hospital, will publish the cases shortly in a complete form. He administers castor-oil in about ounce doses in every stage of the disease; tincture of henbane being sometimes added. The dose is usually retained, and reproduces purgine if this has ceased. Every physician must be convinced of the efficacy of this drug in cases of diarrhœa due to scybala or other irritants in the alimentary canal. The injection by the rectum of water at 120°, in which common salt and carbonate of soda are dissolved, is also used as

part of the "eliminative" treatment, and the free use of external warmth is also enjoined. The inmates of this vast workhouse, which number over 3000, are daily marshalled, and if any diarrhœa is discovered it is treated by castor-oil. Startling as this mode of treatment is, and contrary to preconceived notions, it demands at least careful consideration, as it has been zealously urged by one of the greatest pathologists of the day, and has already gained able adherents. To determine such points, and as the subject is nearly as obscure and at least as important as the cattle plague, a "Cholera Commission" has been advised, and in this city a conference of our leading physicians seems very desirable before advice is freely circulated amongst the poor. The type of the disease in Liverpool has been very varied, the most constant circumstance being that the loss of fluid by the stomach and bowels is in inverse ratio to the blueness of skin and decrease of circulation and respiration. Some cases have been witnessed in which the symptoms were identical with those of the cases which were described in Dublin during the early months of this summer as "Black Death," and with the true "Cholera algide" of Dr. Parkes and other writers of Indian experience.

Nearly all the cases have been brought from the Irish district which lies between Scotland and Vauxhall-roads and which for filth, vice, overcrowding, and, above all, unwholesomeness of construction, excels the purlieus of any other city. Dr. Trench, the Medical Officer of Health, has been indefatigable in efforts to improve this district, but for the unaided blind courts demolition is the only remedy. It is gratifying to reflect that the Building Acts will prevent the increase of this evil in English and Scotch cities, but in Ireland there is no controlling power with respect to the erection of buildings, however unsanitary. Every street and sewer in Liverpool is flushed with water containing carbolic acid, but other disinfectants, such as Condy's fluid, chlorine, and sulphurous acid, are used about the cholera wards.

The ovens at the workhouse for drying clothes are most admirably constructed for disinfecting purposes and the destruction of vermin, as the temperature can be raised to 300° without destroying the fabrics. They were constructed by Messrs. Tessiman and Kessick of Liverpool. Dr. Trench has also established in Ford-street a disinfection chamber, in which the temperature is raised by steam circulating in metal pipes. The clothes and bedding of the surrounding poor persons are here gratuitously cleansed and disinfected after contagious disease. Another most benevolent institution is the Bankhall Refuge, in which the friends of a cholera patient are sheltered after he has been removed to the wards or to the sheds which have been recently erected in various parts of the town. Several dispensaries, to be open day and night, and a system of house-to-house visitation, have been also organized by Dr. Gee under the Disease Prevention Act, and qualified practitioners have been advertised for at a high rate of remuneration.

E. D. M.

EFFECTS OF CIVILIZATION UPON THE FLORAL KINGDOM.—The Flora of the State of Pennsylvania is found to have undergone remarkable changes, plants that were formerly rare being now quite abundant. This effect is attributed to the spread of railways, and the change is so marked that some botanists think the "foreign" Flora will supplant the native. The valley of the Susquehanna has already been taken possession of by the invaders.



## NOTES OF LONDON PRACTICE.

DR. BISHOP, who has given a large attention to aural diseases, regrets that the late Mr. Toynbee did not use or adopt a graduated small syringe attached to a small elastic force pump for his chloroform rather than the now obsolete Clover apparatus, thus avoiding the lungs; an apparatus, we believe, which has had considerable success in the hands of Dr. Yearsley and Dr. Bishop. This "middle passage" of the ear, however, is not easily reached; and it is well known poor Toynbee did not put a very extensive faith in reaching the Eustachian tube except by vapour from the pharynx. The vapour of chloroform can thus be forced through the ear as many men can force tobacco smoke through the ear under some conditions.

As the *cattle plague* is still a vexed question in Ireland, it may be well to note its latest progress in England. The returns up to the end of July show a slight recon-  
descence or increase from 313 to 352 cases. It is very instructive and curious that twenty-two counties have been all along free of the disease, notably the six counties of South Wales (over against Ireland) and some of the Scotch Highlands, such as Argyll, Bute, Banff, Elgin, Nairn, Cromarty, as also the wilder Orkney and Shetland Isles; not that there are not cattle in these places (sheep in myriads), but that the horned cattle are not crowded together, as in the dairy and cheese districts of Gloucestershire, &c. Of the aggregate cattle of England only five per cent. in all have yet been attacked, but of every 100 so attacked 86 have died. The "crude speculation," as Mr. Simon of the Privy Council terms it, as to its being small-pox and vaccination, a cure, so eagerly adopted, has entirely died out, and with such eager errors nearly all faith in medical treatment. It is now decided that under some conditions the rinderpest also attacks sheep, as also that it affects cattle *more than once* in life, and so is not like small-pox or other exanthemata. An eruption about the vagina of the cow and increased heat of the skin are now looked on as the first indications of the disease; the recent legislative measures (opposed even by our first thinkers, like J. Stuart Mill), and a three-farthing rate for compensation, have served to keep the plague in check; the laws and logarithms of Dr. Favre notwithstanding; the disease, in fact, is still as virulent as ever, but is at once "stamped out" when it appears.

Dr. Russell Reynolds, in his new work "On Medicine," as the matured opinion of the best medical men in Europe, attacks with some vigour and no little quaintness the "change-of-type" in disease theory upheld by Stokes and others. As Claude Bernard, and Liebig, and others, go out of their way to show up the errors of the Baconian school of induction in English physic, and what it leads to in the form of hasty generalisations, as to castor-oil in cholera, vaccination in rinderpest, causes of death from chloroform in fatty heart, &c., all hasty conclusions and errors, so Dr. Reynolds would lead us to think that it is against the natural history of a disease that it should change its type when other causes in the cure are so much more efficient, such as the undoubted value of wine and stimulants in the hands of Skey or Hughes Bennett, or Clarke, our knowledge that pneumonia is not strictly an inflammation at all.

Like Mr. Erichsen's excellent monograph, however, on railway accidents, with his fourteen cases of such injuries, or some remarkable notes by Dr.

Forbes Winslow in the journals of the week on the exact condition of the brain in insanity cases, we have no doubt much conflict of opinion has arisen on this change of type question. Dr. Watson perhaps, we may say, does not believe in it.

Other talk of the week has been of Dr. Edward Smith's report, long expected but welcome, on London Workhouse Infirmarys, in which he differs widely from the late sensational reports on these institutions, the Government inclining rather to his views; but, like the debates on the Supplementary Charter to the Queen's University in Ireland, much vexed and vexing, involving, as they might or do, the teaching of anatomy or surgery only by one church or council, we may safely leave it to future decisions of the "powers that be." Perhaps a more practical point has been decided by the new Chancellor of the Exchequer, that in the next estimates the Irish workhouses shall be relieved of the rate for payment of the medical officers and schools, but the work is only half done if the salaries be not raised, as ably advocated in THE PRESS AND CIRCULAR.

Much agitation on cholera exists in London, but let us hope a little of it is sensational. Dr. George Johnson has had the curious felicity of enlisting the public anxiety deeply as to whether, in cholera, there is spasm, and whether castor oil is a cure. Mr. Simon, adopting the theories of Pettenkofer, has also in the *Times* this week startled the public by adopting the views now generally held of the infectiousness of the disease. Something like twenty cases of a mild type have been seen at the London Hospital, and five deaths. Two cases have been received at St. Bartholomew's; but at this season every year bad choleraic diarrhœa is not uncommon in these and other hospitals. Our own experience of several hundred cases of cholera in former years in London is to the effect that the diarrhœa is almost never checked in time, as MacCormac of Belfast would check it, the "chemist" prescribing some dismal mixture, which rather aggravates it.

## Medical Obituary Notices.

THOMAS ANSELL, M.D., F.L.S.

AMONG the earliest victims to the mysterious epidemic which has again visited our metropolis, we regret to record the name of Thomas Ansell of Bow, who, among other professional appointments, held that of Medical Officer of Health to the District of Bow, and who was actively engaged in devising the best methods of obviating or averting the threatened pestilence, when he was himself struck down by the shaft of the malignant but invisible foe. Only a few days since, Dr. Ansell was in the midst of his business avocations and in his usual social intercourse with his brother practitioners, and in a few short hours he sunk under an attack of cholera, which, as is now too well known, is prevailing in the eastern suburbs of London, where Dr. Ansell has long resided, and where he enjoyed a very extensive practice and the esteem and regard of a wide circle.

Dr. Ansell was born in or about the year 1798, and had experienced in his early life, and indeed even in mature years, several vicissitudes of fortune, although at last the blind goddess seemed to smile upon him, and he was in the enjoyment of an ample income as well as of "honour,



love, obedience, troops of friends," when his sudden decease plunged his own family and a large sphere of professional and general acquaintance into the deepest sorrow for his loss. For although he had arrived at a period of life when old age may be fairly said to have commenced, he was yet so genial in his manners and so cheerful and active in his habits and disposition that he had nothing of the old man about him, and he gave promise of living to an advanced period.

In his early youth he made a voyage to the East Indies chiefly for the purpose of seeing the world, and his medical education was gained at the Middlesex Hospital. He married, in the first instance, a lady who possessed considerable property in the West Indies; but in consequence of the depreciation in the value of the possessions in this region of the globe, he not only lost all the advantage he might have expected from so apparently fortunate an alliance, but his own income suffered from the necessity of keeping up the West India estates, and he was too glad at last to secure his own immunity from further pecuniary calls by the abandonment of his Transatlantic property. He survived this lady, by whom he had a family of a son and three daughters, and he subsequently married again, the second partner of his choice being in every way suited to supply the vacancy thus left in his domestic hearth.

Dr. Ansell, as we have before remarked, was engaged in extensive practice at Bow, where he was held in universal esteem. He took a warm interest in the Apothecaries' Society of London, and at the time of his death he occupied the honourable post of Chairman of the Court of Examiners of that body. He was on the point of relinquishing this position, having been summoned to take his place as a member of the Court of Assistants of the same Corporation, the offices of member of the Court of Assistants, and Member of the Court of Examiners being incompatible according to the rules of the Society.

Dr. Ansell published nothing, and did not write in the medical journals or take part in the discussions of the Medical Societies. He belonged to the class of practitioners who are too much engaged in practice to care about recording their experience, and thus whatever knowledge he may have gained in his professional career, necessarily dies with him. But he was by no means an ignorant or uncultivated man; on the contrary, he was a good classical scholar, and was well acquainted with English literature and poetry; and being a diligent reader and keen observer, he kept himself quite on a level with the scientific progress of the age. He was particularly well acquainted with botany and other branches of natural history, and was an excellent and practical microscopist. He was also a fluent speaker, and never hesitated to advocate, both in private and public, the claims of the general practitioner to the esteem and confidence of the community.

Thus far we have written of the general life and character of Thomas Ansell; but a line must be drawn between the duties of the biographer and those of the friend, and the cold expressions of esteem necessarily employed by the former melt into sorrow, deep and heartfelt, when the writer of this brief obituary feels that he has lost much more than a friend, and almost a brother. Many more will mourn the loss of Dr. Ansell in the same spirit, and will echo the sentiment now expressed, that a more genial

and kindly soul never breathed than he who has just departed in so sudden a manner, and who, like a good soldier, has fallen at his post of duty.

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JOHN CROWN AGNIS, M.B., F.R.C.S.,  
ASSISTANT-SURGEON ROYAL HORSE GUARDS.

Mr. JOHN CROWN AGNIS was the representative of an ancient Cambridgeshire family. Dying unmarried, he was the last of his name and race. As a lad he gave promise of great ability. When sixteen years of age he entered at University College, London, as a student on the arts side, and soon distinguished himself by carrying off the senior Greek prize, being a mere boy in comparison with his competitors. He subsequently commenced his medical education at the same school, and, throughout a successful student career, developed in a high degree qualities of mind and heart which led his compeers to anticipate for him a bright future, and drew to him very many friends, whose loving fellowship continued to the end of his life. He became house-surgeon of the hospital, graduated as M.B. at the London University, and subsequently passed the fellowship examination of the College of Surgeons. Those who knew his great abilities were somewhat disappointed that he elected to enter life as an army surgeon. He was gazetted to the 3rd Light Dragoons, and afterwards became assistant-surgeon to the Horse Guards Blue. He held this post until his death on June 28th, in the 38th year of his age.

A severe chill was followed by rheumatic meningeal inflammation, which terminated in serous effusion. This last illness was brief, but his general health had been previously impaired by a severe accident whilst hunting.

He was a bold and skilful operator, notably endowed with that special surgical acumen which is logic in action. Some while before his untimely death he had taken into consideration the cogent solicitations of many friends desirous that his great abilities should be more widely appreciated, and had directed his attention to the subject of deformities, and energetically followed out a series of special researches into their general surgical pathology. When the Jacksonian prize for an essay on Clubfoot was awarded to Mr. Adams in 1864, the treatise of Mr. Agnis was considered so meritorious that an extra honorarium was adjudged in recognition of its special merits. The paper was accompanied by numerous illustrations drawn by the author; for Mr. Agnis, in addition to many other accomplishments, was a skilful artist. He was an enthusiastic entomologist, and versed in almost every branch of natural science. His death is deeply felt by a large circle of friends, and of these were all who knew him.—*Lancet*.

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SEAMAN'S HOSPITAL SOCIETY.—A quarterly general court of the governors of this corporation was held on Friday at the offices, King William-street, City; Sykes Thornton, Esq., in the chair. The minutes of the last court, &c., were read by the secretary and confirmed. The secretary read the half-yearly report, from which it appeared that the numbers of patients admitted from the 1st of April to the 30th of June were as follows:—From her Majesty's ships, 2; from British and foreign merchant ships, 482. On board 31st of March, 178; total 662. On board, sick, 131; convalescent, 9; fit for duty, 0; discharged since the 31st of March, 522; total, 662. Number on registry-book, 95,716; out-patients from the 31st March to the 30th of June, 308. The account of receipts and expenditure between the 25th of March and the 24th of June, gave the following unfavourable results:—The expenditure included a balance from last account against the society of £173 18s. 4d.; the total being (including purchase of stock, £1040 10s. 6d.), £3337 4s. 1d. The total amount of receipts was £2301 3s. 6d., leaving a balance against the society of £1036 0s. 7d. The report was adopted; and some formal business having been transacted, the court separated with a vote of thanks to the chairman.



## DISPENSARIES AS SCHOOLS OF MEDICINE.

In a recent number we directed attention to the importance of our Dispensaries as schools of medicine, or rather to the capabilities which they possess in this respect, which a little fostering and proper adaptation of means to that end would unquestionably develop into an importance in many respects greater than that of the Edinburgh Royal Infirmary, yet not in the least interfering or clashing either with the claims or the teachings of that admirable and most useful institution. A glance backwards into the history of the Royal Public Dispensary, as related by HUGO ARNOT in his interesting "History of Edinburgh," and a comparison of the mode in which the business of the dispensary was transacted then with that which the great increase in the number of patients renders absolutely necessary now, will show at once how correct our estimate of its capabilities is, and how consonant with the aims and wishes of its founder is the idea of its being a medical school supplementary to the Royal Infirmary, as well as how utterly hopeless it is even to attempt to make any such use of it until there is a complete re-arrangement of the present mode of transacting the dispensary business, and, in particular, a large increase of the medical officers, for whom, no less than for the students, it forms an ample field of tuition and a means of increasing and ripening their experience, and thus rendering it more useful. Mr. ARNOT says (page 553):—"Patients who are deemed proper objects for this charity, receive advice at the dispensary from the physicians of that charity, who give regular attendance for that purpose at a certain hour, four days in the week. A full account of the disease of every patient, taken down in writing by the medical assistant at the dispensary, is inserted into a register kept for that purpose; and to the history of the case there are afterwards subjoined regular reports of the progress of the disease during the course of the patient's attendance at the dispensary, and of the effects resulting from the medicines which are employed."

Mr. ARNOT then goes on to say that one source of the revenue of this dispensary is a "small annual fee, exacted under the name of medicine-money, from students of medicine who attend the lectures given by the physicians of the dispensary, on such singular and important cases as occur;" adding, "the utility of this institution, as giving a foundation for medical lectures must be great, and it is universally admitted that no branch of medical education is better calculated for conveying useful information to students than proper remarks on diseases as they occur in practice." It was easy, however, to carry out this unquestionably most useful plan of medical tuition in those days when the patients amounted to only 222 in the first year after the dispensary was opened, and to 511 in the second year—that is, to not more than one or two in the day; but now, when the patients seen by the physicians during six days of the week amount, as they did last year, to upwards

of 7000, or an average of 23 every day, it is wholly impossible to make any useful record of the cases and their treatment, or even to convey any practical information in this respect to the student, except, as we have already mentioned, the mere parrot-like routine of this prescription for pleurisy, that for bronchitis, and something else for hooping-cough. Yet it is obvious that benefit to the students was one great object in founding the institution, and it is equally obvious that when this benefit is obtained by a more careful examination of the patient, a more exact discrimination of his disease, and a more accurate apportionment of the remedy, it will also redound to the benefit of the patient. The interests of humanity, therefore, no less than the requirements of medical science, call for some re-arrangement as to the carrying out of the Dispensary work. If, however, we have fallen off in one respect since the days of ARNOT, we have wonderfully improved in another; he states that for an annual revenue of £100, "upwards of five hundred patients may be admitted to the benefits" of this dispensary; and this he seems to think but a small sum to produce such great results. Four shillings a patient is, however, far too magnificent a sum for the present day, and we now obtain, let us hope, the same good results for a sum amounting to only *sixpence farthing* per head, 11,224 patients having been treated during last year at an expense of only £294 17s. 1d.; or if we exclude all those who got trusses and paid for them (at a reduced rate however), those who were merely vaccinated, and midwifery cases, then we have a total of 9352 patients treated for the same at an expense of only sevenpence. Surely sevenpence never were so profitably expended before; and remember this includes not only medicines, bandages, &c., but every disbursement incidental to the establishment. We think that if this charity requires remodelling in some things it requires it more especially in this, that it acts too much in accordance with the injunction, "let not thy right hand," &c. and does not sufficiently blow its little trumpet for we—readers of RENAN and of ECCE HOMO—are slightly in advance of that teaching—suitable enough for its own age—and we now require a little titillation of our ears to open our purse strings. Seriously speaking, however, we think that the managers of our dispensaries would do well to request reports from the past as well as the present medical officers as to the best mode of rendering these charities most useful for the two great objects intended in their institution, the instruction of the students and the good of the public.

THE *Wiener Medizinische Wochenschrift* says that in one of the suburbs of Vienna there lately appeared a strange epidemic—the main symptom being swollen, sore, and painful faces—attacking only the male sex. The disease was traced by the medical men to the use of a shaving-paste, which had been highly recommended as a "clean shave" by Barber Johann Gautier. His paste rendered unnecessary the use of the razor. The privileged paste was found to consist mainly of arsenic. Of course it was confiscated, and the aspiring barber subjected to legal penalties.



## Correspondence.

### NEW MEDICAL CLUB (THE SYDENHAM).

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reply to the applications of your numerous Irish correspondents for further information respecting the terms of membership of the above club, I beg to state that the rate of payment for members joining at the commencement will be as follows:—Practitioners resident within the postal district of London, five guineas entrance, and three guineas annual subscription; those resident beyond, three guineas entrance, and one guinea annual. The last scale will, of course, apply to Irish members, as well as to others in the United Kingdom and Her Majesty's service. In the case of members employed on foreign service, or residing abroad and unable to avail themselves of the club, the annual subscription will cease during such absence. Extra metropolitan members removing to London would be required to increase their entrance fee and subscription to five and three guineas respectively.

The club will provide for its members all the advantages and comforts of a temporary home, at a cost considerably lower than what they would be required to pay at an ordinary hotel, but without the annoyances and inconveniences attending the same.

Early in October next the committee propose to hold a general meeting for the purpose of submitting to the profession the rules and regulations to be adopted by the members of the club. Notice of such meeting will appear in all the medical journals.

Several gentlemen have kindly offered to assist as local secretaries for counties, which offer the committee cordially accept, and trust that others may be induced to adopt the same course, so that the club may find a cordial reception in every town and county in the United Kingdom. By this means an institution will be built up, the social and political importance of which cannot fail to be felt and appreciated.

—I am, yours, &c.

LORY MARSH, Hon. Sec.

July 20, 1866.

### THE STATE OF THE DRUG TRADE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your last number I observe a letter from Mr. James Martin, in which he impugns my statement that there are patients upon whom the one-sixteenth of a grain of aloes or the one-eighth of a grain of rhubarb act as efficient purgatives, stating that such an assertion is a mere coquetting with homœopathy, and explaining it after his own fashion by a hypothetical case, in which a patient one day fancies himself purged by these small doses, and the next fails to be relieved by a larger dose of the same medicine. Now, I beg to tell Mr. Martin, that to give a material dose, however small, which is capable of producing a physiological action, is not homœopathy, and is completely opposed to the principles of that delusive system; further, that the patients to whom I referred in penning the statements referred to, are in the habit of taking these doses—as aperients—when in their ordinary good—if not robust—health; that their bowels fail to be acted upon by smaller doses, while larger doses of the same drugs always produce hypercatharsis. If this be not proof of the activity of these small doses, I am at a loss to know what proof would be sufficient. Moreover, if the one-fourth of a grain of quinine be acknowledged by Mr. Martin to be an effective dose of a drug of which twenty grains is often prescribed with only beneficial results, I am at a loss to know why, under certain circumstances, one-sixteenth of a grain of Barbadoes aloes should not act effectively, when under all circumstances one or at the most two grains will be found

amply sufficient. The discrepancy between the doses is not so great by more than one-half in the one case than in the other; one-fourth of a grain being one-eightieth of twenty grains, while one-sixteenth of a grain is but one-thirty-second of two grains, or one-eightieth of five grains—a larger dose of Barbadoes aloes than I should ever like to prescribe. I submit that the analogy between the doses is very great; between the actions of the drugs I acknowledge there is none.

Quite recently I had under my care a lady in whom the quarter of a pill, containing as its active ingredient one-eighth of a grain of podophyllin—that is, one-thirty-second of a grain of that drug—proved perfectly efficacious, while a larger dose acted too violently. Fully cognizant of the various fallacies in regard to the fancied actions of drugs, I have watched these cases and experimented upon them in such a way as fully to satisfy my own mind as to the truth of my statement in regard to the active agency of these small doses; and if Mr. Martin has not been fortunate enough to observe any similar cases, that of itself does not disprove their truth, neither does it justify him in explaining away my positive statements by hypothetical assumptions, the obvious fallacies in which could scarcely elude the observation of the veriest tyro in medicine.—I am, yours, &c.

THE WRITER OF THE ARTICLE REFERRED TO.

Edinburgh, July 20, 1866.

### POOR-LAW MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I shall feel obliged by your giving insertion to the reply to the letter I addressed to the President of the Poor-law Board, on July 9th:—

“Poor-law Board, Whitehall, July 10.

“SIR,—I am directed by Mr. Garthorne Hardy to acknowledge the receipt of your letter of the 9th inst., and to thank you for the papers forwarded with it. He regrets that, as he has scarcely entered upon the duties of his office, he is unable at present to make any appointment for an interview.—Your obedient servant,  
J. STEWART HARDY.”

In the House of Commons, on July 7th, Mr. Hardy said:—

“I quite admit the present evil condition of the infirmaries throughout London. It is in the power of the Poor-law Board to take care that there is efficient and sufficient medical superintendence, and that the salaries of the medical officers should be fixed at a proper sum. It is also in the power of the Poor-law Board to take care that there is sufficient nursing. I trust that the House will allow me a little time, now that I am wading through a vast mass of information, for I can assure hon. gentlemen that I am desirous to apply a remedy. I think the powers of the Poor-law Board have not been put in force, and I ought not to ask the House to legislate until I have tried them (hear). In the next session of Parliament I shall be prepared to state what course I may think proper to recommend in respect of any new legislation.”

From the foregoing statement of the President of the Poor-law Board, I think there can be little doubt he fully intends to place the poor-law medical relief of this country in a more satisfactory state than it is at present, and trusts the time is not far distant when the Poor-law Medical Officers will be fairly remunerated for their services. Allow me here to call attention to the report of Dr. Edward Smith, medical officer to the Poor-law Board, which has only just been laid before Parliament. He says (page 62):—

“It should not be impossible to arrive at an agreement amongst medical men as to the sum which should be regarded as fairly sufficient. If the recommendation already made be effected—viz.:—That the guardians in all cases provide drugs and in suitable cases a dispenser, would it not be satisfactory generally for the salary to be calculated at the rate of 10s. per adult, on the average maximum number of inmates, in the workhouse at one time, two children as defined by the Poor-law—viz., persons under sixteen to be



considered as an adult." He also says: "That extras for midwifery, &c., as allowed by the Poor-law Board, should be added; and the medical officers should sign lunacy certificates, and receive the fees. This would require a considerable increase in the salaries of nearly all the medical officers, and particularly of those in the larger workhouses, and it would probably lead the guardians to appoint one or more resident medical officers to each workhouse, who would devote their whole time to the duties of the office."

Should Mr. Garthorne Hardy, after a reasonable period, fail to name a time for me to present the petition of the meeting of July 5th, I will again communicate with him, but I think it hardly fair to press him now too much, considering the statement made by him in the House of Commons, "that he is wading through a vast mass of information," but rather give him a little breathing time—I am, &c.

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth,  
July 21, 1866.

**THE ENGLISH POOR-LAW MEDICAL SERVICE.**

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The time is now come that all Poor-law Medical Officers should put their shoulders to the wheel, by making their own cases well known to the general public, by and through the medical journals and other periodicals of the day. They should state the amount of labour they get through—the number of cases yearly—the acreage they traverse—the population of their district, and the cost of the medicines they supply—if allowed an extra amount of salary for expensive medicines, or if supplied by the guardians—the expense of an assistant to dispense for the paupers, and that of a horse, groom, and carriage, where the duties cannot be performed efficiently without, from the numerous cases, or where the acreage is extensive. These cases might be put in juxtaposition with the dispensary surgeon, who is certainly much better paid than the Poor-law Medical Officer. In a general way he gets a house to live in, rent, coals, gas, an assistant, and the medicines free, with a salary from £100 to £120 per annum. In my case, as a parochial medical officer, I have the largest district of a large town, wherein is a public hospital and dispensary, the population of which is about 12,000, more or less, and the acreage near upon 3000. The number of orders issued last year for my attendance by the relieving officer were a few short of 1500. The first half of the present year, ending Lady Day, they were over 900. A large majority of these cases were visited at their own homes, and in all cases medicines were supplied at my cost (the guardians allowing nothing extra for expensive drugs). Through the winter and spring the number visited generally average from 80 to 90 per diem; while through the summer and autumn they are somewhat less. I find I cannot get through my work—to do my duty efficiently—without an assistant to dispense for them, and a horse, groom, and carriage to visit them, the salary for which is under £100 per annum. Now, the expenses per annum may be stated as follows:—

|                                                                                                                                      | Per annum. |
|--------------------------------------------------------------------------------------------------------------------------------------|------------|
| Pay and keep of an Assistant . . . . .                                                                                               | £50 0 0    |
| Drugs and Chemicals . . . . .                                                                                                        | 40 0 0     |
| Keep of Horse, pay of Groom, sundries for<br>Repairs, Stable Utensils, and assessed<br>Taxes on Horse, Carriage, and Groom . . . . . | 100 0 0    |
|                                                                                                                                      | £190 0 0   |
| Necessary Expenses . . . . .                                                                                                         | £190 0 0   |
| Salary and Vaccination Fees . . . . .                                                                                                | 120 0 0    |
|                                                                                                                                      | £70 0 0    |

No other extras, except an occasional midwifery case.

The work is, therefore, done for the guardians at a loss of £70, or thereabouts, to the Medical Officer. Now for the extras—ah! what are they? Many may expect from the population of the district that a good amount might be expected from them. I foolishly thought so too when I read

the remuneration of the Medical Officers issued by the Poor-law Commissioners, but I was grievously disappointed after I was fully installed and confirmed in my office. I soon became acquainted with all the hard work, the visiting and dispensing. Also that all pure surgical cases—wherein are enumerated fees—were sent to the hospital, and all midwifery cases given to a midwife; and when she is not found equal to her duties, she is allowed to send for me, and an order is obtained; and if this cannot be proved to be a "special" case, the sum of ten shillings only is paid. The only extras really that pay are for vaccination, and these bring the salary up to £120 per annum. In the town where I am resident the dispensary surgeon gets his £120 per annum; lives in a good house; rent, rates, taxes, coals, gas, an assistant and drugs free. How different to the Poor-law Medical Officer! Note the contrast.

Now for the remedy. This might be either by doubling the present amount of salaries, or in all large towns the guardians to find drugs, an assistant, and dispensary for the united parishes, and the medical man of each district to be paid the same amount as now, to visit and see all in his district, giving the paupers his prescriptions, or taking them himself to the dispensary, or a dispensary and assistant to be in each district of the union.

I shall feel much obliged if you can publish this letter in your next publication. I enclose my card—but at present withhold my name and address—and beg to subscribe myself a hard-worked and ill-paid

POOR-LAW MEDICAL OFFICER.

July 21, 1866.

**CATTLE PLAGUE DISINFECTANTS.**

THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the "Summary of Science," by Mr. Tichborne, contained in your number of last week, there are some statements in reference to Mr. Crookes' report on disinfectants, in connexion with the cattle plague, which appear to me to require rectifying. It is therein asserted that "Mr. Crookes' experiments have all pointed to the value of crude carbolic acid as a disinfectant." This assertion is clearly calculated to give the impression that Mr. Crookes instituted a series of practical experiments with a considerable variety of disinfecting agents, and that, on the result of such experiments, was based his recommendation of some of them, and his rejection of the others. But what are the facts? That so far from this being the case, Mr. Crookes stated on the inquiry, which had been entrusted to him, on the principle of investigating those substances only which were approved of by Dr. Angus Smith. "By his exhaustive examination of disinfectants," he sets out by explaining, "Dr. Angus Smith has rendered it unnecessary for me to search amongst the numerous class of possibly useful bodies, for those likely to be of practical value. His results I accept in the full conviction that they are correct; and I proceed to investigate the respective merits of the comparatively small number of agents available for disinfection . . . . The choice is limited to chlorine and ozone, and the antiseptics, sulphurous and the tar acids." Mr. Crookes thereupon tries one laboratory experiment with chlorine, to prove that that body acts more rapidly on oxidisable gases than on living cheese-mites, and on that result, supported by certain speculative considerations, rejects that powerful disinfectant as disqualified for combating the infection of the cattle plague. Without instituting any experiment at all, he then rejects ozone, for theoretical reasons alone. There consequently remained only sulphurous and the tar acids to experiment on, and a reference to Mr. Crookes' report will show that from paragraph 29, in which he dismisses ozone, to paragraph 9, which contains the last reference to experiments, he treats almost exclusively of carbolic acid. Such



being the case, it is not a little remarkable, that Mr. Crookes, further on in his report, should have ventured to express himself as follows:—"I am bound to admit, that the conclusion, to which I have been forced to come, is quite opposed to my pre-conceived ideas on the subject. I started with a strong bias in favour of chlorine and ozone, but the irresistible force of the arguments, derived from my experiments, has caused me to alter my opinion."

The next statement in the Summary which requires comment is the following:—"Mr. Crookes' experiments prove exclusively that carbolic acid does not retard or hasten oxidation; most other disinfectants do. It is therefore properly an antiseptic." In regard to this point, it must be allowed, that Mr. Crookes did make conclusive experiments, and did prove that carbolic acid has little or no action on purely chemical ferments, nor on the chemical products of infection, and that it is not an oxidising disinfectant at all, but merely an antiseptic. But the intervention of Mr. Crookes was not required to prove this. It was undisputed, and to be found clearly stated in every modern English work on disinfectants.

The last statement in the Summary which demands notice is this:—"In every case where the carbolic acid was injected marked improvement was evident, and in some cases the animals recovered . . . . One cow that recovered bore the injection, &c." Now, he would be a clever person who could gather from the above that out of five cases of plague-stricken cows treated with injections of carbolic acid, all died except one. Yet this, which differs but little from the general rate of mortality in rinderpest, was the actual result, as the subjoined table will show:—

| Distinguishing number of Cows operated on. | RESULT.                    |
|--------------------------------------------|----------------------------|
| 10 . . . . .                               | died on 6th day.           |
| 11 . . . . .                               | died on 6th day.           |
| 12 . . . . .                               | died on 6th day.           |
| 13 . . . . .                               | killed by first injection. |
| 14 . . . . .                               | slowly recovered.          |

And these are the experiments which, according to Mr. Tichborne, "have a broad bearing upon contagious diseases in general." Is there not reason to suspect that the favourable opinion which that gentleman entertains of Mr. Crookes' labours has originated in the circumstances stated by him, that "the use of carbolic acid as a disinfectant was advocated by him many years ago."—Yours obediently,  
M. D.

#### THE TREATMENT OF THE SICK POOR IN THE STRAND WORKHOUSE, LONDON.

At the weekly meeting of the Guardians of the Strand Union, the Clerk read the following communication from Dr. Rogers:—

"Dean-street, Soho, W., June 17, 1866.  
"GENTLEMEN,—Having been informed that a member of your Board has given notice of a motion for this evening of a want of confidence in me as your medical officer, I consider that it is a duty I owe to myself to forward you an outline of what I have done, or have attempted to do, since I first held office. When first appointed, ten and a half years ago, I at once introduced at my own cost the materials, &c., for a dispensary, &c., nothing of the kind having before that been provided in the building. Shortly after assuming office I learnt that the beer and wine, &c., ordered for the sick by me were served at the early hour of seven a.m., and as constantly the day's supply was consumed before my arrival at nine a.m. I tried to get them supplied at a more reasonable hour, but I had much difficulty in so doing, owing to the opposition of the then master, and the indifference on the part of the then Board, whom I addressed on the subject. In the first summer following my appointment an outbreak of fever took place, owing to excessive overcrowding in the house. I addressed a communication to the Board, and prevailed on them to build at each wing, above the receiving wards, additional wards, and also to dig out an area in front of the ward then used for the reception of persons admitted on nightly orders. This place, called

'bugs'-hole' by the inmates, was a cellar (without area) of the most objectionable kind, and the hotbed from whence fever was largely propagated. Subsequently I induced the Board to enlarge and extend the dormitory accommodation for males and females, hereby adding considerably to the sleeping space for the able-bodied inmates. Having repeatedly noticed that the suckling women became consumptive, or suffered from diseases of an exhaustive character, and that many of their children died, I found on inquiry that the dietary of the lying-in ward, over which I had then no control, and was not supposed to enter without the request of the master or midwife, was very insufficient, as it consisted of gruel only for nine days, and that when discharged to the nursery they went at once on the common diet of the able-bodied inmates; and, believing at that time the Poor-law Board alone possessed the power of altering this, I wrote to that Board on the subject, urging an alteration. In their reply they informed me that I was to be the sole judge of the dietary of this class of inmates; and, having acted in accordance therewith, the then Board of Guardians, some of whom are still members of your body, passed upon me a vote of censure for this act of duty and humanity. Some two years after I suggested the building of a laundry out in the yard, thus removing a pregnant source of ill-health to the inmates; this work having been previously carried on under the entrance-hall, &c., causing the house thereby to be filled with steam and damp. This having been achieved, the accommodation in the house was largely added to, as thereby the men and women's dining-halls were converted into infirm wards, and the old laundry into a dining-hall. On or about this time I suggested the conversion of the dormitories at the top of each wing into sick wards by removing the ceilings and plastering the rafters, and the removing my acute cases there; by this alteration about 250 cubic feet of air was added to each sick inmate, and the chance of the occurrence of erysipelas, fever, &c., was greatly diminished and a better prospect held out for the speedy recovery of all. Shortly after this, and owing to a large increase in the number of aged and infirm persons, I suggested to your Board an important alteration of the dietary of this class of inmates; thereby much suffering from improper food and waste was put a stop to, and a diet more suitable was introduced. This form of dietary has since then been largely adopted by the various metropolitan union houses. I was repeatedly informed by individual members of your Board, and it is correct, that these successive applications evoked much offensive personality and antagonism, and I have been strongly advised by them to keep quiet and not trouble the Board with repeated applications for improvement. In the year 1862 a severe outbreak of fever took place in the building, due solely to overcrowding; twenty-five cases occurred in quick succession. I wrote urgently to your Board on the subject; an extensive exodus of inmates was ordered, the crowding ceased, and the fever also. On or about this time I suggested to the visiting committee an alteration of the dead-house, the grating, &c., from which opened beneath the windows of the women's infirm wards. This place was a part of the carpenter's shop, and separated from it by an imperfect partition. From the grating foul emanations from the dead frequently arose and filled the wards, and in the summer large blue flies flew in and out of them from the dead-house. I made this application to the committee, over which Mr. Joseph Smith presided, but they refused to entertain the question. Shortly after the coroner for Middlesex commented severely on the impropriety of using such a place for such a purpose, and the subject was brought before a second committee, and a proper dead-house was constructed. In 1863 I drew the attention of the Board to the advisability, on the score of economy, want of space, and general absence of accommodation, of subscribing to the Middlesex Hospital, so as to relieve the house of cancer cases, many with this disease having been admitted. The suggestion was adopted, but I heard that Mr. Betts, and some other members of the Board, indulged in offensive personalities. Again, in the same year I advised, with success, the removal of syphilitic cases to the Lock Hospital as soon as possible after they were admitted. Motives were attributed to me by the same members of the Board for my advocacy of this necessary change of the most unfair and unworthy character. In 1864, overcrowding of the house having again taken place, I addressed a written remonstrance to the Board, and pointed out that a malignant fever had broken



out in the house. They thereupon adjourned to it. A large measure of out-door relief was directed, the crowding ceased and the fever also. In May, 1865, the Poor-law Board addressed you on the subject of pauper nurses, and strongly advised you to engage paid and respectable persons, thus taking up a question upon which I had long felt deeply the necessity for change, and which I had tried to induce several members of your board at various times to bring before you. This matter I should have written to your Board about myself had it not been for the determined opposition of certain officials to the introduction of paid nurses. Your Board, however, engaged one, and by the terms of the advertisement limited her attendance to those patients only who were in the two sick wards, amounting to about forty persons; and yet the house contained, as you are aware by the weekly returns, over four hundred sick, aged, and permanently disabled persons, who were thus left to the care of those who had been officially condemned by the Poor-law Board as untrustworthy, and over whom, though I was theoretically supposed to have control, yet practically I had none, for their selection and dismissal were left wholly in the hands of the master and matron; such was the rule when I assumed office, and up to the present time has not been altered. Over and over again I have requested a particular nurse to be removed for inefficiency or worse, but have been nearly always met by the reply that there was no one better suited for the post in the house. When Belsham, the pauper nurse, was removed at my instance for robbing the sick, the master, in consequence of a suggestion by me, undertook to bring the question forward and apply for paid assistance, as the circumstances were such as admitted of no delay; the total refusal, as he informed me, of the visiting committee, and the recommendation of one of the guardians to employ a broken-down potboy, whose antecedents he so well knew, was a proof, coupled with what I have above referred to, that it would be a mere waste of time to make any further communication with your Board on the subject. At the early part of the year 1864, the late Mr. C. Jeffreys moved that my salary should be increased; I waited upon him and others whom I knew to be favourable to me, and urged them to get your Board to provide medicines instead, as I wished to establish the principle that in such a large house as the Strand all the drugs should be found at the cost of the rate-payers, thereby evincing that I had some other feeling in the matter save that of getting a little more money. Your Board assented to the proposition, but limited my outlay on this head to £30 only on the year. With respect to the carpet-beating, I apprehend that the members of your Board who were also members of the last, can by no means endorse the assertion of Mr. Cane, that they were not aware of my opinions on the impropriety of that practice. Your chairman personally dissuaded me from communicating those opinions to your Board in writing, but also Mr. Storr's committee on the subject refused his request to hear me, alleging that they were aware that I held an opinion adverse to its continuance. Your Board is also perfectly cognizant that I strove to relieve the house by soliciting the Middlesex Hospital authorities to take some of our sick; that I suggested the scheme of writing to the various unions round London, soliciting them to take some of our inmates; that when six of my patients were removed to Guy's Hospital, not only was a resolution put on the paper to reduce my salary, but that it was adjourned from week to week, while also the Board sanctioned a return of my salary, fees, &c., and the cost of medicine and appliances,—a course of conduct not dictated by a very generous feeling towards me. Seeing that your Board has been lately reconstituted, I have felt it just to myself to lay before you this brief outline of the continuous efforts that I have made, not only to perform faithfully my daily routine duties, but to obtain successive improvements and ameliorations in the interests of the sick inmates of your house. I have regretted many times, and deeply, that these efforts, instead of receiving the cordial sympathies and assistance of past Boards, have entailed upon me much annoyance, hostility, and undeserved insult. I am happy to believe your Board, as reconstituted, will view with more favour my efforts in this direction, and "Gentlemen, I am, yours very respectfully,

"JOSEPH ROGERS."

After the reading of this letter, it was moved and seconded that Dr. Rogers be requested to resign his post as medical officer to the Workhouse; but an amendment was proposed, and on a show of hands, the numbers were found to be equal.

## Notes on Current Topics.

**LONDON HOSPITAL.**—In consequence of the number of cases of cholera that have recently been brought to this hospital, the Committee have postponed the celebration of the anniversary and the ceremony of opening the Alexandra wing. Apart from the probability that any attempt to hold a festival in the centre of the district that has been smitten with the epidemic, and a natural indisposition to invite the Heir Apparent to take such a risk, we cordially agree with the Committee that, under existing circumstances, it is rather their duty to devote all their energies to the preparation of the new wing for immediate occupation. We hope, therefore, that the funds of the hospital will not suffer, but that the friends of the charity will increase rather than diminish the contributions they had intended to offer. In connexion with the calamity that has caused the postponement, it is a pleasure to be able to record that a young lady has been toiling for many days as an amateur nurse in the cholera wards of this hospital, and that her valuable assistance is thoroughly appreciated, both by the professional staff and the paid nurses, as well as by the unfortunate patients.

**THE VACCINATION ACT.**—We regret that amongst the "massacre of the innocents," the amendment to the Vaccination Act is likely to be sacrificed. Although the poor are almost invariably the greater sufferers in every epidemic of small-pox, mere selfishness might well urge our legislators to insist on some more stringent measure to ensure an observance of the regulations, since every infected house only serves as a fresh focus of contagion. Some anxiety has been felt on account of the recent outbreak of small-pox in London. It has been ascertained that in Spitalfields, where the epidemic has chiefly raged, there has been an utter neglect of vaccination. This in a crowded, poverty-stricken district, has only produced its natural crop. A house-to-house visitation could never be more appropriate than in the case of a visitation of variola, since a careful inspection would in each case determine the degree of protection that has been obtained. We commend the idea to all interested in sanitary matters.

**PUBLIC HEALTH BILL.**—It is satisfactory to learn that the Privy Council has adopted this important measure, and that therefore there is some hope of its passing the legislature. Among its most important provisions we may signalise its requirements to provide sufficient public drainage and a wholesome supply of water; to ascertain what nuisances exist and enforce their removal; to furnish carriages for the conveyance of infected persons to hospitals, and proper receptacles for dead bodies; and to regulate the lodgings that may be separately let, and the number of inhabitants that may occupy any tenement. Some other new and important powers are conferred, and as the Bill comes before the House with the authority of a select committee, it is possible that it may pass in its integrity. Surely in the present state of the public health, Parliament can devote the time necessary for passing into law such valuable provisions.

**HOSPITAL VENTILATION.**—The recommendations of



Dr. Edward Smith to the Poor-law authorities have caused a good deal of conversation in medical circles, and been subjected to an unusual amount of criticism. Dr. Smith had deduced from some of his own experiments that 500 feet of cubic space, with 55 to 60 feet of superficial floor-space per patient would be sufficient. To this no less an authority than Dr. Parkes has deemed it his duty to reply, arguing for the necessity of at least 1000 to 1200 cubic feet with 80 feet of superficial floor-space to each person. With the greatest possible respect for the usual accuracy of Dr. Edward Smith's experimental researches, we feel ourselves obliged, in this instance, to endorse the opinion of Dr. Parkes, in which we believe scientific and practical men will eventually concur. We trust, therefore, that Dr. Smith will yet retract his advice to the Poor-law Board.

**LONDON SURGICAL HOME.**—From the proceedings at the eighth annual meeting of this institution we gather that the Prince and Princess of Wales, have become patrons during the past year, and that £1908 17s. 5d. has been received in donations, and that the patients have contributed £1022 5s. towards the expenses. The Committee have just taken the adjoining premises, which, when fitted up at a cost of about £500, will afford accommodation for twenty additional beds.

**RESULTS OF THE HYDE PARK AFFAIR.**—From its position St. George's Hospital received the largest number of the wounded, 48 cases in all. St. Mary's afforded relief to 12 others. A large number had only slight wounds about the head and face from staves, stones, &c. Among the more serious cases were—1. A dislocation of humerus into axilla. This patient was otherwise severely bruised, and suffered from an effusion into the knee-joint. 2. Case of concussion of the brain complicated with injury to thorax, causing absence of respiratory murmur all over the right half of the chest. 3. Concussion caused by blows from a truncheon; sense soon recovered, but vertigo remains. 4. Fracture of fibula and other injury to the leg. 5. The boy crushed to death between two carriages; but this case scarcely belongs to the Hyde Park disturbance, the accident having occurred in Grosvenor-place, and being quite unconnected with the conflict. 6. Injury to liver by blow from an iron bar. Altogether upwards of sixty persons sought hospital relief. Probably an equal number went home having slighter wounds. Considering the immense crowd of people, and the excited state of both parties, this is not a very serious list of wounded. From it we may fairly conclude that each party has somewhat exaggerated the "brutal ferocity" of its opponent. In what country could a conflict take place between such numbers and the police without much more formidable casualties?

**THE JEWS' HOSPITAL**—The anniversary festival of this institution took place on the 21st, the Right Hon. the Lord Mayor in the chair. The Hospital is situated at Norwood, and is intended for the support of the aged and the education of the young; 12 old men and women, 33 girls in the school, and 89 boys, are now in the house. The income of the charity is about £1800 a year. About £1500 was announced as the amount of the list of subscriptions and donations for the evening.

**HOSPITAL CHANGES IN LONDON.**—Dr. Gull is suc-

ceeded at Guy's by Dr. Habershon, and the Assistant-physiciancy has been conferred on Dr. Moxon. At the London Hospital Drs. H. Jackson and G. H. Sutton have been appointed additional Demonstrators of Pathology, and Dr. Mackenzie joint-lecturer on Physiology. Dr. A. B. Shepherd has been elected an Assistant-physician at the City of London Hospital for Diseases of the Chest in Victoria Park. Dr. Jenner accepts the post of Consulting-physician to the Hospital for Diseases of the Throat.

### MEDICAL REPRESENTATION IN PARLIAMENT.

DR. MACKESY of Waterford presided at the annual meeting of the Irish Medical Association, held at the Royal College of Surgeons on the 5th of June. Alluding to other subjects more or less briefly, the principal topic he discussed was the desirableness of a representation of the medical profession in Parliament.

Dr. Mackesy's views may be shortly stated thus:—The medical profession is not represented in Parliament. There are medical men in Parliament, indeed; but they have not been sent there by the medical body, but by the public—not as representatives of the profession, but as politicians. It is not remarkable, therefore, if they have "not distinguished themselves in connexion with subjects affecting the public health." He suggests the representation of the profession directly. We do not understand quite clearly whether he would devolve the election of members upon the colleges exclusively, or upon the members of the profession and the colleges together. To the colleges or the members, however, he would give the right of electing members of Parliament. He thinks the presence of such men in the House of Commons would be a great accession to its power of dealing wisely with social and sanitary questions, and "would render unnecessary the circuitous and expensive resort to Royal Commissions of inquiry." In support of this view he argues that the Law and the Church have both a virtual representation in the House of Commons, to say nothing of their strength and standing in the House of Lords.

It is due to Dr. Mackesy, to the Association he represents, and to the importance of the subject, to give publicity to his views. There can be no doubt as to the advantage which would accrue to the public by the choicest members of our profession taking part in the discussions of Parliament. But this is the public's look-out. If they are alive to the conspicuous absence of a Minister of Health or any public official that can speak with personal weight and authority on the most vital of all questions—the health of the people—it seems to us that any proposal to supply this defect should originate with the public, or with its representative—Parliament. With the growing attention that is being given to the health of the people, it can scarcely be much longer unnoticed that, while we have Ministers that speak authoritatively on foreign affairs, on points of law, and on questions of education, we have not one who is able to deliver authoritative opinions upon questions touching the health of the community. This ability is so obviously one of the first functions of Government that it cannot always or much longer be entirely ignored in the construction of a Ministry. Its absence is the more to be regretted as there is no end of good work to be done by wise legislation on sanitary subjects. Thousands of lives—adult and valuable lives, as well as lives of children—are to be saved annually, and the comfort and civilization of the people generally are to be correspondingly advanced by anything like competent work in this direction. But we have no faith in the complete discovery of the absurd defect in our executive unless it is made by the public themselves. We must not make choice medical opinion too cheap. If Sir Thomas Watson or Dr. Burrows, or any man of equal standing, is to be tempted into Parliament, or to have due weight when



there, it can only be by making a place in the Government which would be fitly filled by such men. Until some such recognition of the value of State Medicine takes place, we should scarcely care to see the leading members of our profession take much thought about getting into Parliament. Such thought would distract them from the high pursuits of their own profession, without securing to them a corresponding influence in Parliament.

In the meantime, it seems to us better that the medical profession should occupy itself in the cultivation of accurate and scientific opinion on sanitary and medical subjects rather than in the attempt to secure for itself or for its corporations a special representation in Parliament. Dr. Mackesy's proposal is, we fear, objectionable. In the first place, it is inconsistent with our system of representation. There is nothing strictly analogous to the representation of the medical profession which he proposes. No other class, professional or commercial, has the power of electing members of the House of Commons. Were such a power granted to the medical profession it is easy to see that other "classes" would claim a special representation, and that in course of time our House of Commons, instead of representing a heterogeneous constituency, would represent special interests and classes. This would be entirely to alter the principle of our representation. The alteration, it seems to us, is neither practicable nor desirable. It is certainly not practicable. Anyone who has watched the failure of an attempt just made by a Government, and by a statesman of surpassing ability, to merely extend the representation of the people upon an old principle, will be satisfied of the certainty of the failure of any attempt to introduce so novel a principle as that involved in Dr. Mackesy's address. And, if it were practicable, it would not be desirable. We have no interests apart from those of the community. If the community likes to keep up the preventable disease which abounds in it that is scarcely a reason why we should ask for a special representation in Parliament. It will always remain a mystery of benevolence that the greatest promoters of the health of the people are the men who live by the diseases of the people. But there is a limit to our duty of urging the community to consider its health. We may discharge our duty, we may satisfy our conscience and even our benevolence, without making vain demands, which might be misconstrued, for admission, as medical men, into Parliament.

The representation of the Church and the Law, instanced by Dr. Mackesy, is not strictly analogous to the representation of Medicine which he proposes. The University members in the House of Commons can only in a very qualified sense be considered representatives of the Church. And as the universities widen in their character, as they certainly will do, this representation of the Church will be more qualified still. The law officers of the Crown in the House of Commons are chosen, not as lawyers by lawyers, but as political men by the ordinary constituencies. The representation of Law in the House of Lords arises entirely out of its character as a law court.

We repeat that we should be glad to see a few of the leading members of the profession in Parliament. And when Parliament has made an office which such men could accept with advantage to the public and with honour to the profession, we believe that their election will be practicable in the ordinary way.—*Lancet*.

## Parliamentary Intelligence.

### HOUSE OF LORDS.

JULY 19TH.

#### DISINFECTATION OF SEWAGE.

A BRIEF discussion arose upon the motion of Lord SHREWSBURY for a Select Committee to inquire into Mr. Dover's method of disinfecting sewage; but although the merits of the plan were well spoken of, Lord Derby thought the subject was one which should be dealt with by the Royal Commission upon the Pollution of Rivers, and the motion was not pressed.

JULY 24TH.

#### VACCINATION.

The Earl of SHAPTESBURY asked what steps would be taken during the present session in respect of the Bill regulating vaccination. He stated that in 1863 there were 3000 deaths from small-pox in London alone; in 1864 there were in the country 7684 deaths, indicating 20,000 cases, and there were now symptoms of a growing prevalence of this disease. He trusted that the Government would proceed during the present session with a Bill on this subject now before the other House.

The Duke of BUCKINGHAM, in reply, said that it was found desirable to postpone the consideration of the Bill until next Session.

### HOUSE OF COMMONS.

JULY 20TH.

#### ARMY MEDICAL OFFICERS.

General PEEL, in reply to Colonel North, said there would be no objection to lay upon the table of the House the report of the committee on the position and pay of the medical officers of the army and navy, which had already been moved for that evening. He was happy to say that it was intended not only to adopt the recommendations of the committee in favour of medical officers of the army, but to go beyond them (hear). Nothing was taken in the present estimates for this service, and it could not, therefore, come into operation until the beginning of the next financial year.

#### CATTLE DISEASES ACT.

Mr. WALPOLE, in reply to Mr. Read, said that no modification of this Act was contemplated at that moment. He intended to bring in a Bill to amend the Cattle Plague Act on Thursday, of which he would give notice that night.

#### THE CASE OF MR. TOOMER.

Mr. WALPOLE, with regard to some representations by Mr. Eykyn on the subject of the late extraordinary conviction and sentence on Mr. Toomer at Abingdon for an alleged rape, said that the case had not yet come officially under his notice, but he was led to believe that an application on the subject would be made to him in a day or two, and the moment it was he would give it his best attention.

#### VETERINARY SURGEONS BILL.

Mr. NEWDEGATE said it was not his intention to press the measure during the present session, but he was anxious to remove some misapprehensions which had arisen with respect to it since the second reading. The right hon. gentleman then entered into an explanation of the measure, and expressed a hope that the right hon. gentleman who represented the Education Department would give an assurance that during the recess nothing should be done to prejudice the case as it now stood.

Mr. CORRY gave the assurance asked for.

The order was ultimately discharged.

The following petitions were presented:—Against the Vaccination Bill, by Mr. Hadfield, from Eccleshall, Yorkshire; in favour of the Artisans Dwelling Bill, by Mr. M'C. Torrens, from Plumico, Westminster, and Chelsea, and also from the parish of St. Luke's; from the committee of the Dorset County Hospital, in favour of continuing the exemption from local taxation of charitable institutions.

JULY 23RD.

The following petitions were presented by Alderman Salomons, from the Greenwich District Board of Works against the Bill to provide better Dwellings for Artisans and Labourers; also from the same petitioners against the Cattle Diseases Prevention Bill, 1866; and Lord Grosvenor from the justices of Flintshire praying for a national assessment for compensation for the losses occasioned by the cattle plague.

#### THE HOUSELESS POOR ACT.

This Bill was discussed by Messrs. Bromley, Neate, and Henley.

Colonel Hogg said it would be very difficult to detain casuals in the London workhouses. In St. George's, Hanover-square, there was workhouse accommodation for the poor for between 600 and 700 paupers, which was nearly all occupied. In January, 1864, there were 346 casuals; in February last they amounted to 1282, and 775 of these had



to be accommodated in hired lodgings; in March there were 1193, and 895 had to be accommodated out of the workhouse.

Mr. HARDY, in reply, stated that there was accommodation provided in the metropolis for 2000, which was far beyond the requirements, as the number of casuals averaged 1000 to 1100.

JULY 24TH.

PUBLIC HEALTH BILL.

The House went into committee on this Bill.

Clauses up to 4 were agreed to.

On Clause 5, regulating the formation of special drainage districts,

Mr. HENLEY moved an amendment providing that the district rate be made in the same manner and assessed on different descriptions of property in the same way as a general district rate in the Local Government Act, 1858.

Mr. BRUCE declared that he could not assent to the amendment, which was lost by a majority of 74.

The clause was then agreed to, as were clauses up to 9, when the House resumed.

SUCCESSFUL TREATMENT OF CHOLERA.

MR. FREDERICK SMITH of York House, Penzance, writes to us detailing a method of treatment, pursued at Naples, by which in 592 cases not a single death occurred:—

Happily, the remedy in question is one which has been employed by all the medical schools, and can give rise to no angry debate. The dominant school, sometimes called allopathic, have used it; and that comparatively small section of the profession called homœopathic is also in the habit of prescribing it. But neither party, as a school, has thought of preparing it in the way in which Dr. Rubini—the author to whose labours in this cause I am about to refer—has found so invariably successful. For example, the ordinary spirits of camphor of the British Pharmacopœia consists of one part by weight of camphor to nine parts of spirits of wine; the homœopathic preparation of one of camphor to five of spirits of wine; whereas Dr. Rubini's preparation consists of equal parts by weight of camphor and spirits, and to the power thus obtained he attributes his success in the treatment of the disease. And here I may say that the quantity of camphor which water will take up is small. To obtain, therefore, the "saturated spirits of camphor of Rubini," it is necessary to distil spirits of wine, and get rid of so much of its water as will bring it to 60° over-proof, in which condition it will dissolve and hold in solution its own weight of camphor.

With this "saturated spirits of camphor" Dr. Rubini, an eminent Neapolitan physician, has treated in Naples 592 cases of Asiatic cholera without the loss of a single patient. Of these 592 cases 200 were cured in the Royal Alms House, 11 in the Royal Poorhouse, and 166 in the Third Swiss Regiment of Wolff. That the 377 cases treated by Dr. Rubini in these public institutions were all genuine cases of Asiatic cholera, and some "terribly severe," and that all recovered, the evidence of the following distinguished individuals, with their official seals attached, sufficiently attest—Il Generale Governatore Ricci, Il Maggiore Commandante Nicola Forni, Il Capitano Commandante Carlo Sodero, Generale Commandante Fileppo Rucci, Colonel Eduardo Wolff. "The method of cure" is as follows:—"When a man is seized with cholera, he should at once," says Rubini, "lie down, be well wrapped up in blankets, and take every five minutes four drops of the saturated tincture of camphor. In very severe cases the dose ought to be increased to from five to twenty drops every five minutes. In the case of a man of advanced age, accustomed to take wine and spirits, where the drug given in drops has no effect, give a small coffee-spoonful every five minutes, and in a very short time the coveted reaction will occur. Ordinarily, in two, three, or four hours abundant perspiration will come out, and then cure will follow." "The preventive method," writes Dr. Rubini, "is this, let those who are in good health, while living in accordance with their usual habits, take every day five drops of the saturated spirits of camphor upon a small lump of sugar (water must never be used as a medium, or the camphor will become solid, and its curative properties cease), and repeat the dose three or four times a day. Spices, aromatic herbs, coffee, tea, and spirituous liquors should be avoided."

THE CHOLERA.

THE Ven. Dr. Lee, Archdeacon of Dublin, having consulted some eminent physicians, has caused the following paper to be circulated among our poorer brethren of all persuasions in his large parish in Dublin. We highly approve of this document, and we strongly recommend our readers to urge clergymen of all persuasions throughout the country to follow Dr. Lee's example.

St. Peter's Parish, July, 1866.

The following observations are commended to your attention, as containing advice which may be found useful should it please God, in His wisdom, to permit this city to be visited by the pestilence known as the cholera:—

1. Cholera is less dangerous to those in attendance on the sick than scarlatina, small-pox, or typhus fever.
2. All rooms, yards, cellars, and privies, should be white-washed at once, before the cholera appears; and the white-washing should be repeated from time to time.
3. Cholera almost always gives the sufferer some hours' or even days' notice of its approach, by a looseness in the bowels, which is a sign that must be immediately attended to.
4. On the arrival of cholera, chloride of lime should be used freely, to purify the evacuations arising from looseness of the bowels, or from vomiting; and all such should be regularly and immediately removed from the sick room.
5. The chief danger arises from neglecting thus to purify the apartments, as well as all evacuations, by means of chloride of lime or other agents, and from carelessness in drinking water that may contain the seeds of the cholera-poison, owing to neglect of sewerage and deficient supply of pure water.
6. All water used for drinking should have been previously boiled, so as to destroy the traces of cholera-poison that might exist in it.
7. Nothing is more important than to secure a supply of fresh air in the sick room. This may be effected by lowering the upper window sash, or by boring a good-sized hole through the top frame.
8. If cramps accompany looseness of the bowels, the patient should have heated bricks placed to the soles of the feet and between the thighs, and also be rubbed well on the stomach with warm flannels while medical aid is being sought, which should be done without delay.
9. It is of the greatest moment that you should not give way to unreasoning fear, and that you should face the danger, if it comes, with Christian courage. To secure that calmness of mind, without which you cannot give any real help to your family or neighbours, you should place your entire trust in the mercy and goodness of God, on whom alone, in seasons of health and of sickness, life and death depend, remembering always, that when you are performing your duty to your neighbour, you are obeying and serving God.

A SUPPLEMENT to the *London Gazette* of Friday week contains an Order in Council, directing that the provisions contained in the "Diseases Prevention Act, 1855" (23rd and 24th of Victoria), for the prevention of diseases, shall, from and after the 14th instant, be put in force within the whole of England. Thirteen deaths have been reported from the cholera ward at the Liverpool workhouse. Nine cholera patients remain, and two at least cannot be expected to live. The select vestry have determined upon a house-to-house medical visitation of the poorer districts, and the isolation of families in which cholera has appeared, as well as the removal of actual sufferers beyond the town. They have, with this purpose, renewed their occupation of the Bank Hall warehouses, which will hold from three hundred to four hundred persons. The preparations will be completed in a few days, and then all persons stricken by cholera, all members of families in which it has appeared, and all persons whose removal is rendered necessary by the want of new sanitary arrangements in their houses, can be removed to Bank Hall. We regret to hear that the cholera is rife at Southampton. Up to a few days ago forty deaths had occurred. We believe that injudicious attempts are made to keep the fact quiet.

A PAUPER died last week at the Liverpool Workhouse at the reputed great age of 106 years.



## LOTHIANS' MEDICAL ASSOCIATION.

A MEETING of the medical profession of the Lothians was held in 5, St. Andrew-square on Wednesday week, to receive the report of a committee appointed at a preliminary meeting, and, if approved, adopt a draft constitution for the Society. The chair was occupied by Professor Christison; and there were also present—Professor Bennett, Dr. Andrew Wood, Dr. Alexander Wood, Dr. Warburton Begbie, Dr. Mathews Duncan, Dr. Dunsmore, Dr. Keiller, Dr. Graham Weir, Dr. Dickson, Dr. Bruce, Dr. Balfour, Mr. Wm. Brown, Dr. Joseph Bell, Mr. Carmichael, Dr. Sibbald, Dr. Fowler, Cortstorphine; Dr. Gordon, Juniper Green; Dr. Bryce, Dalkeith; Dr. Main, Lasswade; Dr. Peacock, Liberton; Dr. Smith, East Linton; Dr. Carruthers, Cramond; Dr. Wallace, Kirkliston; Dr. Balfour, Portobello; Dr. Stephenson, &c.

The following draft constitution was submitted to the meeting:—

1. *Name.*—That the name of the Society be “The Lothians' Medical Association.”

2. *Objects.*—That the general objects of the Association be to procure combination of action in all matters affecting the interests of the profession, and to promote a friendly feeling among the members, and that these be principally carried out by—*A.* Watching all bills that may be brought into Parliament in which the interests of the profession may be involved. *B.* The giving aid and support to any member who may be unjustly made the object of legal prosecution on the part of a patient. *C.* By decisions upon all questions of usage or courtesy in conducting medical practice, and arranging in all matters of dispute among members. *D.* By introducing various customs into practice which will be of benefit to medical men; such as making it be generally understood that midwifery, like consulting fees, be paid at the time, and coming to some definite arrangement to afford protection against the want of consideration on the part of the public in sending messages late in the day. *E.* By holding *conversazioni*, at which subjects of general importance to the profession may be discussed.

3. That all legally qualified practitioners be eligible for membership.

4. That the entrance fee be one guinea, with the annual subscription of five shillings.

5. That the affairs of the Society be conducted by a president, (two) vice-presidents, and (twelve) members of committee.

Dr. FOWLER moved that the Lothians' Medical Association be hereby constituted, and that the draft constitution now submitted by the Provisional Committee be generally approved. He congratulated the meeting that so far success had attended their efforts, and remarked that the manner in which the proposal had been taken up was due not to the agency of its original promoters, but to the claims of the good cause. With regard to the draft constitution now submitted, there were one or two points to which he would advert. He confessed that the idea of some united action with regard to the fees of the profession was that which had originally brought them together. In this respect the country practitioners were often very unfavourably circumstanced. Although there were many among the hinds and agricultural labourers who paid their medical fees, there were others who did not do so, and from which it was next to impossible to get any remuneration at all. He had not, in the space of twenty years, been able to get 20s. from that class in remuneration for his services, notwithstanding the families were earning in some cases 36s. a week. He thought the remedy for that state of things was for the practitioners to agree—and nothing could be done without their agreement—not to attend unless the hind gave a line to the practitioner, or to his master, saying he would allow the doctor's fee to remain in his master's hand at the term. With regard to the bothy people, something of the same kind might be done; and as to the other labourers—some of whom, when

their bill had run on for several years, betook themselves to another doctor to avoid the debt—(a laugh)—the practitioners might come to an understanding not to attend until the account of the previous medical attendant were settled. He would be the last to wish to harass any one, especially those who might be in straitened circumstances—for, as they all knew, there were many poor who were not on the poor's roll—and to such they would always be glad to give their services; but for those who were able to pay, but would not, he thought they were called upon to protect themselves. The only other point he would refer to was as regarded matters of medical etiquette. He thought that if one medical man felt himself aggrieved by another, the first thing he should do was to ask a friendly explanation, instead of taking his account of the matter from the patient. He thought such an association would be of great value in diffusing a kindly feeling among the medical profession, and in protecting their mutual interests (applause).

Dr. ANDREW WOOD seconded the motion. He said the profession might not have so much to complain of in the town as in the country; but if so, he felt it all the more their duty now to come forward and give their sympathy and help to their country brethren. They belonged to an anxious, laborious, responsible profession, and one that was often very badly required. There was no early closing movement for them, no Saturday half-holiday, no Sabbath rest, no assured rest even in bed at night. He thought, therefore, the profession required to be treated with all the more consideration and respect by the public. He believed that in past times much of the disparagement which had been thrown on the profession had arisen from the immense competition within it. It was because medical men had held themselves too cheap that they had been held so cheap by the public (hear, hear.) They had been held cheap by the poor-law authorities, and they had been badly treated by the army and navy medical services. He trusted there was a brighter day dawning for them; but if they would achieve freedom from these things they must achieve it for themselves. Every one knew that the standard of the profession had been greatly raised of late years, and it was impossible now for an illiterate man to enter the profession. It was impossible for men who had not gone through a high amount both of preliminary and professional education to enter the profession. In proportion, therefore, in which the standard of the profession was raised, the claims which the profession had on the public were raised. This association, would he thought, be instrumental in promoting these claims upon the public, as well as in forming a bond of union among themselves. It was also of vast consequence that they could bring such an organisation to bear on legislation with regard to the interests of the profession. If there were more associations and combinations of this kind they would not be offered such insults as vaccination bills, with a fee of 1s. 6d., or registration bills imposing on them the signature of certificates without remuneration. He held that in these matters the whole profession, both in town and country, was deeply interested, and that the formation of such associations would be attended with the best effect.

Professor BENNETT said he thought it was not only in the country but in the town that this question of remuneration was felt. It was not the hinds and bothy people only, but the public at large, that required enlightenment on this point. Circumstances were now greatly changed from what they were in former years. The prices of living had been greatly increased, yet the remuneration of medical men, instead of being increased, had rather diminished. He thought that one of the first duties of the committee should be to look into the question from a large point of view, and as affecting the whole country (hear, hear).

Dr. BONNAR, Cupar, suggested that the area of the Association should be altered so as to embrace Fifeshire, and, if necessary, also the north of the Tay.

The CHAIRMAN said there was nothing to prevent the



committee considering this question of extension, and there was no practical restriction upon the admission of members, but meantime he thought they should adopt the proposal in the draft constitution.

The SECRETARY said this question had been discussed in the acting committee. It was originally intended as a Mid-Lothian Association, but in consequence of representations coming from the other Lothians, it was resolved to adopt the wider title. It was even suggested that they should form a national association, but it was thought better to adopt a local basis in the first instance, but imposing no restriction on the admission of members.

Dr. ALEXANDER WOOD read a letter from Mr. Murray, Newcastle, suggesting that a universal association should be formed, to which local associations might be affiliated.

Dr. WARBURTON BEGBIE said that already there were medical associations of a similar kind in Forfarshire, in Aberdeenshire, and in the south of Scotland, and it would be rather trespassing on them to make this a national association.

The CHAIRMAN entirely agreed that it was desirable to make the operations of this body more extensive than only to embrace the Lothians; but he thought an excellent beginning would be made by adopting the proposed draft constitution. It might also be found that a large and comprehensive association would not work so well, and that members at a distance would cease to take interest in its business. It would be far better to form a series of local associations affiliated to a general body, each body acting independently in its own locality, but subordinated to a general principle.

The resolution was unanimously approved.

Dr. ALEXANDER WOOD moved that Dr. Christison be appointed president, and Sir J. Y. Simpson, Dr. Begbie, and Dr. Fowler, vice-presidents of the association. He said he need hardly impress on them the importance of union in the profession. They had hitherto left their interests to be attended to by others, and but for the intervention of the colleges there would have been no one to protect their interests. He did not believe the profession were generally aware of how much they owed the colleges, but for whose efforts much worse lunacy and vaccination bills would have been passed. If the colleges, which could only include a limited number of the profession, had done so much, what might not the whole profession do when it was organised, as it might be both here and throughout Scotland? The great thing to look for in the elevation of the profession was the diminution of its members (a laugh), and he was happy to say that the stringent examinations now imposed were reducing the numbers, and the consequence would be, that those who did practise would be of a higher grade, and their would be less competition and underselling among them; while what were denominated the rough-and-ready practitioners, who depended rather on mother-wit than on medical education would disappear. The poor-law boards and others, who were now grinding off the faces of the medical men, would be compelled to pay them adequately for the duties they were required to discharge.

Dr. BALFOUR seconded the motion, which was also carried.

The CHAIRMAN returned thanks for the compliment paid him. He remarked that notwithstanding the elevation of the professional standard the scale of remuneration had been allowed to sink, and it was now much lower than it had been in his young days. In these days medical men were scarcer and better paid, and it was only when they got more numerous that they felt any difficulty.

Dr. J. MATHEWS DUNCAN proposed the election of a committee of management, remarking that it would be a great advantage if, instead of rivalry, they promoted a spirit of goodwill and helpfulness among the profession. The following were the names of the committee proposed:—Professor MacLagan, Professor Bennett; Dr. Alexander Wood; Dr. Graham Weir, Dr. J. M. Duncan, Dr. Gillespie, Dr. Keiller, Dr. Sanders, Dr. T. A. G. Balfour;

Mr. W. S. Carmichael, Dr. Paterson, Leith; Dr. Balfour, Portobello; Dr. Bryce, Dalkeith; Dr. Bonthrou, West Linton; Dr. Gordon, Juniper Green; Dr. Main, Lasswade; Dr. Sheriff, Ratho; Dr. Smith, East Linton; Dr. Spence, Linlithgow; Dr. Wallace, Kirkliston; and Dr. Watson, Tranent.

The CHAIRMAN read letters of apology from Professor MacLagan and Sir J. Y. Simpson—the former suggesting the power of remit to an acting committee, and the latter pointing out that a sheriff officer got a larger fee for a statutory service than a medical practitioner.

It was resolved to remit to the committee to consider the expediency of enlarging the sphere of the association.

On the motion of Dr. BALFOUR, Portobello, seconded by Dr. GORDON, Juniper Green, Dr. P. H. Watson was appointed treasurer, and Dr. Stephenson was appointed secretary.

On the motion of Dr. ALEXANDER WOOD, a vote of thanks was given to Dr. Christison for presiding.

#### NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

ON Wednesday last the ceremony of opening the new National Hospital for the Paralyse and Epileptic, in Queen's-square, Bloomsbury, on the completion of the extensive and unique alterations, was performed by the Right Rev. the Lord Bishop of Oxford, in the presence of the Marchioness of Thomond, Lord and Lady Taunton, the Hon. Mrs. Lukin, Lady Smith, Miss Adelaide Henley, Miss Chandler (one of the founders of the institution), the Rev. John Back, rector of St. George's, Bloomsbury, and several friends of the institution.

The hospital was instituted in 1859, under the auspices of Mr. Alderman Wire, but it became necessary, in consequence of the increasing claims upon the institution, to take measures for enlarging it. When the hospital was closed twelve months ago for this necessary extension there were forty resident patients, who were dispatched to the country, and there are now 1200 out-patients, and a Samaritan society, managed by a committee of ladies, for assisting the more needy applicants with food, clothing, &c. A pension fund has also been formed, which yields sufficient funds for the granting of four pensions in perpetuity. The arrangements of the hospital in its present enlarged and improved form struck the visitors with surprise for their thorough efficiency and the admirable taste in which they are conceived. The architect has fused two houses into one with excellent judgment, both as regards the economy of space and the securing of complete ventilation; the furnishing of what are called the day rooms and the sleeping wards is in most pleasant relief to the ordinary gloom of hospital accommodation, and reflects the greatest credit on the good taste of the hon. secretary, Mr. Chandler; whilst the gymnasium and electrical room, the work of Mr. Radcliffe, the medical superintendent of the institution, is a model for imitation. It is difficult to convey a notion of the character and style of the house accommodation for the patients. Refined minds have been at work to select and dispose the furniture of this hospital, but the idea is expressed in the announcement of the committee of ladies when they acknowledge the generous sympathy which has enabled them "not only to provide every necessary for the sufferers, but to surround them with comforts, to soothe them with the sight of pleasant objects, and give them for the time a light and cheerful home."

MODE OF RESUSCITATING PATIENTS DYING FROM CHLOROFORM INHALATIONS.—M. Lefort stated at a late sitting of the Surgical Society of Paris, that he believed death to occur in these cases from syncope—i.e., want of cardiac contractions. He considers artificial respiration useful, because it forces blood from the lungs into the heart. A more efficacious measure, according to M. Lefort, is galvanism, with one pole placed along the spine and another on the epigastrium.



UNIVERSITY OF DUBLIN, TRINITY COLLEGE.  
Medical Scholarship Examination.

TRINITY, 1866.

PROFESSOR McDOWEL.

1. Give a description of all the circumstances connected with the descent of the testicle.
2. Enumerate the structures which exist in the foetus, and either disappear or exist in a degenerated condition in the adult.
3. Enumerate the openings which are seen in the cavity of the tympanum.
4. Describe the dissection you would make to expose the terminal stage of the lingual artery.
5. The course, relations, and distribution of the temporo-auricular nerve?
6. Describe the epiphyses of the humerus, and state the periods at which they become consolidated with the shaft.
7. Enumerate the muscles which elevate and those which depress the acromion process.
8. Give a description of the thyroid veins.
9. Describe the popliteus muscle, and mention how it acts.
10. Enumerate the rotator muscles of the hip-joint, and assign their several actions.

CHEMISTRY.—DR. APJOHN.

1. Chlorine may be obtained by the action of muriatic acid on peroxide of manganese, bleaching salt of lime, chlora or bichromate of potassium; what is the reaction in each of these cases?
2. Explain the volumetric process used in the Pharmacopœia for determining the amount of iron present in a solution as a protosalt.
3. A wine-glass containing 230 grains of aqua lauro-cerasi was rendered alkaline by the addition of an excess of caustic potash, and to it then a standard solution of nitrate of silver was added until the precipitate which formed, when stirred, ceased to dissolve; the volumetric tube being now read, it was ascertained that thirty-five measures of the silver solution had been added; from these data deduce the percentage of hydrocyanic acid in the aqua lauro-cerasi.
4. There are but two ethers in the Pharmacopœia—a simple ether, and a compound ether; write the formula of each, and describe and explain the process by which they are obtained.
5. Describe the process by which calomel is made, and in particular the expedient by which it is obtained as a fine powder without resorting to trituration; state also how you would test it for corrosive sublimate.
6. How does Liebig determine by a volumetric process the quantity of chlorides in the urine, and the amount of its urea?
7. How would you make the analysis of blood so as to determine the amount of its fibrin and of its globules?
8. Write the formula of glycerine, and mention how it is insulated in the process of saponification; state also how it may be made artificially, and name the class of chemical bodies to which the fats should be referred.
9. What is the only proximate constituent of the blood in which iron is found; and how did Engelhardt show that the metal was present in the unoxidized condition?
10. Specify the colour tests for morphia, strychnia, and quinia.

DR. WRIGHT.

1. Compare any ordinary Dicotyledonous, with any ordinary Monocotyledonous Plant, as to their germination, stems, leaves, and flowers.
2. How is the terminal bud developed in the Ash, Elm, and Horse-chestnut?
3. Contrast the "pitcher" of *Nepenthes* with that of *Sarracenia*.
4. What are the effects of cultivation on the florets of a Composite Plant; and what as seen in the flowers of the *Ranunculaceæ* and *Rosaceæ*?
5. Describe an Anotropous and a Campylotropous Ovary.
6. Describe the fruit of the Walnut, Apple, and Date.
7. Describe the following confluent fruits:—*Syconus*, *Sorosis*, *Strobilus*, and *Galbulus*.
8. Give an instance of dehiscence taking place before the ripening of the seed.
9. Give a diagnosis of the Natural Order *Cucurbitaceæ*.
10. Write a detailed description of the Plant on the table.

## Notices to Correspondents.

*Dr. H.* is thanked for his suggestion.

*M.R.C.S.*—Your paper would not have the desired effect if published now.

*Medicus.*—In point of etiquette you were correct.

*F.R.S.*—The subject is a very delicate one to handle.

*Mr. John E.* shall have a private note.

*Dr. B.* shall be happy to receive the cases you mention.

*A. P.*—See MEDICAL PRESS AND CIRCULAR of March 28.

*Inquirer.*—"Public Opinion" is preferable.

*A Subscriber.*—Podophyllin, or vegetable calomel, as it is sometimes called, is the resinoid principle of *Podophyllum Peltatum*, or May-apple of North America. It is soluble in spirit, and partially so in ether. Wood and Bache describe podophyllin as an active and certain cathartic. In minute doses, frequently repeated, it is said to diminish the frequency of the pulse, and to relieve cough. It is employed in bilious fevers and hepatic congestions—with bitartrate of potash in dropsical rheumatism and scrofulous complaints; also in hæmoptysis, catarrh, and other pulmonary affections. Dose, from a quarter of a grain to one grain. The maximum dose should be given with caution. If an overdose is given, or it is taken by mistake, lactic acid should be freely administered. It is best administered in the form of a tincture, and with sugar of milk (sour milk or buttermilk). Podophyllum and its preparations possess great escharotic power.

*Mr. Griffin's* letter is inserted.

*P. S.*—The case is incorrectly reported in many particulars.

*Dr. Clarke, Dunmurry.*—The suggestion is a good one, and shall be followed up. We suspect it will prove that pledges in opposition are different from those in office.

*Dr. Clarke, Dunfanaghy.*—We have replied by private note.

## Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College, at a Meeting of the Court of Examiners on the 24th inst. :—

Ash, Robert Vacy, Stratton, Cornwall.  
Bell, John Hougham, Caroline-street, Bedford-square.  
Burton, Thomas Beard, Barbadoes, West Indies.  
Clark, Edward, M.D., Philadelphia.  
Coles, Charles George, Blenheim-crescent.  
De la Cour, George Francis, Chatham.  
Dodsworth, George Henry, Turnham-green.  
Eager, Reginald, Guildford.  
Evans, Owen, Panby Trefriw, Conway.  
Foxon, Foxon, Maddox-street, Hanover-square.  
Jackson, Frederick William, Broadstairs, Kent.  
Moore, George, Birmingham.  
Parks, John, Bury, Lancashire.  
Power, Frederick Douglas, Queen's-square, Bloomsbury.  
Pringle, James Marr, Tynemouth.  
Richardson, John Ashton, Hull.  
Ridout, Charles Lyon, Egham, Surrey.  
Robbs, Charles Henry Denny, Grantham, Lincolnshire.  
Trinnell, Edward Alfred, L.R.C.P.E., Lewisham-road.  
Turner, Thomas Aubrey, Wellington-square, Chelsea.  
Watson, Frederick Hastings, Norwich.  
Wilson, Henry Gratton, Great Malvern.

The following gentlemen were admitted Members on the 25th inst. :—

Bainbridge, George, Harrowgate.  
Cardozo, Frederick, Vinay, Madras.  
Chaldecott, Horace, Dorking, Surrey.  
Flint, Frederick, Canterbury.  
Hallowes, Adolphus Henry Blackwood, Canterbury.  
Hay, Thomas Bell, Caledonian-road.  
Lambert, Frederick William, Farsley, near Leeds.  
Langmore, John Wreford, Sussex-gardens, Hyde-park.  
Moon, Robert Charles, Brighton.  
Reilly, Maxwell James, Dublin.  
Salzmann, Frederick William, Brighton.  
Stedman, John, Islington.  
Taylor, Alfred Claude, Nottingham.  
Taylor, Frank, Askwith, Romsey, Hants.  
Vaudagne, Jean Baptiste Polyxen, Mauritius.  
Ward, John Lewis William, Cardiff, South Wales.  
Wheatcroft, Thomas Charles Croose, Cannock, Staffordshire.  
Williams, Evan Elias, Bangor, North Wales.  
Wilson, Thomas, Longford, Ireland.

At the meeting of the Court on the 24th instant Mr. George Bewsher Beale, of H.M.S. *Excellent*, and Mr. Robt. Longstaff Bett, of the Royal Naval Hospital, Hasler, passed the examinations for Naval Surgeons. These gentlemen had previously been admitted members of the College, their diplomas bearing date respectively January 7th, 1858, and April 15th, 1859.

[The name "A. S. Atkyns," printed in the list of gentle-







## London Medical Press &amp; Circular.

"SALUS POPULI SUPREMA LEX."

## Original Communications.

## CONTRIBUTIONS TO CLINICAL SURGERY.

By WILLIAM HARGRAVE,

PROFESSOR OF SURGERY, ROYAL COLLEGE OF SURGEONS, IRELAND, SURGEON  
TO THE CITY OF DUBLIN HOSPITAL.EXCISION OF AN ATHEROMATOUS TUMOUR FROM THE  
FOREHEAD; WITH PATHOLOGICAL OBSERVATIONS  
ON ITS POSITION, AND THE RESULT OF IT.

I WAS consulted on the 27th June last by a professional friend as to the propriety of removing a small circumscribed tumour from the left side of the forehead of a young girl, aged seven and a half years. It was first noticed about a year previous to my seeing her, and was situated about a finger's breadth above the left superciliary ridge; it was slightly moveable, apparently deep-seated, resting upon the frontal bone. The ether spray was very well administered by Mr. F. McClean, producing but a *feeble* anæsthetic effect; the tumour was then extirpated, requiring a free dissection, and the division of all the coverings down to the bone, in which it was partially imbedded, and was removed in totality, with the capsule perfect; it was the size of a small flattened horse bean, of the atheromatous variety, and was completely covered by periosteum, to which it was adherent. On the removal of the tumour there was seen and felt an evident pit or cup formed on the frontal bone, admitting the end of the index finger. I mention this depression to assist in clearing up the difference of opinion which surgeons hold on this pathological question, as far as this single example will permit me to establish it.

In consequence of a case which I submitted to the Surgical Society of Ireland last February, of the removal of an atheromatous tumour from the back of a young lady's head, the size of a small walnut, which was easily enucleated, offering a strong contrast to the dissection requisite for the extirpation in the present case. The question was then raised, if the cranium was ever indented by these kind of tumours? Some of the members of the Society were for the affirmative; others of the contrary opinion. I remarked where the depression existed, if the tumour formed beneath the occipito-frontalis tendon and the periosteum, its presence caused the absorption of the bone, producing the pit or cup.

One of the members, actuated by great zeal for pathology, to clear up and decide this point, consulted some high surgical authorities in London, the museums in that city and in Edinburgh, also Cruveilhier of Paris; all admit such a result as the formation of these cups or pits is not very common from atheromatous tumours. This tumour rested upon the frontal bone, requiring a *free dissection* of all the superincumbent parts to detach it from its situation. The formation of the cup or pit in the cranium depends on the fact, whether the tumour is beneath or superficial to the periosteum. In this instance the tumour was not congenital. No doubt exists in my mind if permitted to remain in its situation, and increase in size, there would have been formed in the bone a cup or depression, with or without a lip or border, perhaps exposing the dura mater.

July 7th: A fortnight after the operation the wound healed, and a depression in the cicatrix indicated where the tumour was situated.

SUCCESSIVE FORMATIONS OF ABSCESSES AROUND THE  
KNEE-JOINT, COMPLICATED WITH SUBACUTE IN-  
FLAMMATION OF THE LATERAL LIGAMENTS.

Mary C—, æt. 22, admitted into the City of Dublin Hospital, May 7th, presenting all the symptoms of acute inflammation of the patellar bursa of the right knee, without any assignable cause, as is generally productive of this affection; the disease was of a week's duration; fluctuation at a depth from the surface, was evident. Means were adopted to favour the progressive course of the abscess to the surface; after two days it was freely opened by a perpendicular incision, and a large quantity of healthy pus was discharged from it. The ether spray was fully administered in this case, and did not come up to my expectations in alleviating pain; in fact, disappointment was the consequence of its application.

After opening this collection of matter, I anticipated the same course as I have experienced in many similarly situated purulent collections, that is to say, the discharge would gradually diminish, and a few days would bring round her convalescence, in which I was much deceived.

On the 18th another abscess formed on the external side of the knee, in the site of the external lateral ligament, attended with much pain. This collection called also for a free incision, giving exit to a large quantity of healthy pus.

On the 25th another large abscess formed on the internal side of the knee, over the internal lateral ligament, accompanied with intense pain, but as the matter communicated with the unopened incision, which was made for the patellar abscess, for which she was admitted, though suffering much, she resisted every proposal to have it opened; however, the pain became so intense, continuing for forty-eight hours, she asked for it to be opened. The ether spray was used, but certainly no alleviation to pain; through the wound I introduced my finger, which detected a large abscess, extending to the popliteal space, and a hand's breadth upwards above the centre of the knee; the internal lateral ligament was softened, shreddy, almost converted into a pulp, corroborating my opinion that these lateral abscesses were intimately connected with subacute inflammation of the ligaments on these aspects of the joint. The case then advanced rapidly to convalescence, and she was discharged from the hospital July 6th, one month from her admission.

Patrick D—, admitted June 19th, with acute patellar abscess of left knee, caused by kneeling upon a small angular pebble; one week's standing; evidently full of matter; it was freely opened, with a full discharge of matter. The case presented almost identical symptoms with the last, an abscess forming in relation to the external lateral ligament, attended with much pain referable to it, communicating with the patellar one. By judicious pressure and bandaging it was emptied through it and cured. Subsequent to this abscess a third one, attended with excruciating pain, formed over the internal lateral ligament, which the patient asked to be opened. He was suffering so much from it that the ether spray was used and disappointed me in mitigating the pain; the ligament was in the same condition as the internal one in the girl's knee. The course of the disease and the purulent formations were arrested, the man leaving the hospital one month and a few days from his admission.

These cases present a remarkable coincidence in their symptoms, progress, and termination, if not identity. The abscesses in both cases first forming in the patellar bursa; the origin of one seemed to be idiopathic, the other evidently due to an injury; then the formation of secondary abscesses on the sides of the joint in immediate relation to the lateral ligaments, attended with considerable pain; when opened, and that these structures could be examined, showing that they were affected with subacute inflammation, injuring seriously their textures; if permitted to proceed, causing their complete destruction, with great and permanent mischief to the joint. It is also worthy of



remark, the lateral abscesses in both of these cases observed the same origins; first on the patella; next in relation to the external lateral ligament; and last, in connexion with the internal lateral one.

CONTRAST BETWEEN CONGELATION BY ICE AND SALT AND BY THE ETHER SPRAY OF RICHARDSON.

To produce anæsthesia I have always in every instance, and these not a few, *but one*, in which I used ice and salt, succeeded in completely annihilating pain during the entire time of the operation. In my experience the *remarkable exceptional case* was in that of a gentleman who suffered from inflammation of the finger extending along the palmar aspect of it high into the palm of the hand. Such an operation, though of momentary performance, is always very painful; the ice and salt, preparatory to its being performed, was productive of *the most intense pain and suffering* that I ever witnessed, and compelled me to discontinue its application. Chloroform I would not administer. In all probability in this solitary instance the failure might have been due to its being applied to an intensely inflamed part.

From my experience of the ether spray I have come to the conclusion that it fails if applied to the integuments when in a state of high inflammation, as it did in both these patients; neither the woman nor the man was in any way relieved from the pain caused by the incisions; neither in the case of removing the atheromatous tumour did it lessen in any degree the pain in the cutaneous incision, though effectively applied by my young friend Mr. McClean. This mode of applying the anæsthetic agent is but a modification of Dr. Hardy's chloroform douche many years ago introduced into this city, which fell into unmerited neglect because not universally successful. Would chloroform mixed with anhydrous ether be more effective in relieving local pain? It would be advisable to test either of these anæsthetics singly or combined for this purpose.

SYMPTOMS ATTENDANT ON A LARGE QUANTITY OF LIQUOR POTASSÆ ACCIDENTALLY SWALLOWED: TREATMENT AND RAPID CONVALESCENCE.

James M. was admitted into the City of Dublin Hospital June 18, 1866; states that he had accidentally swallowed from two to three ounces of liquor potassæ, which happened in the following manner: He went into a druggist's shop in town to get an aperient draught, the boy attending him handed down a bottle containing liquor potassæ for one he thought containing water; the patient on attempting to swallow the draught, says that he felt a slight choking sensation. He then returned the draught to the boy, saying it was too strong, the boy immediately added more of the poison to the draught, telling the patient to drink it off; accordingly, he made a second attempt to swallow, and states that he got down about two or three ounces of the fluid, and there can be no doubt that at least a portion of it must have reached the stomach. The mistake was immediately detected and was treated by the chemist on the spot, by administering vinegar and water and sweet oil. He was then brought to the City of Dublin Hospital. On examination the entire mucous membrane of the mouth, tongue, fauces, deep into the pharynx, presented the appearance of the complete destruction of the epithelium, with intense inflammation of all these parts. The patient found great difficulty in swallowing whenever he attempted to do so, his body became doubled up with great pain, and he also complained of some pain in the epigastrium; I could trace the œsophagus from the pharynx with anatomical accuracy to the cardiac orifice of the stomach from the line and direction of his painful sensations, presenting a well-marked instance of œsophagitis. He complained of intense pain in the isthmus faucium, with a constant hawking of thin mucus tinged with blood.

℞ Aquæ fort ℥vi.; glycer. ℥iii.; acet. com. ℥iii.; gr. gargarisma utetur sæpe in die. He was supplied with a

weak mixture of common vinegar and water, also milk and water as drinks, ice was also supplied to him *ad libitum*; and six leeches to each external fauces, and a large warm poultice over the leech-bites when they fell off. To relieve the slight pain of the epigastrium a mustard poultice was applied.

Two p.m.: These measures have afforded some relief, though the inflammation has slightly increased.

Ten p.m.: Deglutition less difficult and painful, inflammation also diminishing, and expresses himself much relieved.

June 19th: Has lost all the anxiety of countenance so marked yesterday. Ordered a draught of castor oil with trœ opium, and barley water as a drink.

20th: Improving; the aperient of yesterday was now assisted by an enema purgans. Infusion of linseed with milk as a drink.

As some vestiges of inflammation still existed in the internal fauces, a small blister was applied on each side. The enema has acted most effectively with great relief to his organism.

The case improved daily, he was ordered the decoction of slippery elm as a drink, the mist. creasote (P.B.), with glycerine ℥i. 4tis horis, and left the hospital convalescent June 22, being four days under treatment; he attended at the dispensary till the end of the month, finding himself well and a complete recovery.

What was most remarkable in this case was the intense pain referred to the fauces, the inflammation threatening to extend down the pharynx, and implicating the larynx, which was prevented by the prompt measures successfully adopted to check it. The mistake was promptly met by the druggist's shopman. Could not these accidents be guarded against by having a very visible mark on the bottles containing such dangerous compounds? How many druggists have adopted the simple means of obviating the dangers of nitro-glycerine?—Vide MEDICAL PRESS AND CIRCULAR, vol. i., p. 655.

FORMATION OF AN ARTIFICIAL DELTOID MUSCLE FOR THE TREATMENT OF LUXATIONS OF THE SCAPULAR EXTREMITY OF THE CLAVICLE, ILLUSTRATED BY A SUCCESSFUL CASE.

Mary Bergin, æt. 40, applied at the dispensary of the City of Dublin Hospital, June 24, 1866, presenting all the symptoms of a well-marked luxation of the external end of the clavicle of the right side, riding upon the corresponding acromion scapulæ, the result of a fall the previous evening on the shoulder. She suffered much pain, and the arm hung useless by her side.

*Treatment*.—A pad was applied in the axilla, and the arm supported in a sling. The following means were adopted by which an *artificial deltoïd* was made:—Broad and long strips of adhesive plaster were extended, one from the side of the neck down along the great anterior division of the deltoïd muscle, another from the base of the scapula along the supra-spinatus fossa over the acromial end of the scapulæ, covering the middle portion of the deltoïd below its insertion to the humerus; while the third broad slip was applied from the base of the scapulæ, covering the posterior and third great division of the same muscle. The intervals in the spaces between the broad slips were covered and supported by narrower and longer slips of adhesive plaster. The patient expressed much ease, freedom from pain, and support to the limb after this very simple bandage.

July 14th: Much use of her arm; the *artificial deltoïd* continued.

July 21st: Much improved; the *artificial deltoïd* continued. Treatment recommended for this accident is as follows: From the decided benefit derived from this simple and efficient apparatus, which gave this woman the almost complete use of her arm with the deformity much diminished in four weeks, no other retaining bandage being used, as she was impatient of restraint.

The plan to be adopted is, in the first instance, to place



well up into the axilla the wedged-shaped compress, as is used in fractures of the clavicle, well supported in it by broad tapes sewn to it at each superior angle, and carried across to the opposite side of the neck and secured, the inferior portion of it supported against the side of the thorax by a few turns of a single headed roller. The humerus is then applied close to the trunk and fixed in position by a roller carried *first behind it to prevent the arm falling forward across the chest*, the elbow to be supported by a few turns of the same bandage, and the hand confined by it to the thorax above the mamma. The next step in remedying the deformity is the application of the adhesive plaster, as already indicated, forming what I term an—*artificial deltoïd*.

This apparatus, carefully applied, will afford every relief to the patient, at the same time giving him the conviction that the shoulder has regained its normal strength.

#### NOTES OF A CASE

IN WHICH

#### EVULSION OF THE UMBILICAL CORD OCCURRED AT BIRTH.

EVULSION OF UMBILICAL CORD AND SYNCOPE OF INFANT AT THE BIRTH.

By Dr. G. de GORREQUER GRIFFITH,

PHYSICIAN TO THE HOSPITAL FOR WOMEN AND CHILDREN; PHYSICIAN-ACCOCHEUR TO ST. SAUVOUR'S MATERNITY; AND LATELY HOUSE-SURGEON TO THE LONDON SURGICAL HOME.

ON Sunday evening, July 8th, I was summoned to attend Mrs. —, who was taken in labour with her first child. I attended almost immediately, and on my arrival I was told that they did not think I should be required just yet, as she had been in pain only for the last two hours. I forthwith entered her room, at the very moment I did so she had a strong bearing-down pain, and I told her that she had better lie down as soon as the pain was over. While she was yet in pain she attempted to get on the bed, but as she made the effort she called out that the child was in the world, and before I could endeavour to catch it, the little thing fell upon its head with some force, and rolled upon the floor. I noticed that the child was quite livid, that the cord had been torn out from the abdomen, and that the child was apparently lifeless. The blood spouted out from the umbilical aperture, and before I could render any assistance some little quantity was lost. The child seemed to be in a state of syncope, very soon lost its livid hue, and became all over deadly pale. As quickly as I could I seized the integument surrounding the umbilical aperture (there was not a vestige of the cord), and tied it as tightly as I could. Fortunately the state of syncope in which the child lay enabled me to apply the ligature tightly, no pain being felt, and so effectually that it did not slip off, nor was afterwards disturbed when the child began to cry and to move. No ill effect obtained to the mother, and the placenta was easily removed.

As the case I have described is of extreme rarity, and as I do not know of even one similar to it being on record, I have thought it fit to bring forward.

The treatment of this case was extremely simple—first, because of the syncope into which the child fell; and, secondly, because of the lax condition of the abdominal integuments, which allowed of their being pinched up in order to be tied.

I need not here dwell upon the difficulty usually attendant upon ligaturing the integuments surrounding the umbilical aperture in the abdomen when the accident of which I speak has occurred, inasmuch as it must be impressed upon the mind of each of those practitioners who have been consulted in such circumstances. Syncope in infants is a rare occurrence—I mean true syncope, occurring from concussion of the brain, and not merely that imperfect state of animation which so often obtains at

birth, and is manifested by feeble action of the heart and an uncertain state of the entire system, which, as it were, oscillates between life and death.

A condition of coma or semi-coma is by no means so infrequent. One case of complete coma occurring in the infant at birth, as the result of compression during labour, and lasting for two days, then terminating in death, has recently come under my notice.

"Only in one instance," says Dr. Underwood, "have I seen anything at all resembling the true syncope after the living powers have once prevailed. In this case the child was born at the instant its mother was moving from her chair into her bed, and, in consequence, fell with violence on the floor; it, however, soon cried, and did not appear to be very materially injured; but a day or two afterwards it fell into a strange, languid state; it revived, but at intervals sank into its former languor, breathed very faintly, and died about the sixth day." Mr. Hey of Leeds, communicated to Dr. Underwood the notes of a case of "an infant, which, born at full time, lay moaning and languid for four or five hours, and was then seized with a fainting fit, in which it continued for half an hour. It had ceased to breathe, except now and then giving a gasp or sob, and was as pale as a corpse. There was, however, a sensible pulsation of the heart, though feeble and slow; but whether the circulation had been kept up all the time previous to his visit could not be ascertained." The child was revived by the use of stimulants, but "had three other similar attacks in the course of the day, though it had slept composedly between whiles, and sucked at the breast. It had seven more fainting fits in the night. The infant became a very healthy child."

On the fourth day of the existence of my patient that portion of the integument outside the ligature showed signs of vitality having ceased in it, and on the fifth day it came away, leaving a round, evenly-cut wound in the skin of the abdomen, surrounded by a ring of inflammatory redness.

During all the time of my attendance (nine days) the child did well, had no untoward symptom, and the wound was healing rapidly when I took my departure.

9, Lupus-street, London, S.W.

#### THE PERFORATOR.

By D. B. O'FLYNN, A.M., M.D.

ONE of the most painful positions in which a surgeon can be placed is where he is reduced to the alternative of destroying one human life to save another, and though it is the rule in British midwifery not to resort to so dreadful an expedient until the fœtus has expired, still we are sometimes compelled to destroy a living child when the mother's life is endangered by exhaustion from protracted labour, consequent on an impacted or ossified or hydrocephalic head, or from a deformed pelvis. Apart from the feeling, that we deliberately kill the child, the lacerations so often inflicted on the mother by the careless use of instruments, or by spiculæ of bone, and the difficulties encountered in effecting delivery after perforation will, I trust, be a sufficient excuse for placing before the profession any point which is calculated to lessen the difficulties of the operation and facilitate our means of delivery.

The instruments usually enumerated as necessary for the operation of craniotomy are the perforator, crotchet, blunt-hook, and craniotomy forceps. The use of the first is easy enough, as we have merely to apply the instrument to the most dependent part of the head, when a little manipulation will cause it to enter the skull; but it is in extracting the fœtus after perforation that all our difficulties commence, and in performing this part of the operation an hour or more has frequently been spent in futile efforts at extraction, while the woman, dispirited and exhausted, has to be plied with stimulants, and the operator himself is often greatly fatigued. When the pressure of the



head is very great, it sometimes happens that after the perforator is withdrawn the bones so overlap each other that the opening is again closed, and it becomes difficult to introduce the crotchet, and when introduced, it generally breaks the bones, and may even lacerate the vagina. In such cases the blunt hook is found equally unmanageable, and the craniotomy forceps so crushes the bones, that the presenting part of the head may be torn into fragments, without being moved from its position. Under those circumstances, when it has been found impossible to deliver with instruments, operators have had recourse to version; and Ramsbotham tells us that on two occasions he destroyed the skull so entirely that both the orbits and the foramen magnum had given away, and he eventually delivered by turning. I had a somewhat similar case myself, which I reported in THE MEDICAL PRESS for May, 1861. Dr. Mackenzie ("Obstetrical Transactions" vol. i.) relates a case in which after using the crotchet for two hours, he delivered by turning, and the woman died of shock; he, however, only recommends it when the head is above the brim, and he says it would be unwarrantable when the head is within the pelvis. I had a case recently requiring craniotomy, in which I adopted a mode of delivery suggested to me by Dr. McEvers of Cork, and which is calculated to obviate all those difficulties.

J. L., in her fourth confinement, when seen by me had been complaining since the previous day. On examination I found the membranes ruptured, the head high above the brim, and inefficient uterine action. I ordered warm drinks, and gave a drachm of tinct. secal. cornut.; after a time the head descended and occupied the brim, where it became impacted, and I now ascertained the position to be, face to the promontory of the sacrum, and occiput to the symphysis pubis. I applied the forceps, but the blades slipped off. I then altered the position, inclining the face a little to the right ilium, and again applied the instrument, but all my efforts at delivery were unavailing, and it became evident that perforation was inevitable; but knowing the difficulties I would meet in extracting the fœtus, with the head high up, and the uterus not acting, I shrunk from doing the operation until Dr. McEvers' suggestion occurred to me, when I proceeded to deliver in the following way:—Having locked the forceps, I got an assistant to hold them; I then introduced the perforator between the blades, and let out some cerebral matter. Having withdrawn the perforator, I took the forceps from the assistant, and extracted the child with comparative ease, with safety to the mother, and without meeting any of those difficulties, whose harrowing details render the accounts of this operation so repugnant to our feelings of humanity. This mode of delivery by the forceps and perforator (taking care to *lock the forceps before perforating*), may be substituted for delivery with the crotchet, unless in those very rare cases of extremely deformed pelvis, where it would be impossible to introduce a forceps.

Reviewing the foregoing facts, we find that there are three modes of completing delivery after perforation—viz.: (1) the crotchet and blunt hook; (2) version; (3) the forceps. If we compare those we must, I think, conclude that the last is the safest and the easiest; when compared with the crotchet and blunt hook, it is found less liable to lose its hold, and less likely to lacerate the soft parts of the mother, it compresses the head into a smaller compass, without loosening any spiculae of bone, and by affording a firmer purchase enables the operator to deliver in a short time, and with less trouble to himself; it is a compressor, an extractor, and an excitor of uterine action. It should therefore be substituted for those instruments in all craniotomy cases where the capacity of the pelvis will admit. Its advantages over version are no less striking, it causes less shock to the mother's system, and is less likely to be followed by hysteritis; it is also more practicable, for it is admissible when the head is within the pelvis, in which case version would be unwarrantable. Having proved the superiority of delivery by the forceps over the modes usually adopted, the point to which I would direct particular

attention is to apply the forceps before perforating; if we delay its application until after perforating, when the solidity of the head is diminished, we will not be able to get so good a purchase, and accordingly, I would recommend that the blades be kept carefully adjusted until the perforator is withdrawn. When the head is opened it yields readily to pressure, and becomes elongated, and I may here observe that it is better not to let out much cerebral matter, for if the bones collapse, the instrument will slip off, having no resisting medium to grasp. I have heard it objected to this, that the child may be born alive, but admitting the possibility of such an occurrence, it is trifling, when compared with the suffering that women are compelled to endure under the ordinary modes of delivery.

Of all cases of instrumental labour, craniotomy cases are by far the most fatal; according to Tyler Smith the maternal mortality in such cases is 1 in 5, whereas after the use of the forceps it is less than 1 in 20. According to Sinclair and Johnson, the mortality to mothers in the former cases is 1 in 10.5, and in the latter 1 in 56; and the mortality to mothers in turning is stated to be 1 in 15. By adopting the method suggested in this paper, it appears to me that we may reduce this high rate of mortality at least one-third; and by adding another to the many triumphs of modern midwifery, save parturient women much of the pain and misery attending difficult labour.

There is nothing new under the sun, and probably the proceeding now recommended may have occurred to many accoucheurs; but as far as I can learn it has never been published, while all the minutiae of delivery with the crotchet, blunt hook, craniotomy forceps, osteotomist, and version, have been repeated *ad nauseam*; doubtless it may appear too obvious and simple for recital, but its simplicity constitutes its best claim to consideration.

Carrignavar, 2nd August, 1866.

#### LATEST NEWS OF CHOLERA IN LONDON.

TUESDAY MORNING, AUGUST 7TH.

LAST Saturday an influential deputation from the London Hospital was received by the Lord Mayor. From what transpired we learn that the whole of one floor of the hospital has been given up for cholera patients. From the 10th July to the 4th of August the number of patients admitted into these wards had been 365, of whom 299 were suffering from cholera, and 66 from diarrhoea. Of these 97 have recovered, being 48 from cholera and 49 from diarrhoea. 166 have died, 158 from cholera, and the other 8 from diarrhoea. 102 remained in the wards, 93 of whom suffered from cholera, and 9 from diarrhoea. Besides these admitted, 6251 persons have received relief as out-patients. The extra cost incurred has compelled the hospital to make a special appeal to the public for pecuniary aid, and this is being liberally responded to.

It is with pleasure we announce that no case of cholera has occurred in Dublin since our last. The disease has, through the energetic action of the authorities, been happily confined to one house, from which four persons have died.

A City Cholera Relief Fund has been organised, and will distribute money grants, wine, brandy, and clothing, to dispensaries, visiting associations, and other charitable institutions, as well as to the clergy of all demonstrations in the districts where the epidemic is prevalent.

A Special Cholera Fund is also commenced by the Bishop of London. To this the Queen has sent a cheque for £500.

On the suggestion of Mrs. Gladstone, a Children's Home is being formed for the reception of the orphans whose parents have perished in the epidemic.

From Liverpool the accounts are more favourable. Both deaths and admissions to the cholera wards continue at the lowest average since the commencement of the epidemic.

The accounts from Winsford are also less alarming. There have been no cases in South Wales, except in Llanelly.



## Hospital Reports.

### GUY'S HOSPITAL.

Under the care of Mr. BRYANT.

#### STONE IN THE BLADDER OF A FEMALE CHILD—ITS SUCCESSFUL REMOVAL BY LITHOTRITY.

CASES of stone in the bladder of the female are worthy of record, not only on account of their rarity, but also on account of the doubt that still exists as to the most approved mode of their removal. To those interested in this subject we would refer them to a paper by Mr. Thomas Bryant published in the *Med. Chir. Trans.* of 1864, for they will there find the results of the different plans of treatment which have been adopted carefully analyzed, and some interesting cases recorded in which large calculi have been successfully removed by rapid dilatation of the urethra; they will also find some well-considered practical conclusions as to the treatment of those cases. In the following example the treatment of the case was determined by the size of the calculus—for a stone one inch in diameter was looked upon as too large to remove by dilatation.

Case 1.—Susan W., aged 5 years, was admitted into Guy's Hospital, under the care of Mr. Bryant, on March 22, 1866. She had had symptoms of stone for several years. On March 28th the calculus was measured with a lithotrite, and as it appeared to be an inch in diameter it was at once crushed. A second operation was performed on March 31st, and a rapid cure followed. The stone was composed of lithic acid. No water was injected into the bladder in this case, enough urine existing to allow of all necessary manipulation.

#### LARGE STONE IN THE BLADDER OF A MALE; LITHOTRITY AND CURE IN ONE SITTING.

Case 2.—R. C., æt. 38, a healthy man, came under Mr Bryant's care in August, 1863, with symptoms of stone of three years' standing and great irritability of bladder. He was unable to hold his urine night or day for more than an hour. On admission a stone was at once detected, and by the administration of alkalies, &c., he was soon enabled to retain his water for one hour and a half, and could hold enough to permit the operation of lithotritry being performed. This was accordingly done on the 26th of September. The stone measured with the lithotrite an inch and a quarter, and was readily broken; it was caught and crushed twenty times. On the 27th of September the man had passed a quantity of fragments and much sand, but what was of great interest referred to the bladder, for its irritability had much subsided, and he was able the night of the operation and the next day to retain his urine for three hours and a half, instead of the one hour and a half, which was the extreme limit before the stone was crushed. The whole of the *débris* came away after this first sitting, the man leaving the hospital well in October. The two chief points of interest in this case are:—First, that so large a calculus was removed by one operation; and secondly, that the irritability of bladder was at once removed by the crushing of the stone.

#### LITHOTRITY IN A YOUNG MAN, AGED 18; LARGE CALCULUS.

Case 3.—John B., æt. 18, was admitted into Guy's Hospital, under the care of Mr. Bryant, in May, 1866. He was apparently a healthy man, and had resided in the country. He had had symptoms of stone nearly all his life. He had never had his bladder examined. On the passage of a sound a large calculus was at once detected. The lithotrite gave its size as an inch and a half in diameter.

On May 9th lithotritry was performed, the man lying in bed with the buttocks well raised. His urine had been

retained for several hours. The stone was crushed freely, and the man bore the operation well.

On May 16th the operation was repeated, the man having passed abundant *débris* of a lithic acid calculus since the first sitting. On this occasion, also, the stone was fully broken up, having measured again an inch and a half, the same measurement as given on the first occasion; it was consequently believed that it must have been caught at first in its short diameter.

On this occasion Mr. Bryant employed the instrument which was suggested and made by Mr. Clover of London, and subsequently modified by Mr. Maunder, for the removal of the *débris* after the operation, and was most pleased with its success, for he removed a quantity of broken fragments, indeed, as it subsequently proved, all that existed.

On May 26th a third sitting was given, and the stone well broken, the fragments being again removed with rapidity and ease by Clover's syringe and catheter.

The fourth and last operation was performed on June 2nd, with an equally good result. The calculus was then finally crushed, and the whole of the broken fragments removed. The man left the hospital at the end of June quite well.

This case is a good one as illustrating the full benefit of lithotritry, for the stone was a very large one. It will have been observed that Mr. Bryant did not inject the bladder prior to the operation, but was satisfied by the patient retaining his urine for as long a period as he was able before it was commenced—this practice being his usual one. The successful application of Mr. Clover's instrument for the removal of the *débris* was well exemplified, for as Mr. Bryant states, if the stone had been only of moderate size, it could have been broken up and removed at one sitting.

### RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

#### DR. LYONS'S CLINIQUE.

##### PHTHISIS SENILIS: PERICARDITIS: AUTOPSY.

J. M., aged 60, a patient whose case has already been referred to as illustrating chronic pericardial murmur, with permanent high pulse, was readmitted to the Whitworth Hospital at the end of June. He had been by occupation a stableman, and had long suffered from cough and debility, but worked on until some time prior to March last, when he was received into hospital labouring under phlegmonoid erysipelas of both lower extremities. Free incision was practised on repeated occasions for the evacuation of several purulent dépôts in both legs, and a general tonic and supporting plan of treatment was adopted, under which, after several weeks, he began to convalesce, when suddenly, at night, he coughed up a large quantity, considerably over a pint, of mixed pus and blood. Purulent and muco-purulent expectoration persisted henceforward, but he gradually acquired a considerable amount of strength; the appetite was pretty good, and he expressed himself in all respects greatly improved in condition. A striking feature about his case, however, was the persistence of an extremely high pulse, generally 140 per minute, occasionally as much as 144, and at very rare intervals only, falling to 130. Atheromatous bead-like particles were distinctly to be felt through about two inches in extent of the right radial artery, and a pointed spicular nodule was very manifest in the left. On careful examination slight general dulness was observable over the anterior surface of the left side of the chest, and on applying the stethoscope, crepitus and muco-crepitus were generally audible in this region, and under the clavicle gurgillement was occasionally discernible, but never for any lengthened period. When the heart was carefully explored well-marked double-friction sound, limited to an area of some couple of inches square, was heard over the body of the



ventricles; it became intensified when pressure was made with the instrument over the part examined; it varied very slightly from day to day, and with these characters, in conjunction with the rapid pulse above referred to, continued as a persistent phenomenon of the case for a period of nearly four months. After a sojourn of about two months in the institution, the patient being up daily and able to walk about the grounds, left hospital at his own desire, and contrary to the wishes and advice of the clinical physician; but notwithstanding the high rate of the pulse, and the local phenomena in the thorax, the patient felt himself and appeared to be in far better case and condition than the physical signs of disease which he presented warranted the observant physician in declaring him to be.

After an interval of about one month, the patient again sought admission to hospital, much deteriorated in strength and appearance, and having found the evidences of returning health and strength on which he too confidently relied but too fallacious. The pulse was now found to range between 130 and 140; a tracing of it by the sphygmoscope was accurately taken; cough and expectoration were more constant and distressing; the signs of tubercular lesion throughout the left lung were still more fully evidenced; the double-friction sound was still well marked over the ventricles, in the same area as formerly; some dropsical swelling of the legs was present; and it was soon evident that effusion, though as yet of slight amount, had taken place into the cavity of the abdomen.

The further progress of this remarkable case does not need daily comment; his strength gradually failed; the appetite languished; in attempting to get up at night he sustained a heavy fall which severely shook his now shattered and enfeebled frame, and from the effects of which he never quite rallied; the cardiac friction sounds now became more and more obscure, while the tubercular lesion advanced rapidly in the lung. Finally, he died on July 31st, about five months from the date of his first reception into hospital.

On post-mortem examination, the left lung was found far advanced in a condition of almost universal tubercularization; a vomica about the size of a small orange was found at the apex, and numerous smaller cavities were observable here and there throughout the organ. Through the right lung a few scattered deposits of tubercle of inconsiderable size were found, but in none was there any approach to softening.

On attempting to open the pericardium, it was found to be universally adherent to the surface of the heart and great vessels by the intermedium of a fine areolar-spaced tissue, evidently of recent formation, and with a little care the parietal layer could be separated from that covering the heart. This organ was enlarged, soft, flabby, and in a state of partial adipose degeneration.

Behind the heart and pericardium, and somewhat to the right, and lying on the diaphragm, was found a cyst, with thin and almost transparent walls, containing about half a pint of clear serous fluid. On the surface of the sac were scattered here and there numerous minute tubercular granules, about the size of a pin's head. This curious cyst seemed to take an origin quite independent of the lung or pericardium. The kidneys, in other respects healthy, presented several cysts; the right contained one capable of holding a walnut, with three or four others of less size; while the left exhibited a few of minute dimensions.

In summing up his observations on this interesting and instructive case, Dr. Lyons called attention to the prolonged state of pericardial inflammation, evidenced by well-marked friction continued for months, and ceasing only a short time before death, when adhesion took place. It was open to surmise during life that the cause of the pericardial friction was either a tuberculous or an atheromatous state of the investing membrane of the heart, and in support of one and the other opinion, the coexisting state of the lung and of the radial arteries might be respectively cited. Post-mortem examination, while it verified

the diagnosis made during life, proved that the form of pericarditis was that with ordinary lymph exudation eventuating in one of its natural terminations, that by universal adhesion between the heart and pericardium.

The cyst which lay behind, and partly to the right of the pericardium, next demands consideration. Its deep-seated position, and the thin expanse of fluid which it in all probability presented during life, when subjected to the pressure of the heart, fully distended lung, and other contiguous parts, placed it out of the reach of diagnosis. But should such a cyst happen to lie in front of the heart, and thus receive a wave-like pulsation at each cardiac systole, the existence of hydrops pericardii might be not unreasonably concluded, and if an operative procedure were had recourse to, and the fluid were evacuated, a still further confirmation of an essentially erroneous conclusion would appear to be irresistible. In considering the question of tapping the pericardium, the possible occurrence of such a cyst requires to be borne in mind as a source of error in diagnosis and complication, if not impediment, in the performance of the operation.

#### RENAL DISEASE: BRONCHIAL PHTHISIS: AUTOPSY.

J. M., aged 40, a seamstress, unmarried, was admitted into the Whitworth Hospital, labouring under general dropsy, with albuminous urine of specific gravity 1010. She had a peculiar cachectic waxy appearance, and suffered from headache, nausea, with frequent rejection of food, and occasional vomiting of dark-coloured grumous matter. Besides the foregoing symptoms she experienced much distress in breathing, complained of pain and soreness in the throat, referred to the region of the thyroid cartilage, and she occasionally experienced difficulty in swallowing. On examining the throat much tumefaction was observable in the mesian line, corresponding to the thyroid body, and well marked "tippet-like" swelling was noticeable round the neck. The thyroid veins were found to be enormously enlarged, and could be seen and felt of the size of goose-quills, crossing the inferior portions of the sternomastoid muscles on either side. Marked stridor was audible from time to time, as the examiner stood by the bed-side, and on applying the stethoscope, very loud and hoarse respiration was to be heard over both lungs both before and behind. There was much variation in the intensity of the stridor and in the loudness of the respiratory sounds at different periods. The radial arteries and the pupils were carefully and repeatedly examined, but with negative results as to the effects of unilateral pressure on vessels or nerves. It was obvious that deep-seated constriction was being exercised on the trachea, as the result of eccentric pressure (see Lyons's "Essay on Aneurism," *Dub. Quart. Jour.*, May, 1850), but in the absence of "intrinsic" phenomena the nature of the tumour or other compressing agency was open to speculation, but did not admit of absolute diagnosis. The peculiar waxy lemon yellow of the face and surface generally would go far to warrant the surmise of the cancerous nature of such tumour, but this opinion was not entertained; and against the suspicion of aneurism could be urged that a tumour of sufficient size to compress the trachea to such a remarkable degree, should not ere now have reached sufficient dimensions, to have given some evidence of its presence by dulness on percussion, erosion of parts in its neighbourhood, or phenomena of pulsation and sound.

Treatment proved of little avail in this case; the patient retrograded day by day; cough, dyspnoea, incapacity to lie down, sleeplessness, all became more urgent, and after much and protracted suffering the patient finally sank on the 31st ult.

On post-mortem examination, puckered cicatrices, with calcareous deposit, the evidence of old tubercular lesions, were found in both lungs. Numerous enlarged and tuberculated bronchial glands lay upon the trachea, extending into the neck on the one hand, and far on into the right lung, along the divisions of the bronchus. A clustered mass of these glands was firmly attached to the right side



of the trachea, just above its bifurcation, and imbedded in this mass, and completely inseparable from it, lay the right pneumogastric nerve, itself much thickened and enlarged. In the same cluster some two or three of the glands were filled with soft semi-purulent tubercular matter, and in the root of the right lung great numbers of the glands were in a similar condition. In the abdominal cavity the liver presented three very large, deeply-indented, and very hard cartilaginous cicatrices of old abscesses; it was likewise studded with numerous minute pea-like abscesses, filled with recent pus. The kidneys were very firm, pale in colour, and weighed respectively three and a half and four ounces, and were in an extreme condition of dense waxy degeneration.

## Foreign Medical Literature.

### M. BOUCHUT ON THE DIAGNOSIS OF SYMPTOMATIC AND ESSENTIAL PARALYSIS OF THE SIXTH PAIR OF NERVES, BY MEANS OF THE OPHTHALMOSCOPE.

Translated from *L'Union Médicale*, July 3rd, 1866.

By BALTHAZAR W. FOSTER, M.D., F.L.S.,

PROFESSOR OF CLINICAL MEDICINE IN QUEEN'S COLLEGE, AND PHYSICIAN TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

PARALYSIS of the sixth pair, or external motor nerve of the eye, shows itself sometimes as an isolated and entirely local malady, and thus forms a true morbid entity. Under this head it figures in all our classifications of disease, and it has been the object of some special researches by MM. Badin d'Hurtebise, Bégran, Roux, Jobert, and others. Notwithstanding all these works, it is often very difficult to diagnose the cause of this paralysis. It is even sometimes surrounded with so much obscurity that one hesitates before deciding whether the paralysis depends on a simple functional disorder of the sixth nerve, on muscular contraction of the right internal rectus, and hypermetropia, or whether it results from an organic lesion of the nerves and the nervous centres. It is with the object of perfecting this diagnosis that I publish the results with which the ophthalmoscope has furnished me—results which have occurred in addition to those which my "Treatise on the Use of the Ophthalmoscope, applied to the Diagnosis of Diseases of the Nervous System,"\* already contains.

At the Hospital for Sick Children, four children have this year been brought under my care for paralysis of the right external rectus, and at the same time they have had internal strabismus and diplopia. The first case without any other symptom, while in the second there were vomiting, constipation, some involuntary movement of the limbs, and feebleness of intellect; neither of them appeared to have any weakness of vision, and the diplopia disappeared before the strabismus had altogether ceased. The third and fourth cases had at first sudden convulsions, followed by convergent strabismus, which has not disappeared. In doubt whether the paralysis of the external motor nerve of the eye was symptomatic of a lesion of the nerves and the nervous centres, or whether, on the contrary, it was idiopathic and spontaneous, I had recourse to the ophthalmoscope, and this instrument having enabled me to detect the existence of considerable disease of the optic

nerve and the retina, which I am about to describe, it became evident that the paralysis was symptomatic. Finally, here are the cases of these four patients, and I shall append some remarks which will serve as a *résumé*.\*

*Case 1.*—*Lead colic, followed by cerebral complications and paralysis of the sixth pair: Ophthalmoscopy: Improvement.*—Malassaqui (Mariette), *ætat.* 14, was admitted December 13th, 1865, into St. Catherine's ward, at the Hospital for Sick Children. This child was employed in a type-foundry, situated in the Rue de Madame. She had suffered for some time past from alternations of constipation and diarrhœa, with colicky pains more or less severe. When admitted into the hospital she still had these pains, and for two or three days slight diarrhœa. Her appearance was healthy; she was small but strong, and of a tolerably good complexion; her lower gums presented a well-marked darkish lead line; stomach flattened, indolent; no gurgling; appetite good; no feverish symptoms. Under the influence of bismuth the diarrhœa was rapidly arrested, but after ten days she was seized with feverishness, cephalalgia, vomiting, and pains in the right lumbar region. Simple erythematous tonsillitis was developed, which lasted three days, when she was well, with exception of pains in the head. The child was then taken suddenly with slight diplopia, and with convergent strabismus, on the right side, but without any weakness of sight. She appeared a little swollen, and when she was told to laugh, there seemed to be a slight muscular feebleness on the left side of the face. She had no difficulty in speaking or walking; she used both hands with equal strength, and had no feeling of numbness or anæsthesia; appetite good; no vomiting; bowels moved daily; sleeps well; no dreams or hallucinations, and no fever; both pupils are equally dilated and contractile, and after dilating them with belladonna, the lesions of both eyes were found by the ophthalmoscope to be nearly similar; on the right side the papilla was completely veiled by a general hyperæmia, and its position was only recognized by the vessels which entered and left it. These vessels were tortuous and irregular. The circulation in the veins was interrupted by clots of blood. There were small hæmorrhages on the edges, and at the superior part two white, fatty, albuminous spots. She was discharged on Jan. 21st, when she had no longer any strabismus, the state of the fundus oculi was the same, and some fresh hæmorrhages had taken place in the left eye. For several days a boil situated on the upper part of the forehead, on the right side, had caused œdema of the eyelids; no albumen in the urine. At the end of two months and a half I saw this child again in her workshop; she was entirely cured. No appreciable impairment of vision existed; but, at this time, the eye was not examined by the ophthalmoscope.

*Remarks.*—In this case there are several interesting points to consider—viz., the development of paralysis of the external rectus, of strabismus, and of diplopia in the wards of an hospital in the case of a child who had some faintly marked symptoms of lead-poisoning, with a blue line on the gums, and alternations of constipation and diarrhœa. The lesion of the optic nerve caused but little disorder of sight, and might be considered as an optic neuritis complicating the paralysis of the sixth pair. Finally, we must bear in mind the disappearance of the strabismus and the diplopia, and the fundus oculi remaining in the same morbid state. All these phenomena seem to indicate the existence of, and cerebral affection due to, lead, which determined the cephalalgia, the optic neuritis, and paralysis of the sixth nerve on the right side with diplopia and strabismus. If the diplopia had been a consequence of neuritis, and had been produced as a disorder of ac-

\* *Traité d'Ophthalmoscopie, appliquée du Diagnostic de Maladies du Système Nerveux.* Paris, 1865, 8vo.

\* The original paper contains illustrations of the appearances seen with the ophthalmoscope.



commodation, it would have remained as long as the lesion of the fundus oculi; but as it disappeared with the cephalalgia, it is evident to me that it was the result of a temporary cerebral disturbance.

*Case 2.—Paralysis of the external motor nerve of the eye in consequence of chronic meningitis and optic neuritis, associated with granular retinitis—ophthalmoscopy—death—autopsy.*—Blanche Regnier, ætat. 8½ years, was admitted on Dec. 18, 1865, into St. Catherine's Ward at the Hospital for Sick Children, for a cerebro-spinal affection of two months' duration. At this time, either from the influence of fear, or in consequence of a fall on her head, the child had slight involuntary movements on the right side. These movements were similar to those of chorea, and they were accompanied with slight tremblings, and with weakness on the right side of the body. Sometimes, in consequence of these movements, the child fell, her eyes showing a slight convergent strabismus better marked on the right side, with a little corresponding dilatation of the pupil, and also some diplopia. The child, till then intelligent, appeared to become rather foolish; she no longer chattered, and she repeated the last words of the person who spoke to her; she walked with difficulty, and was somewhat bent; there was no impairment of the sense of touch; there was obstinate constipation with frequently recurring vomiting; the child had not at any time fever, and had not lost her appetite. In this state she was admitted into the hospital, and it was then found that if there was no fever, the pulse at least showed great irregularity, but no intermission.

*Ophthalmoscopy.*—At the fundus of the right eye there was the following change:—The papilla had completely disappeared, and was masked by a pearly grey infiltration, slightly blue, spreading rather extensively over the fundus of the eye. The veins were lost in this infiltration, and were as though interrupted in certain places. There were other vessels on the external side sufficiently large and flexuous to be easily distinguishable over a considerable extent, and which lost themselves in this amorphous product. Here and there small dilated veins resembling minute spots of hæmorrhages were seen; the arteries were not visible; the lesions in the left eye were very similar.

January 26th, 1866: Since yesterday the child can scarcely command herself, if she is seated on a chair she continually falls to the right side, and this morning she is in a state of marked somnolency, having no clear idea of things surrounding her, with loss of appetite, but without vomiting or constipation. With a pronounced yellowish pallor of countenance; pulse 80, rather unequal without intermission.

Feb. 8th: The child is very weak and in a state of partial insensibility. She oftens cries out; laughs without reason; starts when touched; eats very little; and passes fæces and urine involuntarily in her bed. Skin moderately warm. Pulse rather irregular, 80.

15th: The child remains in a state of semi-insensibility and weakness, which prevents her leaving her bed. She cries out every moment; laughs or cries without reason; starts when spoken to or touched. She eats little, and has involuntary evacuations. Her sight remains good to all appearance, the bottom of the eye shows the same lesions as formerly. There is no paralysis, but a little rigidity of the lower limbs.

21st: For three days past she has been much worse, the child's four extremities are in a state of complete tonic spasm; she lies on one side, her legs drawn up towards her body, and her wrists under her chin. There is no paralysis or insensibility; her muscles tremble and start every instant; she takes no notice of anything; and has cried without ceasing for two days. Pulse very small, frequent, and irregular, but not intermitting; and there is continual incontinence of urine and fæces. Died in course of the day.

*Autopsy.*—The brain was large, resistant, and compressed against the cranial walls. There was nothing peculiar in the arachnoid. The pia mater over the cerebral

hemispheres was throughout its whole extent considerably injected. It was of a red livid colour, and the veins of the membrane were full of liquid blood; here and there along the vessels there was a serous infiltration, whitish, and opaline, but without the appearance of well-marked pus. It did not contain any granular tubercle, and it adhered firmly to the grey substance, from which it was however detached without tearing the latter.

The sinuses were full of liquid blood, and there were no clots in any part. The brain-substance was firm and injected in the cortical portion, which was rough after detaching from it the pia mater. There was no softening of any part, no foreign body, no tubercle. The lateral ventricles were healthy, and contained no fluid. The optic thalami and corpora striata were healthy, and at the base of the brain, the membranes, the crura cerebri, the pons varolii, and the cerebellum, presented no change of structure. The optic nerves only showed some change in front of the commissure (canaliculis) and there was in the centre around them a yellowish substance, the structure of which was afterwards determined.

The eyes were found in the same state as during life, and on examining the fundus oculi with a lens, the papilla was found almost invisible, and covered by an extensive serous infiltration, near to it was discovered a yellowish projection formed by hypertrophy of the yellow spot, of the size of a grain of corn. The vessels were not very apparent in the centre, and traces of them only were found in the periphery. The structure of these parts was afterwards determined. The lungs presented but very slight lobular congestion, and there was only one small miliary tubercle, calcified, and as large as a grain of hempseed.

*Microscopical Examination.* (Note added by M. Comil). The small ovoid, yellow, and projecting spot, which was seen upon each retina, showed under the microscope the following characters: On spreading it on a glass slide, and examining it with a power of 200 diameters, a number of granular bodies were seen scattered about, composed of fatty granules, united in a common envelope, ovoid or spherical in form; other fatty granules without any investing membrane were also seen, contrary to our expectation (for we did not discover with the lens any vessels in the yellow part), there was a web of capillaries full of blood, fine, and forming a close network, as in the normal state. These capillaries, full of blood-globules, were small, not dilated, measuring from 0.006 to 1.008 m., and their meshes were very small, as is always the case in the retina. There were besides, on microscopical examination, yellow slightly-coloured particles, the result of extravasation of blood in this part of the retina, and the consequent separation of blood pigment. Such were the only lesions observed in the yellow portion of the retina, for this membrane retained over all the affected part its normal structure. The rods of Jacob's layer were granular and changed in form (post-mortem appearance). The layer of cells and nuclear particles and the fibres had undergone no noteworthy modification, but had preserved their structure and normal arrangement.

(To be continued).

**MEDICAL CHARITIES.**—At a meeting of the friends of the Hospital for Paralyzed and Epileptic Patients last week, when the Bishop of Oxford presided, it was announced that £600 was required to complete the undertaking, unencumbered by debt, whereupon Mrs. La Roche at once offered £100, provided fifty other contributors would give £10 each before the end of October next. The subscriptions towards the erection of a new infirmary for North Staffordshire have already reached nearly £15,000.

**POISONING WITH CROTON OIL.**—At the Liverpool police court, on Saturday, James McJaggart, mate of the ship *Manchester*, was charged with poisoning a seaman of the same vessel. McJaggart poured half a bottle of croton oil into a glass with some castor oil, and gave it to the man to drink. He became very weak from the effects of the oil, and died the next day.



## PROGRESS OF THE CHOLERA.

## LATEST INTELLIGENCE.

LONDON.—The disease has made rapid progress during the past week, and appeared in several new localities. On the morning of our last issue the report of the Registrar-General for the week ending Saturday, July 21st, appeared in the *Times*. It announced no less than 346 deaths from the epidemic, of which 308 occurred in the eastern districts of the metropolis. In Bow there were 39; in Poplar 52; in Limehouse 43; in Bethnal-green 30; in Mile-end 33. There had been 11 deaths in western districts, 20 in the southern, 6 in the northern, and 1 in the central. To this statement we may now add that at most of the large London hospitals cases continue to come, and at the London Hospital the epidemic is more alarming than even in 1849. On Thursday last there were 63 deaths in this hospital, 13 cases had recovered, and 74 remained under treatment. This makes up 150 cases—a number which has risen to above 200. Out of 124 cases admitted during the week, 67 had died on Saturday last, but many, although alive, were really dying. Between 20 and 30 cases have been distributed amongst Guy's, St. Bartholomew's, Charing-cross, the Middlesex, and other hospitals. In his report Dr. Letheby stated that in the city proper there had been no deaths nor any excess of diarrhœa. Since his report was dated this scarcely holds good.

We may state that at the City Dispensary during the week ending the 21st, relief had been given to 90 cases of diarrhœa without waiting for letters of recommendation, and that during last week (ending Saturday 28th), the number of urgent cases thus relieved had risen to 150. These cases were, of course, in addition to those who had letters for admission. At the *Dreadnought* hospital ship in the Thames several admissions, two deaths.

LIVERPOOL.—The medical men report the recent cases to be more serious than the earlier ones. In the last two days of last week 11 new cases were taken to the workhouse, 10 of which arose in the town. One case was taken from the Bank hall warehouses. One or two cases are said to have occurred among the higher classes; a member of a firm of cotton-brokers died in two hours. About 200 cases of diarrhœa at the dispensary on Thursday.

WINSFORD, CHESHIRE.—18 deaths last week as against 15 the week before. It is proposed to adopt at once the Local Government Act.

SOUTHAMPTON.—From July 7th to 24th there had been 120 cases, of which 66 were fatal. Extra medical men have been engaged by the Local Board of Health to attend on the poor. In the cholera hospital an excellent regulation is established—viz., the practitioner who sends the case is permitted to treat it himself or not at his option.

OTHER PORTS.—At South Shields several cases have occurred, 3 fatal. At Sunderland no fresh death up to Friday had come to our knowledge.

SOUTH WALES.—At Llanelly no improvement, but the disease has not spread to other towns.

SCOTLAND.—Preparations have been made at Leith, where it is feared vessels may bring it. Indeed two steamers have been properly prevented coming in on account of suspicious cases. No death reported, however, up to the 20th. At Perth an insane inmate of the Penitentiary has died of Asiatic cholera. At Dundee several deaths from diarrhœa and dysentery of a suspicious type.

THE CONTINENT.—Reliable information reaches us to the effect that the epidemic still increases. At Amiens the deaths are again 30 or 35 per day. At Dunquirre and Rouen there are many cases. In Paris, the authorities conceal, as far as possible, the state of affairs. A correspondent of a contemporary declares there were 1500 deaths last week from cholera. He may have meant 1500 cases. Another correspondent speaks of 100 cases a day or more treated in hospitals and private practice; at Marseilles 16 to 20 deaths per diem; at Berlin 700 cases reported up to the 21st; at Stettin no improvement. The statement that the disease had appeared at Boulogne-sur-Mer has been officially contradicted.

THE CHOLERA AND THE VESTRIES.—The violent epidemic which has broken out in the East-end of London has been the one topic of the week. On Wednesday morning the returns of the Registrar-General appeared, and since this startling document all the papers have devoted leading articles to the subject. It was from this official source that London first learned that the deaths from cholera have advanced during the last five weeks from 6 to 14, 32, 346, and 904, while the deaths from diarrhœa have been 67, 102, 150, 221, and 349. It was well that the Registrar-General pointed out that this excessive mortality was entirely confined to a very circumscribed area of the metropolis, and that this area was supplied with water from the river Lea, which is in "dangerous proximity to sewers, cuts, and canals." Knowing as we do that mere filtration is but a slight protection against many organic impurities, this is a subject deserving the utmost attention. An official inquiry into the facts of this epidemic is about to be made under the direction of Mr. Simon of the Privy Council, and there is little doubt that it will be ably conducted and prove of great value. But pending this inquiry means ought to be formed to remove the filth that in too many cases is spreading the disease. The tanks and butts in which the water is accumulated ought to be removed, and a constant supply granted. Nuisance inspectors and medical officers ought to be appointed in large numbers, and the vestries ought immediately to enforce the strictest sanitary regulations. Has not the Registrar-General pronounced that the authorities seem "paralyzed." Let them be up and doing. The warnings that the profession has for the last few years been uttering are now being realized. We learn with satisfaction that in Marylebone eight new medical inspectors have been appointed, dispensaries have been opened in every district, and the gully-holes and sewers are flushed daily with carbolic acid. On the other hand, a correspondence has been published, in which the vestry clerk in Chelsea writes to the Poor-law Board to inquire if the aid of the police may be invoked to carry out the recent orders in Council. He is very properly instructed from the Council Office, Whitehall, that "the assistance of the magistrates should be sought for in the removal of any impediment to the execution of the regulations issued by their Lordships under the provisions of the Diseases Prevention Act." At St. Pancras vestry we learn that one enlightened local representative "complained that the cholera committee appeared inclined to spend the ratepayers money like water; thought there was some jobbery somewhere, and should oppose the committee having the power sought for." This careful vestryman was defeated in his opposition by 26 against 17. If such senseless opposition be encountered in such a crisis as the



present, we need no longer wonder at the apathy which characterizes our local authorities in ordinary times.

**THE HEALTH OF LIVERPOOL.**—We recently drew attention to the peculiarly unhealthy state of this port, pre-  
saging for it a large mortality from the threatened epidemic which has since so severely visited it. The quarterly report of the Registrar-General has just appeared, and its figures demonstrate that Liverpool is a national danger. The rate of mortality for the first six months of the year was no less than 41.6 per 1000. A few years ago the mortality of Liverpool did not exceed 26. Whence, then, this fearful increase of preventible disease and death? The mortality from zymotic diseases in our chief port is growing constantly. 3081 deaths, or an increase of 1292 on the corrected average, is the figure printed in the official record. The last half year has registered as many deaths at Liverpool as the whole year 1860.

**THE BROAD-STREET PUMP.**—The local authorities have replaced the handle of this pump which had been removed during the last epidemic of cholera, in consequence of the late Dr. Snow tracing to the use of its water the fearful outbreak in the neighbourhood of Golden-square. The mad act of the board has produced a joint letter in the *Times* from Professors Miller and Frankland, stating that only last year analysis showed this water to be little else than sewage filtered through the soil. The good water to be had since the Drinking Fountains Association commenced its valuable work should enable us at once to close all the pumps in the metropolis, much more this to which so many deaths have been distinctly traced.

**THE CHOLERA WARDS OF THE LONDON HOSPITAL.**—At this institution various methods of treatment have been tried by the indefatigable staff, but the large number of cases render a full record utterly impossible. Those who have not witnessed an epidemic of this kind can have no idea of the extra work thrown upon the staff. Forty or fifty post-mortem examinations have been made and some records of them kept. Last week there were 158 fresh admissions, out of which 73 were fatal. The Secretary has been obliged to appeal for aid, and the *Times* has lent its powerful columns to advocate the cause of this over-worked charity. We would ask how it is, that a much larger amount of medical assistance is not available? Would not old London hospital students, looking forward to a place on the staff, accept a temporary post. A few deputy assistant-physicians might gain invaluable experience by studying such an epidemic.

**CHOLERA IN PARIS.**—The *Courrier Médicale* declares that the health of Paris is improving. The *Gazette Hebdomadaire de Médecine* gives the following as the nearest approach to the number of deaths from cholera at which they could arrive in face of the indisposition of the authorities to permit inquiry:—

|         |   |   |   |   |     |
|---------|---|---|---|---|-----|
| July 19 | . | . | . | . | 116 |
| 20      | . | . | . | . | 142 |
| 21      | . | . | . | . | 106 |
| 22      | . | . | . | . | 89  |
| 23      | . | . | . | . | 92  |
| 24      | . | . | . | . | 94  |
| 25      | . | . | . | . | 90  |
| 26      | . | . | . | . | 86  |

**CHOLERA CASES IN SIR P. DUN'S HOSPITAL.**—A special meeting of the governors of this hospital was held on the 3rd inst., to receive a deputation from the guardians

of the South Dublin Union respecting the admission of cases of cholera. The following resolution was unanimously adopted:—"That cholera patients be received into Sir Patrick Dun's Hospital on the order of the guardians of the South Dublin Union, so far as the accommodation provided in the cholera wards shall admit of their reception; and provided such patients be brought from the districts of St. Mark's parish and Ringsend, or from a distance not greater than half a mile from the hospital." In opening wards for the reception of cholera cases, the governors of the hospital resolved to confine their operations to the poor of their own locality as having a special claim on the services of the institution. Mrs. Meyler, the last member of the family attacked at City-quay, died in this hospital on Sunday morning last.

**CIRCULAR FROM THE POOR-LAW BOARD.**

Poor-law Board, Whitehall, 27th July, 1866.

SIR,—In consequence of the outbreak of cholera, the Poor-law Board have already transmitted to you, for the information of the board of guardians, a copy of the regulations recently issued by the Lords of the Privy Council under the Diseases Prevention Act, 1855, and the amending act 23rd and 24th Vict., c. 77. By the provisions of the 23rd and 24th Vict., c. 77, sec. 11, the vestries and district boards under the 18th and 19th Vict., c. 20, are the authorities for carrying into execution those regulations. But these statutes do not remove from the boards of guardians the responsibility which the law has imposed upon them in regard to the relief of the destitute poor. The epidemic will necessarily create much additional suffering, and may probably cause a great increase of destitution among the poorer classes of the metropolis.

The Poor-law Board are satisfied that the guardians will not relax their exertions because the vestries and district boards are made responsible for the performance of the duties created by these regulations; and that the guardians and their officers will coöperate whenever practicable with those authorities.

The guardians are fully justified in calling to their aid such medical and other assistance as in their judgment the emergency may require. They can also provide those purifying and disinfecting agents which their medical officers recommend as requisite in the dwellings of the sick poor, and such additional sustenance or clothing as the peculiar circumstances may render necessary. In all these respects the powers and obligations of the guardians remain in full force.

It is inexpedient that the accommodation to be provided for cholera patients should be in the workhouse or on the workhouse premises. As far as practicable, therefore, the admission of cholera patients into the workhouse should be prevented.

The guardians should procure for themselves and their officers the fullest and earliest information as to the arrangements made by the vestry or district board, so that due notice may be given to every person who may require aid from the guardians of the arrangements applicable to the case, and how and where the requisite attention can be obtained.

The Poor-law Board will pay immediate attention to any communication which the guardians may address to them, and afford them any assistance in their power in the discharge of the duties and responsibilities imposed upon them.—I am, Sir, your obedient servant,

GATHORNE HARDY, President.

To the Clerk of the Board of Guardians.

A CASE was lately shown before the Société d'Anthropologie of Paris which would seem to lend great support to M. Broca's and Dr. Hughlings Jackson's views upon the subject of aphasia. A man was struck with hemiplegia of the left side without any affection of speech. Two years afterwards he had a fit of apoplexy, and this time his right side was paralysed, and he lost the power of expression. He died, and on examination there was found—1st, in the third cerebral convolution of the right side a hæmorrhagic cavity in process of cicatrization; 2nd, in the corresponding convolution of the left side a recent hæmorrhagic clot; this last evidently having determined the right hemiplegia with aphasia.



## NEW DISCOVERIES IN DIALYSIS.

AMONG the papers read at the closing meeting of the Royal Society's session, there was one by the Master of the Mint, which is likely to engage the attention of chemists and metallurgists, for it carries on, and with striking results, the researches arising out of Mr. Graham's important discovery of dialysis. Treating of the absorption and dialytic separation of gases by colloid septa, the first part of the paper gives the results obtained by a septum of caoutchouc, and the second part those of different metallic septa at a red heat. It has long been known that palladium and some other metals, when heated, absorb gases. Mr. Graham now finds that palladium will take up several hundred times its bulk of hydrogen, and that iron at a low red heat absorbs a considerable quantity of carbonic oxide; and that, contrary to long-standing belief, this gas does not act on the surface of the metal only, but permeates its entire substance. This fact is particularly interesting to metallurgists. Having taken up the gas, the iron will retain it for any length of time, and in this condition is best adapted for conversion into steel, as by the permeation of the carbonic oxide the subsequent process of carbonization is largely facilitated. Hence arises the suggestion that the process of acieration would be best accomplished by changes of temperature; a low red heat to fill the iron with carbonic oxide, after which it may be put away, if required, to await the final process at a high temperature of conversion into steel. Concerning another form of iron Mr. Graham remarks that wrought iron, in the course of its preparation, "may be supposed to occlude six or eight times its volume of carbonic oxide gas, which is carried about ever after. How the qualities of iron," he asks, "are affected by the presence of such a substance, no way metallic in its characters, locked up in so strange a way, but capable of reappearing at any time with the elastic tension of a gas, is a subject which metallurgists may find worthy of investigation." It would not be easy to overrate the importance of the paper of which we have given here so brief a sketch, for it is remarkably suggestive and original throughout. When published in the "Philosophical Transactions," with all the details, it will secure the attention it deserves. If Mr. Graham had never written more than this paper, it would suffice to place him in the foremost rank of the chemists of Europe; and it may be that metallurgists will now be ready to claim him as one of themselves for what he says about iron and other metals.

## STEAM AS A DISINFECTANT.

IMPORTANT experiments have been carried on during the last few weeks under the supervision of Dr. A. N. Bell of Brooklyn, aided by Drs. Stiles, Conklin, J. Lee, and others. The experiments were made at Seguin's Point.

Dr. Bell contends that steam is a far better disinfectant than chlorine, the latter remedy rotting the clothes, while the former is thoroughly efficacious, and makes not the slightest difference in the clothes, beyond the great one of disinfecting them of all disease.

The apparatus used for the experiments was simply an ordinary steam boiler of three horse power, and a Woodward's force pump—the latter connected with a coil of pipe 360 feet in length, enclosed in another furnace, by which the steam from the boiler is superheated and makes dry steam. From this furnace a section of pipe is carried to a small chamber containing about 500 cubic feet, in which the disinfecting is to be done. The pipe was in the centre of the floor, from which the steam is concentrated. On the wall was a self-registering thermometer; on the top of the partition of this room was another thermometer, and at the bottom still another. These were placed there to mark the different degrees of temperature during the experiments.

The experiments commenced by a five minutes' test, during which time some oysters, clams, fish, and three eggs, through eight thicknesses of blanket were cooked. By this it was understood to show that all animal matter being subjected to the action of super-heated steam will at once be destroyed. At the commencement of the test the lower thermometer marked 90 degrees Fahrenheit, and the upper

one 83 degrees. During the five minutes occupied in the experiment the gauges of heat stood as follows:—

| Minutes. | Lower Ther. Degrees. | Upper Ther. Degrees. |
|----------|----------------------|----------------------|
| 1 ... .. | 105                  | 120                  |
| 2 ... .. | 155                  | 178                  |
| 3 ... .. | 185                  | 220                  |
| 4 ... .. | 202                  | 202                  |
| 5 ... .. | 200                  | 198                  |

A second test was then made, which lasted ten minutes—oysters, eggs, &c., being put in as before, as well as a coat and a pair of white linen pantaloons. Before the door was shut the indicator marked 162 degrees (the lower) and 140 degrees (the upper). The annexed table will show the various degrees of heat obtained:—

| Minutes.  | Lower Ther. Degrees. | Upper Ther. Degrees. |
|-----------|----------------------|----------------------|
| 1 ... ..  | 167                  | 165                  |
| 2 ... ..  | 180                  | 190                  |
| 3 ... ..  | 185                  | 196                  |
| 4 ... ..  | 192                  | 202                  |
| 5 ... ..  | 195                  | 210                  |
| 6 ... ..  | 198                  | 214                  |
| 7 ... ..  | 202                  | 216                  |
| 8 ... ..  | 202                  | 216                  |
| 9 ... ..  | 205                  | 220                  |
| 10 ... .. | 208                  | 225                  |

The self-registering thermometer indicated 260 degrees. Dr. Bell accounted for the variation of the lower and upper thermometers by the fact of the lower one being connected with the chamber by an iron tube. Iron being a conductor of heat prevented it marking the graduations of heat correctly. The clothing placed in the room was perfectly dry and the linen pants, now considered perfectly disinfected from all disease, were as dry as a bone, and the starch and folds made by ironing were not even taken out of them. This, Dr. Bell claims, is done by his steam being superheated, which is the secret of his success as a disinfectant. To thoroughly cleanse and purify the clothes of emigrants and passengers will take two hours; at the end of which time it will be considered safe to allow them to go anywhere they please.

A retort can be attached to the steam pipe, capable of injecting any volatile substance or disinfecting agent into the chamber, such as chlorine, carbonic acid, fumes of coal tar, &c. If used, these chemicals will be heated to the utmost intensity, thus giving them greater power.

It is stated that a ship can be disinfected in the same way. The boilers of a tug will be used, and a portable super-heat apparatus be erected on board. In one day a ship, by this plan of disinfecting, can be thoroughly purified, and she will be enabled to come to the city in safety. If this is the case it will be the saving of many thousand dollars to our merchants and shipowners.—*Philadelphia Medical and Surgical Reporter.*

## Reviews.

## A MANUAL OF MEDICAL JURISPRUDENCE.

By ALFRED SWAINE TAYLOR, M.D., F.R.S., Professor of Medical Jurisprudence and Chemistry in Guy's Hospital. Eighth Edition. Pp. 707. London: Churchill and Sons. 1886.

A MANUAL so well known as that of Dr. Alfred Taylor, and which has reached its eighth edition, carries with it its own recommendation. It may, however, be necessary to mention for the benefit of two very distinct classes of readers that there are now two works on the same subject by Dr. Taylor, one entitled the "Principles and Practice of Medical Jurisprudence," and the other the Manual now before us. The first is a complete Encyclopædia of every thing relating to medical jurisprudence, and is amply illustrated by cases described in detail; the second contains the same matter in an abridged form, and the details of cases are omitted. The larger volume will therefore be consulted by the learned as a book of reference, and the smaller and more condensed work will serve, as it has



hitherto done, as a hand-book for students and practitioners in getting up the subject of medical jurisprudence or in refreshing their memory upon particular topics. For the information and guidance of medical men, two chapters on evidence and the duties and responsibilities of medical witnesses have been placed at the commencement of the volume, and we need scarcely observe that they contain a great amount of useful and instructive matter; and among other minor changes which have been made in the present edition, there are numerous engravings introduced representing the crystalline forms of poisons and the apparatus used for their detection. We need to add no further remarks beyond again cordially recommending this Manual to the professions of law and medicine.

**BRIEF NOTES ON THE LAST EPIDEMIC OF CHOLERA IN TURKEY:** with Observations as to Prevention and Treatment. A Report submitted to the Committee of the Seamen's Hospital Society, with Addenda. By HARRY LEACH, Resident Medical Officer, Hospital Ship "Dreadnought," and late Medical Inspector to the Kustendjie and other Turkish Railways. London. 1866. Churchill and Sons.

THIS pamphlet is one of a croud of cholera literature that the last epidemic has brought forth, and may claim perhaps additional attention as a short record of experiences culled from a city that is always the nucleus of the disease in Europe. Constantinople has constantly been visited with cholera in all its unmitigable severity, unchecked by any sanitary efforts, and consequently, raging most furiously, and working its will without let or hindrance; and so these pages are valuable, in that they tell us how completely the convictions of our Privy Council Medical Officers as to the contagiousness of the disease are borne out by the evidence of those in Turkey, who have seen more cases of cholera than any other clique of medical men in Europe. The pamphlet says little as to remedial agents, and we shall probably hear from the author at some future time the definite results of hypodermial injections which appear to be the only class of remedies spoken of with any confidence in his paper. An official connexion with the *Dreadnought* Hospital Ship will doubtless afford him an opportunity of giving this plan a fair trial.

**NOTE-BOOK OF MATERIA MEDICA, PHARMACOLOGY, AND THERAPEUTICS.** By R. E. SCORESBY-JACKSON, M.D., F.R.S.E. Edinburgh: Maclachlan and Stewart.

UNDER the deprecatory title of a "Note-book," Dr. Scoresby-Jackson has presented the profession with one of the most full and comprehensive works upon the materia medica, and upon the art of prescribing remedies which has for long appeared in an English dress; and when we say full and comprehensive, we, of course, desire to be understood as speaking of the amount of essentials contained in this little work of 632 pages, and not as to fulness of detail on every point—a matter of necessity confined to similar works of a larger size and more pretentious claims, yet this little work is a perfect model of condensation and accuracy. There is, perhaps, no known remedy, officinal or otherwise, which does not find a place in its pages, and its very index is made to convey that most important information—the dose of the drug referred to—so that in turning it up, a practitioner will often get

**CHOLERA CASES.** For the mere student this little meeting of the table. Starting with the naturally—the 3rd inst., to re

for a teacher of materia medica—rather overstrained idea that "the ultimate object of medical education is to teach *how to write a prescription*," the author proceeds to explain the principles which ought to guide us in the selection and collection of medicines, the nature and effect of those circumstances which influence the therapeutic value, more especially of vegetable remedies, including under this head, of course, an account of the nature of the various active principles of vegetable medicines, he then treats of pharmaceutical operations, and of weights and measures. Passing on to the consideration of officinal formulæ, and giving under this head all necessary information as to the composition, temperatures to be employed, &c., in regard to the formulæ for waters, tinctures, liniments, pills, powders, ointments, &c., contained in the British Pharmacopœia, as well as exhibiting at a glance the composition of each of them, and finishing off this introductory part by a very full consideration of "majutral formulæ"—that is, of the act of making *extempore* prescriptions—a part of the teaching of the uses of the materia medica too often wholly omitted, both from works and lectures, upon the subject. Under this latter head Dr. Scoresby-Jackson considers—1st, the properties and effects of remedies; 2nd, their *modus operandi* and classification; 3rd, the locality of their action; 4th, the channel of their introduction; 5th, the circumstances which modify their action; and 6th, under the head of the prescription, he shows how the information already acquired may be usefully embodied in the construction of a prescription suited to the requirements of each case, describing minutely the object sought to be obtained in the combination of various ingredients. In this, however, Dr. Scoresby-Jackson has perhaps adhered too closely to his predecessors, and while pointing out that the tendency of modern prescriptions has possibly erred too much on the side of simplicity, he has omitted to show in how far and in what manner complexity may be useful. It is one thing to prescribe a heterogeneous mixture of drugs possessed of diverse counteracting powers, and quite another to prescribe a combination of various drugs possessed of similar powers, each efficacious, mayhap, under divers circumstances. The tendency of the best practitioner of the present age is towards the latter mode of prescription; that of our forefathers was towards the former. It would have been well to have pointed out the distinction and the difference.

The remaining part of this work is occupied by a condensed yet clear and concise account of the natural history, composition, preparations, actions, and uses of the various articles comprising the materia medica; not merely those which are officinal or comprised in the British Pharmacopœia, but also including many others which, though excluded from that work, are yet deservedly prized by many practitioners of medicine. It would occupy too much space to enter upon a detailed consideration of this part of the work; it is sufficient to say that it is executed with the same diligent care evinced in the introductory part, and that in its construction the interests of both practitioners and students have been carefully consulted. This little work is dedicated by permission to Professor Christison, and the highest praise that can be bestowed upon it is to say that it is not only not unworthy to be so dedicated, but also not unworthy of the high reputation which Professor Christison has won for the Edinburgh Medical School in the matter of Materia Medica, Pharmacology, and Therapeutics.



# London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 8, 1866.

## VISITATION OF EXAMINATIONS.

WE are enabled to publish below an important letter from Mr. RUMSEY of Cheltenham, one of the representatives on the General Medical Council appointed by HER MAJESTY, in respect to the proposed Visitation of Examinations by the Council, in which he was called upon to take part. We have the more satisfaction in making public this protest of Mr. RUMSEY's, because his very logical reasons for dissenting from the determination of the Council have been kept back by the Council, lest the profession might exercise their right to judge for themselves in this matter, and perhaps arrive at an unfavourable conclusion:—

MY DEAR DR. HAWKINS,—Circumstances over which I have no control prevent my attending the meeting of the Branch Council to-morrow; and as it appears from your notice of "Agenda" that the main business of that meeting will be to make arrangements for the visitations of examinations, I beg you will do me the favour to communicate to the President and the Members of the Branch Council my reasons for requesting them to excuse my continued inaction in this matter.

I have uniformly objected to the measure, both in principle and in detail; and the results of the recent visitation have in no degree removed my objections.

Although a majority of the General Council has so interpreted the last sentence of section xviii. of the Medical Act, as to found on it a resolution (April 6, 1865) that the Branch Councils, or such of their members as may be deputed by them, shall visit the examinations, preliminary and professional, conducted by the qualifying bodies, and report thereon to the General Council, there still exists a minority who do not so understand that provision of the Act, which, in their opinion, is merely permissive, and not intended to supersede any more correct or efficient method of attaining the object in view.

I believe that had it been left to each Branch Council to decide for itself whether it should depute its members to visit the examinations of the licensing bodies within its jurisdiction, the English Branch would not have agreed to undertake such visitation, and the Irish Branch would have peremptorily negatived the proposal. I believe that, in fact, we owe the adoption of this very questionable measure, by the General Council, to the unanimity and energy of our Scottish colleagues.

The manifest diversity of opinion on this point among the three nationalities in the Council, may, I think, justify any individual member in declining to accept his share of responsibility in this proceeding.

But, if I am mistaken, and if it were to be decided by legal authority, not only that the minority are in error, but further that they are bound to aid the majority in the performance of these visitations, undertaken voluntarily, and on a disputed interpretation of the Act, I for one should feel it my duty—though with much regret—to resign my seat in the Council.

I will now state, as briefly as I can, my principal objections to the present system of visitations.

A. If it be granted that the examinations of candidates

by any of the qualifying bodies, represented in the Medical Council, are so defective in their nature and so fallacious in their results, as to require the employment of some external agency to inspect them and report to a controlling and reforming authority (which I by no means assert), it would, I think, be obvious to every intelligent and impartial observer, that the representative members of Council ought not themselves to constitute that agency.

Even were the theoretical objection set aside, it does not yet appear how any members of Council can do the work at all satisfactorily or effectively: (1) because, with their utmost diligence and their largest possible expenditure of time and labour, they can be present at only a very small proportion of the many examinations held annually by the medical licensing bodies; (2) because the same gentlemen, however able and accomplished, can hardly be expected to superintend with equal thoroughness and efficiency those examinations in all branches of knowledge—general, scientific, and professional—which, at various stages of his education, each medical student has to pass through; and (3) because the representatives of the licensing bodies, though themselves free from corporate bias or interested motive, are not likely to satisfy the requirements of the profession, the public, and the Government, by undertaking a duty which makes them, as a body, judges in their own case.

Here, however, I beg not to be understood as supporting an objection which has been lately (and forcibly) made to "reciprocal visitation by the representatives of rival bodies," as though such attendances must necessarily degenerate into a mere exchange of empty courtesies, if not of invidious remarks. For this objection seems to assume what is not the fact—viz., that the licensing bodies are really "rivals," similarly constituted for similar purposes, conferring similar qualifications, and alike open to the same kind of criticism. It also implies a suspicion—not to be entertained for a moment—of the honour and justice of the visitors.

B. Assuming, for the sake of argument, that the regular attendance of appointed visitors or assessors is a sound and true method of securing the thorough efficiency and trustworthiness of examinations as tests for legal qualification, it follows that such visitors ought to be constantly present, each devoting his attention to those subjects with which he is most conversant, and on which his authority is unquestionable. Such a system, as I have said, cannot be carried into effect by members of the Council. Yet there is no reason why the Council should not be empowered to appoint and to regulate the duties of visitors not belonging to their body.

C. But a far better and surer means of testing the practical results of courses of medical study and examinations, than visitation or inspection of any kind, would be to establish in each division of the kingdom—at least in England—a Board of Examiners for all public medical appointments.

Every candidate for the medical or surgical charge of hospitals, asylums, prisons, workhouses, and districts, should be required to possess not only one or more of the existing legal qualifications, but also the testamur of a National Examining Board, which would thus confer upon the masses of the civil population the same security as the Army and Navy Medical Boards now confer on the populations of their respective services, and which, without requiring any additional qualification for mere private practice, would inevitably tend to raise the standards of qualification required by the several corporate bodies.

On a proper occasion I shall be prepared to show how the proposed measure might be carried out in detail.

I may at once mention that the existence of such a Board would supply a serious public deficiency, which none of the Universities have hitherto attempted to supply—I refer to the want of some reliable test or certificate of fitness for



the higher offices of state medicine—i.e., for important sanitary and medico-legal appointments, a subject on which I have published some remarks.

The establishment of a NATIONAL EXAMINING BOARD FOR THE CIVIL MEDICAL SERVICE would, of course, require an increase of public expenditure; and I think it would be impossible to apply a portion of the funds at the disposal of the Medical Council to a more worthy or important object, alike beneficial to the community and honourable to the profession.

Some such provision for higher standards of medical education, and higher degrees of qualification, ought to be embodied in the Medical Act Amendment Bill.—I am, dear Dr. Hawkins, yours very truly,

H. W. RUMSEY.

Cheltenham, June 14, 1866.

The perusal of Mr. RUMSEY'S letter will be none the less instructive to our readers, because they may dissent, as we do, from a part of it. There are many points in it worthy of notice, which must be treated separately. In the first place, Mr. RUMSEY suggests that the determination to carry out the proposed visitation did not originate with the English Branch of the Council, that it met with the strongest opposition on the part of the Irish members, and that it was passed by the active support of the Scotch Representatives. Here, alone, is a paradox worthy of solution, in the fact, which must be admitted, that the Scotch Licensing Corporations were the bodies who, through their representatives, might have been expected to oppose the visitation of their examinations. If the denunciations of the examinations of the Scotch Colleges, which we have read in the proceedings of the Council and elsewhere mean anything, they ought to signify that the visitation clause of the Medical Act was enacted specially for their behoof. We are not, at least, saying too much when we allege that the Scotch Colleges are not more innocent of diploma traffic than their English and Irish neighbours, and therefore their clamorous demand for inquiry, visitation, and investigation is almost incomprehensible. Altogether incomprehensible it would be if we believed in the efficacy of the visitation to detect faults, or when found expose them, but easily to be understood if we regard the visitation as an empty form. It may convey to the uninitiated an impression of purity to demand an inquiry which turns out to be only a solemn comedy, and we can therefore understand how the cue might have passed to support the proposition, and thus gain character for candour without fear of the real *exposé* being required.

We need not recapitulate Mr. RUMSEY'S reasons for believing that the visitation of examinations by the Council must prove futile, if not absolutely injurious. He thinks that councillors cannot effectually pronounce on examinations, because: 1. They can inspect then but very inefficiently. 2. They cannot be judges of all the subjects. 3. They are constituted judges in their own case. None of these arguments, strong as they are, appear to us as conclusive as that which Mr. RUMSEY repudiates—that the visitations “must necessarily degenerate into a mere exchange of empty courtesies, if

not of invidious remarks.” This point was well put by Sir DOMINIC CORRIGAN in one of his speeches, and it is of itself fatal to the existence of any confidence on the part of the public in the verdict of the visitors. It is a farcical expectation that a just conclusion of the character of the general run of examinations can be formed by every, the most conscientious, visitor, sitting by previous appointment to listen to questions and answers prepared with the knowledge of his advent. With the highest respect for the gentlemen of whom Courts of Examiners are constituted, we say that there are few who would not, even unconsciously, modify their examination. Which of us, if we knew that we were under official inspection, would not make an effort to furbish up our effete stock of questions, or infuse a just urbanity into our manner; and which of us would incur such a storm as would be called forth by an uncompromising verdict against the examination of any College. As Sir DOMINIC CORRIGAN expressed it, the examination would be necessarily “figged out” for inspection, and, as Mr. RUMSEY says, the Report would be only a “mere exchange of empty courtesies.”

If visitation is not the way to cure the evil, neither is Mr. RUMSEY'S panacea—the NATIONAL EXAMINING BOARD FOR THE CIVIL MEDICAL SERVICE—which to our mind appears a medicine more dangerous than the disease. The sense of the profession will dispose of the proposition better than we can.

The National Examining Board must qualify practitioners either on its own sole responsibility or, like the Army Competitive, in conjunction with the licensing bodies. If it is intended that it should act alone as sole Central Court of Examiners for all schools, then it involves all the difficulties of a single standard of education. Its standard must be either too high for the General Practitioner or too low for the University Graduate, for there is no mean in the requirements of medical men any more than in the necessities of the public. A carpenter with a whitlow on his finger does not want a highly qualified and highly paid medical man, while a Duchess in her confinement will not be content with a third-class practitioner. All the objections which have been urged to the enactment of a minimum standard of education apply to Mr. RUMSEY'S proposal, and no corresponding advantage can be claimed for it.

If, however, the Central Board is intended to act as supplementary to the examinations of licensing bodies, it is only a clumsy expedient to avoid the necessity for dealing with the deficiencies of these bodies themselves. If the standard of examination be fixed at the lowest, what is gained by a Central Board, which does not correct the underselling system—if a high position be taken why not deal with the erring licensing bodies themselves and compel them to advance in the scale. The Medical Council should bear distinctly in mind their proper function and should direct their efforts towards its attainment. They have simply to take care that no man undertakes to treat disease without being able to afford



sufficient evidence that he is qualified to do so. The Council have to fix the lower limit of medical qualification, not the upper, and in our opinion they will effect that purpose neither by Visitation of Examinations nor by the National Examining Board.

### THE CHOLERA IN LONDON.

It is now only too evident that the cholera has established itself again in the metropolis of the empire, but with the capricious and erratic predilection for certain localities which it has so often manifested, it has hitherto appeared chiefly in the eastern suburbs of London, and what is still more extraordinary, there is as yet no evidence of a direct kind that the present epidemic has been imported from abroad. The Seamen's Hospital Society applied some few months since for a hulk to be moored astern of the *Dreadnought*, off Greenwich, for the reception of cases which it was anticipated and feared might be brought into the Thames from foreign infected ports, and the *Belle Isle*, an old seventy-four, was appropriated to the purpose. On board the *Dreadnought* itself the greatest vigilance was exercised in examining every suspicious case, but up to a very recent period no cholera patients presented themselves, and even choleraic diarrhoea was by no means prevalent. At last, however, about a fortnight ago, a patient was brought to the ship suffering from unquestionable symptoms of malignant cholera, and was at once transferred to the *Belle Isle*, and died in a few hours. On the same occasion two women were brought to the ship from a barge coming from Boulogne, but as there was no accommodation for females on board the *Dreadnought*, they were transferred to Guy's Hospital. On this barge a man had died on the passage from Boulogne, and the two females were the wife and daughter of the deceased.

The curious and anomalous circumstances attending these cases were, that Boulogne, so far as we know, is not suffering, and has not suffered, from cholera, and therefore there is no evidence of infection from that port; and as for the other man who died on board the *Belle Isle*, he had been ashore for three weeks, and had come from Canada. Up to the time of our writing, cases of decided cholera have been daily admitted on board the *Belle Isle*, and a considerable proportion have died; but the same absence of proof of foreign infection has prevailed, all the cases having come either from the barges on the river, or from the lodging-houses of Poplar or Limehouse, or other places on the river side. Further investigation may perhaps show that some of the cases have been infected in foreign ports; but whatever may be the facts ultimately discovered, we are only stating the truth in asserting that at present no proof of such infection can be said to exist.

If, therefore, a system of quarantine had been adopted, so as to exclude the disease from being imported along the river Thames from foreign countries, it is but too obvious that any such precautions would have been use-

less. Preparations would have been made for meeting an enemy in the front, where he did not exist, while all the time he was in the rear and in the flank.

With regard to the question of treatment we are still compelled to speak with the utmost caution and reserve, but we think it our duty to discourage in the strongest terms the use of castor-oil as a specific in this disease. We think it the more necessary to do so, as the *Times*, with its usual imprudence in such matters, has very lately given nearly two columns of its space to a renewed recommendation of this more than doubtful kind of medication. Not only is such a recommendation calculated to inspire false hopes, but we are by no means sure that it will not lead to considerable mischief, and that in carrying out into practice a specious though untenable hypothesis, many lives may perhaps be sacrificed. If the *Times* had taken the trouble to inquire of the Royal College of Physicians of London what was the opinion of that learned body as to the castor-oil treatment of cholera, it would have received a pretty decisive answer in the shape of a report, published in our columns this day, presented to and adopted by that College, and drawn up by a committee, of which Dr. GEORGE JOHNSON, the advocate of the castor-oil treatment, is himself a member. This committee, although it does not in distinct terms condemn this treatment, is very far indeed from adopting or approving it, and in reference to the use of castor-oil it recommends the limitation of its use to those conditions of looseness of the bowels which result from "bad or obviously indigestible food," and even in such cases rhubarb is recommended as of equal efficacy.

We may state that the principles of treatment recommended by the committee of the College coincide with those usually adopted in practice, and that the plan of checking the early diarrhoea by astringents and moderate doses of opium is plainly enjoined and strongly recommended.

The last return of the Registrar-General gives the appalling result of 904 deaths from cholera in London in one week, and the return also specifies the district in which the greatest part of this mortality occurred. It extends all along the north side of the Thames, from the River Lea and the Isle of Dogs, to the Tower of London, and comprises the districts of Bethnal-green, Whitechapel, St. George-in-the-East, Stepney, Mile-end, Oldtown, and Poplar, including Bow.

The following extract from the weekly return will give some idea of the ravages of the disease in the eastern part of London:—

"The mortality is overwhelming in some of the districts. In Poplar alone 145, in Bow 188 people died last week, including Dr. Ansell, the meritorious health officer, and Mr. Ceeley, clerk to the Board of Works, whose name figures on the placards. The people are falling ill every hour; you see them of all ages, children and adults, lying about their beds like people under the influence of a deadly poison, some acutely suffering, nearly all conscious of their fate and of all that is going on around them. Here the doctor is drawn in by the husband to see the wife now attacked; there the husband lies in spasms; here is an old



woman seated dead, with eyes wide open; there lies a fine four-year old child, his curly head drooping in death, but his mother says the pulse is strong, and he takes what she gives him. An older brother just recovered is running about. Several wards of the London Hospital are full of patients, many of them very young children in all stages of the disease; some dying, some well again and playing. The medical men have no rest, and with the health officers are nobly doing their duty; brave men ready to lay down their lives for their patients. The people themselves are most patient; most willing to help each other, the women always in front, and none shrinking danger. There is no desertion of children, husbands, wives, fathers, or mothers from fear. In the midst of this scene the authorities have been, to some extent, paralyzed. The nuisance inspectors are not sufficiently numerous, neither are the medical officers. The administrative work has not been organized with sufficient promptitude, and is not carried out with sufficient energy."

#### THE WORKHOUSE INFIRMARY OF ST. MARY, ISLINGTON.

IN a report just presented to the Poor-law Board by Mr. H. B. FARNALL, one of the Poor-law Inspectors, we are told, p. 5, that "the wards of many of the infirmaries" (that of Islington being, among others, particularly alluded to) "were not originally constructed in such a manner as to secure either sufficient ventilation or light with the greatest facility, or so as to empty the wards of foul air with the greatest speed. In some of the wards there are no windows opposite to each other, and there I could not detect the air to be moving through them. The pauper nurses did not know how to obviate this defect, except by widely opening the doors and windows and creating draughts." All this is quite true. But the Poor-law Board knew it all before, at least in the case of the Islington establishment, for in a report written on the condition of that building, and sent to the Poor-law Board in the year 1854, it is stated, among many other matters, to some of which we shall presently refer, that "the ventilation of the sick wards is deficient in the extreme," and in order that there may be no mistake about the exact situation of the wards referred to, the writer, who was one of the medical officers at that period, goes on to say that "the wards were known as No. 1 and No. 2, and the lying-in ward; and from what I have observed," he continues, "the chief mode of ventilating the wards throughout the entire infirmary appears to be effected by opening the windows, which are placed directly over the beds of the patients, some of whom suffering from chest affections, such as pneumonia, bronchitis, pertussis, &c., and others suffering from rheumatism, have had their diseases most seriously aggravated in consequence." This is almost as bad as the carpet-beating nuisance which has lately been abolished in the workhouse of the Strand Union.

The same gentleman goes on to state that in ward No. 8 he has "known at the same time three cases of syphilis and one of itch, and he has frequently known cases of fever associated in the same ward with other inmates who might be considered healthy, but far from able-bodied. In the female receiving ward, which contains four beds," he continues, "I have known to be

intermixed two cases of insanity, one of puerperal fever, one case of severe burn, one nurse, and three other healthy persons, and I have known them so to pass the night. In addition to the over-crowded state of the infirmary, numbers of cases, contagious and non-contagious, have occurred from time to time, for which there was no room in the sick wards, and consequently they were necessarily left either in the tramp sheds, which are totally unfit for sick persons, or in other parts of the house not usually devoted to the sick; such cases, for instance, as typhus fever, itch, gonorrhœa, syphilis, puerperal fever, cholera, erysipelas," &c.

These matters were all known to the local guardians and reported to the Poor-law Board, and at the end of twelve years we find that the trustees of the parish are *thinking* of building a new workhouse.

Now, on turning to Mr. FARNALL'S report on the existing condition of the St. Mary Islington Workhouse, page 45, we find him stating that the present Medical Officer of the establishment enjoys the distinction of being "the only Workhouse Medical Officer in the metropolis who considers that the services of pauper nurses are equal to those of paid nurses; he is also the only Medical Officer (with the exception of one other) who considers 500 cubic feet sufficient for each sick pauper in a workhouse."

It is probable that the condition of the Islington Workhouse may be different now from what it was in 1854; but at the last-named period the sick paupers did not get even the 500 cubic feet of atmospheric air, which the beneficent liberality of the present medical incumbent would allow them.

Turning to the report published in 1854, we find the then Medical Officer describing one of the abodes of the sick, called the Regions; "so called," he says, "from its situation, which is partly underground, very dark, with one small window, no ventilation, and very damp, the woodwork crumbling from mildew. Yet this place," he says, "is devoted to the reception of the paupers, and in consequence of all the other wards being quite full, the paupers were and are kept there. The dimensions of this room are such," and here the exact measurements are given, "that as seven persons constantly sleep there, each person has 355 cubic feet." Comparing this statement with a note in the same report, we find that the convicts at the Pentonville prison are each allowed a space equivalent to 820 cubic feet, in which, moreover, the air is constantly renewed by appropriate ventilating machinery.

But not only did the elements of disease thus exist in perfection in the Islington Workhouse in 1854, but disease itself actually broke out. The number of cases of contagious fever is carefully recorded, and there was no negligence in registering each case with its treatment and the results. The Poor-law Board were made fully acquainted with all the particulars, and two of their Inspectors verified the statements as to the condition of the wards, and they themselves mea-



sured the cubic dimensions of air allowed to the patients; and we repeat our sentiment expressed last week that the Poor-law Board are convicted, in this instance at least, of a gross dereliction of the duty imposed upon them by the State. Whatever may have been their ignorance in other quarters, they were fully acquainted with the whole state of the accommodation afforded to the sick poor in the Islington Infirmary, and at the end of twelve years, we are told in Mr. FARNALL'S report, that the Trustees *intend* to erect a new building!

#### ARE WE PREPARED FOR CHOLERA?

It has often occurred that medicine has been unjustly blamed for matters beyond its control. This has often happened in reference to cholera, a disease whose happily rare appearance among us prevents such frequent opportunities of scientific investigation as are obtainable in many other forms of disease. The outbreaks of this disease are generally comparatively sudden, and always so alarming that the public is ever ready to expect much from the profession and prone to run after the bold assertions of those who profess to have a specific remedy for the disease, whether those persons belong to the profession or not.

It would be as tedious as it would be useless even to enumerate the remedies that have thus been put forth as specifics for the disease in question. We would ask, is it not rare indeed that so much is expected from the resources of science or of art in any other disease, at least in more recent times? No one can boast of any specific for typhus, and in how few cases can we point to what may be regarded as a specific in any disease; even quinine itself, though so extremely valuable in many forms of intermitting fevers, requires to be judiciously handled, as otherwise its use may be attended with risk.

But while the public expect great and often indeed superhuman aid from the profession in times of alarming epidemics, there is but too often an absolute determination to do but little to remove those causes which are so generally proved to be productive of disease. Can we take credit to ourselves in many large towns for the cleanliness of our lanes and alleys, lodging-houses, or even for our streets? Is our supply of water good, and are our people taught the great importance of cleanliness in their dwellings, their persons, their clothes, and their cooking and water vessels, &c.?

Has it not been pointed out in the columns of THE MEDICAL PRESS AND CIRCULAR, and in those of our contemporaries, that overcrowding, bad and insufficient food, sour beer, unripe or bad fruits, and bad vegetables, &c., all tend to produce either cholera itself or forms of disease that too often end in cholera, and that appear as far as our knowledge at present extends, capable of producing that disease? Are not observers agreed that emanations from decomposing organic matters, excreta, &c., especially in connexion with moisture, are very prone to promote the disease and to form the suitable localizing conditions that tend to fix the disease in one locality more than in another?

Let us now consider the condition of our important city, that unfortunately is not possessed either of the means of some other British cities, nor of an adequate result for money that has been expended for the promotion of its sanitary requirements. We allude to Dublin,

and are reluctantly obliged to admit that too much appears to be expected from a naturally excellent climate. Were it otherwise the constituted authorities surely would not permit the existence of numerous plague spots in our midst. We would ask has the fever, which but too often exists endemically in Dublin, assumed so mild a type that official routine is to be permitted to pursue its usual course despite the many warnings given by the press and by concurrent events. Is the experience of past epidemics completely forgotten? and the fact, that has been published in various journals and brought under the notice of the Imperial Parliament—namely, that cholera commenced in 1854 in immediate proximity to one of the depôts of the city scavenging departments of Dublin, and that, radiating thence, lives were lost and sickness and misery were inflicted on the inhabitants of the neighbourhood and expense incurred in sick poor relief and in rates to support the widows and orphans of those who died. A work, entitled "A Report on Epidemics and Endemics," thus alludes to the circumstance: "Cholera broke out in a limited district in Dublin. The patients all lived near each other, and in their immediate vicinity there was a very large collection in a yard of street manure and night soil, collected by carts from the lanes of the neighbouring parts of the city."

Our readers will scarcely believe that, notwithstanding all that was done in drawing attention to that state of things at the time and repeatedly since, instead of improvement, matters in this respect have become much worse in proportion to the increase of live stock and of population in the city, &c.; so much so that we have seen within the last week that men were employed in constructing higher walls to give a greater capacity for the reception of the matters described above, although the depth of the accumulation of liquid and semi-liquid filth already exceeds ten feet, and in area upwards of an acre, and we speak of only one of many such depôts in the city of Dublin.

### Correspondence.

#### POISONED BLOOD.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the face of vast pretensions to accuracy of definition, and notwithstanding the imperious tone of some modern writers who affect to found all their notions of diseased action upon such phenomena as are alone capable of material proof, it would appear that there is still extant a haziness and uncertainty about the application of certain terms in medicine, which render their true meaning positively inaccurate, if not altogether false. I know of no illustration of this vice more glaring than that which at the present time exhibits all obscure constitutional disorders as arising from poisons. Thus we have the poison of cancer, of lues, of hydrophobia, of pus, of cholera, of typhus, *cum multis aliis*, recorded as the certain evidence of a specifically diseased or distempered blood; of which circumstance, however, no more certain sign or proof exists than the comprehensive and bold assertion of the observer—that because no better explanation can be had, therefore we must be content to say that the blood is "poisoned."

After all, this is probably only a reassertion of a dogma of some of the old humoralists; but inasmuch as it is now held up with an amazing tone of assurance by parties having some influence on occasions of grave social alarm, it may not be out of place to ask these worthies what they mean



exactly by a poisoned blood. John Hunter himself gives in to a very lax use of the term poison, as applied to the blood; yet in the same breath he admits that particular poisons select particular tissues—as the skin in small-pox or measles, the throat in hydrophobia, &c.

Mr. Abernethy had a profound belief in the efficacy of blue pill. Since his day —\* has had a moderately good innings, the late Dr. Chambers having been nearly the latest representative of that school in London. Now, however, the cry is once more—poisoned blood! Our cattle die of poisoned blood. The cholera is a poisoned blood. A pauper, or, for the matter of that, a sick rich man, falls into a purulent cachexy; the tendinous tissues are ploughed by sinus and repeated formations of matter; the man is pyæmic, his blood is charged with pus—it is poisoned! *Qui faire?* For if these things be so to the letter, the wonder is, not that so many die, but that anyone sick of a specific disease ever recovers.

With submission I desire to suggest to your readers that “poisoned blood” is not a satisfactory definition of the cause of death in a vast category of painfully fatal disorders. If it were so, we might as well shut up our books and instrument-cases, and take to some more honest calling than the practice of modern medicine and surgery.

It would be occupying your space unduly were I to attempt on the present occasion to trace the course of this “poison hobby.” Suffice it that it was largely aided, if not positively set a-going, by a kind friend and preceptor of my own, the late Dr. Robert Williams of St. Thomas’s Hospital, in Southwark, a very elegant scholar and most amiable man. His work on “Morbid Poisons” is extant and highly prized; but Dr. Williams was in medicine a sceptic, and brimful of theory not always of the safest kind. Be this as it may, I humbly ask now, as I would in the days of pupil-dom—What, Sir, do you mean by poisoned blood? I can appreciate the fact of an attenuated, a defective, an altered blood—a diseased condition, if you please—but not a poisoned blood. I believe that the fountain of life plays with a very unequal force, and that its waters vary infinitely as to the purity of their elementary constituents throughout the animal kingdom, but I have yet to learn that it suffers any admixture with other fluids with impunity. No: when such an offence is offered, like “the Old Guard,” it dies—but it does not surrender. Those which are termed, as I believe erroneously, symptoms of blood-poisoning, belong to one of two stages or periods of dissolution, when the action is destructive of life. The first denotes resistance, the second dissolution of the blood; but at no period does it submit with impunity to the attempted contamination.

In the last and most rapid act of fatal cholera we are not dealing with a diseased blood in the sense of poison, but with the dissolution and resolution of this fluid into its elements, in the vain effort to resist the inroads of a mephitic and death-dealing agent. Majendie’s celebrated remark—“I a commence pour la mort”—has seldom been appreciated in this its best and highest sense.

The subject is a large one and of abiding interest. I shall be pleased, at no distant time, to avail myself of your courtesy to add some additional remarks explanatory of much which is here but very obscurely rendered.—I have the honour to be your obedient servant,  
B. TRAVERS.

Dover-street, London, July 31, 1866.

#### THE “INFERIOR ARTICLE” IN DEMAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following impudent advertisement appears in the Poor-law column of the *General Advertiser* of Saturday, July 28:—

“KILLYBEGS DISPENSARY.—Wanted a Medical Officer for

this Dispensary. The salary is £40 per annum, with prospect of increase, and considerable private practice. Testimonials to be forwarded on or before the 8th August. Election will (D.V.) take place on Saturday, the 11th, at noon.”

Some months since I ventured in your columns to express my disapproval of the manufacture of an inferior class of practitioners by the Irish College of Surgeons. Moralists, and all who have the true interests of the profession at heart, will say I was *right*: although certain pseudo-political economists may as decidedly pronounce that I was *wrong*. “There is a demand for the inferior article,” they will aver, “and therefore there will be a supply.” Yes; but it does not follow that there *ought to be* a supply. However, passing by all argument on the question of right or wrong, we cannot deny the humiliating fact, that at least a demand for the inferior article does actually exist. The above advertisement proves it. Whether in this case the supply will meet the demand must appear “(D.V.)” on the 11th instant.

And here let me protest *in limine* against this hypocritical use on such an occasion of the initials which I have quoted. The men who would sanctimoniously propose “(D.V.)” to inflict a forty-pound medical attendant on the poor, are just the men whom I should suspect of sanding their brown sugar, “(D.V.)”—wetting their tobacco, “(D.V.)”—watering their rum, “(D.V.)”—or opening their iniquitous election proceedings at Killybegs on the 11th inst. with a hymn. It is, to be sure, some trifling consolation to humanity to find that those individuals have exhibited a degree of decent shame in concealing their names. The advertisement appears without either signature, reference, or even a date.

The Killybegs Dispensary Committee seem to have some glimmering idea that the proposed salary is *rather* too low to tempt even the lowest class of medical men to accept it; and, accordingly, a “prospect of increase,” and of “considerable private practice,” is thrown out as an additional bait; whilst the usual phrase, “exclusive of registration and vaccination fees,” is ominously omitted. Translated into plain English, all these attractive expressions signify merely this—and no more—viz., that if the medical officer occupies a portion of his spare time in sweeping chimneys, breaking stones, cleansing sewers, or any other description of work, he will be paid something for his labour. Of course he will—no doubt about it. But what upon earth has this to do with attendance on dispensary patients, where special duties have to be performed, and for which duties a specific—though too often an inadequate—salary is paid?

A word more about this “considerable private practice” in *nubibus*. The word “considerable” is relative as well as illusory. What might be thought considerable in a fishing village or coast-guard station on the wild shores of Donegal, would appear very *inconsiderable* in more civilized districts. It may be that in Killybegs another “£40 per annum,” realized in private practice, would be looked upon as something very “considerable” indeed.

Now, my object in all I have said is not to complain that the fishermen and hucksters of Killybegs have offered an additional insult to medical men, or inflicted an additional grievance on the profession. The injury which they contemplate is directed against the *public* and against the *poor*. The injury from which the profession suffers has been inflicted by members of its own body, and more especially by the various licensing corporations. So long as these corporations will persist in gratifying the demand for a very inferior class of medical men—and so long as medical men themselves will accept the paltry salaries offered by sordid, unfeeling dispensary committees and boards of poor-law guardians—just so long will those committees and boards

\* We are unable to decipher this name in our Correspondent’s MS.



seek to recommend themselves to the favour of penurious ratepayers by entrusting the helpless poor to the tender mercies, and more than questionable skill, of forty-pound doctors. The committees and boards do not, as a rule, mean to insult or aggrieve the medical profession. Impelled by false notions of economy, and stupidly ignorant of the real wants of the community, they seek for cheap doctors, and (*proh pudor!*) they find them ready-made to their hand. They conclude—and very naturally, according to their lights—that the medical man who accepts a salary of £40 a year is a competent judge of the value of his services, and that if he be not worth less than that sum, he is certainly worth no more. A sad state of things, it must be confessed, but who's to blame?

Here is another advertisement (slightly abridged), cut from the same paper which contains the Killybegs manifesto:—

“WANTED A NIGHT-STOKER AND GASFITTER, at the T.—GAS WORKS. Security required: perfect sobriety indispensable. Testimonials to accompany the respective Tenders. Wages per week from 17s. 6d. upwards, according to competency.”

Country gas companies are composed of a class of men pretty equal in intelligence to the average poor-law guardian, and yet we see that they pay their stoker £45 10s. per annum, and “with prospect of increase,” too. Why do they do this? Simply because they know that they cannot get a competent stoker for less. And also, perhaps, because in the case of the stoker “perfect sobriety is indispensable,” and “security is required”—qualifications not insisted on by the Killybegs Committee, who may not consider them as worth the extra £5 10s. of wages. Let it be borne in mind that, in reality, the difference between the remuneration of the stoker and of the medical officer is much greater than this. The stoker can appropriate and enjoy *the whole of his wages*; the poor unhappy doctor cannot touch a penny of *his*. The whole of his pitiful salary must be consumed in defraying the necessary expenses of his duties, and he must perform those duties for *absolutely nothing*. Attendance on a dispensary district in the rocky wilderness of Donegal involves the keep of at least one horse; and everybody knows that the maintenance of a horse and groom, with the consequent “wear and tear,” shoeing, farriery, &c., costs more than £40 a year.

A quizzical friend at my elbow suggests that the first of the above advertisements is nothing more than a hoax;—that some rustic wag, designing to caricature the cheese-aring practices of the Killybegs Dispensary Committee, seeks to attribute to them a conspiracy to spare the pockets of the ratepayers at the risk of the health and lives of the poor patients—insinuating, in fact, that they have devised a cunning plan to *kill the beggars* with the aid of a forty-pound doctor! Wicked, brutal, and far-fetched pun! The perpetration of such a sorry joke is incredible; and I must still adhere to my belief that the Killybegs advertisement, notwithstanding its anonymous character, is a genuine document.—I have the honour to be, Sir, your obedient servant,

EDWARD BEWLEY.

Edington, Clara, August 1, 1866.

#### EXAGGERATED REPORTS OF THE CHOLERA IN SOUTHAMPTON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read some extracts from Mr. Simon's report to the Privy Council in your issue of the 25th ult. Assertions and assumptions abound, but are they supported by facts? I am unable to discover them. Having been in extensive practice at Southampton for nearly a quarter of a century, and, with my partners, having had a full share of the cholera and choleraic cases during the present epidemic, I think it cannot be too generally known that exaggerated

reports have been *palmed* on some of the leading papers. I have seen but three cholera cases of a fatal character; one a policeman, *æt.* 66, who applied for assistance after severe diarrhoea had persisted for eight hours. He was then in collapse, and, although he rallied for a time, sunk at the end of twelve hours. The second, a porter, *æt.* 40, who had been under medical treatment for disease of liver for several years. He had taken his ordinary dose of active aperient medicine, and regarded his symptoms as due to the excessive action of his usual remedy. On returning from his day's work he fainted, and then his medical attendant was summoned. It was too late; extreme collapse had set in, and the poor fellow succumbed before the middle of the following day.

The third case was that of a widow, a green-grocer, *æt.* about 48. She had long suffered from chronic phthisis, and had been taking morphia daily for some time. Again the premonitory symptoms had been neglected, and she sunk in about twenty-four hours.

Although from seventy to ninety patients are seen daily, and a large proportion of them suffering from abdominal symptoms, only three others have died from choleraic disease, and not one since July 15. Those did not fall under my observation.

I really consider such facts most encouraging, the disease being fatal only among the aged, the diseased, or the very young—if treatment be resorted to in the early stage. It should be impressed on the public that the disease is neither infectious nor contagious; that it is curable with greater certainty than most other diseases (if treated prior to the stage of collapse—and that collapse from other causes is equally fatal with that from cholera)—that every family should be provided with some *powerful* astringent medicine, in order that no time be lost in the premonitory stage, as during the night, &c.; and that more than ordinary caution should be observed in excluding everything of an unwholesome quality from the culinary department. The frequent removal of all surface refuse should be carefully attended to; and absolute cleanliness, so far as drainage and water supply will permit, which, unfortunately, in many populous localities, is abominably defective, should be rigorously observed. The disease appeared almost simultaneously in several parts of the town, in the same ill-ventilated, low, dirty localities as were first attacked in 1849. All evidence of personal importation is wanting.

The report in to-day's *Lancet*—“from our own Correspondent”—is a disgraceful exaggeration. The deaths have been confined to the dirtiest and worst parts of the town, or places on their borders; in fact, the same localities where the disease proved so much more fatal seventeen years ago, and which could have been rendered healthful, and incapable of supplying the requisite pabulum for cholera, had the local authorities listened to reason, and supported the measures propounded again and again by sanitarians, instead of which they allowed them to stand alone, and decried their measures as too costly; but now, panic-stricken, they are scattering the public money broadcast.

The cholera hospital is opened on the brink of the mud, in about the lowest situation in the town! The ice-bag application has been vigorously pushed, and is now absolutely discarded, after having received a questionable amount of puffing! The injection into the blood of such acrid things as corrosive sublimate, turpentine, &c., are now being strongly recommended!

That fifty per cent. of those who have been attacked with choleraic disease have died, is simply a perversion of fact. Unless among the aged, very feeble, or diseased, none resists treatment, if remedial measures are resorted to in the premonitory stage.

There were other things in to-day's *Lancet* which, if they



did not instruct, must have amused its readers. It assured us that "while much was already known of the epidemic, much remained to be made out, both in regard to the mode of its progress and the best treatment to be pursued. The Government so far acted upon these views as to join France and other great powers in an attempt to ascertain with certainty the place of origin of the present epidemic, and to come to some plan for trying to confine the disease to its home, whenever again it should show a tendency to assume epidemic proportions." Now, surely, if the word epidemic be correctly construed, it would be quite as logical to insist on confining the winds and the waves to their home as any epidemic disease. I now enclose a copy of second issue of "Cholera Non-Contagious," &c., with some new matter. You did not favour me with a notice of my first issue. I have been, in years past, a frequent contributor to the *Circular*, and certainly one of your oldest and staunchest supporters, having taken it from its first number, and having every copy of it at hand. My partzers now do the hard work, so that I have a greater amount of leisure than of yore, and, should you regard my contributions as acceptable, you may depend upon me as a tolerably frequent communicant.—Faithfully yours,

EDWIN HEARNE.

Southampton, July 28th, 1866.

P.S.—The amount of choleraic disease at the present time is nothing compared with what the town suffered in 1849.

#### POOR-LAW MEDICAL REFORM ASSOCIATION.— VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Many of my medical brethren will have seen with regret that the Vaccination Bill has been withdrawn, but your readers may not be aware of the cause. It will be in the recollection of all that the Vaccination Bill was brought in as a Government measure, and framed by Government officials; but as it contained many objectionable clauses, and made no provision for the better remuneration of the medical officers, I addressed a pamphlet to each member of Parliament on the subject, and suggested certain remedies. My views were, through the medium of your journal, made public, and so much opposition was raised in Parliament by the profession, that the Bill was referred to a Select Committee, to whom I sent copies of the amendments proposed by us, and the result was, that a large number of the clauses were amended, and the Bill, had it become law, would have given the profession some twenty or thirty thousand pounds per annum more than they now have. The measure was not perfect, but I considered it would be most unwise to offer any further opposition to a Bill which had the sanction of a Select Committee of the House, and which would be of material benefit to the public, as well as to our profession, and unopposed would pass into law. Judge, therefore, my surprise, when, on July 21st, I received a letter from Dr. Gibbon, with a printed heading, "Metropolitan Counties Branch of British Medical Association—Parliamentary Committee," asking me to oppose the Bill, at the same time enclosing printed reasons against the fines and registration clauses contained in the Bill. Unfortunately for us the gentlemen composing this Parliamentary Committee, who seemed to have a *carte blanche* to do as they like, without consulting the members of the Association, raised such an opposition in the House that when the Bill should have gone into Committee on July 23rd, Mr. Corry withdrew it, saying "he had ascertained from hon. gentlemen on both sides of the House that the measure was likely to meet with great opposition, and it was therefore doubtful whether it could be carried through this year." I sincerely trust the Association at their next annual meeting will point out to their Parliamentary Committee that, whenever practicable, they should consult the members of the

Association before they take active measures to oppose Bills; and here permit me to say, I do not believe the Association as a body would ever dream of asking Parliament to do away with the registration of vaccination, without which the whole machinery must fall to pieces. I regret the loss of the Bill, as on the whole it was a good measure, and would have been of great benefit to the poorer portion of our profession—the Poor-law Medical Officers. I regret it still more, as it is the imprudent act of members of our own profession.—I am, &c.

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, July 28, 1866.

#### ADELAIDE HOSPITAL.

DR. DUNCAN having resigned his post of Physician to the Hospital, the following letter was forwarded to him, and to which he sent the annexed reply:—

August 4, 1866.

MY DEAR DR. DUNCAN,—I am requested by my colleagues, the medical staff of the Adelaide Hospital, to convey to you their deep and sincere regrets at your recent resignation of the post of Physician to the Hospital. When it is recollected that during the long period of your connexion with the institution you were unceasing in your endeavours to promote its clinical, as well as general, interests, we cannot avoid the apprehension that we shall have much difficulty in replacing you.

One circumstance, however, tends to dispel the gloom the resignation has caused us—namely, that you were solely impelled to take the step, from the feeling that to do full justice to the clinical department of the hospital requires more time than the special professional subjects to which you more particularly devote yourself would allow of your giving to it.

In conclusion, I beg, on the part of the medical and surgical staff, that you will not altogether sever yourself from us, and will allow your name to be placed on the honorary list of Consulting Physicians to the Hospital.—I am, my dear Dr. Duncan, yours very faithfully,

B. WILLS RICHARDSON, F.R.C.S.I.

Dr. James F. Duncan, F.K.Q.C.P.,  
Upper Merrion-street.

8, Upper Merrion-street, August 4, 1866.

MY DEAR RICHARDSON,—Will you kindly convey to my late colleagues my sincere thanks for the letter I have just received. I gladly accept the proffered post of Consulting Physician to the Adelaide Hospital, and I rejoice to think that by this act, the connexion which has so long and so pleasantly subsisted between us shall still be maintained, notwithstanding the step I have been obliged to take.—Believe me, very sincerely yours,

J. F. DUNCAN.

Dr. W. B. Richardson, Secretary  
to the Medical Board, Adelaide Hospital.

#### THE CATTLE PLAGUE AND DISINFECTANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Your correspondent "M.D." disagrees with Mr. Crookes, Dr. Angus Smith, and myself, for advocating the use of carbolic acid as a disinfectant.

He objects to the first-named gentleman's report, because most of the experiments detailed are in connexion with carbolic acid, but seems to forget that Mr. Crookes expressly states that he experimented with chlorine, ozone, sulphurous acid and the tar acids. "These," says Mr. Crookes, "are representative bodies, and numerous trials have been made with them before coming to a conclusion as to their respective merits." I cannot see what deodorizer or anti-septic (if we, perhaps, except chloride of zinc) would not come under this category. As regards the other remarks upon Mr. Crookes' report, it behoves that gentleman to reply to them, should he think it necessary.

"M.D." has a suspicion that it was in consideration of Mr. Crookes' report coinciding with my own views that I



had such a favourable opinion of it. Surely this requires no admission on my part—a corroboration of the truthfulness of my ideas upon this subject was calculated to confirm my opinion as to the correctness of Mr. Crookes'.

I shall be very happy to argue the relative merits of disinfectants from a chemical point of view, if "M.D." will appear in *propria personâ*, but otherwise I do not think it desirable to enter into a discussion with an anonymous correspondent.—Yours obediently,

C. R. C. TICHBORNE, F.C.S.L., &c.

Laboratory, 40, Mary-street, 6th August, 1866.

### THE ELIMINATIVE TREATMENT OF CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The contagion introduced from Liverpool seems to have been now confined to the members of the family first attacked, but with so many of the English ports infected, we can scarcely hope to escape from other importations. It is, therefore, most desirable that we should calmly consider and then decide upon the treatment of the disease which offers most chances of recovery. I am an earnest advocate of the eliminative treatment—that is, by emetics, purgatives, such as castor-oil or calomel, and saline injections. My experience of this plan is very limited, being confined to my observation of some cases in the cholera wards at Liverpool, and that of Mrs. Meyler (the only one of the City-quay cases which I was called on to treat). But I have been convinced by the admirable writings of Dr. George Johnson. That eminent physician most fully published his views in 1855 in his work on "Epidemic Diarrhœa and Cholera," but they received very little attention until the present outbreak threatened. His "Notes on Cholera" are most lucidly and forcibly written, and to me seem so unimpeachable on physiological or pathological grounds, that I think they cannot fail to bring conviction to an unbiassed mind. A shilling pamphlet just issued by Hardwicke for general circulation contains an epitome of the former work, and highly commendatory, a review of it which appeared in the *Saturday Review* from the pen of Sir Thomas Watson. I would also advise the perusal of Dr. Handfield Jones' paper in the *British Medical Journal* (May 5), as containing all possible objections to the eliminative plan which could be started, and of Dr. Johnson's reply in the following number of the same journal.

Treatment by evacuants is not new; on the contrary, it was almost the invariable method in India before the introduction of cholera into Europe, and my friends, Dr. Ross, surgeon, 92nd Highlanders, and Dr. Clarke, surgeon, 85th Regiment, lately informed me that their invariable plan, in many hundreds of cases in India and the West Indies, was to order a mustard emetic, followed by castor-oil and turpentine as a purgative. The former gentleman has promised to communicate his experience of the treatment in your next number. In many post-mortem examinations of cholera patients who have been treated by astringents, the alimentary canal has been found filled with the characteristic whitish excreta, which, as containing the poison, all advise should not be allowed to accumulate in drains. To use Dr. Johnson's expression—Is there not as much need to flush the intestinal sewer? I await anxiously the publication of the details of many modes of treatment employed in the cholera wards in Liverpool, which Dr. McCloy has promised, but it has already transpired that the eliminative has been by far the most successful plan.

The London College of Physicians, in their communication to the Lords of the Privy Council, just issued, recommend that "If the discharges become colourless and watery (the purging being of the kind commonly called rice-water purging), and be accompanied with vomiting and coldness, the opiates should no longer be persisted in."

In conclusion, I have but to explain that my object in writing this hasty letter has been to ask the serious attention of the profession to the eliminative plan, every aspect of which is most admirably discussed in Dr. Johnson's writings.—I am, &c.,

E. D. MAPOTHER.

### COUNTY AND CITY OF CORK MEDICAL PROTECTIVE ASSOCIATION.

A SPECIAL meeting, numerously attended, was held on Saturday last, consequent on an action brought against Dr. Poole of Ardmore, at the late Cork assizes, for alleged malpraxis, at which meeting an expression of deep indignation characterized the speakers, as well as all present; while universal sympathy was evinced towards Dr. Poole at being made the innocent victim of so outrageous a proceeding.

Several subscriptions, limited to ten shillings, were received in the room towards defraying the expenses of the action, and resolutions passed, which will be found in our advertising columns.

NOTE FROM THE LONDON EDITOR.—At page 131, column second, of our last number, it is alleged in an article headed "Notes of London Practice," "that something like twenty cases of a mild type (of cholera) have been seen at the London Hospital, and five deaths." This statement is entirely erroneous, as the first twenty cases admitted at the London Hospital were all, or nearly all, fatal; and in the succeeding week 120 deaths from cholera occurred at the hospital, and were reported by the Registrar-General. By some inadvertence which we are now investigating, and a recurrence of which we are taking steps to obviate, the article referred to was never submitted to the London Editor, who was perfectly cognisant of the real facts of the case, and by whom (if the article had been seen by him before its publication) the error would, it is almost needless to remark, have been at once corrected.

It is with much pleasure we learn that the Poor-law Board is about to appoint an additional inspector for the metropolitan district, and that this important post is to be conferred on Dr. Markham. This is as it should be. No one is so well qualified for an office of this nature as a medical man, and no one will doubt the fitness of Dr. Markham for the appointment. We have no doubt that in his new sphere he will soon add to his deservedly high reputation, and while we congratulate him on the recognition of the Government, we cannot help remarking that Mr. Gathorne Hardy may be considered fortunate to be able to secure such services as those of Dr. Markham.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At a board of examiners, held on the 1st inst., the following members of the college passed their examinations, and were admitted licentiates in midwifery, viz.:—William Folkes, Dukinfield; William John Wey, Plymouth; George Othwaite Spencer, Upper Gordon-street; William John, Haverfordwest; William Monckton, Brenchley, near Tunbridge; Joseph Loane, Dock-street, Whitechapel; John Quick, Penzance; Charles George Edmonds, Southampton-street, Camberwell; Richard Holt Robinson, Manchester; George Moore, Birmingham; Thomas Bell Hay, L.S.A., Caledonian-road; Richard Matthews Pryce, L.S.A., Caersws, Montgomeryshire; Richard Cresswell, Lewisham; William Harris Butler, Old Charlton, Kent; and John Macdonald, Kidderminster (not a member).

THE CATTLE PLAGUE.—By the weekly return for the week ending Saturday, July 21, the number of attacks in Great Britain was 207—viz., 195 in England, 11 in Wales, and 1 in Scotland. 150 sheep are reported during the week to have been attacked, making a total to this date, 5596.



**SIR CHARLES HASTINGS, M.D.ED., D.C.L.OXON.,**

FOUNDER OF THE BRITISH MEDICAL ASSOCIATION.

FOR most of the following particulars relating to Sir Charles Hastings, we are indebted to a biographical sketch from the pen of the late Dr. Herbert Barker:—

Six or seven years after the commencement of this century, if anyone had seen a playful schoolboy, rejoicing in rambles along the pleasant river Teme, and watching grayling rising for flies, it would have seemed too improbable to predict that the truant would, some day, be known as the most eminent medical man in his county, and as the founder of an association destined to raise the character of the medical profession. The boy was the sixth son of the Rev. James Hastings, rector of Martley, and was born at Ludlow, on the 11th of January, 1794. He attended the grammar school at Martley where he made no great progress in learning, and was soon afterwards sent to study medicine under the care of Messrs. Jukes and Watson of Stourport. After a few months of comparative indolence, a passion for study and a resolution to rise in his profession were almost suddenly developed in him, and his subsequent conduct proved how easily he could redeem what had seemed lost time in his boyhood. At the early age of eighteen, he was elected to the office of House Surgeon to the County Hospital, and fulfilled its duties so well as to win the confidence of those who, on the ground of his inexperience, had opposed his election. In this situation he had the good fortune to become acquainted with Dr. Wilson Philip, by whom he was employed in making a series of experiments on the functions of the cerebral, spinal, and ganglionic systems of nerves, and, especially, on the effects of galvanism in producing the results of nervous energy.

These studies served to give Mr. Hastings some status in the University of Edinburgh, where he matriculated in 1815. It so happened that, on the first evening of his attendance at the Royal Medical Society, the subject of discussion was so closely related to his recent course of experiments, that he was able to speak upon it so as to deserve attention. He now industriously attended several courses of lectures, and was favoured with the friendship and esteem of Dr. Monro. After a short interruption of studies, on account of delicate health, he returned to Edinburgh, and devoted himself to microscopic observations with regard to the several doctrines of physiologists on the irritability of the bloodvessels. At that time, he was the only student in the University who made use of the microscope in such investigations, and, subsequently, when he read before the Royal Medical Society a paper giving the results of these observations, the paper was censured by certain authorities, because it was founded on microscopical data, which were declared to be inadmissible!

Meanwhile, he had been unanimously elected President of the Medical Society (1817). In his thesis, written near the close of his academical career, before receiving the doctorate, he adhered to his favourite subject, "*de vi contractilium vasorum*," and gained the recommendation of the professor of anatomy. A proposal that Dr. Hastings should succeed Dr. Gordon, as teacher of Anatomy and Physiology, was declined, on the ground of delicate health, and to escape from the harsh winters of the North, Dr. Hastings removed, in 1818, to Worcester. In the same year he was appointed Physician to the Hospital in that

city, and continued to discharge the duties of that office during the period of almost half a century. His leisure hours were occupied in revising his observations on the action of the bloodvessels, and in recording and studying the numerous cases of affections of the mucous membrane treated in the course of his practice. As the results of these studies, he published, in 1820, a "Treatise on Inflammation of the Mucous Membrane of the Lungs," with introductory essays entitled, respectively, "An Experimental Inquiry into the Action of the Bloodvessels," and "An Inquiry into the Nature of Inflammation."

Dr. Hastings had long observed, with regret, the want of efficient means of promoting union, for both scientific and social objects, among provincial medical men. His first endeavour to supply this want was by the publication of a quarterly journal, under the title of the "Midland Medical and Surgical Reporter" (1828). It was well supported by contributors and subscribers, and its founder published in its pages, among other papers from his pen, an essay on the "Medical Topography of Worcestershire." Dr. Hastings was subsequently led to contemplate something more than a journal. He proposed the formation of an association for the promotion of the following objects:—the collection and publication of recent medical information; the study of medical topography, in connexion with endemic and epidemic diseases; the advancement of medico-legal science; and—last, but most important—the maintenance of the honour of the profession. This proposal issued in the formation of the Provincial Medical and Surgical Association. Its first meeting was held in Worcester, on the 19th of July, 1832, when Dr. Hastings delivered the inaugural address. The Committee prepared memorials to Government and petitions praying for the introduction of measures to provide for the better organization of the profession, and recommending uniformity of primary qualifications, equal rights of practice, and the adoption of the representative system in the formation of councils. Such were the plans that have resulted in the establishment of the British Medical Association of the present time.

The office of joint secretary to the Association was held by Dr. Hastings until 1843, and, on his retirement, he was appointed permanent president of the council and treasurer. In compliance with the wishes of many of the leading members, the honour of knighthood was, in 1850, conferred on him. In 1839, at the meeting held in Liverpool, the members of the Association, anxious to confer on Dr. Hastings some lasting token of regard and gratitude, presented a portrait of him to his wife. At the Annual Meeting of the Association held in London in 1862 a resolution was passed by the Council to offer a prize Gold Medal to the writer of the best essay on a subject connected with the medical profession—the medal to bear the profile of Sir Charles Hastings, and to be called the Hastings Prize Medal.

On the 9th of January, 1862, a meeting was convened at Worcester, to present to Sir Charles Hastings a splendid testimonial, commemorative of his *forty-nine* years of service as Physician to the Infirmary.

The study of natural history also supplied for Sir Charles a favourite recreation amid more arduous pursuits, and the excellent Museum in Worcester owes mainly its existence and success to his exertions. In 1834 he published "Illustrations of the Natural History of Worcestershire," and, subsequently, an account of the Salt Springs of the



same county. This latter publication supplied a great part of the materials used by Sir Roderick Murchison, in treating the same subject, in his celebrated work on the "Silurian System."

Sir Charles Hastings had for some time been in delicate health, and about two years ago his death was daily expected. He, however, recovered in some degree, but eventually expired at his residence near Malvern in the 73rd year of his age.

## REPORT OF THE COMMITTEE ON CHOLERA.

APPOINTED BY THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE Committee appointed by the College to consider a letter addressed by the Lords of her Majesty's Privy Council to the College, relating to the expediency of issuing instructions to captains of merchant vessels, "how they should act when proper medical attendance cannot be procured, so as to provide for the health of their crews against attacks of cholera," beg leave to report as follows:

"Their lordships request to be informed whether in the opinion of the College, any, and if so, what suggestions might be issued as representing the present state of medical knowledge and experience with regard to the drugs which should be given, or other treatment which should be adopted, in attacks of cholera, and especially in the beginning of the disease, when proper medical attendance cannot be procured." Their lordships at the same time submit to the College a copy of the instructions issued on previous occasions.

"With reference to that part of the instructions on which their lordships particularly request the opinion of the College—viz., that which relates (1) to the necessity of avoiding purgative medicines during the prevalence of cholera; and (2) the measures to be adopted when cholera appears on board ship, the Committee think—

"1. That when opening medicine is required, the mildest should be selected, as castor oil or rhubarb. Glauber's salts and Epsom salts are dangerous. The common belief that prolonged costiveness should not be interfered with during the prevalence of cholera is erroneous.

"2. That the master should ascertain by inquiry, morning and evening, whether any of the crew are labouring under such looseness; and if so, the following recommendations are subjoined for his guidance.

"3. That the remaining instructions should stand as follows:

"If a man be attacked with looseness of the bowels, he should, whenever it is possible, be sent to bed and kept warm, and some aromatic and astringent medicine, containing a small quantity of opium, should be given to him at once, and should be repeated every hour or two, according to the severity of the purging.

"It is suggested that ten grains of the aromatic powder of chalk and opium (of the British Pharmacopœia) should be so given in half a glass of peppermint water, or weak brandy and water. Should this medicine not be at hand, five measured drops of laudanum may be substituted for each dose of the powder.

"Large doses of opium, or of ardent spirits, should be avoided.

"If the looseness should result from bad or obviously indigestible food, or if the discharges are unnaturally offensive, and attended with griping pain, it would be desirable to give a dose of either of the gentle laxatives above-named before administering the opiates.

"The diet should consist mainly of beef-tea or broth, gruel, or rice.

"If the stools become colourless and watery (the purging being of the kind commonly called 'rice-water purging') and be accompanied with vomiting and coldness, the opiates should no longer be persisted in, and spirituous

liquors should be avoided. The patient should be strictly kept in the recumbent position, he should be allowed to drink water freely, and should be abundantly supplied with fresh air. Warm applications should be used to the feet and legs, and a mustard poultice should be applied to the pit of the stomach. Cramps may be treated by rubbing the affected parts with the warm hand.

"In all cases, medical advice, when obtainable, should be obtained as soon as possible.

"The Committee would further suggest that, in addition to the instructions relating to over-crowding, dampness, filth, unwholesome food, and excess, on which they make no comment, believing that they will be revised and amplified by their lordships as advised by their medical officer, regulations ought to be made for the guidance of ship masters on entering or leaving an infected port.—Signed on behalf of the Committee,

"WILLIAM W. GULL."

## Parliamentary Intelligence.

HOUSE OF COMMONS.

JULY 26.

MEDICAL OFFICERS OF THE ARMY AND NAVY.

ON the vote of £5926 for increased pay and allowances to the medical officers of the army and navy,

Mr. CHILDERS observed that the medical officers of the army and navy appeared to be taken out of the body of young medical men in this country, no provision being made for educating them for the services with the exception of a few months' training. He had felt it his duty to read very carefully the evidence taken by the committee appointed to consider the case of those officers; and it appeared to him that they did not complain so much of the inadequate amount of the pay given to them as of the inconvenience to which their status in the services put them. They also looked forward to retirement on pensions after fifteen or twenty years. Now, it could not be satisfactory to the body of combatant officers that the medical officers, who entered the service at about the same age as they themselves became lieutenants, should receive so much higher pay, and should be able to retire at an early age on so much better terms. He would suggest to the right hon. gentleman the Secretary of State for War, and his right hon. friend the First Lord of the Admiralty, that during the recess they might consider whether, instead of taking their chance of selecting from a body whose ideas of remuneration and early retirement were pitched so much higher than those of the combatant officers, it would not be wiser by early education to train up a body of medical officers, who would look to the army or the navy as their profession for life.

General PEEL thought that if there was one thing more desirable than another in connexion with this subject it was to obtain for the army and navy the best medical men they could procure (hear, hear). In 1858 a warrant was issued and very soon after it underwent an alteration in consequence of the dissatisfaction expressed with it. The hon. gentleman (Mr. Childers) now appeared to be dissatisfied with the amended warrant; but he would ask the hon. gentleman how could they possibly expect medical gentlemen to enter the army or the navy if it was announced to them that their status was going to be altered?

Mr. CHILDERS begged to say that his suggestion did not apply to gentlemen who had entered. It was entirely prospective.

General PEEL would remind the hon. gentleman that under the existing warrant direct inducements had been and were still held out to medical students to qualify themselves for the army and navy. The result of the alteration made in the terms of the minute had not been to attract the number of candidates anticipated, for at the present moment there were actually more offices to fill, he believed, than candidates for those positions. The effect of the proposal now put forward he understood to be that instead of inviting the services of members of the profes-



sion generally, a set of young men were to be sought out from some special Government establishment. He had not enjoyed the opportunity of considering the proposal as it might affect the navy. But it certainly ought to be the object of the House of Commons to secure for the army and navy the best men that could possibly be got (hear).

Mr. HENLEY said as far as he could gather from the statement of the hon. gentleman opposite it was proposed that young men should be attracted to the service by some scheme of early retirement. In that case young men would learn their business in the army or navy, and as soon as they knew it, would be enabled to retire and earn more money elsewhere (hear, hear).

Mr. CHILDERS said the right hon. gentleman exactly reversed the effect of his proposition (hear, hear).

The vote was then agreed to.

## Notices to Correspondents.

J. H. B.—In our next.

D. F.—The paper mentioned has not come to hand.

Medicus.—Your supposition is well founded.

F. R. S.—Shall receive a private note.

## Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College, at a Meeting of the Court of Examiners on the 26th inst. :—

Carruthers, James Gurney, Northampton.  
 Chester, John Charles, Redruth, Cornwall.  
 Coombs, Rowland Hill, Bedford.  
 Hallett, Lyttleton, Bedford-place, Russell-square.  
 Harris, William, Carshalton, Surrey.  
 Hayne, Frederick Greaves, Northfleet, Kent.  
 Marsh, Thomas Charles, Brixton, Surrey.  
 Moore, Joseph, M.D., McGill College, Montreal, Canada.  
 Norris, Henry Frederic, Charmouth, Dorsetshire.  
 Pryce, Richard Matthews, L.S.A., Caerseos, South Wales.  
 Rumsey, John Henry, Fulham.  
 Smith, Samuel Hignett, L.S.A., Weaverham, Cheshire.  
 Taylor, Henry Shinglewood, Alton, Hants.  
 Waller, John, Tattingstone, near Ipswich.  
 Williams, Evan, Llechlech, North Wales.  
 Young, Frederick William, Salisbury.

At the same meeting of the Court Mr. Thomas Roche of the Royal Naval Hospital, Haslar, and Mr. William Shute Fisher, M.B. Dub., of the Royal Marines' Infirmary, Woolwich, passed their examinations for naval surgeons. These gentlemen had previously been admitted members of the College, their diplomas bearing date respectively 24th of July, 1854, and 12th of June, 1857. It is stated that of the 72 candidates who presented themselves for examination 15 failed to acquit themselves to the satisfaction of the Court, and were consequently referred back to their hospital studies for six months.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 26th ult. :—

Anderson, David Hawley Burn, Edinburgh.  
 Beales, Benjamin Dawson, Queen's College, Birmingham.  
 Connock, Charles James, Mount-street, London.  
 Dolan, Thomas Michael, Cashel, county Tipperary.  
 Jackson, Frederick William, Broadstairs.  
 Schuetté, Rudolf, Gottenen.

The following gentlemen also on the same day passed their first examination :—

Guy, John, Guy's Hospital.  
 King, David, King's College.  
 Lane, William Wingate, St. Bartholomew's Hospital.  
 Wallace, Frederick, Guy's Hospital.

DEATH IN THE TRAIN.—In the Indian railway trains a considerable number of passengers are found dead in the carriages. Death is supposed to be caused by the effects of the great heat upon persons who undertake journeys and religious pilgrimages when physically unfit for the exertion.

THE CHOLERA IN DUBLIN.—LATEST PARTICULARS.—TUESDAY MORNING.—Another fatal case occurred at half-past eleven on Monday night, at 18, Poole-street. The deceased, a woman aged 32, was attended by Dr.

Ryan. There is no communication traceable to the site of the former cases, and it therefore appears to have been spontaneous. The room has been emptied and fumigated, but there is more personal need for the establishment of some place of refuge for the families of those attacked.

## WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING AUGUST 4TH, 1866.

By J. H. STEWARD, Strand, and Cornhill, London.

| July, 1866. | Barometer reading reduced to 32 degrees. | Thermometer. |       | Dry bulb. | Wet bulb. | Wind.      |        | Rain. | Remarks. |
|-------------|------------------------------------------|--------------|-------|-----------|-----------|------------|--------|-------|----------|
|             |                                          | Max.         | Min.  |           |           | Direction. | Force. |       |          |
| 30          | 29.023                                   | 73           | 50.05 | 63        | 53        | SE         | —      | 030   | Showery. |
| 31          | 29.064                                   | 74           | 49.05 | 53        | 53.05     | SE         | —      | 030   | do.      |
| 1           | 29.087                                   | 79           | 50.05 | 60.05     | 55        | SW         | —      | 015   | do.      |
| 2           | 29.050                                   | 75           | 57    | 66        | 64.05     | SW         | —      | 006   | do.      |
| 3           | 29.074                                   | 72           | 56    | 64        | 58.05     | SE         | —      | 002   | do.      |
| 4           | 29.070                                   | 75           | 55    | 60        | 55        | WSW        | —      | —     | Fine.    |

## CHOLERA.

### Carbolic Acid Disinfectants. McDOUGALL'S PATENT DISINFECTING POWDER.

Carbolic Acid was first introduced as a disinfectant for public and household purposes as one of the active ingredients of this celebrated Powder; also containing Sulphurous Acid, the Powder combines the highest deodorizing and antiseptic qualities.

McDOUGALL'S PATENT DISINFECTING FLUID is prepared from the Powder, and is useful for purposes when a Powder may be inconvenient.

McDOUGALL'S PATENT DISINFECTING SOAP pleasantly and without the possibility of injury, conveys Carbolic Acid to the Skin, giving protection to attendants and visitors to the Sick from contagion. Bed and body linen rendered innocuous if washed with it.

McDOUGALL'S MEDICAL CARBOLIC ACID.  
 McDOUGALL'S PREPARED CARBOLIC ACID for Sewers and Drains.

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Manchester: Riga-street Shudehill.

\*.\* Write for "Suggestions for Prevention of Cholera."

ESTABLISHED 1812.

FOR the Sale of LEECHES and all kinds of MEDICAL HERBS. H. POTTERS, Depôt, 65, Farringdon-street, London, E.C. His new priced Catalogue sent to any address on application. H. P. has on Sale all kinds of Turkey and Honey-Comb Sponges.

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**Brown's Cantharidine Blistering Tissue,** prepared from pure Cantharidine. An elegant preparation, vesicating in much less time than the Emp. Lyttæ, P.L., easily applied and removed, and will not produce strangury or troublesome after-sores. It has received the sanction and commendation of many of the most eminent practitioners in the kingdom.—In tin cases, containing ten feet, 6s. 6d.; and small cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, Burns, &c., and may be called a companion to the above.—In tin cases, containing twelve square feet, 1s. 6d. each.

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**James's Fever Powder, 4s. 6d. per bottle; packets 2s. 9d. each.**

Prepared and sold by J. L. KIDDLE, 31, Hunter-street, Brunswick-square, London.

This Preparation has been so extensively employed by the Faculty, and its merits so universally acknowledged by the public at large, as to render all further remark on the part of the Proprietor unnecessary. To be had of all Wholesale Druggists.

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Sold in bottles at 1s. and 2s. 6d. each; also in Winchester Quarts for Dispensing.



# London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

## Original Communications.

### ON THE TREATMENT OF CHOLERA.

By A. C. ROSS, M.D., M.B., L.R.C.S.E., L.M.Ed. M.Ph Soc.,  
SURGEON, 92ND GORDON HIGHLANDERS.

HAVING been urged by some of my professional brethren to state my views on the subject of cholera, I do so the more readily as I conceive every medical man is bound to give the result of his experience to assist the profession in deducing from a variety of treatment some general principles to guide them in the treatment of this dread disease. About nine years' service in the West Indies, India, and China (during which I have seen several epidemics of this disease), and a personal experience of it, may entitle me to offer an opinion on the subject.

The limits of your space must preclude my entering into extended details in illustration of my views; but I wish it to be understood, that I do not desire to dogmatise, nor insist on my opinions being the only correct ones on the subject. The opinions I advance, I shall illustrate with facts, as far as my memory will serve me.

Before entering into any details of treatment, I would offer a few general observations.

I would desire to warn all against these great enemies of mankind—especially when an epidemic of cholera is apprehended—I mean fear, filth, and unripe fruit, or unwholesome food of any kind. We are all familiar with the effects produced on the urinary organs and often on the bowels by what is vulgarly denominated a "howling funk;" and many of us are familiar with the allegorical dialogue between the good spirit and cholera, who, when upbraided by the former for killing so many, replied: "I killed but one, fear slew the rest." During the fearful epidemic of cholera, which decimated the island of Barbadoes in 1854, many instances of men being prostrated by fear came under notice. One case will suffice:—A mess-waiter while employed in the pantry, heard of the death by cholera of a female friend of his, he instantly dropped down, his face a picture of abject terror and despair, was seized with vomiting and purging, taken to hospital, and died. Many of the men, and even non-commissioned officers, were stricken with terror, even found weeping in their barrack-rooms, and were attacked by the symptoms of the disease; while, on the other hand, the medical officers and hospital attendants who were in attendance and contact with the sick, both by day and night, who breathed the same atmosphere, and whose clothes were often covered with the vomit of the patients, enjoyed a singular immunity from the disease.

It is a trite saying, that cleanliness ranks next to godliness; not cleanliness of the person alone, but of the house and all its surroundings. Any epidemic of cholera, typhus, &c., is certain to be most severe among the poorer classes and the "great unwashed," whose persons are such strangers to the luxury of soap and water, and whose houses are dirty, ill-ventilated, and too often surrounded by filth and refuse of every description. At such a time as this, every effort should be made to induce and assist the poor to wash themselves frequently, to cleanse and whitewash as far as possible their houses, and to remove all refuse and filth. Many people may pooh-pooh all this, like the worthy alderman, who, at a public meeting, snapped his fingers at all sanitary arrangements, and triumphantly declared he had not washed his body for

five-and-twenty years, and yet was as healthy as any one present. I will give but one instance in support of my opinion. Cholera broke out in the station where my regiment was quartered in India. I soon remarked that one company furnished, if I recollect correctly, as many cases as the rest of the regiment. After careful inspection I found that near the block of buildings occupied by that company, there was a heap of rubbish, consisting of straw and decayed vegetables, &c., lightly covered with earth and rank grass. This was at once removed, lime and fresh earth thrown down, and that company at once became the healthiest in the corps.

Unripe or overripe fruit, raw or decaying vegetables, putrefying fish or meat, and salted fish or meat, if too frequently used, will certainly cause derangement of the digestive system—a derangement which may at present rapidly merge into cholera. Fruit should be eaten ripe, and free of the coarse rind, vegetables should be fresh and well cooked, and fish and flesh should be quite fresh and simply cooked.

Before proceeding to consider the symptoms and treatment of cholera, I would direct attention to a few simple and useful rules to be followed by all. If cholera unhappily appears, lay aside all fear; attend to the cleanliness of your house and person; remove all accumulations of filth of every description; avoid exposure to wet and cold; if wet, rub yourself dry, and change as quickly as possible; if cold, take exercise, and if possible a warm drink; avoid going into a sick room with an empty stomach; if you cannot command some solid food, or a cup of tea or coffee, take a small quantity of good whisky or brandy and water, rinsing your mouth with it first; when you leave, wash your hands and brush your hair.

On the non-professional sufferer I would urge the necessity of prompt application for medical advice as soon as symptoms of sickness or purging set in. It may be that these arise from over-indulgence, or from eating some deleterious article; if so, the mischief is readily removed, and the fears of the patient are allayed. If unhappily the symptoms are those of the dread disease, then the physician and patient have a better chance, for every moment is of vital importance.

Many and various have been the opinions expressed with regard to this disease and its treatment, and as yet with but varying success. As yet, I fear, we can only hope to tackle the destroyer by treating symptoms as they occur, basing our treatment on sound principles deduced from reason and experience.

The eliminative mode of treatment, as recently propounded by Dr. George Johnson, modified by circumstances as they arise, appears to me the soundest in principle; I myself have adopted it for some years. Whether the disease is caused by the presence of a specific poison in the blood or stomach, or the presence of deleterious matter in the alimentary canal, it is certain that it is worse than useless to attempt the cure of the disease while the exciting cause remains. That the disease may be caused by some poisonous product being generated in the body or conveyed there in drink or food, would seem to be indicated by the fact, that I have frequently seen animalcules in a state of rapid motion on the field of the microscope, whenever I placed on it any of the vomit or rice-water evacuations, or the contents of the stomach, taken after the death of a cholera patient. On the other hand, I have known, during an epidemic, all the symptoms of the disease appear in the case of a military prisoner, deprived for months of animal food, as soon as he resumed his ordinary diet. In such a case the disease would appear to have been caused by the presence of food to which the stomach had not been for some time accustomed.

We have not yet arrived at that state of perfection in medicine which would admit of our saying that any special mode of treatment is alone correct. In cholera, we want to treat the symptoms, and must be guided by common sense in our selection of remedial agents. If the patient



applies for advice in the earlier stages of the disease, suffering from nausea or vomiting, violent griping pains, and purging, it will be clear that there is some mischievous agency at work, whether poison or unwholesome food. The initial treatment should therefore be directed to the expulsion of this agent. Therefore, an emetic should be given, followed, when the stomach is able to retain it, by a mild aperient. The safest, simplest, and most convenient emetic is a teaspoonful to a tablespoonful of mustard, mixed with warm water, and followed by copious draughts of tepid water till the stomach is completely emptied. The merits of mustard as an emetic are that it is instantly procurable, it acts rapidly, it gives a stimulus to the stomach, and sends a glow through the body; and it leaves behind it no feeling of nausea or depression, and does no harm even if it is not rejected. A scruple of sulphate of zinc will also have the desired effect. Ipecacuanha I would never use in this disease on account of the prolonged nausea and great depression it produces, dangerous results at a time when you want to prepare the stomach for other remedies, and where every moment is of so much importance.

The stomach being rapidly cleaned of its contents, and restored to a healthier tone by the mustard, is fitted to receive and retain the mild aperient which should follow. I myself prefer castor-oil to any other purgative in these cases, and I give it in doses of two or three drachms, combined with ten minims of tincture of hyoscyamus to obviate any tendency to griping. If a small quantity of mucilage is added to the oil, drop by drop, while the whole is rapidly stirred in a mortar, it is formed into a pleasant emulsion, which is readily taken by patients who would sicken at the sight of the pure oil. Two or three minims of oil of peppermint may be dropped on the surface of the draught. If this draught is rejected it should be repeated soon afterwards. In half an hour milk, barley-water, or weak brandy-and-water, or thin arrow-root, may be given to quench the thirst. Small bits of ice rolled about the mouth and afterwards swallowed will also relieve the thirst and allay the irritability of stomach; for the latter purpose a sinapism over the stomach is very efficacious. After the emetic, if the stomach refuses to retain either medicine or food, I have found a few drops of chloroform, hydrocyanic acid, or creasote in a small quantity of water, have the desired effect.

Having got rid of the irritating agents by emetic and aperient, our attention is next to be directed to the removal of the severe griping pains in the abdomen and cramps of the extremities, which accompany this disease; to allay the general irritability of the system; to keep up a healthy action of the skin and a proper warmth of the body; to stimulate the circulation, which is so apt to stagnate; and to restore the alimentary canal to a healthy tone and action. The pains may be relieved by the application of sinapisms, flannels soaked with turpentine, or of tins containing boiling water, to the abdomen, and by friction with the hand to the extremities. The other results should best be obtained by the exhibition of diaphoretics, sedatives, diffusible stimulants, and aromatics, of such kinds and in such proportions as the physician may like best. I myself have used with great benefit the following mixture, occasionally varied as circumstances may require:—

℞ Chloroformi, ℥ss.  
Sp. ammon. aromat. ℥iii.  
Tr. opii, ℥i.  
,, cardamom co. ℥ss.  
Ol. menth. ℥xv.  
Mist. camph. ℥viii. M.

A tablespoonful to be given three times, at half-hour intervals—the dose then to be repeated every two hours, or sooner, if necessary. Other modes of treatment I have found also successful, after the emetic and purgative, such as giving arrow-root and brandy, or carbonate of ammonia and opium, while at the same time an enema of ten grains of acetate of lead, a drachm and a half of lau-

danum, half an ounce of brandy, and three or four ounces of thin arrow-root was thrown up the rectum.

Another system of treatment (still with the same objects in view of allaying pain and purging, producing a warm and profuse perspiration, and stimulating the circulation) will probably startle some members of the profession, yet I have adopted it with the best results, and will again, should unfortunately this disease appear in my regiment. It consisted in the administration of large doses of opium combined with some stimulants, accompanied by long-continued friction of the hands, legs, and abdomen with flannels, either dry or soaked in turpentine. Wet flannels are more hurtful than otherwise, as the moisture left on the skin produces a chill when the rubbing ceases. I will give an extract from a report I made on the epidemic of 1854:—

“It was surprising how few vomited these draughts, and even those whose stomachs rejected the first, were generally able to retain a second. Two to three drachms of tincture of opium were given, with three to four drachms of turpentine, or eight grains of carbonate of ammonia with some camphor water. Among the patients benefited by this mode of treatment, those who were admitted with a warm skin and perceptible pulse, quickly improved, vomiting ceased, diarrhœa became subdued, and cramps disappeared; while some who were brought to hospital cold and pulseless, rallied, were thrown into a profuse warm perspiration; the pulse re-appeared at the wrist, and the features, at first dull and expressionless, became marked with animation and hope. Most of those treated in this manner showed no indication whatever of labouring under the injurious influence of the large doses of opium; for even where the narcotic was repeated in similar or diminished doses, no unusual inclination to sleep was observed. Yet, it must be admitted, that a few cases after restoration to warmth and comfort, fell into a comatose state, in which they sometimes continued for upwards of two days. Whether this is attributable to any specific action of the morbid poison on the brain, or to the exhibition of opium, I will not pretend to say.”

This will by many be considered heroic treatment. In India and China I have repeatedly tried the same treatment, I do not say with invariable success, for I do not pretend to the knowledge of any specific for this disease. In this country I should be inclined, after eliminating the poison or irritant cause, to try the same remedies, in perhaps smaller doses, carefully watching the results. I would point out two ill-effects which may follow this treatment—strangury and consecutive fever; but these will be found very amenable to treatment, such as counter-irritants over the kidneys, diluent drinks, and the use of diuretic and diaphoretic medicines, with properly regulated diet. During the whole progress of the disease, the condition of the brain, lungs, kidneys and liver, must be closely attended to, especially the two last set of organs, as suppression of urine and an entire absence of bile may have to be remedied. In post-mortem examinations which I have made of men who died of this disease, I have often found the lungs either congested or collapsed, the kidneys and liver highly congested, and the stomach and bowels in an apparently healthy condition.

Your space and my time urge me on to a conclusion for the present. I shall, however, be glad to resume the subject, and give, which is all I desire or profess to do, the result of my experience and observation of this disease. Before concluding, however, I would wish to say something more, as especially bearing on the treatment of the last stages of cholera. In the treatment of the stage of collapse, the general principles must not be lost sight of in the hurry and excitement of the moment.

If the physician first sees the patient when he is in a state of collapse or merging to it—with his face shrivelled and anxious; his hands presenting the appearance of those of a washerwoman after a hard day's work; his skin blued and clammy; his pulse thready or imperceptible; his stomach casting up a thin pale fluid; his bowels ejecting the cha-



characteristic "rice-water stools," like thin gruel in appearance (or there may be a total cessation of vomiting and purging), and his body writhing in the agonies of spasms of the abdomen and extremities, or it may be a state of almost death-like quiescence—then he must be quick and energetic in his treatment. The cold clammy damp should be removed from the surface of the body; the limbs should be rubbed upwards either with the dry hand, or flannel soaked in turpentine; blankets should be heaped on the body, and under them the rubbing should be carried on; a mustard emetic should be given, which, even if it does not act, will assist in the great work of restoring the circulation to a more healthy condition. If there is purging a mild aperient should be given, quickly followed by hot brandy and water, brandy and thin arrow-root, or draughts containing ammonia, or turpentine and opium, or any of the numerous remedies which tend to hasten the sluggish circulation, to allay pain, and to produce a warm healthy perspiration; a hot bath is worse than useless, on account of its debilitating effects. If the patient is reduced to that stage when pain, purging, and vomiting have ceased, it seems useless to give either food or eliminative remedies, as the whole alimentary system seems paralyzed. The attention should therefore be directed to the restoration of a healthy perspiration and an increase of the circulation, and this is best obtained by dry friction upwards of the body and limbs with the hand or flannel soaked in turpentine, by heaping blankets over the patient, and by the internal use of hot brandy and water and other stimulants; as soon as the circulation increases in rapidity, and the skin assumes a more healthy appearance, then an attempt may be made to eliminate any poison or offending matter from the system.

In conclusion, I would desire to state that I shall be at all times most willing to render any assistance, professional or otherwise, to any of my brethren, or assist in carrying out any sanitary arrangements in which my services may be of any avail.

### RICHMOND HOSPITAL.

### CLINICAL SURGICAL LECTURES.

By JOHN HAMILTON,

SURGEON TO THE RICHMOND HOSPITAL, AND TO SWIFT'S HOSPITAL FOR LUNATICS.

### LECTURE III.—PHYMOSIS.

If the vascular supply to the prepuce is cut off by a deep phagedenic ulcer at its base, it soon runs into mortification, and more or less of it becomes black and shrivelled and separates, leaving a portion of the prepuce behind it. I have seen the whole of the prepuce so destroyed that in fact complete circumcision was effected. At other times an opening through the prepuce is effected by the ulceration on its inside perforating it through and through, the opening, though contracted, remaining after healing has taken place. I met with a curious case of this. A man was admitted into the Richmond Hospital, October, 1849; he had had several chancres round the orifice of the prepuce which it greatly contracted, and induced phymosis. At the same time he had chancres also within the prepuce at its base, where it is reflected from the corona glandis. By the extreme contraction of the orifice of the prepuce, the matter secreted by these chancres did not get vent, and ulcerated its way out at the base of the prepuce at two places, one a little anterior to the corona, the other a little behind it, where the matter had burrowed. Previously to this he suffered much pain, and the penis was swollen; but after the ulcers had perforated and the matter had got vent he became easy. When he came into hospital the contraction of the orifice of the prepuce was still extreme, and when he passed water it did not get exit readily through it, and therefore gushed out in two streams through the ulcerated holes. I passed a director

from the anterior hole out through the prepuce and divided the intermediate parts. The urine now meeting with no obstruction ceased to come through the posterior opening, which gradually closed. If the chancre is at the side the perforation will be there too; but if the perforation by sloughing is on the dorsum of the prepuce and large, the glans is apt to come through the opening, forming what has been called a hernia glandis and requiring subsequent removal of the pendulous flap. All these cases show the

Fig. 1.



Fig. 2.



necessity of ascertaining the seat of the chancre and of anticipating perforation of the prepuce and subsequent operation and long-continued suffering, by slitting up the prepuce at the proper place.



There is a case in which there is no time to deliberate, out when your decision is of immense importance to the welfare of the patient—I allude to where a phagedenic ulcer under the prepuce not only causes phymosis but opens an artery and gives rise to hæmorrhage. The artery may be one of the dorsal arteries, enlarged by the inflammation and opened by the burrowing phagedena. The bleeding is often excessive, and before assistance comes a large quantity of blood is lost. It sometimes happens when the patient is in bed and asleep without any warning, and he awakes in a pool of blood. You cannot be too quick in slitting up the prepuce and exposing the seat of the hæmorrhage. I could relate many such cases.

I was sent for in a hurry to see a young man who was said to have a violent bleeding from the penis. I found, in truth, that he had lost a very large quantity of blood, and was still bleeding very smartly from under the prepuce, the orifice of which was plugged up with a large clot. He had had a chancre for a fortnight, with inflammatory phymosis, with much pain and tenderness, and profuse thin curdly discharge, and a good deal of fever. He had begun to bleed about an hour before I saw him, and as far as I could judge, had lost about a pint of blood. I at once slit up the prepuce by means of a sharp bistoury probe; with a small ball of bread at the end. I then discovered a large phagedenic ulcer, bigger than a shilling, very deep, and which had burrowed under the fascia of the penis into the corpus cavernosum on the right side, and from which the blood spurted in a jet. After in vain having looked for any distinct vessel by candlelight, I cleaned the ulcer, and filled it up with small pledgets of lint steeped in spirits of turpentine, securing a certain amount of pressure by rolling a couple of strips of lint round this. There was a slight return the following evening, but it was easily restrained. Five days after the bleeding recurred more smartly, so that before I saw him he had lost six or seven ounces of blood. I perceived that the ulcer had burrowed rather higher up under the fascia, so I divided both the skin and fascia for about half an inch. The sore was deep, but no longer phagedenic, the bleeding was free but not spirting. A compress of lint, wet with turpentine, was applied, and there was no further bleeding. His mouth became fully affected by calomel and opium, and the chancre rapidly improved, became florid and granulating, and he was not long in getting quite well, with the loss of a small portion of the glans on the dorsum of the corona.

*Case 2.*—A young man, aged 19, was admitted into No. 1 ward of the Richmond Hospital, February 23, 1863, with rather acute phymosis, with thick purulent discharge of a dirty brownish colour, but not thin or oily. A week before admission he contracted a chancre, and three days after, while carrying a heavy basket of pigs' cheeks, he struck the penis against some iron rails and hurt it severely. He was put to bed, ordered to syringe frequently with cold water, to wash away the discharge, and then to syringe with black-wash: to take two grains of calomel and a quarter of a grain of opium three times a day. 25th: While in the operating-room I was told he was bleeding. I found that the bleeding had commenced about two hours before, and that he had lost a large quantity of blood, there being a good deal about the bed and his shirt, the hair of the pubes and scrotum was clotted with it. A dark clot projected through the end of the prepuce. I at once passed a director under the prepuce on the dorsum as far as it would go, and divided the prepuce through the whole extent. The inside of the prepuce was stuffed with coagula; these were rapidly removed, and bright arterial blood was then seen welling up rapidly from a deep ulcer at the left side of the corona, which had eaten under the skin and fascia of the penis. I stuffed this with small pledgets of lint wet with turpentine, and applied by means of a needle two ligatures to the bleeding corners of the cut prepuce. All bleeding was thus entirely stopped.

March 2nd (six days after): No return of hæmorrhage; mouth sore; he feels better, and there is less inflamma-

tion of the body of the penis, but the flap of the prepuce is purple and dead, so I cut it off. The glans looks soddened and whitish with exudation on it, undermined at its coronal edge by grey phagedenic ulceration; the hole at the left side, whence the hæmorrhage came, is not larger, and the discharge less. Ordered to stop the mercury. I applied nitric acid freely over the surface of the ulcer and covered it with pieces of oiled lint.

22nd (twenty-eighth day): Left the hospital, the whole ulcer nearly healed, a portion of red granular sore alone remaining; a small portion of the glans has been destroyed; he has plumped up, and his present healthy appearance contrasts with his sickly hue on admission.

These cases are acute, but there is a peculiar form of syphilitic ulcer of which I have a greater dread—viz., the chronic creeping phagedena—which, with a pale greyish-yellow shreddy ulcer destroys the part, and has a great tendency to burrow under the skin, destroying the subcutaneous cellular tissue, and, finally, the skin itself. It is rather a painful disease, particularly at night, which is restless, and attended with much constitutional disturbance. I do not know of any good description of this most serious ulcer, and I have not space at present to say more than that it occasionally opens a vessel. The worst case of this kind of hæmorrhage I ever met was from this chronic phagedenic ulcer. One evening, some years since, I was asked to go in all haste to Aston's-quay to see a Scotch gentleman who was said to be very ill. He had had a chancre for seven weeks, four of which he had been attended by the late Dr. Hayden, who had given him mercury to salivation, but without any improvement to the ulcer, which was in a great measure hidden by congenital phymosis. At length, besides the yellow matter which had flowed copiously, blood began to flow, and he had several smart hæmorrhages, for one of which I now saw him. He had lost a great quantity of blood, his shirt saturated with it, as well as the sofa on which he was lying, and there was under him a large clot which stuck to him. He raised himself up when I entered the room, but instantly fell down off the sofa on his head on the floor in a dead faint. There was a clot sticking out of the orifice of the prepuce. He was so timid and so enervated that he could not be brought to let me slit up the prepuce to get at the ulcer, the seat of the hæmorrhage. I was, therefore, obliged to content myself with stuffing the inside of the prepuce with small bits of lint. This effectually restrained the hæmorrhage, and next day, while he was under chloroform, I slit up the prepuce at the under part where I felt the ulcer to be. Half the glans was destroyed by a large, grey, shreddy-looking chancre. Proper applications were made, but it was not till at the end of two months that the chancre was healed.

Chancres round the orifice of the prepuce, even when small and uninfamed, merely by causing thickening of the orifice and by destroying the natural extensibility, induce phymosis. There are usually many of them, for as the sides of the orifice lie in contact inoculation is easy, they have an appearance as of ulcerated fissures, which, when the foreskin is somewhat retracted, open out into distinct oval ulcers. When phymosis arises from this cause it is non-inflammatory, the irritation and redness extend but a short distance from the orifice, but from the deposition round the chancre, this part feels as hard as in indurated chancre.

Now, in such a case, with sores so isolated, you would naturally be tempted to perform circumcision and relieve at the same time the phymosis, cut off the chancres from contaminating the constitution, and perform, as it were, a radical cure of the disease. Petit with these ideas performed this operation one hundred and sixty years ago; but after having tried it in several cases he came to the conclusion that it does not exempt the patient from the constitutional effects of the disease, for in the majority of cases, though he took pains to remove the whole of the diseased part of the prepuce, the patients afterwards came



to him covered with pustules. There is an objection to this operation also that occasionally presents itself—viz., that the incisions become inoculated with the virus of the chancres and become specifically ulcerated. I have seen this several times. You will sometimes find also other ulcers exist within the prepuce, on the sulcus of the corona glandis, or at the side of the frenum, small and masked by the phymosis and constricted orifice. In this case your incisions would infallibly become chancreous. Some years ago a young man of the name of Quilp, 20 years of age, was admitted with phymosis of a month's standing from chancres with induration round the orifice of the prepuce, so constricted that a probe could barely be admitted through the orifice. I performed circumcision, and then for the first time was seen a small chancre round the orifice of the urethra. The incisions at the end of a week became chancreous, but to remove all doubt I inoculated in the thigh and produced a true chancre.

We may conjecture the presence of other chancres within the prepuce, if, when it is drawn as far back as possible and the chancres wiped, yellow matter still oozes out, we may even feel a hardness and tenderness at a particular spot. It is best not to operate in such a case, unless the patient previous to the disease laboured under a natural phymosis, or experienced much difficulty in uncovering the glans.

I usually treat chancres round the orifice of the prepuce and consequent phymosis with strong caustics, so as to produce sloughing of the surface, best accomplished by the application of a saturated solution of the nitrate of copper. After the slough was separated, lint wet with black-wash and rolled up small enough to be put up into the contracted orifice of the prepuce, and then unrolled a little so as to apply itself to the surface of the chancres. If after a few days the chancreous character returns to the sores, it is best to administer mercury to slight salivation, and keep the patient under its influence for about four weeks. The sores are in this way most rapidly healed, and the occurrence of secondary symptoms rendered less likely. After the chancres are some time well, the phymosis will continue till the deposition is absorbed, the hardness removed, and the natural extensibility restored to the orifice of the prepuce.

## Hospital Reports.

### THE LONDON INFIRMARY FOR EPILEPSY AND PARALYSIS.

(Under the care of Dr. ALTHAUS.)

#### ON THE TREATMENT OF EPILEPSY.

In speaking of the treatment of the epileptic attack and the epileptic condition generally, Dr. Althaus remarked that epilepsy was one of those diseases which the majority of medical practitioners believed to be incurable from the first, and that therefore little hesitation was generally felt in forming at once an unfavourable prognosis of such cases. From its violent and formidable symptoms, and the reputed inefficacy of remedies against it, epilepsy was by the ancients believed to be a direct and irrevocable infliction of Providence, and was therefore distinguished by the term "Morbus sacer." Although we no longer spoke of a sacred complaint, yet to this day the idea which it was intended to convey by that name had to a great extent kept its ground amongst the medical profession. He had known many instances where, as soon as the disease had become developed, the dietum had gone forth that the affection was irremediable, and that the patient and his relatives must submit to the inscrutable designs of Providence, and bear the misfortune in a meek and resigned spirit. This he stigmatized as culpable negligence, and said that no progress in medical science would be possible if we were to allow this spirit to prevail,

and shield our ignorance or apathy behind what we might presume to call the designs of Providence. He alluded to the circumstance that "the designs of Providence" was one of the objections most pertinaciously put forward against vaccination in order to illustrate how wrong it would be for us to use such false and irreverent argumentation.

In forming our prognosis we had, in epilepsy, as in all other chronic diseases, first to consider whether there existed any organic lesions, or whether the symptoms depended merely upon disturbances of function and the finer processes of nutrition, without manifest alterations of structure discoverable to our senses. Dr. Althaus went fully into the evidence now accumulated to show that epilepsy was a functional disorder of the brain, and concluded that this fact alone showed the curability of epilepsy, for we possessed remedies by which all the functions of the body and all the finer processes of nutrition could be powerfully influenced and controlled.

Apart from this, which might be put down as a general proposition, there were, however, several special points to be taken into consideration, which had an important bearing on the prognosis of epilepsy. This disease was not to be cured in a few days, or by a single prescription. In most chronic diseases the treatment had to be chronic likewise, and unless both patient and physician persevered in it the result would be most likely disappointing. In fact, it would be unphilosophical to expect a very rapid cure of such diseases, as they were almost always the result of minute morbid changes which had been slowly going on in the affected organs for a considerable time, and which could not be corrected at once by a miracle. Although in the majority of cases the most striking manifestations of the disease—viz., the attacks—might be put down in a comparatively short time, yet the epileptic condition was thereby not immediately eradicated. In order to do this we must cause a thorough change in the nutrition of the brain; and such could only be effected with time. Most of the patients he had cured had taken medicine regularly from six to twelve months consecutively, and the progress of the cure had always been most steady and satisfactory in those amongst them who took the remedies in a proper and business-like manner.

It had often been asserted that confidence in the physician was of the greatest importance for the cure of epilepsy, but Dr. Althaus did not believe that it was of more consequence in this than in other diseases. Epilepsy not being an emotional affection, its progress was not influenced by the mere hope of a cure held out by the physician. In this respect there was the greatest possible difference between epilepsy and hysteria. The latter complaint, with all its symptoms, was powerfully affected by moral emotions, acting on the imagination and the will of the patient; and by the agency of faith, by a happy change in the circumstances of life—nay, by the mere statement of the physician that the case was curable, patients had recovered from severe affections which had lasted for years and resisted every treatment that art had been able to devise. Such was not the case in epilepsy. That formidable disease could not be charmed away by the strongest faith; it could not be improved or cured by a mere feeling of confidence in the skill of the physician. The epileptic constitution was one of such stubborn obstinacy that we must look to such medicines by which we could essentially modify and alter the nutrition of the brain and nervous system as the sheet-anchor in the treatment of the disease.

One of the greatest difficulties Dr. Althaus had had to contend with in the treatment of epilepsy had been the want of devoted and intelligent attendants, ever on the watch for the symptoms preceding an attack. In some instances, indeed, the patient was struck down suddenly without any warning whatever; but in the large majority of cases there were premonitory symptoms which announced the impending attack. It was then that the power of preventive medicine must be brought into play



without loss of time, so that the convulsive tendency might be checked before breaking forth in all its might. Of course, where the patient's bodily and mental health was satisfactory in the intervals between the attacks, so that he was able to take proper care of himself, we would, as a rule, have little difficulty, as most epileptics were anxious to get well. It was different in those cases—and they were by far the most numerous—where the patient was so unwell that he was left to the good offices of those who surrounded him, and there the result of the treatment must in a great measure depend upon their assiduity and intelligence.

The general circumstances of life had a considerable influence on the prognosis of epilepsy. Those whose means allowed them to have everything that was requisite for them had a better chance of getting well than those in straitened circumstances. Poverty, however, was not an absolute impediment to the cure. Most of the out-patients at the infirmary were poor, and yet there were continually striking instances of recovery amongst them. It was, however, different with those who were *very poor*, as due regard to the ordinary rules of hygiene was of the greatest consequence; and where they were neglected from sheer want or necessity the prognosis was certainly far less favourable. As regards sex and age, he had found that women were more easily cured than men, and the young more easily than the old. He thought that the better prognosis for the female sex was entirely due to the circumstance that women were, as a rule, more manageable patients than men, and more inclined to follow strictly the behests of the physician if he had once succeeded in commanding their confidence. Young patients had in almost all diseases better chances of recovery than the aged; yet even great age did, in epilepsy, not absolutely prevent recovery. There was now amongst the out-patients a man, aged 77, who had, in addition to severe epileptic fits, been sorely troubled by gouty pains in his elbows, knees, and feet, and who had now, after a short course of anti-epileptic and anti-arthritis remedies, been quite free from attacks as well as from the gouty pains for a considerable time.

It was generally believed that the resistance to a cure increased with each year, and that the greater the number of attacks which had actually taken place the less was the chance of recovery. Thus Herpin had asserted that, if less than a hundred fits had taken place, the prognosis was favourable; where the number was between 100 and 500 it was doubtful; and where it exceeded 500 it was altogether bad. Dr. Althaus had found that these assertions were incorrect. Epilepsy, even if it had lasted a long time, was for that reason by no means incurable, although generally recent cases might be more rapidly cured than such of long standing. A knowledge of the number of fits which had taken place at the time the case came under treatment did not give us any certain power of foreseeing the probable result. He had notes of a case—which had proved exceedingly stubborn—where only six attacks had occurred altogether at the commencement of the treatment; and he had again met with others which yielded rapidly to the means employed, although thousands of attacks had taken place in the course of years. One patient of this latter kind, who was sent to him from Paris by Dr. Marion Sims, had for about seven years suffered from the disorder; she had had as many as 165 attacks in one week, and no less than 3603 in the year before she came under Dr. Althaus' care. That patient had altogether undergone more than 10,000 attacks; yet, in this case of almost unexampled severity, he succeeded in a single week in reducing the number of attacks from 109 to 6, and the week after that the patient had no more. Two months afterwards a relapse took place, but was as speedily got under, and the patient had now for two years been free from the disease, and been altogether in perfect health. The successful issue of this case—perhaps the most severe on record in the annals of medical science—went far to show that by a careful selection of remedies,

and by a judicious perseverance in their use, favourable results might be obtained even in cases which would at first sight perhaps seem incurable.

## RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

### DR. LYONS'S CLINIQUE.

#### ENGLISH CHOLERA.

THE occasional occurrence at this season of well-marked cases of "English cholera" is familiar to all practitioners. Such cases, however, acquire a special importance at a season when the combined terrene and atmospheric conditions capable of inducing true or "Asiatic cholera" are known to be present or approaching. In the general state of apprehension which prevails under these circumstances, all forms of disease attended with vomiting, purging, and cramps, are apt to be set down as cases of "Cholera," and treated accordingly. This, however, is a practice fraught with danger should an indiscriminate employment of astringents be at once resorted to on the first alarm of diarrhoea.

To treat by astringents a patient in whom purging, vomiting, and cramps result from an effort of Nature to clear the *primæ viæ* of the foul accumulations, the consequence of a surfeit of unwholesome food or ordinary aliment ingested in excessive quantity, is plainly contrary to common sense, as well as to any scientific principles of medication; and yet such a practice is too often had recourse to. That death should occasionally ensue from an attempt, under these circumstances, to lock up the bowels, is not to be wondered at. The majority of such cases yield readily to an opposite plan of treatment, promptly and judiciously employed. The following case forcibly illustrates this position, while, from the suddenness of invasion and severity of the symptoms, it might readily have been taken for, and treated as, a case of "Cholera," and if fatal, would probably have been recorded as such:—

J. K., a fine strong girl, about 20 years of age, unmarried, a general servant, was suddenly seized about four p.m., while ironing clothes, with severe and continuous pains in the bowels, attended with cramps in the legs and smart vomiting and purging, which continued for several hours. She was admitted to the Hardwicke Hospital, where she was assiduously stuped and fomented, and a smart aperient of castor-oil and rhubarb, with twenty-five drops of tincture of opium, was administered. Free evacuation of the bowels was thus produced, and great relief to all the symptoms followed; much soreness in the abdomen and legs continued for a short time, but she was fully convalescent and able to leave hospital next day.

It was ascertained that this girl had eaten a large quantity of peas, probably improperly dressed. The case has perhaps but one point of interest, but that an essential one—the necessity for discrimination before astringents are had recourse to in cases presenting diarrhoea and vomiting. Dr. Lyons is entirely opposed to the incautious use of astringents in cholera periods, and thinks on the whole a moderate dose of castor-oil, with tincture of rhubarb (two drachms of each), and twenty to thirty drops of laudanum, a safer remedy for common use, until medical aid can be procured, than any form of simply astringent medicine.

#### ASIATIC CHOLERA.

J. K., aged 33, not married, temperate, of spare habit, but of vigorous frame, of energetic temperament, in good circumstances, for some years a resident in Australia, usually enjoying good average health, went from his house in Poolbeg-street, Dublin, to Liverpool, on a pleasure excursion, on Saturday, 28th July, 1866. He sojourned with an aunt in good circumstances in the district of



Bootle, but made frequent visits to various parts of Liverpool, and subsequently specially observed upon one street which he passed through as apparently remarkable for much misery and sickness, of nature unknown. There is no evidence that he was in any special manner exposed to the contagion of cholera while in Liverpool, or that his associations, habits, food, or drink, while there, were such as to predispose him to the disease.

J. K., returned to Dublin by the *Iron Duke* steamer on the morning of Tuesday, August 7th. The passage was a very rough one, and though long accustomed to sea voyages on former occasions, he became excessively sick, and vomited freely. Disturbance of the stomach continued even after his return home, and he threw off some tea made for him when he reached his house, and the nausea continued a good part of that day, but no account of any diarrhoea during this period could be elicited. By Wednesday, however, he seemed to have become himself, and it is stated that he was particularly cheerful on Wednesday evening, narrating the results of his observations in Liverpool. He ate fried bacon and eggs for his dinner. Later in the evening he complained of his feet being cold, and took some brandy-and-water in consequence of this and of some rumbling sensation in his bowels. Nothing was thought of these symptoms, however, and nothing further was observed about him by his sister and other friends, who were kind, close, active, and intelligent nurses to him throughout the remainder of his existence. He retired to bed about eleven p.m., and from his own subsequent statement had not occasion to rise till daylight, somewhere between two and three a.m. on Thursday morning, when he found it necessary to rise and go to the privy in a small yard behind the house. Between this period and seven a.m. little or nothing is known of his illness. At seven a.m. he was found by his sister up and dressed, but looking exceedingly ill; vomiting and purging, with cramps in the belly and upper and lower extremities, were now constant. The *egesta per anum* were at first *fæcal*, but soon assumed a greenish watery appearance. He was seen about eight a.m. by a highly intelligent practitioner, Dr. O'Farrell of Dominick-street, who found him pulseless, with the hands and feet cold, vomiting freely, passing large quantities of thin greenish fluid, of very foul odour. A pill containing one grain of opium was at once administered, and all proper means were put in requisition to keep up the temperature by hot fomentations and jars, and a moderate quantity of brandy was administered at intervals.

At nine a.m. he was seen in consultation by Dr. Lyons with Dr. O'Farrell. He was perfectly conscious, able to put out his tongue, and to answer all questions in a strong and firm, though somewhat querulous, tone of voice; the hands and feet were cold; the surface cold and moist, but not blue; the tongue was creamy white; breath still warm; the eyes not sunken, but the pulse at the wrist was completely absent, and the stethoscope placed over the heart elicited exceedingly faint *tic-tac* action at a rate of about 120 per minute. There was neither vomiting nor purging at this period, but cramps in the legs and feet, arms, and hands, and occasionally in the abdomen, were complained of, and the abdomen was soft and somewhat full; the hypogastric region was carefully examined, but not the least evidence of the presence of urine could be obtained, and from first to last no urine was passed or secreted. Little or no thirst was complained of, and great difficulty was all through experienced in getting the patient to drink anything. Tea was the only fluid which he took readily. Active measures were immediately adopted to restore the circulation and maintain the temperature. Besides hot jars, fomentations to the hands, feet, legs, and abdomen were assiduously applied by means of flannels wrung out in hot mustard water, a mustard cataplasm was placed over the heart, and brandy in soda-water was enjoined at frequent intervals with a view to supply fluid and stimulant to the drained and exhausted system. As the abdomen seemed somewhat full, a draught containing half

an ounce of castor-oil, two drachms of tincture of rhu-barb, and forty drops of tincture of opium were directed to be administered, and a second to be given if the first was rejected. The first was thrown off immediately, but the second was retained. He could hardly be got to take stimulants in any form, or, as before remarked, to drink anything but tea. Having been most kindly and assiduously attended in the interval by Dr. O'Farrell, he was again seen at twelve o'clock by Dr. Lyons. Well-marked rice-water evacuations per anum in large quantity, half a gallon perhaps, were now recognizable; vomiting recurred at intervals, but not in large quantity, and principally coloured by the tea which had been taken; the eyes were somewhat sunken; the hands and feet wrinkled with the well-known "washer-woman's hand" appearance of shrivelled and wrinkled skin. The breath was not cold, the voice was still fairly audible, and the patient gave notice of the spasmodic seizures in his limbs or trunk by calling out "cramp, cramp," and indicating the locality, and was quite impatient when the fomentations were applied too hot, calling out "hot, hot." Fresh attempts were made to rouse the flagging powers of life, but with no avail. By three o'clock p.m. he was in well marked and fully developed choleraic collapse; the eyes sunk, face livid, and all but slight traces of consciousness gone; no great amount of blue-ness was anywhere observable; there was constant passage of a fluid evacuation per anum of the appearance and consistency of thin slummary. He died at eight p.m. after an interval of about eighteen hours from the bowels being first affected. All due means of disinfection were at once employed, and the family were advised to remove.

In commenting on this case, Dr. Lyons observes:—

1. This case is noticeable as occurring in an individual exposed for a time to the influence of the terrene and atmospheric conditions, present in a locality new to him, and inducing cholera in others. Dr. Lyons has seen several instances of individuals who, as is presumably the case in this instance, had resisted the cholera influence in the localities in which it prevailed, but where they had become, as it were, inured to the conditions which surrounded them, and successfully resisted a disease which proved fatal when they were exposed to it in a new locality.

2. It is an example of a deadly charge of the cholera poison producing its effects on the whole comparatively slowly, though not less surely.

3. It is further an example of the failure of a special agent like castor-oil to cure the disease by elimination.

Much uncertainty still invests the subject of intestinal lesions, and hardly any class of cases offers to the practising physician greater difficulty of diagnosis, or more elements of doubt and uncertainty, in determining the question of the therapeutic measures to be employed. Perhaps no part of the human machinery is so constantly and so heavily taxed by the caprices, errors, and indulgences of the patient, while, on the other hand, the very remedies indicated by art often bear no little share in producing or continuing morbid action in the intestinal canal.

Amongst the most common of the affections of the large and small intestines, which we meet in daily practice, some are of functional and some of organic nature, differing essentially in pathological character, and yet constantly confounded under the indiscriminating designation of "diarrhoea."

The vague and ill-defined employment of the term "diarrhoea" to indicate almost all forms of intestinal malady attended by flux in the absence of hæmorrhage is productive of much mischief, often leading to carelessness in both diagnosis and practice, with ultimate disappointment to physician as well as patient in no few instances.

A little consideration will satisfy the pathologist that of the causes acting in the production of intestinal flux, the following are the principal:—Atmospheric vicissitudes and other mechanical or chemical influences, acting on the body from without and suppressing or deranging the action of such great emunctory organs as the skin, lungs, kidneys, &c., thus calling on the mucous surface for vicarious



activity of function; excess in quantity, irritative or otherwise unassimilable quality of the ingesta; morbid states of glandular and other organs tributary to the primæ viæ, and leading to the influx into the intestinal canal of secretions altered in quantity, or in physical or chemical quality; derangement of electrical action, or of nerve power consequent on states of congestion, or the contrary, of primary or secondary nerve centres, as the spinal cord, solar and splanchnic plexuses, &c.; morbid conditions of the intestinal tissues, vascular plexuses, glands, &c., of the alimentary canal itself, leading to imperfect or suspended assimilative action.

That in Cholera any special medication directed to the intestinal canal offers the least prospect of success Dr. Lyons wholly disbelieves. He regards it as a disease in which under a preternatural stimulus to the vaso-motor nerves of the intestinal apparatus a *white hæmorrhage* is set up. He holds that the remedy which a scientific induction would indicate is one applicable to the nervous centres, and one, capable either of intensely stimulating them, or of modifying or controlling the profound impression primarily made upon them. To attempt to stop the flux by acting on some part of the intestinal canal seems to him comparable to an attempt to stop the current of electricity through the Atlantic cable by acting on its outer covering. The remedy to be sought must be one to act energetically on the dynamic nervous centres, which preside over intestinal elimination.

### TREATMENT OF CHOLERA IN THE HOSPITALS OF LONDON.

SINCE the beginning of the epidemic which is now prevailing in London there has been nothing either particularly striking or new in the treatment adopted by the physicians of these institutions. A great variety of methods have been put in practice, but unhappily with no more favourable results than on former occasions. The conviction thus forces itself on the minds of some observers, that the variations observed in different epidemics, and in different sets of cases of the same epidemic, are to be ascribed to the varying type and severity of the disease, rather than to any effect from treatment.

The points in common relate chiefly to such subjects as disinfection. At all the hospitals the clothes and bedding, and most of all the excreta of the patients are immediately disinfected. Carbolic acid, chloride of lime, chloride of zinc, indeed all the disinfectants, are in turn resorted to. Calomel, opium, camphor, castor-oil, sulphuric acid, and the thousand-and-one specifics that have been recommended, have all in turn been tried, and under the use of each the mortality is undiminished. Yet every day brings only fresh specifics to hand, and many hospital physicians are overwhelmed with entreaties to try this or that by charitable but credulous people.

#### LONDON HOSPITAL.

AT first Dr. Fraser, who has seen other epidemics, tried five grains of ammoniac sequicarbonas every hour. Enemata of chloride of sodium were also used. Mr. Little injected saline liquids into the veins of several cases, a treatment which had been tried by his father in previous epidemics at this hospital, and from which we had hoped a greater measure of success than has yet been attained. Under Dr. Fraser's care cases have also been treated by castor-oil; others by the inhalation of steam; more recent ones by calomel, a scruple for the first dose, and half a scruple at intervals of two hours afterwards. Dr. Davies first of all gave Stevens' saline treatment a trial. The podophyllin and camphor, and sulphuric acid mixture with small doses of hydrocyanic acid in it. More recently, he has adopted calomel, five grains every two hours.

Dr. Andrew Clark usually orders prolonged warm baths,

and warm enemata. If the stools are feculent, a dose of castor-oil; but patients seldom arrive at the hospital until the evacuations are watery, and the skin blue. Saline lemonade, lead pill, and astringents are also employed. His baths are sometimes medicated with permanganate of potash.

Some observations are being made at this hospital with the thermometer, and other records,—will, no doubt, in due time be published; but so numerous are the cases, that it is quite impossible for full reports to be kept, as will appear from the following table.

Patients of cholera wards up to August 8:—

|                              |     |
|------------------------------|-----|
| Admissions . . . . .         | 450 |
| Recoveries . . . . .         | 131 |
| Deaths . . . . .             | 206 |
| Remain in Hospital . . . . . | 113 |

#### GUYS' HOSPITAL.

THE cases at this hospital have not been numerous. Dr. Barlow has prescribed effervescent mixtures with hydrocyanic acid (2 minims for a dose). Sometimes a small dose of calomel and opium, 1 grain of each.

Dr. Owen Rees has tried the inhalation of nitrous oxide in two cases, but without success. He has also tried the hypodermic injection of quassine.

#### ST. BARTHOLOMEW'S HOSPITAL.

ONLY a few cases have hitherto been admitted at this hospital. The treatment chiefly adopted has been calomel and opium, baths, sinapisms, &c. Beef-tea injections have been freely ordered.

#### BELLE ISLE HOSPITAL SHIP.

UPWARDS of thirty cases have been admitted; carbolic acid has been used here by the stomach as well as in enemata. Some other cases have been treated with four grs. of calomel at intervals of a quarter of an hour. In other cases, the hypodermic use of quinine has been tried. The numbers are at present too small to afford a fair contrast of the mortalities under these several modes of treatment.

#### ON PUERPERAL TETANUS.

DR. W. A. GORDON relates three cases of a rare but very interesting disease, tetanus, following abortion and labour:—

Case 1.—A healthy temperate Irishwoman, mother of four children, had aborted at an early period, eleven days before being seen by Dr. G. She had got about her household duties on the third day. On the eighth day she sat along time at the outside door, her feet resting upon the stone doorstep. Next day she complained of pain in the head, which extended to the jaws and throat. Two days later she complained of painful stiffness of the jaws, extending to the back and throat. Intellect unaffected, pulses natural, lochial discharges quite ceased; no symptom of metritis; next day opisthotonos. Death on the fifteenth day after the abortion. Etherisation increased her distress.

Case 2.—May, 1863. A farmer's wife, mother of five children, aged 40. Dr. G. saw her for hæmorrhage, threatening abortion, and signs of metritis. Thirty-six hours later, stiffness of the jaws, neck, and throat, running into severe spasms. Death on the fifth day. Chloroform left her worse. It transpired that she had been subjected to an operation for the procurement of abortion a few days before Dr. G. saw her.

Case 3.—July, 1863. Mother of three children, aged 35. Dr. G. called on account of flooding. Cold applications, ergot, opium, acetate of lead, and tampon of sponge. Abortion was completed, and she seemed to have recovered. Five days after the abortion tetanus set in, and she died eight days later.—*Amer. Jour. of Med. Sci.*



PROFESSOR CHRISTISON  
ON THE EDINBURGH UNIVERSITY MEDICAL  
SCHOOL.

THE following are extracts from the address of Professor Christison, on occasion of the annual graduation in medicine of the University of Edinburgh, which took place on Wednesday, 1st August:—

The University office, which I am called upon in my turn to fill for this day only, charges the professor who holds it with two duties—to deliver an address to the forthcoming graduates in the morning, and in the evening to entertain hospitably his colleagues. I wish very much that the former task were always as easy and as pleasing as the latter. But it is not so. A graduation speech is never easy, and it may be the reverse of agreeable. Should the speaker feel that he has little or nothing very suitable to say, which happens to be now my case. For, in fact, I have been concerned more or less in forty-five yearly graduation addresses, beginning with the first I heard when myself a candidate; and this is no less than the third time that the post of *Promotor Facultatis* has come round to me in turn among the twelve professors of the Medical Faculty. In this pass, the usual topics of the day seem so stale and worn out that I feel them to be for me forbidden ground. I have already twice told our candidates what they came to college to learn, and what they had to teach themselves on leaving it; twice tried to shape out for them their duties, their conduct, their destinies; twice taught them that the pursuit of medicine as a profession, in spite of all its hardships and crosses, will seldom fail to earn for them a life of substantial happiness. Having thus owned to you the straits I am in, I may shorten this unpromising preface by saying that on looking about me I can find no other subject so suitable or so tempting as one which has often been for some time the matter of my day-dreams, and which can scarcely have altogether escaped your mindfulness also—and this is the constitution and well-being of the medical school of the University. This is a general question, that one may take up in a rambling way, which best falls in with my present mood, and with the composition of my audience; for let me add that the custom of pointing this address to the candidates only is a modern change, and that large account was taken at an earlier time also of those outside the University, who used, as now, to honour us with their presence. Of the classical days of the Medical Faculty—of the days which were held to be classical because the professors conveyed their knowledge to the students in low Latin—a single remnant was long left in the Promotor's address. For several years even after I joined the *Senatus Academicus*, the address, delivered in Latin, set out with the imposing exordium—“*Candidati generosi! Collegæ spectatissimi! Auditores omnigeni!*” and it was shaped accordingly. My omnigenous audience will not take it ill that I remember them in recalling this old almost forgotten landmark, and that I choose a subject which they can all thoroughly understand, and in which very many of them must take an interest not much less than our own.

DIFFERENCE BETWEEN THE SCHOOL AND THE ENGLISH  
UNIVERSITIES.

The framework differed in two fundamental points from that of the far older English universities—in extramural instead of college residence, and professorial instead of tutorial teaching. The relative fitness of these several modes of arriving at the main ends of university training has been often made the subject of controversy, which very lately we have seen renewed in the course of schemes for improving education at the Scottish universities. In judging between them, regard must be had to the precise ends in view, to the genius of the people, and to the means within their reach. Whatever may have been the original design of the English universities, they have long become schools in a great measure for the wealthy only; and they

have long commanded immense resources. College residence and tutorial teaching are possible only for the wealthy and with the aid of wealth. Extramural living and professorial teaching are, on the other hand, the most suitable for opening the doors of a university to all ranks except the humblest of all, for a university so framed needs neither costly domiciles, rich endowments, nor heavy fees. Dr. Monro and his patrons chose the latter way of organising their school, because they had to provide for the education, not of the upper ranks of a wealthy nation, but of the middle classes of a people at that time poor; partly, too, because they had before their eyes the example of the Faculties of Arts and Theology, already flourishing under the same system of instruction at Edinburgh and the other universities of Scotland, and partly no doubt also because they saw that, on the contrary, medicine had never taken firm root under the opposite systems of college residence and tutorial teaching—nor, indeed has it done so to the present day—in the Universities of Oxford or Cambridge. The plan originally adopted has been adhered to ever since.

DEFENCE OF THE SCOTCH SYSTEM.

To the Scottish system of extramural university life the objection has been made of a laxity of discipline favourable to immorality, vice, and insubordination. I deny, however, that any proof has ever been brought forward that, under university rule in Scotland, either the greater or lesser vices of students are worse or more frequent than in the universities of England. As to Scottish insubordination, I deny the charge emphatically from long personal knowledge. It may perhaps be that, as some think, the *perferendum ingenium* of my countrymen inclines them too easily to outbreak—under provocation. But I must give our students the benefit of my testimony, that during the long time I have now taught them I have not witnessed a single act of insubordination in my own class, and that none has ever occurred in another which did not arise from mismanagement on the part of the professor.

PROFESSORS v. TUTORS.

Another objection that has been brought against the university system of the medical schools of Edinburgh and the other Scottish Universities is, that professorial teaching, in place of that by tutors, involved too much lecturing; and that the result is to teach too many things and none thoroughly—a smattering of much, but a sufficiency of nothing. Now, I am quite content that the soundness of this objection be tried by the testimony of facts, apart from all argument. The simple question seems to be—What has been the amount of success of the medical school of this University? I apprehend that there can be no doubt of its success having been most extraordinary. From the time when it was established by the first Monro, in 1720, no material change has taken place in its organisation, except that the Chairs of Botany and *Materia Medica* were separated in 1768; and that twenty-one years earlier, in 1747, the important addition was made of clinical instruction, which, by the way, was nowhere else introduced in Britain till nearly a century afterwards. From 1768 to 1825 there were only six professorships in the Medical Faculty, which now consists of twice that number. After 1825 other important changes, which will be presently adverted to, were made in the constitution of the Faculty of the University and in the instruction given by it. But till then no such alterations were made as could affect the scope and plan of teaching.

THE SUCCESS OF THE SCHOOL.

What, then, was the success of the school? During a period of fully one hundred years the concurrence of students increased steadily, till it reached, in 1823, the number of 900. After that the number fell off greatly, for reasons to be given afterwards. The medical graduates, of whom there was only one in 1726, and not another till 1730, rose to 12 in 1750, 22 in 1775, 50 in 1800, and 120 in 1820. They came from all parts of the British dominions,



as well as from some foreign countries. In 1792 the list was made up of almost equal numbers from Scotland, England, Ireland, and the United States, with a less proportion from the West Indies. A census, extending over nearly one hundred years, shows that the attraction to the University has fallen off only from those countries which, in the progress of time, have been supplied with universities of their own, where instruction may be had on the same footing as here at less cost, or without a far journey; and that, as fast as a new source of supply has arisen, the current thence has flowed greatly to the University of Edinburgh. On examining, firstly, the list of graduates for twenty-five years, ending with 1800, during which period this medical school, taught by Cullen, Black, John Hope, James Gregory, and the second Monro, was probably at its greatest height of fame; secondly, the list for ten years, ending with 1819, but adding also, for equality of numbers, about one-half of the graduates in 1820; and thirdly, those for the last eleven years, ending with 1865, we obtain the numbers for the three periods of 800, 800, and 807. Those from Scotland were successively 179, 319, and 405; those from England were 217, 177, and 232—showing no falling off in attraction in that part of the Kingdom; from Ireland the numbers, at first greater than from either England or Scotland, were 237, 236, and 28—no material decrease having taken place till after the foundation of the Colleges of Queen's University in Ireland—since which time, indeed, there has been a prodigious descent. In the earliest of the three periods the United States supplied 78 graduates. But the foundation of excellent universities in several of the States kept many afterwards at home, and the unhappy war in 1812 turned the American tide of fashion and students to Paris; and consequently in the middle period the American graduates fell to ten, and in the last to three only. The decadence of the West Indies, whence came no fewer than 61 graduates in the first period, reduced the number to 31 in the second, and to 17 in that just ended. Switzerland and Portugal sent us 14 in the first, and 15 in the second, but none at all in the third period—for reasons not far out of sight. On the other hand, British America, India, the Cape, Mauritius, and Australia, which in the first period supplied not a single graduate, have sent, as they have successively come under the sway of Britain, 18 in the second period, and 98 in the last of all. The concourse of medical students to the University has not continued so steady as the demand for its medical degree. Superficial or jealous observers ascribe this incongruity to falling-off in the quality of instruction, or to laxity of examination. As for the latter notion, I know well as a professor that the Faculty examinations are now not more lax than formerly, but quite the reverse, and I have no doubt you are all ready to endorse that statement. Of the relative quality of the instruction now given it does not become me to pronounce judgment. But impartial inquiry refers the apparent anomaly of more graduates among fewer students to a cause very different from a falling-off in the value of the instruction to be obtained—viz., that while the celebrity of the Edinburgh medical degree has continued without abatement, the facilities for obtaining it without an education exclusively at the University have been greatly increased. During fifty years, from 1775 to 1825, when the medical classes were the most populous, no education was recognized as qualifying for degrees except what was got at a university. It is true that this education might be got at any university, and without attendance in Edinburgh at all; but university attendance could be had by intending graduates scarcely anywhere else than in Scotland. America long had no medical schools of note of her own. Foreign wars for the most part closed the schools of the Continent equally against ourselves and to certain other nations friendly to Britain. Throughout England, medicine was taught nowhere in a university. In Ireland it could not be studied in a university without the costliness of college residence and submission to terms unpalatable, and to many insuperable.

But Edinburgh, blessed with the ablest teachers, also offered cheap living, and no condition on the part of the student save due capacity and diligence. Thus many circumstances, intrinsic and external, conspired to favour the success of the first great medical school established in Britain for her people, her dependencies, and her offshoots.

#### FITNESS OF THE UNIVERSITY SYSTEM.

Let me now turn back to the argument which has led me into this historical interlude. We see evidence of the fitness of the system of medical education pursued at the University in the continuing demand for its medical degrees, and the populousness of its medical school. Proof to the same effect may be seen also in the fact that every university medical school that has been lately erected as a rival was established and often avowedly, upon it as a model. And further proof may be seen in the circumstance that, since at least the beginning of the present century, Edinburgh graduates have held a prominent place in every branch of private and public professional life in this country. In the public service we find that before the recent appointment of the present head of the Army Medical Department, his predecessors for almost half a century were either Edinburgh graduates, or, at least, Scottish graduates similarly trained; that for the same period an Edinburgh graduate has filled the parallel office in the navy; and that in India the heads of the medical service and other prominent members of it have also been chiefly graduates of Edinburgh. Turning to civil life, we see that for more than fifty years there has never been a time without several of our predecessors being at or near the head of medical practice in London; in almost every considerable provincial city and town of England the leading physician has long been one who obtained his education and professional title here; and wherever a wandering Briton turns his steps throughout our distant colonies, he will seldom fail to encounter at the top of his profession an Edinburgh doctor of medicine. After all that has now been said, and what you, indeed, yourselves know from your own observation, it will surprise you to be told that of late a party have arisen, comprising men of great weight in medical politics, who deny the fitness and superiority of professorial tuition for teaching the profession of medicine; and cry up the advantages of tutorial instruction—that is, by apprenticeship and other similar methods.

#### NECESSITY FOR MORE FUNDS.

I take this public opportunity of making known the financial condition of the University, in order that all persons who take a sincere interest in it, and especially those whose interest it is to share that interest, may know their duty. Public spirit has been so far aroused, that there is a prospect of sufficient endowments ere long from private munificence for maintaining scholarships and bursaries. But, strange to say, for a land whose natives claim for themselves a special share of patriotism and nationality, the munificence of Mr. Muir is the only example, for a very long time, that professorships also require to be maintained on a footing of greater liberality. And as for the general wants of the University, I have already said enough of the inadequacy of the means of supplying them, even since the late partial relief which has been granted. Among others, I call especially on the citizens of Edinburgh to consider well their position and ours. It is a common saying on public occasions here that late changes, transferring much of the former glory and means of our city to the metropolis, have left only three great supports of our fame and prosperity—the Courts of Law, the University, and the romantic beauty of our town. Now, I warn my fellow-citizens that one of these supports is in jeopardy. Formidable rivalry has arisen on all sides around the University—in London, in Ireland, in Glasgow. The contest cannot be supported without the sinews of war. These are got, whenever wanted, for London, for Ireland, for Glasgow. The other day it was



intimated in Glasgow that £100,000 was required to supplement the building fund for the new college there; and at the same time it was made known that £50,000 had been subscribed by her public-spirited citizens without descending lower than subscriptions of a thousand pounds. Will the citizens of Edinburgh consent to lose the race in this rivalry, and to stand the consequences? I do not believe it. They may say, tell us specifically what is most wanted. Well, then, for erecting new halls for teaching anatomy and chemistry, in the new street which we are presently to see, under the auspices and enterprise of Lord Provost Chambers, to the north of the College, a sum of £15,000 is required. Unless this be done, Edinburgh must be content with becoming a very second-rate place as an anatomical and a chemical school; and I presume I need not tell the citizens what will be the consequence of that. I could add a great deal upon this head. But the present is not the fit time or place. Besides, I have already detained you too long. I believe my strict duty on the present occasion was to administer to you good advice on your approaching outset in professional life. But, in the first place, I think this unnecessary, because you will get excellent advice from others in all circumstances arising which may require it, or from your own conscience and experience; and, secondly, I have never yet been assured that your predecessors, on whom, on two previous occasions of the like kind, I did bestow many good advices, have been much the better for them. Allow me, then, to offer you instead the sincere good wishes of our Vice-Chancellor and Senatus, and also my own, and our hopes and confidence that you will all, in due time, arrive at that professional position which your assiduity and conduct as students, and your university training qualify and entitle you to attain.

## Reviews.

**CHEMICAL ADDENDA.** By B. W. GIBSON, B.Sc., F.C.S. London: James H. Dutton, 1, Wine-office-court, Fleet-street, E.C.

As the title page informs us, this little pamphlet is intended as a brief exposition of the salient features of modern chemistry, and is designed as an appendix to the elementary text-books on the science. In his preface Mr. Gibson says, "That his special object is to present succinctly to the student's consideration those changes in theory, notation, and nomenclature which have lately been made in modern chemistry." How the author can condense the whole of these changes—which have lately been made—into a book of twenty-three small pages, is at first sight a seeming impossibility, but a careful perusal shows the matter to have been arranged in a systematic and complete manner, although perhaps a little phonographically. Thus in some places (*e.g.*, when treating of "molecules and atoms contrasted,") we would have wished the author to have been a little more diffuse.

At page 21 Mr. Gibson introduces a table from which the different notations can be contrasted at a glance. The author winds up with a few paragraphs upon decimal and metric tables.

Now that the new notation is about to be introduced into the British Pharmacopœia, we heartily recommend our medical friends to get this little *brochure*, as we know of no work so suited to gain an insight into the modern theories of chemistry which have been promulgated through the works of Frankland, Gerhardt, Hofman, Williamson, and others. C.R.C.T.

**THE SOCIAL SCIENCE REVIEW.** August 1, 1866.

THERE are six papers in this number, and four of them concern our profession. 1, is on the Fallacies of Vital Statistics, and is continued from page 447 of vol. v.; 3, is a good

paper on Epidemics, by William Blower, M.R.C.S.; 4, is an essay or a lengthened abstract of a paper read before the Statistical Society of London, in January of the present year, by T. A. Welton, on the Social Condition of France. It was published *in extenso* in the Society's journal for June. 6, is a curious paper on the Vitality of the Jewish Race in Europe, by M. Michel Levy. We recommend this paper, and that on Epidemics, to the perusal of our readers, who will find much that is useful and interesting in the others also.

**THIRTY-SIXTH ANNUAL REPORT OF THE BELFAST DISTRICT HOSPITAL FOR THE INSANE.** Belfast. 1866.

OF all the reports of Hospitals for the Insane, we know of none more satisfactory to the profession and the public than that annually written at Belfast by Dr. Robert Stewart, the Resident Physician, Superintendent. It leaves little or nothing to be desired, so far as obtaining information is concerned, and it may be regarded as a model for clearness of arrangement and tabular statistics.

We congratulate Dr. Stewart on his reaching the thirtieth year of his connexion with the Belfast Asylum, and we hope the Governors of that Institution may long continue to avail themselves of the services of so useful a public servant.

**THE NEW YORK MEDICAL JOURNAL.** June, 1866.

THIS number contains (*inter alia*) a Historical and Biographical Notice of Cosmo Viardel, by Dr. Geo. T. Elliot, jun., and an account of the History, Etiology, Pathology, Prophylaxis and Treatment of Cholera, by Dr. C. C. Terry of New York. It has a lengthened Quarterly Report on *Materia Medica*, which, like most works on that subject coming from our transatlantic cousins, is full of interest and value. It notices Dr. Duncan's treatment of Acute Rheumatism by Permanganate of Potash, as given in this journal for May 16, 1866. This journal is well printed, and on good paper.

**THE EDINBURGH MEDICAL JOURNAL.** August.

THERE are five original communications in this number—1. Dr. Karell of St. Petersburg, on the Milk Cure; 2. Dr. Warburton Begbie and Dr. W. R. Sanders on two cases of Aphasia and Right Hemiplegia, with Dissections; 3. Dr. Henderson of Helensburgh, on a case of Air found in the Chambers of the Heart; 4. Dr. Ketchen of Forfar, on Diphtheria; and 5. Dr. Rutherford Haldane on a case of Cancer of the Lumbar Glands simulating Abdominal Aneurism.

There are also Obituary Notices of Dr. David Craigie and Mr. Toynece. This number is quite equal to its predecessors.

**THE DUBLIN QUARTERLY JOURNAL OF MEDICAL SCIENCE.** August, 1866.

WE consider the present number a very good one. It contains original communications as follows:—

Dr. R. McDonnell—On the operation of Trephining in cases of Fracture of the Spine.

Dr. Paton of Toronto—On the Action of the Heart.

Dr. Compton of Corpus Christi College, Cambridge, and of Trinity College, Dublin—On Temperature in Acute Diseases.

Dr. Kidd of London—on the Medical uses of Chloroform Inhalation.

Dr. Hayden—On Diphtheria, and Dr. McCormac on Strangulated Inguinal Hernia.

There are eight reviews of greater or less length, one is an essay, entitled "Works on Cholera;" and the Proceedings of the Dublin and Cork Medical Societies occupy their due places.

This number has numerous illustrations, and is much



larger than the ordinary size of the *Dublin Quarterly*, in consequence of its containing a long memoir and copper-plate engraving of Sir Patrick Dunn, M.D., from the pen of Dr. Belcher, who contributed a memoir of Dr. Stearne to the same journal about a year ago. As we understand that this memoir is about to be published in a separate form, at the expense of the King and Queen's College of Physicians, we need not further refer to it at present.

THE TECHNOLOGIST, A RECORD OF SCIENCE.—With the August number this valuable monthly journal enters on its seventh year and commences a new series. It is improved in appearance and in the tone of its articles, and the conductors promise, if well supported, to increase its size sufficiently to introduce reviews and abstracts of the societies, in addition to its usual contents. We may draw the attention of our readers to the articles on the Atlantic cable and on the needle-gun in this number. Specially interesting to the profession, there is also a sketch of the laryngoscope, and amongst the obituary notices an account of the late Mr. Toynbee. The commencement of the new series offers an excellent opportunity to commence subscribing to this useful monthly.

## London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 15, 1866.

### CHOLERA IN LONDON.

THE progress of cholera is naturally the theme of the most engrossing interest at the present moment to the Medical profession, while to the general public the daily accounts of the ravages committed by the disease form the subject of very natural alarm and apprehension. The last weekly return of the Registrar-General shows an increase in the number of deaths from cholera over the return of last week; but although several sporadic cases have occurred in several districts, the chief virulence of the epidemic has still manifested itself in the eastern suburbs, where it still continues to prevail.

A very remarkable instance was recorded a few days ago, in which it appeared as if the patient had swallowed or inhaled a concentrated dose of the cholera poison, for he was seen to stagger and fall down in the streets in the East-end of London, and before he could be conveyed to the London Hospital he had ceased to exist. The post-mortem examination proved that the disease of which the man died was cholera, although from the suddenness of the seizure, it was at first supposed to be apoplexy, even by the Medical Officers of the Hospital. Another instance of sudden death in this disease, although under totally different circumstances, occurred on board the *Belle Isle*, the hospital ship moored in the Thames off Greenwich, a few days ago. The patient was convalescent from cholera, and was on the point of being discharged cured, when he was suddenly seized with symptoms resembling paralysis and died; and on a post-mortem examination congestion of the cerebral vessels was discovered, together with effusion of blood in the cranial cavity.

With regard to the invasion of the disease in the

present summer in the metropolitan districts, it cannot, we think, be fairly attributed to any introduction from foreign ports. This opinion we expressed last week, and it has rather been strengthened than otherwise since that time. Although a vigilant watch is kept upon the cases admitted into the *Dreadnought* Hospital Ship, which, as is well known, receives any male patients of the maritime calling who may happen to be taken ill in the vicinity, no case has yet occurred in which it could be said that the sailor had brought the disease from an infected port; on the contrary, the cases have been principally brought from the houses situated along the banks of the river, from some of the docks, from the barges plying from town to town, and from colliers and other vessels sailing on the Thames. In the case of the latter the most careful investigation has failed to show that the disease was brought from any infected port, and indeed at the time of our writing the number of seaports infected with cholera is very small.

The Medical profession is at present industriously and laboriously engaged in endeavouring to detect the laws which govern the spread of the epidemic, and post-mortem examinations are assiduously made with a view of unravelling, if possible, the pathology of the disease. Unfortunately, little of a definite nature has yet been established, and the conclusions hitherto drawn have been rather negative than positive. It is perhaps almost puerile to observe that it is above all things necessary to check the preliminary diarrhoea, but the observation is not uncalled for when we find a practice advocated in some quarters of encouraging the discharges from the bowels instead of repressing them. It is also to be observed that when the serious symptoms have set in the more promptly medical treatment is sought for the better, and it has appeared to us that many cases have been restored by speedy removal to an hospital and assiduous medical care, which might otherwise have succumbed to the malady.

The local boards, to whom, by our British institutions, the superintendence of our sanitary measures is unfortunately intrusted, have at last begun to bestir themselves in the improvement of the condition of some populous districts, but in the eastern part of the London suburbs the overwhelming violence of the outbreak has almost paralyzed the authorities. There is, undoubtedly, something to be said as to the inequality with which a visitation of disease like the present falls upon the poorer as compared with the richer and less populous localities, and it is to be regretted that the richer classes of society are not compelled to contribute much more largely than they do at present to supply the wants of their less prosperous neighbours. It is true that subscriptions to a very considerable amount have been received by local committees and duly acknowledged in the newspapers, but these subscriptions form but an insignificant fraction of the incomes of most of the subscribers, and are quite inadequate to the necessity.



## HOSPITAL NURSING IN DUBLIN.

THE 1st of August instituted a new era in the history of the Dublin Hospitals. The want of properly trained nurses, both for hospitals and for private individuals, had long been felt in this city, so much so that some charitable persons, with the ARCHBISHOP of DUBLIN and Mrs. TRENCH at their head, have had it for some time in contemplation to establish a system resembling some of those which have been found to work so well in London, where now the hospital nursing is largely conducted by a staff of well-trained nurses and probationers, managed by some society in connexion with the institution. We have frequently discussed this subject of late, and we have given full information about this new institution, so that there is no occasion to go over the ground again; but it may be recollected that when the subject was first mooted the Governors of Steevens' Hospital generously gave up one ward for the purpose of seeing how the system would work, on the distinct understanding that all sectarian principles were to be excluded from consideration. The matter was referred by the Board to the Medical Officers for report, but the latter, in the absence of more accurate information as to minor details, confined themselves to reporting that the then present system of hospital nursing required amelioration. We have been informed that—

"The lady superintendent Miss Beatty, made her first appearance in the Male Accident Ward of the hospital on Thursday morning, attended by her head nurse and two probationers; they set to work and in a very short time a complete new face was put on matters. There are twenty-eight beds in the ward, and these are constantly filled with every variety of accident and surgical disease, so that the labour in such a ward is immense; before attending to their surgical wants cleanliness was to be considered, and here a good deal of prejudice had to be overcome; some actually rebelled against having their faces and hands washed; others insisted on refusing the sheets, and lying in blankets; while a sturdy few objected to having their morning smoke in bed discontinued; the razor and the scissors were put into requisition, and before noon a complete metamorphosis had taken place. It is refreshing to see the unostentatious quiet way in which everything was done; no hurry as might have been expected from beginners; any commands given by the surgeons were accurately and immediately attended to; in fact, everything showed that the system was under judicious management. Although little more than a week has passed since its commencement a visible and real change for the better has taken place; it was at once apparent that the faults under the old *regime* were to be attributed rather to ignorance and want of direction than to carelessness.

"The lady superintendent was herself trained at Netley, where the surgical dressing is almost wholly effected by nurses themselves; there they learn to bandage, strap, &c., and perform many other operations which are effected by pupils in a clinical hospital. Hence under her management women could be trained to a higher class of efficiency than is to be generally met with in either public or private nurses; but in a clinical hospital where the pupils require to be taught, it would not be desirable to allow the training of nurses to encroach on those cases which must be looked on as the professional property of the former. A probationer has to serve twelve months, but Miss Beatty, for the present, hopes to have some few ready in about five months. It will be a real blessing both to a medical

man and to his patient to have at their disposal a person properly trained, and on whom reliance can be placed.

"The house, 152, James's-street, has been taken and fitted-up for the probationers; they sleep and get their meals there, and it is to this place that applications should be made for nurses when the time comes round that a sufficient number have been trained to commence private nursing.

"The support of such an institution is a subject which comes home to all of us, as we do not know the moment when we may require the services of a good nurse ourselves. The amount required will not be much as it is hoped that the society will be mainly self-supporting."

We are glad to find that this system has been inaugurated at Steevens's Hospital, which from the account given above, seems to have very much wanted it. Not long ago, and before any attempt was made to set up this system in Steevens's Hospital it was attempted to be introduced, at the instance of a Medical Governor, into Sir P. Dun's, and only failed because in the opinion of the majority of the Board, there was not at that time sufficient accommodation for a lady superintendent to reside in the house, and her position, as distinct from that of the matron, could not be clearly defined. This nursing system on an "unsectarian basis" looks very well; but in London it is found that the Sisterhood plan, such as that at King's College Hospital, works much better. This latter cannot perhaps be had here just now; but in any case, according to the old adage, "half a loaf is better than no bread."

## NOTES OF LONDON PRACTICE.

THE *Saturday Review* has been going over the evidence of Dr. Acland and Sir B. Brodie, as to what mischief water once charged with sewage matter may do in places like London, and it fears we have now cholera from the sewage of Oxford. However unsound decisions have been as to rinderpest being small-pox, or as to cholera or cubic feet for wards in workhouses and infirmaries, the chiefs of the agitation are now in a rage, whether with Dr. Todd or Dr. Edward Smith. 600 feet are sufficient, or rather 1200 with various sphygmographists, newspaper amateurs, annotationists, &c. Mr. Gathorne Hardy and the Government have taken till November to decide about it, as the whole thing hitherto has been *ex parte* or one-sided. Meanwhile a very severe endemic of cholera rages at the East End of London, due in some large degree to the insufficient out-door treatment of the sick poor, deficient house-to-house visitation, and an idea rather of a mischievous kind amongst the poor that this form of cholera is highly contagious.

Dr. Smith considers that no ward is to be occupied night and day which does not provide a floor space of 54 to 60 feet, a height of 10 to 12, with 6 feet across the bed. (1000 cubic feet is an area of 80 square feet to each bed, the present average of workhouses is only 50). Military and civil hospital authorities are quoted for and against the new measurements; a parliament commission is asked to decide whether six or twelve or eight hundred cubic feet would be the statutable law against all those ills to which workhouse flesh is heir. As might be supposed the debate is pitifully one-sided; cholera and small-pox threatening all the parishes of London. Earl Shaftesbury



believes that the workhouses will never be what they ought to be till there are medical visitors to superintend the wards, and general medical charities. Cholera from the sewage of Oxford is a long way off, but poor-law guardians and vestries helps its spread, neglecting local measures in London.

The condition of the East End of London just now is, in fact, quite terrible to think of; the water at Limehouse described as black as ink and in a state of putrid fermentation, the sewers in many places opened up (at the wrong time) from the *nimia diligentia* of the vestries!

Of matters medical of less note during the week, perhaps we may mention the fact, that for fifty vacancies for assistant-surgeons for India, only thirty-six candidates presented themselves here recently, due, it seems, to the entire innocence of these appointments, in which the "third years' men" are brought up in the London schools, their normal position rather being, in place of £500 a year, assistantships at £30 a year to some half-educated chemist—due, in some measure, too, to the deficient pay and pension in this service compared to the regular army, though on this latter part we believe too many errors are encouraged, and the subject has never been described exactly as it is.

An interesting but sad return has been made at the Brompton Hospital as to twenty patients sent last winter to Madeira; the return is not at all encouraging, two out of twenty returned improved, seven were slightly improved, four were not so well, and one died; in twelve cases the phthisical symptoms remained stationary, in five they advanced!

Of the treatment of cholera not much that is new can be stated, the castor-oil plan and ice-bags have gone to that limbo of annotationists where vaccination for cattle plague, it is believed, will ever remain. A masterly account of transfusion in cholera occurs in an old book, "Mackintosh's Practice," and a few cases have been treated (as these thus first described), and with good results; of other treatment small doses of calomel appear best, the chief benefit arising, however, from stopping the diarrhoea early.

The ceremony of opening the new hospital for paralytic and epileptic patients in Bloomsbury, one day last week, was not without interest. When closed a year ago there were forty beds occupied, and now it is enlarged with 1200 out-patients. It is not necessary to indite anything of the special architecture, but a new gymnasium and an electric-room (like that of Guy's) struck us as very valuable. This hospital was due to the indomitable energy of Dr. Brown-Séquard, whose lectures and clinique we have always attended as a duty, and a suggestive pilgrimage of much pleasure, to the shady and smoke-coloured glades of Queen's-square.

The Bishop of Oxford delivered one of his charming and manly addresses. The hospital was commenced when there was in London a blind rage got up against all specialties, and yet the poor epileptics were not received into the larger hospitals. Epilepsy required separate study, and specific *treatment in its various stages*. It has struck men, said the Bishop, of the greatest intellectual powers, Napoleon I., Julius Cæsar, and even the great Duke of Wellington. It was in 1856, just ten years ago, a great physiologist (Dr. Séquard) had sounded the keynote of the cure of epilepsy. An attempt, not unsuccessful, was made in the leading medical journal to put him

down, and not till 1858 was he heard of, when his lectures at St. Bartholomew's first appeared (in the *Medical Circular*), and in the next year in the columns of his old adversary, where Marshall Hall checked the new extravaganza. We had only now to look around and see what the hospital had grown to, what epilepsy (from the *opprobrium medicorum* of the hospitals in males and females, like ovariectomy, vesico-vaginal fistulæ, &c.) had become. The lectures (first in the present journal) had been reprinted as new in other journals. Still much good would arise, and if any further inducement to assist in the good work were necessary, said the Bishop, with his usual solemnity, he would remind them that the great Saviour when on earth had obviously applied the healing art or power to the epileptics.

[The London Editor does not hold himself responsible for the opinions expressed in the above notes.]

## Correspondence.

### THE LATE MR. TOYNBEE AND DR. BISHOP'S APPARATUS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your journal of this day, under the head of "Contributions from your London Correspondent," you have referred to my notice of the death of Mr. Toynbee, and to the use of my apparatus for applying vapour and spray to the cavity of the tympanum, adding that Mr. Toynbee had not much faith in our ability to reach the middle ear in this manner. You will excuse my writing to correct this error.

There was a time, probably, when these observations might have been correct, but if so, increased experience caused this distinguished aural surgeon to change his views, in proof which I refer you to a short discussion which took place at the meeting of the Royal Medico-Chirurgical Society on the 6th of February, 1866. Dr. Weber of Berlin, on this occasion, exhibited specimens, proving the possibility of injecting fluids into the tympanic cavity. Mr. Toynbee, in commenting on this practice, so far from *doubting* the possibility of accomplishing the object in view, said there was no doubt whatever on this point, but warned the profession as to the *danger of such a proceeding*. This opinion I am sure he would have abandoned had he seen how safely and successfully it can be *done* by myself and others.—I am, Sir, your obedient servant,

EDWARD BISHOP, M.D., &c.,  
Surgeon to the Metropolitan Ear Infirmary, London.

31, Sackville-street, London, W., Aug. 1, 1866.

### THE LATE DR. WARDER'S ALLEGED MURDER AND SUICIDE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I consider your remarks (see *MEDICAL PRESS*, July 27,) on Dr. Alfred Warder's case of very great moment. Here is a member of the medical profession, without satisfactory indirect, and certainly with no clear direct evidence, set down as a murderer and a suicide. It is quite monstrous that such dire conclusions should, on such single grounds as those set forth, be assumed. There are misery and wickedness and lunacy enough abroad, without adding, by suppositious instances, to the list. I say the guilt alleged was *not* brought home by evidence on which a jury would convict to Dr. Warder, and therefore it is that we should be chary to condemn. In the eye of the law, and in the eye of reason too, a man must be assumed to be innocent till he shall be convicted. Dr. Warder was not convicted, whether during his life or after his lamentable decease. I hold,



therefore, that we are called upon to suspend our judgment, and to ask for a reversal of the attainder to which it seems Dr. Warder's property has been subjected. I again beg to express my warm concurrence in everything you have said, your closing sentence excepted, which, I submit, were better left unsaid.—I am, Sir, your obedient servant,

HENRY MACCORMAC.

Belfast, August 3, 1866.

#### MR. COLLIS'S LATE LECTURE ON STRANGULATED HERNIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I wish to correct an error in the history of a case of strangulated hernia, reported by me in the July number of the MEDICAL PRESS. The report is as I received it from the resident pupil, who thought that the case had been under Dr. Moore's care, as he sent it into hospital, the fact being that Dr. Moore had never seen the case until shortly before, and at once sent the woman into the hospital. The following is the history, as given me by Dr. Moore.—Believe me yours truly,

M. H. COLLIS.

#### STRANGULATED FEMORAL HERNIA, OPERATED ON BY MR. COLLIS, JULY 18, 1866.

Ann Baker, æt. 50, or more, not married, was admitted into hospital on the 1st May, with a strangulated femoral hernia on the right side. The patient stated that on the 28th April, when carrying a bundle of clothes on her back, she suddenly got a pain in her bowels; this became very violent, and on her return home she was obliged to go to bed; vomiting came on soon after. She had no previous rupture, and first noticed the swelling on that night. Dr. C. F. Moore of Peter-street Dispensary was sent for; he ordered her a dose of castor-oil, which she vomited. She had repeated attacks of vomiting on the 29th and 30th ult., but none on the day she was admitted. Mr. Moore made efforts to reduce the hernia at different times, but finding it impossible, he had her removed to hospital. Mr. Collis used a reasonable amount of force in trying to reduce the tumour, but finding the stricture very tight, he at once decided on operating, which was done about half an hour after the patient was admitted.

"1st May, 1866. Dr. C. F. Moore was called to see Baker (Ann), æt. 60, having been informed that she had been under treatment, and was taking pills of opium and calomel every four hours for peritoneal inflammation for some days. Turpentine stupes had been also used; she had moved to her present dwelling fourteen days before.

"During Dr. Moore's visit stercoraceous vomiting occurred, which, with the state of the patient, induced him to interrogate her sister very strictly, who persistently affirmed that no tumour of any kind existed in her sister's case, nor did she or the patient allude to any exertion and subsequent pain. However, Dr. Moore, on personal investigation, discovered the rupture; which, on examination, AND ONE ATTEMPT, WITH A JUDICIOUS AMOUNT OF FORCE at reduction, he determined was only to be relieved by operation, and he then with much difficulty induced the patient to enter the Meath Hospital within about an hour from the time he first saw the case, in order to undergo the same."

#### APOTHECARY QUALIFICATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Please let me know through your next paper, if possible, can an M.D. and L.R.C.S.I., on giving sufficient proof that he has been two years apprenticed to a qualified apothecary, practising with open shop in Ireland, and also one year and a half mixing and compounding medicines in the dispensaries of a Poor-law Union, and also attending with the Medical Officer of same dispensaries the out-door practice of the parish, be admitted to the License of the Apothecaries' Hall, Dublin, on passing the prescribed Examination; or, in other words, will the two years' apprenticeship, and the year and six months spent in attending the dispensaries, be taken instead of the three years' apprenticeship required

by the Apothecaries' Hall? Trusting you will reply at your earliest convenience, I am, Sir,

A SUBSCRIBER AND CONSTANT READER.

August 7, 1866.

[We believe he can; but he had better apply to the Secretary, Dr. Leet.—Ed.]

#### MR. RUMSEY ON INSPECTION OF EXAMINATIONS AND THE MEDICAL COUNCIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I do not question the propriety of your publishing my letter to the Branch Council for England respecting the Visitations of Examinations, although it must have come indirectly into your possession; nor have I any reason to complain of your general treatment of the subject. But I trust to your candour to insert the following brief remarks in your next number.

In the first place, I do not think it quite fair to my colleagues on the Branch Council, to intimate that they "kept back" my reasons for not acting with them in this matter. The minutes of Council meetings *never* contain the reasons—whether oral or written—of members, for or against any measure, and there was no sufficient ground for making an exception to the general rule in this instance. Although the letter was not intended for publication, I am not at all sorry that your readers should have been informed that a difference of opinion on this subject exists in the Council, and that the minority have something to say for themselves.

Then, again, in reply to your editorial comments, I beg to observe that your first ground of objection does not apply to my proposal. On referring to it, you will see that the suggested "Examining Board for the Civil Medical Service" was not intended to supersede in any way the established licensing bodies, or to "act alone" in testing the qualifications of medical officers. I expressly guarded my recommendation against any such inference, so that it is not touched by your criticism, be that sound or unsound.

With regard to your strongly expressed opinion that a "supplementary" or additional examination would be "a clumsy expedient," I beg to remind you that it is precisely the same sort of "clumsy expedient" which the Army and Navy Medical Boards have adopted with infinite advantage to their respective services, and to medical education in general. The value of their returns made to the General Council, proving the grievously defective character of the examinations of the licensing bodies, cannot be over-estimated. Let us hope that your remarks may not induce the war department to abandon their "clumsy expedient."

I am, Sir, yours faithfully,

H. W. RUMSEY.

Cheltenham, August 9, 1866.

#### TREATMENT OF CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have always protested against the College of Physicians or Dr. M. or Dr. T. writing articles in journals or papers to teach medical men how to treat cholera. Its treatment though varied, like that of all other diseases, has now well defined principles, and it ought to be left to those who have been educated in those principles to adopt whatever course they deem suitable.

This literary diarrhœa puts practitioners in a false position; for when I treat a case according to my light, my patient's friends turn on me, and say, "Oh! Doctor, that is wrong; the eminent Dr. M. says it ought to be something else." I have seen three outbreaks of the disease in this country, and my experience is that of most medical men, that at the first outbreak many patients will die of it, do what you please; in a very short time the type changes, and any rational treatment will give good results, more depending on the energy of the doctor and his attention to



general principles both in prescribing and nursetending, than in any peculiar nostrum in the way of plan or medicine.

One would think that the eliminative plan was new, yet in 1832 it was extensively tried. I well knew the trial given to it by the Assistant-Surgeon of the Rifle Brigade in the town where it was then quartered. He gave castor-oil freely, and the idea of curing it with cold water turned his brain and made a lunatic of him. Yet his patients died in a similar ratio with those treated otherwise. It will not do to compare treatment used during one week with that used the next, as the probability is that the latter, no matter what it is, will give better results. I have seen the saline treatment get full play, and it is not to be despised, but will not always answer. I have seen cold water act with very happy results. I have seen it very injurious, bringing on relapse of diarrhœa when it has been checked, and I have seen calomel and opium work wonders. Let men alone, and let them bring their energies, experience, and education to bear on the difficulties that will arise, and I am sure the public will be better served than by running nostrums down our throats.—I am, Sir, yours very truly, J. W. M.

### THIRTY-FOURTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

THE meeting was opened in the Music Hall at Chester, on Tuesday, the 19th inst.

At eight p.m. the public proceedings were opened by the Retiring President, Dr. JEAFFRESON of Leamington; who, on taking the chair, addressed the members present in the following words:—

GENTLEMEN,—At a meeting of the Council of this Association this morning it was unanimously agreed that we should proceed to no general business connected with the Association until we had passed some resolution of condolence with the family, and regret at the loss which we have sustained in the death, of Sir Charles Hastings (hear, hear). If I had a thousand times the eloquence that I have—or rather that I never had—nothing that I could say would express one-half of the feelings which I entertain towards the memory of our inestimable founder, Sir Charles Hastings. In every relation of life he was a man to be loved, to be respected, and, I may say, to be venerated. I was invited by the family, as the representative of your Association, to attend the funeral of Sir Charles Hastings, which I did yesterday. It was a painful duty to me, but it was made to me a happy and noble one, because I felt that by my attendance I represented the feelings of every single member of our Association (hear, hear). I think it may be a satisfaction and a pleasure to you to know that, apart from the feelings which every member of our Association must retain of his memory, I never was more staggered than I was by the demonstration of feeling towards him as a man and a neighbour, in the town of Worcester. Short of any very great public character, or any member of the Royal Family itself, it was impossible that more respect could be shown. It was wonderful to see the number of places—both shops and private houses—that had their shutters up out of respect to the memory of our founder. I may mention one little anecdote, which I am authorized by his son, Mr. George Hastings, to mention. So much was Sir Charles attached to the Association that the last words connected with any matter of business which he used previously to his death—either on the day before or on the morning of his death—were words connected with his ardent desire and hope for the prosperity of this Association. Up to his last breath he retained his loving and kindly feeling towards the members of this Association, and his desire for its permanency and its prosperity (hear, hear). The resolution suggested by the Council has been put into my hands as your President, and I shall call upon Sir Charles's dear

friend, neighbour, and medical attendant to the last, Mr. Carden, to be kind enough to second it. I should not wish to see any kind of discussion upon it. It will be passed unanimously; and it is intended that the resolution should be forwarded to the family. The resolution is as follows:—

“That the British Medical Association, assembled at the general meeting at Chester, desires to express its deep sorrow at the loss the Association has sustained in the death of its much loved and highly esteemed founder, President of Council, and Treasurer, Sir Charles Hastings, who, from the period of its establishment to the present time, has, with singular courtesy and fidelity, exerted his highest powers for the promotion of the best interests of the Association; and that a copy of this resolution be forwarded by the President to the family of the late Sir Charles Hastings, with the condolence of the Association on the bereavement they have sustained.”

Mr. CARDEN (Worcester) said—I can assure you that this is to me a most melancholy and, at the same time, satisfactory duty. I have been called upon by Dr. Jeafrason and yourselves, who knew the value of our late friend, the founder of our Association; and I do most cordially second every word that has been said. But I feel it is unnecessary for me to enlarge upon the character of Sir Charles Hastings. It is well known to you. But I might perhaps say that, having known him intimately through a long and serious illness—more intimately than we can know any one during his appearance in public—throughout that long illness, and at the close of his long, useful, and earnest life, his great wish was for the success of your Association. The last words he said to me were: “When is the meeting at Chester?” I repeated, as I had done before, when it was, and he said, “I may not be able to go to Chester.” Fancy a man with no pulse below the elbow, his soul, entering into the occasion, going beyond his body! Then he added: “If I am not able to go this time it is just possible, perhaps, that I may never join the Association again. If so, I shall only say, as I have always said in my greatest disappointments, ‘God’s will be done!’” He could say no more; but this spoke volumes. It was the character of the man—a high and mighty soul, finding his bodily weakness so great that he began to feel as if his soul should cast away the body that could not carry out his intentions. It was a beautiful sight! You have seen his buoyant manner, and heard his cheering voice, and seen his countenance, which you will never see again, except in recollection; but I can tell you his soul was with you, and I think it my duty, in so many words, to tell you so. I second, most cordially, the vote of condolence and the expression of the feeling of deep regret at the loss we have sustained; and I know further, that the feeling of condolence thus expressed, when received by the family, will be one of the most consoling expressions of feeling that they could possibly receive from any quarter (hear, hear).

Dr. RICHARDSON (London)—I think, Sir, before this resolution is passed those who have worked with Sir Charles Hastings during many years past should give expression to those feelings to which he would have listened with respect and love. I cannot allow this resolution to pass with a silent vote. I must bear my testimony to the kindness, the geniality, and goodness, of Sir Charles Hastings. There were three great attributes in his character which especially call for our attention: first, the wonderful power which he possessed, and which should be diffused through us, of amalgamating men of contrary opinions on many subjects, but of one opinion on those things which most pertain to us as a profession. The more we recognize this particular feature in his career, and feel the spirit in him which welded us together, the more we shall advance in the path of unity and progress (hear, hear). Nor can I fail to recall his untiring industry. I have often thought that for the correspondence of the Association, which he performed alone, many a man would have required a secretary; and he would have been insufficiently remunerated



whatever his salary might have been (hear, hear). For thirty-five years, since he commenced his work, his energy, his industry, through the whole time, is a great and marvellous model to us. And, lastly, I think of that quietness with which he proceeded through all. He went on through the long vista of thirty-four years, always doing something, and least of all presenting through himself that something was done. If we progress, using these three attributes, and sustaining the Association which he founded, we shall best perpetuate his memory (hear, hear). I could not avoid saying these few words with reference to my dear and lost friend.

The resolution was passed unanimously.

The retiring PRESIDENT, after making some business announcements, said—And now, gentlemen, I make my bow. I shall not attempt to make a long speech; but I have to thank you for all the kindness I have experienced from every member of the Association during my year of presidency, and to express the feeling that, though I entered upon my office with great dread and fear that I should not be able to get through all the work in the manner I should wish, yet I owe so much to my good friend our Secretary, and to every member of the Association, that I hope I have not disgraced myself (loud applause). With a loving feeling for the Association over which I have had the honour to preside during the last year, it is no small pleasure, no small consolation, for me to feel that I am succeeded in my office by one so well deserving of your confidence (applause). I am quite sure that Dr. Waters will not be wanting in zeal and kindly feeling; and I feel that he will do more than justice to the office to which you have elected him (applause). Certainly, my year of office has been one of great pleasure in many respects, and of great pain in others. I could wish that at some future time—perhaps when my friend Dr. Waters retires—the dying effort of the President should be to give some little sketch of the history of the year past—some little testimony to the memory of those dear friends we have lost during the year. In this respect, this year has been a very painful one to the Association, as we have lost many valued and very much esteemed friends. I might name amongst them my own cousin, Mr. Jeaffreson of Framlingham, the originator of the ovariotomy operation; my very dear friend Mr. Toynbee, an exceedingly useful member of the Association; and also our most worthy President, Sir Charles Hastings. I have not had the leisure or health to do this; but I do think that, if in future some retiring President should give some slight sketch or memorial of those who have been lost during his year of office, it would be a very valuable addition to the transactions of our Association. With these remarks, gentlemen, I wish you farewell; but I shall continue to hold all of you "to memory dear" (loud applause).

On taking the chair, Dr. WATERS proceeded to deliver the following Address—

#### THE PRESIDENT'S ADDRESS.

GENTLEMEN,—In the year 1859, when I filled the post of President of the Lancashire and Cheshire Branch of this great Association, on the occasion of its meeting for the first and, as yet, only time in Cheshire, I gave expression to my gratitude for the signal mark of regard and confidence then conferred on me; then, as now, I stated that the esteem of my professional brethren, as it is one of the most worthy, so has it ever been one of the most cherished objects of my life.

I have an undoubting trust that this same feeling will ever animate me; it burns within me now as vividly as in the most sanguine period of existence when, rich in the possession of that priceless appanage of youth, a warm, confiding heart, unchilled by the trials of life, the future spread itself out before me bright and unclouded.

The present is an occasion when I may, perhaps, be excused saying some few words of myself. In doing so I am not actuated by any vain-glorious spirit, but for those who have to follow the older members of any profession there is not unfrequently some little advantage to be

derived in the way of guidance and instruction from those who have preceded them. The maxim I would seek to establish is, that, though there is much of uncertainty and of accident in the career of most men, steady and persevering application, however unassuming, generally reaps all, and not unfrequently more than it is strictly entitled to; but above all, without referring to the delights incidental to extended knowledge and increase of intellectual power, it confers rewards of which no instability of fortune can deprive the possessor.

During the course of my professional career, marks of great kindness have been conferred on me by the teachers under whom I studied, as well as by those in community with whom I worked, for which I scarcely dared hope, but which, for that very reason, I value the more highly.

Gentlemen, standing before you in my present position, one of the highest and most honourable to which any man whose lot is cast in the provinces can aspire, while dreading the responsibility devolving on me, and which, but for a conviction that your kind consideration and forbearance will pardon my shortcomings and more than supply all my deficiencies, I must have hesitated to accept, it may readily be believed that I regard this day as the proudest of my life. The personal gratification incidental to the day is, however, alloyed by a deep and solemn feeling of profoundest grief. This, the thirty-fourth anniversary of the British Medical Association, the first held in the time-hallowed and ancient city of Chester, takes place under circumstances previously unknown in the annals of the Association. The founder, the venerated founder of the Association, is no more. Only a few days back, on the 30th of last month, in the seventy-third year of his age, the pure spirit of Sir Charles Hastings winged its flight for a higher existence, leaving us to regret and lament his absence. As is the grief of a loving son mourning the loss of a wise and good father, to whose fostering care and affection, to whose untiring devotion, he is indebted for all of happiness and prosperity with which he is blessed, such is the deep pervading sentiment of sorrow experienced by every member of the Association for the death of him we now deplore, who will no longer cheer us by his genial presence, elevate us by his noble aspirations, stimulate us by his achievements, and guide us by his wise counsels and great experience.

During the past year death has, indeed, fallen heavily upon us in removing many a valuable member. Without attempting to enumerate all, some names I cannot refrain from mentioning. The mortality amongst medical men from contagious diseases is so heavy as to raise their death-rate to a height which, if it fell on the general body of the people, would soon solve the difficulty of disposing of our surplus population. The disease, which of all others specially decimates their ranks, is typhus. All members of the profession are, of course, subject to it; though it necessarily falls with greatest weight on the medical officers of public institutions. With respect to other contagious diseases, for instance, cholera, intervals sometimes of great duration occur during which the disease is scarcely met with, but our public hospitals are never free from typhus. In greater or less degree, cases always present themselves; and owing to the length of time over which they extend, those in charge of them are peculiarly exposed to take it. Drs. Stokes and Cusack have shown that in Ireland, during the twenty-five years prior to 1843, 560, out of 1220 medical men who were attached to public institutions, suffered from typhus fever; of whom, 28 had it twice, and 9 three times. The tables from which these facts are drawn do not extend over a period of exceptional mortality, for they stop short of the fatal epidemic of 1847, when out of every three deaths occurring in Ireland amongst medical men, about two were from typhus, the exact proportion being 1 in 1.55. In Chester, during little more than a twelvemonth, we have lost Dr. Hutchinson Powell, one of the physicians to the Chester Infirmary; Dr. Lewis Brittain, house-surgeon, the eldest son of Mr. Brittain, senior-surgeon to the Infirmary,



and our valued associate; and Dr. Hughes, also house-surgeon; together with Mr. Jones, one of the pupils. All four have fallen a prey to typhus!

Gentlemen, it was in discharge of the holy and self-sacrificing ministrations for which our profession is so pre-eminently distinguished, that these our brethren, free from the taint of worldly gain, wholly unrewarded for their priceless services, were thus immolated.

One only, Dr. Brittain, was a member of our Association, but all intended to have joined it. Amongst the victims of fever I would, however, specially mention our associate, the late Dr. Barker of Bedford. It has in numerous instances been observed that those whose studies have been directed to any special disease, or any distinct organ or portion of the frame, have themselves experienced the suffering incidental to it. In this way Laennec succumbed to pulmonary consumption; Reid of St. Andrew's, to the most painful of diseases which afflict mankind, and involving, in his case, the very nerves whose influence his numerous experiments had done so much to elucidate. So Dr. Barker, in dying of typhus, also succumbed to one of that class of diseases which it was his effort to prevent. A short time only elapsed after the celebration of last year's anniversary at Leamington, where Dr. Barker received from the hands of him whose name it bore, the Hastings medal for his prize memoir on disinfectants, ere we all heard of his being stricken by fever and perishing under it—another martyr to professional duty. Alas! in one short year, both he who received and he who presented the valued reward of competitive merit, have been lost to us by death! The recent death of Mr. Toynbee has deprived us of another of our most valued associates, one who helped to sustain the reputation of England by the high rank he attained in that department of the profession to which he devoted himself. Still, high as were his professional attainments, and in these no man excelled him, he was no less remarkable for his open-handed charity.

There is one charitable institution specially connected with the British Medical Association—one which in no way interferes with the Royal Medical Benevolent College at Epsom. The establishment at Epsom founded by our respected associate, Mr. Propert, who, as a Welshman, is an honour to the Principality, exercises a wide and most beneficial influence, and enjoyed the distinguished honour of having the late and ever-lamented Prince Consort as its patron. It affords a sound education, such as will bear comparison with the best of our public schools, to the sons of medical men at a very moderate charge, and to a certain number of orphans and fatherless free of all expense. It also supports as pensioners superannuated and disabled medical men or their widows. The numerous applicants to fill the vacancies that occur, far exceeding the resources of the institution, were incontrovertible evidence of the urgent necessity for its existence. Acting as I have done for several years as one of the Honorary Local Secretaries to the Epsom College, I need not say that it has my warmest support, and that I hope not only for its continuance on its present scale, but that I look forward to its great extension. To secure the great advantages offered by the Epsom College, a system of arduous and expensive canvassing is resorted to, which, when continued year after year, is almost heartbreaking, and crushes those whose influence is not sufficiently great to insure success. This charity, however, is not specially connected with the Association, as is the Medical Benevolent Fund, which is conducted on a plan different to that of the Epsom College, and occupies an entirely different field. The chief object of the Medical Benevolent Fund is to grant temporary rather than permanent relief; to obtain assistance from it, all that is required is to have the case of distress well authenticated and recommended by two or more members of the profession. The application is then at once considered, and relief granted. No canvassing and no publicity are necessary, and if the saying, *bis dat qui cito dat*, can ever

apply, most unquestionably it attaches to the aid granted by the Medical Benevolent Fund.

It is with reluctance that I have trespassed on your time with these details, but, though well-known to many of us, they may not be equally so to all our associates; and I have been influenced to do so by the fact of the late Mr. Toynbee having devoted much of his valuable time, abstracted from incessant professional demands, to enlarge the sphere of its operations. The unobtrusiveness of the method in which this Fund dispenses its relief, accorded with that pursued by Mr. Toynbee himself in the exercise of his private charity. Hence his special support of it, on one occasion giving, I believe, £500 towards it; but, above all, bestowing on it his time, more valuable even than his pecuniary munificence. The melancholy accident by which he met his death was in harmony with his life: while seeking, by experiments on himself, to discover means for alleviating the sufferings of others, he sacrificed his own life in its fullest prime.

In Dr. Connolly we have lost another chief, who, as long as health permitted, always attended our meetings, and by his exquisite literary taste, his high professional attainments, and graceful urbanity, contributed largely to their attractions. In him society has lost a true and practical philanthropist; but the influence of his life will remain in all that he has effected for the humane treatment of the insane, and for the aid he afforded in founding the first asylum in this country for the reception and education of idiots, awakening and training their affections, developing their feelings, and opening a new world to those whose existence before was a dark and dreary blank. Dr. Connolly was one of the earliest members, and one of the pillars of the Association; and, with Forbes, Johnstone, and others, aided Sir Charles in founding it. One by one these early friends passed away, leaving Sir Charles almost their only survivor; and it became painfully evident to all who attended the latter anniversaries, that the conviction was deepening in his mind, that the day was not far distant when he also would be summoned.

At the Leamington meeting, he appeared so much like his former self, so much better and stronger than the years before, and spoke with so much vigour and power, that, when accepted for Lady Hastings and himself, my proffered hospitality for this meeting, I fully calculated upon the pleasure of receiving them. I know that Sir Charles Hastings had for many years looked forward to a meeting being held in Chester; but little did I imagine at Leamington that, when we assembled, he would be absent, and that I should not only lose the ever ready counsel of him, the grand object of whose life was the promotion, the growth, and the increase of the influence for good of this Association, but that I should have to mourn his death. This is the first occasion on which the person who has to preside over your proceedings, has not been aided by the experience of him who has never missed one of its gatherings. The ship he built is fairly launched, and the pilot who so long guided it has departed. It now remains to be proved whether others can safely navigate it, and whether his great ambition to fix this Association on the firmest possible basis has been realised.

Gentlemen, as I have before stated, in accordance with our founder's wish, we are met together in Chester; and, in the name of the profession, I give you a most cordial welcome, and hope the meeting will prove a successful one. In objects of interest, Chester can be nowhere surpassed. It is no modern town; it boasts an antiquity of nearly two thousand years, dating from the occupation of the Romans, when the 20th Legion of the Empire was encamped here. The remains of Roman antiquities are extremely numerous; but of these, in your perambulations through the city, you will acquire a far better knowledge than from any description of mine. The most important fact for us, is the existing unmistakable evidence that the Romans built their city, with a view to the health of its inhabitants, on a foundation of new red sandstone, at an elevation admitting of easy and effectual



drainage. The city was clearly characterised by a high state of civilisation. It possessed at least two sets of public baths, and many fine public buildings, the remains of which are occasionally disinterred where least suspected to exist. These remains generally lie from four to five or more feet below the present surface of the ground, such being the accumulation of soil during the time that has elapsed since their erection. The remains also show that pure drinking-water was much valued, and that hygienic measures were carefully carried out; better, probably, than they have been at any subsequent period. With the Roman occupation and civilization, Christianity undoubtedly came in. The theory has been maintained, that existing savages are the descendants of civilised races. In some cases, this may be the case; in others, however, much more probably not; but in no way should we be justified in terming the Saxons savages, though it is certain and very remarkable that, under their rule, the arts and comforts of civilised life were replaced by earthen floors strewn with rushes, and Christianity by Paganism. In Wales, where the Saxons did not penetrate, Christianity remained. In the neighbourhood of Mold, a town twelve miles distant, the Christians under Germanus gained the Hallelujah victory against the Picts; and about twelve miles up the River Dee, where no vestige of a monastery now remains, but simply a church that replaced it, an establishment numbering two thousand monks existed, who resided there when Saxon England was Pagan. I would also mention that, in the neighbourhood of Chester, Delemere Forest is situated, which, under the rule of Ethelfleda, daughter of Alfred the Great, was the site of an important station. The hundred in which it is situated is named Eddisbury, obviously a corruption of Ethelfleda's borough. Anyone now visiting it, and perceiving no trace of ruins of any kind, would never imagine it to have been the seat of a large population, though yet an undoubted fact.

That a civilisation of so high an order, and marked by that special attention to the preservation and promotion of good health which characterised the Romans—a civilisation which could not merely have occupied this portion of the kingdom, but which palpably extended wherever the Roman rule prevailed and was moreover refined by the softening influence of Christianity—that such a civilisation should have been absolutely extinguished and replaced by barbarism and paganism, and that we should now have the proof of the change at our own doors, is in the highest degree worthy of attention and reflection, and should make us, who, by our calling, are the conservators of the public health, carefully guard against the influences which tend to deteriorate it, for degeneracy of body and degeneracy of mind unquestionably coincide. In Chester, it took years of suffering, during which the penalty for neglected hygienic measures was paid in the form of fearful mortality from the sweating sickness, and from repeated attacks of plague, before the inhabitants again awoke to the necessity of drainage, of water-supply, and of public baths, all which have only very recently been attended to.

Whatever may be the causes that bring together large bodies of men, whether the mustering of great armies, or the demand for labour resulting from manufactures or from commerce, neglect of hygienic rules is, under such circumstances, inevitably followed by sickness and premature death. The terrible lesson experienced by our army in the Crimea, where a mortality of 35 per cent. from disease in the short space of seven months, extending from October 1st, 1854, to April 30th, 1855, decimated its ranks, is still fresh in the memory—a rate of mortality which by disease alone, without reckoning the casualties of the battle-field, would in twenty months have swept away every living soul of one of the finest armies that ever left our shores. The mortality above given does not comprise the numerous men whose health, broken by the privations under which their comrades, happily for them, more speedily fell, have since their return succumbed, or are still dragging on a weary suffering life of hopeless illness. That this sad state of things might have been prevented, is

unquestionable; for the officers, who from their private resources, were to some extent independent of government care, did not suffer equally with the men; and when the reclamations of the medical officers (for our professional brethren did not allow our noble soldiers to die from disease without pointing out the neglect that occasioned it) at length succeeded in obtaining their demands, then the mortality rapidly diminished.

The French profited in their Italian campaign by the experience of the Crimea; for, owing to the admirable arrangements directed by the Emperor, at the instigation of the distinguished surgeon Baron Larrey, notwithstanding the monster armies assembled, notwithstanding the heat, which was excessive, and the unfavourable telluric influences incidental to a campaign in Lombardy, neither hospital gangrene, typhus, nor other contagious disease, prevailed to any extent. If the English nation, equally with the French Emperor, should thus profit by the Crimean lesson, then our gallant men will not have died in vain; but it is a lesson that the English nation seems too frequently to require; for in 1809 the same feeling of horror, that was engendered by the Crimean losses, thrilled through all England at the result of the Walcheren expedition, when, out of every 1000 men, 167 only were lost by wounds, and 332 by disease. The medical profession in this country is, however, year by year increasing in influence, and bringing its weight to bear upon questions of public health, although it has but scant encouragement afforded it.

Since our last anniversary, Cheshire has been heavily visited by the cattle plague. Well do I remember how the alarm was sounded by our associate Dr. W. Budd at Leamington this time last year. No one who then heard him can forget the deep impression he stamped on the minds, and not only on the minds but on the feelings, of those who listened to the moving, eloquent language in which he predicted the sad results which would inevitably follow the neglect of the precautionary measures which experience had too surely proved could alone avail. The preventive measures he advised were of no hypothetical character; they had been tested and found effectual in countries actually adjoining infected districts, and with entire success; they were carried out in France, where the disease had actually penetrated, and with equally good result; they were peculiarly easy of application in England, girt as she is by the sea, and capable of complete isolation. The measures suggested were marked by no taint of novelty; but, as with the Walcheren, as with the Crimean expedition, the teaching of past experience was disregarded. A century back, the plague had passed over the herds of this country, carrying desolation in its track—desolation, the effects of which, in the ruin it entailed, it took a generation to erase. With all this knowledge pressed upon the authorities, no adequate measures of repression were enjoined. Step by step the disease advanced, until at last it invaded our Cheshire herds. Gentlemen, I did my best at that sad and anxious time to have the disease stamped out; I addressed one of our county members, and urged the impropriety of attempts at cure, and showed that no amount of private success could be otherwise than injurious to the public weal; for that the very process of cure must entail the spread of the disease.

I urged that the visitation was a national calamity, and should be met by a national tax; that it was not the agricultural interest which was alone involved; but that every member of the community, from the labourer upwards, would, in the price of meat, be affected, and that the drain on the public purse would be insignificant, if not imperceptible, if the pole-axe were resorted to in time. I endeavoured to impress upon him that it was the duty of the executive to anticipate and to guide public opinion, rather than be governed by it; and that, at the expense of present unpopularity, it should at once enforce such measures as superior information and intelligence dictated, and allow subsequent events to justify them. The gentleman to whom I thus applied endeavoured to influence others.



Time, however, travelled on, the disease extended; and the reply he then generally received was, "We are not going to pay for your losses in Cheshire."

The pole-axe system was then put in force, and killing was adopted with a view to compensation; but in very many, if not the majority of instances this was only done when the animals were at the point of death. As far as Cheshire was concerned all the misery and loss the disease could effect was accomplished; the infection was so general that no killing could save the remaining stock. The pole-axe system in Cheshire, at that time could only be of by advantage to those parts of the kingdom not yet invaded the disease; and those gentlemen who replied to my friend, "We are not going to pay for your losses in Cheshire," may yet pay the the penalty of their selfishness in the loss of their own herds.

One consequence of the disease has been the selling off of a large quantity of hay, which has been forwarded to other parts of the kingdom. As yet, no ill results seem to have followed; it may be that the hay, owing to the abundance of grass at this season of the year, has only been used for horses, and not for cattle. It is highly probable that much of this hay contains the fomites of the disease. Let us, however, hope that no ill results will occur. The face of Cheshire is completely altered by the disease; farms where cattle abounded are now stocked with sheep, for which our pastures are ill adapted. A loan of £300,000 has been obtained from the public purse to compensate those whose cattle were killed, and rates extending over thirty years will be levied to pay off interest and loan. Such a proceeding is simply a loan to the sufferers, to be returned by instalments. For two years nothing is to be repaid, for the simple reason that the farmers have not wherewithal to pay. Such is a short sketch of the progress and effects of the cattle plague in Cheshire by an eye-witness.

The subject of contagious diseases has always excited interest in Chester. The late Dr. Thackeray, whose name is connected with our principal charities, especially the Infirmary and Blue-coat School, was one of the early members of this Association, and to whose memory a monument has been erected by his fellow citizens in our picturesque cemetery, placed £50 at the disposal of the Association, as a prize for the best essay on fever. Another of the medical celebrities of Chester, Dr. Haygarth, at the end of the last century, with a view to the prevention of infectious diseases, inculcated the necessity of isolation in their treatment, and the adoption of fever wards. It is one of those matters of which the profession in Chester is naturally proud, that the views he so strenuously advanced and maintained, and which at the time were met by uncompromising opposition from many, are now generally adopted.

The cholera at present, more than any other disease, occupies public attention. On its last occurrence in Chester, the worst possible course was adopted with regard to it. The cases were treated, as they occurred, in the localities where they originated, spreading the disease around, and so continuing until it wore itself out. The authorities at present are fully warned against the danger of pursuing a similar plan, and are taking steps to insure, as far as practicable, the isolation and separate treatment of the disease. There is one point of deep interest connected with Chester as regards cholera, and has a direct connexion with the conclusions arrived at by Dr. Snow in his pamphlet on cholera, published in 1849 and again in 1855, and by the Registrar-General in the reports on the epidemics of cholera in 1848 and 1854. Dr. Snow showed that the cholera in London was more general in districts where the population drank water contaminated by sewerage than elsewhere. This was particularly the case with the notorious Broad-street pump, which, as supplying water of a pleasant, bright, sparkling character, though thus contaminated, was in general request. It was mentioned in the papers recently that the handle of this pump had been repaired, but happily Dr. Lankester has since interfered and ordered its removal.

The supply of water to Chester is derived from the River Dee within the tidal influence, the spring tides flowing some miles above the point whence the water is pumped. The water, however, is only pumped into the reservoirs, which immediately supply the city when the tide is out. This constitutes a source of objection to the present source of supply; there is, however, a still graver one to be urged, and this affects the very body in whose hands the interests of the community are lodged. In reference to this point I must mention that in the reports I have referred to the following facts are stated. I shall select provincial towns as specially bearing comparison with Chester. During the epidemic of cholera in 1832, 1000 cases occurred in Exeter, of which 347 were fatal; the water supply at that time was derived from the river, and was contaminated. In 1834 the water supply was improved, being drawn from the river two miles above the town, and when the epidemic of 1849 occurred, there were only 44 cases, and those chiefly amongst strangers. In Dumfries in 1832 and 1849, when the supply of water was both scanty and impure, the disease raged with fearful virulence; after the second visitation a better supply, perfectly free from taint, was procured, and in 1854 the place was very lightly visited by cholera. I might multiply similar cases, but those I have given sufficiently show the importance of pure drinking water.

In Chester, as in most other towns, we are dependent on a water company for the convenience and advantage of our water supply. The water, at the time of their establishment, was drawn from a point of the river above the city; but, with the extension of the city, houses have now been erected beyond it, and the company are at present laying down pipes extending above them. Complaints have not unfrequently been made against the Water Company, and this has been done by members of the Town Council, although there is a source of pollution of our river for which I believe the Town Council is responsible. Some fifteen years back, the sewerage of this city was remodelled. Difficulties present themselves in all undertakings; and the difficulty in this instance was the disposal of the sewerage. We have a sandy alluvial soil within easy reach of the city, thirsting for all the manure we can bestow on it, and certain to repay it in abundant crops; but, be this as it may, obstacles existed to obtaining an outlet, and, in consequence, the Town Council decided on discharging the sewerage of the city, yearly increasing in population, into the River Dee, but a short distance below the point whence the present water supply is obtained. At the point where the sewers enter the river, a bank of deposit is rapidly forming, and the tide passing over it necessarily carries upwards beyond the water works the influence to be exerted by the excreta of the inhabitants. I have ventured to call attention to this subject, because, after the experience of Exeter and other places, it will be interesting, should cholera invade the city, to watch its influence, and learn what, if any, may be the effect on the citizens resulting from this pollution of their river. I have often seen the dark iridescent pellicle due to it floating on the surface. The water supply of Chester is trammelled by the restrictions which ever apply when an article of such prime necessity for private individuals or the public good rests in the hands of a private company. The occupiers of low-rented tenements, unless the water be supplied through their landlords paying the water-rate (and this is by no means generally done), are dependent on surreptitious supply, or supply from private pumps and fountains; and the very houses and localities which, for the sake of the public health, stand most in need of cleansing and purification, are thus left without the means of effecting it. All sanitary reformers maintain that the supply of water should be free as air and light. The window tax being abolished, the time has arrived when, wherever practicable, the supply of water should, for the public good, be taken up by the local authorities, and a general water-rate levied, which would bring all the property of



the city under contribution, and make the supply a profitable one. In the interest of the public health, the plan of proceeding might be well urged on the Government, which would thus do something to counteract the ill effects resulting from the great facilities afforded for obtaining less innocent beverages.

When the diversion of the sewage from our lovely river is effected, and when the city takes into its own hands the supply of water to its citizens, so as to supply it to all, a great and most beneficial advance will have been made in our sanitary arrangements.

Gentlemen, in the remarks—the discursive remarks—with which I have opened this anniversary, I have avoided touching on the subjects to be treated by the readers of the addresses, who are so much better equal to dealing with them than I am. I have touched on some matters of local interest, but the more important business of the meeting I resign into other hands, and again thank you for the kind manner in which you have received me.

(To be continued.)

### THE BRITISH MEDICAL ASSOCIATION IN DUBLIN IN 1867.

We have much pleasure in stating that the British Medical Association has accepted the cordial invitation of the University of Dublin, of the King and Queen's College of Physicians, and of the Royal College of Surgeons in Ireland, to meet in Dublin in 1867. We are satisfied that the Association will meet with an Irish reception, which will, doubtless, be of the proper kind, under the Presidency of Dr. Stokes. We publish in this number part of the proceedings of the late meetings, including the President's Address; and we have to apologize for the non-appearance of several communications in consequence of the pressure on our columns from this cause.

## Notes on Current Topics.

**THE TREATMENT OF CHOLERA.**—The *Lancet*, in some recent numbers, contains a paper by Dr. Painter, "On the Theory and Treatment of Cholera." It is written with a strong conviction based on experience, that the theory of elimination is not a safe one in practice. He states that if he had seen no cholera his reason would be perhaps satisfied with the eliminative theory; but, having seen strong men drained of their fluids and dying in a few hours, partly at least from exhaustion, he would prefer a different treatment to attempting to purge out the poison. He would rather fit his theory to his practice as, at any rate, the safer, and adopts a theory for this as well as some other epidemic diseases, which he calls that of *conversion*. He contends that in typhus, for example, there is no evidence that all the poison germs are thrown out, although some may escape with the excretions and convey the disease. The greater portion of the poison is probably oxydized in the body, or otherwise converted, should the patient have sufficient power to effect it. Again, he argues that in cholera there may be nothing to throw out, as the deranging influence may be imponderable in its nature, and only effect, perhaps, the nerves; the diarrhœa arising from a peculiar derangement of nutrition.

But, granting that there be a material thing to cast out, he holds that it would be rational to endeavour to restrain the too rapid outflow that is likely to kill by exhaustion.

He advises instant arrest of diarrhœa previous to collapse by astringents and opium; but during collapse opium to be carefully withheld, and trust to be then placed in brandy, calomel, and cold water, the application of the "wet sheet." Nearly two-thirds of his collapsed cases recovered. He suggests, in regard to the contamination of water theory, that patients should be asked if they are beer or water drinkers. The inference is plain. If bad water be the only source of contagion, drinkers of beverages made of boiled water, as beer, tea, and coffee, ought not to suffer attack.

**THE ESK POLLUTION CASE.**—This expensive suit is now being heard before the Lord Justice Clerk and a special jury, and excites a great amount of interest. The action is brought by the proprietors on the banks of the River Esk, the Duke of Buccleuch, Lord Melville and others, against the paper makers, whose mills are said to have so polluted the stream as to render its water totally unfit for domestic purposes. The stench which now arises from the river is declared to be abominable and unhealthy, and the object of the action is to interdict the paper manufacturers from allowing the refuse of their works to flow into the river. A large number of medical and scientific gentlemen have been summoned as witnesses, including Professors Christison and Maclagan of Edinburgh; Miller of King's College, London; Penny of Glasgow; Drs. Gamgee and Crum Brown of Edinburgh, &c. &c.

**URQUHART v. BONNAR.**—This case which has been so often alluded to in these columns, was tried for the third time before Lord Brough and a jury on Monday and Tuesday last week, and the verdict, which on this occasion was unanimous, was again in favour of the pursuer. The jury found that the assignation of the life policy had been signed by the deceased John Urquhart when he was under essential error as to its nature and effect, induced through undue concealment on the part of the defender Dr. Bonnar. We trust that this may be the last we shall hear of this tedious and painful case.

**THE RIVER LEA.**—The report of the Registrar-General directing attention to this water has produced a somewhat animated correspondence in the daily papers. It was to be expected that the company supplying this water would say all that could be said in its favour, and, to do them justice, analysis has shown their water to be equal to that of other companies. But the force of the epidemic continues to be spent in the district drinking their water, and from a careful examination of the charges brought and the replies offered, we feel that it is by no means certain that the water could not have been contaminated. We are, therefore, glad to learn that the Metropolitan Board are actively erecting a temporary pumping station, in order to divert some of the sewage. Further, a quantity of water from the Thames has been let into the Lea, from which an improvement in its condition may be anticipated. At the meeting of the board Mr. Bazalgette stated that £250 a week was being expended in deodorization.

**THE NEW PUBLIC HEALTH ACT OR THE SANITARY ACT, 1866.**—This important measure, to which we alluded in our last issue but one, has received the Royal assent. It contains many important and valuable provisions, and will go a long way towards placing our sanitary regulations on a sound basis. The Act, containing sixty-nine sections, is divided into four sections (with two schedules), and is to be



cited as the "SANITARY ACT, 1866." Its chief characteristic is that of rendering compulsory many things that have been hitherto more or less optional. Thus, inspection of districts to ascertain the existence of nuisances, prosecutions for such nuisances, provisions for good water supply and good drainage are no longer to be left to the option of the local authorities, but are from this date obligatory upon them. A more detailed analysis of the Act will be furnished our readers in the next number of THE MEDICAL PRESS AND CIRCULAR. In this column we have only to express our gratification that the Bill has become law, and our approval of many of its provisions, among which we may particularly cite the clause empowering any twenty inhabitants of a district to appeal to the Home Secretary on sewage matters; that enabling any nuisance authority, on the certificate of any legally qualified medical practitioner, to order premises to be cleansed or disinfected; those regulating the conveyance of persons suffering from infectious diseases; those for the prevention of overcrowding, and for closing cellars used as dwelling places; for founding hospitals for the sick, and suitable places for the reception of dead bodies. There are numerous other provisions, all deserving careful analysis, and the fourth part of the Act (with the first schedule) is devoted to the application of the measure to Ireland.

**LONDON WATER SUPPLY.**—No time could be more favourable for bringing forward the subject of a better water supply for the metropolis, and we trust that this national object may be attained in spite of the vested interests, which are likely to oppose every proposal. It is stated that surveys are now being made with a view to seeking an Act of Parliament, to divert and utilize all the sewage of the towns on the Severn above Tewkesbury, and taking water just above that town, convey it to reservoirs about nine miles off, at such an elevation as will allow the water to pass from the reservoirs to London, delivering it a sufficient height to afford a constant supply at high pressure. It is hoped that the continual flow of the water such a distance would tend to oxidize any organic impurities. The cost of this undertaking is estimated at £3,000,000, only one-third the amount of the Welsh project, which found favour with some persons. Another scheme is to obtain a supply of water from the sources of the Wye, which drain the districts in the vicinity of the Plymlym range, where there is a yearly rainfall of seventy inches. The cost of this plan would be some £5,500,000. Other proposals will no doubt be coming forward. No more important subject could have the attention of our engineers and the public. Whatever the cost London ought to be supplied with pure water in a manner to obviate the least chance of sewage contamination. Every house in the metropolis should be furnished with such water. It is time to put an end to the monopolies of mere commercial speculations, and make the supply of water the duty of some such body as the Metropolitan Board of Works.

**CHOLERA MIST.**—In a remarkable letter to the *Times* the Astronomer Royal calls attention to a peculiar blue mist that he had observed in Greenwich Park during the prevalence of the cholera epidemic in 1854, and which has again made its appearance. Mr. Glaisher says, that "no meteorological choleraic conditions had been present up to July 22." After this he was away, and on his return to the Observatory, on the 30th July, he at once saw the same phenomenon that he had remarked in September, 1854. He says he has "examined the atmosphere daily for this blueness, particularly during the last twelve months, and never seen anything like it since 1854." The peculiarity of the mist is its permanence, for, while ordinary mists pass away with a wind pressure of half a pound per square foot, this remained for a whole week,

with wind blowing for sixty or seventy hours together at a pressure varying from a quarter of a pound to nine pounds per foot.

Mr. Glaisher has also observed a yellow mist "connected with the prevalence of scarlatina."

The observations of a man like Mr. Glaisher are not likely to be neglected, nor are they open to the objections that might be urged against those of inexperienced scientific observers. Mr. Lowe, from his observatory near Nottingham, writes to say, that his attention had been attracted to a similar appearance, of which he had taken special notice, "thinking it possible to be a comet detained by the earth's attraction." Nor is this the first occasion of this phenomenon being described as possibly connected with cholera, for Dr. Cooper described a "thin transparent bluish haze hanging over the spot, and not affected by the wind," as having been noticed by persons on board our men of war at Varna, just before the outbreak of the cholera there, as well as at St. Christopher, "just prior to the outbreak of the disease in that island in November, 1854."

The subject is very interesting, and if at first somewhat startling, is worth the notice of other observers, which Mr. Glaisher asks for.

**GRADUATION IN MEDICINE (EDINBURGH).**—The ceremony of graduation in medicine took place on Wednesday last in the Assembly Hall. The venerable principal, Sir D. Brewster, presided, and Dr. Christison addressed the graduates on "The Constitution and well-being of the Medical School of the University." There was a large attendance of professors and of the general public, every part of the large hall being completely occupied. The degree of M.D. was conferred on twenty-one candidates; the degrees of Bachelor in Medicine and Master of Surgery on thirty-nine; and the degree of Bachelor of Medicine alone on three gentlemen. The following is a correct list of the candidates, with the titles of their theses, &c. :—

*Candidate who received the Degree of Doctor of Medicine under the new Statutes.*

Groves, Charles H., B.A., M.B., and C.M., England.

*Candidates who received the Degree of Doctor of Medicine under the old Statutes.*

Allshorn, Adolphus Hahnemann, England. On Tubercular Meningitis.

Briggs, Edwin Adam, England. On Mercury, its Cholagogic Action.

Cowie, Robert, M.A., Shetland. On the Inhabitants of the Shetland Islands.

Crane, Charles Albert, England. Some Remarks on French Hospital Practice.

Henderson, William Patrick, Tuscany. On Acute Hydrocephalus.

Hewan, Archibald, Jamaica. On Malarial Poisoning.

Jones, James, England. A Report of Certain Cases in the Clinical Wards, Session 1865-66.

McDowall, Thomas William, Scotland. On Tumours of the Jaws.

McNab, William Ramsay, Scotland. On the Development of Leaves.

Miller, Andrew, England. On Uric Acid Gravel.

Moniot, John Adolphe, East Indies. On the Diseases of Joints.

Murray, William Berkeley, Barbadoes. On the Hereditary Transmission of Disease.

Rawlings, Joseph Henry, England. On some Cases of Albuminuria.

Ritchie, Alexander Ramsay, Scotland. On a New Modification of Ecraseur, and its application to Decapitation of Fœtus in Crossbirths.

Thomson, John Robert, Scotland. Clinical Observation, illustrating some Forms of Hepatic Disease.



Watson, George, Scotland. On Ovarian Dropsy.  
 Weston, George Blyth, South Carolina. On Yellow Fever.  
 Whittle, Alfred, England. On Typhus Fever.  
 Williams, William Jones, Wales. On Wasting Palsy, or Progressive Paralysis.  
 Wright, Robert Temple, England. On the Fœtal Pulse-rate, as a Means of Predicting the Sex.  
*Candidates who received the Degrees of Bachelor of Medicine and Master of Surgery.*  
 Aldren, Robert, England. On an Epidemic of Small-Pox.  
 Anderson, David Hawley Burn, Scotland. On the Action of Remedies.  
 Anderson, Francis Henry, Jamaica. On Pyæmia.  
 Andrew, James, Scotland. On Apoplexy.  
 Bent, John Francis Vincent, England. On Diphtheria.  
 Brown, Joseph, Scotland. On Enteric Fever.  
 Brunton, Thomas Lauder, Scotland. On Digitalis, with some Observations on the Urine.  
 Cadell, Francis, Scotland. On Cataract, and the Operations for its Removal.  
 Downie, Kenneth Mackenzie, Scotland. On Excision of Joints.  
 Drummond, Alexander, Scotland. On Tedious Labour.  
 Fulcher, George Frederick, England. On the Change of Type in Disease.  
 Gell, Thomas Silvester, England. On Urethritis, and its Complications.  
 Gordon, John Mackenzie, Scotland. On Acupressure.  
 Hair, Philip, Scotland. Observations on the Arrangement of the Muscular Fibres of the Alligator.  
 Howells, Thomas, England. On the Excision of the Knee-joint.  
 Hunter, William Brown, Ireland. On Hygiene.  
 Husband, Henry Aubrey, Jamaica. On the Treatment of Nervous Affections following Gunshot Wounds and other Injuries.  
 Lowe, George May, England. On the Structure, Relations, and Functions of the Ligamenta Rotunda Uteri. On the Diagnosis and Treatment of the Retained Menses. On the Occurrence of a peculiar Crystalline Substance in a certain form of Dilatation of the Bronchi.  
 Macbeth, John, M.A., Scotland. The Influence of the Nervous System on Nutrition.  
 MacLaren, George Gilbert, Scotland. On Rheumatic Fever.  
 Malins, Edward, England. On Fatty Degeneration of the Placenta.  
 Moir, John Wilson, Scotland. On Excision of the Knee-joint.  
 Moon, Charles, Scotland. On the Pathology, Symptoms, Diagnosis, and Treatment of the Gastric Ulcer.  
 Munro, William, Scotland. Moral Insanity, with especial reference to its Manifestation as Kleptomania and Dipsomania.  
 Paterson, Alexander, M.A., Brazil. On Typhus Fever.  
 Pullar, Alfred, Scotland. On Glaucoma, its Nature and Treatment.  
 Ramsay, James, M.A., Scotland. On Syphilization and the Syphilitic Virus.  
 Rhind, John, England. On Stricture of the Urethra.  
 Sharp, David, England. Additions to the Catalogue of Scottish Coleoptera.  
 Shaw, Robert, Scotland. On Cutaneous, or Exanthematic Typhus Fever.  
 Smith, John, Scotland. On Aneurism.  
 Steven, Alexander, Scotland. On Angina Pectoris.  
 Stewart, William, Scotland. On Fistula in the Genito-Urinary Organs of the Female.  
 Stolterforth, Henry, M.A. Cantab., England. On the Influence of the Mental Faculties both as a Cure and Cause of Disease.  
 Sykes, Walter John, England. On the Human Voice.  
 Symes, William Henry, England. On Accommodation of the Eye.

Trentler, William John, Bengal. On the Evolution of Light from the Living Bodies of Man and the Lower Animals.

Watson, John, Douglas, Scotland. On the Poison-resisting Power of the Hedge-Hog.

Yarrow, Thomas, Scotland. The Pathology, Complications, and Connexions of Rheumatism.

*Candidates who received the Degree of Bachelor of Medicine.*

Buchan, Peter, Scotland. Ileus, its Pathology and Treatment.

Haughey, Alexander Richardson, Ireland. On Asthma.

Wigg, Henry Carter, England. On the Physiological Action of Nitro-Benzole.

A Gold Medal has also been awarded to Mr. Franklin Gould, for his thesis "On the Thermometer in Disease;" but as he has been unexpectedly called to go abroad, the conferring of his Degree, and the presentation of the Medal, are unavoidably postponed.

## Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.---The following Members of the College, having undergone the necessary examinations were admitted Licentiates in Midwifery, at a meeting of the Board on the 1st inst. :—

Butler, Wm. Harris, Old Charlton, Kent; diploma of Membership dated July 25th, 1865.

Cresswell, Richard, Lewisham, Kent; May 10th, 1866.

Edmonds, Chas. George, Southampton-street, Canberwell; May 9th, 1866.

Folkes, William, Dukinfield; May 9th, 1860.

Hay, Thomas Bell, L.S.A., Caledonian-road; July 25th, 1866.

John, William, Haverfordwest; April 26th, 1866.

Loane, Joseph, Dock-street, Whitechapel; May 8th, 1866.

Macdonald, John, Kilderminster; L.R.C.S.E., August 6th, 1858, and L.R.C.P.E., October 4th, 1864 (not a member).

Monckton, William, Brencley, near Tonbridge; April 26th, 1866.

Moore, George, Birmingham; July 24th, 1866.

Pryce, Richard Matthews, L.S.A., Caersws, Montgomeryshire; July 26th, 1866.

Quick, John, Penzance; May 8th, 1866.

Robinson, Richard Holt, Manchester; May 10th, 1866.

Spencer, George Othwaite, Upper Gordon-street; April 26th, 1865.

Wey, William John, Plymouth; May 7th, 1863.

The following gentlemen, having undergone the necessary examinations, received their diplomas in Dental Surgery at a meeting of the Board of Examiners on the 2nd inst. :—

Apperly, Ebenezer, Stroud, Gloucestershire.

Bartlett, William Penny, Kensington-park-terrace.

Harding, Thomas Henry G., Park-square, Regent's-park.

Lanc, Edwin Frederick, Bedford-place, Russell-square.

McAdam, George C., Hereford.

Oliver, John Cardell, Cardiff.

Read, Thomas, Holles-street, Cavendish-square.

Tracy, Nathaniel, Ipswich.

West, Edward Byatt, New Broad-street.

Williams, William Caleb, North Petherton, Somerset.

APOTHECARIES' HALL.---The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 2nd inst. :—

Argent, Samuel, South Molton-street, W.

Charlton, Alfred, Tonbridge.

De la Cour, George Francis, Chatham.

Folkes, William, Dukinfield.

The following gentlemen also on the same day passed their first examination :—

Burroughs, Thos. John, Guy's Hospital.

Davies, Wm. Richd., University College Hospital.

Dukes, Clement, St. Thomas's Hospital.

M. SIMONIN writes to the French Academy of Sciences to confirm a statement made by M. Maland, that he had discovered gold deposits in the department of the Marne. M. Simonin adds that he has found gold on the other side of the Cevennes, whence, he thinks, the ancient Gauls drew all their supplies of the precious metal.

RECENT letters from New Zealand allude to considerable deposits of bismuth in combination with copper, and state that an economical method of separating the metals has been devised by some one interested in the discovery.

FROM the Cape the news of considerable discoveries of gold is confirmed in the latest advices.

It is reported that the Prussian troops stationed near Brunn are sorely afflicted with cholera and typhus.



## Notices to Correspondents.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Can an L.K.Q.C.P.I. style himself M.D.Surg. on his hall-door, and, if illegal, would an action lie against him or any other individual for giving M.D. to a person?—for example, in a newspaper, &c., who might not be entitled to same?—Yours, &c., L.R.C.S.I.

He cannot *legally*, and therefore should not style himself M.D., unless he be a graduated Doctor in Physic. We are not aware that any ground of action would lie against one who might address an unqualified person as M.D.—Ed.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly answer the following questions in your next issue:—The Master of the Rolls in Ireland having decided that the L.K.Q.C.P.I. can use the prefix of Dr., and the College of Physicians Ireland, state that they admit to the "licentiate and doctorate of medicine," can the licentiate style himself M.D., L.K.Q.C.P.I.?

Is the holder of the above licence, possessing a surgical diploma, qualified to hold a poor-law or other appointment as if he were a L.S.A.!?—Yours obediently, BIRMINGHAM.

Is our Correspondent sure that the Master of the Rolls decided as he says? The form of license now given by the Irish College of Physicians does not give the expression "Doctorate of Medicine." Our Correspondent refers to the form in use shortly before the legal decision above quoted. The College interpretation of the prefix "Dr." will be found on page 18 of the Register of 1866. A Licentiate cannot style himself M.D.; but if he be also qualified in Surgery and Midwifery, and if he be 23 years of age, he can hold any poor-law appointment in Ireland; and, as a physician, he can hold any other appointment which "a duly-qualified physician" may hold in the Queen's dominions. Exceptional legislation may, in some cases, provide that the holder of a given place must be L.S.A. In such a case, of course, nothing but L.S.A. will do; but this cuts both ways: for example, no one can be physician to an Irish County Infirmary except he be a Licentiate of the Irish College of Physicians. See Register, above noted, page 12. We recommend our Correspondent to get this book from Messrs. Hodges and Smith, Dublin.

*The Hospital for Consumption, Brompton.*—The notice is inserted.

*Neophyte.*—Carbolic acid or phenic acid is one of the products of the distillation of coal-tar, and is somewhat analogous in its properties to creasote. It has considerable antiseptic powers, and is now being employed rather largely, both externally and internally, in the treatment of cholera.

*Inquirer.*—The name of the person mentioned does not appear in the present volume of the Medical Directory.

*Mr. J. B.*—Valerianic acid is prepared for medical purposes from fousel oil, which is one of the amyl compounds.

## Appointments.

- DR. JENNER, F.R.S., has been appointed Consulting Physician to the Hospital for Diseases of the Throat, vice Dr. Babington, deceased.
- J. C. BROWNE, M.D., M.R.C.S.E., Medical Superintendent of the Newcastle-on-Tyne Borough Lunatic Asylum, has been elected Medical Superintendent and Director of the West Riding of Yorkshire Lunatic Asylum at Wakefield, vice J. D. Heaton, Esq., appointed Commissioner in Lunacy.
- A. COLEMAN, M.R.C.S., L.D.S., &c., has been appointed Lecturer on Dental Surgery at St. Bartholomew's Hospital.
- R. HODDLEY, M.D., has been elected Assistant House-Surgeon to the Halifax Infirmary, vice J. McC. McWilliams, promoted House-Surgeon.
- F. W. LOWNDES, M.R.C.S.E., has been appointed Resident Surgeon to the Birmingham and Midland Counties Lying-in Hospital and Dispensary for Diseases of Women and Children, vice A. Veitch, M.D., resigned.
- DR. M. MACKENZIE has been appointed co-Lecturer on Physiology at the London Hospital.
- J. G. MACKINLAY, L.R.C.P.L., M.R.C.S.E., late Resident Medical Officer to the Charing-cross Hospital, has been elected Medical Officer to the Brentford Union Infirmary and the District of Isleworth and Brentford, vice J. Mackinlay, M.D., deceased.
- J. McC. McWILLIAMS, M.R.C.S.E., has been appointed House-Surgeon to the Halifax Infirmary, vice Mr. T. J. Pawcitt, resigned.
- S. PARKER, M.R.C.S.E., Surgeon to the Sheffield Public Hospital and Dispensary, has been appointed Surgeon to the Sheffield General Infirmary.
- W. WIGHTMAN, M.D., has been appointed Physician to the Halifax Infirmary, vice M. S. Kenny, M.D. deceased.
- MR. R. ALLEN has been appointed Medical Officer for the Towcester District and the Workhouse of the Towcester Union, Northamptonshire, vice T. Collier, M.R.C.S.E., resigned.
- T. H. BARNES, M.D., has been appointed House-Surgeon to the Loughborough Dispensary, vice A. Jones, M.R.C.S.E., resigned.
- E. H. BIRKENHEAD, D.Sc. Lond., has been appointed Lecturer on Chemistry at the Liverpool Royal Infirmary School of Medicine.
- G. N. COLLYNS, M.R.C.S.E., has been appointed Medical Officer for the

- Tedburn St. Mary District of St. Thomas's Union, Devon, vice J. A. Edwards, M.R.C.S.E., resigned.
- B. ARCHDECKER DUNCAN, L.R.C.P.Ed., of Gower-street, Bedford-square, has been elected a Fellow of the Royal Society of Literature.
- H. B. MARSH, L.R.C.P.Ed., has been appointed Medical Officer for District No. 3 of the Upton-on-Severn Union.
- W. MATTERSON, M.D., has been appointed Physician to the York County Hospital, vice W. E. Swaine, M.D., resigned.
- C. A. NEWNAM, M.R.C.S.E., has been elected Surgeon to the South Staffordshire General Hospital and Wolverhampton Dispensary, vice F. A. Nesbitt, F.R.C.S.E., deceased.
- W. S. SAUNDERS, M.D., has been elected Medical Officer of Health for the City of London Union.
- W. J. TATTERSALL, M.R.C.S.E., has been appointed Physicians' Assistant at the Royal Infirmary and Dispensary, Manchester, vice T. Leads, M.R.C.S.E., resigned.
- W. THOMSON, M.D., has been appointed Medical Officer for the Annahilt Dispensary-District of the Lisburn Union, county Antrim, vice W. Rutherford, C.M.Glas., deceased.

## BOOKS RECEIVED.

- On the Rational Employment of Mercury in the Treatment of Syphilis. By Dr. Coloniate Meredyth. Hardwicke.
- Cholera Non-Contagious. By Edwin Hearne, M.B. Southampton: Gutch.
- The Antidotal Treatment of the Epidemic Cholera. By John Parkin, M.D. London: Churchill and Sons.
- On Epidemic Diarrhoea and Cholera. By George Johnson. London: Robert Hardwicke.
- Search by \_\_\_\_\_ London: Booth.
- The New York Medical Journal. Vol. iii.
- Army Hygiene. By Charles Alexander Gordon, M.D. London: John Churchill and Sons.
- Wine as it should be. By James L. Denman, Piccadilly. Free on application.

## Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

### BIRTHS.

- On the 12th ult., at Rathmines, the wife of W. H. Cruice, Surgeon R.N., of a son.
- On the 20th ult., at Clifton, Bristol, the wife of Dr. Martyn, of a son.
- On the 26th ult., at Stickney, Boston, Lincolnshire, the wife of P. Maxwell, M.D., &c., of a daughter.
- On the 27th ult., at the City of London Lunatic Asylum, Stone, near Dartford, the wife of Octavius Jepson, M.D., of a daughter.
- On the 30th of June, at Tranquil House, Morro Velho, Brazil, the wife of John McIntyre, M.B., M.C., of a daughter.
- On the 1st ult., at Colaba, Bombay, the wife of John Reynolds, M.D., L.R.C.P., &c., of a son.
- On the 25th ult., at York-road, Lambeth, the wife of F. Blackman, M.R.C.S.E., of a son.
- On the 26th ult., at Stickney, near Boston, Lincolnshire, the wife of Peter Maxwell, M.D., of a daughter.
- On the 29th ult., at Iver, the wife of W. W. Leadam, M.D., of a daughter.
- On the 5th inst., at Ardee, county Louth, the wife of Thos. Jas. Moore, M.D., of a daughter.
- On the 7th inst., at Edgbaston, Birmingham, the wife of B. W. Foster, M.D., of a son.

### MARRIAGES.

- On the 24th ult., at Stapleford, Cambridge, Richard Edwin Ruffe, M.R.C.S., L.S.A., of Bingley, Yorkshire, to Lucy, youngest daughter of W. Baker, Esq., of Stapleford.
- On the 26th ult., at the Parish Church, Snettisham, Norfolk, Hutchins Williams, M.R.C.S.E., L.R.C.P.Ed., &c., Surgeon Peninsular and Oriental Company's Service, son of the late Hutchins T. Williams, Esq., of Dublin, to Ellen Harriet, daughter of the Rev. John Colclough, M.A., Vicar of Snettisham.
- On the 2nd inst., at St. Stephen's Church, Dublin, George Cochet Chesnaye, F.R.C.S.I., L.K.Q.C.P.I., H.M.'s Bengal Medical Staff, to Mary, daughter of Robert Roberts, Esq., Chief Transfer Officer, Bank of Ireland, Dublin.
- On the 2nd inst., at Freshwater Church, Isle of Wight, George Ralph Tate, M.D., Assistant-Surgeon, Royal Artillery, to Sophia, eldest daughter of David Way, Esq., of Afton, Isle of Wight.
- On the 7th inst., at Lansdowne-crecent, Glasgow, Edward Turner Smith, Esq., eldest son of J. Fairfull Smith, Esq., W.S., to Margaret Eleanor, elder daughter of the late Peter Fullarton Watt, M.D., of Demerara.

### DEATHS.

- On the 19th ult., G. Walker Skinner, M.R.C.S.E., of Sheffield, aged 25.
- On the 20th ult., at Crawford Villa, Spring-grove, Denis Cronin, M.D., late of Bruton-street, Berkeley-square, aged 59.
- On the 20th ult., Chas. Otter Gilby, M.R.C.S.E., of Brewood, Staffordshire, aged 46.
- On the 23rd ult., Dr. Frederick Drought, of Richmond, Fairview, Dublin, aged 78.
- On the 23rd ult., Edward Young, M.R.C.S.Eng., late of Highbury-grange, formerly in the H.E.I.Co.'s service, aged 52.
- On the 27th ult., at Queen-street, Cheapside, the wife of Wm. Clapton, F.R.C.S.E., of a daughter.
- On the 29th ult., at Montagu-square, the wife of R. E. Dudgeon, M.D., of a daughter.
- On the 24th of May, at Strathalbyn, South Australia, Dr. Sinclair Blue, late of Bridgton, Glasgow.
- On the 27th ult., at Paris, Charles Higgins, M.D., Knight of the Legion of Honour, aged 60.

ERRATA.—In Dr. Travers' paper on "Poisoned Blood," page 162, line 7, supply "gout"; line 15, for "qui," read "que;" line 53, for "l'a," read "c'a;" for "pour," read "par."



## London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

### THE ADDRESS IN SURGERY.

DELIVERED AT THE ANNUAL MEETING OF THE BRITISH  
MEDICAL ASSOCIATION,

*Held at Chester,*

ON THURSDAY, AUGUST 9TH, 1866.

By WILLIAM BOWMAN, Esq., F.R.S.

MR. PRESIDENT AND GENTLEMEN,—Surgery has always been that department of the Healing Art which most strikes the imagination of mankind, and secures their admiration, by prompt, dexterous interposition, in obvious and great perils, where life or limb is jeopardised, when the ignorant or timid are ready to despair, or the disease seems too terrible and deadly to be controlled. One now steps in, holding in his hand the talismanic charm of knowledge, with skill to find and courage to touch, for their correction, the hidden springs of life, and in a few moments how altered is the scene. The poor sufferer, a weeping family, or, it may be, a nation in deep anxiety, is relieved; and gratitude, the most precious human tribute for so great a benefit, so opportunely conferred, mingles with the respect and almost veneration that greet the successful operator.

Pardon me, if I avow, arrived at middle age, that my boyish ambition—not far from this *Castrum* of the old Romans, and under the inspiration partly of one still among us (my father's friend), partly of others to whom I am even more deeply beholden—was to be a great surgeon. And though I am able thankfully to acknowledge a gradual diversion of my lot in life away from this dream of earlier days, I yield to none in my regard for the eminent dignity of the surgical art, concerned, as it is, with some of the dearest earthly interests of mankind and certain to rise more and more in their esteem as they become more capable of weighing things and men by the true and real standard of *their usefulness*. For I see no reason to doubt that future ages will still accept the pious saying of one of old, that surgery is the hands of God: the human hands, apt images and reflex of man's whole being, from his morning hour of puling helplessness, when the

"Tender palm is prest  
Against the circle of the breast;"

through all his working day of time; until they at last shall be upraised once more in joy and adoration, to hail a brighter and an eternal dawning; the human hands permitted now through insight into God's laws, to be the saving instruments of that earthly life and organization, which His power, wisdom, love, having first brought into being, still alone both sustain and cause to perish when their part is played; of that organization which dies every hour it lives, which indeed dies by living and lives by dying, and which wondrously transmits ever its own prerogatives and dark secrets to a succeeding life, destined apparently to remain a marvel and a mystery impenetrable to all generations.

A general survey of the present state of the Healing Art in those countries that most represent the recent progress of mankind, may well incline us, on an occasion such as this, to outstep the narrow limits of the specialty of surgery, to which, indeed, our precedents do not confine us, and to inquire whether we be not in some danger in England now, amid the multitudinous divergencies and details of modern practice, of losing sight, in some measure, of the essential unity that pervades our whole work of healing in the world; and further, whether we do not

need to hold more to this central idea of unity, in order, by greater concentration of our powers and agencies for good, more effectually to promote the proper objects of our great profession, by better directed common efforts than in times past.

And can such a theme be more appropriately handled than before an Association which is, up to the present moment, the only visible upholder and representative of the comprehensive unity of all ranks and degrees of healers in this country, and which has been for many years working towards the realization of it.

Let us, then, spend a short time in tracing, if we can, the scope and meaning of this work of ours, which interests ourselves so very closely, and our fellow-men hardly less. And for this purpose our past history shall first be adverted to, so that we may gain, as from a distance, a more general and a juster view of our whole position.

With the earlier developments of the art in remote ages we are little concerned, except to observe that the same simplicity of conception which we now find among our less instructed countrymen, implied in their respectful customary epithet of "doctor" addressed to us all alike, regardless happily of university-acquired titles of too motley import and of modern Acts of Parliament—this same simplicity of conception would probably more apply to the healers of a dawning civilization, who, though they then, as now, must have failed in any instance to embrace all knowledge and all the powers of treatment, yet could hardly have been other at first than general practitioners.

Probably the state of the healing art (if so it can be called) in various savage tribes, and among the antique and decrepit communities of the East, only now being awakened out of the torpor of tens, perhaps of hundreds, of centuries, by the rude shock of contact with modern European forces, may exhibit to us, not inaptly, what it once was among ourselves. Certainly the early growth and moulds of our profession must have been natural, not fostered by artificial means; except indeed where the policy of chiefs, or the craft of a pagan priesthood, may have warped them to their purposes. But generally, where individuals evinced or professed an aptitude, opportunities of experience would be rife enough; and according to the nature and variety of these would be the developments of knowledge and the divisions of practice.

In later ages the elaborate civilization of the Greeks and Romans, and subsequently of the Arabians, was manifested scarcely less in their knowledge of healing than of other useful arts, as their extant writings attest; it being reserved, however, undeniably for Christianity to elicit first among mankind the true spirit, as well as the right exercise of the art, in the institution of hospitals and asylums, and of nursing brotherhoods and sisterhoods for the sick and maimed.

But indeed, although the practice of surgery in particular must have reflected, like other arts, the prevalent temper and ideas of those times, and may have been often rude, coarse, and indiscriminating, based on loose surmises, false analogies, or on prejudices or fancies altogether absurd, hence becoming what we might now be inclined to call unfeeling, even cruel; yet always, its aim being, beneficent, its tendencies must have been so too—a humanizing art, intervening on the side of mercy and pity, even in the wildest hours of savagery or war.

Turning to Britain and the dark ages, haply our chirourgeons were a sorry set, who carried out lamely the despised manual part of treatment, under the direction of an order of men, by priestly office or by education and social rank, above them, to whose authority they bowed; a set of men misnamed learned, ready in every difficulty to quote Galen without understanding him, and generally more ignorant than the poor handicraftsmen they controlled; men whose word could seldom be questioned, never gainsaid, though from the falseness of their principles, they could never advance one step in true knowledge.

It was probably war, ever recurring war, that raised a few individuals from time to time into greater prominence



and credit as surgeons; for the powerful leaders of armies must have often experienced the benefits of surgical treatment, and in extremities of danger the surgeon must needs have taken a position in the esteem of multitudes which those would miss who could not, or would not, staunch a wound or save a life by operation. And it is inconceivable that, even in those half barbarous times, the greater sort of minds among the body chirourgeons of emperors and kings should not have emancipated themselves from the obviously absurd relationship implied in their being merely the manual executors of the dictates of other men, whose fantastic pedantry and real ignorance of the practical part they must necessarily have contemned.

And in civil life a counterpart was seen. Isolated students in convents, cullers of simples, ignorant travelling quacks and mountebanks, bone-setters and leeches, flitting formless creatures in the twilight time. Then came the guild of herbalists and barber-surgeons. Then from our universities, especially on the revival of learning, physicians, with a truer scholarship and more open minds, to whom all mankind must ever acknowledge themselves indebted—men competent to hold their place, even in that age of crudition, with the most exalted dignitaries in Church and State, and still maintaining, probably on that very account, their old superiority in station over their less learned chirourgical brethren.

But now here and there a real surgeon rose; bold, perhaps prurient also; successful in grand ventures; starting the popular imagination by some marvellous cures of deep painful disorders or of portentous aspect till then deemed incurable. Thus operative surgery in great cities became the surgery of the greatest practitioners, and oftentimes overtopped and overshadowed the reputation of learned *medici*, causing no doubt jealousies, which we know to have been keen, but which we may now all the more afford to smile at, as we are certain none such exist amongst ourselves. Surgery thus became studied more and more by a class, as its prizes were great, and some men seemed by tastes and natural gifts more fitted to shine in it. It became an elaborated art, founded on observation of anatomical relations, both healthy and morbid. It began to have a distinct literature, and a body of rules and precepts, which were the subject of public debate, and were traditionally transmitted. Its professors increased in numbers and breadth of aim; they even shared with the most skilful physicians in cultivating the knowledges (hardly sciences as yet) which pertain to the healing art; and, to draw nearer to our own day, they have within the last hundred years, in this as well as in all civilized countries, borne an equal, in some instances a transcendent share in enriching and extending the whole field of medicine.

But I am not here, gentlemen, to say flattering things of one department of our art to the disparagement of another. Nothing could be more remote from my intention. On the contrary, I desire to speak the truth only; to show our common aims and victories, and to vindicate the common bond that unites us all.

And for this, I must still ask you to revert with me for a moment to the Tudor times.

We are tolerably well acquainted with the state of practice in our own metropolis in that day, when some of the most eminent revivers of learning, of whom England is rightly proud (though some of them were favourites of a court paid by Church sinecures), established an institution, since become venerable, which in those days fought a hard, and, it must be added, a successful battle with the surgeons before the Lord Mayor of London and other of the Queen's delegates (the more enlightened Master of the Rolls and the Bishop of the diocese bringing, we are told, many imposing arguments on the surgeons' part) for the right and privilege of alone prescribing in surgical cases inward medicines (and such medicines!); when the apothecaries' shops, no less than the chirourgeons' instruments, were still to a large extent under their control; and when, for example, one unhappy John Luke, *ocularis medicus*, receiving a faculty to treat diseases of the eye, was strictly

limited to the use of external means, and forbidden all internal remedies, by whatever avenue they might be introduced, except under the advice of some learned and experienced physician accredited by the College.

All these grave and learned men played their part well, however, according to their light. They upheld amongst the highest and most cultivated of the land, as we gladly acknowledge their successors do at this day, the dignity of the profession and pursuit of healing. And if they did not plant this dignity in its true seat, knowledge of the frame that is most noble on this earth, and knowledge for the sake of usefulness to suffering man; if they sometimes stifled thought, as when they caused one of their number to recant, who had had the temerity to maintain that Galen was capable of error; we may remember what they did to introduce anatomy into England and to advance surgery itself. Receiving from Lord Lumley an endowment under the great seal for a surgery lecture in the College, they "most thankfully accepted so honourable and generous a donation, and built rooms more ample and spacious for the better celebration of this most solemn lecture." And from amongst them sprang one, whose well-known services to our common calling and to mankind can never be adequately honoured, particularly for the prescient, penetrating, comprehensive character of his intellect, and the clearness of his perceptions—whose name will descend to the latest posterity amongst the greatest of English worthies.

William Harvey was Professor of Anatomy and of *Chirurgery* to the College of *Physicians*. His character was every way grand. The main feature of it was a supreme love of truth, and an intense longing to penetrate the secrets of organic nature; and for this he asserts always the right and the duty of going straight to the fountain-head of nature herself, acknowledging no master in things natural, but facts and the evidence of the senses. Modest, gentle, unselfish, courteous, not covetous of honours, he was fearless in asserting new truths, believing in their own native power to live and fructify; slow to controvert errors, knowing that they would disperse of themselves, and that narrow and prejudiced minds would cease to cavil when the clearer light should have time to blaze forth. Withal he had that deep reverence for the Author of Nature which springs unbidden from the contemplation of man's own littleness amid works so mighty and so minute. How profound a truth he beautifully proclaims when he says: "If you will enter with Heraclitus in Aristotle into a workhouse (for so I will call it) for inspection of viler creatures, come hither, for the immortal gods are here likewise, and the Great and Almighty Father is sometimes most conspicuous in the least and most inconsiderable of His creatures!"

The torch of Harvey was lighted in Italy, where, while the fine arts were already waning rapidly, Science was rearing erect her standard; and at Padua, where he listened to the teaching of the greatest masters of anatomy, medicine, and surgery—Fabricius ab Acquapendente, Minadus, and Casserius,—he must, doubtless, have discoursed with, and caught the spirit of, one still greater—Galileo. At home he may probably have known personally, certainly by his works, the immortal author of the "Advancement of Learning." Thus is Science exhibited as not of a country, but of the world.

But tracing onwards the progress of the healing art in England, which had been founded at first on the institutions, traditions, and customs which, we shall find, represented the convenience of an imperfect and transitional stage of society, not less than individual tastes, growing rigid under the influence of forms and titles, and gathering around themselves clustering personal and corporate interests, not always in harmony with those higher objects by which alone they could have been at first justified; and tending to keep apart, though with decreasing force, the two great bands of a common profession.

The physicians, it must, I think, be said on the whole, though with some remarkable exceptions, receded during



the last century from the spirit and the traditions of Harvey, while they maintained orations to his memory. It is not surprising that anatomy and surgery should have ceased to be actively promoted by a College which was gradually losing its hold on the surgical domain of practice in proportion as surgeons were becoming independent of the old restraint.

The physicians were now, by their abstinence from all manipulative treatment, in a position of increasing isolation as regards a great domain of the field of experience. They were specialists by a great defect—by a self-negation; and the consequence was that many of the higher intellects amongst them betook themselves to a too exclusive clinical observation of disease, analogous to that of some of the ancients, and not sufficiently seconded by deep and personal study of the organic structure, and the laws of life; while others distinguished themselves by learned or philosophical labours, more or less important, and more or less connected with the immediate work of their calling.

The result has been, that the medical world has seen several systems or schemes of treatment promulgated on insufficient bases, but with much pretension of a simplicity for which nature no gives warrant, and which have yielded one after another at the first summons of reason and common sense; not without grave discrediting of the whole profession in the public eye, and not without giving a sort of countenance to that easiness of belief with which, within our own century, have been received by the public the flimsy follies of the shallowest and barrenest, the most credulous and the most boastful of medical phantom sects, that of the self-styled homœopaths. In the more recent times, however, of John Richard Farre, of Matthew Baillie, and of Richard Bright, they have laboured afresh in the patient study of disease, not only during life, but have themselves, with their own hands and scalpels, sought real knowledge by the personal examination of the organs after death. They have also taken a large and important share in advancing the physical, chemical, and physiological sciences; in these and other ways thus setting a splendid example, and redeeming a position which might otherwise have been jeopardised.

For the surgeons had approved themselves the truer followers of Harvey. Holding always to Anatomy, as by the very nature of their function they found themselves more and more constrained to do, and also finding apter materials for study in the more exposed and less recondite diseases, falling to their care, as well as in the open results of wounds, including those of their own making, they have joined Anatomy, Pathology, and Surgery in a natural alliance, most favourable to progress, and always abounding in new fruits, and have gradually risen in influence; establishing in our great hospitals, and in our fleets and armies, an equality of rank with their more crude, but (must we say it, in all kindness?) unhandy brethren; and unostentatiously but surely asserting more and more the claim of the surgeon's hand to be guided by the surgeon's mind and conscience, from which, henceforth, it can never again be unholy divorced.

In the last century, in our own country, two men stand out from the rest—two Scotchmen—who gave a great impulse to the healing art. Brothers by blood, the Hunters were also of like tastes and industry, and nearly of equal genius, though John excelled by the acuteness of his penetration and the universality of his views. Both, when young, were surgeons and anatomists, toiling in Harvey's "workhouse," and William acquired his fame in practice as an accoucheur. Both were illustrious by the museums they created, one of which has since become, by State purchase and the subsequent labours of Richard Owen, indeed of more than one kindred mind, supported by the liberal subsidies of the College of Surgeons, the most glorious apanage of a great profession that the world has yet seen; and the other is in the city of Glasgow, to which the munificence of its founder bequeathed it, with an endowment for its maintenance.

John Hunter was so largely employed during many years in applying his knowledge to the relief of human ills, that it is indeed marvellous how he could have at the same time laboured so hard in the general field of the sciences of life. But (given his mental capacity, zeal for his subject, and the pauseless industry that sprang from that zeal, and overbore the instincts which must have often yearned for repose in a life of great anxiety and suffering) this double labour, which since the time of Harvey had hardly been seen united in any one man, is to be explained by the mode in which his mind ever carried physiological principles into the details of daily practice, and sought in return, by the study of those details, to illustrate and advance his general views of the processes of life. Had the two fields of thought been in his estimation distinct and separate, he could not have achieved in each so great a victory; in each, it will be found on examination, his success depended largely on the real union which he, more than any of his contemporaries, or even of his predecessors, recognized to exist between them. English surgery and English medicine, in all their departments, have been since strongly coloured by this principle. This indeed is the abiding lesson which his life and labours have imparted to those who succeed him in the noble function of ministering to the wounded and sick in his own country and throughout the world.

The Hunters may both be regarded as types of what the great masters and leaders of the healing art should be. They were anatomists; they were physiologists; they were pathologists; not by secondhand learning from the tongues or pens of other men, though this they did not despise, but by truth-loving observation and interrogation of Nature herself, in all her haunts of health and of disease; admitting no veils of limitation to be drawn by fashion, or caprice, or selfish interests between provinces and things essentially akin, but taking in the whole scope of the art as one great and ample field of noble study and beneficent activity—one by the unity of man's body, to which it yields a voluntary and loving service; one by the identity of the methods of research by which the secrets of that body (whatever secrets, and of whatever part) are to be disclosed; one by the common aim and intention of all treatment, internal or external, remedial or preventive; one, lastly, by the simplicity of the moral attitude which should stamp us all as members of one body, in our relations towards one another, to individual patients, and to the community among which we labour.

Gentlemen, I look upon the present meeting, comprising native members of every branch of our profession (and would that we could welcome, in future years, many more brother members from other lands), as one representing the idea most needing to be insisted on amongst "doctors" at this time and in our own country, and which, I am persuaded, men like Harvey and the Hunters would have been foremost to assert and act upon—the idea of the *oneness of our common calling*. And can we aver that there is no need to advance this idea? For, could we imagine these great ones of the past to be still with us, what special encouragement or opportunities for his cherished pursuits, we may ask, would Harvey now find in his own favoured College of Physicians?—whose welfare and improvement, we are told, "was the chief object that occupied his mind for several years before his death," but where "solemn lectures" on surgery are no longer given—where there is no anatomical or surgical work performed, and where no "repository for simples and varieties" exists, such as he fondly hoped by his benefactions and his example to have founded; even no museum of morbid anatomy, such as Baillie and Bright would have longed for. On the other hand, should we be likely to find Harvey, a Fellow of the College of Physicians, admitted to demonstrate the motion of the heart and blood in the Hunterian theatre? Could William Hunter, having become, as he did at the age of thirty-eight, a licentiate of the College of Physicians, and not being longer "in actual *bona fide* practice as a surgeon," share in the



councils of the Hunterian College, or in the love-labour of its museum—or could he adorn its chair by his eloquence? Finally, could his greater brother, immortal by his "Treatise on the Blood," but being "only a surgeon," find entrance, consistently with existing usage, to discourse on that great theme within the walls which derive their chief glory from the discoverer of the circulation of the blood.

It would ill become me, humble as I am, and feeble in grasp of thought, to utter or imply anything in the way of censure of these venerable corporations, which, with all their human imperfections, have done, are doing, so very much to adorn and advance each its own side of our common profession; and if neither of them has yet found itself at liberty to esteem of subordinate importance those class and college interests, those "rights and privileges," which a former age fenced in by forms of oath now generally disapproved of, whatever useful purposes they may once have served, it must be freely acknowledged that much has been effected by both in many ways, in recent years, to approximate to a policy more liberal and large, and certainly one more likely to secure the class interests themselves, by engaging for them, so far as they are good and useful, the support of the whole profession.

Some minds abler than my own may indeed doubt whether the time be yet fully come for any large attempt at consolidation or union of these and other kindred bodies. We may be deemed to be still in a transition period, in which we must be content to work a little here and there, as we may, towards a better organization and truer views. I know not. But I must express my own conviction that the old rivalries of "physicians" and "chirurgians" are now laid asleep in the breasts of all men of sense; or that, if they survive at all in our ampler day, it is only in some remnants of the traditional policy of the council-chambers of corporations, the vast majority of whose members are now too enlightened to harbour them much longer, against the broad and well-understood interests of a whole profession. I am persuaded that the leading minds of both the more powerful corporations are in accord with the great bulk of thoughtful medical men throughout the three kingdoms, that these great and noble foundations, so far as they retain in their constitution or in their forms traces of the antiquated prejudices and narrow notions of an age long since past, should mould themselves afresh to suit the wants of a more instructed time, when the medical world, being older and much larger in numbers, is also more highly educated and wiser than before. The whole professional body has a perfect right, most of all in our progressive England, to see the institutions which are its own made conformable to the wants of a period of unexampled social activity and advancement, when all the old impediments to intercourse are vanishing day by day as by the touches of an enchanter's wand, and when there are spread everywhere over the land able and intelligent members of our profession, whose co-operation should be invited and carefully organized, not only for the satisfaction of their own just wishes, but still more for the sake of the immense impulse that would thus be given to the prosecution of those common objects which it so much imports us, as a scientific and professional community, to pursue.

And here I trust it may not be out of place to call before us for a few moments the memory of four men, from whom, had they been spared to us, a comprehensive view of all interests, judicious counsels, and a liberal course of action, might have been expected. It cannot, indeed, be truthfully said that their loss is irreparable; for in England, no man, however valuable, can long be missed. Their room will doubtless be supplied; but to allude to the living might be invidious.

Benjamin Collins Brodie was eminently a man belonging to us all. A great surgeon, he was also a great physician, though probably he could not have been placed on the Register under that title. But he was a great medical surgeon, able to take in all the aspects of every complex case, to prescribe or withhold physic, to operate or to ad-

vise against operation. This capability arose primarily from what has been already suggested as its natural and legitimate source; he had zealously, as a young man, pursued the paths trodden by Hunter. He knew the body and its functions by the evidence of his own senses; he had meditated deeply on the inner phenomena of life; he had experimented on animals; he had enlarged the knowledge of his day. When the cares of an almost overwhelming practice pressed heavily upon him, he still did not desert science, and we owe to him, in addition to his many practical works, some most thoughtful contributions to physiological psychology. His scientific fame, reaching everywhere, is an honour to the medical profession—not alone to the surgeons, but to us all.

Joseph Henry Green was of too much capacity to be a surgeon only. Early devoted to metaphysical speculations, for which his grand and subtle intellect peculiarly fitted him, he was also a wise, prudent man of action. His views of our art were always extended and liberal. He embraced within his range all the world of life; he saw that *pure surgery*, so called, was a narrow and impossible specialty; he looked on disease as he found it in nature, not capable of classification by any such test as that of the applicability to it or otherwise of one special kind of treatment, the surgical or manual. This last was to him a noble portion, but a portion only, of the whole art. He was always anxious, like Brodie, to enlarge the basis of our profession, to elevate the standard of acquirement in its members, and to promote the sciences which belong to it.

I recall with gratitude the converse—in later years, the intimate and friendly intercourse—I enjoyed with both these considerable men. The third to whom allusion shall be made was in a nearer sense my loved and honoured friend and workfellow. Bred a surgeon as well as a physician, and always fond of surgical pursuits, a teacher of anatomy, a professor of physiology, and of general and morbid anatomy, an ardent worker in the physiological laboratory, mastering in a real and practical manner all the details of his subject, Robert Bentley Todd was both a voluminous writer himself, and a zealous promoter of literary and scientific work in other men. Then he became a clinical teacher and practical physician, indefatigable in the hospital wards, excelling some of his English contemporaries by the constant reference he was able to make in his teachings to anatomical and physiological facts and principles. Over-burdened with engagements of various kinds, he yet always strove earnestly to promote in his own college, as well as elsewhere, the study of his favourite sciences; and he delighted to speak of those distinguished men, the associates or early successors of Harvey, who had shed lustre on the college by their anatomical researches; particularly Francis Glisson, *omnium anatomicorum exactissimus*; Thomas Willis, the author of the still classical work, "Cerebri Anatomia;" and Clopton Havers, known chiefly by his "Observations on the Bones."

One who followed thus closely in the footsteps of Harvey and the later British anatomists, whose mind, too, was remarkably sagacious and practical, and whose character was of force to leave a considerable impress on his generation, could not have failed to take an active and useful part in promoting union amongst us. I venture to think that, as his brethren come to look from a little greater distance on his career, he will rise yet more in their estimation; and his friends will add their testimony to the excellence of his heart and life, as his name and fine countenance are revived in their memory by the marble statue erected in his honour in the hospital which he largely contributed to found.

You will anticipate me in the fourth name I would mention—that of Charles Hastings, so lately lost, so justly dear to the members of this Association. His great merit has been, that he first conceived a union of all the classes of our profession for common objects, and bore a principal part in advancing that union, under many discouragements.



ments, to the point we have already reached. I trust that his spirit of wisdom and conciliation, his large-heartedness, his breadth of view, will prevail in the counsels of our whole profession, and guide us all to a more complete concord of thought and action in whatever concerns the advancement of the objects he deemed so precious.

Let us now inquire, by glancing for a moment at one or two characteristics of the age in which we live, whether the time itself does not ask us to take a wide view of our calling, and to break through the trammels of a period of comparative immaturity. We see mankind everywhere becoming more and more *one family*, chiefly by the increase of man's dominion over Nature, through augmenting knowledge of her laws.

It is but a little while ago that Galvani and Volta, experimenting on harmless frogs, in the highest spirit of science, opened up new provinces of research, in which Davy, and Oersted, and Ampère, and Faraday, were soon to astonish the world by the rapidity and brilliancy of their discoveries. And it seems to me but yesterday—for I was there—that our Wheatstone, under the approving eyes of Daniell, passing the wire of his battery beneath the Thames, in presence of the now lamented Prince whom we had just welcomed to our shores as the Consort of our Queen, proved the possibility of the subaqueous transmission of those subtle vibrations, whose rate of travel we now know to exceed in a very high degree that of the mandates of the will along the nerves. Yet already, by a combination of enterprise and skill unparalleled, the magic twine unites two continents; and man's thoughts, cyphered with unerring truth by silent-speaking symbols, in the last degree refined, and borne onwards by tender tremors of the metal, fainter yet farfleeter than Æolian whisperings, are traversing every moment—even as I speak—the awful solitudes of Atlantic depths, under miles of ambient water; where no sound, hardly light itself, can ever penetrate: all heedless of the fogs and icebergs and mimic storms of the surface, 15,000 feet above. And soon the globe itself will be woven over with a time-annihilating network;—a blessed harbinger, as well as sure eventual promoter of goodwill and peace, of peace and goodwill to all mankind; and certainly a fulfilment, of which we none of us as yet appreciate the full meaning, of the loving purposes towards our race of the eternal and infinite God.

From the bed of these watery deeps, too, abysses no longer unfathomable, the finger of man has picked up evidences of teeming life *there also*, such, probably as he now knows to have built up, by slow and gradual accumulation, in geological ages of unassignable remoteness, strata of the earth's now solid crust, tens of thousands of feet in thickness; and these in their turn contain the fragmentary but faithful records of series of organisms that have preceded the existing forms; and which seem to intimate, with other collateral proofs (though I prejudice nothing), that life has been *continuous* on our planet from the first origin of organic being, through successive *generative* links of evolution, even down to, and into, the very times in which we live.

Again: while we consider all this, and descry through Harvey's "optick glass" of higher power, in the tiny elements of the gland of the insect or the gigantic quadruped, an identity of essential structure with the corresponding parts of our own frame; and while we call to mind that when our yet uncharactered members were seen already by the All-Seeing, every one of us consisted wholly and merely of such tiny elements of structure, who shall say that the touch, the very touch of a mysterious organic kinship, is not there, though it be as yet untraceable with certainty—as yet unprovable? The pedigree of man himself seems to be on trial before the Court of Science; and a true verdict may be given at no distant period. Let whoever loves Truth, and the God of Truth, await it with perfect calmness, though it should possibly fail to coincide with some prejudices of the timid. I may incidentally express an earnest hope that our profession, which beyond

others is brought to the threshold of such questions by the nature of its studies and by its habits of thought, and which I aver to be signally remarkable for its love of truth and regard for religion, notwithstanding some vulgar echoes of old charges against us, will play a useful and moderating part by reassuring less informed persons and quelling groundless alarms. Let us cast aside the foolish thought so flattering to our pride, that man's dignity depends in any the least degree on the mode of origin of his material organization, whether in the individual or the race, any more than for the structure of his mature material organs; and not rather on that capacity for the reception of the Divine Spirit, and for elevated commune with God and His works, which comes with growth, but with which, at the earlier moments of his origin, he has not yet been endowed. It may come to be worth considering, that man's nature may derive comfort from an inversion of the dictum of the witty orator of the Sheldonian Theatre; and that it may be a nobler, even a more Christian and a less Pagan view of our destiny, to find ourselves belonging from the first, in the Divine counsels, to an ascending rather than to a descending series of the scale of being. We may come to acknowledge by Science, as we now accept by Revelation, that our bodily organization has sprung in the past from the dust of the ground, though only through ascending forms; and as to our hereafter, although we know not yet what we shall be, we have the assurance that we shall one day share the angelic nature in seeing God as he is.

Would that the divines of England, and their venerated leaders, under the difficulties of their position, could be always mindful, not in words only, of the nobler principles so congenial to this spirit of her church, that such questions, so far as they belong to the domain of man's intellect and sense, must and will be followed up according to the laws of his being and the onward current of human thought, in the interest of truth only, regardless of all consequences! Would that they would all have faith in science—that they would meet her, embrace her, and not mistrust her, being firmly convinced that her true results, when well proven and finally accepted by all competent minds, after full inquiry, become, so to say, *vox Dei!* That they would remember that such a voice may be so potent as to rise to the height of that which once summoned an apostle to cast off his most rooted prejudices, and to exclaim, "What was I that I could withstand God?" Without in any degree prejudging pending questions, it must surely be prudent, in the interests of both truth and religion, to hold an even mind; not yielding to unworthy fears of the divine faculty of reason, nor abusing those who are honestly employing it within the sphere of its proper activity; but having a faith, above fear, in the certain victory that awaits both reason and religion—both God's precious gifts to man in his darkness, and both certain to harmonize at length in Him.

Turning now to touch lightly on some of the advances of medical science in recent days, let us remark how inseparably they blend with, and mutually illustrate, the general progress outside our own immediate province. They may be conveniently comprised in two words—*scientific insight* into our work of healing: the actual conditions of the body, in health or unsoundness, having become more easily distinguishable; their mutual play and connexions better understood; and our means of profitable interference at once more numerous, more definite, and more manageable.

Before a Society so completely informed as you are, gentlemen, I feel it unnecessary to attempt to make good this part of my programme by laboured arguments or lengthy illustrations; examples are only too abounding. Harvey had heard the healthy sounds of the heart; but its morbid sounds inform us now of the nature of its structural defects. The sounds of breathing must countless times ere this have met the ear; but it was reserved for our own days to study them so as often to enable every tyro to say what is the state of those great organs, hidden



from our view, but so indispensable to life. And so with percussion. Nay, with our eyes we can now behold, for the first time in its living acts, that marvellous mechanism in its most exquisite and joy-inspiring movements, as well as when it is oppressed by disease, which stands as a sentinel at the orifice of the air-passages and on which the voice and speech primarily depend. And need I advert to other applications of optical mechanism, or recount how one has called forth another, until the various internal surfaces and structures, particularly those of the organ of sight itself, are now opened to hourly survey, to scrutiny most exact and delicate, so that often even the pulsation of the smallest arteries or veins and the physical conditions of the capillary bloodvessels, with almost the earliest and slightest signs of morbid change, may be detected and made available as guides to treatment? Much might be said under this head. Diseased states thus submitted to the faithful eyesight are seized on by the mind with a vividness that is of inestimable value to the practitioner in framing his conclusions as to treatment; and he can judge too, by the direct evidence of sense, how far to continue to follow up these. In a word, all the advantage the surgeon has hitherto had over him who deals with concealed diseases, in that he has had ocular demonstration of his facts, the physician now enjoys in regard to many internal organs. The surgeon also participates largely in this expansion of our field of view; while a collateral result is, that the physician in many instances finds himself under the dilemma, either of undertaking operations strictly surgical or of abandoning some departments of treatment and some important organs that custom has hitherto assigned to him. Many have had the good sense to consider simply their patients' advantage, and not the punctilios of a class; and thus there has been a considerable, and as I regard it, a very satisfactory demolition of old and artificial barriers between different grades of practitioners, which the future progress of physical diagnosis must still further tend to promote.

Take another example. By means of that modern optical triumph, the compound microscope, which takes us as it were, among the very elements of form and the rudiments of organic structure—a world we are apt to lightly regard, though it has infinite uses for us, as it has infinite beauties—by this an instructed practitioner, even one not highly gifted, but only conscientiously alert and observant can say with confidence of an organ deep in the wasting frame before him, beyond his touch, out of his sight, which emits no sound, and is the seat of no pain, "This gland has been certainly passing insidiously through this, or that, important destructive change; it is now so and so; I can accomplish this, or probably only this, for its relief; and this, or this, will be the end."

And not to weary you, gentlemen, with more examples from the field of diagnosis, the results of chemical examination, frequently seconded by the microscope, need only to be alluded to in order to take their eminently important place in this imperfect sketch, by the side of the other aids to physical investigation of the signs and footsteps of disease, conferred upon us by modern science.

As to the intimate nature of disease and of health, modern physiology is a platform on which all practitioners have an almost equal footing, where they meet and cross each other at every turn, and find everywhere the opportunity of a community of thought and action. All admit that disease is such a departure from a state of health as oversteps those undefinable limits which the organization will bear without strain or curtailment of its perfection. But these are not now such vague words as they might once have been; for vivid light has been thrown upon many of the abstruser problems that formerly perplexed us. The details of the interwoven structures and of the complex functions of our composite frame have been zealously and perseveringly traced by some of the acutest observers and of the keenest intellects that have ever lived; with a harvest of results so plentiful, so reliable, so mutually illustrative, and on the whole so marvellous, as

to make very much of the knowledge of even the last generation seem antiquated and obsolete. And we may accept it as a truth, that every step forwards in our knowledge of the healthy body, so it be real, must lead us right onwards, too, towards a better understanding of disease; and if of disease, then also of our power of counteracting it, whether in the way of prevention, alleviation, or cure.

As to modern treatment, I shall only remark, that the direct and obvious tendency of all modern progress has been to make it more rational and more simple—that is, more appropriate, first to the precise conditions more correctly recognized in each case; and next, to the degree in which interference on our part is found likely to be advantageous or otherwise to the sufferer.

No conceit of our great advances in the *medical sciences*, however, must beguile us into assuming that *medicine itself is a science*, or can ever become one, in the sense of our being ever likely to be able to practise it on principles unerring and exact. It is not in any true sense a science, but the *application of many sciences, and indeed of all appropriate and available knowledge, of whatever kind, to the relief of suffering*. It is really an *art*, as the father of medicine long since styled it; and woe be to those patients who fall into the hands of men aiming at treating all who come to them, and all diseases, on some single so-called simple principle, which can really be no other than the negation of all good sense and of all the well-understood conditions of our art. It is an art, however, which, while it must always be pursued with the very closest regard to the individual facts of the case, must in the interest of each patient be pursued in a *scientific spirit*, for thus only can the facts be duly interpreted and our treatment suitably applied.

And it seems the special glory of the advances in healing knowledge in our own day that they are of a kind to supersede those vague general observations by which a few rarely-gifted men could formerly, as now, make sagacious, pertinent, sometimes true guesses as to the nature and more latent relations of diseases (though these gifted men oftentimes fell into lamentable mistakes), while the generality steered without accurate chart or compass—or worse, under the deceptive guidance of some false, delusive, though vaunted, theory. Although still, in the uncertain and ever-varying phases of practice, we can none of us afford to disregard the aid of our own unwritten experience, or those general impressions left on our minds by a long series of empirical observations, in which as yet no clue to a satisfactory explanation has been described, these late advances are at the command of all who, being honest enough to desire to detect the nature of a disease committed to their care by a suffering fellow-creature, will, with ordinary intelligence, instruct themselves in the requisite and usually simple physical tests. So far as they extend, they are to be most highly prized. They bear the stamp of all true knowledge in being useful, available, and not apt to deceive; and, having been once acquired, they become henceforward the inalienable inheritance of all mankind, and doubtless the starting-point for future conquests.

The subject of anæsthetics is one which cannot be altogether passed over in this place, though it is hard to mention it and not to pursue it to the exclusion of all else.

Dim notices of the use of medicinal agents to prevent pain in surgical operations are not altogether wanting in very early times; and the desire and hope of finding some means for effecting this was certainly felt by more than one person during the last century. Even a method by compression of the nerves was actually tried in one of the London hospitals. But our present universal use of this eminent blessing to suffering human nature is the result, first, of the progress of pure science, not medical; then, of the applications of pure science by men devoted to particular specialties of practice; and both hemispheres share the glory of it.

Let us look at Cavendish, Priestley, and Lavoisier at work in their pneumatic laboratories, at Paddow, with



young Davy, in Bristol trying to make inhalation of gases useful in medicine, inhaling laughing-gas, and noting its effects; at a public lecturer at Boston, in America, nearly fifty years afterwards, exhibiting its well-known effects to an audience, among whom was a surgeon-dentist; at the sudden idea of this one to apply it as a remedy in his own case, for he was tormented with a toothache. It succeeded; but afterwards, when he had urged its adoption on a great operating surgeon, and it had been actually tried several times, the uncertainty of its effects caused it to be completely abandoned. But the idea had been too intensely impressed on some lookers-on to be ever again lost sight of. Faraday had already long since shown the great similarity of the effects of laughing-gas and of the vapour of ether, and this was familiarly taught to students in chemistry. But nearly two years still elapsed ere another surgeon-dentist, who had been present on the former occasion, tried the ether, and found it to succeed so perfectly, and to be so manageable, that he at once proclaimed it to the world; and it was soon adopted by the surgeons of all countries.

But now a pharmaceutical chemist of Liverpool, at the instance of a more gifted mind, suggested another substance, a product of modern chemistry, discovered simultaneously in Europe and America sixteen years before, which had been medicinally used, and even its name philosophically settled according to the analogy of its exact constitution by one of the first chemists of France. The gifted man was an obstetric practitioner of Edinburgh, whose fame already world-wide, will not rest hereafter solely even on so great a fact. After applying it in his own department of practice, the adoption of chloroform by surgeons, to the gradual exclusion of ether, rapidly followed; and all mankind will profit by it until, in the sure progress of the art, some other anæsthetic shall be found, without even the slight inconveniences of this one.

In reviewing the subject of anæsthetics, we cannot fail to be struck by two pregnant facts. The first is, that while surgery has chiefly felt their influence, and its practice has been modified by them in a remarkable degree, surgeons have been but passive recipients of the boon, which has been brought to them from other quarters, and even from a side branch of their own specialty, which some great ones among us have sometimes thought scorn of. The other is, that the noble sister art of physic (considered also as a specialty) has had no part or lot in this greatest of the applications of modern science to the alleviation of man's bodily pangs. I must, however, except Dr. Beddoes, and cannot omit to mention with grateful appreciation the important share borne by the late able and amiable Dr. Snow, both in the theoretical and practical parts of this great subject, as well as the recent labours of Dr. Richardson.

In this instance, as in almost, if not quite, all that most distinguish the modern art of healing, we see it fostered and advanced, not to say transformed, by the influences of general science in departments apart from and beyond ourselves, combined with those of the special sciences, which may with some propriety be called medical and practical, because they are prosecuted mainly by men engaged in practice, and with the object of applying them in the treatment of disease. Let not, however, individual promoters glory, or indeed a great number leagued as a profession, for that would be even less reasonable. It would almost seem that as "the earth bringeth forth fruit of herself, first the blade, then the ear, then the full corn in the ear," so the world in our time is reaping results all valuable for the good of mankind, which have been long, and in various modes and places, a preparing, and in contemplating which our feeling should be rather one of thankfulness than of exultation; and this feeling may induce us sometimes to ask ourselves, "Can we do anything now, and in the future, to help on, by united action, the harvests of a still brighter hereafter?"

This leads me to refer to the actual distribution, at the present day, in this and other civilized countries, of our professional power or force.

The immensity of the field of medical science and art is such, that no one mind has ever been able to embrace it all, and the daily enlargement of it in all directions must render it more and more difficult to do so. Hence the great specialties of medicine and surgery, however impossible it may be to draw a precise line between them, have long existed, and must continue to prevail. The grounds for them lie—1. In the necessity for a division of labour in large communities (large by concentration of numbers, or by ready means of intercourse). 2. In the somewhat equal proportions of grave and serious medical and surgical diseases, so called, under the circumstances of human life. 3. In the varying tastes of individuals, causing men to confine themselves, more or less, to one or other of these divisions of practice. But the great majority of medical men must be ready to undertake all treatment, since the exigencies of society require it of them.

Now the very same causes which have developed the healing art for ages under two principal divisions have, within a century, and especially of late, led to the multiplication of subordinate branches, often just as impossible to define by strict limits. On these a very few remarks are all that the time admits of.

Specialties, then, are natural products of a period of progress, and of certain favourable external conditions of society, and as such should be allowed free course to develop themselves according to their tendencies. The policy of the profession towards them should be always to retain them within its bosom, to hold them to their connexion with the whole, of which they form a part, and only to seek to restrain their growth and action, when it disposes them to an isolation, pernicious as regards their own usefulness, alien to the comprehensive spirit of our art, and a violation of our unity as one body.

Medical men, acting under some common impulse, are apt, like any others, to take a one-sided, or what is sometimes called a professional view of whatever new proposal seems to affect them as a class, or in a large number. Let us, however, consider that our ends coincide with the good of mankind, and that in estimating the good or the evil likely to be done by new specialties, we should appeal to no other standard than the public benefit. Is this or that suggestion for the advantage of the community in which we minister? Our own credit as a body, and generally our individual prosperity, will be found in the general good; and if otherwise, we should gladly yield it up to this.

Hence there are strong grounds for allowing specialties, whether promoted by smaller or larger numbers, to make progress according to their natural divergencies and powers of maintaining themselves. Some may originate on an insufficient and unreal basis, started, perhaps, by some supposed individual interest, and sustained by some strong personal bias, talent, or local circumstance: these will fail of themselves if they be left alone; and whatever harm they may do in diverting benevolence from more healthy channels, or wasting time and opportunities, these are probably smaller evils than the creation of a feeling in the public mind, with any degree of reason, that we are narrow, or opposed to the progress of our art.

What may be styled the natural specialties are those devoted to mental maladies, the obstetric, ophthalmic, and some others. These generally have reference to the natural distribution of organs in the frame, or are such as men readily accept, and see the propriety of, in their being manifestly for the convenience of patients as well as practitioners, and conducive to the advancement of knowledge. These are likely to increase in number, and to strengthen their footing. They should be held bound to the professional body by every available tie. Two things have given me pleasure in this point of view; the one that the College of Surgeons saw the wisdom some years ago of allying the surgeon-dentists of England to themselves by suitable links of connexion; the other that the great library of the College of Physicians was lately the scene under the auspices of its beloved and honoured President,



of one of the most astonishing historical displays of the mechanical appliances of the obstetrical branch of the art ever collected in one room. A happy augury, I thought it, of a larger and grander union, in time to come; of all branches and all departments, under some single spacious noble portico!

Were the whole profession thus at one with itself, there are many weighty objects which it might labour for with tenfold vigour and effect. I am content, for my part, to regard as of very secondary importance all attempts to obtain political influence or the recognition of merit by titles, whether personal or corporate. For I am well convinced that, whatever may be worthy of our ambition in this respect (and it does not seem much) will follow of itself, and without our efforts, if we are true to ourselves in a higher, and indeed our proper sphere; by striving to become more useful as practitioners, wherever we may be, either in our private rounds, where most must toil, or in some more public station.

With regard to our own better organization, it must of course be worked out by ourselves. We alone understand our needs; and the State cares little or nothing for what does not directly concern the public health, although we must acknowledge that it has shown itself, on many occasions, ready to forward our wishes, when these wishes have been suitably advanced. The institution of the Medical Council is a transitional step of immense import for our future unification, no less than the work performed by that body in the preparation of a common Register of all qualified practitioners, and in the publication of a Pharmacopœia for the whole kingdom. Its beneficial influence will likewise be gradually felt in better arrangements for admission into the profession on a uniform basis.

But there are many functions, in connexion with the Government, with so great a profession as ours might rightly ask to perform through its own well-appointed organs; in which, as a body, it now takes no share whatever; which are at present accomplished irregularly, almost as chance or caprice may determine, by a reference, either to one or other of the corporations, or to some individual selected by the minister, whose very name, perhaps, is not known, and who, therefore, practically, is not responsible to his own profession for the advice he may tender. By degrees, indeed, of late years, as the care of the public health has more and more engaged the attention of Parliament, this want has been in part supplied by the appointment of medical officers for special duties in governmental departments; and most ably have these performed their duties, as the documents from time to time issued by the Board of Health, under the Privy Council, among others, amply testify. And the labours of the Army Diseases Prevention and Cattle Plague Commissions illustrate in another way how the services of medical men may be most usefully elicited on special occasions or emergencies. More might be added to the same purport. A complete and recognized organization of the entire profession, however, would apparently be a measure of great importance in reference to our relations to the State.

But leaving these more public questions, and looking at the whole nature of our position, we may fairly ask ourselves whether in our corporate capacity, as a body of men concerned with such great human interests, we may not hope to do more than we have hitherto done to help forward those interests, for the advantage of our own day and of those who are to follow us. We have a grand inheritance from the past: we should hand it down much amplified to our successors.

Individuals have done, are doing, will continue to do, much. But I speak of the direction of a common endeavour, devised by forethought, tending to well-considered objects, and sustained by the united will of an enlightened, numerous, and, on the whole, powerful professional body, to promote and advance those branches of knowledge which lie at the foundation of a rational art of healing.

I am not here to flatter any man, least of all to commit

the little less than crime of the huge flattery of my own class, to the lowering of what should be our higher aims; and I say, with all love and respect for my fellows, and with a deep sense of my own shortcomings, that we are not doing, as a body, what we might do in Britain to extend and deepen the scientific foundation of our art.

In our corporate capacity, we ought to foster especially those departments of research which are least likely to be undertaken by individuals without such encouragement; which, indeed, can hardly be prosecuted at all without means and appliances beyond the ordinary reach of individuals. We need in England the public open establishment of means and apparatus for original research and observation, especially for our younger men, in the sciences ministerial to medicine, particularly physiological and pathological laboratories and for organic chemistry. These should be in part connected with museums, medical schools, and hospitals. The lay governors of great hospitals should be moved to consider it as one of their most urgent functions, to see that no unnecessary waste of the precious means of improving knowledge, placed under their keeping, occurs.

The progress which recent years have witnessed, points with sufficient clearness to the direction in which the next steps may be most profitably taken. It is in the field of exact scientific investigation into questions and problems which the latest advances have opened to view. Here each new fact and principle, patiently grounded on previous knowledge and established beyond dispute, though it may for a while appear an idle and unimportant addition to the common store, may fructify hereafter into some solid and useful generalization, applicable, in the most unexpected and startling manner, to human happiness and the success of our cure.

In any step taken by the whole professional body for the encouragement and promotion of the medical sciences, we should not, of course, look for immediate results of that kind termed, in common language, *useful*; that is, having an immediate and obvious application to some present use. We remember that great uses may long lie dormant, and at length overpower us by their splendour. *Witness chloroform.* Individuals are naturally prone to pursue studies which appear to them most likely to be crowned by an early result. Few have time or opportunity to labour for any result very far off, and for mere love of knowledge; but those who do should be most of all helped on and sustained. As a body, we might have a settled policy, and look further and deeper. Such is the nature of our studies, that at present real advances are to be sought in depth rather than in extent of work. It is only by going deep that we can hope to reach central relations, and such principles as may be at the same time simple and reliable; not simple by the fallacy of an incomplete view. We should encourage the less immediately useful matters of scientific research, such kinds as experience reasonably shows to give promise of great and wide though more remote benefits. The Royal Society was founded simply "for the promotion of natural knowledge," and what results for mankind has it not aided in achieving!

In a word, we have the certainty, from all history and from the nature of the thing, that out of knowledge will flow useful application; and well-instructed men now-a-days will not cavil or sneer at even the least advance, so it be real, into the realms of the unknown in natural phenomena, because it bears no immediate fruit or gives no present earnest of profit. The torch which illumines will ever be found also to warm and to cheer man's life upon the earth; and this is especially true in the medical sciences prosecuted as they are by men whose whole habit and tendency is to apply knowledge.

The time is too short for me to attempt even to enumerate the lines or provinces of research that might be thus encouraged; but there is one subject on which a few words may not be inopportune at the present time.

There is a sentimentalism, which I shall venture to



characterize as in some of its developments not robust or manly, and therefore not morally sound or grounded on right reason, which is inclined to bring popular indignation, excited by speeches at public meetings and by essays produced under an artificial stimulation, to bear on men of science desiring to investigate great principles in the doctrine of life by experiments on living animals. Having formerly, when circumstances led me into this region of inquiry, and in the performance of my duty as a professor of physiology, taken part in such experiments, and knowing well how vast an accession of knowledge useful to man has accrued, and will certainly hereafter accrue, from such experiments, I should be ashamed of myself, and deem myself to be neglecting a moral duty, if I omitted to take this opportunity of protesting with all my force against the imputation of "cruelty to animals" sometimes raised against medical men on this ground.

As inheritors of the labours, and let us hope of the scientific spirit, of Harvey, whose works abound with evidences that the discovery of the circulation itself was largely due to such experiments, we should be untrue to our ancestry and to our convictions if we hesitated to uphold, publicly if need be, the lawfulness, the expediency, nay the desirableness, of such experiments; and, as it seems also to me, if we failed in our corporate character to take more active steps than at present to promote these in their proper place and degree, among other kindred pursuits.

A society, respectable and praiseworthy when directing its shafts against the meaningless and selfish acts of vulgar and brutal natures, or when striving in various ways to diminish the pain inflicted on animals put to those human uses which general consent, no less than the widest view of all nature, sanctions, is no longer to be commended when it ventures to raise a prejudice against the refined and honourable inquiries of educated men, seeking to advance legitimately a branch of knowledge most nearly touching human interests of a lastingly high order. For every really forward step taken in the science of man's life, is a part of that progress which is indisputably adding to the sum of human happiness, not only in the present time, but in the future. It is only those well-meaning persons who are little acquainted with the necessary elements, and the excessive difficulty of such researches, and apparently still less with the motives of the higher class of scientific inquirers, who can presume to endeavour to thrust themselves into a province where no present abuse calls for interference. I think it would be wiser for the excellent persons in question to confine themselves to those spheres of exertion in which all good men and scientific men must heartily bid them God speed, rather than wear the appearance of attempting to add to their *éclat* as a popular society, by a foolish crusade against what can certainly be justified, and must even be applauded by all well-wishers of their own kind, if we admit, as society seems inclined to do at present, that to apply animals to purposes useful to man is one of the manifest ends of their mutual relationship on the earth.

In the country of Harvey, and in the bosom of the profession which derives so much glory from his name—in the country of John Hunter, of Astley Cooper, and of Brodie, there should be no doubt as to the free allowance of dissections of living creatures for the advancement of knowledge, whenever the course of investigation demands it, of which those only can properly judge whose minds are occupied with the pursuit. To the conscience and human feelings of these may safely be committed the discretion as to how far this exercise of man's prerogative over all the lower organizations may be carried, without the abuse of inflicting unnecessary pain.

Now that anaesthetics are in common use, physiologists, we may be sure, will be the first to employ them whenever the nature of their inquiry allows; and the public may be satisfied that—in Britain, at least—those who know most of the interior structure of the animal frame and of the movements, of whatever kind, that are the

manifestations of its wondrous life, would be the first to denounce the causeless infliction of one pang on the lowest of God's creatures. Let the indecorum not be committed of dragging such questions before public audiences, for which they are quite unsuitable. Let the opponents of legitimate experiments on the lower animals (and I believe they are few, even in the society to which I have alluded) desist from a course which, however well intended, cannot be required for their chief objects; and which may expose themselves to the charge once brought against persons of an altogether different stamp, of stopping the gates of knowledge, neither going in themselves, nor suffering those that are entering to go in.

I intended, gentlemen, had my limits permitted, to have adverted to several additional ways in which, as it appears to me, a united profession could find opportunities of promoting scientific culture; of which a principal one might be the employing more speedy and extensive means of making us acquainted with the productions of foreign medical literature than have hitherto being attempted. Men of science have a common field and common objects of pursuit, but not now, as once, a common language; for most of us, translations only can supply the defect; and translations, unless promptly brought to us and tolerably full, are of comparatively little value. Nor can our weekly and quarterly journals, conducted as they are with constantly increasing ability, and all of them, I think, comprising a foreign section, do much to satisfy this particular want.

Our New Sydenham Society is worthy of all praise, but its sphere is too limited, and its publications are restricted to its own subscribers, and these only 2500, too small a number out of so great a profession. The original memoirs and works in medicine and the allied sciences bear a considerable proportion to the whole of the scientific productions of the world; and some idea may be formed of the number of these from the fact that the separate scientific memoirs and works of all countries, of which the distinct titles could be ascertained as having appeared between the years 1800 and 1863 inclusive, brought together under the authority of the President and Council of the Royal Society, reach the astonishing total of 120,000, while every year's produce is becoming greater than the last.

The medical literature of Germany, France, Holland, and other continental countries, abounds in materials of great value to us, both as scientific men and as practitioners (as ours no doubt does to them). But unless we are kept fully aware, in each department, of the additions as they accrue, we are in danger of lagging in the race of improvement, and can hardly hope to do justice to our patients or to ourselves.

But, gentlemen, I must conclude. I would willingly have resigned into abler hands the task unexpectedly imposed upon me by your Council. Circumstances and my tastes have caused me for some time past to desire to play my humble part noiselessly in the world; and I have been less able than I could have sometimes wished to share even in the pleasure and the profit of professional gatherings. I have, therefore (more perhaps than some men), looked somewhat as a spectator, from the outside, on many of the more public doings of our profession, whose well-being, prosperity, and honour I yet esteem above all price, and am constrained by every motive to desire to promote. I must say that I have witnessed with delight every successive sign of a spirit of conciliation and approachment between the old, venerable, and most justly honoured, but still independent and detached, rather never yet-united, corporate institutions, to which so many of us owe an allegiance undertaken formally by a solemn act. It has seemed to me that we have been weaker for good than we might have been; and especially for the furtherance of those beneficent objects, which no class will pursue if not our own, and none so well as our own; which, therefore, it would seem to be incumbent on us to prosecute by all the means in our power; and which have apparently



been less thought of because of our divisions. Not real divisions of feeling, nor any wide or deep divergence of interests, but only a want of united action; through the continued existence, in too much of their traditional shape, of isolated institutions, which in their present form, we have somewhat outgrown, and which seem to need some considerable re-arrangement if not consolidation, if they are to represent the altered state of the whole profession, such as it has come to be in our own age of astonishing progress.

I have now endeavoured to convey to you, I fear at too great length, my general impressions on this head, I hope without offence to anyone and with sincerity, certainly very inadequately. I have long looked upon this Association as the element in our profession out of which stronger bonds of union between all ranks, classes, and degrees might be expected to grow, than out of any other—at least at present; for it is framed on the most comprehensive basis, and is organised so that all interests in all parts of our common country may find their place and voice in it.

May it be more and more every year an arena where the wisely expressed objects of its founders may be temperately, but steadily and earnestly pursued—above all, in a spirit of union! and may leading minds of our profession, whose co-operation we so much require and so highly appreciate, come more and more amongst us, to help forward that great and noble Art of Healing, to which, in one or other of its departments, the lives of all of us are devoted!

## Hospital Reports.

### LONDON SURGICAL HOME.

#### THREE CASES OF OVARIOTOMY.

(Under the care of Mr. BAKER BROWN.)

##### MULTILOCULAR OVARIAN TUMOUR—OVARIOTOMY—RECOVERY.

*Case 1.*—Mrs. M. K., æt. 35, has had two children and a miscarriage. For three years has been conscious of some enlargement of abdomen, which, however, was not marked until twelve months ago. During the last three months, she says, the increase has been rapid. Menstruation regular and normal till two years ago; since then occasionally very excessive in quantity; uterine cavity of normal length. For the last few months her health has been failing fast, notwithstanding the careful tonic treatment of her usual medical attendant, Dr. Evelyn Crook of Northfleet, Kent, by whom she was recommended.

Mr. Baker Brown diagnosed a multilocular ovarian tumour.

After the usual preparatory treatment, she was submitted to operation on the 19th of April, 1866. The incision was six inches long; ten pints of ascitic fluid were evacuated, and the tumour, which was very multilocular, extracted, bringing to view a thin and very vascular pedicle about six inches broad, springing from the right side. To this the clamp and cautery were applied with perfect success, notwithstanding its great vascularity, and the wound was finally closed by thirteen silver wire sutures.

On the second day she had fish for dinner; on the third, a chop. All the sutures were removed by the tenth day, and the patient made a very good recovery, leaving the "Home" on the 15th of May.

##### UNILOCULAR OVARIAN TUMOUR—TAPPING—REFILLING OPERATION—CURE.

*Case 2.*—Mrs. C., æt. 31, was admitted into the London Surgical Home, May 4th, 1866, and gave the following history:—

Married, and the mother of three children, the last five years old; had a miscarriage a year later. At the age of

17, thought there was an unnatural enlargement of the abdomen, but did not communicate her fears to any one. She married at the age of 21, and from that time noticed a progressive increase of abdomen, apart from and after each confinement. About the period of the miscarriage, four years ago, she drew the attention of her usual attendant to her condition, and the result was that he tapped her, removing fifty-six pints of clear limp fluid. There was no return until nearly two years after this, when it began again to enlarge very gradually. During the last nine months the increase has been rapid, and there is now a moderately-sized fluctuating tumour.

On examination Mr. Baker Brown came to the conclusion, that the tumour was not true ovarian, but rather a dropsy of the Fallopian tube. Uterus measured two and a half inches; menses regular and normal, and general health good.

On the 10th of May Mr. Baker Brown operated in the presence of a large number of gentlemen.

The incision through the abdominal walls, about four inches long, exposed a thin walled cyst, which he emptied of about ten pints of clear limp fluid. He then withdrew the cyst, which had no adhesions, bringing into view the pedicle springing from the left side of the uterus and having the ovary attached. The clamp was applied behind the ovary, and the pedicle divided by the actual cautery in the way which he now advocates, and with perfect success. The wound was then closed by silver sutures over the pedicle, which was allowed to drop from the clamp by its own weight. The operation occupied nine minutes.

Careful examination of the tumour by Dr. Barratt confirmed the diagnosis. The ovary removed was the seat of cystic degeneration in an early form.

It is unnecessary to enter into the details of the progress of the case. Suffice it to say, that she made an excellent recovery, had not a single dose of medicine, and left the Home on the 16th day.

##### MULTIPLE OVARIAN TUMOUR—OPERATION—RECOVERY.

*Case 3.*—Mrs. C., æt. 29, has had two children; the second still-born seven months ago. She then for the first time noticed unnatural enlargement of abdomen, though she had felt unusually heavy during her second pregnancy. Menses regular and general health good.

Diagnosis, multilocular ovarian tumour.

Eight days after admission—viz., on the 29th of May—Mr. Baker Brown performed ovariectomy. The case was most simple, without complications, occupying scarcely more than ten minutes. The pedicle was successfully treated by actual cautery. The tumour presented an example of the multiple form, consisting of a large cyst containing an immense number of small cysts. Twelve pints of dark fluid were removed in the course of the operation.

In a fortnight she was allowed to be outside the bed, and she made a good recovery, notwithstanding the formation of a troublesome abscess in the abdominal parietes; and she left the Home in about five weeks.

## THE CHOLERA WARDS OF THE LONDON HOSPITALS.

In resuming our account of the treatment pursued in the several hospitals of the metropolis, we necessarily refer chiefly to the London Hospital, which still continues to admit so many cases. There are in the London Hospital 139 beds allotted to cholera cases, and, if necessary, the wards could in a short time be prepared to receive 160 cases. The largest number at any time under treatment has been 116. The staff on which this work devolves consists of four physicians and five medical residents. These are aided by three head nurses, nearly seventy nurses, and five lady volunteer nurses. At one time the disposal of the dead was a great difficulty; but this seems to have



been readily overcome. The following is a summary of the patients admitted into the cholera wards of the London Hospital from the 10th July to 16th August:—

## CHOLERA.

|                | Admissions. | Recoveries. | Deaths. |
|----------------|-------------|-------------|---------|
| July 10 to 19  | 17          | —           | 5       |
| Week ending 26 | 100         | 4           | 58      |
| August 2       | 158         | 31          | 73      |
| “ 9            | 89          | 37          | 66      |
| “ 16           | 67          | 36          | 40      |

Totals . . . . . 431 . . . . . 108 . . . . . 242

## CHOLERATIC DIARRHŒA.

|                |    |    |   |
|----------------|----|----|---|
| July 10 to 19  | 7  | —  | — |
| Week ending 26 | 26 | 9  | — |
| August 2       | 28 | 38 | 8 |
| “ 9            | 35 | 15 | 3 |
| “ 16           | 27 | 22 | 1 |

Totals . . . . . 123 . . . . . 84 . . . . . 12

On the last date, August 16th, there remained in the hospital 108 cases, of which 81 were cholera, and 27 choleraic diarrhœa.

As to treatment, similar measures to those already described by us have been continued. Some other remedies have also been tried, among which we may name the camphor solution of Rubini. This has only been a failure. It is intensely disagreeable to the patient, and utterly impossible to be taken in the stage of collapse, as the solid particles of camphor only deposit on the mouth. We may here correct the dose of calomel which we named last week as prescribed by Dr. H. Davies. He gives a scruple for the first dose, and after abandoning Stevens's saline, the sulphuric acid with prussic acid, and podophyllin with camphor, seems to place most reliance on the calomel treatment.

We mentioned last week that some thermometrical observations are being made at this hospital. It is not improbable that statistics of this kind may hereafter prove of considerable value. The details at present can be of little value. We may mention, however, that comparative observations of the internal and external temperatures have in some instances been made, and seem to imply an increase of internal temperature as noted *per vaginam et per anum*, in proportion to the decrease externally indicated by the thermometer in the axilla. It would also appear that during the feverishness of reaction the internal temperature seldom rises above the normal heat. Other observers will probably collect statistics of this nature, and when the epidemic shall have passed away we may look for details which cannot yet appear for want of time to arrange them. It is not improbable that much interesting matter relating to the outbreak will appear in a future volume of the “London Hospital Reports.”

## GUY'S HOSPITAL.

THERE have been some other admissions during the week. Nothing fresh in the way of treatment, except that the permanganate of potash has been prescribed in a couple of cases by Dr. Moxon.

## ST. GEORGE'S HOSPITAL.

Two cases were admitted on the 14th. One was that of a cattle driver found by the police in a state of insensibility in Hyde Park. He died in about twenty-four hours afterwards, and a post-mortem examination was made. It is probable that at all the hospitals where a few cases occur a more detailed record of the cases will be kept and more autopsies made than where the number of the cases is so great as to over-work the staff. A considerable number of cases have been divided amongst the other hospitals.

## BELLISLE HOSPITAL SHIP.

As we named last week, several sets of cases are here being treated by different methods, and will be very valuable when sufficient numbers are collected to contrast the mortality under various modes of treatment. A most important experiment has been tried on eight cases—viz., abstaining from administering any drug whatever. It is undeniable that our facts as to the progress of the disease *unaided* by any treatment are but few. We are aware of several instances in which an attempt has been made to leave the disease to Nature, and that the results have been far from discouraging. The expectant method is not likely to find favour in so urgent a disease. Nevertheless, it has been tried, and some physicians have prescribed a mere *placebo* with a success equal to that obtained by others from very heroic doses of potent drugs.

## RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

## DR. LYONS'S CLINIQUE.

## DIARRHŒA: ENGLISH CHOLERA: TRUE CHOLERA.

SEVERAL cases of “Diarrhœa,” with more or less of abdominal pains, have been admitted in Dr. Lyons's Clinique since our last notice—in two instances with the alarm on the patient's mind that it was a cholera seizure. Hot fomentations, with the mild castor-oil carminative draught, masked by a small quantity of tincture of opium, gave speedy and permanent relief, and the patients were discharged convalescent.

In drawing attention to the diagnosis of “Diarrhœa” and “Cholera,” Dr. Lyons observes on the necessity for definite pathological knowledge as a basis for the enumeration and classification of the various forms of disease confounded under the head of “Diarrhœa.” The term, as ordinarily understood and employed, describes a symptom, but fails to define a recognizable diseased state, and as well might a patient, in many instances, be said to have died of “Cough” as of “Diarrhœa.” In another place he has forcibly remarked:—“In the medical history of former years such terms as ‘diarrhœa’ or the ‘fluxes’ were perhaps sufficiently admissible, but neither of these words, unless within very definite and precise limits, can be now accepted in the language of Clinical Medicine or Pathology. So far as they are taken to express a phenomenon of disease—not a disease itself—their use is proper; but it will be hardly necessary to say that, like the terms “Emesis,” “Hydrosis,” “Diuresis,” &c., Diarrhœa constitutes a symptom or phenomenon of disease, not any constant or established form of diseased action recognized as such in the pathological scale.” So much, it is not improper to urge at the present moment when in connexion with “Diarrhœa” so many vague ideas fill the popular and even the professional mind. That cases recorded as deaths from “Diarrhœa” are frequently due to such varied and opposite causes, as “Typhoid Fever,” “Tuberculosis of the Lung,” “Dysentery,” “Pneumonia,” Dr. Lyons has already elsewhere fully shown, while diarrhœa *per se* has rarely been a fatal disease within his experience at home or abroad.

## FORMS OF DIARRHŒA.

Under the head of “Diarrhœa,” considered as a morbid state, attended with more or less flux from the bowels, may be recognized the following forms:—

1. Atonic Diarrhœa } A form of disease corresponding  
or } in all essential particulars to the  
Diarrhœa Lienterica } of the older authors.
2. Biliary Diarrhœa: Due to deranged or increased biliary secretions poured out into the intestinal canal.
3. Crapulous Diarrhœa: Due to the ingestion or accumulation of food of indigestible quality or in excessive quantity.
4. Congestive Diarrhœa: (a) Acute; (b) Chronic.



(1.) *The Atonic Diarrhœa or Lientery* constitutes a form of affection not uncommon in children, but occasionally seen in the adult, and then of much more obscure character and often overlooked, and when treated by astringents proving remarkably intractable. Such remedies, in fact, but aggravate the malady, under which the patient labours. When it continues for any lengthened period, as it often does, if misunderstood and improperly treated, it leads to great prostration of the system. Feverish symptoms seldom attend this condition to any marked degree; thirst is usually complained of; the appetite fails; and a sense of nausea is often felt, especially during the heat of the forenoon in the summer months. A relaxed state of the bowels gradually comes on, and though disregarded at first, it becomes troublesome, chiefly from the frequency of its occurrence and its continuance. Pain is seldom felt to any great degree, and, if present, it is of but a passing character. But perhaps the most remarkable phenomenon of the disease is the almost total suspension of the digestive, assimilative, and absorbent functions, the *egesta per anum* often differing but little in appearance from what is ingested as food by the mouth; thus solid fragmentary particles of various kinds of food, animal as well as vegetable, can be readily detected in the *fœces*, such articles as bread, potato, carrot, meat-fibre, &c., retaining their natural colour, consistence, and general physical characters. In the Crimea, where this affection prevailed on a large scale amongst both officers and men, it was a subject of remark amongst the men, that "it was no use eating their victuals, as they passed through them undigested and exactly as they were taken in."

In private practice, Dr. Lyons has seen well-marked examples of the disease which yielded to judicious medication, non-astringent, and the use of a carefully-managed regimen continued over a protracted period.

(2.) *The Bilious Diarrhœa* demands especial attention at hands of the practitioner. It is essentially dependent on an irritated state of the intestinal mucous membrane, due to the secretion of bile in excessive quantity or morbidly stimulating in quality. In the severe forms, nausea, greenish or yellowish bilious vomiting, frequent copious and fluid yellow stools, with occasionally much flatus and a burning sensation about the anus, are complained of. A slight icteroid tint is at times observable in the conjunctiva. Derangement of the liver being obviously the cause of the malady in this form of disease, all rational therapeutic measures must be directed to this organ.

(3.) *Crapulous Diarrhœa* has been already sufficiently considered in the notice previously given. When attended with cramps, vomiting, and purging, the liability to mistake it for cholera is greatly increased. The danger of such mistake and of the treatment of the case by astringents has been already pointed out.

(4.) *Congestive Diarrhœa*.—This form of the malady may be considered in a future communication.

## Reviews.

**CHOLERA IN ITS HOME**; with a Sketch of the Pathology and Treatment of the Disease. By JOHN MACPHERSON, M.D., late Deputy-Inspector of Hospitals, H.M. Bengal Army. Pp. 155. London: Churchill and Sons. 1866.

**THE ANTIDOTAL TREATMENT OF THE EPIDEMIC CHOLERA**; with Directions, General and Individual, for the Prevention of the Disease. By JOHN PARKIN, M.D., F.R.C.S., late Medical Inspector for Cholera in the West Indies. Third Edition. Pp. 321. London: Churchill and Sons. 1866.

The first of these books is written by a gentleman who has had very ample opportunities of witnessing the progress of cholera in the East Indies, and he not only supplies a great amount of practical information as to the nature, cause, and treatment of the disease, but he has evidently made

himself well acquainted with the literature of the subject from the earliest to the most recent times. If the perusal of Dr. Macpherson's paper does not leave any very definite impression upon the mind as to the pathology or the causes of cholera, the result must be attributed to the intrinsic difficulty of the task undertaken by the author, and not to any deficiency of knowledge or zeal in investigation, or of facility of description. The very fact that he offers no dogmatic opinions is, in our estimation, perfectly consistent with his thorough acquaintance with the disease.

With regard to the question of contagion, Dr. Macpherson, while admitting that human intercourse has a share in the propagation of the disease, contends that it is contagious in a very slight degree in Lower Bengal. He states, as the result of his experience, that the attendants who are employed to rub the extremities of the cholera patients very rarely fall sick; that the native servants have no fear of attending their masters and mistresses when ill; that the sweepers who remove the excreta and the washermen who wash the clothes never suffered; and that he has never seen a medical officer or subordinate on duty in hospital attacked. He adds that for a series of twenty-five years at least only one resident medical practitioner has died of the disease in Calcutta, that he has never had reason to imagine that the performance of post-mortem examinations was dangerous to himself or his assistants, and that although he has spent hours and days in a cholera atmosphere without taking any precautions he never had the disease.

On the all-important but very unsatisfactory subject of treatment, Dr. Macpherson has not much novel information to afford. He distinctly repudiates what is called the eliminative plan, and when there is the faintest suspicion of cholera he cannot recommend the employment even of mild emetics or aperients, and he especially objects to castor-oil. He urges the necessity of checking the preliminary diarrhœa by means of astringents and opium, and the latter medicine he thinks useful when the disease is fully developed. Alcohol and diffusible stimulants may be employed in moderation, ice may be put into the mouth, and warmth may be applied to the surface of the body.

Dr. Parkin's book, which has reached a third edition, possesses very considerable merit, and is founded, like Dr. Macpherson's, on great practical experience, but it is essentially dogmatic on the subject of treatment. He conceives that an antidote and a specific exist for cholera, and that the agent possessing these properties is carbon, employed either in powder or in the form of carbonic acid. It is not very clear on what theoretical grounds Dr. Parkin advocates the employment of this substance in cholera, but he declares that its use has been most successful in his hands. Carbonic acid is to be given by means of effervescing draughts, or if the patient objects to take it in this form, the carbonated alkali and the acid are to be administered one after the other.

**NINETEENTH REPORT OF ST. MARK'S OPHTHALMIC HOSPITAL AND DISPENSARY FOR DISEASES OF THE EYE AND EAR.** Dublin. 1864-66.

This report embraces a period of eighteen months, from the 1st October, 1864, to the 31st March, 1866; the hospital year will in future begin on the 1st of April, instead of on the 1st of October, as heretofore; and the change has been considered desirable in order to facilitate the making of special returns to the Dublin Board of Superintendence, and to the Treasury. In other words—the Treasury year, the year of the Dublin Hospitals' Board, and the year of St. Mark's Hospital, will in future be identical. It is scarcely necessary to say that this report keeps up its old repute. One fact may be noted—that whereas ninepence per day had been previously charged for maintaining



patients sent in by the Boards of Guardians, "owing to the great rise in the price of provisions, &c., that sum has been found insufficient, and it has been considered necessary to increase it to *one shilling per day*." The whole financial scheme of hospital maintenance of patients must be largely affected by the late and present famine prices.

## London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 22, 1866.

### THE HOSPITALS OF PARIS AND LONDON.

CONSIDERING the contiguity of England and France, and the community of scientific interests between the two countries, the difference existing between the Hospital system in each is exceedingly remarkable, but still it may be readily explained by reference to their respective political constitutions. In our own country, as we well know, the plan of local self-government is, or rather has been, carried to its utmost limits, till at last common sense and common humanity have revolted against the abuses which the excess of individual liberty has created; while in France, the very opposite principle of centralization, however abhorrent to the British mind, appears to have produced some very happy effects, and what is more, it seems to be in perfect harmony with the sentiments of our Gallic neighbours.

Our own Hospital system, being founded exclusively upon the principle of self-government, presents the most striking anomalies, and is prevented only by the general good sense of the community from leading to the greatest abuses. On the one hand we find palatial institutions, endowed with enormous funds, falling far short of the beneficent objects no doubt contemplated by their founders, and on the other we see inferior, though not less reputable establishments, merely struggling to keep their heads above water by continual appeals to the charity of the benevolent; while a great mass of the sick poor, who have neither the interest nor the good fortune to obtain admittance to the Hospitals, are relegated to the tender mercies of the administrators of the Poor-laws.

As a necessary consequence of this state of affairs it happens that many of the sick poor are lodged and cared for in our metropolis and our large cities in a style which might be envied by their richer neighbours, while numberless others of the same class are consigned to the miserable accommodations afforded in the wards of the workhouses, where the principle of self-government has produced the disastrous effects so often recorded. It also follows from our English system that the classification of diseases and their treatment in special hospitals is almost unknown, except in some few cases; and hence also arise the inequalities observable in our mode of appointing and remunerating the Medical Officers, some of these gentlemen occupying positions of considerable independence and enjoying adequate salaries, while

others, no less deserving, are allowed to languish in the cold shade of neglect, and to struggle for a bare subsistence at the hands of unfeeling taskmasters.

The system in Paris (and what is true of Paris is equally true of all parts of France) is entirely different, and the hospitals and infirmaries for the sick, instead of being dependent upon private charity, are institutions which are provided for and governed by the State. They all form portions of the Department of Public Assistance, which takes under its charge all kinds of poverty and suffering, and sends the sick poor to the hospitals, and the aged and infirm to the various *hospices*, for which word we have no equivalent English term, as it represents the favourable aspect of our workhouses without their attendant mismanagement.

It is true that the public in general subscribe nothing in France to the support of the hospitals, if by the term subscription is meant the appearance in print of a number of names followed by the amount of donation which each one may, if he pleases, present to the respective charities, and in return for which each one generally expects some corresponding privilege. But then by the centralizing system, to which we have referred, every one in Paris is compelled, although indirectly, to contribute, whether he pleases or not, to the maintenance of the hospitals for the sick and infirm, and as the tax is universal, it is very light, is very little felt, and has never been made the subject of complaint.

From a little work lately published, entitled a "Winter in Paris," by Mr. FREDERICK SIMMS, M.B., containing some very useful information on the medical institutions and the sanitary condition of the French capital, we learn that the sources from which the Parisian hospitals derive their income are from real property, rents of houses, rents payable by the city of Paris, money derived from the cutting of wood in different forests, from the theatres and other public exhibitions, and from other miscellaneous quarters, so that while there is an ample revenue for the care of the sick and infirm, no individual feels the burden of the impost. Then the administration of the revenues thus received is vested in a Director-General and a Council of twenty members, of which the Prefect of the Seine is *ex-officio* the President, and the admission to the hospitals is regulated by this Council, or by persons acting under its direction. Thus it happens that all the sick and infirm have an equal chance, and are not made to be dependent upon a governor of an hospital for their admission to its benefits; and again, some cases which are unsuitable for an hospital, but which are necessarily admitted into our own hospitals because recommended by a governor's letter, would be sent in Paris to the *hospices*. In accordance with the same spirit and practice of centralization, the Medical Officers of the Hospitals receive their appointments after competitive examinations, and not as matters of private favour and solicitation.

While thus drawing a comparison, however, between our own hospital system and that of France, and point-



ing out some of the advantages of the latter, we are by no means insensible of the evils attendant on the French system, and probably a combination or modification of the two systems might be profitably introduced; but it must be admitted that, looking to the present comparative treatment of the sick poor in Paris and London, it would certainly appear that the French sick poor are in the better condition.

THE *Lancet* of August 11th has not favoured us with any information from "Our Own Correspondent, Southampton," but with some remarks from Dr. MACLEAN. A few months ago, if I remember correctly, the Doctor had lost all confidence in most of the vaunted remedial agents for cholera. JOHNSON'S castor-oil treatment met with no favour at his hands, whilst he considered the novel and funny mode of procedure (if the seriousness of the question admitted of such phraseology), that of applying ice-bags along the course of the nervous centres worthy of consideration and trial. It would appear that after lengthened experiments this suggestion has been discarded as worse than useless. Dr. MACLEAN spoke approvingly of opiates and astringents in the premonitory stage, in which he may rest well assured that his view will be endorsed by a large proportion of practical men.

Elimination by the skin and opiate astringents will cure 99 per cent. of those who have tolerable constitutions in the premonitory stage. In his letter, dated July 30th, 1866, the Doctor again becomes visionary, and tells us that the method of disinfecting the stools and sewers by means of this powerful agent (carbolic acid) is being actively followed at Southampton, and, to this, in great measure, he attributed the comparatively limited area within which the disease up to this time had been confined. He commenced with the assumption that the stools and the sewers are infectious, and then boldly asserted that they had been disinfected!

What can Dr. PARKES, whose name has been introduced, have to do with disinfection? He has written a book on cholera, and contributed a number of facts, with the view of demonstrating the non-contagious character of the disease. It is impossible that his association with the Privy Council, in the capacity of Medical Adviser, should have made him a convert to doctrines he had previously opposed.

That carbolic acid and the hogsheads of stinking stuff which have been thrown about the streets of Southampton could have done more than frighten people of the place remains to be proved.

Choleraic disease has shown itself indiscriminately, as in 1849, in all the dirty localities of Southampton. Connected with extensive practices in the town, I may certainly write with as much authority as a gentleman whose official duties necessitate his spending most of his time at Netley, several miles from the scene of action.

There have been but three deaths from cholera since the 9th; fifteen during the present month, and last week the aggregate deaths were only two above the average.

## Notes on Current Topics.

LONDON WATER.---From the report of Dr. Letheby it would appear that during the month of July a reduction in the quantity of organic matter was found in the waters of all the companies. This reduction is attributed to the increased care with which the processes of filtration were conducted, and it is naturally enough suggested that, "all discoverable traces of organic matter may be removed from water, and yet it may still contain enough of the minute germs of disease to manifest its morbid action whenever it is used." Thus, while filtration through proper substances will remove decaying organic matter, and therefore ought not to be neglected, we should, at the same time, take steps to destroy any living germs capable of producing disease. These germs may be destroyed by certain agents, such as chlorides of zinc and iron, carbolic acid, &c. But the agent on which most reliance can be placed is heat. While, therefore, we filter through charcoal to remove decaying matter, we should boil all our water to destroy the vitality of those living germs by which cholera and other diseases are supposed to be propagated.

Let every family put aside sufficient boiling water from breakfast to serve for drinking purposes during the day, and a great danger would be removed. Filtration is good, boiling perhaps better; but both would certainly be best of all.

DEATHS OF PARISIAN PHYSICIANS FROM CHOLERA.---Among the victims of the epidemic in Paris three physicians, MM. Berard, Gibert, and Chaussier, may fitly be mentioned in a medical journal. M. Berard was a proprietor of the *Gazette de France*, and having gone to Paris from his country home at Blois, was seized during the night after his return, and died in the afternoon of the next day. Perhaps the case may illustrate the comments in Dr. Lyons' clinique reported in our last number, as to the greater effect of terrene and atmospheric conditions in a new locality. M. Chaussier was son of the surgeon who rendered the name so celebrated. M. Gibert has been one of the physicians to St. Louis for some twenty years, and his works on the skin and syphilis are well known. He was strongly opposed to the general opinion, that cholera is preceded by premonitory diarrhoea, and may be almost said to have fallen a victim to his persuasion; for we hear that he suffered several days from relaxed bowels, which he refused to treat medicinally.

A grant of money has been made by the Treasury to the Department of Health, for the purpose of conducting a special series of experiments and researches in connexion with the present outbreak of cholera. Mr. Simon will conduct the inquiry.

WESTMORELAND LOCK HOSPITAL, DUBLIN.---At a special meeting of the governors of this hospital, held on Saturday last, the 18th inst., Benjamin F. McDowell, Esq., M.B., T.C.D., was elected unanimously a visiting surgeon to the hospital.

DR. O'BRIEN, Medical Officer of Galbally Dispensary, county Limerick, was on Monday, the 20th inst., admitted a Fellow of the Royal College of Surgeons in Ireland.

BELFAST BRANCH OF THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—Dr. Browne, R.N., the treasurer of this local branch of the above society, begs to acknowledge the receipt, through Dr. Stewart, of £1 ls. as a subscription from Staff Assistant-Surgeon Mosse, Gambia.



## MORTALITY OF THE TROOPS IN CHINA.

THE Select Committee appointed to inquire into the Mortality of the Troops in China, have just issued their report, which we now proceed to analyse.

From the 1st of March, 1865, to the 1st of March, 1866, the 2nd Battalion of the 9th Regiment lost 200 men by death and invaliding home, out of a total strength of 838 men. The total deaths were 85—more than one-tenth of the strength for one year's mortality!

The 2nd Battalion, 11th Regiment, between June 1, 1865, and March 1, 1866, lost 258 out of 716, or more than one-third of the strength, by death and invaliding. The total deaths were 94, or more than one-eighth for nine months' mortality!

Besides these, the case of the 99th Regiment has particularly attracted the attention of the Committee. It appears that on the 15th of September, 1864, the 99th, then at Hong Kong, and in excellent health—there being only 31 cases in hospital out of a total strength of 684 men—was ordered to proceed to Kowloon, to occupy huts there. This order produced remonstrances from the principal medical officer and the regimental surgeon, who reported that "greatly increased sickness and mortality will follow the change, and the health of all will be deteriorated." In spite of these representations, the move was carried into effect, whereupon the following sanitary state ensued:—

| DATE, 1864.        | STRENGTH. | IN HOSPITAL. | FEVER CASES. |
|--------------------|-----------|--------------|--------------|
| September 14 . . . | 683       | 31           | 3            |
| October 14 . . .   | 623       | 123          | 81           |
| November 14 . . .  | 619       | 161          | 11           |
| December 14 . . .  | 612       | 97           | 26           |

The Committee express distinctly their opinion that the sanitary state described was entirely due to the unhealthy condition of Kowloon as a station, of which the military authorities had been forewarned by the medical staff.

We now follow the Committee to the case of the 2nd Battalion, 9th Regiment, which arrived at Hong Kong in February, 1865. On the 1st of March it was 838 strong. By the 1st of March, 1866, there were

|                              |     |
|------------------------------|-----|
| Invalided home . . .         | 145 |
| Deaths in China . . .        | 55  |
| Diminution of strength . . . | 200 |

Further, of those invalided, 30 died on the passage home, raising the total deaths to 85—more than one-tenth mortality for one year! To this should be added the deaths of 6 women and 24 children belonging to the regiment, besides 27 women and 40 children invalided between February and October, 1865.

The next case considered is that of the 2nd Battalion, 11th Regiment, which on the 1st June, 1865, numbered 716 men. Between that date and 1st March, 1866, there were

|                              |     |
|------------------------------|-----|
| Invalided home . . .         | 193 |
| Deaths in China . . .        | 65  |
| Diminution of strength . . . | 258 |

Of the invalids, 29 died on the passage home, making a total of 94 deaths, or more than one-eighth of the total strength in nine months.

In addition to these losses, there died of this battalion, between June and October, 3 women and 28 children; and 21 women and 28 children were invalided home.

The causes of this frightful mortality are ascribed by the Committee to the following causes:—

"1. The unhealthiness of the season 1865.

"2. Exposure to heat and malaria on duty.

"3. Want of barrack accommodation for the number of troops stationed at Hong Kong and Kowloon; the inadequacy of the huts and hired buildings to the sanitary requirements of Europeans, and the occupation of huts at Kowloon during the progress of excavations."

As to the first reason, the Committee have only some

contradictory evidence to offer, so that it may be passed over as of slight consequence. As to the others, it is established that the general in command had full authority, if not positive instructions, to transfer part of the troops to Japan; but, although warned of the consequences of a residence at Kowloon and Hong Kong, he retained the men in those stations, where they could not be properly provided for, to weary them by guard and other routine work, and this when it is clearly shown that hired watchmen could have discharged these duties—indeed had been previously employed for this very purpose.

Dr. Logan, Dr. Saunders, and Dr. Rutherford had all previously drawn attention to the "necessity of European troops having many nights in bed between the intervals of duty." Six or seven nights in bed was considered the minimum, but we find from the report that this was on one occasion reduced to two, and on another to one.

In respect to the overcrowding, it appears that in 1863 the War Department recognized 1000 to 1500 cubic feet per man as necessary for Europeans in tropical climates. Yet what are the facts proved before the Committee? Barracks abandoned for their insalubrity, were again occupied by small detachments and by families of married soldiers. Further on we read:—

"The general hospital is stated to be capable of holding 120 patients, at 1063 cubic feet. This hospital, at 1500 cubic feet, would only hold 84 patients; but, from want of hospital accommodation, it is stated that no less than 195 men were placed in it for treatment."

On the 1st April, 1865, the following was the state of the garrison at Hong Kong:—

|                                         |     |
|-----------------------------------------|-----|
| Troops to be provided for . . .         | 889 |
| Actual accommodation on old scale . . . | 849 |
| On new scale of 1000 cubic feet . . .   | 592 |

To which are to be added 38 married soldiers and their families, for whom there was no permanent accommodation.

"There existed, therefore," says the report, "a normal deficiency of barrack room at Hong Kong. This deficiency was increased by the arrival of the 2nd Battalion, 11th Regiment, and was met by over-occupying the barracks, by hiring buildings, and by quartering 250 men, married and single, in the huts at Kowloon, and by occupying the condemned ship *Hercules*."

As to the fitness of the hired buildings for the purpose to which they were put, we find in July, 1865, the following:—

|                                              |      |
|----------------------------------------------|------|
| Troops to be provided for . . .              | 1598 |
| Actual Accommodation, <i>old scale</i> . . . | 1377 |
| Deficiency . . .                             | 216  |

Colonel Jenner thus describes these hired buildings:—

"The ventilation was bad; they had to make ventilation after it was occupied; there were no latrines; the men had to go down in the hot sun upwards of a quarter of a mile, into the bush at the back, to answer the calls of nature. There were no places for cooking; they had to cook in the open sun in rear of the barracks, where there was a spring of brackish water, which they had to drink. In fact it was misery itself. The only means of getting into the upper story was by bamboo ladders."

Some unsuccessful attempts were made to provide for some of the troops in ships—but for want of proper instructions from home, the admiral in China afforded no assistance:—"150 men went on board the *Princess Charlotte*, by the kindness of Captain Nolloth."

So testifies the Committee. How is it that our troops should at any time depend on the kindness of a single captain for the accommodation that the government ought to provide. We have touched on the facts in the report which have a medical aspect. It is scarcely the province of a medical journal to attempt to weigh the feeble con-



demnation of the committee, or to apportion the blame due to the several parties inculpated. Our own profession has again only shone the brighter from the light shed on the subject by the enquiry, and once more we have a right to ask why the recommendations of the medical staff should be set at nought by incompetent commanders?

## Correspondence.

### POOR-LAW MEDICAL REFORM ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I shall feel obliged by your giving insertion to the annexed correspondence. I rejoice to see that another Medical Inspector, Dr. Markham, has been appointed by the Poor-law Board—a sign that the medical element is in the ascendant, and I trust the time is not far distant when the sick poor of England and Wales and their medical officers will be treated with due consideration.—I am, &c.

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, 11th August, 1886.

Subscriptions forwarded to the Association:—

Elkington, George, Southam, 5s.; Grimbley and Francey, Banbury, 10s. From the Bethnal-green Union the following: Welsh, C, 10s.; Haycock, G., 10s.; Brotherton, W. R., 10s.; Lyel, B., 10s.; Burgess, F. J., 10s.; Massingham, J. E., 10s.; Defriez, J. E., 10s.

12, Royal Terrace, Weymouth, July 24, 1886.

SIR,—I perceive a Bill is now before the House, brought in by yourself and Mr. Earle, entitled a Bill to amend the Act providing Superannuation Allowances to Officers of Unions and Parishes, &c.

In the first Clause of that Bill, it is stated "The Superintendent Registrar and the Registrar of Births and Deaths appointed to any union or parish shall be deemed an officer within the operation of the statute," &c. I respectfully beg of you to add the words *medical officer*, and my reasons for asking this boon is that for the sake of the poor, you should be able to superannuate your medical officers when unfit for the service, which a retiring pension will enable you to do, otherwise they must continue in the service if poor, for the sake of a mere living. In addition to this, it is but just to the medical man himself that after passing not less than twenty years in the service of the poor-law—a service which at all times is most fatiguing and most assuredly tends to shorten life—that he should have a retiring pension. I respectfully beg to call your attention to my letter of the 9th inst.—I have the honour to be, yours most obediently,

RICHARD GRIFFIN.

Right Hon. Gathorne Hardy, M.P.

Poor-law Board, July 25, 1886.

SIR,—I am directed by Mr. Gathorne Hardy to acknowledge the receipt of your letter of the 24th inst., and to say that no alteration of the kind can be made during the present year.—Your obedient servant, J. STEWART HARDY.

### STATE OF THE DRUG TRADE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reply to the gentleman who addresses you under the head "State of the Drug Trade," I beg to say that I would be the last to profess unbelief in what he puts forward as positive statements, without good grounds. I do not for a moment doubt his veracity, but I do the opportunities he has had for making such inquiries with exactitude. I once engaged in such a series of experiments. I well know how difficult it is to arrive at safe and positive conclusions. I even went so far in the transcendentalism of youthful enthusiasm as to make efforts to ascertain if there was any proof of the wonderful effect to be obtained in increasing the powers of minute doses of rhubarb by prolonged trituration, but never succeeded in making one-eighth of a grain act as an aperient dose.

As to the statements of proof put forward by the writer,

such have been over and over again advanced by the homœopaths as to the positive effects of their globules. I am fully aware of the effects of minute doses of podophyllum, and yet I never could depend on a smaller dose than one-twelfth of a grain, and it is uncertain in any dose. But podophyllum is not rhubarb. It may be that in medicine we have to do with the "dura ilia messorum," but two grains of Barbadoes aloes are often given with perfect impunity; and the nicest and most careful prescriber I ever met, the late Sir H. Marsh, told me that he never could depend on less than one grain as an aperient dose; that when he gave smaller quantities, it often accumulated, and then acted too powerfully.—I am, Sir, yours respectfully,

J. W. MARTIN.

Portlaw, August 7, 1886.

P.S.—As controversies of this kind will not lead to much useful results, I will decline answering any further correspondence.

### SCALE FOR MAREY'S SPHYGMOGRAPH, AND REMARKS ON THE MODE OF PLACING THE INSTRUMENT ON THE ARM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am aware that attempts have been made to apply a scale to the sphygmograph, in order to ascertain the exact rate of the pulse, and the precise time occupied by each beat. Having been employed for some months past in making sphygmographic observations, I found great inconvenience in using a graduated card for the purposes above mentioned, owing to the difficulty of starting the instrument at an exact division of the scale. I conceived the idea of having a transparent scale constructed, which could be laid down upon the tracing after its removal from the sphygmograph. Mr. Stephen Yeates, of Yeates and Son, Grafton-street, has constructed such a scale for me, which I find answers its purpose admirably. As the slide of Marey's sphygmograph takes ten seconds to run its whole length, I have had the scale graduated so as to correspond with seconds and tenths of seconds (these, in the case of the instrument I use, correspond exactly with half inches and tenths of an inch). I have also had lines cutting those at right angles drawn the whole length of the sphygmographic scale, at the same intervals (twentieths of an inch), or double the intervals (tenths of an inch) of the vertical lines. The scale is drawn upon a thin slip of horn. By applying this scale to a sphygmogram, we convert the sphygmograph into an accurate sphygmometer. We can by the use of this little appliance ascertain exactly the rate of a pulse, far beyond what we could count by our unaided sense of touch (even up to 600!). We can ascertain the exact length of a single beat, state in figures the various deviations, or estimate its amplitude. Thus in a tolerably healthy pulse, of which I have a sphygmogram, the length of the beat is 0.7 of a second; its height (measured by distances corresponding with tenths of a second on the scale) 0.35; thus the whole beat may be represented by 0.70 × 0.35. In a rapid pulse (fifth day of typhus) the length of beat is 0.5 of a second; height, 0.2; whole beat, 0.5 × 0.2. In this case also the duration of the up-stroke is 0.1. In a slow pulse (counted 34 per minute), length of beat, 1.4 second; height, 0.3, &c. We might also in this way describe the variations in the dichrotism &c., avoiding the use of a diagram in the description of the pulse, and enabling the reader to lay down a curve (on a scale similar to the one used), representing the described pulse. Although I do not pretend that the scale I have described may not admit of improvement, yet I think this mode of using the instrument possesses some novelty, as well as interest, both from a scientific and practical point of view.

With regard to fixing the sphygmograph upon the arm, which seems to have been a difficulty to several beginners,



myself among the rest, after numerous trials, the arrangement I pursue, as the best, is the following: I place on the back of the arm a piece of thick, firm, yet pliable leather (six inches long, by three wide, rounded at the corners), in the centre of which is placed a strong hook. I place the sphygmograph in position, and pass the lace (which is composed of two yards of strong silk braid) over the leather and round the pins on the wings of the instrument, until the whole is firmly bound to the arm. I then give the lace a turn round the hook, next round the first phalanx of the thumb, again round the hook, and so on for all the fingers. I find it of particular importance to steady the thumb, as its tendon passing near the radial artery at the point where the instrument is applied, is very apt to interfere with the regular action of the spring. I cannot agree with those who recommend the use of elastic bands instead of an inelastic lace (as used by Marey), in tying on the instrument, or the use of a thick and soft pad for passing the lace over on the back of the arm. Both these arrangements tend to give elasticity to the attachments, allowing the pulse to communicate a slight motion to the whole instrument, and wasting some of the force which should otherwise have been expended on the mechanism of the essential part of the instrument. There should be no elasticity, if possible, except in the spring which presses upon the pulse.—Yours obediently,

THOMAS WRIGLEY GRIMSHAW, M.B.

13, Molesworth-street, August 10, 1866.

#### EXAGGERATED REPORTS OF CHOLERA, SOUTHAMPTON.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The *Lancet* persists in feeding the daily papers with exaggerated statements in reference to the fatality of cholera at Southampton. I have just returned from the residence of the registrar, and learn that the aggregate deaths, from all causes, during the month of July, amounted to 140; those who had suffered from chronic disease, the aged, and infants, forming a large proportion, as is invariably the case when an epidemic sets in—the weakly yielding first—and that during the four days in the present month the decrease in the mortality has been very marked—only one or two from cholera daily.

You may observe that the 140 deaths during the month of July, with a population of nearly 50,000, is below the ordinary average of some of our thickly populated towns. Hence, what can the writer in the *Lancet* mean by asserting "that our mortality has been terribly great!" "The fearful mortality of the Southampton cases speaks for itself," &c.! The writer goes on to remark on "the removal of patients from localities of the most possible insanitary condition!"

The writing then becomes superfine: "Many cases have passed through the stage of cyanotic prostration, but these have for the most part terminated fatally, either from consecutive fever, prolonged somnolency, hæmatozic influences, or from the most painful and pathognomonic form of dyspnoea!"

The ice-bag puff is now considered a thing of the past—"indeed, unprejudiced observers think them worse than useless." "Stimulants retain some warm and successful advocates;" "the castor-oil treatment is most repugnant to the patients." "The hypodermic method of administering medicines is still thought and spoken of favourably,"—but surely not such acrid substances as corrosive sublimate and turpentine, which received last week's laudation!

Another part of the *Lancet* announces—"We find that drugs are still continued to be employed, of which ample experience has shown the utter futility, and which are only prevented from destroying life because, happily, they are not absorbed—because, that is, they do not enter the

economy [how explanatory], and cannot, therefore, act either for good or evil!"

Surely such writing, with much more that has recently appeared in the pages of the *Lancet* in reference to the inculcation of both facts and principles, cannot be accepted as representing the knowledge of our thoughtful and practical men, but rather strikingly depict the deplorable snobism of a section of the profession. The juvenile conductors of the *Lancet* owe their position to the untiring energy of an honest, strong-headed man. Let them take heed lest their gentility and effeminacy lose them that which they would certainly never have accomplished for themselves.—I am, Sir, yours faithfully,

EDWIN HEARNE.

Park Lodge, Southampton, August 4, 1866.

#### MEDICAL FEES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I wish to call your attention to a few facts connected with medical fees for attendance at Petty Sessions Courts. I was on last Tuesday summoned to attend the court here as medical evidence in some serious cases; I was obliged to remain from eleven a.m. until five p.m., and was called on to give evidence as to the state of three persons seriously injured. The parties inflicting the injuries were either sent to prison with hard labour or heavily fined.

After my six hours' attendance in court, I asked for an order for my fee, and was coolly told by the magistrates that I could get none, as the Castle authorities had sent a circular requesting that no order should be made for medical attendance, but that the dispensary doctor should, in all cases, be called on without fee. Now, as I happen not to be connected with any dispensary, I consider it a great grievance that I shall never in similar cases be entitled to a fee; and, if I refuse to attend, a warrant will be issued to compel me. Can you give me any information on this subject? Are medical men to be the slaves of attorneys and magistrates on such occasions? For from this it is certain that they can most unjustly compel any of us, at the expense of our private practice, to remain all day in a courthouse without any remuneration whatsoever.—I remain, dear Sir, yours truly,

J. W. DWANE, L.R.C.S.I., &c.

Cloyne, August 15, 1866.

X. X.—We cannot sacrifice any of the interest of the journal for the sake of an extra-professional circulation. The series of communications is, however, finished, and on another occasion the suggestion of our Correspondent will be borne in mind.

W. S., Dublin, shall have a private note.

#### BRITISH MEDICAL ASSOCIATION.

In this day's issue we publish Mr. Bowman's important Address in Surgery. In our next number we hope to give Dr. Hughes Bennett's Address on Medicine. The length of Mr. Bowman's valuable address has compelled us to postpone the publication of papers by Mr. Richardson, Dr. Madden, Mr. Macalister, Dr. MacCormac, and Dr. Griffith. We hope to give them in our next.

DEATH OF DR. RYAN.—We regret (says a Jamaica paper) in having to announce the death of Dr. Ryan, of H.M.'s steamer *Aboukir*, which occurred at Port Royal on Monday. The remains were brought up to this city yesterday, and in the afternoon interred at the West Burial Ground. The funeral procession left the Steam Company's Wharf at a quarter to six o'clock. The hearse was preceded by a firing party of marines, and the procession was formed of the ship's crew, followed by several naval and military officers, some in coaches and some on horseback, those of the highest rank following last.



## THE SANITARY ACT, 1866.

THIS Act, to which we have already, on two occasions, called public attention, contains provisions of so novel and so interesting a nature, that we think it right, especially at the present time, to give further prominence to some of its more important provisions. We propose to do this in a popular and easily intelligible form. Any person who wishes to take action under the Act should, of course, have recourse to and be guided by the very words of the Act itself.

Section 1 gives its short title—"The Sanitary Act, 1866." Its register number in the statute-book is the 29th and 30th of Victoria, chap. 90.

Section 4 gives power to any sewer authority (that is, as the case may be, the Town Council, or the Commissioners under a local Act, or the Vestry) to form a committee of its own members and others to act on its behalf.

Section 5 gives to the sewer authority in certain cases the power of forming any part of its district into a special drainage district, and of levying a rate for sewage purposes within such district.

Section 6 gives to any number of the inhabitants of such district (not being less than twenty) the power of appealing against the formation of such special drainage district to a Secretary of State, who, after due inquiry, may if he thinks proper, annul or modify the decision of the sewer authority.

Section 8 gives power to any owner or occupier within the district of the sewer authority to empty his drains in a proper manner into the drains of the sewer authority.

Section 9 gives power to any owner or occupier outside the district of the sewer authority, upon such terms as may be agreed upon; and in case of dispute, the matter is to be settled by two magistrates, or by arbitration.

Section 10 empowers the sewer authority to call upon any person living within 100 feet of any public sewer to make a drain from his house to the public sewer; if the distance is more than 100 feet, it may call upon him to empty his drains into a covered cesspool. If such person fails to comply, the work may be done by the sewer authority, and the expenses may be recovered in a summary manner.

Section 11 gives to the sewer authority power to supply its district with water by digging wells, making reservoirs, and doing any other necessary act.

Section 16 gives power to the chief officer of police within the district of any nuisance authority, by direction of a Secretary of State, to deal with nuisances, if the nuisance authority is proved to have neglected its duty.

The officer of police may not, however, enter any house for this purpose without either the consent of the occupier or a magistrate's warrant.

Section 19 adds to the list of legal nuisances—(1) any house or part of a house so overcrowded as to be dangerous to the health of the inmates; (2) any dirty, ill-ventilated or overcrowded factory or workshop; (3) any fireplace or furnace not consuming its own smoke, so far as is practicable.

Section 20 imposes upon the nuisance authority the duty of inspecting its district from time to time, with a view to the abatement of nuisances.

Section 22 gives power to the nuisance authority, in certain cases, to order an owner or occupier to cleanse and disinfect his house and anything in it, under a penalty of 10s. a day for disobedience; and allows the nuisance authority, in case of default, to do the work itself and recover the expenses from the owner or occupier. Where, in the opinion of the nuisance authority, the owner or occupier is unable, from poverty or otherwise, to cleanse and disinfect his house, it may, at its own expense, and with the consent of the owner or occupier, do the work itself.

Section 24 empowers the nuisance authority to maintain carriages for the conveyance to a hospital or to their own

homes of persons suffering under any contagious or infectious disease.

Section 25 exposes to a penalty, not exceeding £5, any person who, without notice to the owner or driver, enters any public conveyance while suffering under any dangerous infectious disorder. No owner nor driver need carry any such person without being first paid all losses and expenses.

Section 26 empowers any magistrate, under certain circumstances, to order the conveyance to a hospital of any person suffering under any dangerous contagious or infectious disease who is without proper lodging or accommodation, or lodged in a room occupied by more than one family, or who is on board any ship or vessel.

Sections 27 and 28 empower the nuisance authority to provide a proper place for the reception of the corpses of persons who have died of any contagious or infectious disease, and of corpses awaiting a post-mortem examination.

Section 29 empowers the nuisance authority, with the consent of the Privy Council, to make rules for removing to and keeping in a hospital any person arriving within its district in a ship or boat and suffering under a contagious or infectious disorder.

Section 30 extends the power of the nuisance authority in certain cases to ships and boats not lying within its district.

Section 35 empowers the nuisance authority in certain cases to make regulations for (1) limiting the number of persons who may occupy a house or part of a house which is let in lodgings; (2) the registration of such houses; (3) inspecting and cleansing such houses; (4) providing privies and other appliances and means of cleanliness for such houses, and for cleansing and ventilating the common passages and staircases; (5) cleansing and limewhiting such premises.

Section 36 provides for the temporary or permanent closing of such houses under certain circumstances.

Section 37 gives to the sewer authority (in the metropolis, to the nuisance authority) power to provide district hospitals or temporary places for the reception of the sick.

Section 38 exposes to a penalty not exceeding £5 any person suffering from any dangerous infectious disorder who wilfully exposes himself, without proper precaution against spreading such disorder, in any street, public place, or public conveyance, and to a like penalty the owner or driver of any public conveyance who knowingly conveys such sufferer and does not immediately afterwards provide for its disinfection.

Section 39 exposes to a penalty not exceeding £20 any person who knowingly lets a house or part of a house or a room in which any person suffering from any dangerous infectious disorder has been, without first having it and all articles therein disinfected to the satisfaction of a medical man.

Section 49. Where complaint is made to one of Her Majesty's principal Secretaries of State that a sewer authority or local Board of Health has made default in providing its district with sufficient sewers, or in the maintenance of existing sewers, or in providing its district with a supply of water in cases where danger arises to the health of the inhabitants from the insufficiency or unwholesomeness of the existing supply of water, and a proper supply can be got at a reasonable cost, or that a nuisance authority has made default in enforcing the provisions of the Nuisance Removal Acts, or that a local Board has made default in enforcing the provisions of the Local Government Act, the said Secretary of State, if satisfied, after due inquiry made by him, that the authority has been guilty of the alleged default, shall make an order limiting a time for the performance of its duty in the matter of such complaint, and if the said duty is not performed by the time limited in the order, the said Secretary of State shall appoint some person to perform the same, and shall by order direct that the expenses of performing the same, together with a reasonable remuneration



to the person appointed for superintending such performance, and amounting to a sum specified in the order, together with the costs of the proceedings, shall be paid by the authority in default; and any order made for the payment of such costs and expenses may be removed into the Court of Queen's Bench, and be enforced in the same manner as if the same were an order of such Court.

Section 52 brings outward-bound and coasting vessels within the provisions of the Quarantine Act, and of all orders issued by the Privy Council under that Act.

Section 53 exposes to a penalty 20s. per day any person who does not at proper intervals, after due notice, remove his manure and other refuse matter from mews, stables, or other premises.

Section 56 applies the first part of the Act and the water clauses of the Public Health Act, 1848, to Ireland.

Section 57 applies the second part to Ireland.

Sections 58 and 59 direct that the expenses shall be defrayed out of borough rates, or out of the poor rates, if a Board of Guardians.

Section 60 directs that penalties shall be inflicted under the Petty Sessions Act, 1851.

Section 61 substitutes the Lord Lieutenant as the authority in the place of the Secretaries of State and Privy Council in England.

Section 62 empowers the Poor-law Commissioners to issue regulations.

Section 63 directs all Poor-law Officers to aid the local authorities.

Section 64 incorporates the Dispensary Act with this Act.

Section 65 enables the guardians of any union to recompense any medical officer for services under the Act.

Sections 66, 67, and 68 direct that the Poor-law Commissioners shall make inquiry into the state of public health.

Section 69 repeals the former Nuisances Acts.

REGULATIONS AS TO THE PAY AND POSITION OF NAVAL MEDICAL OFFICERS.

Admiralty, July 12th, 1866.

My Lords Commissioners of the Admiralty having had under their consideration the rank, pay, and position of naval medical officers, are pleased, under the authority of her Majesty's Order in Council of 6th July, 1866, to establish the following regulations:—

1. Staff surgeons to be placed on a separate list, and promotion to that rank to be open to officers for distinguished or special service (although twenty years on full pay may not have been completed).

2. The whole time served on full pay as an assistant-surgeon to be allowed to qualify for the rank of staff surgeon, provided the examination for surgeon is passed before he completes ten years' service.

3. The pay of surgeons and staff surgeons to increase by periods of four years, instead of five years as at present.

4. In order to put naval medical officers on the same footing as army medical officers, in respect of allowances in hospitals at home and abroad, they are to receive the following money allowances in lieu of provisions for themselves and servants, and for fuel and light:—

|                                                        | At home.   | Abroad. |
|--------------------------------------------------------|------------|---------|
| Inspectors of hospitals ... ..                         | £54 ... .. | £130    |
| Deputy inspectors, staff surgeons, and surgeons ... .. | 35 ... ..  | 112     |
| Assistant-surgeons ... ..                              | 30 ... ..  | 108     |

All other allowances for provisions to cease.

In cases where medical officers draw provisions or fuel from public stores, they will be charged for the same at cost price.

5. The scale of travelling allowances, extra pay, lodging money, and compensation for losses, to be fixed for naval medical officers according to their relative rank with other naval officers.

6. In regard to cabins; to meet the requirements of the service it is necessary that the senior executive officer and the staff commander, or master, should have the cabins placed most advantageously for the performance of their special duties; with these exceptions, medical officers are to

have cabins according to their relative rank in the service. Cabins will be allotted to assistant-surgeons.

7. Staff surgeons to be placed on the same footing as commanders with regard to servants.

8. A staff surgeon to be appointed to all flag ships bearing the flag of a commander-in-chief on a foreign station, with an allowance of 5s. a day in addition to his established pay.

9. The periods of retirement by age to be fixed as follows:—Surgeons and assistant-surgeons at fifty-five years of age; staff surgeons at sixty years of age; inspectors-general and deputy inspectors-general at sixty-five years of age.

10. Assistant-surgeons at home, after completing their time for examination for the rank of surgeon, may be granted two months' leave of absence on full pay, on condition of their resuming their studies at a medical school or hospital.

11. To place staff surgeons on an equality in rank with surgeons-major in the army, they are to rank with commanders according to date of commission.

12. Staff commanders, secretaries to commanders-in-chief under five years' service, paymasters of fifteen years' seniority, and chief engineers of fifteen years' seniority, who now rank with staff surgeons, to rank with commanders according to date of commission.

13. Officers in command of her Majesty's ships must, on all occasions, whether on shore or afloat, be considered senior in rank and precedence to officers placed under their command. A ship must always be represented by an executive or combatant officer, after whom all officers are to take precedence according to their relative rank.

14. The pay of naval medical officers to be increased in accordance with the following scale:—

| RANK.                                             | Under 5 years' service. |     | Above 5 years' service. |     | Above 10 years' service. |     | Above 14 years' service. |     | Above 18 years' service. |     | Above 22 years' service. |     | Above 26 years' service. |     | Above 30 years' service. |     |
|---------------------------------------------------|-------------------------|-----|-------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|
|                                                   | s.                      | d.  | s.                      | d.  | s.                       | d.  | s.                       | d.  | s.                       | d.  | s.                       | d.  | s.                       | d.  | s.                       | d.  |
| Assistant-surgeons                                | 10                      | 0   | 12                      | 6   | 15                       | 0   | 17                       | 6*  | ...                      | ... | ...                      | ... | ...                      | ... | ...                      | ... |
| Surgeons                                          | ...                     | ... | ...                     | ... | 17                       | 6†  | 20                       | 0   | 22                       | 0   | ...                      | ... | ...                      | ... | ...                      | ... |
| Staff surgeons                                    | ...                     | ... | ...                     | ... | ...                      | ... | ...                      | 24  | 0†                       | 27  | 0                        | 27  | 0                        | ... | ...                      | ... |
| Deputy inspectors-general of hospitals and fleets | ...                     | ... | ...                     | ... | ...                      | ... | ...                      | 30  | 0†                       | 32  | 0                        | 35  | 0                        | 37  | 0                        | ... |
| Inspectors-general of hospitals and fleets        | ...                     | ... | ...                     | ... | ...                      | ... | ...                      | ... | ...                      | 45  | 0†                       | 47  | 0                        | 50  | 0                        | ... |

15. Naval medical officers to be permitted to retire after twenty years' service on full pay, but the rate of half pay awarded to officers so retiring not to exceed five-tenths of the full pay to which they may be entitled from length of service.

16. As a special reward to officers of long and good service who, owing to the comparatively small numbers of the inspectorial ranks, have not been promoted to any higher position than that of staff surgeon, such officers of the rank of staff surgeon as have served for twenty-five years on full pay, to be allowed the half pay of £1 a day, on being compulsorily retired at sixty years of age, or on medical survey.

17. My Lords will consider, and publish hereafter, the manner in which it may be found most advisable to assist naval medical officers in their professional education after examination and admission into the navy.

The new scale of pay to come into operation on the 1st January, 1867; the other arrangements from this date.

By command of their Lordships,  
T. G. BARING.

To all commanders-in-chief, captains, commanders, and commanding officers of her Majesty's ships and vessels.

\* Provided he passes his examination before ten years' service.  
† Or on promotion.

It is very probable now that Parliament has been prorogued, that the Commander-in-Chief, not having before his eyes the prospect of some pertinent questions in the House of Commons, may think fit to do away with the old method of promotion in the Brigade of Guards, as noticed at the commencement of the present year.



REPORT ON THE HEALTH OF DUBLIN,  
FOR THE FOUR WEEKS ENDING AUGUST 11, 1866.

By E. D. MAPOTHER, M.D.,

MEDICAL OFFICER OF HEALTH.

THE mortality during the past four weeks has been very low, 397 deaths having been recorded by the Registrar-General against 479 during the previous four weeks, and 450 during the corresponding period in 1855; the rate was, therefore, 1 in 643, while it was 1 in 299 in London, and in Glasgow, 1 in 466. It has lately been often inferred that Dublin is superior in salubrity, from the calculation of one week alone, whereas the annual death-rate in some other cities (London, for instance) have for many years been lower than that of this city. In the dispensary districts the rates were as follows:—Summer-hill, 1 in 710; Coleraine-street, 1 in 729; Blackhall-street, 1 in 460 (or excluding deaths in the North Workhouse, 1 in 826); Meath-street, 1 in 337 (or excluding deaths in the South Workhouse, 1 in 559); High-street, 1 in 996; Peter-street, 1 in 783; and Grand Canal-street, 1 in 960. Zymotic diseases destroyed 83 persons, including 321 by fever, and 193 cases of that disease were admitted into the Cork-street and Hardwicke Hospitals from dwellings within the municipal boundary, especially from the neighbourhoods of Francis-street, Meath-street, Golden-lane, Church-street, and Beresford-street. Diarrhoea cannot be said to have been epidemic during the past month, but 15 fatal cases have occurred, against 28 in the corresponding period last year, and 14 in the preceding month. Cholera was imported from Liverpool on the 29th of July, in the person of Jane Magee. Up to this day (August 17th) 49 cases of the disease have been certified, and 6 other cases probably occurred, but from the mildness of some, and the neglect of medical advice during life in other instances, no positive opinion can be pronounced. Of the decided cases 7 were persons from Liverpool, 3 contracted the disease evidently from them, and the remainder may have suffered from the same importation, but the connexion cannot be traced with certainty. The outbreak has demonstrated that cholera is communicable, or "catching" (the words infectious and contagious are objectionable, because of the restricted sense in which they may be used). The deaths have been 25 out of the 40 cases, or 62.5 per cent., and of the remainder nine are still under treatment. The following are the localities in which the disease has appeared:—City-quay, Tennis-court, Poole-street, Usher's-court, Meath-street, Albert-place, Margaret-place, Mayor-street, Poolbeg-street, North Anne-street, Bow-street, Wellington-street, Plunkett-street, Aungier-street, Winetavern-street, Bridge-street, and Cooke-st. In the last-named street it could have alone been said to have been distinctly epidemic and to still linger. The preventive measures which were advised, and in nearly every case adopted, were—First, the summoning of medical aid (the dispensaries are available day or night). Second, the removal of the patient to hospital (Sir P. Dun's and the Meath on the south, and the Hardwicke and Mater Misericordie Hospital on the north side, are prepared to receive patients at all times, and convey them in special vehicles). The advantages of isolation in hospital over treatment in the homes of the poor may be learned from the fact, that no second case has occurred in any room after the first was removed, whereas in many instances the contagion has spread to several inmates when the first attacked was retained in the dwelling. Third, the disinfection of the premises, for which competent persons are stationed at the Corporation Stores, Winetavern-street, Hanover-street East, and North Brunswick-street, from six a.m. to ten p.m., to proceed at the request of any one concerned to disinfect with chlorine gas. Under Providence, such efforts have been highly successful, aided as they have been by low temperature, much wind, and a copious rain-fall, amounting to 1.65 inches during the past two weeks. The other preventive measures which I feel it my duty to unceasingly urge are—1. The establishment of a refuge for the family of the person seized. The disease has been already carried from house to house by the want of such provision. 2. The erection of a hot-air chamber, in which bedding, clothes, and rags of the persons attacked or imported from infected places in England may be purified without injury to fabric. 3. Avoidance of impure water, by closing superficial wells and pumps, guarding from contamination the canals and basins, and boiling before use the suspicious water with which we are now supplied. It is also surely the duty of those houseowners who have hitherto resisted the Corporation bye-laws to comply with sanitary improvements. Many of the houses in which cholera has appeared are so ruinous that demolition is the only remedy; and it may be remarked that nearly every one of them would have been removed if the connecting railway scheme had been carried out. Many other circumstances of the epidemic are reserved for a future account. Consumption caused 57 deaths. The Inspector of Nuisances and his assistant directed the cleansing of 203 premises complained of at the City Hall, or in which communicable diseases had arisen. The nine sanitary sergeants inspected 93 nightly lodging-houses, 104 slaughter-houses, 3 knackers' yards, and 56 bakehouses. They also visited 2012 houses set in tenements, and found that 3472 sanitary defects previously noticed had been remedied.

Dr. SIBSON has been elected President of the British Medical Association in the room of the late Sir C. Hastings.

ARMY MEDICAL DEPARTMENT.

THE Director-General of the Army Medical Department presents his compliments to the Editor of THE MEDICAL PRESS AND CIRCULAR, and begs to enclose a List of the Candidates of her Majesty's British Medical Service who were successful at the Competitive Examination in March last, and who have passed through a course at the Army Medical School, showing the combined results of the examination.

Army Medical Department, August, 1866.

| NAMES.            | STUDIED AT                                                                 | No. OF MARKS. |
|-------------------|----------------------------------------------------------------------------|---------------|
| Notter, J. L.     | University of Dublin, T.C.D.                                               | 4571          |
| Cornford, H.      | Queen's College, Galway                                                    | 4440          |
| Brown, H. T.      | Queen's University, Ireland                                                | 4345          |
| Wright, J. H.     | King's College, London                                                     | 4060          |
| Jennings, W. A.   | Queen's College, Galway                                                    | 3923          |
| McCutchan, J. N.  | University of Dublin, T.C.D.                                               | 3845          |
| James, H. N. L.   | University of Edinburgh                                                    | 3830          |
| McCrystal, E.     | Queen's College, Belfast                                                   | 3735          |
| Buchanan, R. F.   | { University of Dublin, T.C.D., and }<br>{ College of Surgeons, Ireland. } | 3575          |
| Rooney, J. P.     | Peter-street School, Dublin                                                | 3554          |
| Hanagan, J. H.    | Cecilia-street School, Dublin                                              | 3480          |
| Patterson, J. W.  | Peter-street School, Dublin                                                | 3420          |
| Martelli, W. G.   | Ledwich School, Dublin                                                     | 3405          |
| Forbes, W. A.     | Stevens' Hospital, Dublin                                                  | 3355          |
| Hodder, F. W.     | Torcova University                                                         | 3304          |
| Stevenson, W. F.  | University of Dublin, T.C.D.                                               | 3126          |
| Thompson, W. A.   | do.                                                                        | 3045          |
| Hobbs, H. A.      | St. Thomas's Hospital, London                                              | 3022          |
| Macpherson, R. M. | University of Edinburgh                                                    | 3000          |
| Eaton, R. C.      | Richmond Hospital, Dublin                                                  | 2940          |
| Burnett, W. F.    | College of Surgeons, Ireland                                               | 2930          |
| Lambert, R. R.    | Peter-street School, Dublin                                                | 2595          |
| Ryan, M. J.       | Richmond Hospital, Dublin                                                  | 2575          |
| Boult, E. F.      | { United Hospital, Bath, and }<br>{ King's College, London. }              | 2525          |

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE twenty-second anniversary meeting of this important professional body was held last week in the rooms of the Royal Society, Princes-street, Edinburgh, under the presidency of Dr. Browne, Commissioner in Lunacy for Scotland, and formerly the able resident physician of the Crichton Institution for the Insane at Dumfries. The meeting was very largely and influentially attended, nearly fifty physicians engaged in the treatment of the insane having been present, the representatives of their speciality in England, Ireland, and Scotland, and even some physicians from the United States of America. Amongst those present were Drs. Tuke, Munro, Maudsley, Webster, London; Dr. Sherlock, Worcester; Dr. Arlidge, Newcastle-under-Lyme; Dr. Saxekey, Hanwell; Dr. J. F. Duncan, Dublin; Dr. Stewart, Belfast; Dr. J. Crichton Brown, Wakefield; Sir James Cox, M.D., Edinburgh; Dr. Skae, Morningside, Edinburgh; Dr. L. Lindsay, Perth; Dr. Jameson, Aberdeen; Dr. Butler, Hartford, Connecticut, U.S.A.; Dr. Gilchrist, Dumfries; Dr. Robertson, Hayward's Heath, Sussex. The President's address on the occasion was in the highest degree interesting, and listened to by his learned auditory with the most marked attention. In it he took a rapid survey of the advances and improvements in the treatment of insanity, and in the institutions set apart for its unhappily afflicted subjects, showing what a large amount of ability, humanity, and untiring perseverance was in active operation for ameliorating so serious a dispensation; and what great claims those engaged in so god-like a mission had for support and encouragement from all who had it in their power to afford the same. Several papers were afterwards read, and freely discussed, amongst them "The Insane Colony of Gheel," "The Effects of the Present System of Prison Discipline on the Body and Mind," "Asylum Architecture," &c., &c. The Association afterwards dined together at Stacey's Hotel, St. Andrew's-square, in the magnificent dining-hall of which a splendid and *recherché* entertainment was provided, and, amongst other visitors invited and present on the occasion, were Sir James Simpson, Bart., M.D.; Sir James Cox, M.D.; Sir John Wauchope, Bart., Chairman of the Lunacy Board in Scotland; the Presidents of the Colleges of Physicians and Surgeons, Edinburgh, &c. &c. The next meeting was fixed to take place in London under the presidency of Dr. Lockhart Robertson, the Physician Superintendent of the Sussex County Asylum for the Insane.

RICHARDSON'S ether spray producer is now being used in cases of parturient hæmorrhage.



## PROGRESS OF THE CHOLERA.

A CONSIDERABLE diminution has taken place in the number of deaths since our last report. In the week ending August 4, 1407 deaths from cholera and diarrhoea swelled the London mortality to 2661, the average for the corresponding week being only 1395. The deaths from cholera alone in that week rose to 1053 against 904 of the previous week. A disposition to spread was also noticed, although the force of the epidemic was spent on the eastern districts, in which 916 of the deaths took place.

From this time the mortality decreased, and the last return of the Registrar-General for a complete week is up to August 11. From his return we gather that there were 52 deaths less per day in London, and that the whole of the decreasement was due to the fall in the deaths from cholera and diarrhoea. Yet these two diseases carried off during the week 1045 persons, of which 781 died from cholera, and the remaining 264 from diarrhoea. This brings the total numbers for the five weeks during which the epidemic has prevailed to 3116 deaths from cholera, and 1338 from diarrhoea. Out of these, 3182 deaths occurred in the eastern district of the metropolis. From this day the decline has been maintained, as shown by the daily returns, which are now issued; for while on Saturday, the 11th August, 94 deaths were registered, the total for Sunday and Monday, the 12th and 13th, only reached 139. On Tuesday there were 77 deaths. These numbers do not include deaths from diarrhoea, which numbered on Sunday and Monday together 46, and on Tuesday 28. On Wednesday last, August 15, there were registered in London 61 deaths from cholera and 32 from diarrhoea. Of these, 49 from cholera and 16 from diarrhoea occurred in the Eastern District.

It is this concentration in the East that has directed so forcibly the attention of the Registrar-General to the water supply of this district. The East London Water Works have vindicated their water as might have been anticipated, from the imputation of conveying the poison, but we cannot overlook the fact that the field where the epidemic rages is just that supplied by this company. The water bears the test of chemical analysis, but how much may fail to be detected by our most careful scrutiny. We hope to see at once carried out the excellent suggestion of Dr. Frankland, that the companies should filter their water through animal charcoal. In the meantime it would be mere ordinary precaution to empty and disinfect every water-but and cistern.

Although the epidemic has declined in London there is a great disposition to spread, and fears must be entertained of a general visitation throughout the country. Already it is in the valley of the Thames. Last week several persons died of cholera at Weston-green, near Thames-Ditton, and cases have been reported from several sea-side places and inland towns.

In Liverpool there were 126 deaths in the week ending August 11.

Cases have occurred on the west coast of Scotland.

From Paris we hear that the disease is on the increase, but all official information is withheld. It has also appeared in many of the departments of France. At Amiens and Marseilles it is said to be on the decline. In Belgium it appears to increase, while in Holland it is diminishing. A very malignant form has appeared on the lower Danube. Number of cases have occurred in

the Prussian and Austrian armies. In St. Petersburg 2194 persons had died up to the end of July, and in other parts of Russia it is also prevailing.

**THE CHOLERA FUNDS.**—A very large sum of money is being subscribed for the benefit of the poor suffering from cholera. In about a fortnight the special fund of the Metropolitan Visiting Association, in response to an appeal by the Bishop of London, reached the sum of £10,000. The appeal on behalf of the London Hospital will produce at least £20,000, and thereby make up for the deficiency caused by the postponement of the ceremony of opening the new wing, to which we alluded some time since. The Mansion-House Committee, of which the Lord Mayor is President, are receiving money at the rate of about £1000 a day. Mrs. Gladstone's proposal to establish a home for the orphans of those who have perished from the pestilence is also being warmly supported, and numerous are the charities which are appealing (and not without response) for extra funds to be able to afford a larger aid. If we have not the knack of preparing for these times, and regulating our local government with a view to sanitation, we may at least be grateful that in England the cry of the poor and suffering for help from the rich is never heard in vain. The noble workers of our own profession must feel encouraged by these proofs that those who cannot give skill are ready to contribute of that which they have.

**OUR LOCAL BOARDS.**—Now that the danger has come home to them, the authorities, who have so long resisted the measures proposed by sanitary authorities, are displaying a commendable diligence. In every direction the drains are being flushed with disinfectants. The smell of carbolic acid is becoming very familiar to the pedestrian in the streets of London. House-to-house visitation is being organized in many districts. If every drain, water-closet and water-but were thoroughly cleansed and disinfected, the result could not fail to be beneficial. Now, before the public fear subsides, is the time to insist on these important measures. No greater error could be committed than to relax any efforts on the strength of a slight decrease in the mortality. It is the especial duty of all local authorities to provide for more complete scavenging, and for the prompt removal of all accumulations of filth. We would draw attention to the dust-bin, which in London houses receives all the waste of the kitchen. Its contents are often permitted to remain in a decomposing state for many days. Nothing could be easier than to arrange for the daily removal of this offensive mass. If our Continental neighbours throw their rubbish into the street, a cart passes to collect it and take it away, at least once in the twenty-four hours. If we dislike making the street a temporary receptacle we need not therefore hinder the daily call of the dust-man.

## CHOLERA NOTES FROM ABROAD.

DR. CALVY, the Senior Physician to the Civil Hospital at Toulon, who has had considerable opportunities of studying cholera during its recent visitation of that city, closes a paper "On the Contagiousness of Epidemic Cholera," published in *L'Union Médicale*, with the following conclusions:—

- "1. Cholera morbus is transmissible and importable—that is to say, contagious.
- "2. Wisely organized quarantine is necessary to prevent its invasion by the sea.



"3. It is all the more important to organize these sanitary measures in a sufficiently efficacious manner, and to rigorously enforce the practice of them as often as there may be need, since the political journals announce a new invasion of cholera among the pilgrims at Mecca, from whence undoubtedly the epidemic of 1865 originated.

"4. This quarantine would be the necessary completion of the preventive measures ordered in the East for this year by the Sanitary Congress which met at Constantinople, in consequence of the laudable and salutary initiative of the French Government.

"5. It is true the population would not be protected by the quarantine from the malady, when, in place of threatening from the sea, it should advance across the Continent; but one may assert with the greatest reason, that if the disease has two gates of entrance, and the one through which its approach is the more rapid, more easy, and more often chosen, be closed against it, the danger will be very considerably diminished, although it cannot be completely overcome."

**CONTAGIOUSNESS OF CHOLERA.**—In the report of Dr. Rochard on the epidemic which visited the East and neighbouring places from November, 1865, to March, 1866, there is a curious fact concerning its importation to the little Island of Groix, which by reason of the position of this island acquire especial interest. On the 16th of last February, when there was no case of cholera in the island, a fishing boat landed a young sailor, 22 years of age, who came from Croizic where he had contracted the disease. This man was conveyed to his family at the village of Kerillo; at the end of ten days, when he was convalescent, his mother, who had not quitted him an instant, was attacked in turn and died on the fourth day. Twelve hours after the death of the mother of the young sailor an old woman who had nursed her up to her death also fell ill of cholera, and was carried off in two days; an infant in the neighbourhood died the same day. Finally, the little hamlet of but 130 inhabitants had a reckoning for itself alone of twenty-five cases of cholera with nine deaths, while the rest of the island only registered six cases and a single death.

#### ROLLS COURT.—JULY 30.

##### WALLACE v. THE ATTORNEY-GENERAL.

It will probably be remembered that this suit arose out of a bequest by Lord Henry Scymour, of a large sum of money to "*les hospices de Londres et de Paris.*" The question what was meant by the word "*Londres*" in the bequest, was originally argued, and subsequently this Court was occupied for several days in listening to arguments on behalf of numerous charitable institutions in London, which claimed to be entitled to participate in the above bequest by virtue of the term *hospices*. His lordship then decided that only such charities were entitled to participate as gratuitously received persons who required relief on the ground either of age and poverty, or of youth and neglect, or of mental alienation, or of incurable disease. It was then referred to the chief clerk to apply the test of this definition to the various claimants. The chief clerk made his certificate disallowing the claims of the London hospitals (commonly so called), and of several other charitable institutions. These all now appealed to the judge from the decision of the chief clerk, and their claims were consecutively argued. Grouping the London hospitals into one class, his lordship simply confirmed his decree as against them. As to the other institutions, the names of which are given underneath, his lordship at once dismissed the claims of the Brompton Hospital, St. Luke's, the House of Charity, Soho, the London Female Penitentiary, and the Guardian Society. His lordship reserved till to-morrow his judgment as to Bridewell, Bethlehem Hospital, the Convent in Carlisle-place, Westminster, the Governnesses' Benevolent Institution, the Catholic Almshouses at Chelsea, and the British Asylum for Deaf and Dumb Females.

At the late competitive examination of candidates for commissions in the medical department of her Majesty's army there were only twenty-eight candidates, whilst the vacancies considerably exceed that number.—*Lancet*.

#### NOTICES TO CORRESPONDENTS.

*Mr. Griffin.*—The letter is inserted.

*Dr. J. W. Ogle.*—The paper has been received.

*The Army Medical Department.*—The list has been received.

*J. H. B.*—In our next.

*Dr. F.*—The paper mentioned has not come to hand.

*Medicus.*—Your supposition is well founded.

*F.R.S.* shall receive private note.

## Medical News.

**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—The following Members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 9th inst. :—

Blades, William Dawson, L.S.A., Kirkby Stephen, Westmoreland; diploma of Membership dated August 4th, 1840.

Carter, Charles Henry, L.R.C.P.E. and L.S.A., Pewsey, Wilts; December 13th, 1839.

Hall, John Charles, M.D. Edin., Sheffield; January 11th, 1839.

Smith, Henry, her Majesty's Indian Army; July 7th, 1837.

**ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.**—The following gentlemen have since the 1st of last April passed the examination in General Education :—

Townson Ashburner, Lancashire; James H. Bogle, South Wales; D. Blair Brown, Glasgow; Duncan Brown, Comrie; Henry William Drew, Cape of Good Hope; Andrew Lyall; Henry Mackenzie, Edinburgh; William Mackie, Glasgow; D. E. Mills, Nottingham; Geo. Campbell Naismith, Sultanpore, Oude; George Robathan, Monmouthshire; David Sime, Wick; John Somerville, Moffat; John Souter; William Day Stewart, Madras; Daniel Sutherland, Wick; Francis Perley Taylor, New Brunswick; Francis Vacher, London; P. M. Vaughan, Cheshire.

During the recent sittings of the examiners, the following gentlemen passed their final examinations, and were admitted L.R.C.P. and L.R.C.S. :—

|                                    |                                    |
|------------------------------------|------------------------------------|
| Bookless, James Pitcairn, Kelso.   | Fergusson, J., Kirkcudbrightshire. |
| Bowie, John, Edinburgh.            | Kerr, J. A. Cochrane, Edinburgh.   |
| Brass, Joseph Traill Watt, Orkney. | Little, John Fletcher, Kilkenny.   |
| Brown, Henry, Belfast.             | Maher, Nicholas, Thurles.          |
| Chisholm, William, Edinburgh.      | Meehan, James, Limerick.           |
| Cribbes, Henry Scott, Perthshire.  | McGann, Terence Joseph, Clare.     |
| Dolan, Thos. Michael, Tipperary.   | McInterson, A. McMaster, Madras.   |
| Dutt, Omesh Chander, Calcutta.     | Sandham, William Sale, Cork.       |
| Fearon, Thomas, Warrenpoint.       | Stewart, William Day, Madras.      |

The following passed their first professional examinations during the July and August sittings of the examiners :—

Francis Vacher, London; William T. Limrick, Cork; William Knox, Tyrone; Theobald M. Bryson, county Londonderry; James L. Dingwall, Glasgow; George Stanley Elliot, Exeter; William Thomson, Edinburgh; David Scott, Park, Hawick; John Wilson, Edinburgh; James Stuart, county Cavan; Thomas Todhunter, Whitehaven; Orssen Beamish, Clonakilty; James B. N. Kane, Kilkenny; Richard Windele, Cork; Thomas M.-W. Ahearne, Cork; John Jennings, County. Cork.

**APOTHECARIES' HALL.**—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 9th :—

Croft, John Henry, Guy's Hospital.  
Eagleton, Joseph, Wolverhampton.  
Hayden, James Augustus, High Wycombe.  
John, William, Haverfordwest.  
Keall, William Powell, Bristol.  
Kingston, Joseph Lindsay, Barking-road, Canning-town.  
Moore, George, Birmingham.  
Phillips, James Mathias, Taibach, Glamorganshire.  
Pollock, Robert, Loudsale, Paisley.  
Salzmann, Frederick William, Brighton.  
Watson, George Samuel, St. Marylebone Infirmary.

The following gentlemen also on the same day passed their first examination :—

Carré, Louis C. A., Guy's Hospital.  
Duke, Joshua, Guy's Hospital.  
Parkinson, Edmond W., St. George's Hospital.  
Sewell, Allen, University College.

**ROYAL COLLEGE OF SURGEONS, EDINBURGH.**—The following gentlemen were admitted Fellows of the College on the 2nd inst. :—

Carmichael, William Scott, Edinburgh.  
Manford, Robert Alexander, Inverness.  
White, Joseph, Nottingham.

The following passed their final examinations and were admitted Licentiates of the College during the July sittings of the examiners :—

|                                    |                                                    |
|------------------------------------|----------------------------------------------------|
| Balfour, William Green, Montrose.  | McNicol, John Clark, Argyllshire.                  |
| Campbell, Chas. Moss, Cawnpore.    | Moore, Joseph H., Downpatrick.                     |
| Fitzgerald, R. Gerald, Co. Carlow. | Muir, John Stuart, Leith.                          |
| George, John, Carrickfergus.       | Power, Robert Vincent, Cork.                       |
| Gordon, James, Perthshire.         | Taylor, Francis Perley, St. John's, New Brunswick. |
| Kingston, Thomas, Co. Cork.        |                                                    |

**UNIVERSITY OF ABERDEEN.**—During the past year



the following candidates, after the usual examinations, have received degrees in Medicine and Surgery :—

The following candidates received promotion to THE DEGREE OF M.D.

- |                                    |                                    |
|------------------------------------|------------------------------------|
| Atkinson, F. P., Kew, Surrey.      | Manson, Patrick, Aberdeen.         |
| Colborne, A. C. London.            | Murray, James, Aberdeen.           |
| Dawson, John, Yarmouth, Norfolk    | Ogston, Alex., Aberdeen.           |
| FitzPatrick, W. Honner, Liverpool  | Saunders, C. E., Cuckfield Sussex. |
| Fowler, John Smith, Aberdeen.      | Smith, James Dear, Mayo.           |
| Gray, Alex. Biddoch, Aberdeen.     | Snaith, Frs. Boston, Lincolnshire. |
| Knox, John, Radkewell, Derbyshire. | Strange, Wm. Heath, London.        |
| McClintock, John Robt., Perth.     |                                    |

And the following candidates, after the usual examinations, received degrees in Medicine and Surgery :—

THE DEGREE OF M.B.

- |                                    |                                                   |
|------------------------------------|---------------------------------------------------|
| Aitken, Wm. Scott, Greenock.       | McDonald, W., Cromdale, Morayshire.               |
| Atherstone, E., Cape of Good Hope. | McEwen, Donald, Forres.                           |
| Attygalle, John, Ceylon.           | McRae, Alex. Edward, Aberdeen.                    |
| Carbery, Joseph, Calcutta.         | Moir, Douglas, Aberdeen.                          |
| Carter, R., Newbury, Berkshire.    | Morgan, L. Wayne, Pontypridd, Glamorganshire.     |
| Davidson, Alex. Dyce, Aberdeen.    | Nicolson, David, Aberdeen.                        |
| Edgelow, G. Teignmouth, S. Devon.  | Phillips, James Mathias, Tarbach, Glamorganshire. |
| Freeman, A. J., Southsea, Hants.   | Rayner, Henry, Hythe, Kent.                       |
| Gibbes, John M., Sidmouth, Devon.  | Tibbitts, Robert William, Bristol.                |
| Gordon, Wm. Robert, Banffshire.    | Tidy, Charles, Meymott, Hackney.                  |
| Graham, Benjamin, Morayshire.      | Wadd, Frederick John, London.                     |
| Grant, Robert, Banffshire.         | Will, John C. Ogilvie, Aberdeen.                  |
| Hocken, Charles Edward, London.    | Williamson, James, Aberdeen.                      |
| Keith, Joseph Forbes, Aberdeen.    | Wills, Charles James, Brighton.                   |
| Lethbridge, Alfred S., Devon.      | Whyte, John, Culaird, Inverness.                  |
| Lupton, Richard John, Bradford.    | Yates, James, Oldham, Lancashire.                 |
| Maconachie, George, Forgue.        |                                                   |
| Macrae, Wm., Stornoway.            |                                                   |
| Macrobin, Andrew A., Aberdeen.     |                                                   |

THE DEGREE OF C.M.

- |                           |                          |
|---------------------------|--------------------------|
| Aitken, William Scott.    | Manson, Patrick.         |
| Atherstone, Edwin.        | McDonald, William.       |
| Birnie, William Sharp.    | McEwen, Donald.          |
| Carbery, Joseph.          | McRae, Alexander Edward. |
| Davidson, Alexander Dyce. | Moir, Douglas.           |
| Edgelow, George.          | Morgan, Lewis Wayne.     |
| Gilbes, John Murray.      | Nicolson, David.         |
| Gordon, William Robert.   | Phillips, James Mathias. |
| Graham, Benjamin.         | Rayner, Henry.           |
| Grant, Robert.            | Tidy, Charles Meymott.   |
| Keith, Joseph E.          | Wadd, Frederick John.    |
| Lethbridge, Alfred S.     | Will, John C. O.         |
| Lupton, Richard J.        | Williamson, James.       |
| Maconachie, George.       | Wills, Charles James.    |
| Macrae, William.          | Whyte, John.             |
| Macrobin, Andrew Arthur.  | Yates, James.            |

Of the above-mentioned Candidates—

William Scott Aitken, Alex. Dyce Davidson, Wm. Macrae, Henry Rayner, and Charles Meymott Tidy, received their degrees in Medicine and Surgery with Highest Academical Honours ;

George Edgelow, Andrew A. Macrobin, Donald McEwen, David Nicolson, James Williamson, and John Whyte, received their degrees in Medicine with Academical Honours.

James Yates

received his degree in Surgery with Academical Honours.

At the same time,

John Thomas Hughes

was certified as having passed all the examinations, and is entitled to receive his degrees on attaining the necessary age.

And at the late graduation term, the following were declared to have passed part of their examinations :—

- Alfred Henry Antonisz, John Arthur, Charles Bennett, Henry C. Buckley, James Cameron, James C. G. Carmichael, James Allan Coult, Geo. A. Craig, John M. Crombie, James Trigue Crowden, Frederick Adams Davson, Alex. G. Duncan, James Farquhar, Alexander Forbes, Robert Grant, James Ironside, Alex. Hunter Mair, Charles M. Matthew, Robert G. McCallan, James F. P. McConnell, John Sturrock Mitchell, Alex. Reid, John Robb, Geo. Robertson, David Shirres, George Alex. Simpson, Joseph H. Smith, John L. Thomas, David Tulloch, William Abram Walker, Richmond C. Willock, Henry Wm. Williams, Alexander G. Wood.

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING AUGUST 18TH, 1866.

By J. H. STEWARD, Strand and Cornhill, London.

| Aug. 1866. | Barometer reading reduced to 32 degrees. | Thermometer. |       | Dry bulb. | Wet bulb. | Wind.      |        |       | Remarks. |
|------------|------------------------------------------|--------------|-------|-----------|-----------|------------|--------|-------|----------|
|            |                                          | Max.         | Min.  |           |           | Direction. | Force. | Rain. |          |
| 13         | 29.090                                   | 72           | 52.05 | 55        | 49        | NE         | —      | 021   | Rain.    |
| 14         | 29.076                                   | 75           | 50    | 61        | 60        | SW         | —      | 011   | Showery. |
| 15         | 29.094                                   | 66           | 55    | 52        | 56        | NW         | —      | 003   | Dull.    |
| 16         | 29.029                                   | 71           | 54.05 | 63        | 57.05     | SW         | —      | —     | Windy.   |
| 17         | 29.016                                   | 74           | 50.05 | 60.05     | 52        | SW         | —      | 004   | Showery. |
| 18         | 29.69                                    | 70.05        | 49    | 67        | 59        | SW         | —      | —     | Fine.    |

Appointments.

- J. B. ALLEN, L.K.Q.C.P.I., has been elected Coroner for the county of Wexford.
- R. BARWELL, F.R.C.S.E., has been appointed Lecturer on Anatomy at the Charing-cross Hospital, vice E. Canton, F.R.C.S.E., resigned.
- W. J. COULSON, F.R.C.S.E., has been appointed Assistant-Surgeon to St. Mary's Hospital, vice H. Walton, F.R.C.S.E., appointed Surgeon.
- Dr. EGAN, L.K.Q.C.P.I., has been elected Medical Officer and Public Vaccinator for the No. 1 or Fulham Town District of the Fulham Union, vice W. E. Wright, M.R.C.S.E., resigned.
- Dr. HADDEN of Tetford, has been elected Medical Officer and Public Vaccinator for the Tetford District of the Hornacastle Union, Lincolnshire, vice R. P. Tiekler, L.R.C.P.Ed., resigned.
- J. C. HALL, M.D., has been re-elected a Physician to the Sheffield Public Hospital and Dispensary.
- W. C. HOFFMEISTER, M.D., has been elected Medical Officer for the Cowes District of the Isle of Wight Union, vice J. E. Gibson, M.R.C.S.E., resigned.
- R. L. JORDISON, M.R.C.S.E., has been elected Medical Officer for District No. 5 of the Romford Union, Essex, vice J. J. Macaldine, M.D., resigned.
- E. A. KEOGH, M.D., has been elected Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Castleblayney Dispensary District of the Castleblayney Union, vice Ashe, resigned.
- D. KNOX, M.D., has been elected Medical Officer and Public Vaccinator for the Scrooby District of the East Retford Union, vice J. J. Johnstone, M.D., resigned.
- J. LAW, M.D., has been re-elected a Physician to the Sheffield Public Hospital and Dispensary. Dr. Law has also been appointed Physician to the Sheffield General Infirmary, vice C. Thompson, M.D., resigned.
- E. LLOYD, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for No. 1 or South District of the Llandilofaur Union, Carmarthenshire, vice H. Davies, M.R.C.S.E., resigned.
- J. McDONNELL, L.R.C.P.Ed., has been elected Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Dunmore Dispensary District of the Glennamaddy Union, Co. Galway, vice W. E. Donelan, M.R.C.S.E., resigned.
- Dr. OPPELT, L.R.C.P., of Great Russel-street, W.C., has been appointed Physician to the City Dispensary.
- S. PARKER, M.R.C.S.E., Surgeon to the Sheffield Public Hospital and Dispensary, has been appointed Surgeon to the Sheffield General Infirmary, vice H. Jackson, F.R.C.S.E., resigned.
- G. PARKINSON, M.R.C.S.E., Fell. Odont. Soc., has been appointed Dentist to the Charing-cross Hospital, vice Roberts, resigned.
- F. W. PARSONS, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Islip District of the Bicester Union, Oxfordshire, vice J. F. Sydenham, L.S.A.L., deceased.
- C. C. RICHARDS, M.D., M.R.C.S., has been appointed Medical Officer and Vaccinator to the Bethnal-green Union.
- R. H. SEMPLE, M.D., has been appointed Physician to the Eastern Dispensary, Leman-street, Whitechapel, vice S. H. Ward, M.D., resigned.
- C. VINES, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the St. Lawrence District of the Reading Union, vice T. L. Walford, M.R.C.S.E., resigned.
- S. WOODMAN, L.R.C.P.L., has been elected Surgeon to the Ramsgate and St. Lawrence Royal Dispensary.

Vacancies.

- Gloucester County Asylum—Junior Assistant Medical Officer.
- Hereford General Infirmary—House-Surgeon, vice Mr. Walker, resigned.
- Metropolitan Free Hospital, Devonshire-square, City—Dental Surgeon
- Westham, Stratford, and South Essex Dispensary—House-Surgeon.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.

- On the 17th of June, at Cradock, Cape of Good Hope, the wife of George Grey, M.D., F.G.S., of a son.
- On the 5th inst., at Pentonville-road, the wife of E. H. May, M.R.C.S.E., of a daughter.
- On the 13th inst., at Queen's-road, Dalston, the wife of G. Sykes, M.D., of a daughter.
- On the 13th inst., at The Poplars, Twickenham-common, the wife of Martindale C. Ward, M.D., C.M., M.R.C.S.E., &c., of a daughter.
- On the 14th inst., at Ashville-place, Batterssea-park, the wife of W. Greenwood Sutcliffe, M.R.C.S.E., of a son.
- On the 14th inst., at Kew, the wife of Chas. Wm. Browne, M.R.C.S.E., of a daughter.

MARRIAGES.

- On the 31st ult., at St. George's, Hanover-square, F. G. Reed, M.D., of Hertford-street, May-fair, to Laura Ann, widow of Mons. de Salignac.
- On the 9th inst., at Tiverton, Devon, Frederick Steuart Colquhoun, Surgeon, of Knutsford, Cheshire, to Margaret, daughter of the late J. Cartwright, Esq.

DEATHS.

- On the 8th ult., Eugene A. Kingsley, M.R.C.S.E., of Wooton-under-Edge, aged 33.
- On the 10th ult., at St. Leonard's-on-Sea, N. L. Young, M.D., of the Island of Barbadoes, West Indies, aged 75.
- On the 3rd inst., at Carnew, county Wicklow, G. A. F. Halahan, M.D.
- On the 7th inst., at Parson-street, Glasgow, Hugh Rea, L.F.P. & S., Glas.



WESTMORELAND LOCK HOSPITAL,  
TOWNSEND-STREET.

**Wanted a fit Person to fill the Office of**  
Surgeon-Apothecary, to reside on the premises, at a salary of £75 a year, with Furnished Apartments, Coals, and Light. The Gentleman appointed must be a Licentiate Apothecary, Surgeon, and Accoucheur.

Testimonials to be sent in before the 1st SEPTEMBER. Candidates to attend at Two o'clock the 1st September. The Election will be held on the following Saturday.

Further information upon application to the Registrar, at the Hospital.

**James's Fever Powder, 4s. 6d. per bottle;** packets 2s. 9d. each.

Prepared and sold by J. L. KIDDLE, 31, Hunter-street, Brunswick-square, London.

This Preparation has been so extensively employed by the Faculty, and its merits so universally acknowledged by the public at large, as to render all further remark on the part of the Proprietor unnecessary. To be had of all Wholesale Druggists.

**DR. EVANS begs to submit to the notice of the Profession the Red Gum of the**

"EUCALYPTUS ROSTRATA"

of Western Australia, as an Astringent in Diarrhoea, Dysentery, &c., in doses of 15 to 20 grains.

Also Lozenges prepared from it, for Loss of Voice, &c.

CARBOLIC LOZENGE,

(Prepared from Carbolic Acid), for giving relief in Asthma and Bronchitis, as well as in the Sore Throats of Diphtheria and Scarlet Fever.

EMOLLENT SUPPOSITORIES,

In habitual Constipation these Suppositories have been found not only serviceable but effectual in restoring the peristaltic action of the Bowels, thus obviating the necessity of continually resorting to purgatives. In Hemorrhoids they afford much relief. There are three sizes of them—

PARVA. MEDIA. MAGNA.

Alocine, Tamin, Morphia, Belladonna, can be added, if so desired by the Practitioner.

EVANS' BLACK DROP,

Freed from Narcotina, a bitter analogous to Quinia, and freed from Thebaina, a stimulant analogous to Strychnia. One minim is equal to three of Laudanum.

The preparation so long known as *Braithwaite's* or the *Quaker's Black Drop*, having become extinct by the death of the maker, and no other preparation now obtaining the confidence of the Profession to the same extent, J. EVANS begs to submit to their notice his Drops, by the name of "Gutte Nigra, Evans," for which he solicits a trial, and their judgment.

A few Testimonials are annexed, which are expressive of the judgment of several Physicians who have given it extensive trial both in private and hospital practice:—

"Dublin, Rotunda Hospital, 29th September, 1865.

"I have extensively tried a new preparation of Black Drop, sent to me by Dr. J. Evans, of Dawson-street. I consider it an excellent anodyne, free from many of the disadvantages of common Laudanum, and quite equal in power to the former preparation so long known by the same name, but no longer in use.

"JOHN DENHAM, M.D., L.R.C.S.I., Master."

"Dublin, 9, Merriion-square, North, 27th October, 1865.

"I have ordered the preparation of Opium (Black Drop), made by Dr. Evans, of Dawson-street, with very great advantage. It seems to agree with patients better than those opiates which have been so long in the hands of the profession, by not causing sickness of stomach or uneasy sensations of the head. It is very satisfactory as a powerful sedative. I have used this medicine freely in Stevens' Hospital and in private practice.

"S. L. HARDY, M.D.,

Physician-Accoucheur to, and Lecturer on Midwifery and Diseases of Women and Children, Stevens' Hospital; Physician to the Institution for Diseases of Children &c."

"14, Harcourt-street, Decemb 18th, 1865.

"I have given full trial to a new preparation of Opium, designated 'Black Drop,' forwarded to me some time since by Dr. John Evans, of Dawson-street. I had been in the habit of using the former preparation known by that name, so long as it could be procured; and I feel no hesitation in expressing my conviction that Dr. Evans' preparation fully equals, in all respects, that admirable anodyne.

"JOHN RINGLAND, M.D., T.C.D., M.R.I.A.,

Fellow of the King and Queen's College of Physicians of Ireland, Senior Master of the Coombe Lying-in Hospital, Professor of Midwifery in the Ledwich Medical School."

THE INSPISSATED JUICE

OF

**Leontodon Taraxacum, or Dandelion.**

NOTE—This extract possesses all the remedial properties contained in the fresh root of the Dandelion, being a concentration, at a reduced temperature, of all its constituents.

Dr. Wilson Philip writes—"Of all means which I have employed to promote a regular and healthy secretion of bile, I have found none equal to Dandelion."

Dr. James Johnson ranks it amongst those agents that possess the power of preventing the formation of biliary concretions by keeping up a due and healthy secretion in the liver.

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Sole Inventor and Patentee of the  
**SPIRAL**  
**COMPRESSIONAL BANDAGE,**  
**AIR-PADS for HERNIA,**  
&c.,



Continues to supply his Inventions at  
No. 49, DAVIES-STREET, BERKELEY-SQUARE,  
and No. 11, RUE DES BEAUX ARTS, PARIS.  
(At home from 12 till 6.)

**Apothecaries' Hall of Ireland, 40 Mary-**  
street. The following new Medicines and Preparations are manufactured in the Laboratory on the premises, and a supply constantly on hand:—

Chlorate of Quinine, Perchloric Acid. Permanganate of Potash, and the other Disinfectants now in use. Ether for Local Anæsthetic purposes. The various Granular Effervescent Preparations, &c. &c. &c.

TO PHYSICIANS, SURGEONS, AND DRUGGISTS.

**Brown's Cantharidin Blistering Tissue,**  
prepared from pure Cantharidine. An elegant preparation, vesicating in much less time than the Emp. Lyttæ, P.L., easily applied and removed, and will not produce stranguary or troublesome after-sores. It has received the sanction and commendation of many of the most eminent practitioners in the kingdom.—In tin cases, containing ten feet, 6s. 6d.; and small cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments as a dressing for Blisters, Burns, &c., and may be called a companion to the above.—In tin cases, containing twelve square feet, 1s. 6d. each.

Sole Inventor and Manufacturer, T. B. BROWN, Birmingham. Sold by all Wholesale and Retail Druggists and Medicine Agents throughout the British Empire.

Dublin Messrs. BOILEAU and BOYD, 91, 92, & 93, Bride-street.

TO THE MEDICAL PROFESSION.

**George Oldham and Co., Pharmaceutical**

Chemists and Apothecaries, take this opportunity to return their grateful acknowledgments to the Profession for the support they have hitherto received, and which they will regard as a fresh motive for exertion. Abstaining, either themselves or their ASSISTANTS, altogether from VISITING or PRESCRIBING, except for the application of Leeches, Cupping, or such operations as are performed under MEDICAL ADVICE, they will continue to devote themselves exclusively to the duties of the pure Pharmacist.

Having had much experience in Practical Pharmacy, sparing neither trouble nor expense to have every article of superior quality, and exercising scrupulous care and attention in the preparation of the various Medical and Chemical Simples and Compounds, the Faculty may place perfect reliance upon the purity of the ingredients employed, and realize from their administration and use the anticipated effects.

Medicines delivered by Vans in all parts of the City and Suburbs, and along the line of the Kingstown and Bray Railway, and in the vicinity of all the Stations, at any hour, free of charge.

Surgical Instruments and Appliances; Home and Foreign Mineral Waters; also every Drug, Chemical, and Pharmaceutical Preparation in use.

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1, RATHMINES-TERRACE, RATHMINES.

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**COD-LIVER OIL of 1866.**

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in 1850, and since then yearly, with the increasing approbation of the profession, and of those numerous Invalids who have derived such inestimable benefits from its use, is extracted from the fresh Livers of the Channel Cods, on B. and H.'s own Premises, and under their immediate superintendence, and is possessed of the properties of this valuable Medicine in an eminent degree.

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(Late Bewley and Evans),

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**J. J. Graham and Co. beg to acknow-**  
ledge with most grateful feelings the liberal and increasing patronage bestowed upon them by the Medical Profession, and to assure them that it is their constant aim to render themselves deserving of a continuance of the same.

J. J. Graham and Co. confine themselves strictly within the limits of the Pharmaceutical Profession, and under no circumstances do they take upon themselves Medical or Surgical duties, other than those performed by the Apothecary under Medical directions—namely, Cupping, Leeching, Blistering, &c.

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THE MEDICAL HALL, 30, WESTMORELAND-STREET.

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## THE ADDRESS IN MEDICINE.

DELIVERED AT THE ANNUAL MEETING OF THE BRITISH  
MEDICAL ASSOCIATION,*Held at Chester,*

ON FRIDAY, AUGUST 10TH, 1866.

By JOHN HUGHES BENNETT, M.D., F.R.S.E.,

PROFESSOR OF THE INSTITUTES OF MEDICINE, AND SENIOR PROFESSOR  
OF CLINICAL MEDICINE IN THE UNIVERSITY OF EDINBURGH.AFTER some preliminary remarks, Dr. Bennett proceeded  
thus:—

## PRESENT STATE OF THE SCIENCE OF MEDICINE.

1. It must be admitted that the Descriptive Anatomy of the human body is perfect—a fact in itself of the highest importance in the consideration of medicine as a science. It is in determining its ultimate structure, by means of magnifying instruments, that the greatest progress has been made in recent times; and it is now determined that vital phenomena are essentially dependent on the minutest particles of which every tissue consists. The organs and textures, in fact, are but aggregations of fine molecules, an acquaintance with the properties of each of which can alone lead us to a knowledge of the whole. All attempts to restrict vital action to a cell, to a nucleus, or to any particular element of structure, appears by me to be opposed by an overwhelming series of facts; the truth being, that growth, contractility, and spontaneous movement are as capable of being demonstrated in a molecular vibrio one twenty-thousandth of an inch in diameter, as in the largest cell or muscular fibre. Neither is vital action confined to a so-called molecular or germinal mass, but may exist in perfectly hyaline intercellular substance, as in cartilage, where those changes primarily occur that transform it into bone. It follows that those views whereby, according to some, organic matter is always evolved from within, while, according to others, it is always superimposed from without, are too exclusive, Nature sometimes acting in one way and sometimes in another—here within, and there external to cells.

So far, then, as our present magnifying instruments will allow us to judge, the ultimate structure of a living body is composed of molecules. These possess independent physical and vital properties, which enable them to unite and arrange themselves so as to produce higher forms. In this way nuclei, cells, fibres, tubes, and membranes are produced, the union of which in their turn constitutes the various tissues and organs of the body. Not infrequently the breaking down of one substance is the necessary step to the production of another; so that, either directly or in solution, the histolytic or disintegrative molecules of one period may become the histogenetic or formative molecules of another. This theory of organization not only reconciles the conflicting views of those who still found their notions of development upon the powers of a cell, of a nucleus, or of intercellular substance, but seems to me consistent with all the known facts yet discovered in the organic world.

As an illustration of this process, we can trace with tolerable accuracy the structural history of food as it passes into, through, and out of the body. Thus, an organic mass—say a piece of bread or a beef-steak—first undergoes the histolytic process of disintegration, partly by the mechanical action of the teeth, stomach, and intestines, and partly by the solvent action of the salivary,

gastric, and other juices, until it is reduced by a molecular pulp called chyme. From this pulp a fluid is prepared, which, passing through the villi, enters the chyle-ducts, and in the lymph-glands and thoracic duct, by a histogenetic or formative action produces the blood-corpuscles. These become coloured in the lungs, circulate for a time, and in their turn undergo histolytic solution, and thereby serve to elaborate the liquor sanguinis. This viscous fluid, drawn out through the capillaries, supplies the various tissues, molecule by molecule, with the histogenetic or constant formative material which keeps up their substance. Such substance having served its purpose, is constantly undergoing a histolytic or disintegrative process—is again reduced to a finely molecular fluid, and once more joins the liquor sanguinis of the blood. From this it is finally removed through various channels by the process of secretion and excretion, which in their turn only present still further evidence of this law of molecular organization. Thus the bread or beef-steak, having entered the frame, may be shown structurally to have undergone successive histogenetic and histolytic changes; enjoyed, as it were, life for a time, and ultimately been discarded as inert or dead matter. Compositions and decompositions, however, are not only structural but chemical, and to these we must next pay attention.

2. The great impulse communicated to Animal Chemistry in recent times dates from the labours of those who, by careful analysis, have followed the chemical transformations which plants and animals undergo during their development, growth, and decay. These have shown the relations which exist between the atmosphere, the soil, and the plant—what the latter takes from the two former, and what it gives to the animal who feeds upon it. In the same manner that plants can only grow in those soils which contain the substances necessary to form their tissues, so animals can only be nourished upon those compounds which contain the chemical elements they themselves require. All this being ascertained, what next interests us is the relation which exists between the supply of food and waste of the tissues during their exercise.

Viewed chemically, food may be regarded as a mixture of albumen, fat, and mineral matter, all of which pervade the economy, although the first is most abundant in the fibrous tissues, the second in the adipose and gland tissues, and the third in the bones and teeth. These substances, prepared by the molecular disintegrative process formerly alluded to, are but little changed chemically before passing into the tissues. But in leaving them in order to be excreted, remarkable chemical combinations and decompositions occur, whereby they produce different compounds, such as carbonic acid, water, urea, numerous organic salts, and so on. The nature of these chemical actions within the body is not yet fully understood; so that, although we know the composition of the ingesta and egesta, how the one is transformed into the other by the animal is not so clear.

The view put forth by Liebig—namely, that food should be regarded as nitrogenous and non-nitrogenous—the former being sanguineous or flesh-forming, and the latter respiratory or heat-giving—has long appeared to me erroneous on histological grounds. Every tissue requires both principles. Even chemists themselves have shown by experiment that the idea of the tissues being oxidised during action, and yielding a proportionate degree of refuse like a steam-engine, is not correct. Recently, Messrs. Fick and Wislicenus of Zurich went to the summit of the Faulhorn, one of the Swiss alpine peaks, an ascent which occupied eight hours. During this period, as well as for eighteen hours previously, and for six hours subsequently, they only ate hydro-carbonaceous food, yet a chemical analysis of all the renal secretion passed showed that during and shortly after the ascent the urea excreted was only slightly increased. These facts are irreconcilable with the prevailing chemical theory; for, had muscular exertion increased the oxidation of albuminous material, urea should have been largely augmented, but it was not



so; muscular energy in this experiment having been carried on, without fatigue, at the expense of the carbonaceous substance of the tissue.

Indeed, numerous observations now being prosecuted prove that much has to be accomplished before the chemistry of food becomes the physiology of food, and before the slice of bread or beef-steak can be traced in its progress through the body with the same exactitude chemically as it has been structurally. Even when this is accomplished, we shall have much to learn which chemistry cannot teach us; for, as has been pithily observed, although in the laboratory a pound of flesh is enormously superior in nutritive power to a pound of cabbage, yet, to a rabbit the cabbage is the superior food, whilst to a dog the cabbage is no food at all (Lewis, p. 115). It follows that, though chemistry can teach us much, nutrition, like all other vital processes, can only be rightly studied by the physiologist.

3. The researches of naturalists, it is now admitted, have thrown much light on the Laws of Germination and Reproduction, and have demonstrated to us the nature of several obscure diseases. The observations of Bassi as to the cause of death in certain epidemics affecting the silkworm led to the discovery of the vegetable parasites causing favus, pityriasis, mentagra, and other diseases of man; while the observations of Sars, Von Siebold, Steenstrup, and others, have determined the laws which govern the production of animal parasites. These in turn are related to several interesting facts and generalisations, all of which have tended to augment our knowledge of the animal economy. Need I allude to the doctrine of alternate generation by Steenstrup, of parthenogenesis by Owen, of the origin of tapeworm by Von Siebold, of the economy of the hive by Dzierzon, of pisciculture by Coste, of the formation of the coral reefs and islands of Florida by Agassiz, and the origin of species by Darwin—all of them noble examples of physiological generalisation, several of which have already found important practical applications, while not a few have been of direct service to medicine.

4. A study of Natural Philosophy has led in recent times, perhaps more than that of any other branch of science, to an elucidation of the functions of living beings. What are physical and what are vital actions has long been a subject of discussion. The attraction which the sun exerts upon the earth, that which the earth has upon the magnetic needle, and that which one chemical substance has for another, though differing entirely in their nature, are called physical; but the attraction which the intercellular substance of cartilage exerts upon the lime-salts dissolved in the blood, or that by which any other tissue selects and draws from the liquor sanguinis what enters into its substance, is called vital. Again, the conduction of electricity along a nerve is physical; the conduction of nervous influence along a nerve is vital. We know nothing of the nature of any of these actions, which constitute ultimate facts in science; but, inasmuch as they are not identical we call those which occur in living beings vital. Some of these are altogether peculiar, such as growth in particular directions, muscular contractility, nervous excitability, and mental acts. We observe, however, in a living being, that these properties are more or less dependent upon, mixed up with, and give direction to physical properties. It is the determination of what is due to the one class of phenomena and what to the other, as well as their mutual relations, that has for some time engaged the attention of what is called the physical school of physiology.

And here it must be confessed that, just in proportion as the physical have been made to encroach upon what were supposed to be vital actions, our knowledge has advanced. It has now been proved that much of what was mysterious must be considered due to gravity, imbibition, endosmosis, or chemical, electrical, and mechanical operations. Now, as the laws regulating these physical forces are better known to us than such as govern the vital ones, not only in this way can we comprehend them better, but, when required to modify them by art, we are enabled to do so

with more effect. We cannot, therefore, too strenuously urge forward all that physical research can do for us, although still conscious that, while in this way we may learn much, physics, no more than chemistry, will ever wholly clear up the mysteries which surround the great fact of life.

It is curious, however, to observe that while chemistry has succeeded in manufacturing in the laboratory many of the excretory products of the body, such as urea, taurine, allantoin, formic, oxalic, lactic, butyric, and other organic acids; so the histologist, by the mechanical union of oil, albumen, and mineral matter, has succeeded in forming artificial molecules, nuclei, cells, membranes, and concretions, very similar to what we find in the animal. True, in both cases we must take the proximate principles, which can only be formed by nature; but these given, we learn much of the structural mode of formation and of the chemical decompositions occurring in the animal from what physical experiment has taught us.

Of the numerous ingenious instruments now invented, which have enabled us to determine with rigorous exactitude the time, area, and intensity of phenomena in the living body, whether applied to the velocity of the circulation, force of the pulse, production of electrical currents, rapidity of the nerve-force altered, curves of the crystalline lens, and many other most important facts, I have no time to speak. I have requested my assistant, Dr. Rutherford, to bring with him to this meeting the very ingenious myographion of Du Bois Reymond, with which he will show, what may prove interesting to many present, how the rapidity of the nerve-current can be accurately determined. The inspection of such an instrument, an idea of its construction, and the witnessing one of the experiments which have given such reputation to the name of Helmholtz, will do more than any feeble description of mine to convince you of the great talents and ingenuity of those who now prosecute our science in this direction.

5. Experiments upon the lower animals, I need scarcely say, have added largely to our knowledge of the vital functions. On the propriety of this kind of research I agree with what was stated by Dr. Sharpey in the able address which he read to this Association in 1862—viz., that "when we consider the countless myriads of the brute creation that are daily slaughtered for man's sustenance, or are left to perish from hunger or the severity of season, or fall a prey to their natural enemies, to say nothing of the multitudes killed for sport, surely it is not too much to claim that an infinitesimal share of this vast sacrifice be applied towards the extension of human knowledge and the alleviation of human suffering." It is unnecessary, however, to dwell upon the brilliant results which have been derived from this method of investigation. I would only point out, that a reluctance to engage in it when necessary has vitiated the most important conclusions, of which we have an excellent example in the ideas formed by Sir Charles Bell as to the functions of the anterior and posterior columns of the spinal cord. Having cut the anterior and posterior roots of the spinal nerves in a living animal, and shown that thereby voluntary motion and sensation connected with the parts which received nerves from them were paralyzed, he supposed that the columns of the cord were continuations of these roots, and that section of them would also destroy motion and sensation. But when Brown-Séquard cut across the posterior columns in a living animal, which he did with a knife made for the purpose, it was found that, so far from sensation being prevented, pressure on the leg of the animal gave rise to increased pain. The cause of this is now thoroughly understood from the admirable histological researches of Mr. Lockhart Clarke, who has demonstrated, among numerous important facts for which science is his debtor, that the nerve-tubes of the spinal roots, instead of turning up towards the brain, as had been generally supposed, pass directly inwards to the grey matter, and are there so distributed that no single section of those columns can destroy their power of conducting influences to the brain.



Indeed, experimental and histological research have been so well combined in recent times as to throw a flood of light over the functions of the nervous system. In proof of this, I need only refer to the labours of Bernard as to the influence of the vaso-motor nerves over animal heat.

6. Lastly, the pathologists, who seek to discover, from an inspection of diseased organs after death, the relations existing between morbid conditions and the symptoms or phenomena they occasion during life, have also added largely to the science of medicine. In the same manner that the healthy body has been explored to obtain a knowledge of its structure, so has the diseased body been scrutinised to ascertain the changes produced. As the descriptive anatomy of man is perfect, so is his morbid anatomy; and pathological is as far advanced as physiological histology. Indeed, they may be said to constitute one science. If the organic chemistry of the healthy processes is imperfect, the pathological chemistry of the body is still more so, the latter necessarily being dependent on the former. Such, however, is the activity with which morbid phenomena have been investigated during the last quarter of a century, that in no department of the science, probably, has greater progress been effected.

The meanings of the old terms, inflammation, tubercle, cancer, and so on, are still discussed; but the morbid processes themselves are now well known. These consist of congestion of the blood vessels, and, as a result of this, serous effusion, exudation of the liquor sanguinis, or extravasation of blood. Each of these products undergoes subsequent changes, whereby they are again absorbed into the circulation, either directly, as in the case of serous effusion; or through cell growth, as in the case of exudation; or by disintegration, as in the case of internal hæmorrhages. Not infrequently morbid growths occur, which may originate from irritation of the existing textures, which they more or less resemble; or they may spring up in exudations giving rise to tubercle, pus, and cancer. The tissues also atrophy or degenerate, and in this last case may undergo the fatty, albuminous, pigimentary, or mineral transformations. Concretions of various kinds are deposited in cavities, and obstruct ducts, giving rise to formidable lesions. There may be animal and vegetable parasites. Lastly, the blood itself may undergo alterations from an excess or diminution of its structural or chemical constituents, or it may be contaminated by noxious poisons derived from without, or generated within the body.

A knowledge of these morbid states has now made great progress; and our general ideas of their nature have, in consequence, undergone a remarkable change. It has been shown that the same general laws which regulate growth and other vital functions in health, also influence them, when so disordered, as to constitute disease. The same theory of organization which has changed our views of physiological processes, has had a similar influence on pathological ones. It is not so much the peccant humour or the vascular action of our forefathers to which we attribute structural effects, as it is to the altered chemical, electrical, or vital condition of the ultimate molecules of the tissues themselves. This being the organic cause of disease, our efforts are no longer engaged in the mere study of symptoms, and the grouping them together in accordance with artificial nosologies, but in endeavouring to determine with accuracy the character of the lesion itself, and the precise texture and organ which is involved.

Only a limited idea, however, can be formed of the position of scientific medicine from viewing what has been accomplished by these six methods of investigation separately. It is their union, the assistance that one gives to the other, and the necessity which exists for knowing them all, that require attention in founding a proper basis for medical education. So long as it was supposed that diseases were groups of external symptoms, and that the removal or alleviation of these was the great object to be attained, the rules of art flowing from past experience were easily acquired. But now that every practitioner is

expected to ascertain the nature and seat of the morbid change, not only must these be previously understood, but he must be capable of using all those means whereby they can be detected. A knowledge, therefore, of certain sciences, and of the laws which regulate their course, and their relations with one another, has now become imperative as an introduction to practice.

This mutual relation of the sciences has led to generalisations of the highest importance to our knowledge of vital action both in health and disease. Thus, it having been shown by Grove that the various physical forces—such as heat, light, electricity, gravity, and chemical action—are all correlative, it soon became apparent not only that there was a similar relation between the vital forces, such as those governing growth, nutrition, contractility, and excitability, but also between these and the physical forces. It has further been shown that, just as matter is indestructible, only changing its condition, so is there a conservation of force which only alters its form. In the same manner that heat, light, electricity, gravity, and chemical action are capable of being perpetuated in an incessant round one to the other, so we must regard growth, contractility, sensibility, and even the exercise of the mind, as only varieties in form of that chemical force generated in nutrition, as this in its turn is only an altered manifestation of some other force.

It is by studies in this direction, and in this spirit, that we shall do most to advance the science of medicine, in proof of which I would for a moment refer to the assistance which the sciences referred to have given to one another in advancing our knowledge of disease, and its detection in the living body. How anatomy and physiology aid pathology, and how this in its turn confirms and extends physiology—of this we have an excellent example in the discovery of leucocythæmia, which has proved to us that the views of Hewson, which were so long neglected and held to be doubtful, as to the functions of the spleen and lymphatic glands, are correct, and that they do, as he maintained, form the corpuscles of the blood. Again, many alterations of texture, which morbid anatomy has made us acquainted with, would only have been suspected, but for the help which physical science has furnished in various ways; more especially by chemical tests and analyses, and numerous ingenious instruments. Need I refer to what we now accomplish by means of percussion and auscultation, and to the use of the microscope, speculum, laryngoscope, ophthalmoscope, sphygmograph, thermometer, &c.?

The present stand-point of scientific medicine, therefore, may, I think, be summed up as follows:

1. That the descriptive anatomy of the human body is perfect, and has been thoroughly worked out.
2. That the structural and general anatomy of the human body is very nearly so.
3. That physiology, though greatly advanced, has yet much to teach us as to the functions of the human body, and is at this moment apparently waiting (1) for the organic chemists who are investigating the transformations which food undergoes in passing through the economy; and (2) for the physicists who with newly invented and delicate instruments are investigating the vital functions with a care and exactitude only recently arrived at.
4. That pathology has demonstrated to us the structural alterations produced by morbid states; but is still very deficient in a knowledge of the chemical alterations these occasion. It must necessarily be dependent, however, on the progress of physiology, so that the laws which regulate many diseased processes have yet to be ascertained.
5. That the diagnosis of diseases owing to our combined knowledge of physiological and morbid states, and the cultivation of physical exploration in conjunction with observations of symptoms, is rapidly becoming more exact, and losing its conjectural character. What John Hunter effected for surgery by placing it on a scientific basis is now the object of the well informed physician with regard to the practice of medicine.



## PRESENT STATE OF THE ART OF MEDICINE.

I now turn to the practical side of medicine, by which it to be understood an available knowledge of all those means which contribute, directly or indirectly, to the cure of disease, prolongation of life, or alleviation of suffering.

The long discussions that formerly occurred as to whether the practitioner should be guided by dogmatism or empiricism—theory or observation—deduction or induction—have lost their interest. There are more observers than reasoners, although it may be questioned whether a really perfect observation is not more rare than a sound theoretical conclusion. It is now recognized that science must prevail in the schools, practice at the bedside; and that the more we acquire of both, so much the clearer it is seen how good observation corrects and perfects theory, and how science improves and extends observation. Both have added largely to our resources. Thus it will be admitted that the doctrines of the circulation of the blood, of the independent functions of nerves, the reflex function of the spinal cord, cell-growth, and so on, have been directly serviceable in practice. It by no means follows, however, that great physiological discoveries are often immediately available in this way. The practical value of the discovery of Harvey was not recognized for several years after its publication; and the recently established doctrines of the functions of the pancreas and of the lymphatic glands, and of the glycogenic functions of the liver, have not taught us as yet how better to regulate digestion; influence the formation of the blood, or cure diabetes. But that every physiological truth adds largely to our conceptions of the correct treatment of maladies, is a proposition I must not occupy your time with attempting to demonstrate.

On the other hand, many of those remedies which have been proved to be directly curative of disease—such as quinine, sulphur-ointment, lemon-juice, cod-liver oil, and so on—are entirely the result of empirical observation. With regard to these it is our constant aim to determine the *rational* of their influence. Up to this moment, notwithstanding, there is an uncertainty about the action of numerous powerful drugs in daily use, which is a constant reproach to us, and which we should make a strong effort to remove. It cannot be correctly said, in face of the researches and additions constantly made to our knowledge, that we have been altogether supine on this subject. But it is unquestionable that no vigorous attempt is being made, nor does any organization, so far as I can perceive, hold out a prospect that any is likely to be made, of advancing our knowledge in this direction. In the excellent paper read at the annual meeting of the Association by Dr. Handfield Jones, in 1862, the conflicting opinions which prevailed with regard to the action of some of our most valuable drugs, more especially of digitalis, opium, and quinine, were pointed out. The settlement of these differences is certainly within the reach of scientific investigation, and all that is required are capable workers to solve the difficulties they present. Numerous other agents, however, might be mentioned, the power of which is great, though as yet we know little of their effects. Among these is electricity, the operation of which upon the nerves and muscles has recently been studied by the physical school to a great extent, without, as yet, furnishing us with any exact principles for its application. Duchenne and Remak, it is true, have made many valuable observations, but their views are much opposed to each other. The first considers that an interrupted current should be applied directly to the muscles, while the latter believes that a powerful continuous current sent along the nerves is most beneficial. This and many similar questions require to be solved by investigation.

There are few, however, I fear, who have clearly placed before themselves the great difficulty, labour, and sacrifice of time which therapeutical inquiries necessitate. Indeed, it may be questioned whether any one man, however talented, is capable of such investigation. The wisest among us is apt to be biased by accidental circum-

stances. A case, or series of cases, which have done well under a particular management; the unexpected recovery of an apparently hopeless disease following the administration of a particular medicine; or the fascination which lingers about some plausible theory, may all tend to mislead. The influence of one mind should be corrected by that of another; and the best knowledge in all the departments of the science and art of medicine should be concentrated on the solution of the question proposed. A committee, therefore, would be requisite, which should combine the skill of the anatomical operator, the analytical power of the chemist, and the varied knowledge, theoretical and practical, of the histologist, physiologist, physicist, pathologist, therapist, as well as of the physician whose knowledge of diagnosis is unimpeachable. It would be also advisable to temper the energy and sanguine character of youth with the caution and reasoning power of age. A physiological laboratory, with every necessary instrument, appliance, and chemical, together with an hospital, would be necessary adjuncts.

But when such a committee have completed their labours, published their report, and made their suggestions, even with the assistance of one or more hospital physicians, the coöperation of a large number of practitioners becomes necessary to give it that general and varied trial which is necessary to test its value. No one practitioner, even with the assistance of a large hospital, can hope to examine and carefully record such a number of cases of any one disease as will render his trials of great value. Such, at the same time, is the want of union among medical practitioners, and so difficult is it to impress them with the advantage of working in concert to advance medicine, that several years may elapse before any investigation is finally completed and receives the authoritative sanction of numbers.

And here I would observe, that there is only one way in which, as it seems to me, any particular treatment can ever become, for the future, really authoritative and entitled to the confidence of the profession at large. It is that the facts connected with it should be carefully observed, and the results so recorded that they may be easily compared with similar results obtained by other methods. For this purpose, the age, sex, general vigour of the body, and other facts necessary to be known, under the circumstances, should accompany any general statement as to the good effects of the remedy or treatment, so that all may judge of its value for themselves. This would be the crowning proof of its utility, for it need scarcely be pointed out that even the general adoption of a remedy and a particular practice, or an universal belief in its efficacy, is no guarantee that it is really the best that can be followed. Of this, the practice of bleeding and an antiphlogistic treatment for acute inflammations, and that of a six weeks' course of mercury for the removal of syphilis, both of which prevailed between thirty and forty years ago, offer illustrations.

It is a fact which cannot be disputed, that the mortality of a strictly antiphlogistic practice in acute pneumonia was one death in three cases, and that simply by leaving off a lowering treatment the mortality was diminished to one in seven. In the same manner it has been satisfactorily proved that a general non-mercurial treatment of syphilis cures the disease on an average in two-thirds of the time, and with only one half of the number of secondary cases. Whether there are any cases of pneumonia that still demand bloodletting, or some cases of syphilis that still require mercury, is a question not yet decided, but there can be no doubt that we owe to statistical research the important results to which I have referred. Tabulated facts and numbers, therefore, which correctly estimate the amount of benefit obtained, are what is necessary, instead of vague generalisations, mere opinion, and too often unfounded assumptions. To this end coöperation among members of the profession is necessary, but the difficulty of attaining it may be estimated by the result of a trial in this direction which was commenced by the Association in 1862.



At the annual meeting of that year in London, a committee was appointed, who recommended that various subjects should be proposed for investigation by this Association. Certain members of that committee each agreed to prepare a schedule, to be circulated with the *Journal*, to receive the returns and reports on or publish the results. Accordingly, four such schedules were so circulated, and you may feel curious to know the results of this appeal to upwards of 2000 medical practitioners.

Eighteen schedules were returned to Dr. Fleming, of Birmingham, containing 100 cases in which tape-worm was treated by the male shield fern.

Twenty-one schedules have been returned to myself, containing 152 cases of acute pneumonia, mostly treated on the restorative plan.

Nine schedules were returned to Dr. Harley, containing 23 cases of jaundice, treated by benzoic acid, mercurials and podophyllin.

Three schedules were returned to Dr. Handfield Jones, containing 3 cases of non-syphilitic psoriasis treated in various ways.

The only report published is that by Dr. Fleming, who informs us, that the cases returned to him "establish beyond doubt the great efficacy of the oil of the male shield fern in tape-worm, and its superiority to the other known remedies of this disease. Further," he says, "our report points very decidedly to the most efficient mode of exhibiting the drug; and the whole inquiry has, as I have reason to know, rendered excellent service to therapeutics by making the virtues of the oil of male fern more widely known and employed throughout the profession."—*British Medical Journal*, January 15, 1864, p. 26.

It will therefore be seen that this report of Dr. Fleming has been of great advantage, and so far fully justifies the proposal of the Association. One hundred cases also, where the problem is so simple as the expulsion of a worm, may perhaps be regarded as data amply sufficient to establish the therapeutic virtue of the remedy. Where, however, the problem to be solved is more complex, as in the three other cases, it must be admitted that the returns are by no means sufficient, and that this effort to obtain extensive data for determining the best treatment of acute pneumonia, jaundice, and psoriasis, has as yet been unsuccessful.

Notwithstanding, I still entertain the hope, that through this great Association of medical men something may be done to settle doubtful modes of treatment. If instead of 21 schedules, for example, as to the treatment of pneumonia, yielding 152 cases, it were possible to get 200 schedules with 1500 cases, I think all the vexed questions concerning the treatment of that disease might be permanently solved. Even this only supposes that one-twelfth of our number should fill up a schedule with such cases of the disease as they may encounter for twelve months.

For any scientific investigation, funds must be raised to remunerate the talent and toil which an extended and useful inquiry will necessarily involve. With such aid, properly applied, we have good evidence that much may be done. The recent Government Report on the Cattle Plague, for instance, points out how the co-operation of various individuals may be so directed as to exhaust a medical inquiry. The annual Sanitary Reports of Mr. Simon, conducted on a similar plan, exhibit a series of investigations which are invaluable to the medical man. A like series of reports on diseases, or as to the actions of remedies on the healthy or certain morbid states of the economy, there can be no question, would not only greatly tend to the advancement of medicine, but would gradually exert an authority which would be generally respected. When, also, we regard the advanced condition in which we find the science of medicine, there can now be little fear that such inquiries would conduce to the exclusive systems of treatment, into which some men were formerly led.

It was in every way worthy of the position held by Professor Acland of Oxford that he should have proposed

to the Medical Council that a sum of £250, to test the properties of drugs, be granted out of the contributions levied from the profession. But notwithstanding it constitutes one of the duties of that Council to publish from time to time a Pharmacopœia, the application was refused on the ground that it constituted no part of its business to make such investigations. Exactly the same thing may be said by the government, by the corporations, by scientific societies, and indeed by each medical practitioner. In this way, we arrive at the familiar paradox, "That what is everyone's business is nobody's business."

From all the consideration that I can give this subject, the present stand-point of practical medicine appears to be,

1. That the empirical method of treating disease has reached its utmost limits, and that little further improvement is to be anticipated from it.

2. That the great advance which has taken place in the science of medicine has led, and is leading, to various modifications in the rules of medical practice, which only lately were in general use.

3. That these modifications principally consist in putting more confidence in the powers of nature, having recourse more frequently to the assistance of diet and other hygienic influences, and in employing more sparingly blood-letting and other so-called heroic remedies.

4. That the value of many remedies in certain diseases is unquestionable, and that their judicious employment confers invaluable benefits upon mankind; but the utility of others is disputed or little known, and with regard to these a careful investigation is imperatively required.

5. That such investigations demand great labour advanced knowledge, and much valuable time, and that experience has demonstrated the impossibility of carrying them out satisfactorily without funds to remunerate the investigators.

6. That all applications of scientific treatment require the co-operation of medical men at large, and that no trustworthy results are likely to meet with general confidence in future, unless founded on extensive data, and formularised by a correct statistic.

The learned professor concluded by giving some valuable observations to the effect, that future progress in the Art and Science of Medicine, can only be secured by combined labour.

## Hospital Reports.

### LONDON HOSPITAL.

#### GUNSHOT FRACTURE OF THE TEMPORAL AND FRONTAL BONES.

(Under the care of Mr. LITTLE.)

THE following cases of gunshot wounds occurring in civil practice are sufficiently interesting to deserve record. In both a foreign body was lodged deeply in the substance of the brain without producing symptoms. In both a portion of bone was driven in by the shot, which did not itself enter. The case of the boy has been partially published in the hospital reports, but the post-mortem is so important that we here give the case in full:—

The patient, a boy, aged 13, was shot at by another boy close to him at the time. The gun was loaded with swanshot, the whole charge in a body making a large lacerated wound on the left side of the face. The integuments over a circular area, of which a line from the outer angle of the left eye to left external auditory meatus is a diameter, were completely carried away, together with zygoma and parts of the temporal and masseter muscles. A portion of the outer wall of the orbit was shot away, and there was a depressed fracture in the temporal bone above and rather in front of the auditory meatus.

Here a portion of bone one inch by half an inch in size was depressed at its upper border  $\frac{3}{16}$ ths of an inch;



its lower border was still adherent to the adjacent bone. The boy when admitted on the evening of September 7th, was in a state of extreme collapse; pulse 65, feeble, and intermitting; skin cold, could hardly be roused to consciousness; his eyes were contused and bloodshot; both pupils acted; there was some blood in the anterior chamber of the left.

Suffering so severely from shock nothing was attempted. Brandy was given freely by the mouth and by the rectum, and the next morning he had rallied considerably. He could recognize friends, put out tongue, &c.; pulse 75, weak. Mr. Little made an incision upwards two inches long, commencing in the wound and down to the bone, so as to be able to get at the depressed bone, which was deeply situated. A portion of the over-hanging sound bone was removed with a small trephine, and the depressed portions elevated. The bone in this situation was, of course, exceedingly thin. The dura mater was uninjured. Ice was applied to the wound.

September 9th: Better; pulse 80; takes fluid food freely, as he cannot open his mouth or masticate from the nature of the injury.

10th: Pulse 100, very irregular; skin hot; general erysipelas of face. Warm fomentations instead of ice ordered.

11th: Pulse 98, fuller; skin perspiring; there is free offensive discharge from the wound; the swelling of the face is less; patient rational and hungry.

12th: Better; surface of dura mater covered with healthy granulations; eight ounces of wine ordered. He went on well until the 19th, when his appetite failed; the wound looked unhealthy, and he had a severe rigor, followed by others. He died on the 22nd of pyæmia. No head symptoms. At the post-mortem examination pyæmic deposits were found in the lungs.

In the frontal bone, half an inch above the centre of the left orbit, was a small hole one-sixth of an inch in diameter, leading into a canal through the cerebral membranes one inch and a half into the substance of the anterior lobe of the brain. At the bottom of the canal was a small fragment of bone. There were no signs of inflammation in the neighbouring brain substance or membranes. No shot was discovered; one had, doubtless, struck the frontal bone, driving the fragment in, and had fallen out again. The aperture in the skin would only admit an ordinary probe, it presented to all appearance merely a black point, like others around it, from grains of gunpowder, and it had escaped observation during life.

**FRACTURE OF THE SKULL FROM PISTOL-SHOT.**

[From Notes by Mr. WM. E. DICHEIT.]

R. R., aged 40, described as a writer for the press, but having no regular employment, was brought to the hospital at 3.30 p.m. on Sunday, August 6th, with the statement that he had attempted suicide by firing a pistol at his head. On examination there was found to be a small ragged wound, sufficient to admit a large probe, in the right temporal region, about two inches behind the external angular process of the frontal bone. The integuments were not burned, and there were no signs of powder. The house-surgeon probed the wound in the hope that the ball had glanced off without penetrating the skull, and buried itself under the scalp or in the temporal muscle. The patient, who was quite sensible, pulse good, but frequent, said "that three surgeons had seen him, that the ball had been extracted, and that he had seen it handed round for inspection." The men who brought him in expressed a contrary opinion. The patient having been placed in bed, Mr. Little was sent for, but delayed any operation until some more accurate information could be obtained. At five p.m. the surgeon who had first seen the patient arrived, and said that no attempt had been made to extract the ball, but only to arrest the hæmorrhage, which was considerable. Mr. Little proceeded to enlarge the wound by a T-shaped incision, and discovered

a small triangular piece of bone attached by its base as by a hinge, but with its apex depressed, the base of the fragment being placed anteriorly. It seemed as though the ball had struck the skull obliquely, and depressing this fragment passed backwards into the cerebral substance. Round the apex several small splinters of bone seemed to have been carried away. The fragment was a good deal discoloured by lead. The piece of bone was removed without much difficulty, and a very small flat piece of lead was discovered. There was a laceration of dura mater and considerable bleeding from it. The patient was perfectly conscious throughout the operation.

Monday morning (five a.m.): Patient quite sensible; complained of intense darting pain through his head ever since the operation; had been restless and sleepless all through the night.

Twelve o'clock, Monday: Patient delirious, was with difficulty kept in bed. He remained thus until ten o'clock p.m., when coma supervened, and he died at six a.m. on Tuesday.

Notes of post-mortem examination performed nine hours after death.—The body was well nourished.

In right temporal region was a T-shaped incision communicating with the bone. In the bone was an irregular fracture sufficient to admit the point of little finger. There was also an aperture in the dura mater at the seat of fracture, but not to the same extent. On surface of dura mater were two or three small fragments of bone, and a flat piece of lead very small. The cavity of arachnoid contained coagulated blood, thin, opaque, almost purulent fluid. There was a track leading almost down into the corpus striatum, but not quite entering the ventricle. At the bottom of this was a fragment of bone, about the size of a pea. In the Pineal gland was a small, fine, waxy deposit, having a villous-looking exterior. Mr. Little could not find any considerable fragments of the ball. The weapon used was a small revolver, carrying an elongated projectile scarcely the diameter of a pea, propelled by detonating powder.

**THE CHOLERA WARDS OF THE HOSPITALS OF LONDON.**

**THE LONDON HOSPITAL.**

SINCE our last statement there has been a considerable diminution in the number of cases admitted to this hospital, and although a special cholera hospital has been opened in the neighbourhood, which would partially account for this decrease, we may fairly conclude that it is to some extent due to the gradual subsidence of the epidemic. On Friday last there were 96 cases in the cholera wards. The day before there had only been 5 admissions, 2 of which were cases of cholera, the other 3 being diarrhœa. This brings the total admissions since the outbreak up to 612, of which 268 have been fatal, as will be seen from the following figures:—

|          | Admissions. | Recoveries. | Deaths. | Remain. |
|----------|-------------|-------------|---------|---------|
| Cholera  | 464         | 141         | 255     | 68      |
| Diarrhœa | 148         | 107         | 13      | 28      |

An attentive examination of the facts also leads to the conclusion that the diminution in the number has been gradual. This point is best illustrated by a daily return for last week which we here add:—

*Admissions into the Cholera Wards of the London Hospital.*

| Aug.   | CHOLERA. |          | DIARRHŒA. |          |
|--------|----------|----------|-----------|----------|
|        | Males.   | Females. | Males.    | Females. |
| 17th   | 8        | 3        | 2         | 4        |
| 18th   | 3        | 2        | 1         | 2        |
| 19th   | 3        | 1        | 0         | 1        |
| 20th   | 3        | 1        | 3         | 2        |
| 21st   | 4        | 2        | 1         | 0        |
| 22nd   | 1        | 0        | 2         | 4        |
| 23rd   | 2        | 0        | 2         | 1        |
| Totals | 24       | 9        | 11        | 14       |



As to age, 7 boys and 1 girl affected with cholera were under 10 years old, 3 boys and 4 girls between 10 and 20. Only 4 cases of cholera were between 20 and 30, 7 between 30 and 40, 2 between 40 and 50; above that age 5.

As to treatment, Dr. Davies continues the calomel. Dr. Fraser has tried chlorate of potash and hydrocyanic acid, and Dr. Clarke has prescribed tr. ferri sesquichlor. and quinine. During the week another case has been tried by injection of salines into the veins. At first it seemed quite a hopeful case, but we regret to hear that the patient has since died. We had hoped to find a much greater success by venous injections at this hospital, as during the last epidemic the results were more favourable. Dr. Little, we believe, had 3 successful cases in 1849. 5 others died; but of these 4 were moribund. Perhaps the want of success this year may be due to the treatment being only adopted in the worst cases.

#### ST. BARTHOLOMEW'S HOSPITAL.

Out of 6 cases admitted in as many days, only 1 was dead at our last inquiry. One of the cases was that of a nurse occupied in the hospital. Calomel and opium at first, with warm bath and warm foot-bottles, as well as sinapisms to the epigastrium, have been the chief remedies employed at the suggestion of Mr. Smee. Peroxyd of hydrogen has been given in four cases, but without marked effects. Beef-tea, with Condy's fluid and brandy, have been administered in the form of enemata. Sometimes a few minims of laudanum are added to allay cramp, but not where any drowsiness is present.

#### THE GERMAN HOSPITAL.

This institution, situated at Dalston, admitted 23 cases between July 19 and August 23; but they did not come from the immediate neighbourhood—indeed, no less than 19 were from the eastern districts. Out of these cases 8 are reported as now recovered, and 14 remained under treatment. Some of the cases were of a mild type. Small doses of calomel, castor-oil, and camphor, have each been tried. Subcutaneous injections of turpentine and camphor were prescribed in 2 cases. Result—abscesses at the part injected. In this hospital the cholera eruption has been observed, and we hear that the temperature is being regularly noted.

#### BELLEISLE HOSPITAL SHIP.

The cases we mentioned last week, as under the expectant method, have, as yet, exhibited a smaller mortality than any other sets of cases on board. Yet, the numbers being only small and consequently presenting differences, a too hasty judgment could not be pronounced. Ten new cases have been admitted during the week. It is noteworthy that, at present, no case has been satisfactorily traced to importation from abroad.

#### LIMEHOUSE DISTRICT CHOLERA HOSPITAL.

OPENED THE 28TH JULY.

|            | Cholera. | Diarrhoea. |
|------------|----------|------------|
| Admissions | 108      | 6          |
| Deaths     | 35       | 1          |
| Recoveries | 46       | 4          |
| Remain     | 27       | 1          |

NEWCASTLE COLLEGE OF MEDICINE.—At the annual meeting of Members, held on the 1st inst., the following gentlemen were appointed the council of management for the ensuing year:—President: Rev. Canon Whitley. Registrar: M. Denis Embleton. Treasurer: Dr. Thomas Humble. Secretary: Dr. G. H. Philipson. Other members of Council: Dr. Edward Charlton, Dr. C. J. Gibb, Dr. Charles Gibson, and Dr. William Murray.

#### ADELAIDE HOSPITAL.

### FLAP EXTRACTION OF CATARACT; SPONTANEOUS EVOLUTION OF THE LENS; EXCELLENT RECOVERY.

(Under the care of Mr. B. WILLS RICHARDSON.)

[Reported by Mr. ALEXANDER DUKE.]

MRS. C., æt. 55, was admitted into the Adelaide Hospital, Dublin, April 18, 1866. Both eyes were cataractous, the cataracts in each being mature, amber-coloured, and stellate. The centres of the cataracts were of a darker amber than the circumferential portions. The pupils were regular, and the irides acted briskly. The patient could distinguish the hand with either eye, when it was passed between the eye and the light.

Although one might think from the semi-transparent look of the marginal portions of the cataracts that more light should get into the eyes than the patient's amount of vision indicated, yet when Mr. Richardson examined the eyes with Liebrich's ophthalmoscope, the pupils having been previously dilated with atropine, not a glimpse could be obtained of either choroid or retina.

After some preliminary constitutional treatment and the subsidence of the sharp north-easterly wind, then particularly severe, Mr. Richardson proceeded to extract the cataract from the right eye, by the ordinary upper flap operation. Dr. Walsh took care of the lower eyelid while Mr. Richardson himself with the left hand managed the upper one, and at the same time commanded the eyeball by the ordinary manœuvre.

When puncturation of the cornea was effected, and while the knife was traversing the anterior chamber, a very small portion of the iris got over the edge of the knife which Mr. Richardson succeeded in disengaging, with the exception of an almost imperceptible shave. Counter-puncturation was next accomplished and the flap completed.

The eyelid having been carefully let down, Mr. Richardson, after the expiration of a few moments, again raised it, for the purpose of introducing the cystotome to open the capsule. The margins of the corneal wound were seen to be in perfect apposition. Just, however, as he was about to pass the cystotome behind the flap, to divide the capsule, spontaneous evolution of the cataract commenced. It was gradually and slowly extruded until it had almost half passed through the corneal wound. It then stopped, Mr. Richardson immediately passed a lens-hook into it and removed the cataract without the slightest difficulty. No vitreous humour escaped, with the exception of a very small and firm piece, not more than an eighth of an inch in its longest diameter. The upper lid was again let down, and in a few moments raised to see how matters looked. The pupil was in its natural position and the margins of the corneal wound apparently in exact coaptation.

The lids of both eyes were then closed and kept together by single pieces of court plaister. Linen blinkers were secured to the head, the patient was placed in one of the ends of the long ward which was moderately darkened. Everything, it may be said, proceeded favourably after the operation. Some pain, notwithstanding, was felt in the eyeball on the fourth day; but, as it was unaccompanied by swelling of the lid, increased febrile, or fever, Mr. Richardson considered it neuralgic, and ordered the patient wine, a fuller diet, quinine mixture, and a few alterative doses of blue pill, with some quinine also, in each pill. The lids were firmly glued together by a semi-transparent secretion, a most favourable circumstance. They were neither red nor swollen, and there was no appearance of pus. Indeed, Mr. Richardson observed, that although he used strips of



court plaister in this case, it was evident that they were unnecessary, and he doubted if he would again use plaister strips after extraction. As Mr. Dixon remarks, the lids are sufficiently secured by the drying of adhesive secretion from the Meibomian follicles and conjunctiva, so that the plaister is scarcely necessary. Moreover, it is liable to become exceedingly rigid, angular, and thereby extremely irritating to the patient.

The eye was examined on the sixth day after the operation, Mr. Richardson observing to the class that the greatest manipulative delicacy must be observed in the process of separating the lids. When bathing the adherent palpebral fissure the surgeon must take particular care not to press the upper lid, as the corneal flap being situated beneath it, the wound might be seriously disarranged, recent adhesion may be ruptured and vitreous humour ejected. If this escape occurs to any extent vision might be altogether lost. The lids having been carefully unglued and separated, the whole corneal wound was found to be united. The cornea was convex, shining, and transparent. The pupil was central and nearly circular. The anterior chamber was somewhat deeper than before the operation, from the absence of the lens. The conjunctiva was slightly injected and very slightly thickened externally. The patient could see Mr. Richardson distinctly, and describe his dress, &c.; but no further trial of sight was made on that occasion, and the lids were again closed. Mr. Richardson remarked that he coincided with Mr. Dixon that possibly it is better not to test the sight immediately after extraction of the lens as disappointment might at the moment result, which may interfere with recovery. In this case the patient, immediately after the lens was removed, although not questioned regarding her vision, volunteered the statement, that the light was blue, and was all she could see. And nevertheless on the sixth day after the operation her vision promised to be excellent.

7th day: Complained of occasional shooting pains in the eyeball. They were unaccompanied by fever, or by increased injection of sclerotic or conjunctiva. Mr. Richardson, however, thought it judicious to order her twice daily blue pill, with the addition of sulphate of quinine.

8th day: Chemosis had disappeared and the sclerotic injection had gradually faded. The pains complained of on the day before were not so frequent. Could differentiate the fingers held some distance from the bed.

9th: Eyeball was assuming its natural colour. Pains had ceased. To get up and open eye freely.

Haus. rhei cras mane sumend.

It is unnecessary to recapitulate the daily reports of the case up to the period she left for the country, as nothing untoward subsequently occurred to retard the recovery of the eyeball from the operation. She was discharged on the 8th of June, and then could distinguish small objects on the wall at the end of the long ward, and could read large type at about two feet from the eyes. Mr. Richardson saw her within the last few days. She was able to walk out by herself.

With regard to the spontaneous evolution of the lens which occurred in this case, Mr. Richardson directed the attention of the pupils to the fact, that neither he nor Dr. Walsh were touching the eyeball at all when it was taking place. Mr. Richardson mentioned that the controlling of the eyeball by the fingers should be carefully avoided after counter-puncturation has been effected and until the surgeon is about to press out the lens. If spontaneous evolution takes place without discharge of vitreous humour, it is a fortunate circumstance; for, as Professor Gräfe observes, in spite of all the instrumental auxiliaries so ingeniously devised for the removal of the lens, spontaneous evolution of the latter, as it takes place through a gaping section, either by ocular pressure alone or by gentle assistance from without, is doubtless the relatively best mode of evacuation, because the least injurious to the eye. To the fact that it favours this consum-

mation, the method of flap extraction is manifestly indebted for the purity of its results.

It is no matter what care or precaution the surgeon may take to prevent the escape of aqueous humour and the resulting turning of the iris over the edge of the knife, it will occur notwithstanding. It has been truly observed that this is one of the most troublesome accidents which can happen during the operation. In this case, however, Mr. Richardson succeeded in almost completely disengaging the iris and finishing the section of the cornea.

When the iris has fallen forward over the edge of the knife the mode of acting differs according to the size of the puncturation wound of the cornea. If it is small, some surgeons would postpone the operation to a future day; whereas others, Desmarres, for instance, close the lids, wait a few minutes to see if the iris resumes its normal position in consequence of the resecretion of the aqueous humour, and then finish the section. But, should the anterior chamber have been half traversed by the knife when the accident occurs, surgeons appear to be agreed that the practice to follow is to endeavour, as was done in this case, to disengage the iris, and if successful, then to complete the section by counter-puncturation, &c. Suppose, however, the iris cannot be disengaged from the edge of the knife different procedures are then recommended to be followed. Thus, the extraction knife may be withdrawn and the section completed with either the secondary or narrow-bladed knife, or with Daviel's scissors, taking care not to wound the iris. Again, the incision may be finished with the double-bladed knife. On the other hand it is advised that in case you cannot disengage the iris, excise a portion of it and then finish the corneal section. The only inconvenience in the latter case being a misshapen pupil.

It is found in practice that iritis is not more frequent after this abscission than otherwise. Indeed, in the operation of scoop extraction, excision of a portion of the iris is had recourse to, partly under the supposition that such removal has a tendency to avert or diminish the liability to inflammation of the iris. At one time Mr. Richardson thought of extracting in this case by the scoop method, but when he considered that there was a good anterior chamber, a brisk iris, neither a prominent nor a sunken eye, a quiet patient, having full control over herself, he gave the preference to ordinary flap extraction.

STRANGULATED OBLIQUE INGUINAL HERNIA: *no symptom of intestinal obstruction previous to the hernia becoming irreducible*: HICCUGH, STERCORACEOUS VOMITING AND CONSTIPATION FOUR DAYS BEFORE ADMISSION INTO HOSPITAL: ABSENCE OF PAIN AND TENDERNESS FROM THE COMMENCEMENT OF THE OBSTRUCTION: PERSISTENCE OF THE SYMPTOMS AFTER REDUCTION OF THE HERNIA BY THE TAXIS: DEATH: POST-MORTEM: INTERESTING SURGICAL QUESTIONS INVOLVED IN THE CASE.

(Under the care of Mr. B. WILLS RICHARDSON.)

[Reported by Mr. G. R. TRIPHOOK.]

Stephen Mc—, æt. 52, by trade a tailor, was admitted into the Adelaide Hospital, Dublin, under the care of Mr. Richardson, at about one o'clock p.m., on Friday the 6th July, 1866.

He was then suffering from hiccough, vomiting of a brownish stercoraceous-looking fluid and constipation, and had a tumour in the right inguinal region, having all the characters of an oblique inguinal hernia. The testis was situated at the lower part of the tumour. The latter was oval, tense, but not tender.

The history of the patient's hernia, as far as it was possible to discover, was as follows:—

Eight years ago while lifting a heavy "goose" or iron to press his work, he felt something give way, when a tumour immediately appeared in the right groin. He forthwith



applied at the Richmond Hospital, and was there told that he was ruptured and was given a truss. Although he wore the truss very irregularly he suffered no inconvenience from the complaint until within the last few days, and never had any symptoms indicative of intestinal obstruction until the hernia became irreducible. His symptoms on admission into the Adelaide Hospital were as follows:—

There was a hard, tense tumour in the right inguinal and scrotal regions, having the characters of an oblique inguinal hernia. There was neither pain nor tenderness since in the abdomen or tumour then, or indeed at any time the hernia became irreducible on the previous Monday, when the symptoms of intestinal obstruction first began. He vomited at intervals a brownish coloured fluid. Hiccough accompanied by windy eructations were most constant. The pulse was 112 and weak; he could scarcely walk. Mr. Richardson was immediately summoned. In the meantime the resident pupils had him placed in a warm bath, tried the taxis, but did not succeed in reducing the rupture. He was not apparently weakened by the bath. They gave him some wine, however, immediately after it. A purgative enema with *asafoetida* was administered with the long tube. The injection came away untinged by *fæces*.

Mr. Richardson arrived about two o'clock p.m., and had the patient placed under the influence of chloroform, when, after some minutes, the tumour was reduced by steady, persevering, but gentle, manipulation. After the reduction, the finger could be passed through the external ring into the inguinal canal. Nothing could be felt in the canal or in the iliac region to lead to the supposition that the hernia was not perfectly reduced.

When the anæsthetic influence of the chloroform had perfectly subsided, the abdomen was again carefully examined, but he distinctly stated that there was no tenderness in any part of it. It should be remembered that he had neither pain nor tenderness since the symptoms of intestinal obstruction set in, or it might be thought that this absence of pain was the concomitant of that deceptive truce so frequently seen immediately before death in many diseases, particularly in cases of strangulated hernia.

After the hernia was reduced, the patient expressed himself much relieved, the hiccough ceased, and his collapsed appearance was not so striking.

A pad was placed over the inguinal canal, and was secured by a figure-of-eight bandage. He was ordered to dissolve some pieces of ice in his mouth during the day, and to have a grain of opium at once. He was given wine regularly, a turpentine and *asafoetida* injection was administered. This likewise came away apparently without *fæces*. In a couple of hours after the hernia was returned the hiccough recommenced, but not then so frequently; vomiting also recurred, and of a similar stercoraceous brownish-looking fluid, which some of the gentlemen present thought had a decided feculent odour. The pulse fell to 84, and he had neither pain nor tenderness. The bowels still remained constipated; therefore, it was thought that another turpentine and *asafoetida* injection might be given him with the long tube. It also was discharged without *fæces*. He continued free from pain, and although he had occasional hiccough, he slept part of the night.

The next morning (Saturday), the hernia again descended, but was reduced without any difficulty; pulse 96, and weaker; countenance somewhat of a sunken leaden hue; no tenderness of abdomen, neither was it enlarged by tympany; no uneasiness in the inguinal region; hiccough as frequent as ever, and he vomited occasionally the brownish feculent-looking fluid; the bowels continued constipated. He was ordered another *asafoetida* and turpentine enema, and to have, every second hour, one of the following pills:—

R Sub. hydrarg. gr. xxiv.

Ext. opii, gr. vi. Misce.

Ft. massa in pil. xii. dividend.

Mr. Richardson ordered the calomel, under the supposition that the persistence of the symptoms of intestinal obstruction

might probably have been caused by latent inflammation of the portion of bowel that had been protruded, and that thereby it was rendered incapable of taking on its peristaltic function. No tenderness, however, could be discovered in any part of the abdomen. It was endeavoured to support his strength with wine, brandy, and essence of beef. The ice was continued. The hernia was prevented from descending by digital pressure, which duty some of the students undertook. He was seen again at three o'clock p.m. Nothing feculent was brought away by the enema given in the morning. The hiccough continued to be very frequent, and he vomited at intervals the same kind of brown fluid. Had taken two of the pills, and was somewhat drowsy. He was given another enema similar to the last, and this time it was decidedly feculent. The digital pressure was changed for a pad and figure-of-eight bandage over the seat of the rupture.

Nine o'clock p.m.: Pulse had fallen to 86, but it was exceedingly weak; vomiting and hiccough had almost ceased, but the pulse being so weak, it was thought advisable to give him whisky instead of brandy or wine; no tenderness in any part of abdomen, and it continued free from tympanitic enlargement. An enema now caused a large feculent evacuation. The patient continued in this state till about four o'clock a.m., when he became so weak, with a failing pulse, that the resident pupil gave him the whisky every half hour; the weakness notwithstanding increased, and he died at seven o'clock a.m. It may be here observed that while the patient was under observation he passed a full amount of urine.

The post-mortem examination was made at noon by Messrs. Duke and Triphook, Mr. Richardson superintending.

The abdomen having been opened, it was found to be free from effusion, either of serum or of lymph, excepting at one particular part of intestine. What was supposed to have been the hernial portion of intestine was perfectly and completely reduced, and was a part of the ilium, about eight or nine inches from its connexion with the cæcum. This portion of the gut, for about four inches in the direction of jejunum, was slightly hardened and thickened. It was intensely injected with blood, as well as a triangular portion of the mesentery connected with it, the apex of the angle being about two inches from the gut. The contracted gut had nothing of the chocolate tint so frequently seen in strangulated intestine, and it was perfectly free from ecchymosis. There was some lymph in patches on the peritoneal investment of this hardened piece of gut, and the peritoneum separated from the latter with facility. With the exception of where the lymph was attached, the peritoneum did not appear to be duller than natural, neither was there any other sign of gangrene in the contracted part. It lay partly in the true and partly in the false pelvis. The gut below the contracted part was somewhat diminished in calibre, but the intestines above it were greatly distended by flatus, and here and there presented patches of injected vessels. The peritoneum was polished and shining in all parts, except where the lymph was deposited at the seat of constriction, and slightly over the back of the bladder.

The hernial sac was partly in the inguinal canal, and partly also below the external abdominal ring.

The stomach and other abdominal organs were healthy.

Mr. Richardson considered this case of much interest, and he thought it scarcely necessary to say that it caused him much anxiety. The persistence of the symptoms of abdominal obstruction after the return of the gut at first gave rise to the suspicion that possibly the bowel and sac during the taxis had been forced between the abdominal muscles and peritonæum—the *reduction en bloc* of the French, or that the persistence of the symptoms were caused by stricture of the neck of the sac.

Against the first supposition, however, there was the fact that the hernia descended on two or three occasions since



it had been reduced on the day of his admission, which it would scarcely have done if it was a complete *reduction en bloc*. It is an exceedingly rare thing to occur in this kind of reduction. Mr. Richardson remarked that in the experiments by Cloquet regarding *reduction en masse* or *bloc* on the *dead* subject, the tumour went in and out with equal readiness when the ring was loose and wide, but that in the living subject it was so rare a circumstance that hardly a case of the kind had been discovered by him in the journals which he had the opportunity of searching. No doubt Sir Charles Bell described an exceptional case somewhat of the character of *reduction en masse*. That case ended fatally, although the intestine could be returned. The stricture was formed by the neck of the sac, which, together with the neighbouring portion of the abdominal peritoneum, was detached from the aponeurotic ring and the contiguous part of the abdominal parietes, so as to allow the intestine, although closely confined by the stricture, to descend into the scrotum and pass back again freely. This case, however, was a congenital one.

*Reduction en bloc*, it appears, may take place under two very different conditions, which it is of vast consequence should be remembered—namely, with or without tumour. In the case, for instance, recorded by Scarpa, there was not externally the smallest appearance of tumour in the inguinal region. Sabatier, on the other hand, has described a case in the *Médecine Opératoire*, in which he was enabled to feel a roundish tumour at considerable depth. It is almost superfluous to observe that it is in cases without tumour, that the question as to the propriety of an exploratory operation must be one of great anxiety to the surgeon. Of course when there is tumour after the supposed reduction of a hernia, the symptoms of strangulation still persisting, there can be little hesitation regarding the conduct to pursue. Mr. Luke lays some stress on the point, while endeavouring to establish diagnostics of *reduction en bloc*, whether the margins of the ring are unobstructed or obscured. In the last condition he considers the presumption to be that the sac has not been reduced. The case of Stephen Mc— affords but little support to the value of this diagnostic, for the ring was remarkably clear, and yet the sac was found passing through it after death. Mr. Richardson thought a good deal would depend on the thickness of the sac, as to whether or not the ring would be obscured by it. A thin sac would scarcely obscure the ring to any extent.

Owing to the persistence of symptoms of strangulation in Stephen McC.'s case, the question arose as to whether or not an exploratory operation would have been justifiable. Mr. Richardson resolved, however, not to operate, for he thought that if it was *reduction en bloc* without tumour, the hernia would not have re-descended with such facility. He observed to Mr. Archdall, who saw the case in hospital, that he considered the persistence of the symptoms to be caused by the hernial portion of bowel being rendered incapable of recovery and resuming its peristaltic action in consequence of the injury it had sustained from its incarceration before the patient's admission into hospital.

The post-mortem examination supported this view, the incarcerated gut having been altered in the manner described, death being the result of that alteration, and of enteric inflammation in different parts of the small intestine between it and the stomach. Mr. Richardson considered the case also worthy of record from the fact of the absence of pain and tenderness with such inflammatory mischief going on in the abdomen. He observed that, suppose after the re-descent of the bowel, an operation had been performed, its appearance would not have been found of a nature to warrant its being retained in the inguinal region. When the abdomen was first opened, he thought the case was one of latent enteritis independent of the rupture; but when the hardened and injected portion of gut was discovered, and with it the inflamed triangular piece of mesentery attached to it, the intestines above this part being much distended, and those below it contracted, and when he recollected that

before the hernia became strangulated the patient never had the slightest symptom to lead to the inference that previous organic contraction of the gut had taken place, he thought it a fair and reasonable assumption that the point of departure of the disease which led to the death of McC. was the prolonged incarceration of the portion of ilium above described.

In conclusion, Mr. Richardson stated that it might be recollected that the patient while under observation passed a full quantity of urine. His case, therefore, did not afford any support to the view of Dr. Barlow, who considers the amount of urine excreted as a sign of the seat of obstruction. According to this gentleman, when the obstruction is "high in the canal," as in the jejunum or ilium, absorption is partially checked, and a small quantity only of urine is consequently excreted. If, on the other hand, the occlusion is in the rectum or sigmoid flexure, the whole of the capillaries of the alimentary canal are free to absorb fluid, and thus the blood contains more watery elements, and there is an abundance of urine. This, as Dr. Habershon states, is a very uncertain sign. What little dependence should be placed on it was clearly seen in McC.'s case, for there should, according to Dr. Barlow's view, have been a scanty excretion of urine, the obstruction being in the ilium, and notwithstanding the fluid was passed in abundance. Indeed, when it is recollected how excellent is the absorbing power of the stomach, and how great a proportion of the ingested fluids is taken up by the vessels of this organ, we can easily account for the full quantity of Stephen McC.'s urine, and can hardly think that much dependence can be placed upon the quantity of urine passed in cases of intestinal obstruction as a diagnostic of the seat of occlusion.

## RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

### DR. LYONS'S CLINIQUE.

#### DIARRHŒA: CHOLERA.

*Congestive Diarrhœa*.—This is, perhaps, the only form of malady which may be regarded as a special lesion of the intestine, producing flux of the bowels, and not dependent on a pre-existent or concomitant affection in other organs.

Its symptoms are not either constant or characteristic and it is rarely a fatal affection. It is probably, in the opinion of Dr. Lyons, due to a state of congestion of the intestinal mucous membrane, affecting different portions of the alimentary canal in different cases, and varying much in extent, degree, and duration. It cannot be too often impressed on the mind that in the view of "Diarrhœa" in its several forms now under consideration, all forms of diseased action whatever, and they are various, are excluded from consideration, though presenting intestinal flux as a clinical phenomenon, however well marked, which are referrible to well known and generally recognized independent pathological conditions; all those cases, in fact, and they are not few, in which diarrhœa is to be considered by the pathologist and physician as a sub-dominant clinical feature, and not as constituting an essential disease *per se*. Such are the forms of diarrhœa incidental to fevers, enteric ulceration, tuberculosis, &c.

Amongst the conditions recognized by Dr. Lyons as the result of extensive anatomico-pathological investigations at home and abroad, and considered by him as capable in various degrees of producing intestinal flux from various parts of the alimentary tract, may be noted—

1. (a) A condition of the stomach, in which the mucous membrane exhibited increased vascularity, with marked prominence of the gastric glands.
- (b) An opposite state of the organs, in which its coats were bloodless and had a parchment-like aspect, with atrophy of the glands.
2. A marked increase of vascularity, often amounting to great congestion in the gastro-splenic omentum.



3. A state of more or less intense congestion of the small intestines, sometimes extending throughout their whole tract, and manifested on both the serous and the mucous surfaces. In some instances this congestion has been so remarkable on the peritoneal aspect as to give the whole jejunum and ilium a deep bluish red tinge. The excess of blood determined to the abdominal organs, under these circumstances, is extreme, and readily explains the occurrence of copious flux as an effort to relieve congestion.

4. Associated with the last-named condition there will usually likewise be found extensive congestion of the mesentery and mesenteric glands. The conditions here specified indicate a marked stagnation in the portal system; that relief of this state of vascular repletion should be very readily effected by an increased drain from the mucous surfaces, in many instances, is highly probable.

5. A state in which patches of vascularity were to be observed at various parts on the mucous aspect of the jejunum and ilium. These vascular patches, when closely examined, were found generally to be in connexion with the minute glandular apparatus of the intestine; (a) arranged in arborescent vascular rings surrounding independent solitary bodies; (b) surrounding the patches of Peyer; (c) oblong patches, including groups of solitary and agminated glands; (d) peculiar states of limited vascularity affecting the free borders of the valvulæ conniventes.

6. A condition of the mucous membrane, in which it was generally thickened, and its epithelial coat very soft and easily detached, constituting the "ramollissement" of authors.

7. An opposite condition, in which the mucous membrane—most generally that of the small intestine—was remarkably diminished in thickness, its coats atrophied, and its glandular apparatus degenerated—the parchment-like condition of the mucous membrane—(Lyons).

Besides the states above-mentioned, numerous pathological conditions are to be met with in the intestines; but they are all referrible to morbid action in other organs or portions of the system as their point of departure. Thus, the follicular lesions of typhoid fever, the enteric ulcerations which attend the last stages of phthisis, the exudation of diphtheritic character occasionally found in the small intestine, the specific forms of congestive action which attend the scorbutic state of the system, all belong to the domain of special pathology, and the association of any amount of intestinal flux is but a secondary, though necessary, consequence, and diarrhœa thus becomes the symptom of disease, and ceases to be the disease itself.

#### CHOLERA: ITS PATHOLOGICAL ANATOMY AND PATHOLOGY.

The most careful examination after death in cholera cases exhibits a few well-marked general conditions, but fails to discover specific localised lesions. The surface of the body retains the more or less bluish coloration present before death. In many instances there is a restoration of warmth after death to parts of the body which had been cold during life. The muscular system is usually observed in a state of persistent general tonic contraction; the hands being often clenched, and the feet slightly turned in, with the heels drawn up. In men of strong frame the muscular masses will often be seen to show in high relief in the arms and forearms, the thighs and calves of the legs; and in not a few instances, from the effects of powerful post-mortem muscular contractions, slight changes of position in the upper or lower extremities, or in the whole body, have been observed, amounting, in extreme cases, to an actual locomotion, falling of the body from a table or other support on which it had been placed, and have led to the erroneous supposition that the patient had not been dead when first abandoned, and that life might have been preserved. Such false impressions have been the basis on which have been founded so many thrilling tales of "the dead alive," premature "burial alive," &c., all equally devoid of truth. When cut across, the muscles, such as

the recti, gastrocnemii, &c., retract with much force, and leave a wide gaping interval between the surfaces of section. This retractile power is observable for many hours after death.

On pursuing the dissection, the tissues are found, in many instances, remarkably dry, this is especially so in those cases in which there has been copious elimination of the fluids by vomiting and purging. The muscles are found dry and red on section, and dark-coloured, thick, tarry blood is found in the cavities of the heart. More or less considerable congestion of the lungs is found in some cases, but not in all. Occasionally congestion of the membranes of the brain is observable; but as the result of a wide experience, Dr. Lyons is of opinion that congested states of the brain and spinal cord or their membranes are but casual and incidental phenomena in the morbid anatomy of cholera, and the same may be observed with regard to the liver, spleen, and kidneys.

While very variable conditions are noticeable in different cases in the mucous membranes of the upper and lower portions of the alimentary tract, that of the jejunum and ilium will be found to exhibit, in a large number of fatal cholera cases, appearances of a very peculiar character. When purging and rice-water evacuations have persisted for some hours before death, the entire surface of the intestines is washed to a degree of cleanness which no artificial process could accomplish. A bright pink or roseate hue characterises the membrane, and it is entirely devoid of the ordinary unpleasant intestinal odour.

The contents may be almost *nil*, in which case the intestinal tube will be found contracted. In other instances the canal is filled with the characteristic rice-water fluid. In marked contrast with the pink hue of the mucous surface is the peculiar white granular appearance of the minute glands of the intestines, both the solitary and agminated glands being raised prominently above the surface, and having somewhat the aspect of a number of whitish sago grains scattered on a pink ground.

The intestinal villi are often seen prominent above the surface, in some instances being somewhat softened and frayed at their free ends, the natural velvet-like aspect of the mucous membrane being thus much increased. The condition just noted may perhaps be further accounted for by the thoroughly clean-washed state of the whole alimentary tract; the naturally viscid intestinal juices being carried away by the abundant watery secretions of the disease. "In fact," says Dr. Lyons, "no artificial preparation short of the destruction of the elementary parts of its mucous surface could give to the whole alimentary tract so thoroughly cleansed an appearance as that which we have often seen produced in a very few hours in some of these rapidly fatal cases of cholera."

It is to be observed that in those cases of cholera fatal after a brief seizure, and where the disease kills without time being allowed for the production of the ordinary phenomena of vomiting and purging, the contents of the intestines are bilious and fœcal, and the above appearances on the mucous surface are absent or imperfectly developed.

In view of the main and essential phenomena of the disease, and having regard to the fact that death may take place in cholera without vomiting or purging, Dr. Lyons regards the morbid state, known as cholera, as one in which a depressing or paralysing agency of great intensity is brought to bear upon certain centres of the nervous system. These centres are neither in the brain nor the spinal cord, for the pathological anatomist fails to find any constant lesion in either the cranium or the spinal canal. There remains for consideration the great secondary system of the vagi and the sympathetic chain which rules over the organs of circulation, respiration, and digestion.

In the suddenness with which the circulation is paralysed, and the radial and other peripheral pulses are obliterated in many cases, may be recognized the effect of this potent agency acting directly on the cardiac and general vaso-motor plexuses. In the dyspnœa, epigastric anxiety,



nausea, and vomiting, will be recognized the deranged action of the plexuses of the vagi going to the lungs and stomach. In the upset of the equilibrium of the abdominal circulation, and the vast outpouring of the white fluid elements of the blood, may be recognized the derangement of dynamic action in the solar plexus, the semilunar ganglia, and the splanchnic supply of nerves generally. In the cramps will be recognized sympathetic irritation of the nerves of spinal origin, connected, on the one hand, with the vertebral ganglia of the great sympathetic, and distributed, on the other, to the muscles of the trunk or extremities.

To seek in concrete form for the matter of the "cholera poison" in the atmosphere we breathe, the water we drink, in the egesta by the mouth or anus of the sick, or in the fluids and tissues of the body of those dead of the disease is, Dr. Lyons holds, a puerile proceeding unworthy of the present advanced state of pathological science, and betrays a total incapacity for the study of so profound and complicated a diseased state.

In the view above adopted all remedies by stimulation, astringent action, application of warmth, &c., can be regarded as but palliative. Hygienic rules and sanitary precautions will maintain that stable equilibrium of health, which best resists morbid influences and so prevents disease; but to cure cholera we have yet to discover a specific power equally potent as that which strikes down so irresistibly the functions of the great nerve centres of the Vagi and Sympathetic.

Many of the positions here laid down are well illustrated by the case of the woman E. I., admitted into Dr. Lyons's wards on the 25th August at ten a.m. She was a married woman, aged about 50, and had been ailing for some days previously, and had some, but neither excessive nor specific, vomiting and purging on the 24th. She was, however, able to be up early on the 25th, and went to prayers; while at her devotions she was seized with faintness. Her stomach and bowels acted once with brownish egesta. When admitted at ten a.m., she was haggard, wildly apprehensive, cramped in the legs, almost pulseless, with the breath and tongue cold. No further vomiting or purging took place. She gradually sank, became livid, exhibited the wrinkled and clenched state of hands and feet, and resisted all attempts by the most active internal and external stimulation to promote reaction. She died quietly at six p.m. This Dr. Lyons regards as an example of dry cholera, fatal by profound nervous depression.

### CHOLERA: ITS EARLY TREATMENT, AND, ESPECIALLY, ITS PREVENTION.

(BY MEANS OF DILUTE SULPHURIC ACID, OTHERWISE THE COMMON VITRIOL OF COMMERCE IN WATER.)

By HENRY MACCORMAC, M.D.,

CONSULTING PHYSICIAN TO THE BELFAST HOSPITAL; PHYSICIAN TO THE CHOLERA HOSPITAL; EX-PROFESSOR OF THE PRACTICE OF MEDICINE IN THE BELFAST MEDICAL SCHOOL; VISITING PHYSICIAN TO THE DISTRICT ASYLUM FOR THE INSANE; AUTHOR OF "CONSUMPTION AS ENGENDERED BY REBREATHEd AIR," "ASPIRATIONS FROM THE INNER LIFE," ETC.

CHOLERA is propagated by infection, but some are much more readily implicated than others. Dirty unwholesome habits, coupled with bad food, foul water, crowding, and intemperance, are the great collateral provocatives. There ought to be no eating and drinking between meals, and no excess. Water, sweet and soft, whatever else be drank, is desirable at meals. When a filter is required, a charcoal filter is best. But any efficient filter is good. Toast-water, weak tea or coffee, cold, without milk or sugar, forms an excellent dinner drink. Toast-water is best prepared by pouring a gallon of boiling water on a square inch or so of bread, well browned. When cold, it is fit for use.

Absolute cleanliness and perfect ventilation are the best disinfectants. The air of rooms, by night especially, should be renewed continually. I had the windows of the cholera hospital, under my charge, taken out and kept out, day and

Impurities should not be suffered to accumulate. They ought to be continually removed and buried in the soil.

Aperient medicines, castor-oil, salts, and the rest, demand the greatest caution. They should not be taken unless directed by a medical man. Aperients, in fact, when improperly exhibited, bring on diarrhoea, and diarrhoea, unless checked, is the too frequent stepping-stone to collapse and death.

A teaspoonful of dilute sulphuric acid, taken in a little water, every half hour, or oftener, will, in the great majority of instances, arrest diarrhoea. It will not only arrest the diarrhoea or looseness which ushers in cholera, but if taken night and morning, as I have fortunately been able to ascertain, has also the infinitely desirable property of averting diarrhoea and cholera altogether.

A tablespoonful night and morning, proportionably less to children, of a mixture containing half an ounce of dilute sulphuric acid in twelve ounces of water, is a convenient mode of giving the dilute acid. Dilute sulphuric acid indeed is found in all apothecaries' shops, but may be prepared at any time by adding ten pounds of water to a pound of strong acid.

This cheap and effective remedy should be universally accessible. For the merest trifle, inasmuch as strong sulphuric acid costs but a penny a pound, any city, however extended, might be protected. Wherever cholera subsists or is anticipated, the dilute acid should be at hand. It ought to be in readiness in all factories, schools, barracks, asylums, hospitals, ships, in fine, in every house. Municipalities, boards of health, and medical men should see to it. Along with reasonable temperance, strict cleanliness, and proper ventilation, cholera might, as thus, be arrested with as much certainty at least as anything in the world is certain, many lives would be preserved, and great suffering averted.

Belfast, 7th August, 1866.

### TREATMENT OF CHOLERA BY CHLOROFORM INHALATION.

By Dr. G. de GORREQUEE GRIFFITH,

PHYSICIAN TO THE HOSPITAL FOR WOMEN AND CHILDREN, PIMLICO; PHYSICIAN-ACCOCHEUR TO ST. SAVIOUR'S MATERNITY, ETC. ETC.

Now that the cholera is upon us, I think it behoves medical men to give their experiences—various though they may be—of the remedies adopted in the treatment of this fearful complaint. Therefore, would I make public in your journal a mode of dealing with this malady, which I first practised when in India, and subsequently on my return home.

The plan to which I refer is, that of putting the patient to sleep by administering chloroform, and of maintaining this sleep for some time if necessary.

The period at which I prefer to begin the inhalation is early in the onset of the affection, or at latest when the depression is becoming severe, and the patient is sinking into the state of collapse; but I should not hesitate to employ the use of this drug even when the stage of collapse was fully established.

In those cases, where there is no graduation of the severity of the symptoms, but the patients are struck down at once owing to the dose of the poison poured into the system, I should administer this remedy without delay, and with the assurance that the sufferer would have immediate relief.

In those instances in which I have adopted this plan of dealing with the disease, if there have been cramp it has been at once allayed; if sickness, it has been in some checked, in others quite arrested; if violent purging, it has been moderated; while the heart, which has been labouring in the endeavour to perform its office, is relieved, and resumes its work with less effort as well as with greater effect, as shown by its sounds becoming louder, its beats becoming stronger, and by the return of the pulse at the wrist, the lividity of the face and hands disappearing, and the red glow of returning circulation taking its place. I would advance a case typical of the foregoing remarks.



ploy, a strong, healthy, active woman, sent for me early in the morning. As I entered the house I was somewhat startled by her shrieks, and on enquiring the cause I was told that it was on account of the great pain from the cramps: when I came into her room I scarcely recognized her face so completely altered was it; her voice also was so changed that I did not know it to be the same as I was accustomed to hear; there was that lividity which takes place in cholera, and which makes the cholera patient such a terrible object, the skin was shrivelled, the hands and feet cold, and the warm breath had itself turned cold.

Nothing would stay on the stomach; soon as anything was taken it returned, and the vomiting was accompanied with the peculiar purging which nothing would check. I put the patient under the influence of chloroform by means of inhalation, and kept her so for a little time; when she awoke the cramps had ceased, the sickness did not return, and the purging was checked, but not altogether stopped. I continued to give chloroform internally in combination with small quantities of tinct. opii; the mixture being suspended in egg, well beaten up, and a little ice-water taken after it.

On the second day after her seizure she was up and able to be about.

9, Lupus-street, London, S.W., August, 1866.

## London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, AUGUST 29, 1866.

### MR. BOWMAN'S "ADDRESS IN SURGERY."

THE "Address in Surgery," by Mr. BOWMAN, delivered at the recent meeting of the British Medical Association, and published in our last number, will be read with avidity by all Medical Practitioners in the British Empire. The high position of the Lecturer, his eminent talents as a Physiologist and as a Surgeon, and his well-merited success in the specialty to which he has of late years almost exclusively devoted himself, will all secure for his utterances the most respectful attention. Amidst the rapid succession of events which have characterized the medical history of our own times, it may almost be overlooked by some that Mr. BOWMAN is, if we may so term it, a specialist only by accident, and that the same genius and industry which he has lately brought to bear upon the department of Ophthalmic Surgery, would have rendered him equally distinguished in any department of the healing art, or indeed in any scientific pursuit whatever. To him, if we are not greatly mistaken, is due the chief merit of the now celebrated work on "Physiology," which bears the joint names of TODD and BOWMAN, and we say this without meaning any disparagement to the memory of Dr. TODD, who for several years before his untimely death was so much engrossed with the duties entailed upon him by his private practice that he was unable to follow up those strictly scientific researches which, however, he had had very considerable share in instituting and promoting.

When we state that we have been somewhat disap-

we are expressing a rather heterodox opinion, and one in which, perhaps, we shall have very few followers. But while we fully and cordially admit the high merit of the "Address" as a literary composition, and the exalted philosophical spirit with which it is pervaded, we fail to perceive in it that lofty and independent tone which we might have expected when we consider the position of the Lecturer and his own individual freedom from the thralldom of collegiate ties. It is true that he advocates in general terms the unity of the Profession, and deprecates the contentions which formerly existed between the different Medical Corporations, and sarcastically alludes to the facts that HARVEY, the illustrious discoverer of the circulation of the blood, was elected Professor of *Surgery* at the College of Physicians, and that WILLIAM HUNTER was admitted a Member of that Corporation only after he had formally renounced the practice of Surgery; but when we come to inquire what remedial measures are proposed by Mr. BOWMAN for the still existing anomalies in the Medical and Surgical Colleges, we find that he utters no definite opinions, and shrouds himself under the enunciation of mere generalities.

But as shewing the manner in which private friendships may influence the opinions of even the most exalted philosophers, perhaps no better example can be taken from Mr. BOWMAN'S "Address" than that portion where he eulogizes the memory of four men who have lately departed from this earthly scene, and from whom Mr. BOWMAN thinks that "a comprehensive view of all interests, judicious counsels, and a liberal course of action, might have been expected, had they been spared to us." Now the four men thus introduced are, Sir BENJAMIN BRODIE, JOSEPH HENRY GREEN, ROBERT BENTLEY TODD, and Sir CHARLES HASTINGS. Of the last-named physician, who has so lately disappeared from our ranks, we can only observe that he died at a tolerably ripe old age, and as that his, honourable as it was, was nearly finished, and that very little more could be expected than that his successors should bring into the field as much energy, simplicity of character, and honesty of purpose as he himself displayed on all occasions when the interests of Science or of the Medical Profession were concerned.

But the same remarks which apply to Sir CHARLES HASTINGS, certainly do not apply to either Sir BENJAMIN BRODIE, JOSEPH HENRY GREEN, or ROBERT BENTLEY TODD. The first was no doubt a most distinguished Surgeon and a Physiologist and Philosopher of a very high order, but in what way could we have expected that if his life had been spared (he was upwards of eighty when he died) he would have evinced "a comprehensive view of all interests, and pursued a liberal course of action?" JOSEPH HENRY GREEN was also a most distinguished Surgeon, and a gentleman of high literary attainments, but his life was one continued series of suc-



prehensiveness of views, these qualities must have been exhibited in private rather than in public, for he certainly never exposed them to the gaze of the world. He was a thick and thin supporter of the now defunct principles and practice of the College of Surgeons of England, and had his life been spared (and he was a septuagenarian when he died), he would no doubt have maintained to the last the views which he always advocated. ROBERT BENTLEY TODD stands in a different category, for he was prematurely cut off in the midst of a very lucrative but most laborious practice, and it is now impossible to estimate how far his aims and aspirations were connected with the general interests of the Profession of which he was so distinguished a member.

Mr. BOWMAN, moreover, in his advocacy of unity on the part of the Corporations, actually gives them credit for proceedings, in reference to which we conceive that some of them at least deserve only censure. What can be more inappropriate, for instance, than applauding the College of Surgeons of England for taking under its protection (for a consideration) the class of Surgeon-Dentists? Surely the ordinary diploma of the College is not so very difficult of attainment that it is necessary to lower the qualification in favour of a particular class, and if this principle be once admitted, why does not the College, as it already has a Midwifery Board and a Dental Board, establish other Boards for aurists, oculists, stone-cutters, corn-cutters, dermatologists, or any other specialists who may be expected to bring in money to the College coffers? Verily we believe that the College policy is anything but calculated to bring about the unity of the Profession, and on the contrary it seems to us to be dictated only by sordid pecuniary interests.

We have made the above remarks with considerable pain, as we conceive that the sentiments expressed by Mr. BOWMAN on the points to which we have referred, are not only open to comment from extrinsic criticism, but are inconsistent with the views expressed by Mr. BOWMAN himself in the course of his "Address." In all other respects we have only to repeat the expression of our warm admiration of the eloquence and learning displayed in the "Address," which is worthy of the Lecturer and of the Association before whom it was delivered.

#### CHOLERA AT SOUTHAMPTON—LATEST NEWS.

DEATHS at Southampton, from all causes, in the week ending August 18, 1866, seventeen, being three below the average mortality.

Deaths from cholera since my last report, August 15, seven, making twenty-one to this evening, during the present month.

EDWIN HEARNE.

Southampton, August 24, 1866.

AN amusing printer's error has occurred in the columns of one of the leading Paris evening papers, which has excited no small amount of merriment at the expense of a man of real talent. The following paragraphs, intended to have been printed separately, were by some blunder so arranged that they read consecutively:—"Doctor X. has been appointed head physician to the Hôpital de la Charité. Orders have been issued by the authorities for the immediate extension of the Cemetery of Mont Parnasse. The works are being executed with the utmost despatch."

#### PROGRESS OF THE CHOLERA.

THE remarks made under this head in our last number were strikingly confirmed by the report of the Registrar-General which was issued on the same morning, and to which we now devote a few lines. These weekly returns are, in point of fact, more accurate and complete than the daily ones, and therefore furnish a good starting point, to which the later diurnal figures are easily appended.

In the thirty-third week of the year, ending on Saturday, the 18th instant, 1799 deaths were registered in London, exceeding by 467 the estimated number, which, with a correction for increase of the population, should be 1332. Yet although the total mortality exceeds the average by 467, we find that it is less by 500 than in the previous week. This diminished mortality is evidently due to the decrease of cholera, since the deaths from this disease have fallen to 455 against 781 in the week preceding, and 1053 in the week before that. It is clear, therefore, that the epidemic is gradually subsiding; and although no effort should be relaxed, we are justified in expressing our hopes that London may shortly be relieved from the scourge; at the same time, it must not be forgotten that on former occasions a subsidence has been followed by a renewed outbreak, and it is not without some misgivings that we can look forward to the autumn. While waiting calmly for the event, and working for it, we have time to analyse the lessons of the past five weeks. During that period the mortality of London has been at the rate of 37 per 1000 living annually. But taking only the south and west districts, occupied by a population of 1,400,000, the mortality has been scarcely 1 in the 1000 above the average. In the southern districts alone the mortality by cholera has been 3 in 1000; they are mostly low-lying and poor districts, and in 1849 and 1854 they consumed the impure water of the tidal Thames. At those dates they were decimated by cholera. Their water is now drawn above Teddington Lock; hence, probably their tolerable immunity during the present epidemic. The northern and central districts have fared nearly alike. Those supplied by the new river have escaped much more than those obtaining their water from the Lea. The area occupied by the East London Company has been that where the cholera has chiefly raged. Even in St. Botolph, in the city, where several deaths from cholera have occurred, it appears that this company enters the city at this very point. The company professes to draw its supply from the river more than two miles above Lea Bridge; but at this latter spot there exists a communication with the river which, perhaps, had better be done away with. As to the district lying at a low level, we cannot but remember that the central and southern districts, which have hitherto nearly escaped, lie just as low. Moreover, as to drainage, it will be found that the area occupied by the epidemic is not inferior to the southern districts, since the low level sewer is at present incomplete. The cholera mortality in the east districts contrasts most strongly with the others, being, in fact, at the rate of 39 per 1000 in Bethnal Green; 50 in Mile End; 70 in Poplar and Bow; and 80 in Stepney. London is divided into 37 districts for registration purposes—of these 31 have suffered slightly, and the remaining 6 have been ravaged by the epidemic to such an extent as to swell their mortality from 30 to 40 fold above the other districts; now, all these 6 districts derive their water from the Old Ford reservoirs. The 37 districts are divided into



135 sub-districts. Of these 21 drink the same water, and have suffered six weeks in succession. The remaining 115 have suffered slightly, except in St. Botolph and a few other places, where the same water finds access. Although, then, it may be possible that the present water supply from the Old Ford reservoirs may be no worse than others, as the epidemic would only slowly subside, we agree with the Registrar-General that here is a lesson that "should be taken to heart by every water company and every community in the Kingdom."

That the decrease of the cholera is likely to be continuous, may, perhaps, be augured from the gradual but progressive diminution of the deaths which, from Wednesday, the 15th inst., have been as follows:—

|                                                   | Deaths from Cholera. | Deaths from Diarrhœa. |
|---------------------------------------------------|----------------------|-----------------------|
| August 16, Thursday, . . . . .                    | 64                   | 40                    |
| " 17, Friday, . . . . .                           | 60                   | 25                    |
| " 18, Saturday, . . . . .                         | 51                   | 28                    |
| " 19 and 20, Sunday and Monday together . . . . . | 70                   | 29                    |
| " 21, Tuesday, . . . . .                          | 51                   | 27                    |
| " 22, Wednesday, . . . . .                        | 35                   | 14                    |
| " 23, Thursday, . . . . .                         | 38                   | 17                    |
| " 24, Friday, . . . . .                           | 35                   | 19                    |

In our last report on the progress of the epidemic we drew attention to a certain disposition it has exhibited to spread. Numbers of cases of cholera have been reported in various parts of the country, but we are glad to announce that, except in Liverpool, it cannot be said to be epidemic in any of our large towns. At this important port it continues to spread. The report circulated that it was passing by is not borne out by the official returns, which show the deaths from cholera in the last seven weeks to be successively 4, 19, 45, 87, 101, 126, and 157. Out of the 518 deaths registered in the borough of Liverpool in the week ending 18th, there were 63 from diarrhœa, in addition to the 157 reported above as due to cholera. This was an increase of 31 in the number of deaths from cholera, and a decrease of 12 in those from diarrhœa. At the very commencement of the epidemic, THE MEDICAL PRESS AND CIRCULAR called attention to the unhealthy state of Liverpool, and with cholera on the increase the authorities may, perhaps, be more active in sanitary improvements than would otherwise have been the case. We hear and trust it is true that the board are raising the salary of their active Officer of Health, Dr. Trench. It is in following his suggestions alone they may hope to cope with the sanitary state of their city. It may be worth while to repeat the further fact, that there is in Liverpool a very considerable localization of the disease—by far the larger number of cases having occurred at the north end.

In other parts of the country our report could be but similar to that of last week. A few fresh towns have been named as visited, but the cases are not numerous.

The same observation applies to the Continent, where nothing fresh has occurred, save an increase in the cases in the armies of Prussia and Austria.

### Notes on Current Topics.

THE CITY OF LONDON GUARDIANS.—The working of our local authorities has been exemplified during the week, at the meeting of the guardians of the City of

London Union in a manner deserving of passing notice. Among other business a letter from Mr. Simon was read stating that the Privy Council had been informed that the well which supplied water to the workhouse was not in a proper condition; that sewage from a sink made its way into this well; that there was a most offensive smell from a sink near the well. The Privy Council inquired if these statements were true, adding, politely, that in this case the guardians would, no doubt, be anxious at once to remedy them. How was so momentous a subject treated by the city guardians? It was resolved that *Mr. Simon be written to, asking him for the name of his correspondent.* We commend this instance of local action (or would it be more correct to say inaction?) to all whom it may concern. Nevertheless, it was to be expected that at least one of the members of this board would have possessed sufficient olfactory sense to decide on the presence or absence of a "most offensive smell from a sink near the well." Perhaps these gentlemen have too lofty a notion of etiquette to protect the poor of whom they are the guardians until they are informed of the names of those who are honest enough to notify to them the nuisances it is their duty to remove. At the same meeting a correspondence was read respecting a complaint made by Dr. Letheby that he was unable to make proper returns of the condition of choleraic disease in the city in consequence of want of returns by the officers of unions. Upon this the clerk remarked that they were not required to make these returns to Dr. Letheby, and doing so would involve an immensity of trouble without any advantage accruing, adding that Dr. Letheby could come or send his officer to examine the books if he liked. Thus an enlightened clerk to a Board of Guardians not only contents himself with a disclaimer of any legal obligation to second the efforts of one of the foremost sanitarians of the day, but offers his dictum that no advantage would result from doing so, and condescendingly offers Dr. Letheby the privilege of coming to examine the books for himself, and this in the midst of a fearful epidemic. Surely the force of bumbledom can no farther go.

CONVICTION UNDER THE NEW SANITARY ACT.—The first conviction has already taken place, and augurs well for the future working of the Act, of which we gave a full account in last week's MEDICAL PRESS AND CIRCULAR. Dr. Ballard is the medical officer whose energy has thus been prompt and efficient. By his direction a house was visited—overcrowding was proved—and this being a nuisance under the Act, a summons was taken out, heard in the Clerkenwell police court, and a penalty of 20s. obtained. The fine is small; but for the first case, may be considered satisfactory, besides which, in the event of a second conviction being obtained within a period of three months, the magistrate has power to close the house for such a period as he thinks fit. This may be held *in terrorem* over the heads of all offenders. While the public is fairly alive



to the value of sanitation is the opportunity for energetic men to enforce the new law; and we are glad to hear that notices under the 22nd section have been served on the owners of numerous filthy tenements. We trust they may every one find that at length the strong arm of the law can reach them.

**DEATHS OF MEDICAL MEN FROM CHOLERA.**—Last week we announced the deaths of three Parisian physicians from the epidemic. We have now to add the name of M. Boussard, who died a few days ago from the disease, contracted during the discharge of his duties as resident medical officer at the Hospital of St. Antoine in Paris. Two of his predecessors in the office died during the epidemic of last summer.

Dr. J. Duncan, a pupil of Liston, and in large general practice at Edinburgh, has also just died of cholera at the town of Tours, in France, where he was making his customary annual holiday.

**THE TEMPLE PUMPS.**—The water of the four pumps in the Inner and Middle Temple has been subjected to examination by Dr. Noad. He found the water of the pump in Hare-court to be so contaminated with organic matter, probably of animal origin, as to be unfit for consumption. In consequence of his report, the handle has been removed by the authorities. The water of the other pumps is fit for consumption; but in the present state of London drainage it would be wiser to fill up all the wells. The best must be liable to the imputation of being mere reservoirs of filtered sewage.

### THE BRITISH ASSOCIATION.

THE thirty-sixth meeting of the British Association for the advancement of Science was opened in Nottingham last Wednesday. The Corn Exchange, a building centrally situated and well adapted for the purposes of a reception room, had been fitted in the usual manner, and was thronged from morn till night by fresh arrivals of members and associates. There was a desire amongst the authorities and the inhabitants generally to promote a successful meeting, and, from the appearance of the inauguration, there is a fair prospect of the realisation of the best wishes of the friends of the association. The number of members and associates up to Tuesday night was 1,290, being 700 short of the total at the great meeting at Birmingham last year, and that number is, of course, exclusive of the very considerable augmentation of the lists by later comers. In point of attractiveness there will be no falling off. The names of nearly all the scientific men most closely identified with the British Association are amongst those present, and there are one or two "lions" of the favourite African traveller type, who will give special interest to the meeting. Sir Samuel Baker, now the guest of Mr. Webb, at Newstead, is to read a paper before the geographical section, and also contribute some observations on the ethnology of the regions near the source of the Nile. Of the regular staff of the council there were, Professor Philips, the retiring president; Mr. W. R. Grove, Q.C., M.A., F.R.S., the president-elect; Sir R. Murchison, Professor Playfair, Mr. Fairbairn, Mr.

Hawksley, Sir J. Bowring, Mr. Crawford, Sir John Lubbock, Lord Wrottesley, Colonel Sykes, M.P., Mr. Hynd, Mr. Joseph Heywood, Mr. Le Neve Foster, Admiral Belcher, Sir E. Rawlinson, Mr. Griffith, the general secretary, Mr. F. Galton. The local secretaries are Dr. Robertson, Mr. E. J. Lowe, and the Rev. J. F. McCallan.

Early in the afternoon a meeting of the general committee was held in the Mechanics' Hall, a new and well-constructed building, the use of which is described by its name. It contains a well-stocked library and museum, and a large assembly room, in which the general meeting was held. The principal business was the receiving of the parliamentary and new committees—the former regretting that science is still neglected in the teachings of public schools, and the latter suggesting the propriety of confiding the Meteorological Department of the Board of Trade to the management of some scientific body.

At eight o'clock in the evening there was a large assemblage of members in the theatre to hear the address of Mr. Grove. The proceedings were, as usual, inaugurated by the exchange of courtesies between Professor Phillips, the late president, and his successor, Mr. Grove, who thereupon took the chair. The learned gentleman then delivered the inaugural address. He commenced by speaking of the surprise which our rude ancestors would feel if they could rise and see our country in its present state. The immense progress which had been made between their time and ours had all been effected step by step, and it would be difficult to trace its causes. He looked upon the growth of associations, such as that with which they were connected, as being one great cause of the rapid advance in science. In its annual visits to different localities, the association not only imparted fresh local knowledge to the visitors, but left behind stimulating memories which roused into permanent activity dormant or timid minds. He wished to submit to his audience certain views of what had, within a comparatively recent period, been accomplished by science, what had been the steps leading to the attained results, and what, as far as he might fairly form an opinion, was the general character pervading modern science. He then proceeded to show that the development of observational, experimental, and even deductive knowledge was either attained by steps so extremely small as to form readily a continuous ascent, or when distinct results apparently separate from any co-ordinate phenomena had been attained, that then, by the subsequent progress of science, intermediate links had been discovered uniting the apparently segregated instances with other more familiar phenomena. The president concluded with the following words: "We, this evening assembled, ephemera as we are, have learned by transmitted labour to weigh, as in a balance, other worlds larger and heavier than our own, to know the length of their days and years, to measure their enormous distance from us and from each other, to detect and accurately ascertain the influence they have on the movements of our world and on each other, and to discover the substances of which they are composed. May we not fairly hope that similar methods of research to those which have taught us so much may give our race further information, until problems relating not only to remote worlds, but possibly to organic and sentient beings which may inhabit them—problems which it might now seem wildly visionary to enunciate—may be



solved by progressive improvements in the modes of applying observation and experiment, induction and deduction?"—*Daily Telegraph*.

THE POOR-LAW MEDICAL INSPECTORS IN IRELAND.

THE Medical Officers connected with the administration of the Poor-law Charities of Ireland number nearly 1000; they are, as a rule, highly educated, intelligent gentlemen; their influence for good or ill is very considerable, and it is rare indeed to hear of anything to their discredit. Of necessity their services are of a most arduous nature, and their remuneration small. We refer to the subject now, as we believe an opportunity will shortly arise for the appointment of a Poor-law Medical Inspector. Surely the Commissioners will be able to select for the appointment from the many well qualified candidates, some one who is or has been a Poor-law Medical Officer. This would be promotion in the service, and would be taken as a boon by the entire body.

OWING to press of matter we are obliged to hold over important communications, including "Correspondence."

NOTES ON THE TREATMENT OF 123 CASES OF CHOLERA IN THE LIVERPOOL PARISH INFIRMARY, July and August, 1866.

By J. WILSON McCLOY, M.D., &c.,

RESIDENT MEDICAL OFFICER AT THE LIVERPOOL PARISH INFIRMARY.

THE following brief record of the treatment adopted in 123 cases of cholera which have occurred in, or been brought to, this institution during the present epidemic, may not prove uninteresting to the profession. "It must be confessed that the means employed were sufficiently various in their nature; and the narrative of their effects may be useful, by inducing caution in the employment of those which have been found inefficient and injurious." I can conscientiously say that each particular mode of treatment received a fair and impartial trial. I shall hereafter have occasion to contrast the relative severity of the cases treated by each method.

The first cases (two) were brought to this hospital on the 10th of July. Both were in the evacuation stage, and were treated with astringents, stimulants, and ice-water. The astringent used was a mixt re containing spirits of chloroform, Battley's sedative solution, creasote, and compound chalk mixture. The stimulant was brandy, freely and frequently administered. Ice-water was given *ad libitum*. The symptoms of collapse rapidly set in, and both cases proved fatal: one in twelve, and the other in six, hours after admission.

On the 12th of July the disease unfortunately made its appearance in the founding department of the institution. This was one of those sporadic, or, at least, unaccountable cases which we occasionally meet with. A nurse in one of the founding wards, who had not for months been out or in communication with anyone from without, was suddenly and unaccountably seized with violent vomiting, painless, profuse purging, and violent cramps in the extremities. The case was considered one of cholera. The woman was removed at once, the place thoroughly disinfected, the bedding, &c., burnt, and the children transferred to a separate ward. This woman was treated in a similar way to the former cases, and with the same result, death occurring in twelve hours after admission.

The same night two of the children to whom this woman was nurse, and who slept with her, were seized with choleraic symptoms. They were treated with camphor, according to the "Rubini" plan. Both cases proved fatal: one in six, and the other in eleven, hours.

The following morning four other children, also charges

of this woman, were seized. The camphor treatment was adopted, and three cases proved fatal.

From this time till the 26th of July there were 56 entries. Of these 5 were moribund on admission—dying in from two to seven hours.—We have then a total of 51 cases treated up to the 26th ult. Of these 19, were by camphor, 7 by ice, and 25 by what I shall call the "mixed plan." The following are the results:—

| Cases. | Mode of treatment adopted.  | Deaths. |
|--------|-----------------------------|---------|
| 5      | (Moribund on admission)     | 5       |
| 19     | Camphor ("Rubini" plan)     | 13      |
| 7      | Ice to spine, and ice-water | 7       |
| 25     | Mixed treatment             | 13      |
| 56     |                             | 38      |

Only seven of these fifty-one cases were in the stage of collapse, the rest were in the evacuation stage. In estimating the value of the camphor treatment it is only fair to state that it was principally pursued amongst a most unfavourable class of patients. I allude to those puny, rough-skinned, pot-bellied, emaciated children, so common in the lower ranks of life, and in the founding department of workhouse infirmaries. Ice to the spine, either alone or alternated with hot-water bags, was miserably unsuccessful. The application did not seem to have the slightest effect in producing reaction where there was any considerable collapse. While the ice-bags to the spine were borne without complaining, a similar application of water at 120° Fahr. caused the greatest pain. The mixed treatment included the use of astringents, sedatives, stimulants, ice, ice-water, the hypodermic use of morphia, hydrocyanic acid, strychnine, and camphor, dry heat sinapisms, stupes, &c. The astringent mixture, which was the same as that used in the first cases, speedily arrested the vomiting and purging; but this was not followed by any general improvement. Dry heat and sinapisms proved beneficial. Brandy and ice-water were administered freely.

On the evening of the 26th the castor-oil treatment was first ventured on as a sort of forlorn hope. The following is the history of the first case in which it was used:—

Ellen M——, aged 36, admitted at twenty minutes to seven p.m. Has been ill with diarrhoea for a day and half. Was treated with astringents and stimulants. Previously a healthy woman. When admitted she seemed in a semi-narcotized condition, from which she was with difficulty roused. Features pinched; expression anxious and fearful; feet and legs blue and icy cold; arms cold and fingers corrugated; forehead covered with a clammy perspiration; eyes sunken and surrounded with a livid ring; voice husky; tongue, lips, and breath very cold; pulse absent in radial, and but very feebly perceptible in brachial artery; neither purging, vomiting, nor cramps; small intestines distended. Ordered sinapisms to stomach and abdomen, and hot bottles to feet and legs. To have an ounce of castor-oil and two drachms of tincture of hyoscyamus at once. Small quantities of water at temperature of room. At a quarter to seven the oil was rejected. To be repeated. Ten minutes past seven: Oil retained; to be repeated. A pint of salt and water, at 120° F., to be thrown into the rectum. Half-past eight: Purged freely. To have half an ounce of castor-oil. Twenty minutes past ten p.m.: Oil retained. Seemed more lively; pulse imperceptible in radial.

July 27th: Quarter past twelve a.m.: Purged twice in last hour; evacuated matter horribly offensive and of an ash-brown colour. She is much warmer and more natural in appearance; pulse feebly perceptible. Oil to be repeated.—Ten minutes past three: Much better; vomited once and purged twice in the last two hours; forehead warm; pulse distinct in radial; great thirst. To have water *ad lib.*—Forty minutes past eight: Improving rapidly; pulse moderately good; has been purged once; matter still very offensive; feet and legs warm and natural in colour. To have two drachms of castor-oil.—Twenty minutes past eleven: Still doing well; pulse fair. To have small quantities of arrowroot and salt beef tea. Six p.m.: Still doing well; has been sitting up in bed in the absence of the nurse.

28th: Greatly improved. Ordered gruel and additional beef-tea. Purged once during the night; evacuation more healthy in appearance.

29th: Bowels acted once last night; complains greatly of hunger. To have three grains of sulphate of quina three times a day.

30th: Convalescent. Ordered mutton chop.

31st: Going on admirably. Bowels acted once to-day.



August 2nd: To have half an ounce of castor-oil.  
4th: Discharged cured.

This was undoubtedly one of the worst cases admitted into this hospital. The recovery was looked upon as miraculous. I could give, did I not fear occupying too much space, ten or twelve other cases quite as bad as this which eventually recovered under the eliminative treatment.

Since the 26th July there have been 67 cases. Of these, 11 were moribund, dying in from ten minutes to eight hours subsequent to admission. This leaves 56 cases, which were thus treated:—

| Cases. | Mode of treatment adopted.            | Deaths. |
|--------|---------------------------------------|---------|
| 11     | (Moribund on admission)               | 11      |
| 2      | Internal administration of strychnine | 2       |
| 4      | Astringent and stimulant              | 4       |
| 50     | Eliminative                           | 17      |
| 67     |                                       | 34      |

The two cases in which strychnine was administered were just in the transition stage between evacuation and collapse. The dose was one-thirtieth of a grain every fifteen minutes, with permanganate of potash and carbonate of soda. The astringent and stimulant treatment was that previously noticed. In the remaining fifty cases I was kindly permitted by Dr. Gee, physician to the hospital, to use castor-oil. With the results I have every reason to be perfectly satisfied. Of these fifty cases, only ten were in the stage of evacuation; and of the remaining forty, nineteen were in a state of the most extreme collapse. I observe in the *Pall-Mall Gazette* of Aug. 4th a statement to the following effect: "The cholera at Liverpool is evidently subsiding, and, as usually happens in such a time, the larger proportion of recoveries is attributed to the mode of treatment, castor-oil having been substituted for camphor and ice." Now, exactly the opposite of this is the case. *The disease is not subsiding; choleraic diarrhœa is increasing rapidly, and the cholera type is more severe.*" It cannot be said that the cases treated on the eliminative plan were milder in character than those treated by camphor, astringents, or ice, for, so far from this being the case, I can most unhesitatingly affirm that they were not only *more severe in character*, but were not, as a rule, prescribed for until collapse had for some time set in. Of the seventeen deaths, two occurred from pneumonia during convalescence; two were cases which had been discharged cured, and were suddenly seized with a relapse; and nine were cases in which there was no radial pulsation, and in which *neither emesis nor purgation could be produced.*

Eight post-mortem examinations were made, and as I consider the results important, I may be excused for giving the particulars of one case in detail.

Case 1.—Maria W—, aged 40, admitted July 31st, at thirty-five minutes past twelve a.m. Has been ill for twelve hours; was seized suddenly with vomiting and purging. On admission was in a state of the most extreme collapse; algid symptoms very intense; temperature in axilla 96°; almost complete aphonia; pulse feeble and faintly perceptible in brachial artery; great thirst; upper extremity covered with cold, clammy perspiration. To have hot bottles to feet and body, and sinapisms to abdomen and calves. Ordered three drachms of castor-oil, two drachms of syrup of lemon, and fifteen minims of chloric ether every hour; hot solutions of muriate of soda and chlorate of potash to be thrown into rectum every hour.—Two a.m.: Oil retained; neither purging nor vomiting has taken place.—Half-past three: Oil still retained; not purged. Three minims of croton-oil rubbed on tongue; friction with croton-oil over abdomen.—Five: Injections returned; no improvement. To continue with oil.—Half-past ten: No improvement; no purgation.—Twenty minutes past twelve p.m.: No improvement. Seen by Dr. Maphother of Dublin.—Twenty-five minutes past two: No improvement; no purging. Intestines stimulated by galvanism, which produced slight vomiting and purging.—Five: No improvement; no purgation.—Ten: Has been continuing in the same state; power of deglutition lost.—Half-past eleven: Venesection resorted to; blood refused to flow. Heart stimulated by galvanism, when a few drops of tarry-looking fluid exuded from right arm.—Forty-five minutes past eleven: Died.

Autopsy, eight hours after death.—Vessels of the right side of the heart and pulmonary artery distended with dark blood; left side nearly empty, containing only a few coagula. The lungs on their peripheral portion were pale and exsanguinated.

\* A reference to the reports of the Medical Health Officer will settle this point.

neous; from the central portions a small quantity of thick, dark blood exuded on section. Hepatic veins and capillaries of vena porta full. Gall-bladder enormously distended. Duodenum almost empty. Stomach contained large quantity of castor-oil; mucous membrane presented towards pyloric end œdematous patches. Peyer's and the solitary glands greatly enlarged, presenting a salmon-roe appearance. Peritoneal coat of small intestines pale, except towards lower part of ileum, where it was of an olive-green colour; this part was full of a remarkably fetid fluid, having a resemblance to bad pea-soup; the mucous membrane of this part was softened and thickened. Colour pale on peritoneal and mucous surface, and nearly empty. Kidneys and spleen natural. Vascularity of brain and meninges slightly increased; structure, so far as I could judge, normal. Arytenoid and epiglottidean muscles livid, and dotted with minute ashy specks.

Case 2.—A man, aged 50. Symptoms on admission similar to last, as were almost also the post-mortem appearances. In particular, the similarity in appearance of the small intestine and its contents was noticed. In four other cases I found almost identical appearances. This condition of intestine, when taken in conjunction with the fact that in none of these cases could purgation be produced, I consider of the greatest pathological significance.

General remarks.—The method of administration of the castor-oil was, in the majority of cases, that advised by Dr. Johnson in his work on "Epidemic Diarrhœa and Cholera." I have found in nearly every instance a wonderful tolerance of this medicine. The most difficult point in the whole treatment of the disease I believe to be that connected with diet, more especially during the stage of convalescence. From want of proper attention to this point I believe four cases relapsed, two of which died, and two recovered under the castor-oil treatment. From having watched the effects of alcoholic stimulants in collapse, I am of opinion that they invariably diminish the force and frequency of the pulse, and augment the symptoms arising from pulmonary obstruction. Thermometry, so far as I could judge, afforded no measure of the intensity of the collapse. In every case the temperature of the body rose one or two degrees after death. The "rice-water" evacuation has not been at all a characteristic symptom. The discharges presented every variety in appearance. The peculiar character of the voice, the *facies cholericæ*, and the incessant thirst, have been the best marked and most characteristic signs. While in many cases the attack came on suddenly and unaccountably, in the majority there were "premonitory diarrhœa" and abdominal uneasiness. The cases have been of every degree of severity. The disease, as a rule, has only occurred in the low-lying districts, where the unhygienic conditions connected with food, filth, misery, overcrowding, and intemperance, exist notoriously. *The eliminative treatment has been most successful.* It has been a success which those only who have seen and compared the relative severity of the cases can appreciate—a success which statistics cannot show.

Liverpool, August 6, 1866.—Lancet

## Proceedings of Societies.

### OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 4TH, 1866.

Dr. BARNES, President.

THE following gentlemen were elected Fellows:—Drs. Yeaman and Tannahill; Messrs. Challaway, Peacock, and Low.

Dr. MEADOWS showed an *Ecraseur* made for him by Messrs. Mayer and Metzler. It consisted of a single wire, tempered in a peculiar way, rendering it stronger than any wire-rope or chain he knew of. He also exhibited a good specimen of the so-called Cauliflower Excrescence, which he had removed by means of the single-wire *écraseur*.

Dr. MEADOWS related a case of

#### HYPERTROPHY OF THE LABIUM.

The patient, 27 years of age, about six weeks after her second confinement three years since, experienced sudden pain and enlargement of the labia. Treatment



was adopted, and in 1864 she was admitted into St. Bartholomew's Hospital, where drainage-tubes were passed through the mons veneris and left labium; but she left the hospital unrelieved. When seen by Dr. Meadows the left labium was the size of the fist, and the whole mons was much thickened, indurated, and brawny-looking. On the 20th of July the entire labium was removed, together with an elliptical portion of the mons. The operation was successful, and left the parts on that side of their normal size.

Dr. NEAL exhibited two specimens of Singular Malformation, showing the influence of maternal impressions on the fœtus in utero in the lower animals—the cow and the mare.

Mr. SHERATON showed a Steel Fillet designed by him to supersede the forceps. It is constructed by combining a rotatory action with the fillet principle. The rotatory action is obtained by pressing upon transverse bars, by which the blades are formed into a loop of elliptical form, having a short transverse diameter of four inches and a quarter, and a long diameter of five and a half or six inches. Mr. Sheraton explained its application, and considered the flexibility and thinness of the blades as important, in allowing ready adaptation to the axis of the pelvis and to the form of the head.

Dr. GRAILY HEWITT thought the instrument highly ingenious, and likely to be serviceable in some cases, particularly when the head was quite low down; but he believed it could not take the place of the forceps in those cases where the forceps is so particularly valuable—viz., when the head is not so low down, and where there is some degree of impaction.

#### ON EXTREME SURGICAL TENDENCIES OF UTERINE PATHOLOGISTS; AND ON THE DIVISION OF THE CERVIX UTERI.

By E. J. TILT, M.D., M.R.C.P.

Dr. TILT deprecated the extreme surgical tendency that seemed to characterize the present epoch. He gave as a proof of this tendency the frequency with which operations have been discussed at Medical Societies, the unnecessary multiplication of surgical instruments, and the warmth with which their invention or modification was supported. He likewise noticed two books which have lately appeared: one, a very important work by Dr. Marion Sims, in which constitutional means of curing diseases of women were almost completely ignored; and another, by Mr. I. B. Brown, in which it was recommended to cure hysteria, epilepsy, and insanity by amputation of the clitoris. Dr. Tilt stated that he had known the division of the cervix uteri to have been frequently performed or recommended in cases where he was able to pass the uterine sound, and he submitted that no practitioner was warranted in dividing the cervix, either for sterility or dysmenorrhœa, when the cervical canal had that width; as microscopic animalcules could find no difficulty in ascending where the uterine sound could pass. He alluded to the difficulty of passing a sound into the virgin womb, which did not interfere with the frequency of conception, in young women, soon after marriage. The author's experience led him to believe that the utility of dividing the cervix uteri had been unintentionally exaggerated. There were no statistics to show that conception was frequent after the operation; and he had frequently been consulted by those who had been operated upon during the last ten years, and who had remained barren. Dr. Tilt argued that there was so great a tendency on the part of the divided surfaces of the cervix to reunite, that the operation was generally useless, unless followed up by dilatation; and he thought that in the majority of cases of uterine stricture dilatation was the safest and best way to relieve dysmenorrhœa and to facilitate conception. He wished the division of the cervix to be restricted to cases where the cervical canal was extremely narrow or the cervical walls very hard, and to cases wherein dilatation had proved a failure, or where there was flooding from uterine fibroids. He reserved his opinion respecting the value of the operation in cases of uterine displacement or of malformation; and deprecated the opera-

tion being resorted to as a kind of *pis aller* in those intractable forms of uterine disease in which relapses depend either on a congenital unhealthy tendency of the organs of generation, or on some deeply rooted constitutional taint. Dr. Tilt mentioned that in three of his patients the operation had been performed without the knowledge of the patients or their friends, and he took occasion to remark that this did not accord with the usually received notions of medical ethics.

Dr. HENRY BENNET thought that Dr. Tilt deserved the thanks of the Society and of the profession for the paper read that evening. Although for the last seven years ill health had kept him out of active practice, he had continued to take the liveliest interest in uterine pathology, and had made himself acquainted with all that had been written and said on the subject. As a result he was deeply impressed with the idea that the therapeutics of uterine disease had taken of late too surgical a direction, and he thought, like Dr. Tilt, that this tendency required restraining, limiting, directing. After a seven years' absence from the debates of the Society, he could not but feel that it was passing strange that he should have to rise as a conservative, and that in the very arena where he had many a time, in former days, defended progress, and where he had been opposed and stigmatized as a rash innovator. When he commenced practice in London twenty-three years ago, uterine therapeutics comprised little else but the treatment of cancer, tumours, prolapsus, and constitutional conditions. The most continued and irrational opposition met his efforts to establish more correct views—to demonstrate that physical means of investigation were as imperatively demanded in the study and treatment of diseases of the uterus as in those of diseases of the heart, lung, bladder, rectum, &c. By degrees, however, more reasonable ideas gained ground, and this senseless opposition to the progress of science was vanquished. Now it had entirely ceased, and had become a mere remembrance of the past. Indeed, as stated by Dr. Tilt, the danger rather appeared to be in going too far the other way, and interfering too much. This seemed probable when a recent surgical work on female diseases, written by a clever, experienced laborious American surgeon, his friend, Dr. Marion Sims, proposed division of the cervix uteri on both sides, down to its vaginal attachments, as a remedy for all kinds of morbid conditions, for various deviations, and for sterility. Indeed the Doctor, in one page, stated that he and his colleague in the Female Hospital at New York, performed this operation five hundred times in two years! Again, many recent writers and operators seemed imbued with the idea that the passage through the cervical canal to the cavity of the uterus ought to be, what might be termed metaphorically, as open "as a carriage door," constantly finding stricture therein, for which they operate by ruthless divisions, if it is not so. He (Dr. Bennet) believed that this view was founded in error, and that the greater part of these cutting operations were not in any respect called for or necessary. He believed also that this error would not be so constantly made were his discovery of a sphincter at the os internum recollected or recognized. This sphincter was a vital contraction of the circular fibres of the cervix at the os internum, similar in function to the sphincters which closed other cavities—the stomach, rectum, bladder. When the cold uterine sound reached it it contracted, and impeded its entrance into the uterine cavity, and a stricture was declared to exist. A wax bougie, No. 4 or 5, on the contrary, its extremity warmed by the hand, and slightly curved to the shape he had described as that of the uterine passages, generally entered with ease. The patent condition of the cervical passages which these authors appeared to consider necessary for conception was not natural, and certainly not necessary for the entrance of microscopic spermatozoa. It must not be forgotten either, in treating of sterility, that in England one married woman in six is sterile; in America, according to Dr. Marion Sims, one in eight. The causes of sterility were very numerous, and were not to be re-



moved merely by cutting a royal road for the spermatozoa. Moreover, these divisions of the cervix healed up, and in a few months the narrowed condition was as bad or worse than ever in most cases. Twenty years ago, at Sir James Simpson's instigation, he operated in many cases, and all but abandoned the operation on account of these relapses. Since then he had generally used very small sponges if he wished to dilate, and had never once had an accident. The attacks of inflammation that had occurred in the hands of others had no doubt been caused by the attempted dilatation of inflamed tissues. The cervical canal ought to be perfectly sound when it was interfered with. In conclusion he repeated that he quite agreed with Dr. Tilt that the uterus is now-a-days too frequently interfered with surgically, and that the indications for operations required better defining.

Mr. BAKER BROWN said he thought the paper was brought forward at a most appropriate time, for he perfectly agreed with the author and with the observations of Dr. Henry Bennet that operations upon the cervix uteri were performed too frequently, and without proper regard to preparatory and subsequent treatment. He was glad to have the opportunity of stating before the Society, in the strongest language, his reprehension of the rashness with which this operation was performed in both the out-patients' department of hospitals and the consulting rooms of the operator. He had always taught that the operation of dividing the os and cervix uteri was one of great danger; and although he had performed it a vast number of times, he had never done so without careful preparatory treatment, and the most absolute rest for two or three weeks after the operation. He thought the danger was also increased by the frequent division of the internal os. For his own part, in all cases of flexions, he simply divided the cervix up to, but not through, the internal os; but in all cases of uterine hæmorrhage or intra-uterine fibroid tumours, he then carried his incision through the internal os. In all cases, immediately after operation, he plugged with oiled lint, and took every precaution to prevent the admission of atmospheric air. He believed the neglect of these precautions would generally account for the untoward results which so frequently followed the operation. He could confirm all that Dr. Bennet had said as to the opposition and persecution he had met with in reference to his treatment of uterine diseases; and when he reflected how triumphantly Dr. Bennet had overcome all his opponents by the truth of his practice, he (Mr. Brown) felt consoled for the opposition he received for publishing the results of his experience on a subject of which he as yet confessed himself to be but a learner. But as he had always, through a long professional career, immediately published any innovation which he had believed to be practically useful, so he would continue unto the end, feeling sure that the majority of the profession would always honestly investigate anything which he might place before them.

Dr. HEAD was of opinion that the expression "stricture of the os uteri" demanded a clearer pathological definition. He never had had the opportunity of seeing after death a stricture of any portion of the cervical canal, and thought the specimens must be extremely rare. He believed that cases of coarctation of the os uteri internum, not dependent upon organic disease or deviations of the uterus from its normal axis, may be attributable very frequently to spasm of the muscular wall of the uterus, especially at the orificial zone. Irritation acting upon the lining membrane of the uterus or cervix reflects itself to the muscular apparatus of the uterus much as occurs in cystitis. He concurred with Dr. Tilt in the belief that in numerous cases operative interference had been premature, and that we should hesitate before we appeal to the knife; indeed that it should be the last resource, and only employed after all constitutional and local measures had been found utterly inefficacious. He (Dr. Head) had lately contrived an apparatus, by means of which the vapour of chloroform un-mixed with air can be passed into the cervical and uterine cavities, and had found chloroform vapour thus injected a

remedy which was likely to afford considerable relief in cases of neuralgic dysmenorrhœa.

Dr. GRAILY HEWITT believed with Dr. Tilt that the operation of incision of the cervix uteri was too frequently, and therefore unnecessarily, practised. He differed from Dr. Tilt as to the indication, for the operation. The uterine sound could frequently be introduced with a little patience in cases where the cervix was for menstruation purposes virtually strictured. He alluded particularly to cases, such as were by no means infrequent, where the canal was distorted and sinuous—a condition arising from thickening of the tissues of the cervix. The mucous membrane might be thickened also; but the chief condition was the irregular hypertrophy of the cervix itself. Then, again, he thought Dr. Tilt attributed too little importance to the effect of the presence of small fibroid tumours in determining flexions and consequent virtual stricture of the cervical canal. He believed many cases of cervical distortion and narrowing could only be dealt with effectually by means of a cutting operation; but the indiscriminate application of the operation was to be strongly deprecated.

Dr. ROUTH said the discussion proved how little the profession was agreed as to either the anatomy or pathology of stricture of the uterine canal. Anatomically, Dr. Savage did not admit a special sphincter at the internal os. Besides, did not circular fibres abound everywhere in the cervix? Then, as to the seat of stricture, it was strange to find eminent men—accoucheurs—fixing stricture almost invariably at the external os; whilst others, quite as eminent, place it at the internal os. Then, again, was it to be said the uterine cervical cavity was never to be cut except in cases of stricture?—and could not the depth of the uterine incision be regulated according to the case. In chemosis of the eye, who would deny the advantage of relieving the congestion by incision? So in uterine disease a mucous lining might be so congested as to require scarification. The hysterotomy effected this most satisfactorily. In parenchymatous uterine congestion itself it also was most beneficial. In conclusion, he could not allow physician-accoucheurs to remain under the stigma put upon them. Obstetric medicine was essentially surgical; and an accoucheur only proved his skill in acting surgically when prompt relief would follow, instead of acting medically when cure would be thereby made very tardy, or not occur at all.

Dr. BARNES expressed his gratification at seeing again amongst them one who had rendered such eminent services to obstetric science as Dr. Bennet. Referring to his memoirs on Dysmenorrhœa and allied affections depending upon a peculiar conoid form of the cervix uteri with minute os externum, the President reminded Dr. Bennet that he had there quoted and adopted Dr. Bennet's views as to the os uteri internum. He believed it was very rarely the seat of stricture, or the source of difficulties requiring division. All his experiences still pointed to the opinion expressed in that memoir, that the os externum was the seat of trouble. And when the peculiar formation which he had described existed, the consequences were very often severe, and even dangerous. He had seen retro-uterine hæmatocele caused by it, and had known examples of young girls dying in consequence. It was absurd to rely upon medicines, or indeed upon anything short of division of the os externum in such cases. As performed by him, the operation had always been safe. Speedy relief followed, and that in many cases which had undergone every other kind of treatment for years before. These were cases for surgical treatment.

Dr. TILT having replied, the meeting adjourned to the 3rd of October.

BREVET LIEUT.-COLONEL JOHN J. MILHAU, Surgeon U.S.A., has been ordered to Hart's Island, N. Y., to investigate and report upon the recent outbreak of cholera at that locality. A corps of civil physicians will cooperate with him in the adoption of such measures as the exigencies of the case may require.



## THE STRAND UNION GUARDIANS.

"THE Brimstone Hotel," or the emporium within the Strand Workhouse, where paupers and nurses sell the medical comforts ordered them by the union doctor, was duly reported on at the last meeting of this board. A committee of inquiry had been appointed, their report was read and adopted, and the matter is officially disposed of for the time. The allegations were proved. Beer and gin have been constantly stolen from sick and suffering inmates of this infirmary, and as constantly sold by the nurses. "The doctor is in a terrible temper to-day, and says you're to have no more beer or gin; but never you mind, I'll talk him over if you keep quiet. Don't say a word or take any notice, or it'll only make him worse." Such was the *modus operandi* of one faithless nurse. The poor wretches who were despoiled did keep quiet, the doctor ordered them stimulants as usual, and it was as regular a thing for the pauper blessed with pence to buy stolen drink as for any Drury-lane toper to turn into a ginshop for his dram.

This was two years ago, the fraudulent nurse is dead, the ex-inmate gives his evidence with freedom, and the committee, while deploring past irregularities, profess that matters are managed very differently now. Paupers might, it is true, sell their own share of liquor, but it was impossible to prevent this, and the nurses are now pure. The report was agreed to, and the unpleasant subject shelved. There is no reason for supposing that the inquiry was not conducted with discrimination and care. The speakers were as moderate in their censures as they were candid in admissions. The pauper witness was complimented on his openness, and thanked for the good service he had rendered in bringing the evils to light. With the exception of an occasional suggestion that as beer and wine had been misappropriated, the board should reduce the workhouse supplies, nothing occurred to offend those anxious for parochial reform. A letter was read from the Poor-law Board, calling the attention of these guardians to the strictures and recommendations contained in the reports of Mr. Farnall and Dr. Edward Smith. The workhouse master reported on this at length, and a strong feeling that something must be done in concession to public opinion was manifest in the discussion which followed. The excited state of the public mind, the prospect of popular indignation being roused, the comments which had been, and the comments which would probably be passed upon parochial acts and parochial shortcomings were frequently alluded to, and it is impossible to doubt that there is an increased and increasing disposition on the part of this and other London boards to conform to the increased humanity of the age. The mere fact of their proceedings being now open to the representatives of the press has done much to chasten their discussions. Indeed there was a touch of burlesque in the clumsy eagerness with which one full-fledged moralist avowed his liking for reporters. "I read all their reports," *naively* remarked this humorous person: "we've nothing to conceal, and I like them to be here, only"—and the qualification was made with a mingled servility and arrogance infinitely musing—"only they won't be faithful, and they don't report fairly."

Not the shadow of a doubt crossed the speaker's mind as to the consummate wisdom, humanity, and discretion of the board of which he is an influential member. The reporters were the only people to blame. Choking sick paupers by the dust from carpet-beating; browbeating a medical officer by threatening to reduce his salary; thefts, cruelty, and neglect in the infirmary, are to be attributed, not to the guardians, but to the troublesome people who have dragged the evils to light. The oily voice and self-satisfied blandness of the speaker made a suggestive comment upon his speech, which is only worth mentioning because the present President of the Poor-law Board seems disposed to adopt a parochial estimate of parochial wants rather than that of independent witnesses. The proceedings of the Strand Union guardians, even when their efforts at improvement are most honest, give convincing proof of the necessity of closer official communication than a mere letter from a government department affords. The evils of overcrowding are admitted, their nursing staff has been strengthened and improved, their paupers had a reasonable petition promptly granted, their out-door relief cases were treated with increased humanity and consideration, a parish apprentice was not bound until the prescribed questions were put, and other matters involving a large expenditure of the ratepayers'

money were temperately discussed. Each of these advances is attributable to the light thrown upon workhouse mismanagement, and in the increased readiness to admit shortcomings may be traced a willingness to adopt a reasonable and comprehensive remedy, if one can be found. The President of the Poor-law Board may perhaps find parochial reform a less difficult task than it would have been a couple of years ago, for the simple reason that those responsible for existing evils have been roused to a partial sense of duty.—*Daily News*.

## THE MEDICAL OFFICERS OF THE GUARDS.

It would be a great mistake to regard the case of the medical officers in the Guards as a mere question of minor military politics. It is a question of public good faith. The *Army and Navy Gazette* acknowledges this week that "both the Horse Guards and the War-office appeared to admit that there was something exceptional in the case, and intimated that it would be so determined." It was, in fact, stated in the columns of that journal, with authority, that a warrant was in preparation which would rearrange promotion of the medical officers in the Guards for the future, but would not have a retrospective action. This was accepted as a fair concession, and it met the just claims of the officers whose interests were threatened. It is now, however, announced in the same journal, by way of apology and defence for the threatened breach of faith which would be involved in the gazetting of Mr. Elkington during the recess, that "the intimation given that the present assistant-surgeons' case was to be regarded as exceptional is not illusory." The brigade promotion is to be applied to them retrospectively, but every assistant-surgeon who would have been entitled to regimental promotion according to the terms in which he entered will be offered promotion as a staff-surgeon on condition of leaving the Guards and entering a line regiment. We should be glad to know on whose authority this is stated. Such an arrangement would be a hollow pretence, and involves a double injustice. It is in no sense an acceptable boon to the medical officers of the Guards, even supposing that they were desirous of being removed from their regiments. In a very short time their pay and relative rank will be improved in some degree by the forthcoming general warrant of General Peel, in which he intends, as he has announced, to adopt the provisions of the report of the Committee on the Position and Remuneration of Army and Navy Medical Officers. At one time such "promotion" as that now indicated by the *Army and Navy Gazette* would have been a boon; and within the last few years it was applied for, but was refused. The refusal was based upon the ground that such promotion would involve injustice to the general medical staff of the army. This objection still applies; and the promotion would now be no boon to the medical officers of the Guards, nor is there any reason to think that any one of them would accept it. But what can be the meaning of this? Why are the interests of ten men to be sacrificed that one may be at once promoted? What sacred promise has been given to Mr. Elkington which requires that all sorts of devices may be put forward to remedy the clearly acknowledged injustice to be perpetrated for his sake? There is no public interest involved in the retrospective change. It does not in the least affect any general administrative question. At least nine out of the ten assistant-surgeons are known to be opposed to it, and most of them will suffer from it. There is no public reason why Mr. Elkington should be promoted out of his turn to the disadvantage of so many others; and if there be any private reason, let him have the option of army promotion, which, it is intimated, will be tendered to the other assistant-surgeons of the Guards, with the fore-known result, that it would of course be rejected. We do not profess to know the inspiration of announcements such as this, but we hope that it does not represent the intentions of the Commander-in-Chief. The pledge given by the military organs, and by the late Secretary at War, was that the warrant allowing promotion should not be retrospective. This is a very simple solution of a difficulty which, really, is only created by the Horse Guards. To carry out that arrangement is to do justice and to keep faith. What is spoken of by the *Army and Navy Gazette* will answer neither purpose.—*Fall-Mall Gazette*.

DR. SCOLLERN finds sulphite of lime a specific in stopping choleraic diarrhoea. The dose is 10 grains.



## THE DISEASES PREVENTION ACT.

THE following are the arrangements that have been made in St. Giles's district for carrying into effect the provisions of the Diseases Prevention Act:—

"The Sanitary Committee of the Board of Works sits daily at half-past nine o'clock, and has already met twelve times. They received each morning a return, compiled from information obtained from their own officers, from public institutions and private medical practitioners, of all cases of diarrhoea and cholera that have occurred in the previous day. The new cases, so far as known, now amount to 600 or 700 a day, in a population of 54,000. Only one case of real cholera is known to have occurred hitherto.

"The Committee have mapped out the district into six sub-divisions, one comprising the greater part of the parish of Bloomsbury, the other five being parts of the poor parish of St. Giles, and each part contains from 6000 to 9000 people.

"In the five poor sub-divisions it is the rule for a family to live in each room. To each sub-division a medical staff is assigned, consisting of one medical practitioner and two assistants. The medical visitor is in all cases young and highly qualified; his assistants are usually medical students who have had much hospital experience, but have no legal qualification.

"Each medical visitor is held responsible for his own and his assistant's work. His pay is two guineas a day; his assistants' half a guinea a day.

"Every morning before nine a.m. the medical visitor makes to the Medical Officer of Health a return of the number of houses and of families visited by himself and his assistants; of the number of cases of diarrhoea, choleraic diarrhoea, and cholera that have been newly met with in the subdivision of the district assigned to him; and of the result of his treatment of old cases of such sickness. It is found that a thousand families can be efficiently visited each day in each of the six districts.

"For the supply of medicines to the poor, the committee have engaged the services of four druggists in various parts of the district, who supply—(1) concentrated medicines for immediate administration by the visitors in their rounds; (2) medicines for all persons presenting prescriptions from the visitors; (3) medicines, made up according to certain prescribed formulae, for persons applying to them at any hour of the day or night without visitors' prescriptions; (4) disinfectants, on the order of the visitors, together with a paper of instructions for use.

"The disinfectant, unless another be specially ordered, is chloride of lime.

"The Committee, after seeking in vain for any other place in their district which could be adapted to the purpose of a cholera hospital, have had a large school building put at their disposal by the rector of St. Giles's. The building has been used for ragged schools, mission-rooms, workmen's reading rooms, and other charitable operations, which will be temporarily suspended or carried on in some neighbouring houses. The school building thus obtained is at this moment being prepared by some few structural alterations to receive cholera patients in a day or two. About forty such patients can be received, with ample space for each bed. The building is isolated, and there is no chance of disease extending from it to the adjacent houses. Arrangements have been made with the Clewer Sisters, who carry on many charitable works in the neighbourhood, to give to the hospital thus extemporized the essential advantage of wise female supervision, and they are at present actively at work with the Committee in getting ready the building, providing nurses, and anticipating every requirement for the sick.

"An engagement has been entered into with the Working Necropolis Company by which the dead body of any poor person dying of cholera shall be removed within three hours of notice given and deposited until interment at the company's mortuary.

"Twenty thousand hand-bills have been distributed about the district urging on householders their responsibility at the present time to keep their premises in the wholesomest condition, urging on the poor the need of cleanliness and watchfulness against diarrhoea, and informing them where to go for medicine and how to get the services of the sanitary staff of the district. The poor are very accessible to the medical visitors, and are very grateful for their care.

"Extra assistance in the sanitary department has been

had for some months. The inspectors of nuisances now examine on the same day into all nuisances reported by the medical visitors, and take the best and most immediate action for the removal of what is injurious.

"To every subdivision of the district a workman is attached to do any disinfection or cleansing that cannot otherwise be conveniently done, and to assist in distributing handbills and collecting returns. The street sewers have been throughout the summer flushed with disinfectants at short intervals. Last winter, in view of the necessity that has now arisen, several important constructive works were made.

"Lastly, the clergy and magistrates, and the parochial medical officers, are affording the Committee every assistance in their power.

"The whole of the arrangements now described are independent of the Poor-law organization of the district.

"When the cholera hospital is complete it will take in all poor patients, whether receiving parish relief or not."

## METROPOLITAN POOR-LAW MEDICAL OFFICERS ASSOCIATION.

THE first general meeting of this Association was held in the Council-room of the Royal Medical Benevolent College in Soho-square, and was largely attended by members—workhouse and district medical officers in almost equal proportions, and representing nearly every part of the metropolis. Dr. Rogers, the President *pro tem.*, occupied the chair. Dr. Dudfield, the Honorary Secretary *pro tem.*, having read the minutes of the preliminary meeting and the names of the members, and stated the steps that had been taken in organising the Association, Dr. Rogers addressed the meeting at considerable length, setting forth the objects of the Association, as contained in the printed rules. He dwelt more particularly upon the necessity of making a great effort to better the condition of the sick poor, and to raise the status of the poor-law medical officers. Considerations of pecuniary remuneration, though important, should be sunk in comparison to the former objects. They were engaged in the noblest work man could be engaged in: they were men of education, and devoted to their work. What, therefore, they should ask for, was increased means of doing their duty to the sick poor. The amount of their salary, which was admitted by Mr. Farnall, the Poor-law Inspector, to be quite inadequate, they would leave to the appreciation and justice of the public. The revelations which had been made respecting the treatment of the sick poor in workhouses had excited a strong public feeling upon this subject. The poor-law medical officers were not responsible for that treatment; on the contrary, they did what they could to obtain more liberal treatment of the sick poor. He thought that one of their objects should be to get the medicines for the poor at the expense of the State. He was glad to find that this recommendation had the support of Mr. Farnall. The objects of the Association were:—1. To obtain for the sick poor chargeable to the State the advantages enjoyed by the sick poor in hospitals, &c.; 2. To obtain life-appointments for all poor-law medical officers, and entire payment of salaries from the Consolidated Fund; 3. To provide a basis for consultation and united action; 4. To obtain an authoritative decision upon all disputed questions relating to duties and extra medical fees; 5. To obtain from the local authorities the provision of all medicines and appliances prescribed for the sick poor, and the employment and payment by the same of qualified dispensers; 6. To address representations to the Poor-law Board by memorial and deputation; and, if need be, to petition the legislature in such cases and circumstances as may appear to render such action necessary. These objects, having been severally discussed at length, were agreed to, as well as a number of rules for the government of the Association; and a Council of twelve members was then appointed. Besides the ordinary members, there will be a second class of members, honorary in character, and consisting of "eminent physicians and surgeons, particularly those connected with public institutions." Portions of the report of Mr. H. B. Farnall, C.B., the Metropolitan Poor-law Inspector, relating to the duties, &c., of the workhouse medical officers, having been read, together with his recommendations for the amelioration of their position, it was unanimously resolved: "That this meeting, representing the poor-law medical officers of the metropolitan district, cannot separate without recording



their deep sense of gratification, inspired by his generous appreciation of their position and services." A copy of the resolution was ordered to be sent to the metropolitan inspector. A vote of thanks to the Council of the Royal Medical Benevolent College for the use of their room terminated the proceedings, which had been marked throughout by a strong feeling of earnestness, moderation, and unanimity.

At a meeting of the Council of the Association held on July 24th, it was resolved unanimously: "That the Council of this Association, having taken into consideration the report of Dr. E. Smith upon workhouse infirmaries, &c., desire at once, and without now entering into any detailed refutation of the various statements to which they shall subsequently refer at greater length, to reiterate their conviction that not less than one thousand feet of cubic space and eighty feet of floor-space should be allowed to each sick inmate of workhouse infirmary wards. They feel it proper to repel without delay the expressed insinuation of Dr. Smith, that the opinion of the medical officers on this subject, which was officially and urgently sought for by a printed document issued by the Poor-law Board, can be set aside as of no value, now that it proves to be contrary to that of Dr. Smith. The Council also express the pain and regret with which they have read many disparaging remarks of Dr. Smith in relation to their qualification, conduct, and position as medical officers. These they feel to be entirely undeserved, unjust, and ungenerous. The Council refer with confidence to the more just estimate formed by Mr. Farnall, who, as poor-law inspector in the metropolis for several years, has had numerous opportunities of knowing the continuous efforts made by the medical officers to improve the condition of the sick poor, and faithfully to perform their duty." It was also determined that Dr. Rogers be requested to present a copy of the resolution to the President of the Poor-law Board.

## Medical News.

**INDIAN MEDICAL SERVICE.**—The Military Secretary, India Office, presents his compliments to the Editor of THE MEDICAL PRESS AND CIRCULAR, and begs to enclose a list of the Candidates for her Majesty's Indian Medical Service, who were successful at the Competitive Examination at Chelsea, in March, 1866, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations at Chelsea and at Netley.

India Office, 24th August, 1866.

| NAME.                   | STUDIED AT                           | TOTAL NO. OF MARKS. |
|-------------------------|--------------------------------------|---------------------|
| Griffith, G. ... ..     | London ... ..                        | 5080                |
| Cameron, L. ... ..      | University of Edinburgh ... ..       | 5080                |
| Raye, D. O. C. ... ..   | Ireland ... ..                       | 5036                |
| Gage, J. T. ... ..      | University of Aberdeen ... ..        | 4600                |
| Vesey, R. M. ... ..     | University of Dublin ... ..          | 4580                |
| Warburton, W. P. ... .. | University of Edinburgh ... ..       | 4460                |
| Birch, E. A. ... ..     | Ireland ... ..                       | 4370                |
| Palmer, D. P. ... ..    | do. ... ..                           | 4320                |
| Keegan, D. F. ... ..    | University of Dublin & London ... .. | 4135                |
| Galloway, W. W. ... ..  | University of Aberdeen ... ..        | 4098                |
| Eades, L. E. ... ..     | Edinburgh and Dublin ... ..          | 4090                |
| Gray, W. ... ..         | University of Dublin ... ..          | 4085                |
| Hughes, D. E. ... ..    | University of Edinburgh ... ..       | 3915                |
| McKenzie, S. C. ... ..  | do. ... ..                           | 3886                |
| Holmsted, T. ... ..     | London ... ..                        | 3852                |
| Macpherson, J. ... ..   | University of Aberdeen ... ..        | 3770                |
| Bowman, R. ... ..       | Ireland ... ..                       | 3767                |
| Laing, A. ... ..        | Edinburgh ... ..                     | 3760                |
| Miller, A. H. ... ..    | Edinburgh and Dublin ... ..          | 3705                |
| Cody, T. ... ..         | Edinburgh and Ireland ... ..         | 3670                |
| Narney, S. C. ... ..    | London and Glasgow ... ..            | 3637                |
| Raby, J. ... ..         | London and Edinburgh ... ..          | 3395                |
| Shannon, P. J. ... ..   | Ireland ... ..                       | 3130                |
| McVittie, C. E. ... ..  | Edinburgh and Ireland ... ..         | 3023                |
| Cullinan, C. M. ... ..  | Ireland ... ..                       | 2955                |
| Mayer, H. C. ... ..     | Edinburgh and Ireland ... ..         | 2855                |
| Rickard, F. M. ... ..   | London ... ..                        | 2720                |
| Bateman, D. F. ... ..   | Edinburgh ... ..                     | 2590                |

**CHOLERA** in London is fast disappearing. Junod's boot has been used in some cases with benefit to relieve congestion. Small doses of calomel hold their ground, as the best general treatment, combined with injections of bland nourishing fluids into the bowels. The epithelial desquamation of Dr. Lionel Beale is supposed to be a post-mortem change.

THE *Globe* newspaper, in an analysis of the report of

Dr. Edward Smith on London Workhouse Infirmaries, shows that in many of these institutions 800, 900, and even 1000 cubic feet exists for each patient. That "marked cleanliness" is the rule in all the infirmaries and workhouses, as well as paid nurses; so that the late sensational reports are one-sided and destitute of foundation.

**BROMPTON HOSPITAL.**—It is said that on account of the unsatisfactory result of the effort made to send phthisis patients to Madeira, the sanatorium in that island is given up, and the subscriptions for that special fund have been returned to the donors.

**DR. MORELL MACKENZIE** has been elected Assistant Physician to the London Hospital; there was no other candidate, the restrictions of the College of Physicians preventing many candidates coming forward.

**CHOLERA AND CASTOR-OIL.**—A letter in the *Observer* says there have been only 20 cases of cholera at King's College Hospital. The deaths 5 in 14; so that any superiority of castor-oil is doubtful.

**MEDICAL STATISTICS.**—Various statistics on infanticide by Dr. Lankester, as well as some figures of Dr. Farre on cattle plague and cholera, and London "Water Supply," are shown in the *Pall Mall Gazette*, and other papers, to be entirely erroneous and unreliable.

**THE Cholera Mist**, according to Mr. Glaisher's latest revelation, is a species of fog or vapour, but most frequent in cholera times, when the cholera influence is not present at all.

**DR. MARKHAM** has published his first report of his visit to London workhouse infirmaries (the Clerkenwell), which is favourable to the condition of the infirmary itself, except that the patients are limited as to space.

**THE Pharmaceutical body** in England have had a congress, and are crying out for licensed chemists, as Apothecaries' Hall has neglected the subject, and encouraged quackery. A "bill" in Parliament is proposed by the congress to have "chemists" registered.

**MR. GROVE**, President of the late meeting at Nottingham, known by his researches on "Correlation of Forces," whose masterly address on this subject and biological science caused such excitement in that town, is a practising barrister who goes circuit. He does not include nervous action or life in his list of correlatives, as some physiologists are inclined to do.

**THE Sanitary Committee** of St. James's, Westminster, have chained up the handles of all the pumps, and have asked for power to fill up the wells altogether. This proposition, however, has been opposed.

**THE monthly return** shows that the number of paupers in receipt of relief at the end of May was 3·4 per cent. less than at the corresponding period of 1865.

**THE JEWISH POPULATION AND THE CHOLERA.**—From July 28 to August 11 no less than 391 cases had received assistance from the Board appointed for their relief. Scarcely a single case, however, has been noted among the upper and middle classes of the community.

**OFFICIAL VICTIMS OF CHOLERA IN PARIS.**—The St. Antoine Hospital, in Paris, has again lost a resident medical officer from cholera, this being the third sad event of the kind in that hospital. During the epidemic of last summer, Messrs. Cacciaguerra and Mocquot fell victims to their incessant care of cholera patients; and, a few days ago, one of their successors, M. Boussard, was struck by the disease and died in a very short time. All the officials of the hospital attended the funeral, and M. Mesnet, one of the physicians, delivered a very touching discourse on this melancholy occasion.

**CHOLERA.**—Since the outbreak of the epidemic 6619 patients have been relieved with cholera and choleraic diarrhoea at the Queen Adelaide's Dispensary, Bethnal-green, without any letter of recommendation, of which 5129 were relieved previous to the local dispensary stations being opened.

**MERCURIAL STOMATITIS.**—A Spanish surgeon, M. Amekler, thinks that gargling with brandy in cases of



ulcerated mercurial stomatitis is extremely useful, combined with cauterization by means of sulphate of copper. He does not deny the virtues of chlorate of potash, alum, the dilute acids, &c., but he has found, in several cases, the alcohol wonderfully efficacious.

THE Glasgow authorities propose to expend £1,250,000 in buying up the worst parts of the city and improving it.

THE death is announced of Lady Barry in her eighty-eighth year. Her ladyship was the widow of the late Sir David Barry, M.D., and a sister of Archbishop Whately.

ON Sunday last the Bishop of London visited the cholera haunts at the east end of London.

THE daily average of cholera cases in New York is forty cases and fifteen deaths.

PROFESSOR AGASSIZ has returned to Boston from his scientific tour to Brazil. He will visit Europe next year as one of the Commissioners to the Paris Exposition.

By the official returns in the Maïras district of Gaugam the number of people daily fed is 2480. In the last week of June 3000 persons died from starvation in Cutrack alone. Up to the 11th inst. Government had spent £80,840 in relief.

THE sum of 3500 francs has been left for distribution among the sick and wounded soldiers in the hospital at Brescia, by the King's order.

A GREAT number of cases of sudden insanity have occurred in Italy. These cases of madness are attributed to the great political excitement prevailing.

DR. NOAD, having analyzed the water from the four pumps in the Laner and Middle Temple, has condemned the water of the one in Hare-court. He found it to contain organic matter, possibly of an animal origin.

TWO convictions have been obtained under the new Sanitary Act, by the Islington authorities, against owners of house property, for overcrowding and want of cleansing.

THE Austrian newspapers report that typhus is prevalent in the Prussian Army.

IT is stated that there are 258 persons to the square mile in the United Kingdom.

ACCORDING to the latest returns it is stated that, from the commencement of the cattle plague, one animal in every nineteen has been attacked, and to every 1000 attacks 862 animals perished.

LONGEVITY.—In 1864, 98 persons (28 men and 70 women) died who had reached 100 years of age or upwards; one woman dying at 108, and one man at 109.

EDINBURGH MEDICAL STUDENT'S CHRISTIAN ASSOCIATION.—A meeting of this Association was held in the University this week, Professor Balfour presiding. The following among others were present:—Professor Spence, Drs. Handyside, Grainger Stewart, Black, and MacDonald. Letters of apology were read from Sir J. Y. Simpson, Bart., Professor McLagan, and Professor Henderson. The following resolutions were unanimously adopted:—

1. "That in the opinion of this meeting this Association is worthy of all support, and that the students present resolve to promote its objects by all means in their power."

2. "That those members leaving town resolve to make this Association widely known in the districts in which they may be established."

A vote of thanks was then given to Professor Balfour for presiding, and to the Medical Missionary Association for their kind co-operation.

THE BUCHAN MEDICAL SOCIETY.—The fifth annual meeting of this Society was held at New Maud on Tuesday, the 7th inst.; Dr. Anderson in the chair. The subjects for discussion—viz., "Purpura" and "Scurvy," were introduced in an able address by the president, who insisted upon the necessity of recognizing *land scurvy*. The members afterwards dined together, and spent a very agreeable evening. The next meeting is to be held in the same place; Dr. Ruxton in the chair.

NOTICES TO CORRESPONDENTS.

Mr. H. S.—We think you cannot do better than consult the author of the book you mention. You will, without doubt, get the utmost candour from him relative to the case you mention.

BOOK RECEIVED.

Cholera. By J. Shew, M.D., and R. M. Trall, M.D. London: Bacon and Co., Paternoster-row.

Appointments.

- Mr. BATE has been appointed Assistant Medical Officer to the General Hospital and Dispensary for Sick Children, Manchester, vice E. B. Loughnan, L.K.Q.C.P.I., resigned.
- J. G. BURNE, M.R.C.S.E., L.K.Q.C.P.I., L.M., late of Marske-by-the-Sea, Yorkshire, has been appointed third Medical Officer to the High-street Dispensary, Dublin (City), during the prevalence of cholera.
- ANDREW CLARK, M.D., has been appointed Physician to the London Hospital, vice N. Parker, M.D., resigned.
- J. COOPER, M.D., Assistant-surgeon to the London Hospital, has been appointed an additional Assistant-Surgeon to the Royal London Ophthalmic Hospital, Moorfields.
- W. P. FISHER, M.R.C.S.E., has been appointed Medical Officer to the Dartford Union Workhouse, vice W. P. Hoare, F.R.C.S.E., resigned.
- E. C. HADEN, M.R.C.S.E., has been appointed Medical Officer to the Dudley Union Workhouse, vice C. A. J. Thompson, M.R.C.S.E., deceased.
- WM. HOFFMEISTER, M.D., has been appointed Medical Officer and Public Vaccinator for the Cowes District of the Isle of Wight Union, vice J. E. Gibson, M.R.C.S.E., L.S.A.L., resigned.
- R. LIVEING, M.D., has been elected Assistant-Physician to the Middlesex Hospital, vice Murchison, elected Physician.
- DR. P. MANSFIELD, R. N. late of H.M.'s Ship "Amazon," lost in the English Channel, has been appointed additional Surgeon to the Royal Dockyard, Portsmouth.
- C. MURCHISON, M.D. F.R.S., has been elected Physician to the Middlesex Hospital, and Lecturer on the Principles and Practice of Medicine, vice A. P. Stewart, M.D., resigned.
- J. R. NUNN, M.R.C.S.E., has been appointed Surgeon to Warwick Gaol, vice H. Blenkinsop, F.R.C.S.E., deceased.
- S. PARKER, M.R.C.S.E., Surgeon to the Sheffield General Infirmary, has been appointed Consulting Surgeon to the Sheffield Public Hospital and Dispensary.
- P. J. SIMPSON, M.R.C.S.E., L.S.A., late Resident Medical Officer of the Westminster General Dispensary, has been elected Apothecary to the Colney Hatch Asylum.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.

- On the 17th inst., at Avon-hill, Midford, Bath, the wife of J. G. Welch, M.D., of a daughter.
- On the 17th inst., at Woodford Wells, Essex, the wife of C. H. Livingstone, F.R.C.S.Ed., of a son.
- On the 18th inst., the wife of Ralph Eddowes, Surgeon, of a son.
- On the 19th inst., at Knipton House, near Grantham, the wife of J. Roberts, M.R.C.S.E., of a daughter.
- On the 19th inst., at Portsea, the wife of Dr. P. Mansfield, R.N., late of H.M.'s Ship *Amazon*, lost in the British Channel, of a daughter.
- On the 20th inst., at Oxford-terrace, Manchester, the wife of J. Lang, M.D., of son.

MARRIAGES.

- On the 7th inst., at St. Mary's Spring-grove, Middlesex, John Young, M.D., Professor of Natural History in the University of Glasgow, to Eliza Leonora Schmitz, daughter of Dr. Leonhard Schmitz.
- On the 14th inst., at Lancaster, Dr. John Harker, to Lucy, daughter of E. Dawson, Esq.

DEATHS.

- On the 25th ult., of cholera, J. W. Ashford, M.R.C.S.E., Assistant-Surgeon H.M.'s Ship *Tyrian*, aged 26.
- On the 2nd inst., at New York, J. Kelly, M.D., son of R. Kelly, M.B., of Fair-street, Drogheda.
- On the 13th inst., W. Harvey, M.R.C.S.E., of South Petherton, Somersetshire, aged 66.
- On the 14th inst., at Lauriston-place, Edinburgh, Wm. Wilkinson, M.D., F.R.C.S.Ed., and Private Lecturer on Medicine, South-bridge.

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING AUGUST 25TH, 1886.

By J. H. STEWARD, Strand and Cornhill, London.

| Aug. 1886. | Barometer reading reduced to 32 degrees. | Thermometer. |       | Dry bulb. | Wet bulb. | Wind.      |        |       | Remarks. |
|------------|------------------------------------------|--------------|-------|-----------|-----------|------------|--------|-------|----------|
|            |                                          | Max.         | Min.  |           |           | Direction. | Force. | Rain. |          |
| 20         | 29.078                                   | 84           | 50.05 | 60.05     | 52        | SW         | —      | 004   | Showery. |
| 21         | 29.088                                   | 71           | 58    | 59.05     | 57        | NW         | —      | 001   | Showery. |
| 22         | 30                                       | 77           | 68    | 61        | 58        | NW         | —      | —     | Fine.    |
| 23         | 30.006                                   | 84           | 56    | 57.05     | 59        | Calm       | —      | —     | Fine.    |
| 24         | 29.094                                   | 81           | 50    | 64        | 63        | do.        | —      | 004   | Showery. |
| 25         | 30.004                                   | 83           | 55    | 55        | 61        | SW         | —      | —     | Fine.    |



**London Medical Press & Circular.**

"**SALUS POPULI SUPREMA LEX.**"

PROCEEDINGS OF THE BRITISH ASSOCIATION.

THE meeting of this important Society at Nottingham has been most successful. It is, however, obvious that in a medical journal we can only afford space for a condensed account of the most important papers on those subjects which most immediately interests the profession. The various excursions, *fetes*, and other attractions, by which the public is beguiled into a temporary enthusiasm for science, have been duly described by the daily papers. Be it ours to record, as tersely as possible, some of the more serious acts of the "Parliament of Science," as the Association has been called. These we shall arrange in reference to their importance from a medical point of view:—

PHYSIOLOGY.

President—DR. HUMPHRY.

Secretaries—DR. SPENCER COBBOLD, J. BEDDARD.

Committee—Dr. J. H. Bennett, Dr. Arthur Gamgee, Dr. Kelburne King, Dr. Richard Norris, Dr. W. B. Richardson, Dr. W. T. Robertson, Dr. Dr. Sibson.

Dr. HUMPHRY gave an address, in which he dealt with the general questions of the origin of life and death, and contested the doctrine of Continuity in life—of the origin of species by natural selection.

"On the State of Lime, whether Crystalline or not, in the Egg-shells of Birds," by Dr. J. DAVY.

"On the Physiological Action of Medicine," by Dr. W. SHARP.

"Remarks on the so-called Cattle Plague Entozoa," by Dr. COBBOLD.

"On the Conditions of the Protoplasmic Movements in the Egg of Osseous Fishes," by Dr. RANSOM.—The subject of these rotations or oscillations had engaged attention since the time of Rosconi. By means of diagrams, the phenomena of movement visible in the unimpregnated egg were shown. After water has entered the ovum, a distension of the outer rim and a diminution of the yolk mass itself occur, while the separation of the food-yolk takes place. Then the protoplasmic movements cease, fissile contractions commence, and the general process of yolk-division occurs. The author detailed the results of a number of experiments with various agents, the object of which was to ascertain their action on the rhythmic movements he had described in the yolk.

Mr. F. BUCKLAND elicited from Dr. Ransom the opinion that it was a mistake to pack eggs in damp moss, since they required oxygenation by fresh pure water, and he had found them live longest under that condition.

"On the Colour of Man," by Dr. J. DAVY.—The author enumerated the various shades of complexion and the position in which they were found. The warmer the climate, the less the difference in the venous and arterial blood. The Esquimaux were neither fair nor dark brown, but intermediate. The long, continuous solar effect for one half the year, associated them with the inhabitants of the tropics, whilst their living underground the other half, assimilated them to inhabitants of the fairer countries. He showed that a colder climate favours fairness of the skin. With regard to the Chinese, he ventured the conjecture that their colour might be owing to the imperfect development of blood in the bile. The hereditary colour might pass in course of time into that distinctive of the climate. Of this he gave a variety of instances: and in-

vented discussion on a subject of no ordinary interest in regard to health and beauty.

"On the Sources of the Fat of the Animal Body," by Drs. J. H. GILBERT and J. B. LAWES.

CHEMISTRY.

President—DR. H. BENGE JONES.

Vice-Presidents—Prof. DAUBENY, H. DEBUS, Dr. W. A. MILLER, LYON PLAYFAIR, J. STENHOUSE, A. W. WILLIAMSON.

Secretaries—J. H. ATHERTON, Prof. LIVEING, W. J. RUSSELL, JOSEPH WHITE.

Committee—F. A. Abel, J. Attfield, H. Basset, J. S. Brazier, Dr. Bauer, Grace Calvert, W. Crookes, Dr. John Davy, G. C. Foster, J. H. Gilbert, J. P. Gassiot, J. H. Gladstone, W. E. Heathfield, S. Macadam, T. H. Rowney, H. E. Roscoe, J. Robinson, Peter Spence, Dr. E. Smith, J. Spiller, A. Voelker.

THURSDAY.

This section was held at the School of Art. The President remarked that from the foundation of the British Association, in 1831, no physician had been President of the Chemical Section. For centuries the union of chemistry and medicine has been at one time admitted and at another disallowed; but in the last half-century the discovery of Dr. Bright proved that chemistry is requisite for the detection of a large class of diseases, and that without chemistry these diseases cannot be understood. When the union of chemistry and medicine is perfect, science will show us how to keep or to regain the greatest of blessings, health. Among the harvest of new truths of the last year, Dr. Bence Jones noticed Prof. Frankland's synthetical researches on ethers, and his researches with Mr. Duppa on the synthesis of acids of the lactic series. He alluded to Prof. Roscoe's paper "On the Chemical Intensities of Sunlight," as the direction in which the chemist looks for the climax of all his synthetical investigations—the discovery of the chemical architecture of substances in the vegetable world.—He then proceeded: "A most remarkable discovery has been made by the Master of the Mint on the absorption and dialytic separation of gases by colloid septa: for example, he finds that mixed gases pass through india-rubber at different rates, proportioned to their powers of liquefaction. The oxygen of atmospheric air passes through rapidly whilst the nitrogen is comparatively stopped. The importance of this discovery in metallurgy, and its application to the physiology of respiration and of the passage of oxygen from the blood into the textures, must be apparent to all. It seems but a few years ago when we were taught that the animal and vegetable kingdoms were composed of entirely different kinds of substances. Nitrogenous compounds were said to belong to the animal kingdom; and the vegetable kingdom was said to be formed of carbonaceous matters only. First starch, then woody fibre, then colouring matters like indigo, then alkaloids like quinine, were one after the other, thought to distinguish the vegetable from the animal creation; and each of these substances, or their representatives, have at last been found in animals. At the present time no chemical distinction whatever between vegetables and animals can be made; and except in the mode in which these different substances are produced in the two kingdoms of Nature, no chemical difference exists. Although we are beginning to ask how our present formula for education has arisen, and why it remains almost unchanged whilst all natural knowledge is advancing, and although an entire change in everything except the highest education has taken place, yet public opinion is affected so slowly, and the prejudices of our earliest years fix themselves so firmly on our minds and the belief we inherit is so strong, that an education far inferior to that which a Greek or a Roman youth, say twenty centuries ago, would have received, is the only education fit to make an English gentleman, that I consider it is of no use, notwithstanding the power which this Association can bring to bear on the public to occupy your time with the whole of this vast question. But there is an outlying portion of this subject which personally touches each one of us here present I allude to the present state of education in natural knowledge of that portion of the community who may at



any moment be asked to tell any of us here present what mechanical means should be used to lessen or increase the mechanical actions of the body, and what chemical substances should be taken to lessen or increase the different chemical actions within us when they rise or fall to such a degree as to constitute disease. I will, as shortly as possible, put before you the present education of those who practise medicine. The present higher education for the medical profession consists, shortly, in learning, reading, writing and arithmetic in the first ten years of life. In the second ten years, Latin, Greek, some mathematics or divinity, and perhaps some modern language. In the third ten years, physics, chemistry, botany, anatomy, physiology, and medicine, and perhaps surgery. Looking at the final result that is wanted—namely, the attainment of the power of employing the mechanical, chemical, electrical, and other forces of all things around us for increasing or diminishing the mechanical, chemical, and other actions taking place in the different textures of which our bodies are composed, it is quite clear that the second decennial period is passed without our advancing one step towards the object required; and that in the third decennial period the amount to be learnt is very far beyond what is possible to be attained in the time allowed. If we turn to the lower education, in the first eighteen years of life, reading, writing, and arithmetic, and enough Latin to read and write a prescription, constitute the minimum to be acquired. During the next three years, physics, chemistry, botany, anatomy, physiology, and the practice of medicine, surgery, and midwifery, have all to be learnt, and from this crowding it follows that the study of physiology is begun at the same time as the study of physics and chemistry. In other words, the structure and the foundation are commenced at the same time. The top of the house may be almost finished when part of the foundation has not been begun. What chance is there of any one understanding the action of the chemical, mechanical, and electrical forces in the body, until a fundamental knowledge of chemistry, mechanics and electricity, has been first obtained? What chance has a medical man of regulating the forces in the body by giving or withholding motion, food, or medicine with any reasonable prospect of success, when a preliminary education in these sciences is thought to be of no importance? It seems to me that the only possible way to make the present preliminary education for medical men less suited to the present state of our knowledge, would be to require them to know Hebrew or Arabic instead of Latin, in order that the origin of some of our words might be better understood, or that prescriptions might be written in one or other of these languages. Let me now, for contrast sake, draw you a picture of a medical education, based upon the smallest amount of classical knowledge, and the greatest amount of natural knowledge which can be obtained. In the first ten or twelve years of life, a first-rate education in the most widely used modern language in the world, English, with writing and arithmetic, might be acquired, and in the next five or ten years a sound basis of knowledge of physics, chemistry, and botany, with German or French, might be obtained; and in the following five years anatomy, physiology and medicine, surgery and midwifery. If every medical man were thoroughly well educated in the English language, and could explain the nature of the disease and the course to be followed in the most idiomatic and unmistakable English, and if he could use all the forces in nature for the cure or relief of his patient, and if he could, from his knowledge of chemistry and physics, and their application to disease and medicine become the best authority within reach on every question connected with the health and welfare of his neighbours; and if he possessed the power of supervising and directing the druggist in all the analyses and investigations which could be required as to the nature and actions of food and medicines and as to the products of disease, surely the position and power and agreement of medical men would be very different from that which they now obtain by learning some Latin and

less Greek. At present, so far from physicians possessing more knowledge of food and of medicine than any other class of persons in the community, the analytical and pharmaceutical chemists are rapidly increasing in knowledge, which will enable them not only to understand fully the nature and uses of food and medicines, but even to detect the first appearances of a multitude of chemical diseases. Their habits of investigation, and their knowledge of the nature of the forces acting in the body will gradually lead them to become advisers in all questions regarding the health of the community, and from this they will, like M. Bouchardat, in Paris, become almost, if not altogether, practitioners of medicine. In confirmation of my opinion of the direction in which the treatment of disease is progressing, I may just refer to the cattle plague, which in 1745 was treated by Dr. Mortimer, at that time Secretary of the Royal Society, and therefore one of the most scientific physicians in the country, with antimony and bleeding. In 1866, two chemists, Dr. Angus Smith and Mr. Crookes, gave the only useful suggestion for combating the disease—namely, by the arrest or destruction of the poison by chemical agents. There is yet another point of view in which chemists will see the harm that results from our present medical education. The use of Latin in our prescription requires that the pharmacists should learn at least sufficient Latin to read what we have written. Many errors have arisen and will arise from the dispenser being unable to give the directions rightly. To avoid such mistakes, a portion of the time that ought to be given to the attainment of the highest possible amount of chemical acquirement, and a perfect knowledge of the English language, or some foreign language wherein he might learn the discoveries in chemistry and the improvements in pharmacy of other countries, must be devoted to the learning of Latin, in which the physician writes his directions. All our druggists in England ought to be what they are in Germany and in France, chemists capable of any analysis that might be required of them, and able to satisfy themselves and the medical men that the substances they sell are what they profess to be—pure, unadulterated chemical compounds. No one of my hearers in this Section will consider five years a long time for the acquirement of such knowledge, and until the pharmacists all obtain this education, medicine will be subject to a great cause of uncertainty in the variations in the quality and quantity of the different substances which, under the same name, are obtained from different druggists. Before I conclude, I must apologise to some in this Section who may think that this subject is of no interest to them, by reminding them that none but chemists can judge what the worth of chemical education really is; and I am sure that no body of scientific men exists who are so fitted to judge of the necessity of an education in natural knowledge for those who employ the forces around us to regulate the forces within us as the Chemical Section of the British Association. Last year Prof. Miller said, 'It behoves all who are themselves engaged in the pursuit of science to consider in what way they can themselves aid in forwarding the cultivation of natural knowledge.' I ask you, for the good of science, and for your own good, to exert your influence in the first place, and more especially to effect a change in the preliminary education of all those who intend to practice medicine; so that, leaving Greek and Latin to be the ornaments and exceptions in their education, they may have time to obtain the best possible knowledge of the chemical and physical forces with which they have to deal. I urge this because of my conviction that whenever the most perfect knowledge of chemistry and physics becomes the basis of rational medicine, then, and not till then, medicine will obtain the highest place among all the arts that minister to the welfare and happiness of man."

DR. RUSSELL read a preliminary Report, prepared by Dr. A. Matthiessen, "On the Chemical Nature of Cast Iron."



"On a Proposed Use of Fluorine in the Manufacture of Soda," by Mr. W. WELDON.

"On the Assay of Coal, &c., for Crude Paraffin Oil, and of Crude Oil and Petroleum for Spirit, Photogen, Lubricating Oil, and Paraffin," by Dr. ATTFIELD.

"On the Poisonous Nature of Crude Paraffin Oil, and the Products of its Rectification upon Fish," by Dr. STEVENSON MACADAM.

"On a Phosphatic Deposit in the Lower Greensand of Bedfordshire," by Mr. J. F. WALKER.

"On Ozone," by Dr. DAUBENY.—In the discussion on this paper, Mr. GLAISHER stated that "where there was ozone he found abundant health, and where there was none, a great deal of sickness prevailed."

"On an Extraordinary Ironstone," by Mr. T. L. PHIPSON.

"On a New Process in the Manufacture of White Lead," by Mr. J. P. SPENCE.

"On Disinfectants," by Mr. W. CROOKES.

"On the Oxidizing Action of Carbon," by Dr. C. CALVERT.

#### BIOLOGY.

President—Prof. HUXLEY.

Vice-Presidents—GEORGE BUSK, Dr. DAVY, Dr. J. D. HOOKER, Prof. HUMPHRY, Sir J. LUBBOCK, Dr. P. L. SCLATER, Dr. THOMAS THOMSON, A. R. WALLACE.

Secretaries—J. BEDDARD, W. FELKIN, Rev. H. B. TRISTRAM, W. TURNER, E. B. TYLOR, Dr. E. PERCEVAL WRIGHT.

Committee—Spence Bate, H. B. Brady, H. W. Bates, — Buckley, Dr. Bennett, Prof. Bentley, Dr. Baird, J. Crawford, Sir Walter Elliott, Dr. A. Günther, Dr. Hunt, J. Gwyn Jeffreys, E. B. Layard, E. R. Lankester, R. M'Andrew, Dr. Murie, Prof. Newton, Rev. A. Merle Norman, Dr. Ransom, H. T. Stainton, Dr. E. Smith, Dr. H. Stewart, — Stevenson.

Report on the Extinct Birds of the Mascarene Islands, by Prof. A. NEWTON, M.A.—The Committee appointed by the British Association at Birmingham, September, 1865, for the purpose of assisting Mr. E. Newton in his researches for the remains of the extinct Diodine Birds of the Mascarene Islands reported. Almost immediately after the appointment of the Committee, intelligence was received in England of the very important discovery by Mr. G. Clark of Mahebourg, in Mauritius, of a large deposit of bones of the true Dodo (*Didus ineptus*, L.) in a marsh known as the "Mareaux Songes," an account of which that gentleman has published in the *Ibis* magazine for April, 1866. Several fine series of these bones having been sent to England, some were purchased by the Trustees of the British Museum, and formed the subject of a memoir "On the Osteology of the Dodo," read by Prof. Owen at a meeting of the Zoological Society of London, 9th January, 1866. This memoir is understood to be nearly ready for publication; and will appear, copiously illustrated, in the *Transactions* of that Society. Some other fine series of these bones have, by the liberality of Mr. Clark, passed into the possession of one of the members of your Committee, and a portion of them is now exhibited. Several smaller series of bones have likewise been variously distributed by sale or gift both in England and the Continent, so that numerous museums and collections have reaped the benefit of Mr. Clark's valuable discovery; the importance of which may be better appreciated when it is remembered that previously the only remains of the Dodo known to naturalists were the head and foot at Oxford, the skull at Copenhagen, the portion of an upper mandible at Prague, and the foot in the British Museum. Now it is believed that almost every bone of the bird's skeleton has been recovered with the exception—though that is an important exception—of the extremity of the wing. The attention of Mr. E. Newton has been especially called to this deficiency, which seems likely to be supplied by a thorough and systematic examination of the "Mareaux Songes," or at least of the part of it which has been most prolific in Dodo's bones. That gentleman has accordingly determined to carry out the undertaking so far as may be expedient; but according to the latest accounts received from him he had been obliged to defer commencing operations in this quarter till the expiration of the rainy season, as the marsh still continued to hold much water,

and he expected to be able to do no real good there until next month, when the Committee hope that complete success may attend his excavations,

Report on Dredging in the Hebrides, by Mr. J. G. JEFFREYS.

"Remarks on the Rhizopod Fauna of the Hebrides," by Mr. B. BRADY.

"On the Distribution of Mosses in Great Britain and Ireland as affecting the Geography and Geological History of the present Flora," by Mr. J. SHAW.

"On the systematic Position of the American Prong Horn (*Antilocapra Americana*)," by Mr. P. L. SCLATER.

"On a Remarkable Mode of Gestation in an undescribed Species of Arius," by Mr. W. TURNER.

"On the Food and Economical Value of British Butterflies and Moths," by Mr. O. GROOM-NAPIER.

"On the Causes of the Variation in the Eggs of British Birds," by Mr. O. GROOM-NAPIER.

The PRESIDENT (Prof. Huxley) gave an address, to hear and discuss which the three departments of the Section met in one room. Alluding to the large attendance, he remarked that his intention was simply to give an exceedingly short discourse upon the subject of Biology, and although some discussion would probably follow, as far as he knew there would be no quarrel and no heresy. If this announcement should have any effect in clearing the room, he should be extremely glad. He wished to consider for a short time the object of the science indicated by the new term Biology, and the scope of those persons who pursue it, and subsequently the position which had been given to its various branches in this Section of the Association. Suppose him to be provided with an egg and a bean, he would draw the attention of his listeners to their contents. Neither of them contains anything but an incomplete rudimentary foreshadowing of what they will produce. Imagine the egg incubated, or the seed placed in the ground. After a time, a being full of life and activity, and possessing even mental powers, will come from the egg; the chick will become a fowl. So, too, the bean will become a beanstalk. In the whole set of changes undergone there is a definite order and succession of forms, to which the name Development is applied. In studying each stage of this development, we only study a series of distinct forms. It is only form which is studied in development. The inquirer does not ask how or why these changes take place, but simply what they may be. When our chick or bean has arrived at maturity we have not a homogeneous mass. There are muscles and bones in the one and fibres and tissues in the other. The study of the form of the internal parts is called Anatomy, and it is anatomy whether on a small or a large scale. The size does not affect the nature of the study; it is anatomy whether we deal with parts one inch or one-thousandth of an inch in diameter. He would lay particular stress on this, because some persons had a confused notion on the matter; microscopic anatomy, or Histology, is anatomy. In all this we deal with form. So, in considering the relation of being to being, we observe that the form of an oak is more like that of a beanstalk than it is like a man's; again, a man is more like a monkey than he is like a crocodile. This study is that of Taxonomy, Classification, Systematic Zoology and Botany. Form has still another study, that of Distribution, not only in space, but in time. The life on our earth is not a thing of yesterday, but goes back so far into past ages that the record breaks off ere we find its first commencement. Palæontology is the biology of the past, and a fossil animal differs only in this regard from a stuffed one, that it has been dead ages instead of days. We have, then, Development, Anatomy, Classification, and Distribution, all relating to form, constituting Morphology; its methods are Observation, Classification and Registration. The facts concerning form are questions of force: every form is force visible; a form at rest is a balance of forces; a form undergoing change is the predominance of one over others. How has form come about? how does it commence? how does it end? The question why belongs to Physiology in its broader sense. In a narrow sense it has been used only in regard to the properties of individuals, as we say the Physiology of Man. But there is another physiology, dealing with the causes of life, the foundations of which as a science have been laid by Mr. Darwin, the first man to organize this study. Such is a view of the relations of the various branches of biological science. Two things are wrapped up in it: Form



and Cause. The study of physiology requires great preparation; over the door of the physiological department might well be written, "Let no one enter here who is not a chemist and a physicist." As regards arrangements, practical expediency is all that can be considered. The Council of the Association was alone responsible for the arrangements. If there were such a thing as scientific education in our schools, we might keep our Biological section well together in one room; but as it is there is no chance for this. The stick won't beat dog, dog won't bite pig, and so the old woman can't get home. The university won't recognize natural science, and hence the public school won't teach it to the boys, and consequently all men are not versed in all the subjects of it. Hence the Council have provided a department for the medical physiologists, another for the students of ethnology, as a matter of convenience. The division is not philosophical, but it is expedient. We give off buds like an animal of low organization, but, unlike this animal, we retain the power of reabsorbing those buds.

Dr. HUMPREY (of Cambridge) attempted to defend his university from the charge of indifference to science. He considered physiology the very highest and noblest of the sciences, and thought it was wet-blanketed by the Association. He wished that a separate Section might be formed for it.—D. H. BENNETT (of Edinburgh) agreed with Prof. Huxley, but wished for two equal sections of Morphology and Physiology.—Sir J. LUBBOCK observed that the success of the Physiological sub-section of former years had been like that of the broom-seller, who made a few brooms and stole the rest; the physiologists had got a few legitimate papers, and had stolen the rest from the morphological department.

"On the Teaching of Science at the Public Schools," by the Rev. F. W. FARRAR, M.A.—The author argued that the introduction of scientific instruction into the public school system was necessary on three grounds: first because it called into play a *different* order of faculties in boys who had studied language with success; secondly, because it evolved those faculties in boys who were naturally unsuited for classical training; thirdly, because the schools had ceased to be solely preparatory for the Universities, and were therefore bound to give boys the opportunity of acquiring some knowledge which would be of practical use to them in their future professions. He next treated of the difficulties in the way of carrying out these views. Those difficulties did not arise from the prejudice of public school-masters; but from the conflicting opinions of scientific men; from the absence of any definite and well-considered scheme; from the badness of many existing text books; and from the immense amount of time already devoted to the teaching of the modern languages, mathematics and classics, a term which now involved a very wide range of studies. The author suggested that many of these difficulties might be removed if a committee were appointed by the Association, partly composed of scientific men and partly of masters accustomed to the methods of public schools. He stated that at almost every school something was being done, but that the plans mainly adopted were three: viz., 1. Modern schools in which science was made a part of the course. 2. Occasional and compulsory lectures, of which notes were taken by the boys, and 3. A voluntary system, by which boys were encouraged rather than compelled to make themselves acquainted with various sciences. Rugby is the only school at which science is now regularly and completely introduced, and the author therefore described the system there introduced, and the no less characteristic voluntary system which has been established at Harrow, and is working most advantageously. Finally, the author suggested his own scheme, which was a combination of the voluntary and compulsory systems, for which in the case of many boys ample time could be gained by a wise abandonment of the practice of Greek and Latin composition.

Prof. HUXLEY, said he felt sure that the important question for England was not the duration of her coal, but the due comprehension of the truths of science and the labours of her scientific men.—Mr. TRISTRAM recommended the study of botany for developing the powers of observation rather than chemistry.—Dr. HOOKER thought botany and zoology were the most suitable studies for boys, but they must be taught by thorough men of science.—Prof. TYNDALL told how he had instructed a class of little boys with a lump of sugar-candy how they had listened and been absorbed in interest. He dwelt on the necessity of true

science being taught, and not the nonsense which some persons dignified by its name.—Mr. J. PAYNE animadverted on the use of the term "gerund-grinding" as applied to classical teaching, and charged the men of science who had most urged the value of scientific education with a want of earnestness. If they really were in earnest they would condescend to teach in schools, for it was *their* teaching which was required.—Mr. FARRAR, alluding to the increased labour for boys, which additional study would involve, said he would remove a mountain of hard and useless labour from the boy—his verse-making, and in its place impose a light and pleasing study.

"On the Results of Cinchona Cultivation in India," by Mr. C. R. MARKHAM.—The author gave the details of the success which had attended the introduction of quinine plants into India, in which he himself had been mainly instrumental.

"On the Entozoa of the Dog in relation to Public Health," by Dr. T. S. COBBOLE.

#### ANTHROPOLOGY.

President—ALFRED R. WALLACE.

Secretaries—W. FELKIN, jun., EDWARD BURNET TYLOR.

Committee—C. Carter Blake, George Busk, Dr. R. S. Charnock, John Crawford, Dr. J. Barnard Davis, Robert Dunn, Dr. F. R. Fairbank, Rev. F. W. Farrar, James Hunt, Sir John Lubbock, D. W. Nash, Herbert Spencer, W. H. Wesley, Thomas Wright.

Mr. WALLACE remarked—Anthropology is the science which contemplates man under all his varied aspects—as a animal, and as a moral and intellectual being—in his relations to lower organisms, to his fellow men, and to the universe. The anthropologist seeks to collect together and systematize the facts and the laws which have been brought to light by all those branches of study which, directly or indirectly, have man for their object. These are very various. The physiologist, for example, studies man as a wondrous and most complicated machine, whose parts and motions, actions and reactions, he seeks thoroughly to understand. The comparative anatomist and the zoologist compare his structure with that of other animals, take note of their likenesses and differences, determine their degrees of affinity, and seek after the common plan of their organization and the law of their development. The psychologist studies the mind of man, its mode of action, and its development, compares it with the instincts and the reasoning faculties of the lower animals, and ever aims at the solution of the greatest of problems—whence and what is mind. The historian collects and arranges the facts of man's progress in recent times; the geographer determines the localities of the various races that now inhabit the earth, their manners, customs, and physical characteristics; the archaeologists seeks, by studying the remains of man and his works, to supplement written history, and to carry back our knowledge of man's physical, mental, and moral condition into *pre-historic times*; the geologist extends this kind of knowledge to a still earlier epoch, by proving that man co-existed with numerous animals now extinct, and inhabited Europe at so remote a period that the very contour of its surface, form of its hills and valleys, no less than its climate, vegetation, and geology, were materially different from what they now are, or ever have been during the epoch of authentic history; the philologist devotes himself to the study of human speech, and through it seeks to trace out the chief migrations of nations, and the common origin of many of the races of mankind; and, lastly, the phrenologist and the craniologist have created special sciences out of the study of the human brain and skull. Considering the brain as the organ of the mind, the phrenologist seeks to discover in what way they correspond to each other, and to connect mental peculiarities with the form and dimensions of the brain as indicated by the corresponding form of its bony covering. The craniologist, confining his attention to the skull as an indication of race, endeavours to trace out the affinities of modern and ancient races of men, by the forms and dimensions of their crania. These various studies have hitherto been pursued separately. There has been great division of labour, but no combination of results. Now, it is our object as anthropologists to accept the well-ascertained



conclusions which have been arrived at by the students of all these various sciences, to search after every new fact which may throw additional light upon any of them, and, as far as we are able, to combine and generalize the whole of the information thus obtained. We cannot, therefore, afford to neglect any facts relating to man, however trivial, unmeaning, or distasteful some of them may appear to us. Each custom, superstition, or belief of savage or of civilized man may guide us towards an explanation of their origin in common tendencies of the human mind. Each peculiarity of form, colour, or constitution may give us a clue to the affinities of an obscure race. The anthropologist must ever bear in mind that, as the object of his study is *man*, nothing pertaining to or characteristic of man can be unworthy of his attention. It will be only after we have brought together and arranged all the facts and principles which have been established by the various special studies to which I have alluded, that we shall be in a condition to determine the particular lines of investigation most needed to complete our knowledge of man; and may hope ultimately to arrive at some definite conclusions on the great problems which must interest us all—the questions of the origin, the nature, and the destiny of the human race. I would beg you to recollect also that *here* we must treat all these problems as purely questions of science to be decided solely by facts and by legitimate deductions from facts. We can accept no conclusions as authoritative that have not been thus established. Our sole object is to find out for ourselves what is our true nature—to feel our way cautiously, step by step, into the dark and mysterious past of human history—to study man under every phase and aspect of his present condition, and from the knowledge thus gained to derive (as we cannot fail to do) some assistance in our attempts to govern and improve uncivilized tribes, some guidance in our own national and individual progress.

“On a Supposed Human Jaw from the Belgian Bone Caves,” by Mr. C. C. BLAKE.

“On Colonies in South Africa,” by Mr. W. J. BLACK.

“Notes on Madagascar,” by Mr. T. Wilkinson.

“On the Indians of the Paraná,” by Consul T. HUTCHINSON.

“On the Indians of the Mosquito Territory,” by Mr. J. COLLINSON.

“On the People of Andorra,” by Dr. R. S. CHARNOCK.

“Phenomena of the Higher Civilization traceable to a Rudimental Origin among Savage Tribes,” by Mr. E. B. TYLOR.—The author contended that Darwinism was not capable of explaining the facts of anthropology; it did not reconcile the monogenist and the polygenist. He did not believe that man's place in nature was by any means ascertained; and considered the doctrine of the unity of the human species as most premature.

“On the Principle of Natural Selection applied to Anthropology, in Reply to Views propounded by some of Mr. Darwin's Disciples,” by Dr. J. HUNT.

#### GEOLGY.

President—Prof. A. C. RAMSAY.

#### GEOGRAPHY AND ETHNOLOGY.

President—SIR CHARLES NICHOLSON.

#### MATHEMATICAL AND PHYSICAL SCIENCE.

President—Prof. WHEASTONE.

#### MECHANICAL SCIENCE.

President—Prof. THOMAS HAWKSLEY.

#### ECONOMIC SCIENCE AND STATISTICS.

President—Prof. ROGERS.

LOCAL ETHEREAL ANÆSTHESIA.—A series of operations have been performed by M. Demarquay, at the paying hospital of Paris, advantage being taken of pulverized ether. Dr. Richardson's apparatus was employed with a slight modification. Instead of the two india-rubber balls, only one is used, and the air is forced into it by a small air-pump. M. Demarquay says that with the pump an ounce of ether is vaporized in one minute. The pump is worked with more or less energy, according to the thickness of the jet.

## Original Communications.

### BLOOD-POISONING.

By BENJAMIN TRAVERS, F.R.C.S.Eng.

THE chief difficulty about the use of such a term as poisoned blood lies in the assumption or idea of mechanical admixture, which is not consistent with those tendencies which this fluid exhibits when in contact with any matter, whether fluid or mineral, foreign to the homogeneity of its constituent parts.

The effects of turpentine and certain colouring matters, so soon making their presence known *via* the kidneys, the sensible evidence of the transpiratory process, as detected in certain stages of advanced urinary disease, are ready illustrations of the uses of the absorbent system, which becomes thus charged directly from the mucous membranes of the stomach or kidneys, without any direct cognizance or intervention on the side of the blood. Certain salts, albumen, fibrin, easily become incorporated with the fluid contents of the heart and arteries; but poisons, whether animal or vegetable, if brought into contact in a quantity and with a force sufficiently great to imply admixture, dissolve the blood or arrest its current, but there is no evidence of mixing within the body whilst the heart acts or respiration is maintained. The nervous agent has offered an apparently ready method of explaining the course and action of many deleterious compounds. The intimate and immediate power of appeal, which lies alike, both with the heart and nerve centres in circumstances of sudden distress, is universal; but this conducting agency can only act on texture, not on the fluid contents of the heart and arteries. Lastly, has any reliable authority ever seen pus globules in the circulating blood? Pus, we know, may be stained or smeared with the colouring matter of the blood *extra vasa*, but many remain entirely sceptical as to a true pyæmic poison, which is not to be wondered at when one reflects upon the elaborate arrangements which are made by the natural surgeon for the production and discharge of matter when or wherever this form of degeneration is about to take place.

There are many occasions upon which albumen will be found to be present in the urine, which are marked by the purely functional character of the complaint prevailing in the system at large during the continuance of such a symptom. Mercurial remedies immediately promote the advent of albuminous deposits in the urine in some individuals. Nay, this occurrence is so frequent that some physicians hardly admit the fact to be exceptional at all.

In diseased states of the blood, such as albuminuria, there is a loss of relation and homogeneity, but we do not find the loss of its albumen supplied by any disposition to admit the presence of other and foreign ingredients in the sense of admixture or new combinations. The objections to blood mixing within the body are both vital and chemical, and such a proposition would appear to be alike unphilosophical and untrue.

Again, take the case of the dog poison. Is it conceivable that the virus actually invades the circulation either before or after the occurrence of symptoms? The unhappy subject of this fatal disorder remains perfectly well until the restlessness and spasm commence. Thenceforward the symptoms are all on the side of the nervous system, which, in vain, makes its appeal in a secondary sense to the circulation to correct the incessant irritation of the nerve centres. If spasm could be allayed, the symptoms would subside. It is well known that the excision of the wounded part at any period prior to the commencement of the symptoms is efficacious. This was the opinion of Cline, Sir Astley Cooper, Youatt, and others, and is still maintained by living authorities. Surely, if such be the fact, the blood cannot be regarded as slowly absorbing a poison during a long period of incubation.



On the whole, it is here suggested that no poison, as such, ever becomes incorporated with the blood. The symptoms on these occasions are due to contact alone, not admixture.

The functional nature of the disease, termed cholera, is gathered from the fact of its sudden and capricious mode of attack, from the aspect of causes which are known to promote its outbreak in localities, and amongst individuals not suffering from other diseases at the time.

The state of the atmosphere, the fever, the specific form of the "flux," the symptoms recorded as uniformly fatal, even if the patient survives the period of "flux," finally, the dissolution of the blood itself, are all, in their beginning, vices of function, not of organisation.

### CLINICAL REMARKS ON THE TREATMENT OF CHRONIC DYSENTERY.

By HARRY LEACH,

RESIDENT MEDICAL OFFICER OF THE "DREADNOUGHT" HOSPITALSHIP, ETC.

THE annals of Anglo-Indian medicine have, during the past few years, given us very full and complete reports of acute dysentery, with equally full details of treatment. The results of the latter have now reached to a tolerable successful issue, and as China and the East Indies are the great centres for this disorder, its symptoms and pathology have been there studied by many medical men with great care and labour. It is now indeed declared, with some amount of confidence, that this very serious intestinal malady may, in its incipient and acute stages, be completely influenced by curative agents. But the labours of our brethren in the East have as yet failed to give any aids as to the treatment of chronic dysentery. Scores of these patients are annually brought home to us belonging to both services, and in large numbers from the mercantile marine. During the last three and a half years no less than 228 patients, suffering from chronic dysentery, have been admitted into the *Dreadnought* Hospital Ship, and it is probable that the Army Medical Reports could furnish us with a list equally large in proportion, among the vast numbers of those annually invalidated from our Anglo-Indian forces. The pathology of the disease is now very well understood, but published particulars as to its treatment are singularly and surprisingly scanty. For as our newest works on medicine give many and satisfactory remedial agents for the arrest and cure of acute dysentery, so, when the chronic stage is mentioned, no clear line of action is indicated to the reader. It is clear that many drugs, particularly useful in the acute stage, fail utterly when the disease has become chronic, and indeed appear, in many instances, to do more harm than good. The treatment of true chronic dysentery will probably always be mainly confined to the practice of a few medical men connected with the army and civil hospitals instituted for a special class; but some cases of this disease must occasionally be seen by general practitioners, as Anglo-Indians, when they retire from work, return more or less each to their own haunts and homes. Thus, the treatment of chronic dysentery is well worthy of attention, in that few other disorders are so tedious, and so little amenable to what we are accustomed to call definite therapeutic aids. I can confidently assert that in the practice of this hospital, no other disease has been treated with so great a variety of drugs. Powdered ipecacuanha, simple and compound, opium, logwood, catechu, and other vegetable astringents, mineral acids, diaphoretics, calomel, castor-oil, and other products of the Pharmacopœia whose name is legion, have been fully, and, I believe, fairly tried. Poultices, blisters, enemas, and suppositories, have been each and all extensively used, and the benefits from direct stimulants thoroughly tested. Of medical cases admitted into this hospital, no other disease, except scurvy, produces effects so thoroughly debilitating and exhausting, for we must include in those effects, hepatic abscess, ascites, and other minor ills, as well as peritonitis, that

occasional and commonly fatal termination of chronic dysentery. But, nevertheless, the subjects thereof are tenacious of life to a surprising extent, though they may be said, in common parlance, to exist rather than to live. Cases are brought into the *Dreadnought* unable to stand, with voices reduced to a whisper from excessive debility, victims of a disease dating back eight, ten, or twelve months. The hardships inevitably incidental to a long voyage have of course done much to produce this exhausted condition. This latter cause being removed, these patients speedily arrive at a certain stage of improvement, and at this stage they remain for days, weeks, and months. Many die, for the mortality in this institution from chronic dysentery averages about twenty per cent. of the cases admitted. Many, on the other hand, cling to life successfully, and after a continued residence here, amounting in some instances to little short of a year, are discharged from the ship in a state of comparative health. Such cases give a degree of encouragement known as to few other maladies of a chronic kind, and it is well worthy of consideration as to how this desirable, if only occasional, result, can be most surely and most frequently obtained.

The pathology of chronic dysentery is, in influencing treatment, chiefly confined to the simple fact, that ulcers in variable numbers, and equally variable stages, exist along the course of the large intestine. They may be large, few in number, and may exist only near the caput coli. They may be many in number and small, and if this be the case, they are generally scattered pretty equally over the whole course of the large intestine. They may penetrate only the mucous coat of the bowel, or may burrow so deeply through the middle and into the external coat, as to produce an hourly risk of perforation and consequent peritonitis. But be the numbers and state of the ulcers what they may, putting minute and impractical considerations aside, it is clear that our endeavours must be mainly, if not wholly, directed to the giving to these ulcers a favourable opportunity of healing and cicatrization. And here we come to a consideration of the value of those remedies mentioned above. Having regard to the very large number of cases admitted into this hospital, and being sure, from personal observation, that drugs have had a fair and impartial trial, I am compelled to arrive at the conclusion that in cases of chronic dysentery (if the disease be of more than three months' standing) very little specific good can be done by any of the so-called remedies just mentioned. The only drug that can be said to have produced a definite amount of relief in any number of cases is the compound powder of ipecacuanha, and I am by no means prepared to give a very decided opinion about its efficacy. A dose of castor-oil and laudanum given occasionally, often assists the evacuations, and affords relief from tenesmus. Beyond these, the extent of belief in drugs no further goes. And hence it may be said and reasonably maintained, that, as chronic dysentery may recede from the path of recovery by meddling and muddling medicine, so we may medically enjoy and employ rest in these cases as confidently and as happily as does Mr. Hilton in "Accidents and Surgical Diseases." And rest should mean not only absolute quiet for the body, but for the bowel also. The influence of this single condition is marvellously shown in many cases admitted to the *Dreadnought*, the progress of which cannot but lead us to refrain from meddling with the accomplishment of a process that simple quietude has evidently caused to begin. In analysing a list of fatal cases, it is found that half die from exhaustion, no other lesion except extensive ulceration along the colon being discoverable. The other moiety of cases is hastened to an end, by complications of bronchitis or cirrhosis, hepatic abscess, or peritonitis. As therefore our efforts should be directed to the sustentation of the system until nature has accomplished the healing process, it is particularly necessary that care should be used in the choice and administration of diet. Milk, beef-tea, and eggs, in small and oft-repeated portions,



should form the staple of the patient's food for some weeks after admission, varied occasionally by rice, arrow-root, or any other good invalid cereal. Strict quietude in the horizontal position cannot be too strongly insisted upon. If much pain exist it may be relieved (and that without the use of opium) by light and warm applications to the abdomen. The use of stimulants is, I believe, still an open question among most practitioners; but experiences gained at this hospital lead to the conclusion that they should, as a rule, be entirely avoided. An extra allowance of good beef-tea will do far more to sustain the patient than wine or brandy, howsoever given, and I am sure that in many cases, the latter are positively injurious. A placebo must, of course, be prescribed, for as there are few, if any, cases so tedious, so none require more encouragement by all the arts that influence the mind in the conservation of the body. A month, or two, or three, may elapse, with little, if any, signs of change for the better. In many cases a fatal result disappoints our best expectations, but they who, having lingered the longest, at length end well, are those with whom therapeutics have had little or nothing to do. The most favourable results can, of course, yield only a condition of comparative health, which any imprudence as to change of clothing or diet will speedily disturb and destroy. But when men, after months of probationary slop-food, reach successfully to the stage of beef and mutton diet, we discharge them as convalescents, with a good hope to them of a renewal of the lease of life. Good and gentle nursing is of paramount importance, for the vital powers are so feeble, that any risk of bed-sores must be most scrupulously avoided, and would almost invariably precede a fatal result.

The tendency of the foregoing remarks may be condemned as too totally abandoning all therapeutic aids, but they will effect the purpose of the writer, if only they assist to propagate a plan of treatment that will allow cases of chronic dysentery to be cleverly nursed and fed, rather than actively stimulated and physicked.

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ON THE

MEDICAL USES OF SULPHUROUS ACID GAS.

By JAMES DEWAR, M.D., Kirkaldy.

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In a village which stands upon a steep incline, and where fever had made its appearance, a boy of fourteen was taken with headache, &c., and upon the third day of his illness I was asked to see him. I found him evidently *in* for an attack, but without any prominent symptom demanding special interference. Next day, I was surprised to find him almost comatose, with irregular pulse and some other indications of ominous import. Upon careful investigation of the premises, I discovered in *ere* of the house, that *three* piggeries *up-hill* of my patient, each contributed to form a small stream of pestilential liquid, which found its way by a back door to a closet within six feet of the boy's bed, and attached to one of these was a dung-hill, the deposit of the refuse of a family in which the epidemic had found a resting-place some weeks previously, and where for weeks afterwards the disease lingered. The obvious course was to remove the nuisance, but here the old difficulties about "middens" presented, themselves, although, in this case, I am glad to admit that they were all but insuperable. I made a compromise, therefore, that a crucible should be set in the offending closet, and that sulphur should be kept burning therein night and day, and I made the due fulfilment of this promise the condition of my continuing attendance upon the case. With the exception of having his hair cut, cold applications to the head, and a simple laxative, no other treatment was adopted, yet within twelve hours consciousness returned, was never again impaired, and the ordinary stages were rapidly gone through, so that on the twelfth day the convalescent was by the fireside. The preven-

tive measures were continued for a fortnight thereafter, and the disease spread no farther in the family. Next door where the process was sneered at, the fever had possession of the premises for three months.

Another case of equal interest has been communicated to me. An elderly man, a master-carpenter in the country, had recently returned home from waiting upon two sons and a daughter-in-law, all of whom had died of "typhoid fever." His home is at an inland hamlet, about thirty miles distant from the infected locality, and within a few days of his return he was laid down with fever. A day or two afterwards the medical man was sent for, and he found that, meantime, a female inmate had sickened also. This naturally gave rise to great alarm, the more so that a number of the carpenters who worked there boarded with their employer. "Sulphurous fumigation" was at once resorted to, and perseveringly carried out by an energetic neighbour with the most satisfactory results—viz., speedy recovery of the patients and extinction of the epidemic.

Ephemeral and catarrhal fever are at once cut short by inhaling the "fumes," while their soothing influence in "scarlet fever" encourages both patients and attendants to frequent repetition of the process. In one family where I attended there were five children under scarlatina at the same time, and the fumigation was given in charge to the father, who was most assiduous in his attention to it. The room was filled almost every hour, and was scarcely ever free from a taint of the disinfectant. The repeatedly observed sedative effect was, in this case, satisfactorily tested; for, especially during night, whenever the inmates showed signs of restlessness, my friend gave them an extra dose, with the invariable effect of inducing quiet and sleep.

In this, as in typhoid fever, it has an undoubted power of both mitigating the severity and shortening the duration of the illness. And I have no hesitation in saying, that to its adoption, accompanied by the diligent application of "sulphurous acid" to the "tonsils," both in scarlatina and diphtheria, is due the merit of having rescued several individuals whose general condition otherwise was unpromising in the extreme. And I may add that, although it may be in some measure attributable to good fortune, while I have had no fatal case of scarlatina during the late epidemic, neither have I seen, out of more than twenty cases, a single instance of "secondary complication."

In "diphtheria" my experience has been equally satisfactory.

"Hay fever" has been checked, and at once, by this simple appliance; and several cases of "hospital gangrene" can now be instanced, in which the morbid action was immediately arrested, and this quickly followed by marked change for the better in the condition and appearance of the wound. This last, besides being of itself interesting, afforded an opportunity of testing the comparative merits of "carbolic" and "sulphurous" medication; and, accordingly, it was found that after the former had failed to give the desired relief, S. A. G. was still able to achieve the happiest success over the enemy.

The application of sulphur fumes to the relief of aching bones, as in "gout and rheumatism," has been so fortunate as to revive the old-fashioned belief in its virtues, and to establish its title to be considered a trustworthy resource, which, from its simplicity, is equally within the reach of "rich and poor," and can be entrusted to the management of the most innocent domestic.

A gentleman, long a martyr to gout, was threatened some weeks ago with a severe attack. When I saw him the storm was just about to burst, and he was looking forward with horror to the ordeal through which he was about to pass. It just occurred to me that, as sulphur baths had proved useful in such cases elsewhere, why might not we upon this occasion bring the "mountain to the prophet" by improvising a sulphurous vapour-bath in the chamber. I accordingly had the room filled with



"fumes," and desired that a set of bedclothes should be hung up in a dressing-closet, and then to be fumigated for an hour or two until they had become saturated. This was most efficiently carried out, the clothes were spread over the patient, who shortly afterwards fell asleep. He became bathed in perspiration, slept for many hours, and awoke with his acute symptoms greatly mitigated.

In rheumatism, likewise, this mode of management has given relief in every case where I have heard of its having been tried, the sedative properties of the agent employed soothing the pain and promoting a tendency to sleep.

I trust that these facts will prove sufficiently definite to my professional brethren to warrant their recommendation of the system to extended trial, being fully persuaded that no one who intelligently and determinedly carries it into practice will ever have cause to regret his having been induced to do so.

Kirkaldy, August, 1866.

## SUCCESSFUL CASE OF AMPUTATION OF THE LEG.

By S. K. CRAUFORD, M.D., L.R.C.S.Ed.

R. H., æt. 45, states his case as follows:—When about 15 years of age he slipped and fell when coming down stairs, and his left knee struck against the wall. Inflammation ensued in the joint, which was leeches and blistered without any permanent benefit. He lay thirty-three weeks, and from that time until the date of the operation there were, to use his own words, "three running holes" in the knee. The disease continued to advance, and ultimately the femur became involved for about two-thirds of its length, caries having set in and eaten right through the shaft above the condyles.

He was admitted into the Armagh Infirmary without receiving any benefit or alleviation from the excessive pains which he suffered, excepting, of course, what good food and rest afforded him, as there was no possibility of anything been done for him except the removal of the leg. This was considered injudicious, as the bones might have been diseased to whole length, and the man's strength was greatly reduced. When sent for to see him subsequently in his own house at Tandragee, I made a thorough examination of the chest and abdomen, and found all the organs sound and in healthy action. I therefore concluded that amputation was called for, and hoped by good food, &c., to support his strength and get him over the shock of the operation. I, with my own assistant, having administered chloroform, amputated at the upper third of the femur by the long anterior and short posterior flaps. On the third day union by the first intention had taken place in the incision, excepting at the angles, which showed healthy pus, and on the sixth day granulations were formed at the angles.

I was obliged to give him as much as thirty ounces of wine daily for the first six days, and as much beef-tea and new milk as he could take. I administered a chlorodyne draught each night, and during the day three to four doses of tinct. cannabis ind. to relieve pain till after the fourteenth day. During all the time the tongue kept clean, and the pulse, which was 120 to 130 at first, gradually sunk, and became fuller, to 90, and he was completely recovered of all œdema of the stump in seven weeks. The results of this case have shown that the femur was not involved for its whole length—a thing most remarkable when we consider the duration of the disease and ill health of the patient. It was also remarkable the rapidity with which the stump healed, and how quickly he recovered from his emaciated condition caused by putting off the operation till the eleventh hour. The patient is now attending to his trade, that of a shoemaker, which date is only nine weeks since the operation.

Tandragee, August 17, 1866.

## A CASE OF OVARIOTOMY.

Communicated by WM. CARTER, M.B., B.Sc., LL.B.Lond., F.R.C.S.I.

It is with the concurrence of the operator, Dr. Albert Walsh, that I forward to THE MEDICAL PRESS AND CIRCULAR the following sketch of a case of ovariectomy, which, though ultimately unsuccessful, may not be without interest, and perhaps not even without encouragement, to those surgeons who regard with favour the principle of the operation. It may be that a faithful record of unsuccessful cases, and of the circumstances that led to their being entered upon, would be more beneficial to the interests of this surgical proceeding, which even yet has not entirely outlived the opprobrium early heaped on it, than to allow them to drop unnoticed by the profession at large.

In the present instance it will be seen that the removal of the tumour was undertaken with but a faint hope of success, a hope, however, which was sufficiently strong to outweigh the only other alternative left, namely, that of a speedy and painful death, without its accomplishment.

The patient, an unmarried lady, aged 46, had suffered from an ovarian tumour for more than three years. It was tapped for the first time by the late Mr. Smyly in the beginning of October, 1863. The cyst, slowly refilled, and was again tapped in February of the year following, subsequently to which the operation was repeated eighteen times by Dr. Carter, the patient up to within a short time ago continuing to enjoy excellent health. Ovariectomy had been proposed on more than one occasion early in the disease, but had been declined. So soon, however, as the health began manifestly to give way, and it became evident that life could not last longer than a few months unless further measures were adopted, the lady consented to a consultation being held as to the advisability of any attempt being made radically to remove the disease. Dr. Walsh then kindly saw the case, with Dr. Carter, and after a very careful examination, agreed to operate, if the patient wished, first of all representing fully the great risk that would be incurred by the operation, but the certainty of a speedily fatal issue if it were not attempted. She decided on having it performed.

Her condition, though discouraging generally, still presented some grounds for hope. Thus, she looked forward to the result, whatever that might be, with great calmness. Then, again, though much emaciated, she was entirely free from any organic disease of heart or lungs, and although these organs were considerably pushed upwards by the tumour, their action was natural and easy. Throughout the entire disease, indeed, there had never been dyspnoea, palpitation, or any other functional derangement of the thoracic viscera. There was no trace of albumen in the urine. The greatest girth of the abdomen was 46 inches; the distance from umbilicus to pubes, 14; from the same point to either ilium, 17. The uterus was central and freely movable. On directing the patient to take a deep inspiration, or to throw the body forward, when she was propped up in the bed, the abdominal muscles were found to be motionless along the middle line in front; a sensation of dragging was complained of at the upper part of the tumour, just where the clear percussion sound pointed to the transverse colon; and a similar sensation was experienced on the left side, where a dull sound indicated the spleen. Adhesions in all these places were therefore diagnosed. Moreover, from the extreme readiness with which a very slight percussion was transmitted, so as to be clearly appreciable on the side of the abdomen, opposite to the spot at which it was made, great thinness of the cyst wall was apprehended by Dr. Walsh, an opinion of which the correctness was only too strikingly demonstrated during the operation, as the cyst was twice broken through by the application of but very slight force before it could be separated from the adhesions which united it to



contiguous parts. These adhesions, though extensive, were almost entirely limited to the situations in which they had been diagnosed.

A short course of tonic treatment was adopted previous to the removal of the tumour, during which, as it began to cause much discomfort from its weight and tension, Dr. Carter drew off about four quarts of fluid. This afforded great relief, and enabled the patient to enjoy refreshing sleep for several nights immediately preceding the operation, which was performed by Dr. Walsh on the 1st or August. Drs. Richardson, Barton, Quinan, and Morgan assisted. There were present also Drs. Ringland and Head. Dr. Carter having given chloroform, and all other preliminaries having been carefully attended to, the operation was commenced by an incision,  $2\frac{1}{2}$  inches long, being made in the median line of the abdomen, commencing one inch below the umbilicus. The peritoneum was quickly dissected down upon. Here, however, the adhesions were so close that the director, on an attempt being made to insinuate it between that membrane and the cyst, ruptured the thin wall of the latter, and permitted the escape of a very little fluid. Directly this occurred, Dr. Walsh, seeing the impossibility of tapping by means of Mr. Spencer Wells's trocar, as he had intended to do, enlarged the opening thus made by the director, and allowed part of the contents of the tumour to flow out. None of the fluid, however, owing to the adhesions, found its way into the abdominal cavity. The separation of the cyst from the peritoneum was then easily effected by the fingers, Dr. Barton raising the freed edges by means of two vulsella, which Dr. Walsh had inserted into them. These supplied the place of the toothed springs attached to Mr. Wells's canula, which could not be used, and like them served to prevent any escape of fluid. As there was not sufficient space afforded by the original incision for the complete introduction of the hand, it was extended upwards and downwards so as to make it when completed five inches long. The hand then was passed into the abdomen, and, without much difficulty, the adhesions which existed between the tumour and the spleen on the left side, the transverse colon above, and several coils of the small intestine posteriorly, were overcome, not, however, before the thin cyst had a second time given way—on this occasion beneath Dr. Walsh's fingers. The part where the rupture occurred was, however, so instantly seized and elevated that the abdominal cavity was still kept free from contact with the contents of the tumour. After this there was no further difficulty, and in the course of a few minutes from the commencement of the operation the entire mass was turned out, and the pedicle, which was of a fair average length, secured by clamps, and then divided. Then for the first time a second cyst was discovered. This was lying low at the posterior part of the abdomen on the left side, where it had been doubtless kept down by pressure of the larger tumour, which took its origin from the right ovary. At the first view it presented very much the appearance of a piece of inflated colon, a constriction partially dividing it into two chambers. This constriction probably indicated the site of a septum, which, previously to its absorption, had made the tumour bilocular. There were no adhesions. The three pints of fluid which it contained were evacuated by Mr. Wells's trocar and canula and the pedicle easily secured. Very little blood had been lost; two or three small clots only requiring removal. This was effected by means of soft warm sponges, which were carefully passed among the abdominal and pelvic viscera. The edges of the wound were then brought together by means of four superficial and three deep points of silk suture, and the patient removed to a well-warmed bed. A suppository containing two grains of opium was administered, and the patient allowed to drink a small quantity of hot brandy and water. In a half an hour moderate reaction set in, the pulse rising to 108, and the skin becoming covered with a warm perspiration. Pain of a dull aching character was complained of, which, however, wore away as the evening drew on—the operation having

been completed by twelve o'clock noon. During the remainder of the day nothing but small quantities of iced barley water was given, while at night a morphia draught was taken, which gave a good night's rest. On the following morning the pulse was 96, the skin still gently perspiring, the tongue moist though white, and all pain gone. For the first four days everything went on well. Barley water, gum water, and well boiled sago, were given, with ice *ad libitum*.

Some slight irritability of the stomach appeared on the third evening, but was readily allayed by a morphia draught. In addition to the other nourishment, regulated quantities of chicken-broth and brandy-and-water were given on the fourth day. On the morning of that day, too, the plasters were for the first time removed and the incision examined. It was well united and free from any signs of irritation. Two of the stitches were removed. The pedicles were hard, dry, shrivelled, and free from any disagreeable odour, though to obviate any that might have arisen, small bags containing powdered vegetable charcoal had been placed in the lower part of the bed and over the clamps. Until the morning of this day there had been but very little urine secreted, but as this was always the case for the first three days after every tapping, it did not excite much apprehension. Now (*i.e.*, on the fourth morning) it was much increased in quantity and presented a more natural appearance, becoming clear, and losing the heavy odour which had marked it. Towards the evening, however, it became turbid again and contained mucus, and its secretion was attended with considerable irritability of the bladder. Hot poultices were immediately applied to the perineum, and lenitive drinks and ice given, by which means the symptoms were mitigated. The clamps, though somewhat retracted, appeared to exert no pressure on the pelvic viscera, so that they were allowed to remain. On the fifth morning the patient seemed less cheerful than usual, though she said she felt very well and quite able to get up if she could be allowed to do so. In the after part of the day, however, a dull pain in the back came on, and by degrees the tympanitis, of which this was the first indication, became distressing. The long tube was used, but with no relief, and hot poultices, with turpentine liniment, were assiduously applied to the whole abdominal surface. Slowly, in spite of a free exhibition of stimulants, the powers declined, and the patient died at six o'clock in the afternoon of the sixth day after the operation.

A post-mortem examination was made after forty hours. By that time decomposition had commenced, and the edges of the wound, which had now opened at the upper part, were very dark. The large intestines were greatly distended, yet neither they nor the small intestines presented much sign of acute inflammation, a little discoloration of the portions to which the cyst had been adherent being all that was perceptible. The fundus of the bladder was red and injected, but otherwise the organ was healthy-looking. The remaining abdominal viscera presented their normal appearance. The pedicles—from which the clamps had been removed, as well as the remainder of the stitches from the wound on the sixth morning—were lying firmly secured by their ligatures in the pelvic cavity.

The weight of the two tumours together, when empty, was three pounds and a quarter, the smaller one weighing of this five ounces. Springing from a portion of the inner surface of the wall of the larger cyst was a great number of secondary smaller cells, the majority of which were filled with a clear gelatinous fluid of much greater density than that of the general contents, while in some few it had all the appearance of pus. There were a number of circular patches of hardened lymph also, from the size of a shilling to that of a half-crown, scattered over the inner surface of the larger cyst.

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 ACCORDING to the latest accounts the cattle plague has appeared in 464 localities in the county of Cheshire, and cases are reported from 13 townships.

A SELECTION OF CASES FROM THE
UNPUBLISHED MSS. OF F. McEVROY, M.D.,
BALBRIGGAN, COUNTY DUBLIN.

By EDWARD WM. A. O'BRIEN, M.R.C.S., L.K.Q.C.P.I.

A REMARKABLE CASE OF COMPOUND FRACTURE OF THE
CRANIUM, WITH DEPRESSION AND LACERATION OF THE
BRAIN AND ITS MEMBRANES—PERFECT RECOVERY.

Case 1.—On the 16th of June, 1862, I was called upon to see a young man, named Patrick Connor, aged 20 years, who, I was informed, had received a gunshot wound of the skull by the accidental bursting of a gun.

The history of the case is briefly this:—He took out a gun to shoot at some crows that were eating his father's potatoes; the gun burst, and one of the fragments struck him on the left side of the head, fracturing his skull about the junction of the frontal and parietal bones.

The account which I received from a person who witnessed the accident was: that after he had been knocked down, he made three attempts to get up, but each time without success; the fourth time, however, he succeeded in getting on his feet, and putting his hand on the wound in his head, he commenced running, or rather staggering at first, as if he were under the influence of drink, running more steadily as he proceeded, until he came to the first ditch, which he cleared in a bound; in this way, going at the top of his speed, he jumped five large ditches, until he arrived at the house of his sister (a distance of 120 Irish perches), where he immediately fell inside the door.

When I saw him, he was lying in bed, breathing heavily (not stertorously) very much disfigured with blood, which I washed off, and then saw the frightful character of the accident with which I had to deal. A large, irregular, lacerated wound, from which the blood came welling up, and on raising one of the flaps, I found it coming from one of the branches of the middle meningeal artery, which had been torn across.

I succeeded in stopping the hæmorrhage by very slight pressure of the finger on the artery against the edge of the undepressed bone. When the bleeding had stopped, I could see several small pieces of bone lying on the brain, at the bottom of the wound. I gently removed them, and one of about an inch in length, which had been driven into the substance of the brain, this I also removed; and whilst doing so, he awoke up with a start, and had an attack of vomiting, accompanied by slight convulsive movements of the muscles of the face.

Immediately after the convulsion had passed away, he relapsed into his former state of insensibility.

The spicula of bone removed was covered with brainy matter.

Whilst shaving his head, I became aware of the fact that a large portion of the parietal bone, about the circumference of a crown piece, had been fractured, and could be felt to move easily beneath the finger.

Having shaved the head, and removed all the loose spicula of bone I could find, without endangering the brain to any further injury, I carefully drew the flaps of the wound together; at this time his stomach again became sick, and I now found that he was partially paralyzed on the opposite side of the body from that injured. Having dressed the wound with a light compress of lint, secured by a loose bandage, and kept constantly wet with cold water, I left, and called again in the evening.

On my return I found that he had not passed water since the accident, neither had his bowels been moved. Having drawn off the urine, and ordered him an aperient draught, I left.

17th: Still perfectly insensible; breathing, which had not been stertorous before, had now become so; pulse 60, and laboured; bowels not being moved by the draught, I ordered him a purgative enema.

18th: Much the same as the day before; bowels still obstinately confined. I ordered him another oil draught,

which he could not, or would not, swallow. I then ordered him another enema, composed of ℥ij. of castor-oil, ℥ij. of oil of turpentine, and ℥viii. of mucilage of starch; he passed water during the night, but is still unconscious; pulse 70, and not so laboured.

At my visit in the evening he was much the same; bowels still unmoved, and breathing stertorously. Upon the whole, I considered him worse than he was when I saw him in the morning.

19th: No better; bowels still obstinately confined. I determined to try croton-oil if they were not moved before evening; pulse much the same, about 70, but not so laboured.

At my visit in the evening, I found his bowels still confined, so I placed a drop of croton oil on the back of his tongue.

20th: At my visit this morning, I found him much better in every respect; bowels opened several times during the night, and passed water freely; pulse 75; could be roused, but could not speak, and became unconscious, immediately afterwards stertorless.

At my evening visit—still better; bowels moved twice during the day; made water freely; pulse 80, and not so laboured; stertor completely gone; easily roused; attempted to speak, and in a very weak voice asked for some drink, but soon became insensible again. The wound in the scalp going on well.

21st: From this date all unfavourable symptoms gradually subsided; I kept him on an unstimulating, though nourishing, diet, with attention to his bowels for some months, until all symptoms of paralysis of both speech and motion had passed away; and in the space of twelve months he was able to resume his trade as a carpenter, at which he now works, without a single bad symptom remaining, and in the enjoyment of perfect health. I have seen him myself, not more than a week past, working in this town.

Balbriggan, August 22nd, 1866.

Hospital Reports.

THE CHOLERA WARDS OF THE HOSPITALS OF LONDON.

A FEW weeks ago we mentioned what might be repeated with equal truth at the present date, that there has been little novelty presented in the cholera wards of the great hospitals of the metropolis.

This, to many, will be a source of regret, for in a disease of so appalling a nature, and so rapid in its progress, the whole profession eagerly watches every variety of treatment adopted by the physicians to the institutions. In the midst of such an outbreak as that which is now happily declining, those immediately engaged are too occupied to make elaborate records. It is, therefore, with peculiar satisfaction we have reported from week to week, and that as briefly as possible, the leading observations that have been made, as well as the various modes of treatment adopted. For more exact particulars we must wait till the conclusion of the epidemic shall leave the requisite leisure to those who have been chiefly occupied. In the meantime, we continue to furnish such details as we collect.

LONDON HOSPITAL.

THERE is still a diminution in the number of cases admitted, corresponding, we hope, to the decrease of the disease, as well as to the temporary hospital we mentioned as having been opened in our last number.

The injections into the veins have again been tried. In one case the subcutaneous injection of water has been tried in the stage of collapse. The patient died.

This treatment was originated by Dr. Beigel, who has occupied himself to a great extent with the hypodermic method, and two of whose cases, at the Metropolitan Free Hospital, we recently reported in these columns.

Admissions into the Cholera Wards of the London Hospital during last Week.

	CHOLERA.		DIARRHŒA.	
	Males.	Females.	Males.	Females.
Aug. 24th .	4	1	3	3
25th .	2	1	1	6
26th and 27th	3	8	6	3
28th .	0	2	1	4
29th .	5	2	0	2
30th .	2	1	0	2
Totals .	16	15	14	22

Since the beginning of the epidemic up to the 30th August, the following table shows the numbers relieved by this hospital:—

	Admissions.	Recoveries.	Deaths.	Remain.
Cholera .	495	177	266	52
Diarrhœa .	184	129	15	40
Totals .	679	306	281	92

Besides these, 9494 minor cases have been treated as out-patients.

GUY'S HOSPITAL.

At this hospital a very melancholy case has occurred, which all the political journals have related. It is that of a man whose whole family has perished. The whole family was in good health on the 22nd; on the 23rd the mother was seized, and died. The two children followed in a few hours. Lastly, the poor man himself was seized, and conveyed to Guy's, where he died in a few hours. This family lived at Bermondsey, and no one else in the neighbourhood was known to have suffered.

It has been stated that some communication between the drinking water cistern and the water-closet has been discovered.

ST. BARTHOLOMEW'S HOSPITAL.

No new cases to report; but we may take the opportunity of stating that the peroxide of hydrogen, reported last week as having been tried, was employed at Mr. Smee's suggestion. The other remedies have been those most generally resorted to.

GERMAN HOSPITAL.

The cases recently admitted have been of a milder type than heretofore, which may perhaps be taken as an encouraging circumstance in reference to the decline of the epidemic, although we feel bound to add that in conversations with the medical men at some of the other hospitals, we have recently been assured that they have not at present noticed any decrease of severity in the symptoms of the new patients.

Observations on the temperature continue to be made at this hospital; and Dr. Weber remarked that in one case there had been a difference of 7° Fahr. between the axilla and the rectum during the collapse, and that in the reaction the difference had fallen to 2°, and this again fell to 1° after convalescence. From this and other cases it would appear that in the stage of collapse the internal temperature is increased in proportion to the diminution of the external.

After the eruption, a well-marked desquamation has occurred at this as well as the London Hospital.

THE CHOLERA HOSPITAL AT ST. GEORGE'S IN THE EAST.

At this Institution a large number of cases have been attended by Dr. Belcher, who has also been greatly occupied with the epidemic in the district to which he is attached. In the milder cases remedies have been efficacious, but in fully developed Asiatic cholera the mortality has been great whatever the treatment adopted. Indeed, Dr. Belcher seems to be of opinion that true Asiatic cholera is simply incurable. There can be no doubt that a separa-

tion of the disease into its varieties materially changes the face of any statistics. We have noticed that at one hospital nearly all the cases are recorded as simply cholera, while at others they are divided in various manners. If we separate only the choleraic diarrhœa, we find it much more amenable to treatment. While on attempting a still further division, as Dr. Belcher has done, with a corresponding change in the remedies, a greater success is attainable. Thus castor-oil or a dose of calomel has been given by Dr. Belcher to a number of cases distinguished by the evacuations being dark and offensive. In others, in which flatulence was particularly distressing, turpentine, oil of cajeput, chloric ether, and other antispasmodics have been useful.

Amongst other remedies tried we may enumerate calomel, tartar emetic, Epsom salts, laudanum, carbonate of ammonia, tincture of capsicum, prussic acid, tincture of aconite, permanganate of potash, and, in fact, all the various drugs that have been recommended.

Many of the worst cases that have come under Dr. Belcher's care have been those of the Irish living in poverty and dirt in a part of the district where there is an accumulation of filth and decaying vegetable matter, to which Mr. James Greenwood, the amateur casual of the *Pall Mall Gazette*, has already publicly drawn attention.

One or two cases of sudden death after the patients seemed doing well have occurred in this hospital, and may serve to point out a danger that must not be overlooked in forming a prognosis. Death seemed to result from syncope, and might perhaps be due to embolism. Some other deaths after convalescence had commenced were preceded by a sensation of great drowsiness, notwithstanding which sleep could not be obtained. It should also be noted that the cholera eruption has been frequently seen in this hospital. This is to be carefully distinguished from purpura or petechiæ, which, when occurring in the reaction, may be looked upon as the precursors of death. The patients at St. George's have had the benefit of the nursing by the Sisters of St. John's mission, who have been by day and night indefatigable in rendering their valuable services.

BELLEISLE HOSPITAL SHIP.

The reports that have been circulated by the daily journals as to the decrease of cholera on the Thames are happily confirmed by the number of admissions to this ship, which have fallen to an average of about one daily, while for six or seven consecutive days no death occurred on board.

About twelve cases have been treated by hypodermic injections of quinine, six of these have terminated fatally. No local mischief has, in any case, resulted from the injections, and Mr. H. Leach thinks the treatment sufficiently encouraging to deserve a further trial.

A remarkable circumstance at this hospital is the rapidity of convalescence. On the average the patients only stay four days in hospital. We might anticipate that the sailors, as a class, are very hardy men, and would naturally recover with proportionate rapidity, but certainly this is beyond our expectations.

In connexion with this point it may be worth while to consider whether, when the room is not required for fresh cases, it might not be desirable to prolong the patient's stay in hospital, or which would be far better—provide another ship for the convalescents.

On this point, the reply of Dr. Andrew Clark, of the London Hospital, to a question of the Bishop of London, at the Mansion House, is most important. Dr. Clark declared there was no disease, except scarlatina, which sowed more of the seeds of functional disease than cholera. Though cholera patients seemed to recover rapidly, there was still an immediate risk of the disease, with even the appearance of health. Speaking with all the authority of his experience, Dr. Clark maintained that true convalescence from cholera was always tardy, and often very dangerous, and therefore he supported a proposition for the Mansion House Committee, of which he is a member, to

make some special provision for the temporary relief of convalescents. We must say that, in face of such an opinion, it would be well to persuade, even so hardy a class of men as sailors proverbially are, not to leave the hospital too soon. Indeed, should Dr. Andrew Clark's idea prove correct, it would be not only better for the patients, but much safer for their friends for them to delay their return.

LIMEHOUSE DISTRICT CHOLERA HOSPITAL.

DURING the week the admissions have been raised to 122 of cholera, and 18 diarrhœa. Of these, 40 patients from cholera, and 1 from diarrhœa, have died. 60 persons, who suffered from cholera, and 10 from diarrhœa, have been discharged cured. Of the deaths, 31 took place in the cold stage, 9 in that of reaction. One patient died in 12 hours from the first seizure; one survived 11 days, and then died. A variety of methods of treatment have been adopted by Drs. Woodman and Heckford, who have charge of the hospital, but it is at present too early to make comparisons. The total mortality, being only 33 per cent., is certainly satisfactory.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

SUPERFICIAL EMPHYSEMA: TWO FORMS OF.

THE occurrence of emphysema in the superficial parts of the body, independently of fracture of a rib or other surgical injury, is an affection sufficiently rare to merit notice, and has been well illustrated in its graver complications by some cases which have presented themselves in Dr. Lyons's practice in hospital and in private.

Emphysema in the Course of Measles.—In this instance the patient, a very fine young girl, about 19 years of age, and previously in good health, was attacked with measles. From the first the disease assumed a serious aspect; the eruption was superabundant and of livid hue; the bronchial affection extreme, and the cough most distressing by day and night. About the fifth day of the disease, a new condition was found to have been superadded; the surface of the trunk from the clavicles down, including the entire front of the chest, abdomen, sides, and part of the back, were found to be universally crepitant. This condition was first noticed on placing the stethoscope under the right clavicle, and the incident is worth being borne in mind as a possible source of error in diagnosis. A fine prolonged crepitus was at once audible when the stethoscope was placed under the collar bone. If a hasty conclusion had been formed, the idea of a suddenly developed localized tuberculosis of the lung might have been entertained, and neither the family history of the patient, nor the possible pathological eventualities of such a case, would have been opposed to the occurrence of such a lesion. The most careful examination was at once made of all parts of the surface, when the presence of a general state of subcutaneous emphysema was at once recognized. The discovery of such a state did not, however, leave the case free from the gravest apprehensions for its ultimate issue. If, as observed by Dr. Lyons, the emphysematous condition is allowed to proceed to an extreme degree, it complicates much the patient's chance of safety, and may even prove the cause of a fatal termination. This has been well exemplified in the records of the interesting case detailed by Dr. Ireland of this city, nearly fifty years ago, in which emphysema, occurring in a child, proved fatal by its rapid extension, reaching the head ultimately, and producing great unilateral deformity, with, it is to be presumed, pressure on the parts within, and consequent loss of life.

In the case under consideration, the emphysematous state was limited by the line of the clavicles above, and was gradually lost as the hand was passed over the lower

part of the abdomen and flanks. It did not at any time extend into the neck or reach the extremities. After some days of much anxiety, the patient gradually began to show signs of amendment, and ultimately convalescence was established; but some weeks elapsed before the final disappearance of all emphysematous crackling, of which the patient herself was quite cognizant.

Emphysema in Whooping Cough.—This complication is already sufficiently known to the practical physician.

Universal Superficial Emphysema as a complication of Chronic Bronchitis and Emphysema of the Lung.—The patient, J. C., aged 55, a tin-worker, of very cachectic aspect, suffering much at times from cough and bronchial irritation, but not otherwise presumed to be in ill-health, was suddenly attacked at night with cough, pain, and sense of distress. Having drunk some porter before retiring to bed, he appears not to have been himself quite conscious of what took place; but his wife stated that he suddenly woke with a scream. At daylight it was found that his face, neck, body, and the limbs partially were much distorted in shape; the swelling was rapidly advancing, and he was admitted to Jervis-street Hospital. When seen at the morning visit by Dr. Lyons, nearly all parts of the body were found to be emphysematous; the neck and one side of the face were swollen to enormous dimensions; the left eye was completely closed from the distension of the lids; the cheeks were puffed out to a hideous degree; and the effusion of air was rapidly increasing. Between eleven a.m. and one p.m. the right eye had become closed; the whole head was now at least twice its natural volume, and with the great lateral width of the face, and the distension of the neck, the whole aspect of the countenance was so altered that it would have been almost impossible to recognize it as that of a human being. The supra and infra-clavicular, as well as the mammary regions, were puffed out in great convex masses, and gave a loudly tympanitic sound on percussion. The emphysematous swelling could be traced all down the trunk, both before and behind, and down the extremities, both upper and lower, to the fingers and toes. The thighs were loudly resonant on percussion, and a drum-like sound could be elicited from almost any portion of the trunk or extremities when percussed. As it was evident that the effusion of air was rapidly spreading, and, from the distress experienced by the patient, that life was imminently threatened, it was determined by Dr. Lyons, after consultation with several of the eminent Surgeons of the Institution, whom he had then the honour to call his colleagues, to give exit by free puncture to the imprisoned air. Accordingly, with the assistance of his friend, Dr. Forrest, Dr. Lyons proceeded to make numerous punctures with a glover's needle on the anterior part of the chest, but this being found to give exit to the air but slowly, recourse was had to the lancet. Some dozen free apertures were thus made, and the air escaped rapidly. On the first few punctures being made, the air was driven out with great force, impinging on the operator's nose, and the opportunity was thus fully afforded of testing the character of the air. It was, in all sensible respects, like atmospheric air, and free from all smell whatever. From the apertures thus provided, and which were confined to the anterior parts of the chest, the imprisoned air continued to escape abundantly, and in the course of about two hours, the patient was enabled to open both his eyes, and expressed himself immensely relieved.

It is unnecessary to follow the daily history of the case. The swelling gradually subsided; all means were taken to check the cough, the patient lending himself readily to the assistance of art by voluntarily controlling efforts at cough, which it was explained to him would have the effect of increasing the effusion of air by forcible distension of the injured lung substance. It required, in all, more than six weeks before the patient was enabled to leave hospital; the femoral tympany continued for a protracted period; and when ultimately sufficiently recovered to leave hospital, it was noticed that he still retained a very cachectic aspect.

In about three months subsequently he sought admission into the Whitworth Hospital, and was again taken under Dr. Lyons's care in this institution. He was found to be labouring under ascites to an extreme degree, and had all the appearance and physical evidences of advanced malignant disease of the liver. He sank after about six weeks sojourn in hospital, and on post-mortem examination it was found that the liver was in a peculiar condition of mixed cirrhosis and general cancerous degeneration. The lungs were found to be partially emphysematous, with evidence of old bronchitis, but no trace could be found of the lesion by which air had escaped from the lung into the areolar tissue of the mediastinum, and thence through the body generally. It was put beyond question, as the result of post-mortem examination, that there had been no fracture of a rib at the period of occurrence of the emphysematous state above described.

Emphysema during Parturition.—The occasional occurrence of this condition as the result of violent respiratory efforts during labour is well known to obstetric practitioners. It is but rarely a grave complication.

Superficial Emphysema in Cholera.—It may be worth while to call to mind, in the presence of another visitation of cholera, the observations formerly recorded by Dr. Lyons as to the association of a general emphysematous state of the body with cholera. This singular phenomenon was usually presented in the course of convalescence from cholera. It occurred, in numerous instances of cholera cases amongst the French troops during the Crimean war. The integuments of the abdomen were observed to be in a sort of doughy state, and showed by well-marked crepitus on examination by the fingers the presence of air in the areolar tissue over a considerable extent of surface. Though it can hardly be considered as the cause of this phenomenon, it may be mentioned that while in the stage of collapse the patients in question had been submitted to the action of the moist warm vapour of the inner chamber of the Turkish bath, appropriate stimulation, with frictions of the surface, being employed at the same time. In one instance, at least, this singular emphysematous condition supervened almost immediately on the exposure of the patient to the influences of the heated vapour. In most cases this condition gradually disappeared, the air or gas seeming to undergo a progressive absorption.

Emphysema in Connexion with Fatty Heart.—As a post-mortem condition this form of emphysema is known to occur in certain cases.

Emphysema in Connexion with Gangrene.—As the sequence of gunshot wound or surgical operation, Dr. Lyons has described a state of general gaseous distension of nearly all the tissues of body occurring in certain cases of gangrene. The most noticeable features of the condition appear to be:—Death of the parts more immediately concerned in the injury or operation; gaseous distension of the limb; a more or less general emphysema of other parts of the body; an almost total disappearance of the blood and its replacement in the heart and vessels by gas; advanced decomposition of the viscera of the chest and abdomen. It was remarkable that the various organs and tissues did not present the appearance of being merely dead and spontaneously undergoing decomposition, as in ordinary cases, but they seemed to show in the changes so rapidly and intensely produced the effects of a peculiarly destructive agency. The explanation of this agency is probably, Dr. Lyons thinks, to be sought in the sudden, and, as it were, explosive decomposition of the circulating fluid, its chemical constituents assuming the gaseous form in a sudden and violent manner, and the resulting gases in their expansion, causing a mechanical separation and disintegration of the particles of the tissues.

Emphysema in Connexion with Cattle Plague.—The occurrence of this condition may be referred to to complete the notice of the chief forms in which this phenomenon of gaseous distension of the animal tissues is known to occur before and after death; but the further discussion of this state is out of place here.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 5, 1866.

THE CHANGE OF TYPE IN DISEASES.

No apology can be necessary in a Medical Journal for ventilating the question as to the existence or non-existence of a change of type in diseases in successive epochs in human history. The question is not merely a hypothetical one, the truth or falsehood of which is a matter of utter indifference to the majority of mankind; but it is one of primary and pressing interest to every household and to every individual, inasmuch as a correct or incorrect judgment in a critical case may lead to the most important results to families and even to nations. Within our own times we have heard of great statesmen, who appeared to sway the destinies of empires, being hurried away from this breathing and living world by what has been considered the injudicious employment of bloodletting, and on the other hand, the British nation still deplors the loss of one still dear to memory, who certainly never was bled at all, but who, if he had been treated by some of our Continental medical brethren, would probably have been subjected to that method of depletion.

It is a well known fact that some thirty or forty years ago, it was the fashion to treat fevers and inflammations by the abstraction of blood and by other depletory measures, and according to the evidence of the Medical practitioners of that period, the plan was attended with success. But since the invasion of cholera in 1832, and of influenza in 1833, the depletory plan has been discountenanced, and, in very many instances, wholly abandoned; and for this change of treatment two entirely different reasons have been assigned, one being that disease has changed its type at or about the period to which we refer, and the other, that the practitioners before 1832 were utterly wrong in their notions as to the treatment of disease, and that those who practised since that period have been entirely right.

Now, in a case like this, every one must speak and write for himself, and those who, in face of the epidemics of 1832 and 1833, persisted in bleeding and purging their patients in spite of the ill-effects which followed such treatment, must, of course, answer for their misdeeds; but as for ourselves who happen to recollect the epidemics in question, we have no compunctious visitations on that score, because, as far as our experience goes, the depletory system was promptly abandoned as soon as it was found to be unsuccessful and inexpedient. That cholera and influenza did not bear bleeding and purging we freely allow, but we assert that this truth was well known to those who practised at that period, and who, in presence of diseases till that time unknown in an epidemic form in Europe, immediately relinquished this course of treatment as soon as

it was found to be unsatisfactory. It would have been too much to expect that the practitioners and students of that time should at once have abandoned the plans of treatment recommended in all their text books, and we deem it was a sufficient merit on their parts to examine for themselves the practical efficiency of the system then laid down for their guidance, and to give it up when they found it unsuccessful. Let any one examine the books published on "Medicine" between the years 1822 and 1832, and let him inform us as to the then existing knowledge as to the treatment of Asiatic cholera and epidemic influenza, and we shall be happy to record the facts as a matter of medical history; and we may further ask for any definite account of the nature and symptoms and treatment of epidemic diphtheria before the publication of the New Sydenham Society's volume on that subject, edited by Dr. SEMPLE in 1859. We do not positively allege that Asiatic cholera, and epidemic influenza, and epidemic diphtheria, are absolutely new diseases in this country. All we assert is, that British practitioners in general were not acquainted with Asiatic cholera in England before 1832, with epidemic influenza before 1833, or epidemic diphtheria before 1859. But it may be asked what all this has to do with the theory of change of type in disease? Even admitting that cholera, and epidemic influenza, and epidemic diphtheria, have been only comparatively lately introduced into this country, how does the circumstance prove a change in the type of diseases in general? It is the diseases themselves which have changed and not their type. This is perfectly true, and yet on comparing a record of patients in some great hospital for a year, say in 1820, with another similar annual record in 1860, will it not be found that in the former period there was more inflammatory croup, more sthenic pneumonia, phrenitis, congestion of the brain, &c., while in the latter period there was more neuralgia, more influenza and diphtheria, and other diseases known to be of an asthenic character? Although, therefore, it may be true that the diseases themselves are different, yet the predominance of the asthenic diseases over the sthenic ones surely proves that disease in general may be of a different character at one period than at another, or at one locality as compared with another.

With regard to fevers, there can be no doubt that they change their type at different periods, as is well known to those who have attended to the practice of the London Fever Hospital, or other large Fever Hospitals. The annual reports of such Hospitals show a constant fluctuation in the proportion of typhoid or abdominal fever, and of typhus or low fever; and Dr. MURCHISON shows that in the year 1830 the prevailing fever in England was typhus, and that the inflammatory or relapsing kind of fever, although it had previously been very common, had then become very rare. It is very easy to understand that bleeding, whether judiciously or injudiciously employed, did less harm in the inflammatory than in the typhus fever. Now, we apprehend

that those who argue for the existence of a change of type in diseases do nothing more than assert what the records of Fever Hospitals abundantly prove—namely, that different kinds of fever prevail at different times, and may require different treatment. If such is proved to be the case with fevers, it is neither incredible nor improbable that other diseases may also undergo a change of type, or what is pretty much the same thing, that a sthenic class of diseases may prevail at one time, and an asthenic one at another.

THE PUMPS IN THE CITY OF LONDON.

A FULL report on the pumps and wells of the city has just been presented to the Corporation of London by their indefatigable Health Officer, Dr. LETHEBY. The results of a large number of analyses, extending over a period of five years, are embodied in this report. There are, it appears, thirty-five pumps in the city, the quantity of saline and organic matter ranges from 26.63 grains to 129.73 grains in the gallon. During the past month the water of the new river contained 17.16 grains, and that of the East London 18.18. There are only six wells in the city with less than 50, and two others with less than 70 grains per gallon. Ten contain from 70 to 80 grains; nine from 80 to 90 grains, and two from 90 to 100 grains in the gallon. There are five wells in the city, the water of which contains from 100 to 130 grains of solid matter in each gallon. These wells are in Aldgate, High-street; Bishopsgate-street; Leadenhall-market; Milton-street, Cripplegate; and St. Nicholas Olave Churchyard.

Not only is the solid matter thus excessive, but its constituents demonstrate the origin of the pollution. Thus, the water of Leadenhall-market pump, contains 40 grains of common salt per gallon, besides a large quantity of nitre and organic matter, evidently derived from the hides exposed for sale. The wells in the city churchyards and their neighbourhood contain saltpetre and ammonia. Of the saltpetre, from 20 to 30 grains in the gallon. This is, doubtless, the final product of the decay of the bodies buried in the locality. Other wells are contaminated with the oxidised products of sewage escaped from neighbouring drains. Nearly every one is largely impregnated with the compounds taken up during the percolation through the foul soil of the city. In places where the soil is protected this obtains to a less extent. The two pumps at Guildhall are examples, but even these are so much tainted, that Dr. LETHEBY considers it dangerous to use the water for drinking purposes.

These waters are all rendered more dangerous by their bright sparkling appearance and cool agreeable taste; for these qualities are, in fact, derived from the decay of organic matter. In the outbreak of cholera in 1854, it was observed that those who drank the water of the Broad-street pump died of the disease, while those who had not almost uniformly escaped. Moreover, persons at a distance, who had had this water sent to them on account of its supposed purity, also died of cholera.

Enquiry proved that the well had suddenly been polluted by cesspool drainage.

This illustrates one danger to which all wells in cities are at every moment liable; but apart from this, it is not to be supposed that the habitual use of water charged with organic matter may not insidiously affect the health.

Dr. LETHEBY illustrates his opinions by a reference to the epidemics of 1848-9 and 1853-4 in which the effects of impure water are strikingly manifest. In both those outbreaks the southern districts of London were most severely visited, and on each occasion the persons who suffered most were found to have drunk the worst water. Two companies drawing their water from the Thames supplied the inhabitants. In one case the water contained a much larger quantity of organic matter than the other; and although the conditions of the districts were otherwise the same, the inhabitants using this water suffered a much larger mortality than those consuming the other. But in the second epidemic the circumstances were just the reverse. The water of the old company, which was formerly the worst, was now the best, and the mortality of its consumers three and a half times less than that of their neighbours. To these warnings one more is added, on the authority of Sir JAMES MCGREGOR, who relates that when the British army was in Spain, 20,000 soldiers were buried in a rather small space of ground; and after two or three months the troops who drank the water from the wells of the neighbourhood were attacked with dysentery and malignant fevers. Yet in the city churchyards there are the remains of ten times such a buried army undergoing decay; and not long since, in the whole metropolis, 50,000 bodies were buried in the year in a space of not more than 218 acres. In a generation of thirty years this would amount to a million and a half of decomposing bodies in the surface soil of London, and through these remains the water percolates into the shallow wells. From these and other considerations, Dr. LETHEBY concludes that the water from the surface wells of the metropolis, contaminated as they are with the refuse of drains and the soakings from graveyards, is unfit for public use, and that no natural process of oxidation can render it safe. He advises, therefore, that none of the water furnished by the city pumps—nor, in fact, by any of the pumps of London—should be used for domestic purposes.

THE DEPRESSING PASSIONS IN RELATION TO CHOLERA.

Dr. FORBES WINSLOW has written a letter in the *Pall Mall Gazette*, with a view of representing the necessity of keeping the mind tranquil as a preventive against cholera. He calls attention to the fact that persons may in many instances be exposed with impunity for a length of time to the most virulent contagion if the mind remains in a fearless and unanxious condition, whereas those who are most timid are most likely to fall victims to the disease. Dr. Winslow's opinion and advice are not uncalled for at the present period, when many persons are in such a state of terror as to produce, if not actual cholera, at least some very alarming

mental and even corporeal disturbances. The daily publication of the details of cholera cases in the newspapers tends very much to perpetuate and intensify this state of mental perturbation: and although it would perhaps be unwise to prevent the journals from giving forth their cholera experiences to the world, yet even from this source some good may be derived, if people will turn their sympathies towards their suffering neighbours, and thus divert the feelings which would otherwise be concentrated on themselves.

Correspondence.

THE ELIMINATIVE TREATMENT OF CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In his letter on "the Eliminative Treatment of Cholera," published in your issue of the 8th inst., Dr. Mapother observes "the contagion introduced from Liverpool seems to have been confined to the members of the family first attacked, but with so many of the English ports infected, we can scarcely expect to escape from other importations." If these words were intended to imply that cholera is chiefly, or generally, propagated by contagion, or, from a person who is ill of it to another who is not, I would beg of Dr. Mapother, and of any others who hold that opinion, to examine the report published by the "Commissioners of Health (Ireland)," after the fever and cholera epidemics of 1846-50. These commissioners were Sir P. Crampton, Sir H. Marsh, and Dr. (now Sir D.) Corrigan. It is well known that the last-named particularly gave the most laborious attention to the duties of that important situation, and having previously had ample professional experience in respect to cholera, we may be sure that, when officially issuing instructions regarding the measures proper to be adopted in the event of the re-appearance of that disease in this country, he and his colleagues did so on grounds which they had good reason to believe to be founded on the numerous facts that were reported to them, and on those which were known to themselves. In September, 1848, these commissioners issued a circular, in which they observe that, "though fever is highly contagious, or easily propagated from one individual to another, all experience shows that cholera is rarely, if ever contagious, and that the friends and relatives of the sick may be under no apprehension of catching the disease, and need not be deterred from affording to the sick in their own dwellings every needful assistance and attention."

The Commissioners state in that important circular (which, in my opinion, ought to be published in every newspaper at present), "that this view of the subject has an important bearing upon the measures to be adopted in meeting a visitation of cholera, not by an extended system of hospital accommodation, such as is needful in epidemics of fever, but recommend in preference a general system of prompt and efficient dispensary relief." But they add that, "as there is always, particularly in cities, a large class of destitute persons who have neither friends nor the means of support, to such persons efficient relief cannot be afforded except in hospitals."

These were the Commissioners' opinions when, in 1848, they issued their circular respecting the arrangements necessary to be made for the treatment of cholera. In August, 1850, the Lord Lieutenant, through the Chief Secretary, requests that "as the Commissioners will no doubt have been enabled to acquire much information which may be hereafter most useful should a similar visitation ever occur again, they will furnish him with a report embodying their views on this important subject"—the epidemics of fever and cholera—"as such a document would be most valuable." When thus called upon the Commissioners made their report,

and conclude it by stating, "we have nothing to alter or modify in the advice given in our circular of September, 1848, with regard to future arrangements, should cholera unfortunately again visit us, which, in reference to medical treatment, may be summed up in providing prompt dispensary attendance for the sick poor who may wish to remain in their own homes, and hospital accommodation for those who stand in need of it."

Until those well-considered opinions of the Commissioners of Health are shown to be erroneous in respect to the non-contagious nature of cholera, it would seem that the measures recommended by them ought to be preferable to those that are suggested by some influential parties, and that much public benefit would result from the adoption of those recommended by those Medical Commissioners; there would be far less expense, far less loss of life, I believe, and far less social discomforts amongst the class which is most liable to be attacked by this disease.

I conclude by requesting the attention of those who hold that cholera is mostly or much propagated by contagion, to the well-known and melancholy fact, that numerous medical men and others who are in close attendance on fever patients, as clergymen, nurses, &c., have taken fever and have died of it, and that the reverse, in a very remarkable degree, has been the case as regards their attendance on cholera. A few have died of it, but, comparatively, very few.

I hope I may add that, having had a large practice in the cholera period of 1832, and having as the Poor-law Medical Inspector visited most if not all the workhouses and other hospitals in which much cholera was treated in 1849, all my inquiries (and they were many and anxious), and all my experience concur in the views published in the Commissioners of Health's Report.

DENIS PHELAN.

August 17, 1866.

LONDON WORKHOUSES AND INFIRMARIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As your journal has a character for much fairness, holding the balance between contending parties, it would be well to say that Dr. Edward Smith's Report on London Workhouses gives 1000 cubic feet as existing already in some of the wards, though the newspapers "sensationalise" the fact that in some others it is only 500. Bence Jones, Dr. Todd, Edward Smith himself, Pettenkoffer, Angus Smith, &c., are quoted to show that about 600 is enough, and the great error is in reality bad ventilation; and even with 800 or 600, and notably with 1200, the nurses and paupers are so cold and shivering, they stop up all inlets or outlets of ventilation.

"Marked cleanliness" is the condition of all the workhouses, says Dr. E. Smith. "Even the old ones, Holborn and Poplar, vied with the new ones," in this; but "ventilation is almost everywhere defective." There are "paid nurses, too, in all or nearly all the workhouses," and so of other things so often denied.

"Pilfering of stimulants does not exist only as a very exceptional thing;" but a mountain has been made out of this mole-hill of an exception, and so of several other abuses, as they have been styled, so that it would be very unsafe for our able men like Dr. Mapother, or Dr. MacCormac of Belfast, to generalise too much on bad arrangement, overcrowding, &c., in London workhouses, from sensationalisms copied from one paper to a dozen others without examination.

—I am, &c.,

ERINENSIS.

August 22, 1866.

VIVISECTIONS IN ENGLAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A little while ago a violent agitation existed in the public mind in England, got up by a London Society

(so called) against Cruelty to Animals. Doctors were hissed and hooted in meetings as "butchers," &c. A prize essay was instituted, obviously against vivisection, for which thirty-five essays were sent in; one-half, it is now stated, against vivisection, and one-half in favour of its cautious use, or its being left to the good sense of the profession itself. It was half proposed to prosecute men like Brown-Séguard, if direct cruelty could be proved. Signor Gavazzi and such men howled and hissed at him and the "doctors" in long speeches. But the general result is curious. One prize of fifty guineas is adjudged to a horse-doctor who proposed to suppress all vivisection, and an extra prize to Dr. Markham of the *Association Journal*, for his Essay in the same direction, curiously enough Professor Owen favouring the horse-doctor view against men like Hughes Bennett, Bowman, Dr. Sharpey, &c. A humane idea was put forth in some essays to recommend chloroform to vivisectionists, but the *éclat* or splash made in the society required all cruelty and vivisectional doctors to be put down, and thus attract subscriptions from its old lady supporters. The profession has got "a slap in the face," and so the society thrives, and no one objects.—I am, Sir, your obedient servant,

KAPPA.

TREATMENT OF BURNS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Most modern pathologists agree in believing the true way of treating burns consists in preventing the contact of the air with the burned surface by some mechanical covering, so as to allow nature the necessary time to repair the loss; hence it is why so many still adhere to that dirty old way of treating burns by sprinkling flour.

That this is true most of us now believe, as it affords us a true and ready way for explaining the manner in which the old authors treated burns with such success, and this not only applies to burns but to ulcerated surfaces—protect them from the influence of the air and they will heal.

All the good derived from treating burns by "carron-oil," "citting batting," and such like, is readily explained.

Our proposition consists in treating burns by painting them with a solution (thick) of gum arabic mixed with a small proportion of gum glycerine—the glycerine to act medicinally by its soothing properties, and mechanically by preventing the gum from falling off in scales—the part burned to be painted with such a solution, and allowed to dry by exposure to the air; when dried we have an un-irritating artificial skin, transparent, which allows the surgeon to see nature making the necessary repair, without disturbing the dressing.

Theoretically our treatment holds good; but as we have had no opportunity of treating it practically, it remains to be proven by practice how far it will prove successful.

It is necessary the proportion of glycerine should be small, otherwise it would prevent the solution from drying.—I am, Sir, yours truly,

M. F. GAVIN, M.D., &c.

Gardiner-street, Dublin, August, 1866.

THE CASE OF DR. DWAIN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Unaware that any reply in the way of consolation or advice has been given by any of your correspondents to the very important letter of Dr. Dwaine, as published in your journal of the 22nd ult., I would suggest to that aggrieved gentleman, in the first place, that he should at once satisfy himself as to whether any Government official whatever has a legal power to compel a member of the medical profession to give professional evidence (as an expert) in a public court without a fee. I verily believe that no such power exists.

In the second place, it appears that even if dispensary

medical officers are to be brought under so despotic and unjust a rule, this gentleman enjoys the happy privilege of a freeman from such grinding oppression in not being a dispensary doctor. Verily there seems to be, nay there is in actual operation, a strong tendency to heap additional burdens and restrictions upon dispensary medical doctors.

A plan has just been put into operation for appointing the paid officers under railway directors to issue dispensary tickets, demanding the services of medical officers at their pleasure. Now it is well known that hitherto, indeed since the formation of railways, the station masters and officials upon the several lines of railway formed clubs for the purpose of securing medical aid when necessary, and were thus self-supporting! And such is yet the practice. Why then break down this very proper spirit of independence upon the one hand, whilst upon the other an act of unfairness and oppression is carried out towards an over-worked and under-paid class of our Most Gracious Majesty's subjects? It is a true sentiment, "that so long as wrong is passively endured, wrong will be actively inflicted." Would that medical men were united and firm in seeking redress of their wrongs, and assuredly they would not labour in vain. —I am, Sir, your obedient servant,

AN OLD DISPENSARY DOCTOR.

COUNTY AND CITY OF CORK MEDICAL PROTECTIVE ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your advertising columns of the 8th instant contain resolutions from this Society, to which the attention of the entire profession is called. No doubt all who love its honour and respectability will read them with much interest.

The accompanying creditable letter, written by a military medical gentleman, recently come to Cork, was the means by which the attention of the Association was called to this important trial.

[COPY.]

"1, Parkview-terrace, July 27, 1866.

"MY DEAR DR. ARMSTRONG,—I happened to be in court to-day when the case of Foley v. Poole was tried, an instance, as you are no doubt aware, of a pauper patient endeavouring to obtain damages from the medical officer of the Ardmon Dispensary for malpraxis and neglect! This attempt, I am happy to say, was a complete failure, and a verdict was given in favour of Dr. Poole without a witness being called for the defence, Judge Fitzgerald stating that Dr. Poole left the court without the slightest stain on his professional character. I had no idea that the practice so prevalent, I regret to say of late, in England, of endeavouring to extort money from practitioners in medicine and surgery for alleged malpraxis and neglect, had extended to Ireland.

"This gross, and fortunately unsuccessful, attempt has proved that we are liable to these unprincipled attacks here as well as elsewhere. I think that this is a case for the Cork Medical Protective Association to take cognizance of, and that we should meet at an early day for the purpose of expressing our sympathy for Dr. Poole under this unmerited attack on his professional character; and that the members of the profession, not only in Cork, but throughout Ireland, should, by subscription, endeavour to compensate him for the pecuniary loss necessarily sustained in conducting his successful defence. It appears to me that this is one of those cases which eminently deserve the sympathy and aid of every member of our profession. None of us know when our time for selection for these iniquitous persecutions—under the name of prosecutions—may occur; but by uniting now in defence of our outraged confreere, we take the most effectual means of deterring unprincipled adventurers

from initiating similar proceedings against members of our profession.

"I shall be happy to contribute a guinea to a fund for this purpose.—Believe me to remain, yours very sincerely,
"M. JOHNSTON."

It appears that this prosecution is but little known to the profession, and hence the reason why the subscription list is not yet filled up. Allow me to enclose a copy of the circular I have issued on the subject, and to commend it to the consideration of the profession.—I have the honour to remain, dear Sir, faithfully yours,

CHARLES ARMSTRONG.

Cork, August 18, 1866.

[CIRCULAR.]

COUNTY AND CITY OF CORK MEDICAL PROTECTIVE ASSOCIATION.

20, Patrick's-hill, Cork, August 4, 1866.

DEAR SIR,—At a special meeting held to-day, a subscription list was opened to defray the expenses incurred by Dr. Poole at the late action brought against him, resolutions in reference to which you will see published in all the local papers, the *Waterford Mail* and *THE MEDICAL PRESS AND CIRCULAR*, by this Association.

An early answer will oblige, yours faithfully,

CHARLES ARMSTRONG, Hon. Sec.

Subscriptions—limited to ten shillings—already received:—

Dr. Townsend	£0 10 0
Dr. Popham	0 10 0
Dr. O'Connor	0 10 0
Dr. Tanner	0 10 0
Dr. Finn	0 10 0
Dr. Hobart	0 10 0
Dr. N. J. Hobart	0 10 0
Dr. Johnston	0 10 0
Dr. Shinkwin	0 10 0
Dr. Armstrong	0 10 0
Dr. Golding	0 5 0
Dr. Harvey	0 10 0
Dr. Beamish	0 10 0

NAVAL MEDICAL WARRANT.

TO THE EDITOR OF THE ARMY AND NAVY GAZETTE.

SIR,—Will you allow me to state that the moderate views put forward by you in your leader on the 4th inst., on the demerits of the new Medical Warrant for the Navy, are well received by a large number of those most interested. Although much more can be said, yet you have struck at the main points affecting those who have gone through the heat of the day, and dissuading young officers from remaining in the service—viz., its poor prospects. I noticed that you, who see so clearly the main faults, have not expressed your views of the best and most just way of remedying them. If you wait for evidence you will not be displeased at receiving this letter from one who has served a long period. The Retirement regulation has deprived us of the right to retire after 25 years' service, which is held to be of such value that we have lately seen an officer decline his promotion rather than relinquish it. By the old scale those who retired after 25 years were entitled to 18s. 6d., per day, without regard to age or state of health. The new regulations set this aside by substituting that we shall have only five-fifths of actual daily rate of pay, or from 12s. to 13s. 6d. a day on retiring with less than 25 years' service; and 20s. a day, after 25 years' service, when 60 years of age, or if in broken health. You have favoured us, Mr. Editor, with what you regard as the just feeling of the Navy on these hard terms in exchange for the optional boon of retirement at 20 years' service. I do not believe that the feeling of the Army will be so mild if the same regulations be enforced on it, as the sacrifice of rights secured in the Warrant of October, 1858, will be greater. I may state my conviction that naval medical officers will not be satisfied with a lower scale than this:—Optional retirement at 20 years' service on 16s. 6d.; do. at 25 years' service on 18s. 6d.; compulsory retirement at the age of 60 years on 21s. With regard to the scale of allowances it may be safely asserted, without risk of contradiction, that naval officers serving on their daily rate of pay are entitled to rations, mess, servants, fuel and light, and above a certain rank, to a private servant, as part of their emoluments. This rule is fixed as far as relates to executive officers, and the medical officers claim no more than this for themselves. The unfair system retained for the latter is an injurious relic of by-gone days, when hospital appointments were paid at a 50 per cent. higher rate than those in ships of war; but now that medical officers get the same daily pay everywhere, they

are not content to be without a due compensation for the allowances of a ship when they are serving ashore. As you have amply shown, this is not duly met by the new Warrant. This grievance would be redressed by rescinding the 4th Regulation altogether, and including in Regulation 5 "Hospital allowances in lieu of provisions for themselves and servants, for the pay of servants, and for fuel and light, according to their relative rank with other naval officers;" or by altering Regulation 4 in such a manner that £30 per annum being the minimum allowance for those who live at the mess for them, there shall be a well proportioned increase according to relative rank for those who are called on to maintain distinct households, and, are entitled to a private servant when serving in a ship. Accepting with you, these as the main points at issue, there are doubtless others of importance, but as they interest but few of us comparatively, I shall not allude to them in this letter in support of the views you have already published.—With sincere thanks, I subscribe myself,
A SURGEON IN THE NAVY.

It is useless to shirk the question. The Navy must be provided with a supply of medical men. When we say supply it is well understood by the expression we mean the infusion into the ranks of the surgeons of her Majesty's Naval service of highly educated professional men. The circular which was lately issued, and from which so much was justly expected, has produced nothing. We are told that we must be patient, and wait for the opening of the schools, when it is supposed the professors will recommend their hearers to join the Navy. We have no faith in this statement, which can only have its origin in hearsay. Some of the clauses contained in the circular have been received with satisfaction, while others have been loudly and universally condemned. It is contended that it would not only be popular, but fair, that the pay of the medical officers generally should increase by periods of four years instead of by five, as at present arranged, that the allowances for servants are ridiculously low, that these should be computed according to regulations prevailing in the Navy, without reference to those existing in the Army, and should be calculated according to the relative rank of officers wherever they may be serving. This should be no difficulty. *It is also considered just that Naval medical officers should be allowed to retire after a service of twenty years on the half pay acquired by such service, and that staff-surgeons should be permitted to retire after twenty-five years' service on £1 a day; and when they are compulsorily retired at sixty years of age, after completing a service of twenty-five years, they should be awarded £1 2s. 6d. a day.* In reference to the inspectorial grades, it is contended that when compulsorily retired at sixty five years the members should have an advanced rate of pay beyond that provided in the present half-pay scale. The present Lords of the Admiralty are not responsible for the provisions of the circular; and as some have been proved to them to be unsatisfactory, it is hoped that no time will be lost in making such improvements as the demands appear to require.—*Army and Navy Gazette.*

[From the *United Service Gazette.*]

Army Surgeons, can this be true?

MR. EDITOR,—Will you or some of your numerous readers kindly inform me if it can be true that in the Gazette of 22nd March, the surgeon of a regiment lately returned from India, who wanted but ten days to complete twenty years' service, was placed on half-pay at the liberal (?) rate of pension of five shillings a day, and if so, what led to so extraordinary a proceeding?—I am, &c.,

ONE WHO THOUGHT OF MAKING HIS SON AN ARMY SURGEON.

MR. EDITOR,—In your impression of the 11th instant is a query from "One who thought of making his Son an Army Surgeon." In the Gazette of 30th of March he will find that two surgeons are placed on half-pay, one of whom has served more than nineteen years, the other over seventeen years, and for which they have each been granted the liberal allowance of five shillings a day—a rate of half-pay which it is no such extraordinary circumstance to give officers of the medical department, as your correspondent seems to think.—I am, &c.,
OFFICE CLERK.

Extract from *United Service Gazette* of August 18, 1866.

MR. EDITOR,—In reply to "One who thought of making his Son an Army Surgeon," permit me to inform him that he

mistakes the date of the Gazette referring to the surgeon. The Gazette was dated 30th March, and in it was placed on half-pay, at the rate of five shillings a day, a medical officer who wanted less than a month of completing twenty years' service, or of his promotion to the rank of surgeon major, when, by the late medical warrant, he ought to have been entitled to a rate of half-pay at sixteen shillings and sixpence a day.

I believe the circumstances under which he was placed on half-pay, were these:—About fifteen months prior to the date of the half-pay gazette, he was placed in arrest while serving in India, for some affront to his commanding officer, real or imaginary. A court of inquiry assembled to investigate the matter, but as there was no one present when the alleged affront took place, it was a case of one man's word against another. At any rate the medical officer alluded to, after some time was released from arrest, and returned to his duty, which, by the way, he did while under arrest, and continued to perform for some months after this circumstance occurred.

Now, as to the right or wrong of the case, I, of course, am ignorant; but this does seem strange to me, that the assertion of one man of superior rank, and that, too, not on oath, should cause such a grievous wrong to a man as that adverted to. Of this I am fully aware—there was never the least fault found with the manner in which the said medical officer performed his duty.—I am, Sir, &c.,

ONE WHO OFTEN HEARD THE MATTER CANVASSED.

P.S.—Under such circumstances as these I am not surprised at first-class or even third-class medical men being unwilling to enter the service. Depend on it a trivial increase of pay will never induce men to subject themselves to treatment like the foregoing.

PROGRESS OF THE CHOLERA.

THE report of the Registrar-General for the thirty-fourth week of the year, which ended on Saturday, the 25th of August, confirms the conclusions drawn by us in our last week's report, founded on the daily returns up to the same date. It is satisfactory to find a continued gradual subsidence of the epidemic in London. The whole mortality of London amounted in the week to 1477, being an excess over the estimated number of 173. More than the whole excess is due to cholera, which caused 265 deaths, besides which 129 were registered during the week as having died from diarrhœa. The following figures show the gradual rise and fall of the epidemic during the last six weeks:—

Cholera	346	904	1053	781	455	265
Diarrhœa	221	349	354	264	194	129

The distribution of the disease remains much the same as in the previous weeks. Out of the 265 deaths from cholera last week, 198 occurred in the east districts, 39 in the south, 13 in the central, 12 in the north, and 6 in the west, while the 129 deaths from diarrhœa were distributed as follows:—41 in the east, 39 in the south, 21 in the north, 13 in the central, and 15 in the west districts. The younger portion of the community continue to display the greatest mortality. No less than 230 persons, under 20 years of age, died from the epidemic, the numbers being 115 from cholera, and the same from diarrhœa. The annual rate of mortality during the week has been 25 per 1000 in London, as against 23 in Edinburgh, and 20 in Dublin.

Respecting the meteorological state of the week, we find the mean height of the barometer at the Royal Observatory Greenwich, to have been 29.773 in.; the mean temperature of the air 61.2 Fahr., which is 0.5 above the average of the same week during the last 50 years; the mean degree of humidity of the air 86. During the week the rain-fall was 0.32 in., and every day, except Thursday, the blue mist, to which Mr. Glaisher has drawn attention, was more or less dense.

The Registrar-General acknowledges the courtesy of the London Water Companies, who have furnished him with the average daily supply of water for the month of

July; 467,696 metric tons of water were supplied daily; or 1076 litres to each house, and 152 litres (=33·6 gallons) to each person. The analysis of the waters for August is by Professor Frankland, F.R.S., of the Royal College of Chemistry:—

COMPANIES.	Number of Houses supplied in July, 1866.	Average Daily Supply of Water, in Gallons, during the month of July, 1866. (See Note).	Solid Matter in 100,000 parts of the Waters.	Organic and other Volatile Matter included in Col. 4.	Amount of Oxygen required for oxidation of Organic Matter.	Total Hardness.*
Thames.						
Chelsea.	26,463	8,761,600	24·89	1·29	·0344	17·4
West Middlesex	36,000	9,060,414	23·62	1·16	·0304	16·2
Southwark and Vauxhall	73,857	12,180,000	26·66	0·98	·0396	16·2
Grand Junction	25,636	9,800,484	25·00	1·09	·0368	16·8
Lambeth	36,374	9,907,400	25·51	1·53	·0368	17·2
Other Sources.						
Kent	33,162	6,791,427	38·88	1·80	·0084	24·8
New River	112,245	25,812,000	20·20	0·89	·0139	13·7
East London	90,174	20,524,883	26·14	1·44	·0328	17·7
South Essex	+750	+160,000	38·04	1·80	·0108	22·2

Note.—The water includes the supply for manufactures and for various purposes other than domestic consumption. This return, as compared with that for the previous month, shows an increase of 2948 houses, and an increase of 6,365,826 gallons of water supplied daily.

The table may be read thus:—100,000 lb. of Chelsea water contained 24·89 lb. of solid matter, of which 1·29 lb. of organic and other volatile matters was driven off by incineration; 0·0344 lb. of oxygen was required to oxidize the organic matter in the said quantity of Chelsea water. Of the solid matter, 17·4 lb. were carbonate of lime, or its equivalent of hardening salts.*

The results are recorded in 100,000 parts. By moving the decimal point one place to the right, the above figures express in milligrams the quantities contained in one kilogram of the several waters.

The fourth column of this table contains the amount of solid matter left on evaporation and desiccation at 120 deg. C.—130 deg. C. (248 deg. F.—266 deg. F.) The whole of the waters were again, as in last month, free from turbidity when drawn from the companies' mains.

The daily London mortality from the epidemic, since our last table, has been as follows:—

	Deaths from Cholera.	Deaths from Diarrhoea.
August 25, Saturday,	36	22
„ 26 and 27, Sunday and Monday together	53	28
„ 28, Tuesday,	81	23
„ 29, Wednesday,	29	22
„ 30, Thursday,	29	16
„ 31, Friday,	not ascertained.	

We last week noticed a certain disposition of the disease to spread. It is gratifying however, to announce that the new places that have become infected are not numerous, indeed up to the close of the Registrar-General's returns there were none; but a day or two after, Plymouth was reported to have suffered from an outbreak of which further details will be seen below.

LIVERPOOL.—The new returns from this place show a decline of 15 in the total mortality of the week, which is, however, still 200 above the corrected average number of the cor-

* The degree of hardness hitherto employed by chemists is that first proposed by Dr. T. Clark—viz., one grain of carbonate of lime, or its equivalent of hardening salts, in one imperial gallon of water, or one part in 70,000. The degrees of hardness used in the above table are readily converted into Clark's degrees by multiplying by 7, and then moving the decimal point one place to the right.

† No return has been received from the South Essex Company for the month of July, the numbers inserted above for this company are the same as those returned for June, no alteration having occurred in the number of houses supplied, or in the average daily supply of water during the previous four months.

responding week of the ten years 1856-65. Out of a total of 503 deaths, 146 were referred to cholera, 69 to diarrhoea, 23 to scarlatina. During the past eight weeks the deaths from cholera in Liverpool have been respectively 4, 19, 45, 87, 101, 126, 157, and 146. The annual rate of mortality in this borough during the thirty-four weeks of the year has averaged no less than 43·4 per 1000, whereas in the 10 years, 1851-60, it did not exceed 30. The authorities have indeed a terrible stimulus to do their duty, and we should be glad to be more explicitly assured of their activity.

PLYMOUTH.—The first cases of decided cholera occurred on Sunday night and resulted in the deaths of Miss Haddy, the matron of the Female Home for Fallen Women in Hill-street, and of the laundress connected with that establishment. Some of the other inmates have been attacked, but hopes are entertained that they will recover. The disease is supposed to have been introduced, or its fatal effects accelerated, by an alteration on Saturday of the drainage of the locality which is in an imperfect state. With reference to the general condition of the town, it is due to the Sanitary Committee and the guardians of the poor to state that for a long period they have been endeavouring to promote cleanliness. Although possessed of an ample source for the supply of water to the town, the authorities are prevented from bringing that supply home, through the mistaken opposition of some of the inhabitants on the score of expense. Nearly £30,000 have been expended in pipes and reservoirs, and only £6000 more is required to make the system complete. The revenue from the water is nearly £6000 annually.

It is to be hoped that immediate measures under the new Sanitary Act will be taken to compel those reluctant to finish the works to abandon a senseless opposition to measures absolutely necessary for the welfare of the place. It is a matter of national concern, that Plymouth should not be permitted to become another centre of the disease.

Reviews.

THE RETROSPECT OF MEDICINE; being a Half-yearly Journal, containing a Retrospective View of every Discovery and Practical Improvement in the Medical Sciences. Edited by W. BRAITHWAITE, M.D., and JAMES BRAITHWAITE, M.D. Vol. liii. January to June, 1866. Pp. 420. London: Simpkin, Marshall, and Co.

This old established Retrospect fully maintains its character as a valuable chronicle of the medical sciences. The subjects, as usual, are arranged under the separate heads of practical medicine, surgery, and midwifery; and under the head of addenda, a number of topics are introduced which could not conveniently be included in the former part of the volume.

THE AUSTRALIAN MEDICAL JOURNAL. No 62. This number is a good specimen of what is done in our profession at the antipodes. Mr. De La Roche Bragge gives an article entitled "Some Statistics of Midwifery in Private Practice." Mr. A. T. Gunning has a paper written on a case of Pneumonia and Empyema of the right side, with Bronchitis and partial Pneumonia of the left side; and Dr. Samuel Cusack, formerly Surgeon to Stevens' Hospital, contributes "Notes of some of the cases treated in the Colonial Hospital, Nelson, New Zealand, during the year 1865."

AN APPEAL ON BEHALF OF THE IDIOTIC AND IMBECILE CHILDREN OF IRELAND. By GEORGE H. KIDD, M.D., &c. Second Edition. Dublin. 1866.

In a former number of this Journal we particularly noticed the first edition of Dr. Kidd's valuable pamphlet; and some

time afterwards, in commenting on the proposed institution, the claims of which it advocates, we expressed a hope that the tractate, then out of print, would soon appear in the form of another edition. We are glad to say that our wish has been realized. The present edition is an obvious improvement on its predecessor, though, at the time, the former edition contained a summary of all known information on the subject. This edition is *distributed* by the Committee of which Dr. Kidd is one of the Honorary Secretaries.

CLINICAL LECTURES ON DISEASES OF THE HEART. Delivered at the Mater Misericordiae Hospital, by DR. THOMAS HAYDEN, Physician to the Hospital, &c.

THESE Lectures were originally given in our columns in July last; and they are now issued in a separate form. There is no more sound Hospital Physician and industrious follower of our profession than Dr. Hayden, as our pages frequently testify. These lectures, it is needless to add, are well worth reading.

ON MIXED TYPES OF FEVER: in Relation to the question of the Identity or Non-Identity of Typhus and Typhoid Poisons. By HENRY KENNEDY, A.B., M.B., &c.

DR. KENNEDY'S position as Physician to the Cork-street Fever Hospital, and Physician in ordinary to Sir P. Dun's Hospital, gives him an undoubted status in publishing his views on the above important subject. It is well to say that his views are not those of Dr. Jenner and others; but they are stated with great moderation, and are well worthy of consideration. This pamphlet is a reprint of Dr. Kennedy's paper which originally appeared in this Journal in May last.

OBSERVATIONS ON THE MEDICINAL SPRINGS OF HARROGATE. By GEORGE KENNION, M.D., &c. London. 1866.

THIS little pamphlet of sixteen pages contains much useful information for medical men who may wish to advise patients in the choice of fashionable resorts for the cure or alleviation of disease.

MEMOIR CONCERNING THE ACIDULOUS, GASEOUS, BICARBONATED, SODAIC WATERS OF VALS (ARDECHE). By DR. TOURRETTE. Paris. 1866.

THIS pamphlet of twenty-two 8vo pages, contains a chemical analysis of the waters in question; and argues their usefulness in curing bilious gall stones, diabetes, vesical catarrh, chlorosis, and other affections. In diseases of the skin, these waters seem to have exercised a beneficial effect.

ON ATMOSPHERIC CONDITIONS INFLUENCING THE PREVALENCE OF TYPHUS FEVER. By THOMAS WRIGLEY GRINSHAW, A.B., M.B. &c., Dublin. 1866.

THIS pamphlet is a reprint of a paper which appeared in the *Dublin Quarterly Journal* for May in the present year. The author is Assistant-Physician to Cork-street Fever Hospital; and his calculations and deductions, we are bound to say, exhibit considerable ingenuity and study of his subject. We hope he will pursue this matter farther.

RINDERPEST, ITS PREVENTION AND CURE; and Gypsum as a Sanitary agent. By JOHN J. LUNDY, F.C.S., F.G.S., &c., Member of the Public Health Committee of the Town Council of Leith. 2nd Edition. Edinburgh. 1866.

THIS pamphlet is intended to prove the superior advantages of gypsum as a deodoriser. Happily the cases of rinderpest are becoming less every day; but nevertheless Mr. Lundy's pamphlet is a useful contribution to the literature of the subject.

FIFTH ANNUAL REPORT OF THE DISPENSARY FOR SKIN DISEASES. Glasgow. March, 1866.

THIS report, which is written by Dr. McCall Anderson, is a useful contribution to the Statistics of Dermatology. It is right to record our regret at the untimely decease of Dr. Anderson's coadjutor in the founding of this institution, Dr. A. B. Buchanan, who fell a victim to typhus fever during the past year. Since the establishment of this Dispensary, 5331 persons have received advice at it.

ON THE NON-IDENTITY OF THE PARASITES MET WITH IN FAVUS, TINEA TONSURANS, AND PITYRIASIS VERSICOLOR, &c. By DR. MCCALL ANDERSON, Physician to the Dispensary for Skin Diseases, &c., Glasgow. Glasgow. 1866. Pp. 20. 8vo.

THIS paper is reprinted from a recent number of the *British and Foreign Medico-Chirurgical Review*; and it is quite equal to Dr. McCall Anderson's well and favourably known repute as a dermatologist. Our space will not admit of any detailed notice of this paper. We may, however, observe that Dr. Anderson deduces important proofs in favour of the non-identity view, from the occurrence of Favus, Tinea Tonsurans, and Pityriasis Versicolor, amongst the lower animals, and their transmission from them to man. His views differ materially from those of another eminent Dermatologist, Dr. Tilbury Fox, who, like Dr. McCall Anderson, has been an industrious and successful student in this important field.

ON THE TREATMENT OF LUPUS. By J. L. MILTON, Surgeon to St. John's Hospital for Diseases of the Skin. London. 1866.

MR. MILTON is well known as the author of a recent work on "the Modern Treatment of some Diseases of the Skin;" and this pamphlet of twenty-seven 8vo pages may be read with much advantage to the practitioner who seeks for information as to the treatment of Lupus. Mr. Milton doubts the value of external applications, but at the same time he thinks "that the disease *may always be relieved, and generally, if not always, cured.*" He advocates the use of Fowler's solution as an alterative, on Mr. Hunt's plan, and of calomel as a purgative; and he does not believe in the efficacy of Donovan's solution. He gives eighteen cases in support of his views. The pamphlet is practical, and is calculated to prove useful.

ON THE APPLICATION OF DISINFECTANTS IN ARRESTING THE SPREAD OF THE CATTLE PLAGUE. By WILLIAM CROOKES, F.R.S.

As we have already noticed the experiments of Mr. Crookes in connexion with disinfectants, it is not necessary to enter into the above report any further than by giving a brief notice of its publication as a pamphlet.

From the loose manner in which the terms disinfectants, deodorizers, antiseptics, &c., have been applied, and the still more loose manner in which the preparations that come under those denominations have been employed in times past, much less benefit has accrued from their use than might have been expected. The present state of our information upon the subject may be gleaned from Mr. Crookes' report; and if no other purpose were served, it would afford a safe starting-point for further investigations in the same direction. The subject is of especial interest, irrespective of the pressing requirements arising from epidemics.

CAUSES OF DEATH.—More than half the deaths of every year in England are from one or other of ten causes: phthisis, bronchitis, pneumonia, heart disease, old age, convulsions, atrophy and debility, scarlatina, typhus, and diarrhoea. Of all these diseases, phthisis is the most extensively fatal. Half a million of persons die in England in a year.

THE LANCET SANITARY COMMISSION.

WHAT can be gleaned from the five columns of printed matter in the *Lancet*, grandiloquently headed "The *Lancet* Sanitary Commission," bearing principally on the influence of water in propagating cholera? Facts are wanting, but assumptions abound.

They open honestly, by stating—

"That it (cholera) should first appear about the ports of London was to be expected, though we know as yet of no proof of its direct importation by ships which have come in.

"By conveying organic particles from a cholera patient to another person, water is believed to excite cholera.

"From this possibility of the organic matter derived from human beings being capable of exciting in a person the disease of him they come from, they are to be looked upon with exceeding suspicion and dread.

"The surest way of determining the human or other origin of the organic matter found in a sample of water is to trace the history of the water."

The pith of the communication would be regarded by the generality of readers as the recommendation of Spencer's "magnetic carbide," "a form of magnetic oxide of iron prepared by him."

That percolated filth supplied to populous cities for drinking purposes is a frightful source of disease no sane medical man would think of questioning, although it is a very common occurrence for members of Boards of Health, Sanitary Committees, and Vestries to do so with the greatest possible assurance. Impure water, bad air, overcrowding, and a host of other depressing influences, are usually conjoined. They are perpetually in operation in our crowded cities, but cholera, and diseases of a similar type, only make their appearance occasionally, hence something more than bad water or any other impurity is necessary to originate and propagate them, and that cause must be sought for in a peculiar condition of atmosphere, which is no sooner changed than the disease is arrested, and that, as a general rule, takes place suddenly. Nevertheless, without the accidental concomitants which we possess the power of controlling, the atmospheric influence, whatever it be, has always shown itself powerless. Hence the enormous and terrible responsibility which rests on the Legislature, as well as on our local authorities, cannot be too energetically or too frequently expressed, so that inaction, so soon as the calamity has passed away, such as we have in times past been compelled to put up with, shall be rendered again impossible.

A CORK MEDICO-GUARDIAN.

ON the 29th ult., the above astute body proceeded to elect a male nurse. Dr. Wall, one of the Guardians who has often figured in our columns, objected *in toto* to the appointment of male nurses; but his objection having been overruled by the Board, the election proceeded as follows, according to the *Cork Herald* of the 30th ult. :—

The candidates for the office then came before the board. When the first applicant was introduced, Dr. Wall put some questions to him, and really his examination caused much amusement.

Dr. Wall.—Do you understand an enema?

The Applicant—Sir? (A laugh).

Dr. Wall—Do you know how to give an enema? The applicant appeared to be puzzled in an extreme degree by the interrogatory.

Dr. Wall—Do you know how to give an enema, sir?

The applicant—A lame man sir? (Great laughter).

A Guardian—Perhaps it is an enigma he means? (Renewed laughter).

Dr. Wall—Do you know how to give an injection? (Laughter).

The Applicant—Oh I do, sir.

Dr. Wall—Then how would you give it? (Oh, oh, and roars of laughter).

A Guardian—Could you give the Doctor one now? (Great laughter).

When the next candidate came in Dr. Wall seemed to inspect his outer man rather minutely.

Mr. Keller—Ask him, Doctor, could he give that thing (laughter)?

The third applicant was asked by the chairman if he had had any experience of hospitals?

The Applicant—No, your honour, but I was down in Spike this time back (great laughter).

The Chairman—What doing?

The Applicant—In the hospital your honour.

The candidate O'Neill was elected.

MEDICAL TRIALS.

MEDICAL FEES AND THE POOR-LAW BOARD.

A CASE of considerable importance to the medical profession, in regard to their contract fees as medical officers to parish unions, especially in cases of lunacy, has just been heard and decided upon at the Farnham County Court, Surrey, before H. J. Stonor, Esq., Judge. The case created considerable interest and excitement, inasmuch as it was calculated to establish a precedent for similar cases in future. The action was brought by Dr. Edward Powell, house-surgeon of the Farnham Union, who sought to recover from the Board of Guardians the sum of two guineas for certifying to the lunacy of two paupers, inmates of the workhouse, being two fees allowed for the same by the Poor-law Board, but which the Board of Guardians refused to pay, on the ground that the certificates were given by Dr. Powell in the performance of his ordinary duties, and without entailing any considerable inconvenience.

Dr. Powell conducted his own case, and Mr. W. Hollest, clerk to the guardians, appeared for the defendant.

The facts of the case, as detailed by Dr. Powell, were to the effect that on the 21st of August, 1865, he attended at the workhouse, before the chairman of the board, and in his presence, as a justice of the peace, certified to the lunacy of a pauper named Sarah Howell. In the month of the present year he also certified to the lunacy of a man named James Parritt, at the same place, and afterwards claimed the usual fee of one guinea in each case, to which in accordance with his contract with the board, he was entitled. The guardians, however, rejected the claim, and he subsequently communicated with the Poor-law Board, from whom he received a letter, withholding any opinion as to the justice of the claim, and at the same time authorising him, if so advised, to enforce the demand elsewhere.

Mr. Hollest, having again stated the grounds on which the guardians refused the claim, contended that if Dr. Powell had been specially summoned to the house, or had been put to any inconvenience, it would have altered the circumstances, but it was during his attendance at the house that the lunacy of the paupers was certified to. He also added that, according to the debts Act of 1859, the claim in regard to the first certificate was not recoverable, inasmuch as it was not made within six months after it was incurred. The Poor-law Board were at liberty to extend that period to a twelvemonth if they thought proper, but they had not done so in the present instance, and even if they had done so, the time would expire in the first instance in a few days.

His Honor stated that he took full cognizance of the

Act of Parliament, and considered that the onus rested on Dr. Powell to show that the claim was in accordance with his contract with the guardians, which had been abundantly proved. He therefore gave a verdict for the plaintiff, with expenses, in the second fee, and observed that in the event of the Poor-law Board giving Dr. Powell permission to proceed with the first, as it had now exceeded the limits of the Debts Act, he would hear it again.

There were other medical men in court, and the verdict was received with applause.

THE REV. DR. HAUGHTON ON THE TREATMENT OF CHOLERA.

TO THE EDITOR OF SAUNDERS'S NEWS-LETTER.

SIR,—Having recently availed myself of a favourable opportunity of examining the arrangements made in Liverpool for the treatment of cholera cases, and believing that some of them might be imitated with advantage in Dublin, I make no apology for bringing the results of my experience under the notice of your readers. My attention was called to the Liverpool system by Dr. Mapother, of whom I made inquiries as to the best methods of disinfection and protection of nurses and students in Sir P. Dun's Hospital. Mr. Graves, M.P., kindly gave me the necessary introduction to Dr. Trench, the well-known officer of health in Liverpool, who took much trouble and devoted some of his valuable time to enable me to see the cholera machinery at full work. The arrangements may be classed under the following heads:—

1. Cholera Dispensaries.
2. Cholera Hospitals.

1. CHOLERA DISPENSARIES.—As soon as cholera began to increase seriously in Liverpool it was found that the usual routine of the parish dispensaries was insufficient to meet the peculiar pressure caused by cases of diarrhoea and cholera.

Five cholera dispensaries were, therefore, opened in as many centres of choleraic disease, a shop with a back room, or other suitable place was rented, supplied with medicines, and worked by the following staff, the arrangements of which are the result of much thought and experience, and well worthy of imitation.

There are seven medical officers attached to each dispensary. Three of these are on duty in the dispensary and employed in re-visiting old cases for eight hours a day. This medical watch is changed at midnight, at eight in the morning, and at four in the afternoon; the remaining four medical officers are on duty for four hours each, and relieve watch at eight a.m., noon, four p.m., and eight p.m., leaving the eight hours from midnight to eight a.m. uncovered. The duty of these four officers consists in outdoor visits to new cases, which they are bound to treat immediately in their own houses, or to have them carried to the nearest cholera hospital. The eight hours not covered by these officers form the first watch of the dispensary officers, whose duty it is, during those hours only, to attend to new cases of cholera as well as old ones.

The medical officers on duty for four hours each day receive half a guinea per day, and the officers on duty for eight hours receive £5 a-week.

The amount of good done by these special cholera dispensaries may be estimated by the fact that at the time of my visit to two of them in the afternoon, between 130 and 150 applications for aid had occurred from the preceding midnight; the great majority of these suffered from premonitory symptoms only.

I was assured by the medical authorities, and by the poor sufferers themselves, that the immediate effect of opening the temporary cholera dispensaries was to allay panic, to draw out the gratitude of the poor, and to restore their trust in the goodness of God. I perceive with much pain that a large number of the applicants were fellow-countrymen.

2. CHOLERA HOSPITALS.—It is a recognised rule in the treatment of cholera that if the patient is moved a long distance to an hospital he will die. In Dublin we have ten hospitals professing to teach students of medicine all that they ought to know and learn of hospital work. These hospitals are scattered pretty uniformly over the surface of the city, and when they are all thrown open to cholera cases, as no doubt they must be, out of regard to the medical class, if not out of charity to Cairns's poor, they will prove sufficient for the treatment of cholera, without the erection of special cholera sheds.

In Liverpool, however, the hospitals are not so numerous nor so conveniently placed as in Dublin, and it was therefore found necessary to erect cholera sheds. I visited in detail the "Helvetia" Hospital, and was greatly pleased with its admirable arrangements for ventilation, heating by open fires, cooking, and nursing. The nurses are trained in the institution for which Liverpool is famous, and receive payment from 10s. to 20s. a week. I found them brave, clean, prompt, and diligent, and they are under the orders of a medical officer of much experience of cholera in India, who took much trouble to explain to me the details of the hospital and his mode of treatment.

The cases of cholera in this hospital were of the same type as those

in Sir P. Dun's and in the Meath Hospital, and the medical officers complained of the advanced stage of the disease at which some of the cases were admitted.

In order to encourage the poor to use the cholera hospital, their friends are allowed under certain restrictions to see them. This rule, if not abused, seems to be a good one, as it cheers the sick. I saw one poor Irish girl holding her sister's hand during the agony of cramp, who suddenly burst into tears, when the sufferer called out, "Mother! mother, dear?" They were orphans, for their mother had died a few hours before, and as consciousness slowly returned, the poor patient recognised her sister's face, and clasped more closely her friendly hand.

Apologising for the length of this letter, which can be justified only by the importance of the subject, I am, sir, your obedient servant,
Liverpool, August 30, 1866.

SAMUEL HAUGHTON.

DEBATE ON THE PUBLIC HEALTH BILL.

THERE was a great opening for *Punch* "Essence of Parliament" in the debates on the Public Health Bill on the 30th ult. The science of our legislators shone out vigorously.

Mr. Ayrton had seen a scientific treatise attributing to coal-smoke a healthful influence; and the great freedom of Birmingham from cholera on a former occasion was stated to be owing to the coal-smoke. Why, therefore, should Parliament try to put down smoke?—Sir R. Peel believed that the absence of cholera from Birmingham arose from the superior drainage of that town.—Mr. Adderley suggested that in Bilston and other parts of the black country, where there was no deficiency of smoke, the ravages of cholera were more extensive than in any other part of the kingdom. Sir J. Jervoise thought the word "infection" ought to be defined. The medical officer, before surveying a house supposed to be infected, was recommended by the Privy Council to have a dress, consisting of "strong water-tight boots, reaching to the knees, and greased all over; a waterproof coat, closely buttoned up to the neck and at the wrists; and the head covered with a cap which takes the hair well in." He hoped the medical officer would be clothed in this safety dress before he embarked in the dreadful danger of visiting these nuisances, especially as he had to report to the nuisance authority; or, going into these pesthouses, he would himself come out pestiferous. The Emperor of the French had been visiting the cholera hospitals in Paris. There was also the experiment of a young student, named Jerard, who, to show that cholera was not infectious, took the perspiration off the forehead of a dying man and the fur off his tongue, and put them in his own mouth. A Commission on the yellow fever at Bermuda reported that it was not infectious.—Mr. Bruce would not argue whether cholera was or was not infectious. He presumed it would not be denied that there were diseases which were infectious.—Mr. Henley said the House ought to be informed what disinfecting meant.—Mr. Bruce replied that the process was well known at the hospitals.—Sir J. Jervoise observed that a work recently published stated that one of the methods employed made matters worse than they were before.—Mr. Henley asked what precautions were to be taken against spreading an infectious disorder.—Sir J. Jervoise referred to a statement of the medical officer of the Privy Council, to the effect that medical men were constantly conveying scarlet fever to their own children; and that being so, it was plain that they did it without proper precaution and wilfully, and, consequently, ought to be convicted.—Mr. Bruce observed that there was no doubt of the truth of the remark of the hon. baronet; and even when medical men had changed their clothes and washed themselves after visiting a patient afflicted with an infectious disease, they had been the means of conveying that disease to others. Sir J. Jervoise said that the country practitioner would have to take a whole wardrobe about the country with him.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—The following gentlemen have been appointed by the Committee Vice-Presidents of this Hospital:—Sir William Ferguson, Bart., F.R.S.; Dr. Arthur Farre, F.R.S., and Dr. Jenner, F.R.S. Sir Charles Locock, Bart., F.R.S., has many years occupied a similar position.

Medical News.

UNIVERSITY OF LONDON.—The following are lists of candidates who have passed the respective examinations indicated:—

FIRST M.B. EXAMINATION.

ENTIRE.

First Division.

Anderson, Tompest, University College.
Cluff, James Stanton, B.A. Dubl., University College.
Loy, Thomas Richardson, University College.
May, Bennett, Sydenham College, Birmingham.
Ridge, John James, St. Thomas's Hospital.
Taylor, Frederick, Guy's Hospital.
Wagstaffe, William Warwick, B.A., St. Thomas's Hospital.

Second Division.

Addenbrooke, Edward Homfray, St. Bartholomew's Hospital.
Batt, Charles Dorrington, St. Bartholomew's Hospital.
Blackley, John Galley, Royal Manchester School of Medicine.
Crowfoot, Edward Bowles, St. Bartholomew's Hospital.
Fiddian, Alexander Paul, King's College.
Marshall, Henry Flamank, Sydenham College, Birmingham.
Nettleship, Edward, King's College.
Sanders, Richard Charles, London Hospital.
Willoughby, Edward Francis, University College.
Wyman, John Sanderson, Sydenham Col. and St. Bartholomew's.

EXCLUDING PHYSIOLOGY.

Second Division.

Heathcote, Rowland, Royal Manchester School of Medicine.
Hurlstone, Adam Payton, University College.
Lees, Joseph, St. Thomas's Hospital.
Soccombe, Edward Hepburne, King's College.
Yeo, Isaac Burney, King's College.

PHYSIOLOGY ONLY.

First Division.

Berridge, Edward William, St. Bartholomew's Hospital.
Bird, John Durham, Royal Manchester School of Medicine.
Raine, George Rolph, Guy's Hospital.

Second Division.

Bell, Cyril William Bowdler, B.Sc., Hull Medical School.
Dove, John Reuben Bathurst, London Hospital.
Eager, Reginald, Guy's Hospital.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—The first Class Examination of candidates for the licences in medicine and midwifery, was held on Friday, 31st August, commencing at three p.m. The examination was conducted under the supervision of the President of the College, and, at its conclusion, eleven gentlemen were admitted licentiates in medicine, and six licentiates in midwifery. Each candidate was examined separately by the examiners in turn; and we are informed on good authority, that the average answering was highly creditable. The examination was attended by several fellows and licentiates, besides the examiners of the college.

The following is a list of the successful Candidates:—

In Medicine.

John Guinness Beatty, L.R.C.S.I., 1886.
Despard Anderson, L.R.C.S.I., 1886.
Richard Brown Carey, L.R.C.S.I., 1886.
Dominic Lynch Olden, L.R.C.S.I., 1886.
Richard Joseph Ireland, L.R.C.S.I., 1886.
Fenwick Carre, L.R.C.S.I., 1886.
Anthony Lennon Brown, L.R.C.S.I., 1886.
James Ridley, L.R.C.S.I., 1886.
Daniel Herbert Bastable, L.R.C.S.I., 1884.
Michael A. Healy.
George F. Rougham, L.R.C.S.I., 1842.

In Midwifery.

John Guinness Beatty.
Despard Anderson.
Richard Brown Carey.
Dominic Lynch Olden.
Fenwick Carre.
Anthony Lennon Brown—all Licentiates of the College.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on August 23rd:—

Clothier, Henry, Haslemere.
Longbotham, George, Seaton Carew, Durham.

The following gentlemen passed their first examination on Aug. 16th:—

Cuff, John Stanton, University College.
Wills, Douglas, Guy's Hospital.

And the following on Aug. 23rd:—

Cortis, William R., Guy's Hospital.

At the competitive examination, on the 8th inst., for the prizes in Botany annually given by the Society of Apothe-

caries, the successful candidates were—James Ryall Rouch, St. Bartholomew's Hospital, gold medal; Marmaduke Alexander Lawson, King's College Hospital, silver medal and a book.

THE deaths from cholera in Berlin have been 3586 since the beginning of the epidemic.

SINCE the passing of the Cattle Act the number of cases per week has diminished from 15,000 to 160.

THE foundation stone of a new lunatic asylum for Newcastle-on-Tyne was laid a few days ago.

ACCORDING to official statements there still remain in the Prussian hospitals between 33,000 and 34,000 sick and wounded.

THE births in London last week were 2042 children. The deaths registered were 1477. The deaths in the present return exceed the estimated number by 173.

THE rate of mortality in Liverpool last week was 56 per 1000. According to the judicial statistics there are 3100 drunkards in this city.

ON Sunday week the Bishop of Chester again visited the cholera hospital at Liverpool, and preached twice, the collections at each being devoted to the relief of the sufferers.

AT the police courts several persons have been convicted under the provisions of the Sanitary Act for overcrowding lodging-houses.

A NOVEL cricket match has been played between the patients and staffs of the Laverstock and Fisherton Lunatic Asylums, at the Salisbury Cricket-ground.

THE sudden death is announced of Mr. Millard, a Poor-law Guardian of Lichfield, who died whilst proposing an increase of salary to one of the medical officers.

CHOLERA is abating in New York, but is raging fearfully through the west and south-west. The *Bavaria* has arrived out, and been placed in quarantine. She has had eight cholera cases and three deaths on board.

PROFESSOR SIMONDS, after examining a flock of sheep at North Walsham, Norfolk, states the disease to be not of the nature of the cattle plague, but to be one essentially affecting the pulmonary organs.

ON Thursday week a special report was presented at the Sessions House, Clerkenwell, from the committee of visitors of the County Lunatic Asylum at Colney Hatch, respecting the sewage of that establishment.

THE Bishop of London and Mrs. Tait lately visited the temporary hospital for cholera in St. Giles's, the Refuge in Newport-market, and other charitable institutions in the district.

ACCORDING to Professor Frankland's report the whole of the waters of the metropolis, supplied from the companies' mains in August, were again, as in last month, free from turbidity, when drawn.

IT is a curious fact reported from the South that the sudden transition from slavery to freedom, together with the sufferings of the negroes occasioned by the war, have filled the lunatic asylums to overflowing.

BARONESS SEYDLITZ, superintendent of one of the many companies of Prussian ladies who have formed themselves into charitable bands for nursing the wounded, is now, with her division of benefactresses, stationed in the hospital tents of Königinhop.

THE police have discovered in the Rue des Jardiniers a slaughter-house for horses, which daily sends its products to markets as beef. Two live horses were found on the premises. A journeyman butcher was arrested, and seals placed on the doors by the police.

ST. BARTHOLOMEW'S HOSPITAL, CHATHAM.—The Trustees of this ancient charity (founded A.D. 1078) have opened four wards, with twenty-four beds, for the treatment of ophthalmic cases. The care of these wards has been entrusted to Mr. J. Z. Laurence of London.

A KIND of rinderpest has broken out in Yorkshire amongst sheep and pigs.

Notices to Correspondents.

The Hospital for Women.—The notice is received.
 Dr. Alexander Lane, R.N., has written us a letter on "Fever," and states that he has found two most powerful medicines for the cure of this disease, but he has not stated what the medicines are. Perhaps he will be good enough to supply the omission.
 R. S.—The subject shall receive attention.
 Dr. J.—There is no institution of the kind, so far as we are aware.
A Pupil.—The question is one that may be answered by referring to any elementary book on "Chemistry."

American books and papers frequently come to hand with heavy postal charges on them, making it impossible for us to receive them. The senders of such books and papers are requested to have the entire postage prepaid.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—If it is not imposing too much on your time, I will feel obliged by your giving your opinion on the following subject:—A dispensary patient of mine, a widow, aged 40, enjoying very good health, has got narrowing of the lachrymal duct of the left eye, which seems to annoy her very much. I have probed it twice at intervals of three months with only temporary relief; which would you recommend, continuous probing, say once a week, or leaving it alone for five or six months to see the result?—I am, Sir, your obedient servant,

Cork, August 29, 1866. A DISPENSARY DOCTOR.

[We hope to answer this in our next.—Ed.]

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—To whom should I apply to know the qualifications necessary for admission to examination for an Assistant-Surgency in the Army? Where can a medical student's Guide be procured?—Yours, &c.,

INQUIRER.

[To the Director-General, in Whitehall. The Students' Number will appear on the 19th.—Ed.]

A SUBSCRIBER TO THE MEDICAL PRESS AND CIRCULAR would feel obliged if the Editor will have the kindness to inform him in next number if he could obtain an appointment in the Irish Constabulary for his son, aged 17 years, and how long he would have to remain as a Cadet at the Phoenix-park, Dublin, and what pay he would get while there, and if the appointment rests with Lord Naas? Or if his Lordship could obtain an appointment either at home or abroad for a medical man with a large family and only small income? Or if the Editor could inform the writer through what medium he could obtain a private patient to reside in his house in the neighbourhood of the Cumberland Lakes?

[A Subscriber had best ask the question of the Head of the Constabulary and of Lord Naas respectively: as to obtaining a patient, let him advertise in THE MEDICAL PRESS AND CIRCULAR.—Ed.]

THE ROTATORY FILLET.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In reply to numerous inquiries as to where the Rotatory Fillet is to be purchased, I beg to inform my professional brethren that in a week or two it will be advertised in the several medical journals.—I am, &c.,

G. R. SHERATON.

Appointments.

M. PHILIP SIMPSON, M.R.C.S.Eng., L.S.A., late Resident Medical Officer of the Westminster General Dispensary, has been elected Apothecary to the Colney Hatch Asylum.

E. C. SUMMERS, L.R.C.S.Ed., L.S.A., has been appointed Medical Officer to the Homerton District of the Hackney Union.

B. B. THURGAR, M.D., has been appointed Resident Obstetric Officer to St. Mary's Hospital, Paddington, vice N. B. Major, M.R.C.S.E., whose term of office has expired.

S. M. WARD, M.B., has been appointed Medical Officer for the Chobham District of the Chertsey Union, Surrey, vice J. Langdon, M.R.C.S.E., deceased.

W. WATKINS, J.P., M.R.C.S.E., L.S.A., has been appointed Resident Surgeon to the Lunatic Asylum and General Hospital, Berbice, British Guiana.

R. W. WILCOX, M.R.C.S.E., has been elected Medical Officer for District No. 5 of the Aylesbury Union, vice T. J. E. Brown, M.R.C.S.E., resigned.

W. PARRE, L.R.C.P.Ed., has been appointed Medical Inspector of Health for Willenhall, Staffordshire.

F. OPPERT, M.D., has been appointed Physician to the City Dispensary, Queen-street, Cheapside, vice G. O. Drewry, M.D., resigned.

J. A. HAYDEN, M.R.C.S.E., has been appointed Resident Medical Officer to the Charing-cross Hospital, vice J. G. MacKinlay, L.R.C.P.L., resigned.

A. JACKSON, M.R.C.S.E., has been appointed Surgeon to the Sheffield Public Hospital and Dispensary, vice S. Parker, M.R.C.S.E., resigned.

J. Z. LAURENCE, M.B., F.R.C.S., has been appointed Ophthalmic Surgeon to St. Bartholomew's Hospital, Chatham.

W. H. SPENCER, B.A., has been appointed Lecturer in Comparative Anatomy at the Charing-cross Hospital Medical College.

"QUASSIA THE QUACK."

Some sing of old Bacchus and his ruddy wine,
 Whilst others intone to a muse of the "nine;"
 But why should a bard tease his head with the pack,
 Whilst "gushing" for fame is bold Quassia the Quack?

Bold Quassia you'll find, in his "study" or "shop,"
 Dressed up as a "swell" and "deeked out" as a "top,"
 With rings, chains, and "choker" of clerical hue,
 And lingual "palaver" sufficient for two.

His boots vie in brightness with his "local" fame,
 His hat "wears a lustre" that puts both to shame,
 His "cane," silver mounted, with the "wealth" on his back,
 Give an air, quite *distingue*, to Quassia the Quack.

He "swells it" by physic, and "does it," too, well,
 And though people hint that "our hero" 's a "sell,"
 And whisper, "dear me, why permit vice such swing?"
 Bold Quassia is jolly, and "struts" like a king.

Oh! how he "sniffs" air, as he passes M.D.,
 How he blows and he bustles when "scenting" a fee,
 And his looks seem to utter "I'm on for a tack,"
 "So make way, your souls there, for Quassia the Quack."

He cares not for "Council," for "College," for "Hall,"
 With contempt *super-heated* he looks on them all,
 For his conscience is "cloudy" and diplomas his "brass,"
 Cunning fox, parrot-tongued, with the brains of an ass!

Quassia's "fee" is a shilling (I forgot, half-a-crown)*
 If he "calls in his carriage" (?) or a distance from town,
 And his "wheeler" is 'gloss'! and his "coachman" dressed pat,
 Can you doubt, sir, his buttons or "gold" on his hat?

Then here's to Bold Quassia, the "pride of our day,"
 And here's to the laws that give rascals such sway.
 But, ah! for a sapling ("nice and handy" to thwack),
 And the muscles to "try it" on Quassia the Quack.

* Of course "Quassia of the Square" never beheld coppers,
 Seldom "meddled" latterly with silver, gold is his fee!
 Charrington-street, August 19, 1866.

R. L. J.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.

On the 14th ult., at Newcastle-on-Tyne, the wife of Dr. Ellis, of a son.
 On the 22nd ult., at the Royal Hospital, Greenwich, the wife of Dr. Smart, of a daughter.

On the 24th ult., at Calverley, near Leeds, the wife of Wm. Kitto Giddings, M.&L.M.R.C.S.E., of a son.

MARRIAGES.

On the 6th of June, at the residence of the bride's father, James Appleyard, M.R.C.S.E., L.S.A.L., of Mortlake, to Mary S., eldest daughter of John Macfarlane, J.P., Surgeon and Squatter, of Ee-Yenk, near Mortlake, Victoria, Australia.

On the 9th ult., Myrry Clarke, Esq., Surgeon, of Jamaica, to Margaret Ann, only daughter of Dr. Hawkins, of King's Lynn.

On the 15th ult., at Blendworth Church, Hordean, Hants, Robert Liveing, M.D., Assistant-Physician to the Middlesex Hospital, youngest son of the late Edward Liveing, Esq., Surgeon, of Nayland, Suffolk, to Adelaide Mary Dorothea, youngest daughter of the late Admiral Hawker, of Ashford Lodge, Petersfield, Hants.

On the 22nd ult., at St. John Church, Holmfirth, Christopher B. N. Dunn, Esq., Surgeon, of Crich, Derbyshire, to Ellen, fourth daughter of Edw. Trotter, Esq., Surgeon, of Holmfirth.

On the 22nd ult., at Newcastle-on-Tyne, John Gregory White, M.D., of Woodstock, to Jane Emily, daughter of the late — Richardson, Esq., of South Ashfield, Newcastle-on-Tyne.

DEATHS.

On the 11th ult., after a week's illness, John Henry Steele Walker, Esq., of Holme, Westmoreland, aged 44.

On the 22nd ult., at Exeter, William Land, M.D., aged 77.

On the 26th ult., at Gloucester House, Ledbury, John Tanner, M.D., aged 60.

BOOKS RECEIVED.

Sedgwick on Cholera. New Edition. London: Walton and Maberly. Annual Report of the Surgeon-General, United States Army. 1865.

On the Application of Disinfectants in Cattle Plague. By William Crookes, F.R.S. London: Dutton, Wine Office Court, Fleet-street.

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING SEPTEMBER 1st, 1866.

By J. H. STEWARD, Strand and Cornhill, London.

Aug. 1866.	Barometer reading reduced to 32 degrees.	Thermometer.		Dry bulb.	Wet bulb.	Wind.			Remarks.
		Max.	Min.			Direction.	Force.	Rain.	
27	29.086	83.05	55	65	59	SW	—	—	Fine.
28	29.040	75	57	69.05	54	SW	—	001	Showery.
29	29.060	56	56	69	65.05	SW	—	014	Showery.
30	29.058	69	52	55	51	WSW	—	068	H. Rain.
31	29.087	85	55	59	55.05	SW	—	—	Fine.
1	29.090	84	50	60	57	SW	—	—	do.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

BRITISH MEDICAL ASSOCIATION.

So much of our space has been devoted to the full reports of the Addresses in Medicine and Surgery, that we can only afford room for a condensed account of the other proceedings of the Association. Of these we shall first give a report of the discussions on special subjects selected by the Council, and afterwards notice the more practical papers read at the meeting. The questions proposed by the Council were:—1. What is the influence of hospitals on the rate and mortality? 2. Are there any trustworthy facts as to the origin of pyæmia? 3. Is the expectant treatment to be relied upon in any form of acute disease?

I.

Dr. SIBSON and Mr. HOLMES undertook to open the discussion on the influence of hospitals. Dr. Sibson considered that residence in hospital largely reduced the mortality of all diseases, except pulmonary consumption, and in some cases even of that. He then devoted a considerable part of his contribution to the construction of hospitals.

Mr. HOLMES contended that the common opinion that hospitals increased the mortality of various diseases was quite erroneous. The discussion was not followed out for want of time, and the opinions of Dr. Sibson and Mr. Holmes seemed to have numerous adherents.

II.

PYÆMIA.

Mr. A. BAKER of Birmingham, opened the discussion on pyæmia, and carefully summed up the various opinions that have been advanced as to its pathology and treatment.

Professor BENNETT considered that the opinion that the disease originated through the presence of pus in the blood was no longer tenable. He considered that the varieties of the malady constituted distinct diseases, and he looked forward to advancement by the discovery of a more definite and sound pathology. He then placed before the meeting the facts that are known as separated from the theories which have been propounded.

Dr. STOKES said the so-called pyæmic state had been studied too exclusively in reference to injuries or operations; he thought non-traumatic cases should receive more attention. These were not uncommon in the Dublin hospitals. It was not produced by the air of the hospital, for cases were brought in labouring under it. In its most common form it was sometimes mistaken for rheumatic fever. It is to be distinguished by the typhoid character of the fever, the prostration, the state of the tongue, and the cerebral symptoms. The swelling was in the vicinity rather than in the cavity of the joints, and often attended by œdema. In many of the late Dr. McDowell's cases, related in the *Dublin Medical Journal*, purulent deposits were found in the serous membranes and the parenchyma of organs. The head of the tibia was often denuded of periosteum. He thought the disease should be classed with the pyrogenetic fevers—such as glanders and small-pox—the pus being a secondary product of a preceding morbid condition of body, in which the whole system becomes, as it were, a laboratory for the production of a special product.

Dr. RICHARDSON related his experiments on the synthesis of pyæmia, and described how the poison would be

obtained from the secretion of a wounded surface. He considered this poison to be an alkaloid, derived from albuminoid matter thrown out of the wound. He looked upon a certain meteorological condition of oxygen as the cause of the product being formed.

Mr. SPENCER WELLS did not agree with Professor Bennett that pus was never found in the blood. He had himself seen it.

Mr. NUNNELEY inquired whether the disease produced artificially from the poison could be propagated from the animal secondarily affected; further, could ordinary albumen be made to undergo changes that would render it a poison?

Dr. RICHARDSON replied in the affirmative to both these questions.

Mr. HENRY LEE said healthy pus could be injected without producing disease, but decomposition rendered the purulent matter poisonous.

Mr. MOORE defined the conditions included under the general term pyæmia.

Mr. HUTCHINSON held that the previous health of the individual had no relation to pyæmia; that the disease is not contagious; that it is most frequent after recent injuries involving bone; and that the external wound may appear healthy, and yet the disease be present.

Dr. EDWARDS had seen pyæmia after certain uterine diseases.

Mr. BAKER BROWN said it was not at all infrequent after division of the os and cervix. He had seen many such cases; but if great care was taken in plugging the cut surfaces with oiled lint, so as to exclude the air, it might be avoided. He considered that the poison was in these cases taken up by the veins. He spoke from the experience of hundreds of cases of operations on the female genitals.

Dr. DAY inquired if any one had seen pyæmia follow subcutaneous incisions, but received no reply.

Mr. BAKER thanked the Association for its reception of his paper, and expressed his satisfaction at the admirable discussion it had elicited.

III.

THE EXPECTANT METHOD.

Dr. PATRICK STEWART opened the discussion on whether the expectant treatment is to be relied upon in any form of acute disease. His conclusions would seem to be that the expectant method is inferior to a moderate resort to remedies.

Prof. BENNETT and Dr. RICHARDSON both took part in the brief discussion elicited by Dr. Stewart's paper.

Dr. RICHARDSON concluded that out of 278 diseases the expectant method could not be of service in more than about 32. He mentioned that Michael Albertus was the originator of the expectant treatment as well as the author of the dogmas *similia similibus curantur* and *contraria contrariis curantur*.

LOCAL ANÆSTHESIA.

Dr. RICHARDSON gave a practical demonstration of his method of producing local anæsthesia by means of the ether spray, with numerous directions for various operations. In his opinion the principle of *general* is identical with that of *local* anæsthesia. He explained that the difference is simply this, that in the one case (*general anæsthesia*) the brain is cut off from communication with the local part, while in the other the part is cut off from the brain.

Whatever the principle involved, the performance of the Cæsarian section without pain, which has now taken place three times by means of the spray, sufficiently establishes the value of Dr. Richardson's ingenious invention.

ACUTE RHEUMATISM.

Dr. BIRKBECK NEVINS advocated treatment by steam baths followed by cold affusion, even when the patient could not leave the bed, and quinine and iodide of potassium in combination, although febrile symptoms might

be present. Opium was scarcely necessary, and only in small doses. The benefits of this treatment were, early abatement of pain and perspiration, speedy recovery of strength, unusual absence of cardiac disease, and few relapses.

This paper called forth a useful discussion, in which

Dr. FALCONER gave his experience in eighteen cases, of which one only had ended fatally. Of these there had been one male and three females with heart disease. In all the cases the patients had been put into blankets. Where there was heart disease cotton wool was used, and belladonna exhibited. He had never used a blister. He combined iron with alkaline treatment; used a bath at the commencement, and injections of quinine and iron afterwards. He considered the temperature of rheumatism $103^{\circ}6$. When it reached 104° , some complication impended.

Dr. STEWART thought the blanket a most important auxiliary. It prevented chill. The patient should remain in bed and the bowels be kept open. He was convinced that chill was the chief cause of complications. He rarely found the temperature exceed 102° . He had used the alkaline treatment largely, and had not found it prevent heart complications.

Dr. MARKHAM thought much mischief had arisen from the indiscriminate praise of alkalies. It had been forgotten that Dr. Dickenson's cases were selected ones, which had no heart affection when admitted; but the absence of cardiac complication was a proof that the cases were not serious.

Prof. BENNETT had asked himself how long does rheumatism take to get well of itself? Until that question was answered, they could not determine what to do. Who could venture to say this or that treatment was successful if he did not know how long the disease would be likely to last if left alone? He had tried everything, and he found all drugs much alike. He then tried nothing, and the result was much the same. His view was, that acute rheumatism got well of itself.

Dr. DAY considered no remedy so useful as alkalies. In his hands blisters had also been very efficacious. It had been found in America that where there had been rheumatism in a limb there was often a nervous affection afterwards. Consequently spinal treatment was adopted with success.

Mr. SAMUEL HEY found that a blister wherever applied diminished the acute symptoms. It appeared to him to eliminate the poisonous matter more effectually than anything else.

Dr. NEVINS, in reply, said the point to which he wished to direct attention had not been touched in the discussion. That point was the early employment of steam-baths while in bed, and the combination of iodine with quinine. He had seen very little heart disease since he had been pursuing this practice. He had not used blisters from a desire not to increase the patient's sufferings. He believed in the efficacy of cantharides internally, and had used tincture of cantharides, which he had found very valuable in chronic rheumatism.

THE LATENT HEAT OF ANIMAL BODIES.

Dr. RICHARDSON described some of his recent researches on the heat of fluidity of the tissues of the body. He had been led to these by observing that when a part of the body was frozen there was a rise of temperature at the moment of freezing. This indicated the evolution of a heat that was previously insensible, and led him to attempt to determine the latent heat of albumen, gelatine, blood, fat, brain-matter, and other structures. He considered the blood-corpuscles played an important part in the economy that had not yet been recognized. They were the bearers of heat, by rendering latent the heat liberated in the pulmonic circuit; then they conveyed it to the tissues, to be there delivered up in the process of condensation. Fatty matters acted in the same manner as heat bearers.

FEEDING BY THE VEINS.

From the views developed respecting the heat of fluidity, Dr. Richardson has promulgated a mode of feeding by injecting into the veins a nutrient fluid capable of conveying a large amount of latent heat into the circulation. He exhibited his instrument for the purpose, which is perfect of its kind, and there can scarcely be any doubt that amongst other venous injections proposed for cholera, the fluid suggested by Dr. Richardson will soon receive a fair trial at the hands of those engaged in the treatment of the epidemic.

USE OF THE ACTUAL CAUTERY IN OVARIOTOMY.

Mr. BAKER BROWN described the treatment of the pedicle of ovarian tumours by the actual cautery, a practice he had adopted in thirty-six cases. Three of these interesting cases were recently reported in the "Hospital Reports" of THE MEDICAL PRESS AND CIRCULAR, so that the subject will be fresh in the memory of our readers. Twenty-three of his cases, Mr. Brown said, had been given to the profession in two papers read before the Obstetrical Society; and the present paper detailed thirteen more. Of the whole number, five have died, but in not one of these had death resulted where the cautery had been used alone, with the exception of the second. In that case death was due to hæmorrhage from the site of an adhesion in the utero-rectal fold which could not safely be reached by the cautery. In the remaining four cases ligatures had been used in addition, in consequence of the cautery not having perfectly secured the pedicle. In these four, the causes of death were—1. Peritonitis with hypertrophy of the heart and thickening of the aortic valves. 3. Peritonitis (no post-mortem permitted). 4. General peritonitis. 5. Shock, a small quantity of coagulated blood on the stump. From his experience, Mr. Baker Brown drew this conclusion: it is preferable in all cases to employ the actual cautery. Should it from any cause fail to control all hæmorrhage, no harm has been done, and one or more ligatures may be then used without any disadvantage. The author exhibited the clamp he employs and explained the method of using it.

Mr. MEADE thought the originator of this plan might have taken his idea from the common operation of spaying pigs.

Mr. FOLKER had had a case of operation on the womb. Since then the patient had considerable weeping from the pedicle during menstruation, and this would be got rid of by this new method.

Mr. B. BROWE, in reply, said, Mr Meade was quite right as to the plan having been suggested by the mode of spaying sows, and he readily admitted his obligation to the practice of veterinary surgeons.

COMPOUND DISLOCATION OF ASTRAGALUS WITH REMOVAL OF THE BONES.

Mr. GRIFFITH of Wrexham read a paper relating three cases in which he had operated, and exhibited the bones to the members present.

REMOVAL OF THE ENTIRE TONGUE.

Mr. NUNNELEY of Leeds related a case in which he had performed this operation, and exhibited the tongue of the patient. He had employed the écraseur, and an interesting point was, that the patient had in a most remarkable degree recovered the power of speech.

REDUCTION OF LOCAL DISLOCATIONS.

This was another paper by Mr. Nunneley, who explained that dislocations of even an extreme degree could be reduced by manipulations without the forcible attempts so often made by surgeons. In these efforts chloroform was necessary.

Mr. NUNNELEY remarked, at the end of his paper, that in the *Transactions* of the Provincial Medical and Surgical Association twenty years ago he had related his experiments on anæsthetics. These had been made use of on the Continent without any acknowledgment. He

pointed out bromide of ethyle and chloride of olefant as anæsthetics which caused no convulsive movements, nor did they, he said, give rise to nausea or oppression. These statements were received with applause.

VACCINATION.

Mr. A. B. STEELE of Liverpool read an important and learned paper on the "Present State of Vaccination in England," demonstrating by tables the extent to which small-pox had decreased in those countries where vaccination had been made compulsory.

As to the aspect of this question in England he was a staunch advocate for compulsion. On the other hand, he was altogether opposed to the proposition that every medical man should be a public vaccinator.

MYOGRAPHY.

Dr. RUTHERFORD demonstrated experimentally the use of the myographion of Von Bezold.

ENDOSCOPY.

Mr. HEATH described the endoscope, and gave two demonstrations on the use of this instrument.

REMOVAL OF LACHRYMAL GLAND.

Mr. LAURENCE read a paper on "The Removal of the Lachrymal Gland for the Radical Cure of Inveterate Cases of Lachrymal Abscess," in which he described his mode of operating, and related eight cases in detail.

LOOSE CARTILAGES IN JOINTS.

Dr. DICK read a paper on "Loose Cartilages in the Articulations," and exhibited a new instrument he had designed for their removal. From a careful study of the subject, the author drew the following conclusions:—1. That in the present state of morbid physiology very little is known of the origin of loose cartilages in the joints. 2. That loose cartilages should only be removed by the subcutaneous method, and the most safe and easy way of removing them is by the subcutaneous scissors (these he exhibited.) 3. That when the loose cartilages are very small, say of the size of a lentil, the electric current through insect needles may be tried with advantage. 4. That open cuttings in the joints, as formerly practised, cannot be too strongly condemned.

CANCER.

Dr. BROADBENT read a paper "On a New Method of Treatment, by which Malignant Tumours may be removed with little Pain or Constitutional Disturbance." He stated that in 1864 he was consulted by a lady suffering from cancer of the breast. By his advice Mr. Walter Coulson removed the breast. The disease returned, and in August, 1865, was again removed. A tumour was growing more rapidly than ever in May of the present year, near the cicatrices of the former operations. It was decided that no further removal was advisable, and unless something could be done a miserable fate was before the patient. The author thought that by the hypodermic syringe, which is now in the hands of every physician, some fluid might be injected into the tumour, and so far alter its structure and modify its nutrition as to retard or arrest its growth. He selected acetic acid for the following reasons:—1. This acid does not coagulate albumen, and might, therefore, be expected to diffuse itself through the tumour, and the effects would not be localized at the point injected. 2. It could do no harm if it entered the circulation. 3. It dissolves the walls, and modifies the nuclei of cells on the microscopic slide, and might do so when the cells were *in situ*. 4. It had been advantageously applied to common ulcerations. The first injection was made on May 18th. The tumour was about the size of a small egg; a patch of skin, the size of a shilling, adhered to it. The needle was introduced through sound skin, an inch or more from the diseased part, and passed to the centre of the mass. Thirty minims of dilute acid were injected (one part of acid to one and a half, or two, of water. Little or no pain was felt. Next morning a bulla containing dark bloody fluid occupied the patch of

adherent skin. May 23rd: This portion of the skin was dry, hard, and horny, the adjacent part of the tumour not so hard. Another injection. June 7th: The piece of skin mentioned was found detached from the surrounding sound skin. A probe could be passed in all directions to a distance of three-quarters of an inch or more between the tumour and the healthy structures; a slight discharge from the fissure. Injection this day and again on the 9th, the acid rather stronger. It gave a little pain, and swelling and tension of the parts followed. On June 13th, and a few days after, there was a free discharge of fluid and solid portions, with relief of the swelling. No factor attended this discharge, which afterwards diminished. June 26th: On external examination the tumour was found much smaller, and a probe being passed into the opening, it entered a large cavity extending on all sides. Part of the walls seemed free from malignant structure, but at several points a crust of cancerous deposit remained. On attempting to inject, it was too thin to retain the fluid, which entered the tissues and gave great pain, or made its way into the cavity. This was stuffed with lint saturated with dilute acid, and the case left to the family medical attendant to inject as he saw opportunity. July 13th: No impression made on the remaining disease. Carbolic acid was tried, but discontinued, and the cavity dressed with strong acetic acid, and injections practised daily. This treatment gave much pain and excited inflammation all round. The patient was seen again by the author, August 4th, when there had been considerable hæmorrhage, which was arrested by free application of tincture of sesquichloride of iron. The result was apparently the entire removal of the remains of malignant disease. When last seen a healthy granulating surface was left at every point.

The author related three other cases, and drew certain conclusions from the experiments detailed. He referred to cases in which he considered the treatment was not applicable. He considered that large quantities of dilute acid were preferable to stronger acid. But he would not, without great hesitation, attempt the destruction of any tumour which had not involved the skin. Indeed his object, he said, had originally been, not necrosis of malignant tumours, but a modification in their nutrition. The ultimate value of the treatment he left to be decided by a more extended experience.

Mr. S. HEX felt the importance of any suggestions for the removal or palliation of cancer, and should be glad to put them in force. He thought some such method most likely to succeed, as the constant application of tincture of iron, so as to penetrate the surface, had been known to keep patients alive three or four years. Still, he should not hesitate the use the knife, if he could do it freely and properly.

Mr. T. H. SMITH said that cancer was constitutional, and must have its course constitutionally before it was developed in tumour. It was a question whether they had exhausted the means of detecting the cancerous constitutional tendency, and trying to attack it by remedial agencies. He believed it might be detected before local development took place. He had been trying the effect of arsenic in such cases for years. It was the best tonic he knew, and he had never seen any injurious effect from its use.

Dr. ANDREW referred to a case of lupus affecting the eye, in which he had been giving half a drachm of Fowler's solution for the last three months, and now it was almost cured. He had gone as far as thirty-five minims, and the patient had not been quite well under it, but there had been no irritation.

Dr. DAY read a paper "On Secondary Cancer" affecting the lungs, which created much interest. He based his remarks on two most interesting cases that had occurred under his care in the Stafford Infirmary. Both these cases terminated rapidly from the secondary disease after operation. The author appeared strongly inclined to believe that cancer of the lung was more frequently a sequence of

cancer of bone than of any other primary cancerous development. He reported experiments in which attempts were made to produce cancer by inoculation, and showed that these experiments gave no countenance to the supposition that the disease could be transmitted by inoculation. At the same time he thought cancer was really a local error of nutrition.

Dr. RICHARDSON said the idea that cancer in the lungs was preceded by cancer in bone was new to him, though certainly every case he had seen had been so preceded.

Mr. S. HEY referred to a large number of cases which corroborated the fact. In one case he had removed three parts of the scapula, with a large tumour, the patient being removed in four days, and afterwards dying of cancer in the lungs. He had never known but one case recover and remain well.

Professor STOKES had seen a good many cases of cancer in the lungs. He could not deny what had been said; but they should be cautious in assuming that cancer of the bone more than other forms of cancer invariably preceded cancer in the lungs. Certainly, there were other forms of local external cancer with a peculiar tendency to be followed after operation by cancer of the lung. He referred to several curious facts connected with the localization of cancer, and thought there were other examples of cancer in the lung independent of cancer in the bone. The rapidity of growth, he remarked, in isolated cancerous masses was very singular. He had seen a case in which, three days before death, two large tumours formed on the front of the abdomen; and during those three days they grew almost "under the eye."

Mr. MOORE thought secondary cancer of the lung was, on the whole, very rare; and when it did occur, it was almost solely in the case of medullary cancer, which might start from the testicle or the bone, or any part where the original tumour might have been. The lung was exempt from primary cancer as a rule, but he had seen it there. He was of opinion that cancer was inoculable from part to part of the same person, and referred to several cases which seem to corroborate that view. It was communicated by the constant pressure of the cancerous mass upon the healthy surface. The only difficulty was in passing it from one animal to another.

Dr. DAY said that his idea was, that the whole was not the result of what seemed to be considered cancerous diathesis, but simply an error of nutrition. Professor Stokes had misunderstood if he thought he meant to infer that cancer of the lungs was always preceded by a cancerous condition of the bone.

Professor STOKES had not thought so, but that Dr. Day thought cancer of the bone more likely to precede cancer of the lungs than any other form.

Dr. DAY did not feel himself in a position to answer Mr. Moore's suggestion about inoculation, as he had never himself made any experiments on that point. But there were some experiments recorded in the French *Gazette Medicale*, in which the experimenter had succeeded in inoculating some tumours, but had failed after cancer. He was not surprised at what Mr. Moore had described, but he did not think it proved that cancer could be inoculated.

THE CHOLERA.....In Berlin, the course of the epidemic has, since the end of last week, been more favourable from day to day. Up to the 24th July, the total of seizures has been 3701. From noon of that day to the 31st at noon, the number of fresh cases and of deaths were respectively—18,659; 203, 68; 172, 139; 84, 35; 131, 50. The grand total up to July 31st was as follows—4616 seizures, 2523 deaths, 590 recoveries, 1498 cases under treatment. At the four cholera hospitals, each of which is attended by a physician with two or three assistant-physicians, there were up to the 26th July received 1159 patients; of whom 300 were discharged cured, 614 died, and 245 remained under treatment. The spread of the disease over the various districts of the town, if the proportion of seizures to the number of inhabitants is taken into consideration, appears pretty equal.—*Deutsche Klinik*.

Original Communications.

ON CHOLERA AND ITS EARLY TREATMENT.

By G. K. HONEY PATERSON, L.R.C.P., L.R.C.S.Ed.

IN the treatment of cholera two points deserve our earnest and deep consideration—viz., either to administer means early for the purpose of neutralizing the cholera poison, or to sustain the powers of the human system timeously, so as to enable it to bear up against the disease while the treatment is being carried out towards a cure. Notwithstanding, there is an important question that must ever be well considered, as follows:—Ought we to obey the hint given by Nature? Her efforts is seemingly to throw off the poison from the human system. Nature's mode, by vomiting and purging to get rid of it, should be closely watched if possible. Consequently, skilfully to relieve and support Nature seems both reasonable and commendable. The patient's present condition should always be kept in view, and the earlier the better, from the fact that the tendency of the disease is, if not checked in time, to exhaust the individual affected. Heat externally as a remedy is of the first importance to be attended to early, and especially while the pulse remains pretty full and temperature of the body good, and the strength keeping up well, either in the form of hot bran or flannels wrung out of warm salted water, and applied repeatedly to the breast and sides of the body, also strong sinapisms of mustard to the pit of the stomach and region of the kidneys, and stimulating frictions with glycerine externally, so as to assist in keeping up the cutaneous circulation or to ease the cramps, as well as the proper and timely or early administration of twenty drops of tincture of opium and tincture of rhubarb in a little tea, every two or three hours, if necessary. A piece of common sulphur roll held in the patient's hands appears to give relief to the cramps. The restlessness of cholera patients is a great bar to their recovery, and the often getting up and out of bed very much adds to the coldness which the disease itself induces, and instead of lessening, it tends to increase the purging or motions of the bowels, and also leads to more weakness and often speedily prostration.

Let us do all we can to persuade cholera patients to keep themselves free of fear, and as quiet and warm in bed as possible, also with kindly and brave hearts and Divine assistance do whatever is found to be best for their relief and recovery in the hour of need, and hope for a blessing on our humble efforts.

Balbeggie, near Perth, August 7, 1866.

A THOUGHT ON ASIATIC CHOLERA.

By ROBERT TWISS,

MEDICAL OFFICER OF THE MOLAHIEFFE DISPENSARY DISTRICT.

ONE thing is proved, that it is a poison, and that the intestinal canal is the part of the human frame which it fixes on for its ravages. Now, there is another poison, a very active *stimulant* medicine (while that of cholera is sedative, if anything is so), and however used or applied by friction to any part of the body its action will be determined to the very same place, and this medicine is the corrosive muriate of mercury. Some of the greatest instances of the power of medicine I ever saw, or expect to see, were effected by it in mesenteric disease, which is also abdominal. From this extraordinary feature of both, and the known law of the animal economy to make one poison counteract another—as, for instance, vaccination preventing variola—I would recommend experiments with this medicine in cholera, as I will make, should it come round to me. I think it may be given in larger quantity without danger than is generally supposed. One scruple in three pints of mucilage (to defend the mucus membrane from its irritation, in the first instance), and a tablespoonful occasionally, according to the age of the patient, would be a fair way to begin.

REASONS FOR SUGGESTING CALABAR BEAN
IN THE
TREATMENT OF CHOLERA.

By E. D. MAPOTHER, M.D.,

SURGEON TO ST. VINCENT'S HOSPITAL, DUBLIN, ETC. ETC.

OF all diseases cholera is that in the treatment of which it is most justifiable to try agents either empirically, or because their physiological effects on man are opposite to those developed in that mysterious disease; for it must be confessed that we have as yet but little power over the disease, and of the scores of remedies proposed not one has ever obtained a high or uniform degree of success. This is especially true of the present outbreak in this city, which has been characterized by great virulence, absence of premonitory diarrhœa, and rapid supervention of algide collapse.

A few days ago it occurred to me that the state of collapse indicated a highly excited condition of the vaso-motor nervous system inducing spasm of the muscular tissue of the arteries, and consequent constriction of their calibre. As regards the pulmonary arteries this has been urged by Dr. G. Johnson, and even those whom he has failed to convince as to the eliminative method of treatment, allow that he has nearly proved such a spasmodic condition. When the vaso-motor apparatus of the head is stimulated in animals by galvanization of the superior cervical ganglion, or in a less degree by the administration of strychnia, the bloodvessels contract, and therefore the generation of heat decreases and the secretions are diminished, and owing to increased action of the radiating fibres of the iris the pupil dilates. The first three conditions are well known to be present in cholera collapse, and in many instances I have observed the last named. The paleness and sinking of the eyeballs which occur early in cholera indicate emptiness of the capillaries.

It is generally allowed that fear is a powerful predisposing cause of cholera, and on unimpeachable authority it has been alleged that the terror of the disease has proved fatal without possibility of exposure to its exciting cause. The well-known physiological conditions induced by fear—namely, pallor, by emptiness of the cutaneous capillaries, the erection of hairs, the quivering limbs, the weak voice, the sudden evacuation of fœces and urine, all seem readily explained by spasm of muscular tissue; but as the impression is clearly received through the mind, this spasm is more probably due to depressed action of the cerebro-spinal system, the then unbalanced ganglionic system coming into excessive action. The well-known condition termed "shock," whether produced by so profound a disease as peritonitis or by an extensive form, is very similar both to the collapse of fear and of cholera; the cerebral functions and the heart's action are not primarily affected, the latter fact being shown by the increased force and rapidity which bleeding will induce. The extremes of life, when the controlling power of the brain is less powerful, are peculiarly susceptible of this form of collapse as well as of functional nervous diseases. In all these instances the cerebral functions are intact, as they are in cholera, until the later stages, when the brain is poisoned by urea.

The changes which the body of the cholera patient undergoes after death also point to the inhibitory power which during life had been acting; for the blueness of the surface decreases and the temperature of the surface rises. The mode of inducing the condition of the nervous system opposite to that previously alluded to may be now described. When the vaso-motor apparatus is paralyzed by removal of the superior cervical ganglion the bloodvessels remarkably dilate, but without stagnation of their contents, for heat increases even to the amount of eleven degrees, and secretions are plentifully poured out; and, as noticed so long ago as 1727 by Pourfour du Petit, the pupil becomes extremely contracted.

If we possess an agent of well-ascertained power in

weakening or temporarily paralyzing the vaso-motor influence it is worthy of trial in cholera, and such Calabar bean seems to me.

Dr. T. R. Frazer (whose most admirable monograph will be found in the *Edinburgh Medical Journal*, 1863-4), M. Giraldès, and Professor Harley have demonstrated that this drug, (1) paralyzes striped and unstriped muscle, (2) causes dilatation of bloodvessels, (3) augments secretions, especially that of the mucous alimentary glands, (4) contracts the pupil, and (5) is physiologically antagonistic to strychnia. I have myself repeated many of Dr. Frazer's experiments with identical results. In large doses it kills by paralyzing the respiratory muscular tissue, but the heart is not primarily affected, that organ continuing to beat regularly even after the death of the animal for several minutes. If the drug acts on the sympathetic system alone its powerful effects are yet intelligible, for injury to the aortic plexus, as in Sir A. Cooper's first attempts to tie the aorta of lower animals, paralysis of the lower extremities followed.

Impressed with the likelihood of calabar bean acting usefully in cholera, I explained my views to Drs. Hudson and Lyons, who received them with very considerable favour. The latter physician has already treated some cases with this agent, and the former kindly permitted me to administer it to the patients whose cases are detailed below. I have also to tender my thanks to the resident officers of the Meath Hospital, especially Mr. Carter, who attended to the cases with great zeal. I may mention that I was determined to publish the cases, whatever the result—if positively successful much saving of life would follow, and, if the contrary, others might be warned from trusting to the same means.

1. Margaret Devine, aged 28, was seized with purging, vomiting, and cramps, about three o'clock p.m., on the 5th; she was treated with stimulants until ten o'clock on the 6th, when she was admitted into the Meath Hospital; purging and vomiting had ceased, but the cramps in the legs still distressed her. Neither the radial nor brachial arteries gave pulse, but in the common carotid it counted 92, and felt extremely feeble; the tongue, face, and extremities were very cold, and the surface was almost of a purple plum colour; voice was nearly inaudible; the pupils were fully dilated. Everyone anticipated death within a very few hours. The powdered bean was the only preparation then procurable, and of it three grains mixed in two drachms of water were administered every second hour. The only other treatment consisted in the application of external warmth; vomiting did not recur, nor did purging, but during several hours of the night blood was freely discharged from the bowels. The pupils contracted much after the third dose, and about the same time the coldness and blueness were much decreased. The carotid pulse did not alter in frequency or volume to any considerable extent throughout. At nine a.m. on the following morning she described a sensation of a lump in the stomach in terms very similar to those employed by Dr. Frazer, in describing his own symptoms after a full dose of Calabar bean; at ten o'clock the force and frequency of the circulation and respiration declined, and she sank shortly before midday.

The intestinal bleeding probably produced, or at least hastened death; and it may be questioned whether it was due to the very turgid state of the rectal veins, which is usual, or to the action of the drug, which is cathartic.

2. Michael Shelly, aged 50, was seized with purging and vomiting early on the morning of the 6th, in a room from which two of his children had been removed to hospital with severe cholera. I saw him there at eleven o'clock, when he had just passed a rice-water stool and was attacked with cramps in the forearms. There was no coldness or lividity of surface, but the eyeballs were much sunken, and his countenance was terror-stricken. The pupils were small, a condition which his trade, that of a tailor, may have made habitual. The administration of three-grain doses every second hour was commenced at one o'clock, when he arrived at the hospital; but at seven p.m.

a tincture made with five ounces of spirit to four ounces of the bean was procured and given in four-drop doses instead of the powder. The purging and vomiting ceased; he remained warm, suffered no cramps, and the pupils considerably contracted. He complained of a peculiar feeling of weight in the stomach, but nothing else, save very great weakness. He remained in this condition during Friday, but on Saturday morning, at nine o'clock, it was found that the rice-water purging and vomiting had returned, and his skin was sensibly colder. He was depressed extremely by the death of his child, which had just occurred in the next ward. As he had therefore got worse under full doses of the drug, I did not feel justified in continuing it, and small doses of calomel were prescribed, and as no urine was secreted, the loins were cupped twice, two ounces of blood being drawn the second time, and a bran-and-turpentine stupe was applied. At nine on Sunday morning he passed water freely, and may be now said to be rapidly recovering.

3. Patrick Gahan, aged 55, was seen by me at his residence at half-past nine o'clock on Friday morning, 7th. He had had rice-water purging and vomiting; was violently cramped in the legs; his face was pale, the eyeballs much sunken, pupils dilated, his hands and feet cold and bluish, and the radial artery was very thready. On his removal to hospital the tincture was given as in the preceding case, and external warmth was assiduously applied. Two stools were passed during the day, but the other symptoms gradually disappeared, and on Saturday he was almost fit to be discharged.

4. William Crutchfield, aged 15, at about four o'clock on Friday morning was severely purged and vomited, and fainted after one severe fit of purging. He was admitted at half-past twelve with these symptoms and with cramps, but no positive coldness or weakness of pulse.

The tincture was administered in the same way; the purging and vomiting gradually ceased, and he became warmer; the pupils fully contracted. On Saturday morning he was removed by his father, some prostration alone remaining. He has since remained quite well.

A fifth case was admitted in full collapse three hours since, and after the second dose considerable improvement was manifested, but the details must be reserved for a future report.

The above cases are too few for any positive conclusions to be drawn, but they are published in order that any physician who thinks that my reasons for suggesting the drug are sound may give it a trial on a larger scale. It may be better to administer the medicine by subcutaneous injection, as absorption is weakened, in larger doses than I have done, or combined with stimulants, anti-spasmodics, disinfectants, astringents, eliminants, or any other class of drugs which have been apparently useful.

I must add that I still regard the plan of Dr. G. Johnson as founded on truth, and the agent I have ventured to suggest is highly eliminative, especially by the alimentary glands. However, besides the removal of the morbid matter, it must be necessary to counteract the effects it has already produced, and if they consist in a spasmodic condition of the muscular tissue of the bloodvessels—and it seems to me there is no other way by which we can account for the intense and, in some cases, almost instantaneous collapse—the Calabar bean possesses antagonistic influence.

A REMARKABLE CASE OF GUNSHOT WOUND.

By J. M. LYNN, M.D., Armagh.

ON Wednesday, the 16th May last, I was hurriedly sent for to see a clerk in the office of a solicitor in this city. As the place was quite at hand I was there in a few moments, and on my arrival I found the apartment smelling strongly of burnt gunpowder, and sitting upon a chair, and leaning forward upon a table, on which was a quantity of writing materials, I found a young man, with a large lacerated gunshot wound in the back of the neck, out of which was welling arterial blood in large quantities.

On passing my finger into the wound, I found that the atlas was destroyed and the odontoid process of the second vertebra, also both internal carotid arteries cut across, and, of course, the spinal marrow completely divided.

The pulse in the radial artery could be felt for about three minutes after my arrival, and the heart continued to act for about two minutes more, but during all this time there was not the slightest effort or attempt at respiration.

The blood, which at first was florid, soon became dark coloured, owing to the suspension of respiration. In such a melancholy case medical aid was useless.

At an inquest held next day it was satisfactorily proved that the matter was purely accidental. A thoughtless servant took up a fowling-piece, and not knowing it was loaded, pulled the trigger, and the contents, a charge of small shot, passed like a large ball into the back of the neck of the poor clerk, who was busily engaged at his master's work.

NOTES OF A CASE OF

FACE PRESENTATION: CRANIOTOMY: DELIVERY.

By Dr. G. de GORREQUEB GRIFFITH,

PHYSICIAN TO THE HOSPITAL FOR WOMEN AND CHILDREN; PHYSICIAN-ACCOCHEUR TO ST. SAVIOUR'S MATERNITY; SOME TIME HOUSE-SURGEON TO THE HOME FOR DISEASES OF WOMEN.

WITHIN the last twelve months I have been called upon to perform craniotomy on two occasions. The first instance was that of a young patient, married only just nine months, in whom narrowing of the pelvis obtained to such an extent as to need this operation, and who had for two days previous to her delivery been the subject of convulsions. During those two days she had so many fits that the reckoning of them was lost.

There was some doubt in the minds of the two gentlemen who were in attendance upon her as to the presentation.

Without knowing of this doubt I examined, and decided that it was the head which first met the finger, or rather the tumefied scalp. I was then told of the doubt as to whether it was the head or the shoulder. I then examined again and confirmed my opinion, both as to the presentation and to the necessity of performing craniotomy. I also advised chloroform inhalation for the staying of the fits, besides other such collateral treatment as the case required.

I should mention that when I was called in in consultation, the woman was quite insensible, had been so for some time, and that uterine action seemed to have, in a great measure, ceased. Though this insensibility prevailed, yet any attempt at examination brought on the convulsions.

Having roused the flagging energies, I performed craniotomy—an operation rendered particularly difficult owing to the density and hardness of the foetal skull. The patient bore the chloroform admirably, but when the effects of it had passed away there was no return to consciousness, the insensibility continuing up to the second day after her delivery, when a fitful and passing gleam of reason and power of recognition broke upon her for a brief period. She could not, however, speak, and the entire of the right side was paralysed. She sank again into a state of insensibility, and died comatose.

No injury had been inflicted during the operation, nor was there any symptom during life indicative of such; all the fatal signs pointed to cephalic mischief, and disturbance of the entire nervous system.

The case to which I have alluded at the head of this paper is the one to which I wish to direct more particular attention, and is as follows:—

Mrs. W., aged about 45, mother of ten or twelve children by her first husband; had been a widow for nine years, and had then married her present husband by whom she was now pregnant. She is of the middle stature, fat, with broad hips, and good conformation; had never any difficulty in any of her previous confinements.

When I was called in there was almost no uterine

action, if indeed any; but I understood that there had been, all the previous day and night preceding. I attended at about nine p.m.

On examination with the hand on the abdomen I noticed that the womb and child were unusually high up. On introducing the finger into the vagina something was met which resembled the folds of the umbilical cord, especially when it is much swollen and enlarged; this "something" I traced up to the presenting part of the child, and, as I swept the finger round the presentation, I still entertained the idea that the cord had slipped down. More careful examination convinced me that what so closely resembled the funis, was nothing more than the lips of the os uteri very much lengthened, swollen, and edematous. They were so much elongated that they reached half way down the vagina; it was not a circular elongation, but an anterior and posterior, there being a prolongation of the anterior and posterior lips of the uterus, a distinct gap obtaining laterally.

Continuing my examination, my finger came upon the nostrils of the child; then, running it forward towards the pubis, I detected the mouth, and still more anteriorly, the chin, but resting above the pubis. Directing the finger backwards, the eyes and forehead were made out, the greater portion of the latter lying above the promontory of the sacrum, which projected so far forwards towards the pubis that it was impossible for the birth of a living child to take place. I had the patient put under chloroform, and then made the gentleman who had called me in to satisfy himself as to what I described. He did so, and we arrived at the one conclusion. I then, again, while the patient was under chloroform, proceeded to examine, this time using the left hand, prepared to enter the womb and turn the child if I found it practicable.

If no other obstacle than the projection of the sacral prominence opposed, my intention to turn this in itself was an insurmountable difficulty. With extreme care (having a very small hand and arm) I managed to insinuate the hand somewhat to one side of the promontory over the top of the child's head, under the occiput and down to the neck. Here I met the funis coiled round the child's neck; pulsation had ceased. Beyond this I could not pass the hand, partly owing to the greatly increased anterior convexity of the sacral angle, and partly because the womb tightly cinctured the lower part of the child's neck, and the upper part of the thorax. Before withdrawing the hand I lifted the occiput somewhat out of its bed above the promontory of the sacrum, and as much as I could rotated the face towards the left groin, and flexed the head a little on the neck so as to prepare a better position for the perforation. Having done this I left for an hour, and desired that the patient might be allowed to rest, and that she should be refreshed by nutriment and stimulants.

On my return after the lapse of an hour the patient was again put under chloroform. At the request of the gentleman in attendance I put on the long forceps laterally, but without any effect. Subsequently, I again got my left hand under the occiput, introducing it in the fashion I before mentioned, and flexing the head as much as possible on the chest, I proceeded to break up the head, the hand having previously been transferred from underneath the occiput, so that I might use the fingers as a guide for the perforator. I laboured under the disadvantage of having to perforate through the centre of the frontal bone where the gentleman in attendance had first pushed the scissors. This I found a very great inconvenience when I tried to use the hook, because the bones of the face did not afford a firm hold to the instrument, and the angle of the sacrum was so acute that it would not allow the hook to be directed backwards sufficiently to obtain a good purchase. I, therefore, first broke up one parietal bone, and then could manipulate with greater ease. It was not till the entire skull was completely broken up that the child could be drawn through the narrowed pelvis.

When the child was abstracted, and as there was no inclination on the part of the womb to expel the placenta,

I introduced the hand (left) and withdrew the after-birth. I then bound up the patient comfortably.

Some time has now elapsed since the operation, and there has been no untoward symptom. The patient has resumed her usual domestic duties and her position in society, having regained full health.

I would here note, as a singular coincidence, that about two years since this lady's eldest daughter was delivered in the same manner.

The cause of the face presentation can, I think, be explained in the following way:—When the uterine pains first commenced the child lay with the face either directly forwards towards the pubis, or turned a little towards either acetabulum, the occiput impinging on the sacral promontory, where it was arrested, steadied, and with each pain was forced against this unyielding angle; by degrees the uterine action—the *vis a tergo*—forcing the head downwards against the sacrum and pubis—the *vis a fronte*—the occiput was guided upwards by the higher ridge—the sacral promontory, while the forehead came down towards the lower ridge—the pubis. As the pains continued the head was completely flexed backwards so as to bring the occiput to rest upon the upper part of the back in the manner which obtained when I first saw the patient.

I apprehend that at one stage of the labour a brow presentation had taken place.

While upon this subject I would advert to a paper by Dr. O'Flynn, which you published in your number for August 8th, in order that I may take exception to some principles laid down in it. First, Dr. O'Flynn says, "It is in extracting the foetus after perforation that all our difficulties commence, and in performing this part of the operation an hour or more has frequently been spent in futile efforts at extraction, *while the woman, dispirited and exhausted, has to be plied with stimulants.*"

From the latter words (printed in italics) I gather that Dr. O'Flynn does not employ chloroform in such an operation. If he did the patient could not be "dispirited," or, indeed, know aught of suffering; and if he would adopt the plan mentioned in the body of my paper—namely, to give stimulants before employing the anæsthetic, he will find an immense advantage gained, inasmuch as he will be able to keep his patient for hours under the influence of the drug without there being any further necessity for administering stimulants, since the want of consciousness, the insensibility to pain, and the rest obtained by the chloroform, do away with the necessity of sleep.

I wish to take exception to this non-adoption of chloroform; because having studied under the great Irish masters of obstetrics—Churchill, McClintock, and Denham—I do not think the plan of not administering the drug is the practice in the Dublin school.

Not having by me the first volume of the "Obstetrical Transactions," I would ask Dr. O'Flynn to kindly tell me—Whether Dr. Mackenzie administered chloroform in the case "in which, after using the crotchet for two hours, he delivered by turning, and the woman died of shock?"

In applying the perforator—the forceps already embracing the head—I would ask Dr. O'Flynn, Whether he guided the point of the scissors with his fingers? And if not, what safeguard had he against the slipping of the instrument, and the injuring of the mother?

I presume, from Dr. O'Flynn's description of his case, that the deformity of the pelvis was in the antero posterior diameter. This would oblige him to apply the forceps laterally, and so to guide the scissors backwards or forwards. Then, when opening the blades of this latter, how, except by the fingers on the blades, could he know that the maternal structures were not endangered, the rectum posteriorly, the bladder in front. Should the perforator be inclined to either side—the forceps being on the head—and not be guided by the fingers, how terrible might be the consequences if the instrument slipped, because of the density of the cranial bones, an unguarded

thrust of the operator, or too great an amount of force in the boring movement, when the surgeon found that ossification of the head existed greater than he might have anticipated, or because of a sudden lurge or movement on the part of the patient, especially if she be not under the influence of chloroform. How terrible, I repeat, might be the consequences if the instrument slipped and perforated one of the contiguous bloodvessels, as it might do, did we not guard against such a contingency, by employing the fingers of the left hand.

Even when chloroform is given, we know that it is impossible to foresee that the patient will not move; but when she is not soporised, it is, indeed, difficult for her so to command herself as to ensure that there will be no movement.

Besides, if the head be not firmly locked or impacted in the pelvis, may not the child move or be moved by uterine action?

9, Lupus-street, London, S.W., August, 1866.

THE RINDERPEST OF THE PRESENT TIME,
AND
THE CATTLE PLAGUES OF PAST AGES,
IN THESE ISLANDS,
AND ON
THE CONTINENT.

By THOMAS MORE MADDEN, M.D., M.R.I.A.,

LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; MEMBER OF THE ROYAL COLLEGE OF SURGEONS, ENGLAND; LICENTIATE OF THE FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW; DEMONSTRATOR OF ANATOMY, CARMICHAEL SCHOOL OF MEDICINE; AUTHOR OF "CHANGE OF CLIMATE IN PURSUIT OF HEALTH," "THE CLIMATE OF MALAGA," "OBSERVATIONS ON INSANITY AND CRIMINAL RESPONSIBILITY," ETC., ETC.

(Continued from page 64.)

PART III.

HISTORICAL NOTICE OF CATTLE PLAGUES IN IRELAND,
FROM THE EARLIEST AGES TO THE PRESENT TIME.

HAVING now placed before the reader as succinct a view of the nature and symptoms of the present rinderpest as the space at my disposal would allow of, I would invite attention to a branch of the inquiry which has attracted very little notice, notwithstanding its practical, as well as historic, importance—namely, the ancient cattle plagues of this country. The following account of these has occupied a considerable amount of time and involved some labour in searching through the ancient Irish annals and manuscripts, of which there are translated copies, in the library of the Royal Irish Academy. I have to return my best thanks to Mr. J. Long and Professor Connellan for some references, and in a special manner to Mr. William Hennessy for kindly furnishing me with several valuable notices on the subject from his forthcoming version of the "Chronicon Scotorum." In the Census Report of 1851, volume v., there is a great deal of most valuable matter on this subject, by Dr. (now Sir Wm.) Wilde, of which I should have availed myself more fully had I not had access to the sources of information I have just mentioned.

Concerning the earliest of the ancient Irish epizootics, we know comparatively little, excepting the period of their occurrence and the mortality they occasioned, these being generally the only points alluded to by our early annalists. Sometimes, however, the information goes beyond this; and we find the names of certain cattle plagues and the causes to which they were ascribed recorded. And in a few instances, as will be seen in the following pages, our ancient historians have left some account of the symptoms of these murrains, but in such vague and indistinct terms as to afford no clue to the character of the disease.

The names used by the Irish annalists do not help much to clear up our doubts as to the character of these cattle plagues. The expression most generally used in speaking of the earliest epidemics, in the "Annals of the Four

Masters," and of Ulster, is *Bo-ar*, and I am informed by two erudite Irish scholars—namely, Professor Connellan and Mr. Hennessy—that the exact meaning of this phrase is "cow-slaughter," which seems to me to convey a more graphic idea of the deadly character of the pestilence so designated, than the word "mortality," by which the word *Ar* is translated in the Census of 1851. The point is, however, of little importance.

The first epizootic in Ireland which I find mentioned in "The Annals of the Kingdom of Ireland," by the Four Masters, occurred in the year 5001 A.M., in which it is simply recorded, "There was a great mortality of kine in Breasall's reign." Dr. O'Donovan's note on this passage is, "From this mortality he (Breasall) received his cognomen of Bodhiobhadh." "Breasall Bodivo was king ten years. In his time there was such a morren of coves in this land as there were no more then left alive but one bull and one heifer in the whole kingdom, which bull and heifer lived in a place called Gleann-Sawasge"—*Annals of Clonmacnoise*. Dr. O'Donovan resumes, "Gleann Samhaisg, or Glen of the Heifer, is the name of a remarkable valley in the county of Kerry, where this tradition is still vividly remembered."—*Notes to Annals of the Four Masters*, vol. i., p. 86.

The probable date of the next epizootic alluded to by the early Irish writers may be fixed between the years 240 and 280. In a remarkable MS., in the collection of the Royal Irish Academy, is a translation by an eminent Irish scribe, Mr. Long, of a portion the "Book of Lismore," entitled "The Forbuis Dromdambgaire," in which I have discovered a curious confirmation of the importance then attached by the ancient Irish chieftains to the loss of their cattle from murrain. Concerning this manuscript, I may premise, on the authority of Mr. Long, that the scene is laid in the reign of King Cormac MacArt, circa, A.D. 281. It is an historical romance, apparently written in vindication of the claim of the Irish Druids to supernatural powers, written by an unknown author. One of the first events recorded in this MS. is the announcement of Aongus, who figures in nearly all our ancient documents as the most powerful of the Irish Druids, to King Cormac, that his misfortune will befall him, offering him, however, his choice as to what part of his reign it shall happen in. "Give it to me good in the beginning and the end," said Cormac; "and when my reign is best in the middle of my age, bring a reverse on my prosperity; and what shall it be?" said Cormac. "Nin," said Aongus; "a loss of cows that will occur in your time, until it be to the asking of one cow on the hills and rich pastures, and the seven Columhna of Tara, and in your own fortresses." Further on we read that the "cow-destruction" has come, and that King Cormac is obliged to distribute his tribute of cattle to his chieftains, "for they had lost their cows, and he kept back none without sharing." This romance which we need not follow farther here, goes on to narrate the results of this "cow-destruction," which gave rise to all the wonderful prodigies related in this most interesting manuscript.

Passing from these early traditions, we find that nearly three centuries elapse without any record of cattle plague in Ireland, till the year 561, when a murrain, which is said by Colgan to have occurred in Meath, is noted. Colgan says that it originated from a poisonous pool which made its appearance there that year—"Cisterna venenata per hiatum terræ apparuit in illa regione, et sumus de ea egrediebatur, qui mortiferam pestem hominibus et iumentis faciebat."—Colgan, *In Vita St. Aedi—Acta Sanctorum*, tome i., p. 422.

In the year 580 we read in Dr. O'Donovan's translation of the "Four Masters," that there occurred "a mortality upon all animals in general throughout the whole world for the space of three years, so that there escaped not one of the thousand of any kind of animals." "The year was so cold," the annalist goes on to say, "that the sea between Ireland and Scotland was frozen, so that there was a communication between them on the ice." Sir William Wilde quotes an account of a cattle plague im-

ported from England into this country from the "Annals of Clonmacnoise" in 695, which occasioned "such famine and scarcity in Ireland for three years together that men and women did eat one another for want." In the Chronicon Scotorum this "bovine mortality" is stated to have occurred in the year 696.

In 699 a similar disease broke out in Longford, and caused equal destruction and want. The only account of this epizootic is that given in the "Annales Ultonienses," which forms the fourth volume of O'Connor's "Rerum Hibernicarum Scriptores," in which under this year the entry is—"Accensa est bovina mortalitas in Hibernia in Kalendis Februarii in Campo Trego, i Tethbai." In the same annals in the year 700 we find a similar entry, and in 707, "Bovina strages iterum incendit." The next notice of a cattle plague in Ireland is in the following year, when we read (Ann. Ulton., p. 71, vol. iv.), "Pestis que dicitur Baccach, cum ventris profuvio, in Hibernia." This entry deserves special notice, as being the first account on record of the symptoms of these early cattle plagues in Ireland. The word *Baccach* signifying lameness in Irish, with diarrhœa (*ventris profuvio*). In 770 the Book of Clonmacnoise, already alluded to by Sir William Wilde, records "a great murrain of cattle called the *Matylegran* ran over the whole kingdom."

772. There is a similar entry.

775. Dysentery, or perhaps cholera, attacked human beings, and cattle plague the cows and oxen. ("Fluxus sanguinis morbi plurimi similiter. Pene mortalites in Bo-ar-mar. Boum strages magna."—*Annales Ultonienses*.)

The next mention of cattle plague contained in these early Irish annals is to be found in the Chronicon Scotorum in the years 916, 959, and 985, in which last year we find the first mention of the "Maelgarbh."

986. Pestilentia magna unde clades hominum et Armentorum inter Saxones, Britones et Hibernos (*Annales Ultonienses*). The same year, we read in the Four Masters, "Prenatural (*i.e.*, magical) sickness was brought on by demons in the West of Ireland, which caused great mortality of men plainly before men's eyes. The commencement of the great murrain of cows—*i.e.*, the strange Maelgarbh, which had never come before."

The same event is thus noticed in another contemporaneous chronicle:—"A.D. 981 (*recti* 986). This year began the murren of coves called in Ireland the Moylegarve."

In that year (we read in Short's "History of the Air") there was a deadly murrain in England.

1044. "Cluain-mic-Nois was plundered by the Con-mhaicni, and God and Ciaran wreaked great vengeance upon them for it—*i.e.*, an unknown plague (was sent among them), so that the Booleys were left waste with all their cattle, after the death of all the shepherd people."—*Annals of the Four Masters*, O'Donovan, vol. ii., p. 846.

1047. "A great snow this year, the like of which was never seen, from the festival of Mary until the festival of Patrick, so that it caused the destruction of cattle and wild animals, and the birds of the air, and the animals of the sea in general."—*Annals of the Four Masters*. In the succeeding year we read in contemporary chronicles that a great murrain had prevailed among the cattle in England.

1085. "There was destruction of men and cattle in this year to such an extent that certain rich people were made husbandmen in it."—*Annals of the Four Masters*.

1087. "Great abundance of nuts and fruit, murrain of cattle and dearth in this year, and a great wind which destroyed houses and churches."—*Four Masters*.

1115. "Boisterous weather; frost and snow from the fifteenth of the calends of January to the fifteenth of the calends of March, or longer, which caused great destruction of cattle, birds, and men; whence grew a great dearth throughout Ireland, and in Leinster particularly."—*Four Masters*.

1133. "A great murrain of cows in Ireland, which was called Maelgarbh, the likeness of which was not seen since the great cow mortality which happened in the time of

Faithbheartach, son of Loingseach, and it left but a small remnant of the cattle of Ireland."—*Four Masters*. This epidemic, as we learn from contemporaneous authorities appears to have lasted for three years, and was preceded by murrain in England.

1154. "There was a great destruction of thescattle of Ireland this year."—*Four Masters*.

1224. "A strange and awful shower fell in Connaught, extending over Hy Maine, Sodain, Hy Diarmada, and other parts, followed by terrible diseases and distempers among the cattle that grazed on the lands where this shower fell; and their milk produced in the persons who drank it extraordinary internal diseases."—*Annals of the Four Masters*, by Connellan.

(To be continued.)

Hospital Reports.

THE CHOLERA WARDS OF THE HOSPITALS OF LONDON.

LONDON HOSPITAL.

WE have again to report some diminution in the number of cases treated at this Hospital, as will be seen from our weekly summary.

Admissions into the Cholera Wards of the London Hospital during last Week.

	CHOLERA.		DIARRHŒA.	
	Males.	Females.	Males.	Females.
Aug. 31st	4	1	3	2
SEP. 1st	2	2	1	2
2nd and 3rd	3	0	2	3
4th	2	4	0	4
5th	0	0	1	3
6th	1	1	1	3
Totals	12	8	8	17

The case we mentioned last week, in which injection into the veins had been tried, unfortunately terminated fatally, but since then a further trial has been more encouraging. During the week 4 cases have been treated by the venous injections—the operation in each case being performed by Mr. Little. Of these two died on the third and fourth day after respectively. One which seemed the worst case is almost well; the fourth on the ninth day was well. This will serve to direct further attention to this important mode of treatment. Of course, in a disease of this nature, there is the difficulty of bringing all the statistics into certain fixed dates, as it is in the case of our hospital reports, necessary to send them to press as early as may be. We shall, however, not lose sight of the subject, and while reporting from week to week any salient features, hope, at a later date, to furnish our readers with a more comprehensive account of what has been done during the epidemic, of which we hope we have now seen the worst.

The new admissions reported above now bring the total cases treated at the London Hospital to—515 of cholera, and 209 diarrhœa, besides 10,043 minor cases treated as out-patients. The following is our table of results:—

	Total Admissions.	Recoveries.	Deaths.	Remain.
Cholera	515	196	272	47
Diarrhœa	209	153	17	39

LIMEHOUSE DISTRICT CHOLERA HOSPITAL.

It is satisfactory to report that here also there is a diminution in the number of cases, although not in the severity of the symptoms. Here also the venous injections have been tried. Two cases were thus treated, of which one is dead, but the other holds out a promise of success. Another mode of treatment considered successful is the exhibition of large doses of quinine—a fact we commend to those writers who have recently

insisted on the analogy between cholera and intermittent fever. Cases of cholera, accompanied or followed by scarlatina, variola, and varicella have also been admitted. These are also interesting from several points of view.

COMMERCIAL-STREET CHOLERA HOSPITAL.

THE chief object of establishing this hospital was to induce those suffering from the disease to leave their homes where they would be only likely to spread it to other members of their families, and it has been observed that where one patient enters another from the same house frequently follows. The hospital is placed under the care of Dr. Sutton, and the nursing department is carried on by the Plymouth Sisters, which Sisterhood has long been well known by the poor in the vicinity. Up to the present time 114 cases have been admitted, and there have been 33 deaths in the hospital. These numbers are to be qualified by the statement, that although some most virulent cases of cholera have been admitted, there have been many which, in classifying, would come under the denomination of choleraic diarrhoea.

The hospital contains three large, lightsome, well-ventilated wards, with lime-washed walls—one for males another for females, the third for convalescents. Each ward is placed in charge of a lady sister, with nurses and sisters under her, and the arrangements secure one nurse to every patient who is very ill. Many of the patients come from the poorer districts of Bethnal-green and Spitalfields, which have already suffered so much. The treatment adopted has at present been mostly hot applications, iced drinks, and other simple remedies.

BELLEISLE HOSPITAL SHIP.

THE method that has been adopted of sending all threatening cases to this ship from the *Dreadnought* has been attended with great success. A great number of cases of diarrhoea have been relieved, and there can be no doubt that numerous instances of incipient cholera have been arrested. It is to the excellent arrangements in connection with these two ships that much of the decrease of cholera on the Thames is to be attributed, for ships continue to come up the river with cases on board, without the slightest quarantine being enforced.

During the week 11 new cases have been admitted, and 3 deaths have taken place. This is certainly a relapse from the favourable accounts we were able to publish last week. On investigating the statistics it is found that about a quarter of the cases come from one locality—the Commercial Dock. This evidently points to some local cause giving rise to so many cases, and should at once be investigated by the authorities. While in other parts about the river there is a marked diminution, any judicious of local mischief ought to excite the suspicions and rouse the activity of those whose duty it is to enforce the local sanitary regulations. We noted last week the rapid convalescence of these who survive the stage of collapse at this hospital ship. Since then one patient has died from secondary fever—this being, however, only the second death from that cause. Whether the favourable and rapid convalescence so general here can be altogether due to the usually "iron constitutions" of our "tars" may be worth an attempt to determine.

Some details from other hospitals we defer until we can give a more elaborate summary of the epidemic, as witnessed in these institutions.

WAPPING CHOLERA HOSPITAL.

It has been stated that a considerable number of relapses had occurred at this hospital, but on investigation this appears to be an error. It is clear that no one has been discharged too soon; the authorities seem rather anxious to keep them till all danger is past, a very commendable practice.

Out of 172 patients admitted to September 7, one only

has been discharged. All the others who have left have left of their own accord; in the majority of cases after some delay caused by the express desire of those in charge.

There have been five cases of relapse:—

T. T., a baby, brought in with no urgent symptoms, taken away well, and three weeks later said to be dead from neglect. No application was made to any medical man till the very last.

M. D., a cholera case; first brought in drunk by the police; went out, returned, and left cured in 12 days.

J. D., cholera; left the hospital cured; brought in again after four days, having been drunk all that time; finally left cured in a fortnight.

A. S. diarrhoea and chronic drunkenness; left in three days, but returned; no urgent symptoms; was admitted and allowed to remain six days, when she tried to steal off with another patient's clothes. Having suffered from nothing but debility due to drunkenness, she was dismissed.

T. A., a baby, was taken away cured of diarrhoea; brought back again very fretful, but nothing the matter, and is still in the hospital.

The Reverend Mr. Burnaby says:—"With respect to the many seafaring people of the better class whose deaths have caused 'painful instances of bereavement,' there have been in all nine sailors admitted, men and boys; three have died; one left a widow, who has been provided with regular work in my parish as a mission woman; one left a widow and child in Norfolk; and one when brought in was so far gone that nothing could be learnt from him."

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

CHOLERA: ITS PATHOLOGICAL ANATOMY AND GENERAL PATHOLOGY.

THE particulars of the following case will be found worthy of record, as it was made the subject of careful observation during life and after death.

N. B., æt. 32, about five months pregnant, was admitted into the Hardwicke Hospital, No. 6 ward, August 31, 1866, having been ten hours ill previously. When seen at the hour of morning visit she presented, in an extreme degree, all the well-known phenomena of choleraic collapse. She had the sunken eye, raucous voice, general lividity, and marked blue-black discolouration of the lower extremities, with general dusky hue of the surface in other parts. She was pulseless, the hands and feet were cold, but not remarkably shrivelled. She vomited all that was given her as medicine or drink, but no very excessive action of the bowels was observable from the period of admission until her death. She retained quite enough strength and vitality to sit half up in bed, answer coherently, take drinks without aid, but gradually sank without further vomiting or purging, and died at 3:30 p.m., on September 1st, about twenty-four hours after she had been taken ill.

On post-mortem examination the temperature of the body was observed to be sensibly higher in all parts than for some hours before death; the general lividity, and especially that of the lower extremities, was much less marked than during life. The facies cholericæ continued, however, to be fully characteristic. Dr. Lyons proceeded to make a very careful post-mortem examination.

Heart.—The heart was found of normal size, consistence, and appearance; the right auricle and ventricle contained four to five ounces of black tarry semi-clotted blood. There was a small coagulum of fibrin in the orifice of the pulmonary artery; the left chambers of the heart were firmly contracted, and contained but a trace of blood.

Lungs.—The lungs were somewhat congested, but collapsed to the usual dimensions; on slitting up the bronchial tubes some frothy mucus was found to partially fill them,

and here and there considerable vascularity of the bronchial membrane was observable. On section through the lung tissue, frothy, sero-sanguineous fluid escaped, but there was a total absence of any marked patches of localized congestion, or anything amounting to a "block" of the pulmonary circulation.

Stomach.—The gastric mucous membrane was of a deep brownish red tint; the membrane was soft and slimy, but there was a total absence of any active congestion.

It is to be observed that the intestines throughout were devoid of all fecal or bile-coloured substance whatsoever, and contained some quantity of thickish dirty rice-water matter.

Small Intestines.—The duodenum presented appearances somewhat similar to those found in the stomach. The jejunum was of a pale, dirty, pink colour. The mucous membrane was much softened, and its epithelial covering readily removable as a slimy coating of dirty, pinkish cream colour and consistence. The ileum exhibited more marked changes: the general aspect of the intestine bordered on a rosy pink hue; its mucous surface was here and there, in patches of considerable extent, much abraded, the epithelial coat being entirely removed and the basement membrane exposed, and reddish and angry-looking. The solitary glands and the patches of Peyer were charged with a dirty white exudation, and a general appearance of congestion was noticeable around the patches. At the ilio-colic valves the last patch and the solitary glands exhibited the above-mentioned dirty white exudation in excess.

Large Intestine.—The colon was throughout washed clean, its surface being smooth, and the mucous membrane intact, except in two situations—viz., about the central portion of the transverse arch and the sigmoid flexure. At these points, some three to four inches exhibited an intense amount of blue-black vascularity, corresponding to the primary stage of a true dysenteric process. No gelatinous or lymphic exudation had as yet taken place, but the eye of the experienced pathologist could not fail to detect the well-marked phenomena just described.

Liver.—The liver was normal in appearance; the gall-bladder was full of dark-greenish bile.

Spleen.—This organ presented no condition calling for remark.

Kidneys.—Both kidneys were normal in appearance on section.

Nerve Centres.—The solar plexus and semilunar ganglia were dissected out with much care through a large part of their extent and connexions, but beyond a very slight and possibly accidental state of congestion of the left border of the left semilunar ganglion no morbid condition whatever was discernible.

The ganglia were found with little difficulty, and the nerve fibres were readily traceable and firm in texture. Dr. Lyons has so repeatedly examined the cranial and spinal nerve centres with negative results, that it was deemed unnecessary to make any special examination of the brain or cord in this case.

In carefully analyzing the phenomena presented in this case, and comparing them with those exhibited by others in the present and in former visitations of this disease at home and abroad, Dr. Lyons is of opinion that we must recognize in cholera as the essential conditions:—

I. A state of constant hyper-stimulated, paralysed, or suspended vasi-motor power most observable in the tertiary (radial and tibial) and ultimate arteries, and probably in the accompanying veins, corresponding to the collapse of cholera, with coldness and blueness of surface, shrivelling of the skin in the hands and feet, and death as an immediate result, when the first impression is sufficiently profound.

II. That the foregoing state may be present to an extreme degree, and may even cause death, without the development of specific lesion cognizable post-mortem, as in cases of cholera sicca, or dry cholera—i. e., without vomiting or purging.

III. That the special portions of the nervous system engaged are presumably the vagi and sympathetic centres.

IV. That congestion of the lungs is an occasional but not necessary condition in cholera, and is due to lesion of the pneumonic plexuses.

V. That gastro-intestinal irritation, with vomiting, purging, and rice-water evacuations, are constant, but not universal or necessary phenomena in cholera, and are due to irritation of the gastric, solar, and splanchnic plexuses.

VI. That in the absence of constant or specific lesion in the nerve centres of the vagi and sympathetic, the phenomena of the choleraic condition, which fall essentially within the domain of these centres of nerve power, are due to a potent dynamic agency influencing the nerve centres in question and their branches as conducting media, but not necessarily leaving cognizable physical changes in them.

VII. That the agency producing cholera is thus analogous in dynamic effect to that by which lightning, an excessive electric shock, severe concussion, a blow on the head, the spine, or the stomach, prussic acid, woorali, snake, or other animal or vegetable poison kills, "and leaves no sign."

VIII. That in this view, rigorously considered, the remedy logically indicated by physiology and pathology, is one capable of acting on the vagi and sympathetic centres with great potency; (a) that possibly in some alkaloid of great potency such a remedy may yet be found; or (b) in some modification of electro-galvanic agency.

IX. That in view of the foregoing conclusions, it cannot be admitted that a leaven, poison matter, or other material element of either organic or inorganic origin is introduced into the body from without, or generated within, which demands elimination. And that the phenomena of vomiting, purging, and collapse, are the expression of excessive morbid functional disturbance, in the continuance of which life is being eliminated; and lastly, that an eliminative medication, as a curative agency, has no basis or rational foundation in pathology.

On logical conclusions from the pathology of cholera, as it has been here upheld, and at the suggestion of Dr. Mapother, the effect of the Calabar bean, as a powerful agency peculiarly influencing the sympathetic system, is being tested in Dr. Lyons's Clinique in cholera cases. One patient has recovered under its use.

Reviews.

EDINBURGH MEDICAL JOURNAL. September, 1866.

THIS number opens with Professor Christison's learned Graduation Address, lately delivered at Edinburgh University. It likewise contains two curious papers; one "On the Age of Nubility," by Dr. J. Matthews Duncan, and another entitled "Observations on the Physiology of the Larynx, by John Wyllie, M.D. The first of these concerns all who are married, or who intend to be married; and the second, an Inaugural Dissertation for which a gold medal was awarded by the University of Edinburgh at the Medical Graduation of August, 1865, we specially commend to musical members of our profession. Dr. George Steel of Montrose, gives a paper on cholera, read before the Forfarshire Medical Association; and Dr. G. Hamilton of Falkirk, concludes the "Original Communications" with a short paper "On Dislocation of the Shoulder Joint." The other portions of this number are worth reading.

THE GLASGOW MEDICAL JOURNAL. Sept. 1866.

THIS periodical, which is No. 5 of the new or Monthly Series contains the continuation and conclusion of Dr. J. Warburton Begbie's paper on Anthracosis; a paper on Congenital Goitre, by Dr. Alexander R. Simpson, as communicated by

that gentleman to the Glasgow Medico-Chirurgical Society; a paper on the Preventibility of Cholera by Dr. Andrew Fergus; a case of Strangulated Femoral Hernia, by Dr. John B. McLeod; and a case of Aphasia, by Dr. John Barclay. On Dr. Johnson's recent work, Dr. Fergus observes: 1st, "he does not notice the first stage of the disease [cholera]; 2nd, he does not dwell on its preventibility at that stage." Such statements form the text of Dr. Fergus's discourse; and his advice is this in effect:—"Fear not cholera; do not take brandy or change your usual diet, if it be simple and easy of digestion; do not fatigue yourself; keep up the proper temperature of the skin; keep a solution of morphia, or laudanum, as a pocket companion, and stay in bed for a short while after the premonitory diarrhoea has been checked.

THE MEDICAL MIRROR. September, 1866.

THIS number opens with a paper, reprinted from the *New York Medical Record*, on the infectious character of cholera and the necessity of quarantine, by Dr. Charles A. Lee of New York, and Dr. J. M. Toner of Washington. "Holiday Notes on Paris and its Hospitals" are continued; and are followed by an Essay on the Preservation of Health, by Thomas Inman, M.D. We observe that Dr. Inman's observations are "to be continued monthly," and we are sorry for it. His present paper is written in a style of forced jocularly, and exhibits nothing but professional emptiness. The series is possibly designed to be reprinted for popular, not for medical circulation. This we gather from the style, and from the writer deliberately travelling out of his subject (the preservation of health) to show contempt of God's Word and Commandment, and to give an igno rant insult to a chivalrous and hospitable nation. On page 528 he says:—"The Arabs are pointed at as mirrors of longevity, but when the authority is asked for, it is found in the Bible, whose older authors exaggerated to the full as much as does a modern Irishman, and who say a hundred when they mean a dozen." If the Editor of the *Mirror* desires a large circulation for his Journal, he must exclude heresy and international rudeness from its pages.

The next paper is entitled "Remarks on the Oil of Yellow Sandal Wood in the Treatment of Gonorrhœa," by Dr. H. S. Purdon of Belfast; and besides other interesting matter, a curious letter appears from "A Printer's Devil" on the Cost of the *British Medical Journal*.

MADRAS QUARTERLY JOURNAL OF MEDICAL SCIENCE.

THE editor of the present number is compelled to make a fresh appeal to his professional brethren in Madras to aid him with their contributions. We sincerely hope he may meet with a response. He cherishes a hope that "the only Madras Medical Journal" will not be allowed "to die of inanition." If impossible to carry on a quarterly, we would suggest making it half-yearly, rather than let it drop. Such a medium ought to encourage the Madras Medical Service to enrich our literature with their most practical contributions. In the present number the principal of the Medical College, Dr. S. Smith, continues his ophthalmic papers. Mr. H. King gives some "American Notes," and Dr. Macbeth furnishes a "Special Report as to the relative effects of hill and plain stations on the sanitary welfare of the 74th Highlanders." We notice also in the miscellany tables of meteorological results for the year 1865.

CHOLERA: a new Theory. By C. D. KINGSFORD, M.D.

THE theory proposed is, that the disease is due to poisoning by phosphorous, which finds access in the form of phosphuretted hydrogen. The treatment recommended is the calo-

mel one that has already been, so the author thinks, the most successful of all, and he explains its efficacy by "the chlorine of the calomel uniting with the hydrogen of the poisonous gas, while the metal hydrargyrum is reduced and rendered inert by the phosphorus.

MECHANICAL TREATMENT OF CHOLERA. By a Physician.

THE treatment is this: "Let the patient be placed, supported on a flat board in a horizontal position, and on his back, the legs being partially flexed. In this position a rocking saw-saw, or to-and-fro movement must be communicated to the body, either by means of rollers, or by poising the board upon semicircular supports, or by suspending it from above." In this manner the author proposes "to give momentum to the blood, and to compel it to circulate, also to induce respiration by the concussion of the intestines against the diaphragm synchronously with the momentum imparted to the blood." Some other means are also proposed as adjuncts to this treatment.

We have also received a pamphlet on cholera by Joel Shaw, M.D., author of the "Hydropathic Family Physician," and R. T. Trall, M.D., author of the "Hydropathic Encyclopædia." Wine as it should be, by J. L. Denman. Letts's General Map of the Seat of War, and a number of periodical publications which must at present stand over.

THE RICHMOND MEDICAL JOURNAL FOR JULY.

THE Southerners are evidently recovering from the effects of the war, and the medical art is beginning to flourish again in Richmond, where this journal is published.

This number consists of 87 pp. 8vo, and has among its original communications "Observations on Cerebro-Spinal Meningitis," by Dr. Bedford Brown; and a paper on Vaccine Lymph treated with Glycerine, by Dr. Henry of Wiesel. It also contains a Lecture on our recent advances in the Diagnosis and Treatment of Functional Diseases, by Dr. Brown-Séguard; and an Essay on Ozone, its Relations to Health and Disease, by Dr. Gaillard, one of the editors.

AN elegant little work, entitled "A Handy-book of Ophthalmic Surgery," by Messrs. John L. Laurence and Robert C. Moon, has just issued from the press, and no book on ophthalmic surgery was more needed. Designed as it is for the wants of the busy practitioner, it is the *ne plus ultra* of perfection, it epitomises all the diseases incidental to the eye in a clear and masterly manner, not only enabling the practitioner readily to diagnose each variety of disease, but affords him the more important assistance of proper treatment. The chapters on optics—a subject so important, yet hitherto so little understood by the profession generally—are worthy of an accomplished oculist like Mr. Laurence, though perhaps we are no warranted in saying they are written solely by him. Altogether, this is a work (and published at a very moderate price) which ought certainly to be in the hands of every general practitioner.

LOCAL ETHEREAL ANÆSTHESIA.---A series of operations have been performed by M. Demarquay, at the paying hospital of Paris, advantage being taken of pulverized ether. Dr. Richardson's apparatus was employed with a slight modification. Instead of the two india-rubber balls, only one is used, and the air is forced into it by a small air-pump. M. Demarquay says that with the pump an ounce of ether is vaporized in one minute. The pump is worked with more or less energy, according to the thickness of the jet.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 12, 1866.

THE CONTAGIOUS DISEASES ACT OF 1866.

THIS Act which lately received the Royal assent, and which will come into operation on the 30th of the present month, is a far more important measure than is generally supposed, and although apparently only a supplement or amendment of the Contagious Diseases Prevention Act of 1864, it is in reality an approximation to the system of licensing prostitution, after the example of many Continental cities. The jurisdiction of the Act is still limited to certain towns in Great Britain frequented by soldiers and sailors, and includes Portsmouth, Plymouth, Woolwich, Chatham, Sheerness, Aldershot, Windsor, Colchester, Shorncliffe, the Curragh, Cork, and Queenstown, but there can be little doubt that in course of time a similar kind of legislation will be applied to other localities, if the working of the present measure should turn out to be successful, and if the popular clamour likely to be aroused by such a scheme can be either silenced or evaded. In the instance of the Act just passed, its promoters have managed to smuggle it, as it were, through both Houses of Parliament, and it is now the law of the land, but many of its provisions will startle not only those who advocate in the widest sense of the term the liberty of the British subject, but also the moralists who argue that the particular diseases against which the powers of the Act are directed ought to be left to run their course unchecked by the Government or the Legislature.

It is indeed extraordinary that such an Act, having for its object the control and prevention of venereal diseases, which, after all, are caused by vice or imprudence, should have been passed by the representatives of a nation which has hitherto refused or neglected to support any efficient measure for the suppression of a cognate malady—namely, small-pox; and that while the most stringent regulations are laid down for punishing offenders and curing patients in the one case, the most inefficient and palpably abortive steps are alone countenanced or encouraged in the other. The force of our remarks will be at once apparent when we present to notice some of the outlines of the provisions of the Contagious Diseases Act of 1866.

It might have been supposed by many persons that it would be sufficient to take peremptory steps against a woman when it was proved or even asserted that she had communicated disease, but in the present measure it is not at all necessary that any such accusation should be brought against her, and it is only required that some one, no matter who, should lay an information on oath that he or she has good cause to believe that *the woman is a prostitute*, and that she is living or has visited in or

near a place specified in the Act, when forthwith the Justice is empowered to order the suspected person before him and to direct her to undergo a periodical medical examination. If, after such examination, she is found to be diseased, the certificate of the Surgeon is a sufficient instrument to authorize her immediate conveyance to one of the Hospitals established under the Act for her reception, and in this Hospital she is virtually a prisoner until a certificate of the Hospital Surgeon declares her to be free from her malady, and this latter certificate the Surgeon is compelled to give, and the woman is enjoined, under the most severe penalties, to preserve. For it is expressly stated that in any case where there is any doubt as to her being free from disease, the onus of proof *lies on herself*, and the possession of the certificate is the protection which she enjoys in the exercise of her calling, and the ground of exemption from being compelled to appear before the Justice. Of course this is nothing more nor less than a legalization of prostitution, and as the medical examinations are periodical, a sort of guarantee is continually afforded that the woman may pursue her avocation unmolested.

But the non-compliance of the woman with any of the provisions of the Act, or any infraction on her part of the Hospital rules, subjects her to summary conviction and punishment, for if she absents herself from the medical examination which she is ordered to undergo, or if ordered to be detained in an Hospital she quits it without being duly discharged by the Medical Officer, or if she refuses or neglects to comply with the regulations laid down for her guidance when in the Hospital, she is liable to imprisonment with or without hard labour, for different periods, varying according to the discretion of the Justice, or the repetition of her offence; and if she leaves the Hospital without being duly discharged she may be taken into custody *without warrant by any constable*. It is also expressly stated that the woman while being conveyed or while being detained in a Hospital, is to be deemed *legally in the custody* of those who convey or detain her.

On the other hand, it is right to state that provisions are made in the Act for the moral and religious improvement, as well as for the medical treatment, and the due maintenance and clothing, of the women while detained in the Hospital, and that encouragement is given to them to change their mode of life.

Thus it will be seen that these regulations made as to the control and supervision of prostitution are of the most rigorous character, and our opening remarks as to their inconsistency with our usually received notions, both of morality and of personal liberty, will, we think, be fully justified. But, nevertheless, we must admit that the operation of the former Act has been on the whole beneficial, and has not led to the inconveniences or abuses which many persons anticipated, and the extension of the powers contained in the present Act will not, we have reason to believe, be attended with any practical evil consequences, while the early treat-

ment of syphilitic disease will probably do much to mitigate its virulence, and the hygienic and legal rules now enforced will materially check its propagation.

SMALL PROFITS AND QUICK RETURNS.

[COMMUNICATED.]

“SMALL profits and quick returns,” a phrase which has grown to be an axiom in commerce, has no application to medicine. We cannot treat patients like pounds of sugar, and run through them at railway speed, fingering the fees as we pass. If they permit such treatment it is to their own loss; and he who so acts, degrades his profession without benefiting his fellow-men. Each case must be carefully individualised, and the state of each organ carefully ascertained before we can certainly say that we thoroughly know the case in all its bearings; and till we do so, we cannot treat it, except in a hap-hazard fashion. All this, however, requires the expenditure of both time and thought. But he who spends his time in rushing from one sick room to another has little to spare for his patients, and of necessity must show their cases or treat them generally to their manifest detriment; and he whose physical energies are exhausted by his continuous bodily labour, has none left to be expended in careful thought as to any one of the many cases which pass phantasmagorically before his eyes. Overgrown practices are, therefore, a huge evil in medicine; they injure the physician by wearing him out before his time, and they injure his patients, because his overtaken and exhausted energies are unable to do justice to their cases. It would be easy to run over a long list of names of distinguished men who have been, within the last few years thus prematurely lost to their friends, their families, and their country, through their over anxiety to make the most of that tide of fortune which had at last begun to flow for them. But who can reckon the hours of suffering caused, and the lives actually lost, from the careless haste with which the patients of such men were of necessity hurried through. The evil is manifest, the remedy, too, is equally clear—but the one is not easily corrected, nor the other applied. Still, something may be attempted; and if the profession were true to themselves and to their aspirations, much might be done which would in time bring about a different state of matters. The first step to this must be an entire revision of the present method of paying medical men. To pay a medical man by the visit is to offer a premium, not for care in discriminating the nature of a case, but for haste in rushing from one patient to another, while it actually tends to the undue remuneration of him who, by careless haste, protracts the disease, and to the mulcting of his due reward him who, by careful discrimination, succeeds in more rapidly curing his patient. The remedy for this would be to pay all general practitioners an annual retaining fee. Though not a perfect prevention of the evils referred to, this would tend to remedy them; it would prevent an unskilful practitioner being unduly rewarded for his very want of skill,

while the more skilful would reap their reward in the saving of their time and strength—a saving of which their patients would reap the benefit in the improved skill and matured judgment derived from a robust and healthy intellect never exhausted by unnecessary bodily labour.

Further, we pay our accoucheurs large fees for superintending a usually normal physiological act, and we also highly remunerate our surgeons for careful pathological dissection; but for the opinion of a physician—which to be of value must combine the essence of many sciences and the result of much deep thought—we pay the conventional fee of one guinea, though to the patient it is, as a rule, of far more importance than the superintendence of the accoucheur, and not less so than the operative interference of the surgeon. This, therefore, is another evil to be remedied, but whether by the physician making a separate charge for each case, according to its importance and the time spent upon it, or by leaving the remuneration to the patient, it may be difficult to say—we incline to the former method, and we think that a reasonable tariff might easily be laid down by the profession both for the consulting physician and for the general practitioner. For the latter, an approximation to the method generally adopted in Bengal might be found the most easily applicable—there one week's pay is usually set aside for the doctor, exclusive of separate payments usually made for such extra events as accouchements or surgical operations; and I think there are few of us who would not be contented with one week's pay from each of our patients. Medicine will never be at the best a money-making profession. At present it is the hardest worked and poorest paid of any, and it is our bounden duty to ourselves, our families, and, let me add, our patients, to secure by combined action a competent remuneration for our labours without the necessity for that overwork which is alike injurious to both physician and patient. Further, we think that the profession are all too steadily and continuously kept in harness; all work and no play makes Jack a dull boy, and the doctor's brains get muddled, too, by the close gathering of professional cobwebs round them. A little more unity in action, a little less self-seeking and more courteous deference to the opinions of others, would help us to work better together, and secure for each of us a more frequent holiday. A rush to the coast or the Continent for a few weeks in autumn is not enough; we want the cobwebs blown off oftener, and stand as much in need of a Saturday half-holiday and a Sunday's rest as any counterjumper or a cabdriver of the lot, and there is no reason why we should not get them—not regularly, perhaps—but now and then. Moneymaking is fortunately not the chief end of man; the medical man has but little chance of attaining that end. In attempting it, as matters now stand, he too often neglects his patients, degrades his profession, and shortens his own life; but competence and happiness are within the reach of all, and would be more easily attained by all, were

the profession not so much a conglomeration of atoms of repellent opinion on all points as it now is, but more united in action, especially as to the matters we have referred to. Small profits and quick returns must not be our motto, but a fair day's pay for a fair day's work; and if we cannot introduce the ten hours' system, let us at least strive for an occasional Saturday half-holiday.

Correspondence.

STATE OF THE DRUG TRADE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your Correspondent, Mr. Martin, has argued, in both of his letters, as if small doses and homœopathy were identical, but Hahnemann in his *Organon* (I. 206) has laid down three criteria whereby we may judge of any treatment, whether it has been truly homœopathic or no, and the first of these is, "the operation of the remedy must be purely *dynamic*." In regard to the term *dynamic*, I may remark, that it was laid down as an axiom by the founders of homœopathy, that in proportion as the material element disappeared from the remedial agent, so did its curative spirit become developed; and this spiritualisation of the remedies has been termed *dynamisation*, and the action of their medicinal spirits, *dynamic*. Whenever, therefore, a drug is administered in a material dose, so as to act in virtue of its ordinary physiological properties, it is not employed homœopathically, however small the dose may have been. Rhubarb, when employed homœopathically in a diarrhœa, ought to be used in such doses as shall act only dynamically, that is, by curing the diarrhœa *tuto cito et jucunde* without any previous purgative action. Rhubarb employed as a purgative, in however small a dose, acts antipathically or physiologically, and in direct opposition to all the homœopathic doctrines. The statements of proof, therefore, which I have brought forward, have been of a totally different character to those advanced by homœopathists; they assert that a certain drug given infinitesimally has cured a disease silently and without physiological action, I assert that in certain cases, rare they may be, a much more minute material dose of a drug is capable of producing its physiological action than is generally thought possible; that it is of the utmost importance to employ the smallest effectual dose, so as to avoid the results of reaction; and that our drug trade ought to be efficiently supervised so as to see that our prescriptions are properly made up for that end. My statements are directly opposed to the fundamental axioms of homœopathy, and have a direct application to the improvement of the healing art. I may add, that one of my patients was once nearly killed by hypercatharsis produced by one five-grain colocynth and hyoscyamus pill, prescribed in consultation by a physician, who, like Mr. Martin, disbelieved in the power of small doses. Further, Mr. Martin acknowledges that one-twelfth of a grain of podophyllin is an active dose, the object of my article was to ensure the adoption of means to make it certain that our patients got no more and no less than the exact dose prescribed. Surely he will agree that it is of no less importance that this should be the case, whether we prescribe twelfths of a grain of podophyllin, or eighths of a grain of rhubarb, and reserving his right to doubt the efficacy of the latter, he ought rather to have aided my endeavours to improve the state of the drug trade and to remedy that anomalous condition whereby we are, as at present, wholly unable to state positively, whether the overaction of one pill out of twelve and the non-efficacy of the rest is due to careless admixture or to some temporary peculiarity of our patients' *ilia*. Till we have some means of

ensuring the scrupulous accuracy of the making up of our prescriptions, we have no accurate means of knowing with certainty the actions of any drug, surely Mr. Martin is as much interested as I am in ascertaining these, and his pen would have been much more nobly and beneficently employed in helping to further this great end than in carrying on a controversy which, as he truly says, can "lead to no useful results."—I am yours, &c.

THE AUTHOR OF THE ARTICLE REFERRED TO.

A FEW HINTS TO YOUNG GENTLEMEN DESPERATELY ANXIOUS TO ENTER THE ROYAL NAVY AS ASSISTANT-SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

YOUNG GENTLEMEN,—I am what is usually called, an "Old Stager." I entered the Navy before steam, and have had the honour of being a member of a Midshipman's berth with the son of an Earl, who was allowed £50 a year, when we had to "grab for our quib;"—for let me tell you, in those days on ships' allowance, upon which, I am sorry to say, we were too often compelled to feed, because our mess subscription supply was not only devoured—every fellow for himself—but it used to be "cut out" by the officers of the middle and morning watches—was but a poor morsel, particularly when one-half was bone, and the peas hard as bullets, our soup being pea water; and then there was such a smashing and tearing amongst the crockery, that our pockets could not keep both going upon the above allowance of £50 a year. Because, besides your mess, washing, and servants, which must be paid, if you have no cash you could not go on shore for a cruise. Now 6s. 6d. a day was not very tempting, but promotion was faithfully promised; but, the fact is, put your faith in nobody. I have many fair promises, but they vanished all "in nubibus." However, there must be a Jonas—somebody must get on; that is all very true, and as there is only one Inspector-General how many are looking towards it? Now, I want you to look at your position; if it is the bare pay you are looking for, then, Gentlemen, I wish you good morning; but if you look to your position as gentlemen, as young men of respectability, talent and education, you must naturally ask how you are to be treated on board a man-of-war; you are now in the ward-room, with 10s. a day, and the Executive look down upon you, you are still looked upon as the "Doctor's Mate." You have £182 10s. 4d. a year, you cannot well live under 5s. a day, and that about £100 a year, so you see what you have left to meet all your other expenses. Well, suppose we let this pass, are you never to become old; what are your future prospects, because these should be the main object, you have your eyes open, when you are old, aged, passed use, with a wife and a family, will 11s. a day support you decently, the highest half-pay a surgeon can get? Do not leap in the dark—look at it, I have not only looked at it, but tried it—and to live in society I could not—rent, taxes and food left me pretty ragged and bare; 12s. 6d. should be the lowest half-pay; 15s. after ten years, and so on in proportion. But the late regulations are positively absurd, ridiculous; if you retire your half-pay is 5s. 10d. or one-half of your full pay, so that if you are on 17s. 6d. a day you will have the enormous sum of 8s. 9d. to luxuriate upon; and for this paltry sum you even sacrifice a whole life.

Let us be put on a footing with our combative friends and quondam messmates; let us have a retired promotive list, so that a retired Surgeon can attain the rank and half-pay of an Inspector-General of Hospitals, as well as a Commander can attain that of Admiral upon their Retired List per Order in Council. Fair play is bonny play. The public pays both of us; then why make fish and flesh? Let us see who is hardest worked and worst paid. What has a Captain to do?

Literally nothing, but strut about in full or any dress he pleases, and give orders. What has the Surgeon to do? Will the Captain visit with him his cholera and fever patients? Will he walk with him where death is staring the Surgeon in the face every hour of the day? Will he sit by the bedside of a cholera patient? He may fight his ship well—no thanks for that—he would be a coward if he did not, therefore no praise; but look how cool the Surgeon walks the realms of death. He saves the Captain's, the Admiral's, and his wife's life, and what thanks does he get? Young gentlemen, take my advice, remain where you are until the Admiralty will place you in your proper position, particularly as regards your future half-pay, &c. &c.—Your sincere friend,

THE OLD STAGER.

August 30, 1866.

FEES FOR ATTENDANCE ON THE FAMILIES OF MEDICAL MEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you permit me, through the medium of the columns of THE MEDICAL PRESS, to place before the profession a few facts requiring its notice. In the garrison town of the county Fermanagh a medical practitioner was called in to see the child of a medical man suffering from a simple attack of measles. The father, a gentleman of status in the profession, but residing at too great a distance to attend himself; and at the end of a week a sum of £3 for attendance, and 10s. for medicine, was demanded. Such a demand no doubt surprised the father immensely, as he regarded it as being entirely opposed to the well-understood practice, that attendance on the families of medical men was never charged for. In this instance the child was staying in the same town, consequently no expense was incurred beyond the mere visit. The fact of the father being a medical man was also made known to this gentleman; however, the influence of lucre predominated, and the fees were pocketed.

Having mentioned the matter to other members of the profession, they concurred with me that the matter should get publicity, in order that the profession should have an opportunity through you of pronouncing its opinion on such sharp practice.—I am, sir, yours, &c.,

MEDICUS.

I enclose my card, but not for publication.

September 3rd, 1866.

[We consider the conduct described by "Medicus" to be altogether unprofessional. We are happy to know, however, that the case is as rare as it is contrary to the ethics of the profession of physic.—Ed.]

GRIEVANCES OF NAVY SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you allow me a small space in your valuable columns to lay before the public at large one of the greatest medical grievances of the present day. The Admirals having a seat at the Admiralty Board have taken good care to feather their own nests well, let who will pay the piper. They have got established by an order in Council a Retired List for Promotion for themselves, so that a Retired Commander can creep or jump up this list to the rank of Admiral, receiving an increase of pension as he goes on according to his rank. Bravo! old Benboers. What have they done for the Surgeons, for the men who saved their lives, who risk their own lives hourly in the regions of death at all times and in all climes? You will laugh when I tell you, nothing—literally nothing; then, these are the thanks of a British Peer and an English Admiral. Could not those Admirals find in their hearts a desire to do justice to the Naval Surgeon? Could they not put him on a list similar to their own as a small reward for past services? A Captain may be a brave man in fighting his vessel, and undoubt-

edly he is, but I very much doubt whether he would walk the wards of a cholera hospital as coolly as the Surgeon; forced bravery is one thing, but cool, collected, and undaunted bravery is another. Yet these brave men go unrewarded. If they are not worth having, why employ them? If you want first-rate young men, why offer a lollyboy's prize; why offer an insult to talented, educated, and respectable young men? No, Sir, take what you can get, since all's fish that comes into your net; but our class will not enter your service until we are put upon a proper footing, and so, my Lords of the Admiralty, good bye.—I am, &c.,

M.D.

POOR-LAW PLURALITIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I am informed that the Poor-law Commissioners have made a rule (not retrospective) that for the future no medical man shall hold both a workhouse and dispensary at the same time. Pray be so kind as to tell me is this the fact, and oblige yours faithfully,

ONE TWENTY YEARS A SUBSCRIBER.

[We are not aware of the rule to which our Correspondent refers. He had best apply to the Commissioners, who are the proper authorities on the subject.—Ed.]

POOR-LAW MEDICAL INSPECTORS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Every medical officer connected with the administration of the Poor-law Charities of Ireland is, or ought to be, a subscriber to your journal, therefore I trouble you with a remark or two, by way of following up your admirable, though brief, observations of the 29th ult. The qualifications of certainly at least 100 out of the 1000 gentlemen at present in the Poor-law service for the office of Medical Inspector is unquestionable, and nothing but the supineness of the medical officers can hinder one of their number being appointed to the coveted post. This would not only be an honour to the whole body, besides establishing a precedent for the future, but must also be calculated to excite a laudable ambition, and stimulate honourable exertion, while to be overlooked is to be disgraced.

Every man, by every fair means, should endeavour to establish the principle that promotion must be in the service. Just fancy a civilian or naval surgeon being appointed to the office of deputy-inspector in the army! Would the surgeons and surgeon-majors endure such treatment? It is within my own knowledge that physicians never connected with the Poor-law service, and surgeons of county infirmaries, are making strenuous exertions to secure the appointment. Already the press, lay and medical, has done something to avert such an insult. Now is a good time for our local societies to show practically their value and importance. Every man should do a little, and speedily, to put the case in its proper light before the Government, the Poor-law Commissioners, and the public, without fear or jealousy, and the result need not be feared. I enclose my card.—Yours truly,

AN OLD DISPENSARY SURGEON.

Notes on Current Topics.

SCURVY.—In a powerful article on the condition of our merchant seamen, the *Times* draws attention to the subject of scurvy, and denounces as "scandal to their common sense, as well as to their humanity," the neglect of merchants to protect their crews from this disease. This is a subject on which the profession will gladly welcome the aid of the *Times*. We have often and over drawn attention

to the neglect of all proper precautions, and invoked the action of the Legislature without which the condition of the sailor will find little amelioration. The press may excite indignation, but the excitement will soon pass by, and then the shipowners will relapse into their previous carelessness. In the *Dreadnought* Hospital ship alone 100 men are annually disabled by scurvy. Taking other ports than London, how great must be the misery caused by masters going to sea without lemon juice, or with a supply of inferior quality. With scurvy almost unknown in the Royal Navy, there is no excuse for its existence in our mercantile marine.

WOOLWICH BOARD AND THE REGISTRAR-GENERAL.—The local Board of Health of Woolwich has put forth a statement in opposition to that of the Registrar-General. From this we learn that at the first outbreak of cholera in London a sanitary committee was appointed. This committee met daily and has been aided by the Garrison Sanitary Committee. Only twelve deaths have occurred up to the 4th of September, and this out of a population of 41,000, of these one case is said to have been imported, and in nearly all the others gross error of diet or long neglected diarrhoea had been proved. No second case has occurred in the same house, nor even in the same street. A cholera ward has been open two months, but no patient has been received, and if house-to-house visitation has not been carried out, it has only been because there was no prevalent diarrhoea to call for this step. We are glad to record that the board feel ready for emergencies, and we hope that the efficiency of their preparations will not be put to the test by a visitation of the disease.

THE IRISH SCHOOL OF SURGERY.—*Apropos* of the state of Ireland, the *Times* remarks that the "well-known excellence of the Dublin School of Surgery accounts for the professional deputation which heads the list" of addresses to the Viceroy: and adds "The Royal College of Surgeons in Ireland represents almost a special faculty, and its compliments to the new Viceroy were naturally paid." We felicitate our Irish professional brethren on the recognition of their merits by the general public. The compliment now made by the *Times* has long been deserved. It is, however, worthy of remark that in the details of this compliment the *Times* is wrong as it is in most statements about Ireland. The deputation referred to was *not* the first professional one which waited on the Lord Lieutenant. The King and Queen's College of Physicians in Ireland headed the list, and both it and its surgical sister merely followed a long continued usage in addressing the Lord Lieutenant on his arrival in Dublin.

WATER BUTTS.—The lay press is already taking up the impropriety of storing our drinking water in butts and cisterns, which too often become the receptacle, of diseases and against which system we have several times lifted up our voice. One of the most urgent of all sanitary reforms needed is the total abolition of the cistern, and a constant supply of water at high pressure. In the poorer neighbourhoods especially, this is the cause of other diseases besides cholera. The monopoly of the companies must be put *an end to*, and a plentiful supply of pure water obtained.

CONVALESCENCE AT WALTON.—There is a Convalescent Asylum at Walton-on-Thames to which some of the convalescents from cholera have been sent. Now the Asylum is situated a short distance above the point where the water companies take their supplies for distribution over London. If the statement recently made by Dr. Andrew Clark of the London Hospital, be accepted, that there is great danger of convalescents propagating the disease, we may well feel

nervous at this new danger with which the metropolis is threatened. It is in the public interest that we ask what becomes of the excreta of the patients sent to Walton?

THE MEDICAL CLUB.—A Meeting of the promoters of the proposed Sydenham Club has resulted in the election of the following committee. Treasurer: Mr. Propert; Secretary: Dr. Lory Marsh. Drs. Fraser, Richardson, Stillwell, Bennett, Tilt, Foster, Messrs. Grigg, Slaughter, Clement, M.P., and others. The difficulty of organising a club is not generally known, and the fact of more than a hundred members of the profession having promised to join it is sufficiently encouraging for the time it has been proposed.

INFANTICIDE.—Under the title of "A Few Thoughts on Infanticide," Mrs. M. A. Baines has issued a small pamphlet bearing upon the remedial measures which ought to be adopted for this crime, now unhappily so prevalent among us. The authoress, whose sentiments in general do her infinite credit, thinks that the law is at present too lax in punishing child-murder, and that when "wilful murder" can be proved in such a case, the penalty ought to be enforced. She also thinks that to prevent infanticide "Burial Clubs" ought to be discouraged as much as possible, as they tempt needy or wicked parents to the commission of the crime; that still-births ought to be registered; that women who act as midwives to the poor should be compelled to take out a licence; and that the accidental deaths said to occur among infants by suffocation and burning ought to be minutely investigated. But in order to palliate the evils now existing, if not to eradicate them, the authoress of the pamphlet advocates the establishment of hospitals, in which not only the children should be received, as in ordinary foundling hospitals, but where the mothers could be received also; and it is argued that the cares of maternity would not only be physically beneficial to the children, but that they would act on the moral nature of the mothers, leading them to follow afterwards a virtuous course of life.

DR. EDWARD SMITH AND THE METROPOLITAN POOR-LAW MEDICAL OFFICERS' ASSOCIATION.—The Metropolitan Poor-law Medical Officers' Association have just published a report in reference, or in reply to Dr. Smith's "Report on the Metropolitan Workhouse Infirmaries." Dr. Smith's report, besides advocating several very novel views as to the cubic space and the ventilation which ought to be afforded to sick paupers, touches in a somewhat slighting, if not condemnatory tone, upon the conduct of the Poor-law Medical Officers in the discharge of their duties, and in their relations to the respective Boards of Guardians. With regard to the question of cubic space, in which Dr. Smith is at variance, not only with the great majority of the Poor-law Medical Officers, but with all the highest sanitary authorities in Great Britain, we very unhesitatingly rank ourselves among Dr. Smith's opponents, and we are glad to observe that the Poor-law Medical Officers "renew with even more urgency than before the appearance of Dr. Smith's report, their demand for 1000 cubic feet and 80 feet of floor space per bed." In his remarks upon the conduct of the Poor-law Medical Officers in the discharge of their very onerous and ill-paid duties, Dr. Smith is both un-courteous and unjust, and, indeed, he shows himself to be quite ignorant of what has transpired of late years between Boards of Guardians and their Medical Officers. When he states that the latter have been remiss in their duties in not pressing upon the former the adoption of sanitary and hygienic measures, his accusation is altogether un-called for, and is very properly repelled and repudiated by the gentlemen who have drawn up the Medical Officers' Report. 'Had Dr. Smith's knowledge of the Boards of Guardians

been more extensive," they say, "he would have known how little avail it has been to press upon them scientific and technical knowledge, respecting ventilation, cubic space, and dietary. He would have known that it has happened that the most energetic and faithful of the Medical officers have incurred the ill-will of their respective boards, and unmerited odium and unpopularity by doing their duty in these respects." The report of the Medical Officers merits the most careful perusal, as it satisfactorily answers the report of Dr. Smith; but, while it defends its own body from the aspersions unjustly cast upon it, the report warmly expresses its approval of those of Dr. Smith's suggestions and observations as are founded upon correct data. We are sorry to find at the conclusion of the Medical Officers' Report, that a complaint is made of want of personal courtesy on the part of Dr. Smith towards his brethren of the Poor-law Medical Service.

THE CHOLERA.

CONTINUING our report of the progress of the cholera we have once more to record a decrease in the epidemic. The last weekly return of the Registrar-General gives only 198 deaths from cholera, as against 265 in the previous week. In the week ending on Saturday, September 1st, the thirty-fifth week of the year, the total mortality of London was 1413. This is an excess over the estimated return of 154, due allowance being made for the increase of population, so that once more the excess is more than accounted for by the deaths from cholera alone. The total deaths from cholera and diarrhoea in ten weeks, up to September 1st, have reached the number of 6012.

Of the 198 deaths from cholera, 6 occurred in the west districts, 15 in the north districts, 9 in the central districts, 122 in the east districts, and 46 in the South districts. While in the east districts cholera has declined rapidly, it is nearly stationary in the southern districts, the deaths happening chiefly by the river at Deptford and Woolwich, where it is to be feared the authorities and the people are negligent. The pumps demand attention, and due care is not taken to prevent the diffusion of the cholera matter. Dr. Greenhill gives a remarkable instance of mortality due apparently to the introduction of a dirty cholera bed, thus enforcing the importance of the precept—Burn all the dirty bedding and linen of cholera patients. Much credit is due to the people for their exertions in suppressing cholera; but with steadier efforts on their part, and on the part of the water companies, the disease will die out more rapidly.

The annual rate of mortality last week was 24 per 1000 in London, 22 in Edinburgh, and 24 in Dublin; 18 in Bristol, 18 in Birmingham, 64 in Liverpool, 29 in Manchester, 20 in Salford, 27 in Sheffield, 30 in Leeds, 22 in Hull, 28 in Newcastle-upon-Tyne, and 26 in Glasgow. The rate in Vienna was 34 per 1000 during the week ending the 18th ult., when the mean temperature was 1.5 deg. Fahrenheit higher than in the same week in London, where the rate was 31 per 1000.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.586 in. The barometrical reading decreased from 29.91 in. at the beginning of the week to 29.16 in. on Wednesday. The mean temperature of the air in the week was 61.2 deg., which is 0.5 deg. above the average of the same week in 50 years (as determined by Mr. Glaisher). The highest day temperature was 78.5 deg. on Sunday. The lowest night temperature was 46.9 deg. on Friday. The entire range of temperature in the week was, therefore, 31.6 deg. The mean of the highest temperatures of the water of the Thames was 63.8 deg.; that of the lowest was 63.5 deg. The difference between the mean dew-point temperature and air temperature was 7.4 deg. The mean degree of humidity of the air was 77, complete saturation being represented by 100. Rain fell to

the amount of 0.73 in., of which amount 0.60 in. fell on Wednesday. A thin mist was observed on Wednesday and Thursday; no traces of it were perceived on other days during the week.

A supplement to the weekly return of the Registrar-General treats of the condition of the reservoirs of the London water companies, and contains an important letter from Dr. Frankland. We quote from this letter the following paragraph in reference to the East End Company:—

"I was astonished to find that the water, after being carefully brought down from Tottenham Mills in a special canal, purified by a most elaborate and efficient system of filtration at Lea Bridge, and then, to secure it from atmospheric impurities, conveyed in an iron main down to Old Ford, is stored in a reservoir sunk to the depth of some sixteen feet beneath the low ground, which is here only just above the level of spring tides, and that when the reservoir is full the level of the surface of the water in it only reaches that of Trinity high water mark. This reservoir, as I was informed, is excavated in clay, but the side next to the navigation branch of the foul River Lea is of gravel. No doubt this is well puddled, and the brickwork sides executed in the best possible manner; nevertheless, the position of this reservoir, with its two and a half acres of floor sixteen feet below the surface of a badly drained district, is fraught with much peril during the prevalence of epidemic disease. Whatever precautions may have been taken so far, to some extent, must take place into such an excavation, and it was stated to me that when the reservoir is emptied such so-called water, though not in large quantity, has to be removed by pumping.

"Such being the conditions of storage the application of any temporary remedy is obviously surrounded with formidable difficulties. I satisfied myself that filtration through coarse animal charcoal could easily be applied in the Essex and Middlesex wells at Lea Bridge, to the whole of the water supplied by the company, but there would be little use in thus purifying the water at Lea Bridge when it has afterwards to be stored in the reservoir at Old Ford. It is only by passage through animal charcoal, as the water leaves this reservoir, that the advantages of the charcoal could be secured. Owing to the construction of the works at Old Ford, I was unable myself to form an opinion as to the possibility of such a filtration being carried out there at a short notice. Mr. Maine thought it could be accomplished without difficulty; but Mr. Greaves, who is much more likely to know, was of a totally different opinion, and thought that such a filtration could not be effectively carried out at Old Ford without the construction of new apparatus, which would require too much time to render it available during the present emergency. It is to be hoped, however, that means may be taken without delay, either to alter the place of storage, or to render practicable filtration through animal charcoal immediately before the water is supplied to consumers."

Some of our contemporaries, which profess to give the latest news of cholera, have recently stated that the epidemic has not yet appeared in Italy.

We regret that most reliable information, which we have received from both private and public sources, renders it our duty to show that our contemporaries have been completely misinformed; for, unhappily, cholera has spread over a large field of the Italian Kingdom, nor is this a matter of surprise, the disease never having left Marseilles. It might have been concluded that in such ports as Genoa and Naples it would not be likely to be excluded. Moreover, as we have already stated, that it has affected both the Austrian and Prussian armies, our readers will be prepared to hear that the Italian forces have not escaped. We have to acknowledge our obligation to our Italian friends, who have supplied us with the most trustworthy information, of which we shall always be glad to avail ourselves. To begin with Naples, a city which, as those who have visited it will readily believe, must, in its present state, afford a most fertile field for the disease, we may state that for the last two months cholera has been the daily talk of the population, and for more than a month before our contemporaries announced

that Itay was unvisited. Official figures had been issued of the mortality, and most stringent regulations enforced with a view of preventing its increase. Unfortunately Naples, with all its beauty, is still deficient in good water, as well as efficient drainage. The lower classes of the inhabitants are pre-eminent for their neglect of cleanliness, and those who are really more enlightened are most apathetic on all sanitary matters. Thus, beneath an ever smiling sky, in a city supreme in Europe for its picturesque loveliness, the most pestilential smells assails one at every step, and indicate too plainly the unwholesomeness of even the finest quarters. Even in the finest hotels in the Chiaia we have seen cess-pools in the centre of the court-yard, around which the rooms are built, and have experienced the ill-effects of their being opened while we were living in the hotel. Until some of the most obvious wants of the city are supplied it will remain a tempting field for cholera, as well as a host of other diseases.

The following are the statistics that have been officially certified by the municipal authorities. Each day terminates at noon, counting from noon of the preceding day :—

	Cases.	Deaths.
July 31st ...	1	1
Aug. 1st ...	0	0
" 2nd ...	0	0
" 3rd ...	2	0
" 4th ...	0	1
" 5th ...	0	0
" 6th ...	0	0
" 7th ...	1	1
" 8th ...	0	1
" 9th ...	0	0
" 10th ...	0	1
" 11th ...	1	0
" 12th ...	1	0
" 13th ...	0	1
" 14th ...	2	1
" 15th and 16th ...	39	23
" 17th ...	17	10
" 18th ...	7	6
" 19th ...	11	8
" 20th ...	8	6
" 21st ...	25	12
" 22nd ...	19	14
" 23rd ...	21	13
" 24th ...	33	25
" 25th ...	40	24
" 26th ...	52	24
" 27th ...	48	31
" 28th ...	51	37
" 29th ...	—	—
" 30th ...	—	—

More recently the figures have been considerably increased, and on the 6th the *Tonis* issued a telegram announcing 115 cases, and 85 deaths in the preceding day. The disease has appeared in the barracks as well as in the town and suburbs, and, as early as the middle of the month, five cholera hospitals were prepared, and the medical men ordered to report all new cases they might see.

GENOA.—It is impossible to afford space for a similar detailed report, suffice it that, although our contemporaries announced among their latest news of cholera, no cases up to September 1st, there were actually 32 cases, of which 17 had been fatal, before the 21st August. On the 25th August, just one week prior to the statement, there were 41 new cases and 26 deaths registered as due to the disease. The day before there had been 25 cases and 16 deaths.

Last Thursday 35 new cases and 27 deaths were registered. We have said enough to show the state of the Peninsula without referring to other towns, from which we hear gloomy accounts.

The following table exhibits at a glance the distribution of the epidemic during a week of unusual interest :—

Day ...	Daily Returns of Deaths Registered from											
	CHOLERA.					DIARRHŒA.						
	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.	Sun. & Mon.	Tuesday.	Wednesday.	Thursday.	Friday.	Saturday.	Sun. & Mon.
Date ...	28	29	30	31	1	2 3	28	29	30	31	1	2 3
All London ...	31	29	29	21	35	30	23	22	16	17	22	34
W. Dis. ...	1	...	2	1	1	5	...	2	...	3	5	5
N. Dis. ...	2	1	1	3	5	2	2	3	3	3	5	4
C. Dis. ...	2	...	2	1	1	2	3	3	3	3	3	3
E. Dis. ...	22	22	20	9	13	12	13	8	8	7	3	15
S. Dis. ...	4	6	4	7	15	9	5	6	2	4	2	7

On Sunday and Monday, the 2nd and 3rd September, together, the total deaths from the epidemic, and the districts in which they took place, are displayed :—

	Population Estimated to middle of 1866.	Total Births.	Total Deaths.	Deaths from Cholera.	Deaths from Diarrhœa.
London	3,037,991	430	229	30	34
West Districts.....	511,258	61	36	5	5
North Districts.....	686,021	87	33	2	4
Central Districts.....	359,219	61	21	2	3
East Districts.....	607,945	97	78	12	15
South Districts.....	873,548	124	56	9	7

It should be remembered that these figures are for two whole days.

LIVERPOOL.—Notwithstanding the decrease we noticed last week, the epidemic again shows a serious increase for the week ending September 1. Of the 592 deaths registered during that week, exceeding by 282 the average of the corresponding week of ten previous years, corrected for increase of population, 225 were referred to cholera, 78 to diarrhœa, 29 to whooping-cough, 20 to scarlatina, and 12 to typhus. The fatal cases of diarrhœa have been nearly stationary during the last few weeks, while those of cholera have been respectively 45, 87, 101, 126, 157, and 146, and last week 225.

DUBLIN.—In Dublin the 147 deaths returned last week included 41 from cholera, although the mortality of that city from all causes scarcely exceeds the average. Vienna has been through the summer almost free from the disease, but in the return for the week ending 18th ult., 16 of the 366 deaths are referred to this head.

METEOROLOGY OF AUGUST, 1866.

MR. ALLNATT of Frant, near Tunbridge Wells, has published the following analysis of the weather of the last month, which is particularly interesting in connexion with the Cholera :—

ANALYSIS.

Cloud.—Not one purely cloudless day existed during the month. The predominant modification was the cirro-cumulo stratus, which by the action of solar heat and the earth's radiation upon its dynamic forces became as the day advanced frequently insulated in separate strata, and gradually passed off to be replaced after sunset by ponderous radii of cirro-stratus in N. W. On the 17th masses of cumulus in two strata formed rack and scud, and on the 25th cirro-cumuli appeared in undulating waves spread uniformly over the sky. On the 26th elements of the same cloud-form existed in separate strata, the cirrus apparently without motion, and the cumulus below was borne rapidly by earth's wind current.

Wind.—On the 6th, 7th, 8th, and 9th cold high tem-

pestuous winds blew from S. W., sometimes with the force of a hurricane. On the 16th and 17th tropical gales again prevailed, which produced considerable damage on the west coasts. The predominant wind was from S. W.

Barometer.—Atmospheric variations were frequent, but limited in their action. The highest point was reached on the 25th and 26th—viz., 29.72 in.; and the lowest on the 22th, 29.00 in., so that the entire variation was below an inch.

Thermometer.—The mean temperature of August is calculated at 60.13 deg., and up to the 19th it was considerably below the standard; on the 20th, however, a change occurred, when the temperature rose and registered consecutively above the average until the 29th. The highest morning reading (at 10 o'clock) on the 24th was 75 deg., and the lowest on the 4th, 52 deg. The range, therefore, was 23 deg. The highest night reading was 59 deg., and the lowest 48 deg.; range, 11 deg. *Maximum* divergence between night and morning temperature, 27 deg.

Rainfall.—The recognized mean of August is 2.94 in. This year, however, it has been below the average by 0.15 in.

Hygrometer.—There was fair balance of humidity; the average was about 20 per cent. of atmospheric moisture. On the 24th complete saturation occurred, and the foliage of the high trees poured down its accumulated condensation in complete showers.

Lightning and Thunder.—On the 16th a violent thunder-storm broke over the north of England, accompanied by torrents of rain mixed with hail and conical fragments of ice in various stages of congelation. The country near Aberdeen was flooded, trees were stripped of their foliage, and several cattle were killed by the lightning. The elemental conditions in the S. betoken great perturbation—rack and scud, depression of barometric tension, high and squally wind, and heavy rainfall. On the night of the 26th thunder and lightning in the S. gave evidence of a storm passing at a distance.

Meteors.—The autumnal epoch of meteors seem to have passed away this year without its wanted display. On the evening of the 8th a beautiful meteor, of enormous magnitude, is reported as having appeared at Bell's Yew-green, near Frant. It left a long, luminous train during its passage from N. to S., and faded gradually as it approached the earth. On the night of the 27th, as will be seen by the table, a bright asteroid fell into the west.

Halos.—Soon after noon on the 19th a chromatic solar halo of unwonted beauty was visible, which exhibited with peculiar distinctness prismatic colours. At 11 a.m. wind currents had crossed each other in diametrical opposition. At noon the whole south was filled with streams of radiant cirri, and these, floating over the sun's disc, produced the halo, which, from its altitude, was almost spherical. Its area contained a blue lenticular cirro stratus which projected in radii beyond the periphery of the arc; below were masses of attenuated cirro-cumulus. The day was calm and sultry, wind intermittent from S. to N. On the night of the 23rd a mass of high atmospheric cirro stratus produced an ovoid lunar halo of large circumference, the inferior segment of which swept within a few degrees of the S. horizon; and the corona of the superior arc reached within 4 deg. of the zenith; and on the 25th the moon was surrounded by a large halo, comprehending within its sphere a series of beautiful transparent orange-coloured corona as successive waves of cirro-cumulus swept over the disc.

Ozone.—The 10th, 15th, 22nd, 29th, and 30th were periods of antozone. On the nights of the 22th and 30th the test slips were almost bleached, but before noon they regained by speedy action of ozone their lost colour. During the months of July and August last year the development of ozone was very limited, and considerably below the register of the same months of the present year. The comparative analysis shows a balance in favour of the recent months of nearly 30 per cent. upon the aggregate amount. This in relation to the present epidemic is a suggestive fact, and it would be important to ascertain by statistics of practical ozonometry if any perceptible diminution of reaction has been observed in the most infected cholera districts. At present our observations are founded on exceedingly hypothetical date.

Blue Mists.—This recurrent phenomenon, which by Mr. Glaisher has been deemed pathognomonic of epidemic cholera, existed here more or less at intervals throughout June,

July, and August. Observed from this altitude, it has often merged into the common neutral gray; indeed, it almost invariably assumed that hue in conjunction with the blue when viewed through the intervening medium of an extensive landscape. The coincidence of its existence with the epidemic is certainly curious; but have we not its analogue in the *collina*, or dry fog, of Southern Spain, which appears to be almost identical in its physical characteristics. This *collina* shows itself in June, and lasts till the middle of August, when the temperature has reached its *maximum*. Objects seen through it look exactly as though they were enveloped by transparent lead-coloured gauze. It exerts no influence over the hygrometric condition of the air, and as in all probability it is produced by the mutual antagonism of telluric and atmospheric electricity, it is not dissipated even by the force of powerful wind currents.

Proceedings of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JUNE 26TH, 1866.

Dr. JAMES ALDERSON, F.R.S., President.

ELEPHANTIASIS ARABUM, OR ELEPHAS, SUCCESSFULLY TREATED BY THE APPLICATION OF A LIGATURE TO MAIN ARTERY OF LIMB; WITH REMARKS.

By THOMAS BRYANT, F.R.C.S.,
ASSISTANT-SURGEON TO GUY'S HOSPITAL.

THE author having made some general remarks on the disease, related a case of elephas, which occurred in the person of Mary T., aged 25, a native of Carmarthen, the daughter of Welsh parents, who was admitted into Guy's Hospital under his care on October 10th, 1865. She was a single woman, of healthy aspect, and had always enjoyed good health, never having had any illness of much importance. Ten years previously she had scarlet fever, which was unaccompanied by any of its ordinary complications; and it was during her convalescence from this disease that her left leg began to swell, the swelling beginning in the calf and extending upwards towards the knee; it was unattended by pain or any indication of general disease. For two years the enlargement was gradual, when she slept in a damp bed, and after this the disease progressed more rapidly, and extended upwards to the thigh. This increase was still, however, perfectly painless. She was subsequently admitted into the Carmarthen and Swansea Infirmary, where all kinds of treatment were tried, but without success, the disease gradually progressing. Three years since, some small ulcers appeared in a deep sulcus in the calf, from which a quantity of dark fluid like blood escaped; the ulcers subsequently healed.

On admission the left leg was found to be enormously enlarged from the ankle to the groin. To the hand it felt hard and brawny, the skin and cellular tissue being evidently infiltrated with a fibrous material. Several deep sulci also existed between the folds of integument in the calf. The skin appeared to be coarse, but it was free from the cuticular induration and ulceration which is so frequently associated with this affection. It was also noted that the foot was perfectly sound. The measurements on admission were as follows:—Round the left or diseased calf, 24 in.; round the right, 15½ in.; round the diseased thigh, 28 in.; round the right, 21 in. The temperature of both limbs appeared to be alike. The pulsation in the left iliac artery was clearly to be felt; but the femoral and tibial vessels of the affected limb could not be made out. The patient was kept in bed for three weeks, with the leg well raised on an inclined plane. In the first week the calf had diminished an inch and a half, and the thigh one inch, all œdema having subsided; but after that date no further decrease took place. On the 31st of October the external iliac artery was ligatured, the patient being under the influence of chloroform. The vessel ap-

peared to be perfectly healthy, and of normal size. The whole limb was subsequently swathed in cotton-wool, and raised as before. The subsequent progress of the case was one of uninterrupted success. The limb rapidly became softer and smaller, the calf measuring at the end of the week $19\frac{1}{2}$ in., and the thigh 24 in., being three inches less than it was on the day of operation. At the end of the second week the limb had diminished another inch; and on the fifteenth day the ligature came away from the iliac artery, the limb all this time having been free from pain, and quite warm. By the 30th November the wound had quite healed, and the patient's health was very good. By the 30th December the calf had become reduced to $18\frac{1}{2}$ in.; by Jan. 31st it measured $16\frac{3}{8}$ in.; by Feb. 21st it was only $15\frac{1}{2}$ in.; and on March 15th it measured $15\frac{1}{2}$ in., being but three quarters of an inch larger than the sound limb. The skin had gradually contracted, and had become natural in its aspect; all brawniness of the limb had also gone. The patient at the present date is walking about with an elastic legging, perfectly sound.

In his remarks, the author referred to Dr. Carnochan's cases, which were published in 1856, and stated that it was from their perusal that he had been induced to adopt the practice illustrated by the case he had detailed. He then gave a brief outline of Dr. Carnochan's four cases, in all of which a good result was obtained. He alluded to a case of solid œdema of the foot operated upon in 1858 by Mr. Statham, and gave a brief outline of Mr. Butcher's case published in 1863. He quoted also an example of Dr. Fayrer of Calcutta, and of Mr. Alcock of the North Staffordshire Infirmary. He then passed on to consider the pathology of the affection, with the microscopical appearances of the structure involved. He alluded to the theory that it was a disease of the veins of the part, and referred to the fact, illustrated by his own case, of the foot being free from the albuminoid infiltration as an argument against the "venous" theory. He quoted Dr. Carnochan's opinion, that it was due to a morbid condition and dilatation of the principal arterial trunk of the member affected, and pointed out the fact that this condition was present in only one of the cases related. He then described the pathological condition of a limb the subject of this affection, with its microscopical appearances, and pointed out that it was apparently a disease of the cellular tissue of a part, and that it was essentially due to an infiltration of fibro-plastic elements; the elementary structure of a fibro-plastic tumour and of elephas being identical, excess of nutritive material and of organizable products being present in both. Under such circumstances he asserted that the principle of the operation which had been performed must be looked upon as rational, and the practice based upon it as scientific; for if the disease of elephas be due to an abnormal effusion of tissue-making elements, to an excess of nutrition in a limb, the attempt to check its progress by the application of a ligature to its main artery, by which it lives, must be regarded with favour. But whatever the theory of the practice may be, he proved that the practice itself was a good one, for the success of the cases he had brought before the notice of the Society was clear and unequivocal. They tended to show that a new means had been given to the surgeon to cure a loathsome and hitherto incurable affection, and another triumph had been achieved for the science and art of surgery.

Dr. WEBSTER said elephantiasis was a very common disease in Brazil. He referred to the very large size limbs affected by it attained. He remarked, too, on the fact that Mr. Bryant's patient had never been abroad, and on the novel treatment of the case.

Mr. LEE asked if there was any reason to suppose that there was disease of the arteries in this case.

Mr. GASKOIN said that cases of elephantiasis were of great interest. There was a question as to the identity of elephantiasis with elephas. Some say it is not a disease of the skin. No doubt it was a blood disease, and the point of chief importance was to know if the anatomical characters were alike in elephas and elephantiasis. In

elephantiasis the bloodvessels were diseased and cartilaginous. Amputation and ligature of arteries were not always successful.

Mr. HULKE said it would be interesting to know if the changes in the arteries had been observed by Mr. Gaskoin himself. In the specimens examined by the Pathological Society no changes had been observed.

Mr. GASKOIN gave reference to statements by authors on the subject.

Mr. BRYANT said the case he had operated on was elephantiasis Arabum, and not elephantiasis Græcorum. He again referred to Dr. Carnochan's operation, and said that although Dr. Carnochan was led to perform the operation on the hypothesis that there was arterial disease, further cases showed that disease of arteries was usually not present. However, the practice seemed good, although the theory that led to it was not tenable.

Dr. GREENHOW said the Committee at the Royal College of Physicians quite agreed that elephantiasis Græcorum and elephantiasis Arabum were quite different diseases. One was a blood disease, the other was local.

ACCOUNT OF A CASE OF OBLIQUE INGUINAL HERNIA ON EACH SIDE, IN WHICH, THE TESTES REMAINING IN THE BELLY, THE HERNIAL SACS DESCENDED INTO THE SCROTUM, AND ALSO ASCENDED UPON THE APONEUROSIS OF THE EXTERNAL OBLIQUE MUSCLE.

By J. W. HULKE, F.R.C.S.,

ASSISTANT-SURGEON TO THE MIDDLESEX AND ROYAL LONDON OPHTHALMIC HOSPITALS.

A man, aged 27, was admitted into the Middlesex Hospital with strangulated hernia January 20th, 1865. The right side of the scrotum was filled with a large irreducible globular swelling, which also reached upwards along the groin to the anterior superior iliac spine. This latter part of the hernial swelling was superficial to the aponeurotic tendon of the external oblique muscle. There was a similarly-placed hernia on the other side, not strangulated. The symptoms of strangulation were very acute. Herniotomy was performed three hours after their commencement, but the patient died next day of peritonitis. The right testis was found in the belly: the left hung freely in the inguinal canal, from a mesorchion derived from the parietal peritoneum near the internal abdominal ring.

In reply to Mr. John Wood, Mr. HULKE said both the testes were free and undeveloped.

THE INFLUENCE OF ALCOHOL ON THE TEMPERATURE OF NON-FEBRILE AND FEBRILE PERSONS.

By SYDNEY RINGER, M.D.,

PROFESSOR OF MATERIA MEDICA AT UNIVERSITY COLLEGE, AND ASSISTANT-PHYSICIAN TO UNIVERSITY COLLEGE HOSPITAL;

AND

WALTER RICHARDS, M.D.

In this paper the authors give the results of some observations on the influence of alcohol on the temperature of non-febrile and febrile persons, and a few on rabbits. The authors gave alcohol in poisonous doses to three non-febrile adults. The temperature was greatly depressed in two. The depression amounted to 3° Fahr. In the third case the temperature was but little influenced. The subject of this observation was a confirmed drunkard. He confessed to getting drunk whenever he had the opportunity.

Alcohol was also injected into the rectum of two rabbits. In both the temperature was considerably depressed. The depression amounted to 15° Fahr.

The authors therefore conclude that alcohol in poisonous doses causes a very considerable depression of the temperature of the body of non-febrile persons, and also that it is probable that habit obviates this effect. Further proof in favour of this latter conclusion is given in a subsequent part of the paper.

The rapidity of the fall of the temperature after death of two patients and one rabbit was ascertained. This is

compared with the rapidity of the fall of the temperature after the use of alcohol. It was found that the temperature falls as rapidly after the use of alcohol in poisonous doses as after death. The circumstances determining the cooling of the body, however, differ in the two conditions. Thus during life much heat is carried off by the air inspired into the lungs. Assuming that the cooling effects of respiration are equal to those that result from radiation from the surface of the body, it follows that alcohol possesses the power to diminish by one-half those processes that produce the heat of the body.

Both of the patients whose temperature was depressed suffered from nausea and vomiting. In order to ascertain if the depression of the temperature were due to the conditions that accompany vomiting, tartar emetic was given to a patient every ten minutes, and continued long after vomiting was produced. The administration of the anti-mony was continued seven hours. No depression of the temperature resulted. Thus the authors conclude that the depression of the temperature was not due to the vomiting produced by the alcohol.

Alcohol was next given, in ordinary doses, to non-febrile persons. Eleven observations were made. In eight the temperature was depressed. In three cases the temperature was unaffected. These three persons were strong adults. The quantity of alcohol given them was small (an ounce of brandy). Two of them were confessed free drinkers. The amount of depression was slight. The authors thus conclude that alcohol, when taken in ordinary quantities by non-febrile persons, causes a slight depression of the temperature of the body, but that the amount of depression which occurs is too slight to contraindicate its use.

Numerous observations were made to ascertain the influence of alcohol on the temperature of febrile persons. To some of the patients very large quantities of alcohol were given. To a child of twelve years old eleven ounces of absolute alcohol were given on one day. From these observations the conclusion is drawn that ordinary and extraordinary quantities of alcohol cause only a slight and temporary depression of the temperature of febrile persons, and consequently alcohol cannot bring the temperature of febrile patients to that of health. But if alcohol should be indicated by the general condition of the patient, it will also to some extent act beneficially in virtue of its power to cause some diminution of the temperature of the body.

Some observations were made to ascertain the influence of alcohol on the pulse. From these the conclusion is drawn that alcohol increases the force of the pulse, but lessens its frequency.

In conducting these observations the following precautions were taken: the patients were kept in bed; all the conditions were kept the same; the thermometer was kept the whole time in the axilla, and the temperature was noted every few minutes. The observations were continued many hours—in some cases during the entire day.

ACCOUNT OF A SECOND CASE IN WHICH THE CORPUS CALLOSUM WAS DEFECTIVE.

By J. LANGDON H. DOWN, M.D.,

ASSISTANT-PHYSICIAN TO THE LONDON HOSPITAL, AND PHYSICIAN TO THE ASYLUM FOR IDIOTS, EARLSWOOD.

This was another instance of extensive deficiency in the great commissural connexion of the hemispheres of the brain, associated with marked imperfection of the intellectual faculties, similar to the case recorded by the author in vol. xlv. of the "Transactions" for 1861. The rarity of the abnormality was indicated by the fact that this was only the second time the author had met with it in the dissection of 150 brains of idiots.

Dr. SANKEY said the case illustrated the facility with which causes were attributed. The mental defect in each case had been put down to masturbation, when it merely depended on congenital malformation.

The Society then adjourned.

HOSPITAL CHARGES AGAINST THE CANADIAN VOLUNTEERS.

The *Army and Navy Gazette* of 1st September remarks as follows on this subject:—

"Some weeks back we noticed what was represented to us as the neglect to provide the Canadian Volunteers with proper equipments when they were sent into the field to resist the Fenian invasion. We have since inserted a contradiction of these statements, but now another cause of dissatisfaction is reported to us. Great indignation has been excited in Canada by hospital charges being sent to the commanding officer of the 13th battalion of Volunteers, by the Imperial military authorities for the care of the Volunteer wounded at Ridgway, amounting in some instances to more than their pay and allowances, and we are told the pay of the whole battalion was refused by the Colonial Government until these charges were paid. Had there not been a relief fund for the Volunteers, subscribed by the people of Hamilton, the officer commanding the 13th battalion would have been obliged to pay these charges before he could have drawn the pay for his men. The committee having charge of the expenditure of this fund did pass an order for the amount, very reluctantly, however, to a certain extent acknowledging a claim of such an extraordinary character. We need not say that it is customary in the British Army to make hospital charges against the men, but the case is different in Canada. The Canadian Government pays the Volunteers, and allows them half-a-dollar per diem (two shillings sterling) when they are in the field, and not provided with rations or barracks, the military authorities charged the whole of this to the wounded, and as some of them did not recover until after their regiment was off duty, the charges have amounted to more than all the pay and allowances coming to them; and money supplied by the Canadian Exchequer is paid into the Imperial Treasury. It was still worse when the Volunteers had an hospital of their own, from which they were removed by order of the Imperial authorities. As there is every probability of another and more formidable Fenian invasion before long, it is to be hoped that the British Government will remove such just grounds of complaint."

THE NAVY MEDICAL DEPARTMENT.

The *Army and Navy Gazette* of September 1st thus deals with this subject in a leading article:—

"On the return of the Director-General of the Medical Department of the Navy from a short leave of absence, it is expected that the Board of Admiralty will immediately take the necessary steps to amend the Circular issued by the Duke of Somerset for the improvement of the position of the naval medical officers. It was certainly hoped that by the concessions which had been made by the late Order in Council the objections entertained by the present rising generation of medical men against entering the naval service of their country would have been removed or at least materially lessened. We and others have been much mistaken. There is evidently a kindlier eye turned from the schools to the Navy, but that is all. There is no evidence of any intention on the part of likely recruits to present themselves at Somerset House, and it is our conviction that nothing of the kind will take place until the *mét d'ordre* is given out by the heads of their profession to their younger brethren, and when this is once done we shall have no anxiety as to the result. Sir Alexander Milne is now in power. When he acted as chairman of the late First Lord of the Admiralty's Committee he was only permitted to suggest. The scene is changed; he can at present not only originate but carry out a substantial reform. These are not times for half measures. The medical question should be dealt with by itself. A great error was committed when the lately issued Circular was compiled, in mixing up matters connected with other branches of the profession. What necessity was there to drag in the paymasters and engineers? These officers did not feel complimented, although very likely the clauses relating to them were framed in a very conciliatory spirit. Enough has been said and written to prove that the step taken by the late Board, although in the right direction, has fallen far short of the expectations and wishes of those on whom the country depends for a supply of the right description of medical men. This being an ad-

mitted and incontrovertible fact, Sir John Pakington and his colleagues must energetically set to work to repair the error, so that when the time arrives, whenever that may be, for them to make room for their successors, they may point with satisfactory pride to an efficient and contented body of naval surgeons."

Medical News.

UNIVERSITY OF LONDON.—Examination for Honours.—*Anatomy*: 1st Class, J. Stanton Cluff, B. A. Dubl. (Exhibition and Gold Medal), University College; Frederick Taylor (Gold Medal), Guy's Hospital.—*Physiology, Histology, and Comparative Anatomy*: 1st Class, James Stanton Cluff, B.A. Dubl. (Exhibition and Gold Medal), University College; 2nd Class, John James Ridge, St. Thomas's Hospital; 3rd Class, Tempest Anderson, University College.—*Organic Chemistry and Materia Medica and Pharmaceutical Chemistry*: 1st Class, J. Stanton Cluff, B.A. Dubl. (Exhibition and Gold Medal), University College; Frederick Taylor (Gold Medal), Guy's Hospital; 2nd Class, Tempest Anderson, University College; 3rd Class, John James Ridge, St. Thomas's Hospital; William Warwick Wagstaffe, B.A. St. Thomas's Hospital.

ROYAL COLLEGE OF SURGEONS IN IRELAND.—At the Quarterly Examination held on the 14th of August the following gentlemen passed their First Examination for the Letters Testimonial of the College—viz:—

Allt, N. W.	Mara, W. F.
Anderson, J. A.	Mitchell R.
Armstrong, J.	Moylan, M. T.
Brown, T. J.	McDermott, W. M.
Boland, H. F.	McMulleir, W. A.
Birney, A.	Mullins, E. A.
Beatty, J. G.	Nugent, E. J.
Burkitt, J. M.	O'Gorman, E.
Carey, R. B.	Owens, G. W.
Carey, S. O.	Pearsall, W. B.
Cordner, L. M.	Ridley, J.
Curren, E.	Riddick, J.
Daly, G. W.	Riordan, H. de B.
Dwyer, J.	Robinson, W.
Egar, O. S.	Ryan, J. P.
Evans, R.	Samuels, W. F.
Finley, J.	Scott, J. H.
Gavan, M. F.	Shaw, G.
Harris, S.	Smallman, R.
Hart, J. P.	Smith, H. L.
Hatchell, G. W.	Wade, N.
Hudson, R. P.	Wallis, J.
Hurley, J. J.	Walsh, P. V.
Huston, R. T.	Warren, W. H.
Irving, G. C.	White, W. D.
Kellett, S.	

At the Quarterly Examination held on the 21st of August, the following Gentlemen passed their Second Examination for the Letters Testimonial of the College and were admitted Licentiate—viz:—

Anderson, J. A.	Nugent, E. J.
Barker, F. C.	Olden, D.
Barker, J. C.	Owens, G. W.
Beatty, J. G.	Parks, R.
Brown, T. J.	Pearsall, W. B.
Burkitt, J. M.	Riddick, J.
Carey, R. B.	Ridley, J.
Carr, F.	Ryan, J. P.
Drew, J. B.	Samuels, W.
Gavin, M. F.	Scott, J. H.
Harris, S.	Shaw, G.
Hart, P. J.	Smallman, E.
Hatchell, J. H.	Smith, H. L.
Hudson, R. P.	Stokes, G. P.
Hurley, J. J.	Thompson, H. G.
Irving, G. C.	Wade, N.
Kcelan, O. C.	Walsh, P. V.
Mitchell, R.	White, W. D.
McConaghy, C.	Wodsworth, C.
McConaghy, W.	

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL (IRELAND), FOR THE MONTH OF AUG., 1866:—

Henry Beatty, Cappy House, Lisbellaw, Co. Fermanagh, L.R.C.S.I. 1865; L.R.C.P. Edin. 1866.
 Harry Molony, Ennis, Co. Clare, L.F.P. & S. Glasg. 1866; L.R.C.P. Edin. 1866.
 Campbell Fair, Oughterard, Co. Galway, M.R.C.S.Engl. 1866; L.K.Q.C.P.Irel. 1866.
 Charles McDonnell, Shanagolden, Co. Limerick, L.R.C.P. Edin. 1866; L.F.P.S.Glasg. 1866.
 Richard John Kinkead, Tuam, Co. Galway, L.R.C.S.I. 1865; L. in Midwif. R.C.S.I. 1865.
 George Newman Dunn, Delgany, Co. Wicklow, L.K.Q.P.Irel. 1866; M.R.C.S.Engl. 1866.

APOTHECARIES' HALL.—The following gentleman

passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on Aug. 30th:—
 Charles Read, Falmouth.

The following gentlemen also on the same day passed their first examination:—

Charles Henry Furnivall, Westminster Hospital; Alfred Kelly, King's College Hospital; Frank Henry Laking, St. Georges's Hospital.

THE DEVONPORT NAVAL HOSPITAL.—On the 4th instant, the Board of Admiralty visited the Devonport Royal Naval Hospital. They were received by Captain Codd, Dr. Stewart, Dr. Beith, and Dr. Duirs. Their lordships "walked" the hospital, where some improvements suggested themselves. Sir John Pakington made several inquiries of Dr. Stewart as to the accommodation, and expressed satisfaction at the good order and cleanliness everywhere displayed.

NEW YORK STATE INEBRIATE ASYLUM.—Up to 1864 there had been 7245 applications for places in this institution at Binghamton, from every State in the Union, and from Europe, Mexico, and the British Provinces, 520 of whom were opium eaters. There were 39 clergymen, 8 judges, 197 lawyers, 226 physicians, 340 merchants, 680 mechanics, 466 farmers, 240 gentlemen, and 805 women. One of the opium eaters, a lawyer, who had filled a highly responsible office, in one year drank 3200 bottles of McMunn's preparation of opium. In one day he drank twenty bottles, equal to ten thousand drops of laudanum. Patients at this asylum are received for not less than a year, are watched, controlled, and medically treated. The expectation is that at least 70 per cent. will be radically cured. It was stated at the recent Temperance Convention at Saratoga, that the names of 1300 rich men's daughters are on the list of applicants for admission to this asylum.

A NEW FOSSIL REPTILE.—M. d'Archiac lately laid before the Academy of Sciences the remains of a fossil reptile found by M. Frossard, a Protestant clergyman, in the bituminous schistus of Muse, near Autun, Saône-et-Loire. The new reptile belongs to Owen's Ganocephali, strange vertebrata, with uncertain characteristics, seemingly representing the embryo age of reptile, just as the Ganoids with vertebra incompletely ossified represent the embryo age of fishes. The new fossil is to be called *actinodon*.

PRESERVATION OF MEAT.—A new process for preserving fresh meat has been patented by Messrs. McCall and Sloper, who are at present at Buenos Ayres employed in making experiments on a large scale. They profess to be able to preserve meat in its fresh and raw state so as to reach England from South America in the exact condition of butcher's meat just killed, at a cost of from fourpence to fivepence per pound. Their curing process is simple, and is based on the exclusion of oxygen from the vessel in which the meat is packed.

DR. LETHEBY, Medical Officer of the City of London, complains to the Commissioners of Sewers that he is unable to make any proper return of the condition of choleraic diseases in the City, because the guardians of the City of London Union refuse to furnish him with the returns from their districts on the ground "that it was useless, and would cause trouble." Here, again, it seems that the local authorities are at odds, and the guardians amuse themselves by systematically snubbing the medical officer of health, who is an officer of the Commissioners of Sewers. They have not only refused to supply these returns, but instead of consulting him on the Order in Council of the 21st of July in respect of sanitary measures, as they were directed to do, they have set to work to issue their own notices, including some of the most remarkable directions for disinfection that were ever devised. Altogether, the folly of the guardians is likely to be so hurtful to the public interest that the President of the Privy Council has found it necessary to interfere, and the guardians have been requested to supply the necessary information. All except those of the City of London Union have complied, and by an omission in the "Nuisance Removal and Prevention Act," they are able to interpose some vexatious opposition.

STAFF SURGEONS.—It is far from probable that the present Board of Admiralty will permit their power of giving the rank of Staff Surgeon to officers who have not served twenty years to remain a dead letter. Such a reward

for meritorious service is much coveted, has been well deserved by many surgeons on the list, and we shall hail with much pleasure the first such promotion that we may have to chronicle. Just at the present moment, when medical men are so very "backward in coming forward" to enter the Navy, we think the carrying into practice of the Circular of July 12, 1866, on this point would have a decidedly good effect, and it is satisfactory to know that the gift of such rewards is in the hands of Sir John Pakington and his present colleagues.—*United Service Gazette.*

THE guardians of the Greenwich Union have determined to allow the medical officer an assistant, and to provide the drugs, &c., instead of requiring them to be furnished by the house-surgeon.

THE Commissioners despatched to the lazarets and field hospitals by the Patriotic Help Association (Hilfsverein) of Vienna, have just published a long and interesting report.

DR. W. TYNDAL ROBERTSON will edit and revise the report about to be published of the transactions of the British Association at Nottingham.

THE Board of Guardians of the Strand Union have declined by a large majority the services of lady nurses.

FROM the report of the London Dwellings Society (Limited) it appears that their capital has increased to £24,800.

No less than 1100 Prussian soldiers have died of cholera at Brunn in the course of the last two months.

GLASGOW MEDICO-CHIRURGICAL SOCIETY.—At a Meeting of the Medico-Chirurgical Society, held in the Hall of the Faculty of Physicians and Surgeons, St. Vincent-street, on Tuesday, 4th September, the following gentlemen were elected Office Bearers, viz.:—*President:* Dr. Allen Thomson. *Vice-Presidents:* Dr. Robert Patterson; Dr. Coates. *Council:* Dr. Naismith, Hamilton; Dr. W. T. Gairdner; Dr. Yeaman; Mr. Robertson, Renfrew; Dr. Dewar; Dr. Tindal; Dr. G. H. B. Macleod; Dr. A. R. Simpson. *Secretaries:* Dr. James Adams; Dr. Robert Perry. *Treasurer:* Dr. H. R. Howatt.

SINGULAR SUICIDE BY A SURGEON.—On Tuesday an inquest was held at the London Hospital respecting the death of a surgeon, named John Baker, who had committed suicide. The evidence showed that deceased had for some time lived apart from his wife, because of her great intemperance, and occupied lodgings in Ray's-street, Bethnal-green. On last Wednesday evening he visited his wife, and then seemed very much depressed, which was not, however, an unusual thing with him. He must have drunk freely after leaving his wife, for when he got to his lodgings he was in a very intoxicated state. On the following afternoon he went out, and at about eleven o'clock at night he went to the Mile-end station, and asked the inspector how soon there would be a train for the city. The train came up shortly after, and he then said he would wait for the next, as that would be a twopenny train. Just as that which was at the station started, he jumped from the platform and threw himself on the rails. The engine, which was only two yards off, passed over him, and so did all the carriages, and yet when he was picked up he was still alive and sensible. In answer to a question, he said it was "trouble" that caused him to do as he had done. He was taken to the hospital, and died there in a few hours. The jury found that he had committed suicide whilst of unsound mind.

SISTERHOOD NURSES.—At a meeting of the Guardians of the Strand Union, the question of allowing the sisters of the All Saints' Home, Margaret-street, to give their gratuitous services in nursing the sick poor in the house, was introduced. Mr. Corbett, Poor-law Inspector, bore testimony to the advantage which the Chorlton Workhouse had derived from the sisters at a time of panic, when no other nurses could be obtained. The proposal was shelved, the general feeling of the board appearing to be against the introduction of the sisters as nurses.

DR. HERZ of Vienna strongly urges, in the *Wien. Med. Woch.*, on his medical brethren, the benefits of village hospitals, as adopted in England. He especially speaks of the Cranley Hospital.

Notices to Correspondents.

Mr. Robert Perry.—The notice has been received.

Dr. T. Orme, Duñaid.—The Report has been received.

Dr. A. Lane.—When the decision of the Lords of the Admiralty has been made known as to the merits of the medicine, we shall be in a position to discuss the subject.

Observer.—The statements contained in the publication alluded to are quite unworthy of notice.

M.D.—The Report has been received.

Reply to a Dispensary Doctor.—As you have suggested yourself—"leave it alone for five or six months to see the result." The probability is that there is no "narrowing of the lachrymal duct," nothing but temporary obstruction from tumefaction. Avoid all irritation, even by wiping the eye.

Appointments.

The Lord Lieutenant of Ireland has been pleased to appoint Dr. W. Malachy Burke, 12, North Great George's-street, Physician in Ordinary to his Excellency.

JOHN CAMPBELL, Esq., M.D., has been appointed by the Postmaster-General, the Duke of Montrose, as Medical Adviser for the Lisburn District, under the Government Insurances and Annuities Act.

S. ARCHER, Assistant-Surgeon, 95th Foot, to be Staff-Assistant-Surgeon, vice G. Traynor.

J. K. CARR, Surgeon, M.D., 32nd Foot, to be Surgeon-Major, having completed twenty years' full-pay service.

M. COMBE, Surgeon, M.D., Royal Artillery, to be Surgeon-Major, having completed twenty years' full-pay service.

W. GRANT, Surgeon, M.B., 87th Foot, to be Surgeon 1st Foot, vice C. W. Woodroffe.

C. W. WOODROFFE, Surgeon, 1st Foot, to be Surgeon 87th Foot, vice W. Grant, M.B.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.

On the 7th ult., at the Curragh, the wife of Surgeon J. O. Cunningham, M.D., 60th Royal Rifles, of a son.

On the 8th ult., at 27, Harcourt-street, the wife of Henry Gray Croly, Esq., F.R.C.S.I., of a daughter.

On the 8th ult., at 23, Stephen's Green, North, the wife of Surgeon Morgan, of a daughter.

DEATHS.

On the 18th ult., at Haworth, E. S. Hall, M.R.C.S.E., aged 57.

On the 20th ult., at Grange-road, Bermondsey, J. Todd, M.D., aged 45.

On the 22nd ult., at Storrington, Sussex, F. D. Mudd, M.R.C.S.E.

On the 22nd ult., at Woolston, Southampton, S. Summers, M.B.C.S.E., aged 46.

On the 24th ult., at Gateshead, F. Bennett, F.R.C.S.E., J.P., aged 59.

On the 27th ult., at Wood-green, London, after a short illness, Alfred Joseph Humby Banks, M.D., aged 40.

On the 28th ult., at Dorrington, Salop, formerly of Longden, S. Glover, Surgeon, aged 79.

On the 28th ult., at Old Kent-road, C. Leonard, M.R.C.S.E., aged 64.

On the 31st ult., at Knighton, Henry Warren, Surgeon, aged 62.

On the 31st ult., at Newhall-street, Birmingham, S. W. Bunbury, M.D.

On the 1st inst., at Warrington, John Sharp, M.R.C.S.E., aged 70.

On the 1st inst., at Gloucester-crescent, Regent's-park, Dr. J. Gibbs, aged 85.

On the 2nd inst., at Blarney, Dr. Lee, Medical Officer of that Dispensary District.

On the 4th inst., at Cosham, Hants, the wife of Frederick B. Jessett, Surgeon, aged 24.

ERRATA.—In the last two numbers of Dr. M. Madden's paper on Rinderpest the word "Prevention" was misprinted "Prevention," and one or two other clerical errors, owing to the writer's absence from town when the paper went to press.

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING SEPTEMBER 8TH, 1866.

By J. H. STEWARD, Strand and Cornhill, London.

Sept. 1866.	Barometer reading reduced to 32 degrees.	Thermometer.		Dry bulb.	Wet bulb.	Wind.			Remarks.
		Max.	Min.			Direction.	Force.	Rain.	
3	29.090	72	50	59.05	52.05	W	—	0.30	Rain.
4	29.075	70	54	59	57	SW	—	0.07	do. do.
5	29.044	—	51	24	52.05	SW	—	0.28	do. do.
6	29.074	69	54	59.05	57.05	SW	—	0.12	Showery.
7	29.054	69	55	62	59	SW	—	0.05	do.
8	29.074	59.05	58	61	58	SE	—	0.15	Fine.

The Medical Press and Circular.

“STUDENTS’ NUMBER.”

WEDNESDAY, SEPTEMBER 19, 1866.

In this, our “Students’ Number,” we have endeavoured to sustain our position as a British Journal, by producing with equal exactness the Educational Regulations of England, Ireland, and Scotland. To effect this object, and reduce the very voluminous Rules and Bye-Laws to a shape comprehensible to Non-Professional Readers, we have been obliged to curtail them as far as is consistent with its completeness. In doing so we have been careful to confine ourselves to the erasure only of legal technicalities and roundabout phrases, retaining the gist of all the Regulations, educational and otherwise. We believe that no point of interest or importance to the Student will be found wanting.

We have endeavoured, in our Editorial Observations, to supplement the official Regulation of Universities, Colleges, and Schools, by information respecting the means usually employed for obtaining Professional Qualifications and Admission to the Medical Departments of the Public Services, which can only be obtained through private sources, and is of quite as much importance to Students as the official Regulations.

HOW TO OBTAIN APPOINTMENTS IN THE PUBLIC SERVICE,

ARMY MEDICAL SERVICE.

The appointment of Assistant-Surgeon in the Army is open to all who can prove their claim to it by superior answering. Competitive Examinations are held at Chelsea, usually in the first week of February and August. The candidate is not required to produce any other qualification before presenting himself for examination, than his Licences to practise and certificate of Registration, and in this respect the Army service differs from the Naval, in which the very senseless practice of compelling a candidate to produce all his certificates is forced. The candidate having sent in his papers and forwarded them to London, meets his competitors at Chelsea. He is examined by Dr. Hooker on Natural History, Botany, Chemistry, and Materia Medica; by Dr. Parkes on Medicine, Midwifery, Therapeutics, Pathology, Pharmacy, and the writing of Prescriptions; by Mr. P. Hewett on Surgery and Surgical Appliances; and by Dr. Busk on Anatomy, Physiology, and Comparative Anatomy. Natural History and Botany are voluntary subjects. For the first two days of his examination he is employed on penning answers to printed questions; for the third and fourth days he is examined *viva voce* on all subjects; and on the fifth and sixth days he is tested by the diagnosis of disease at the bedside in the Hospital, by the application of surgical apparatus, and by operations on the dead subject. This trial finished, the successful candidates (varying in number from fifteen to thirty) are selected; but the successful competitors are *not* arranged in order of merit, nor are their marks made known.

A certain number of candidates, whose answering has been satisfactory, but not sufficiently so to entitle them to a place, are offered appointments on the Gold Coast of Africa. These situations, while they are subject to strong objection on the score of the deleterious nature of the climate possess great advantages for those whose health can resist its influence. The districts comprised under the Gold Coast districts are Sierra Leone, Gambia, and Cape Coast Castle. If the candidate accepts the appointment he is sent out at once, without the period of probation to which others are subjected at Netley Hospital. He is allowed to spend a year at home, on full pay, for every year spent in Africa, and the entire period at home and abroad counts as service for pension. The promotion is only too rapid, owing to the dangerous nature of the climate; and we have known the rank of full Surgeon reached in five years from the date of appointment as Assistant-Surgeon.

The competitor who has been so fortunate as to obtain a place in the ordinary service, is not allowed to join his regiment at once. He is obliged to undergo a probation of four months at Netley Hospital, near Southampton, where he is compelled to attend the following lectures—viz., Hygiene, by Dr. Parkes; Pathology, by Dr. Aitken; Military Surgery, by Dr. Longmore; and Tropical Diseases, by Dr. Maclean. The lectures on Military Surgery include gunshot and other wounds; arrangements for the transport of wounded; duties of Army Surgeons in the field, during sieges, on transports, &c.; and other special subjects. Those on Military Medicine refer to the tropical and other diseases of the British possessions and colonies, and to the losses by disease. The lectures on Hygiene relate to the ex-

mination of water, air, food, clothing, &c., of the soldier; his duties and exercise, and the circumstances affecting his health, meteorology, statistics, and prevention of disease. The lectures on Pathology have reference chiefly to the scientific examination of tropical diseases, and of the other complaints which the Army Surgeon is especially called on to investigate. The candidates also attend the wards of the Hospital under the Professors of Medicine and Surgery, to make themselves acquainted with the system of recruiting, and the modes of keeping the Army Medical Returns. They are also called on to make post-mortem examinations, to operate on the dead body, and pass through laboratory practice on the modes of recognising the qualities and adulterations of food, and on microscopic examination of morbid tissues and adulterations of food, &c. During his preliminary training here the student is understood to be in Her Majesty's service; he wears uniform, is under military discipline, and receives pay at the rate of 5s. per day, and 2s. per day for lodging money, if he be not provided with lodgings in the Hospital. At the termination of the four months he is again examined in the subjects in which he has been instructed during that period, his marks are added to those obtained by him at the Competitive Examination, and his position on the list of merit determined by the total. He is then gazetted to his regiment, or employed on the Staff, and enjoys all the rank and honour, pay and privileges of an Assistant-Surgeon, as provided by the Regulations.

NAVAL MEDICAL SERVICE.

The pay in both Army and Navy services is the same. The curriculum is in almost all respects the same as that of the Army, except that naval competitors are obliged to produce their certificates as well as their diplomas in Surgery, a Medical qualification not being absolutely essential. The examinations are held at Whitehall, but they take place at no stated period, and are frequent or at long intervals, according to the number of candidates presenting themselves. As soon as the list contains eight or ten names the candidates are summoned to London, and are at once examined on Anatomy, Surgery, Medicine, and Chemistry, by the Director-General, and by the Deputy-Inspector of Hospitals. The most noteworthy fact in connection with the examination is, the importance attached to a sufficient knowledge of Latin; the candidate is obliged to translate passages from Gregory's *Conspectus*, and unless this part of the examinations be satisfactorily passed the candidate is not permitted to proceed further on the trial of his competency. The successful competitor is not subjected to any probation at Netley Hospital, but is at once appointed as Acting Assistant-Surgeon to his ship, and enjoys from the publication of his "gazette" all the pay, privilege, and advantages of his rank.

IRISH POOR-LAW MEDICAL SERVICE.

The appointments which come directly under the head of the Poor-law are those to Dispensaries and Union Hospitals. By the latest statistics there were 716 Dispensary Districts in Ireland; but as there are sometimes several Dispensaries to a single district, the number of Dispensaries was about 1,000. Each of those Dispensaries, however, has not a separate Medical Officer, there being at present 773 Dispensary Doctors in Ireland. Each district is under the direct control of a committee composed of the neighbouring landholders; the appointments of Medical and other officers are made by this

committee, and the entire management of the district is under their control. Their acts are, however, subject to the approval of the Poor-law Commissioners, who have the power either of interposing their *veto* on any appointment, or even expelling an officer, by a "sealed order," without trial, accusation, and without the resource of appeal or investigation. The salaries of Medical Officers of these districts vary from 100*l.* to 20*l.* a year, the great majority being from 50*l.* to 75*l.* This salary is paid by the Board of Guardians, and an increase or decrease can be made in the amount without the assent and that of the Commissioners. Under the late Sanitary Act the Committee may recompense the Medical Officer for special services, such as those during an epidemic of cholera, or for Sanitary reports. The qualifications for the Medical charge of a Dispensary or Workhouse have, by late order, been fixed at—a licence in Surgery, a Diploma in Medicine, and a Diploma in Midwifery, and the candidate must be at least twenty-three years of age. The success of an applicant, depends, however, to a great extent on his local interest and influence with individual members of the committee, who are wont to discover particular aptitude for the position in the person or character of their own relatives, which they seldom observe in a stranger. There is no pension, superannuation, or allowance for Poor-law Medical Officers, and as their salary is almost always quite insufficient for their maintenance, they must choose a proper field for private practice, or they can never hope to attain an independent position.

The number of Unions in Ireland is 163, to each of which is attached a Medical Officer, who is appointed and controlled by the Board of Guardians in the same manner as the Dispensary Surgeon is by his committee. The salary is usually better than that of the Dispensary Doctor, and the duties are more easy and satisfactory description.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION

REGISTRATION OF MEDICAL STUDENTS.

The following Regulations have been adopted by the General Medical Council, in reference to the Registration of Students of Medicine:—

1. Every Medical Student shall be registered in the manner prescribed by the General Medical Council.
2. No Medical Student shall be registered until he has passed a Preliminary Examination, as required by the General Medical Council.
3. The commencement of the course of Professional Study recognised by any of the Qualifying Bodies, shall not be reckoned as dating earlier than fifteen days before the date of Registration.
4. The Registration of Medical Students shall be placed under the charge of the Branch Registrars.
5. Each of the Branch Registrars shall keep a Register of Medical Students according to the subjoined form.

Form for the Registration of Medical Students.

Date of Registration.	Name.	Preliminary Examination and Date.	Place of Medical Study.

Every person desirous of being registered as a Medical Student, shall apply to the Branch Registrar of the division of the United Kingdom in which he is residing, according to the annexed form, which may be had on application to the several Qualifying Bodies, Medical Schools, and Hospitals; and shall produce or forward to the Branch Registrar a Certificate of having passed a Preliminary Examination, as required by the General Medical Council, and a statement of his place of Medical Study.

7. The Branch Registrar shall enter the applicant's name and other particulars in the Students' Register, and shall give him a Certificate of such Registration.

8. Each of the Branch Registrars shall supply to the several Qualifying Bodies, Medical Schools, and Hospitals, in that part of the United Kingdom of which he is Registrar, a sufficient number of blank Forms of Application for the Registration of Medical Students.

9. The several Branch Councils shall have power to admit special exceptions to the foregoing Regulations as to Registration, for reasons which shall appear to them satisfactory.

10. A copy of the Register of Medical Students, prepared by each of the Branch Registrars, shall be transmitted, on or before the 31st of December in each year, to the Registrar of the General Council, who shall, as soon as possible thereafter, prepare and print, under the direction of the Executive Committee, an Alphabetical List of all Students registered in the preceding year, and supply copies of such authorised List to each of the Bodies enumerated in Schedule (A) to the Medical Acts, and through the Branch Registrars to the several Medical Schools and Hospitals.

11. The several Qualifying Bodies are recommended not to admit, after October, 1870, to the final Examination for a qualification under the Medical Acts, any Candidate (not exempted from Registration) whose name has not been entered in the Medical Students' Register at least four years previously.

In the case of Candidates from other than Schools of the United Kingdom, the Branch Councils shall have power to admit exceptions to this Recommendation.

PRELIMINARY EXAMINATIONS IN ARTS RECOGNISED BY THE GENERAL MEDICAL COUNCIL.

Resolved,—“That Testimonials of Proficiency, granted by the National Educational Bodies according to the subjoined list, may be accepted, the Council reserving the right to add or take from, the List.”

1. A Degree in Arts of any University of the United Kingdom or of the Colonies, or of such other Universities as may be specially recognised from time to time by the Medical Council.
2. Oxford Responsions or Moderations.
3. Cambridge Previous Examinations.
4. Matriculation Examination of the University of London.
5. Oxford Middle Class Examinations (Senior).
6. Cambridge Middle Class Examinations (Senior).
7. Durham Middle Class Examinations (Senior).
8. Durham Examinations for Students in Arts in their Second and First Years.
9. Durham Registration Examination for Medical Students.
10. Dublin University Entrance Examination.
11. Queen University, Ireland, two years' Arts Course for the Diploma of Licentiate in Arts.
12. Preliminary Examinations at the end of A.B. Course.
13. Middle Class Examinations.
14. Matriculation Examinations.
15. First Class Certificate of the College of Preceptors.
16. “Testamur” granted by Codrington College, Barbadoes.
17. Degrees of Associate of Arts granted by the Tasmanian Council of Education, with a Certificate that the Student has been examined in Latin and Mathematics.
18. Resolved,—“That Students who cannot produce any of the Testimonials referred to in the first recommendation [as above] be required to pass an Examination in Arts, established by any of the Bodies named in Schedule (A) to the Medical Act, and approved by the General Medical Council.”

FRANCIS HAWKINS, M.D.,

Registrar of the General Council.

Form of Application for Registration as a Medical Student.

I hereby apply to be Registered as a Student in Medicine, in conformity with the Regulations of the General Council of Medical Education and Registration of the United Kingdom for which purpose I submit the following particulars:

Name of Applicant (To be written in words at length.)		Preliminary Examination.	Date of Preliminary Examination.	Place of Medical Study.
Surname.	Christian name.			

Applicant's Signature, _____

Address, _____

Date of Application, _____

To the Registrar of the
Branch Council for _____

N.B.—The above Form of Application, duly and legibly filled up, must be forwarded to the Registrar, post free, and be accompanied by a Certificate of the Applicant's having passed a Preliminary Examination as required by the General Medical Council; and a statement of his place of Medical Study.

Students who shall have commenced their Professional Studies more than fifteen days before the 2nd October, 1865, are not required to be registered by any Branch Registrar.

ARMY MEDICAL DEPARTMENT.

1. Every candidate must be unmarried. He must produce a birth certificate or a certificate of baptism, or if neither can be obtained, an affidavit from one of the parents or from some other near relative will be accepted. The certificate must show that the candidate is not above twenty-six, nor under twenty-one. He must also produce certificates of moral character, one from the parochial minister if possible.

2. The candidate must make a declaration that he labours under no mental or constitutional disease, nor any imperfection that can interfere with the discharge of the duties in any climate. He must also attest his readiness to engage for general service immediately on being gazetted.

3. The candidate must possess a diploma or licence in surgery, as well as a degree or licence in medicine.

4. Degrees, diplomas, and certificates of age and of character must be lodged at the Army Medical Department, at least one week before the examination.

5. On producing the foregoing qualifications the candidate will be examined in the following subjects:—Anatomy and Physiology; Surgery, Medicine, including Therapeutics, the Diseases of Women and Children, Chemistry and Pharmacy, and a practical knowledge of drugs. The eligibility of each candidate will be determined by the examinations in these subjects only. Candidates who desire it will be examined in Comparative Anatomy, Zoology, and Botany, with special reference to *Materia Medica*; and the number of marks gained in these subjects will be added to the total number of marks obtained in the obligatory part of the examination by successful candidates, and whose position on the list will thus be improved.

6. The names of candidates who pass will be sent to the Director-General, and communicated to the Professors of the Army Medical School. The names will be arranged in three classes according to merit.

7. After passing his preliminary examination, every candidate must attend practical instruction at the Army Medical School, before being admitted to his examination for a commission, on Hygiene, Clinical and Military Medicine, Clinical and Military Surgery, Pathology of Diseases and Injuries incident to Military Service. These courses to be not less than four months.

8. At their conclusion a candidate must pass an examina-

tion on the subjects taught in the school. The Director-General, or any Medical Officer deputed by him may be present, and take part in the examination. If the candidate give satisfactory evidence of being qualified, he will be eligible for a commission as assistant-surgeon.

9. During his residence at the Army Medical School each candidate will receive 5s. per diem with quarters, or 7s. per diem without quarters, to cover all costs of maintenance. And must provide himself with uniform—viz., the regulation undress uniform of an assistant-surgeon, but without the sword.

Note.—All communications to the Director-General, pre-paid, to be forwarded, addressed *outside* to "The Under-Secretary of State for War," with the words "Army Medical Department" at the left-hand corner.

The Assistant-Surgeon is subjected to three separate Examinations within the first ten years of his service, each examination having a definite object. The first, to ascertain, previous to his admission into the Service as a Candidate, his Scientific and Professional education, and to test his acquirements in the various branches of Professional knowledge. The second, after having passed through a course of special instruction in the Army Medical School to test his knowledge of the special duties of an Army Medical Officer; and the third, previous to his promotion, to ascertain that he has kept pace with the progress of Medical Science.

NAVAL MEDICAL DEPARTMENT.

Admiralty Office, Somerset House.

Every Candidate wishing to enter the Royal Navy shall make a written application to that effect, addressed to the Secretary of the Admiralty; on the receipt of which application he will be furnished with the Regulations, and a Printed Form to be filled up by him.

As vacancies occur, the number of Candidates required will be ordered to attend at the Admiralty Office, bringing with them the requisite Certificates, showing that they are fully qualified by Age, Professional Ability, &c., when they will be examined by a Board of Medical Officers, to be named by their Lordships.

Such Candidates as shall have been found in all respects competent for the Appointment of Assistant-Surgeon, will be forthwith nominated to one of the Naval Hospitals at Home, to await Appointments to any of Her Majesty's ships; or should their services not be immediately required, their names will be duly registered for early Appointments, as Vacancies may occur.

"That no Person be admitted as an Assistant-Surgeon in the Royal Navy who shall not produce a Certificate of being registered under the Medical Act, and a Diploma from one of the Royal Colleges of Surgeons of England, Edinburgh, or Dublin; from the Faculty of Physicians and Surgeons of Glasgow, from Trinity College, Dublin, or from other Corporate Body legally entitled to grant a Diploma in Surgery; nor as a Surgeon, unless he shall produce a certificate from one of the said Colleges, Faculty, or Corporate Body, founded on an examination to be passed subsequent to his Appointment of Assistant-Surgeon, as to his fitness for his situation of Surgeon in the Navy; and in every case of the Person producing such Diploma and Certificate shall also undergo a further examination, touching his qualifications in all the necessary branches and points of Medicine and Surgery, both at the time of his entry, and after serving three years, to render himself eligible for Surgeon;" and that previously to the admission of Assistant-Surgeons into the Navy, it will be required that they produce proof of having received a preliminary classical education, and that they possess in particular a competent knowledge of Latin; also,

That they are of good moral character; the Certificate of which must be signed by the Clergyman of the Parish, or by a Magistrate of the District.

That they have served an Apprenticeship, or have been engaged for not less than six months in Practical Pharmacy.

That their Age be not less than 20, nor more than 26 years.

That they have actually attended a recognised Hospital for eighteen months subsequently to the Age of 18, in which Hospital the average number of Patients is not less than 100.

That they have been engaged in actual dissections of the human body twelve months; the Certificate of which, from the Teacher, must state the number of subjects or parts dissected by the Candidate.

That they have attended Lectures, &c., on the following subjects, at established Schools of Eminence, by Physicians or

Surgeons of the recognised Colleges of Physicians and Surgeons, in the United Kingdom, for periods not less than he under stated, observing, however, that such Lectures will be admitted if the Teacher shall Lecture on more than one branch of Science, or if the Lectures on Anatomy, Surgery and Medicine, be not attended during Winter Sessions of Months each.

Anatomy, eighteen months; or General Anatomy, twelve months, and Comparative Anatomy, six months.
Surgery: General Surgery, twelve months; or Military Surgery, six months, and General Surgery, six months.

Theory of Medicine, and Practice of ditto, six months each. If the Lectures on the Theory and Practice of Medicine given in conjunction, the period required is twelve months.
Clinical Lectures (at an hospital as above) on the Practice of Medicine and on the Practice of Surgery, six months each.

Chemistry, six months; or Lectures on Chemistry, three months, and Practical Chemistry, three months.

Materia Medica and Midwifery, six months each.
Botany, three months.

Although the above are the only qualifications which absolutely required in Candidates for the Appointment of Assistant-Surgeon, a favourable consideration will be given to the cases of those who have obtained the Degree of M.D. at either of the Universities of Oxford, Cambridge, Edinburgh, Dublin, Glasgow, London, or Aberdeen; or who, by possessing a knowledge of the diseases of the Eye, and of any branch of science connected with the Profession, such as Medical Jurisprudence, Natural History, Natural Philosophy, &c. appear to be more peculiarly eligible for admission into the Service, observing, however, that Lectures on these or other subjects cannot be admitted as compensating for a deficiency in those required by the Regulations.

By the Rules of the Service, no Assistant-Surgeon can be promoted to the rank of Surgeon until he shall have served five years (two years of which must be in a Ship actually employed at sea), and can produce a Certificate from one of the before-mentioned Colleges, Faculty, or Corporate Body. Whenever Assistant-Surgeons already in the Service (whose professional education may not be in accordance with the above), obtain leave to study previously to their passing as Surgeon, they will be required on their examination, to produce testimonials of their having availed themselves of a period of leave to complete their Education agreeably to the Regulations generally.

REGULATIONS AND BYE-LAWS OF LICENSING BODIES IN ENGLAND.

UNIVERSITY OF OXFORD.

FACULTY OF MEDICINE.

(Founded 872.)

CHANCELLOR, the Earl of Derby
VICE-CHANCELLOR, J. P. Lightfoot, D.D., Rector of Exeter College
REGISTRAR, E. W. Rowden, D.C.L.

The affairs of the University are managed, and its regulations are made, either by a Convocation consisting of Doctors in Divinity, Law, and Medicine, and Masters of Arts or by the Resident Doctors and Masters, or by the Council.

There are 24 Colleges and Halls in Oxford. Every Student must reside in one or other of these for a period of three years.

During these three years, he has to pass at least two Examinations in Arts, and one in either Mathematics, Natural Science, or Law and Modern History, or a third in Arts.

A Student deciding to graduate in Medicine should produce as follows:

- 1st. To enter at a College or Hall.
 - 2nd. To pass the requisite Examination in Arts.
 - 3rd. After passing the requisite Examination for the Degree of B.A., to spend two years in study* prior to a Scientific Examination for the Degree of Bachelor of Medicine; two years more prior to the final or practical Examination for the same Degree. These four years of medical study may be spent either out of or in Oxford, in an approved Medical School.
- This Degree confers the Licence to Practise. There

* If he have taken the higher honours in the Natural Science School, he may go in for the 1st M.B. Examination on the opportunity.

subsequent Examination for the Degree of Doctor in Medicine. For that Degree a dissertation has to be publicly read three years after the B.M.

The instruction in Natural Science is carried on at the MUSEUM, where the following Teachers have their Departments:—

- Regius Professor of Medicine, and Clinical Professor, H. W. Acland, M.D., LL.D., F.R.S.
- Savilian Professor of Astronomy, W. F. Donkin, M.A., F.R.S.
- Savilian Professor of Geometry, J. S. Smith, M.A., F.R.S.
- Professor of Experimental Philosophy, R. B. Clifton, M.A.
- Professor of Natural Philosophy, B. Price, M.A., F.R.S.
- Professor of Geology, J. Phillips, M.A., LL.D., F.R.S.
- Professor of Mineralogy, M. H. N. Story Maskelyne, M.A.
- Professor of Chemistry, Sir B. C. Brodie, Bart., M.A., F.R.S.
- Linacre Professor of Physiology, G. Rolleston, M.D., F.R.S.
- Professor of Zoology, J. O. Westwood, M.A., F.L.S.
- Lee's Reader in Anatomy, W. S. Church, B.A.
- Lee's Reader in Chemistry, A. G. V. Harcourt, M.A.
- Demonstrator in Anatomy, Charles Robertson, Esq.
- Radcliffe Librarian, H. W. Acland, M.D., F.R.S.
- Sub-Librarian, Mr. Haines.
- Sherardian Professor of Botany at the Botanical Garden. C. G. B. Daubeny, M.D., F.R.S.

The Medical Examinations take place annually in the Michaelmas Term.

Scholarships of about the value of £75 are obtainable at Christ-Church, Magdalen, and other Colleges, by competitive Examination in Natural Science. Every year a Radcliffe Travelling Fellowship is competed for by any who, having taken a first class in the Natural Science School, propose to study Medicine. The Travelling Fellows receive £200 a year for three years, half this period being spent in study abroad.

Regulation for Degrees in Medicine.

No one may be admitted a Student in Medicine until he has passed all the Examinations required for the degree of B.A.

1. Candidates for the degree of B.M. are required to pass two Examinations, each of which is held yearly in full Michaelmas Term, usually in November, the first by the Regius Professor of Medicine and three persons who have been admitted to Regency either as Masters of Arts or as Doctors, and who are nominated yearly by the Vice-Chancellor subject to the approval of Convocation, the second by the Regius Professor and two Doctors of Medicine nominated in like manner. Each Examination is conducted partly in writing, partly *viva voce*, and part of each is practical. The subjects of the first Examination are Human Anatomy and Physiology, Comparative Anatomy and Physiology to a certain extent, and those parts of Mechanical Philosophy, Botany, and Chemistry which illustrate Medicine. The subjects of the second Examination are the Theory and Practice of Medicine (including diseases of women and children), the *Materia Medica*, Therapeutics, Pathology, the principles of Surgery and Midwifery, Medical Jurisprudence, and General Hygiene. Every Candidate at this second Examination is to be examined in two of the ancient authors, Hippocrates, Aretæus, Galen, and Celsus, or in one of those four and in some modern author approved by the Regius Professor.*

Before a candidate is admitted to the first of these two examinations, he must have completed eight Terms from the date of his *Testamur* in the Classical School at the Second Public Examination for the degree of B.A., unless he was placed in the First or Second Class in the School of Natural Science, in which case, if he received from the Public Examiners a special Certificate of his attainments in Mechanical Philosophy, Chemistry, or Botany, he may be admitted to this Examination at once, and need not then be examined again in any Science specified in such Certificate. Before a Candidate is admitted to the second Examination, he must have completed sixteen Terms from the date of the same *Testamur* and two years from the date of his *Testamur* in the first Medical Examination, and must deliver to the Regius Professor satisfactory Certificates of his attendance at some hospital of good repute. Every one intending to be a Candidate at either Examination is required to give the Professor notice of his intention a fortnight at least before the week in which the Examination is to be held.

No one from another University can be incorporated as a

*Such modern authors are Morgagni, Sydenham, Boerhaave.

Graduate in Medicine without passing these two Examinations.

2. A Bachelor of Medicine wishing to proceed to the degree of Doctor is required to read publicly within the precinct of the Schools in the presence of the Regius Professor a Dissertation composed by himself on some Medical subject approved by the Professor, and to deliver to him a copy of it.

UNIVERSITY OF CAMBRIDGE.

- CHANCELLOR, The Duke of Devonshire, LL.D., Trinity Coll.
- HIGH STEWARD, Earl Powis, LL.D., St. John's Coll.
- VICE-CHANCELLOR, H. W. Cookson, D.D., St. Peter's Coll.
- REGISTRAR, H. R. Luard, M.A., Trinity Coll.

<i>Professorships.</i>	<i>Professors.</i>	<i>College.</i>	<i>Elected.</i>
Regius Physic	H. J. H. Bond, M.D.	Corpus Christi	1851
Chemistry	G. D. Liveing, M.A.	John's	1862
Anatomy	W. Clark, M.D., F.R.S.	Trinity	1817
Botany	C. C. Babington, M.A.	John's	1861
	F.R.S., F.L.S.		

Downing Me- dicine	W. W. Fisher, M.D.	Down	1841
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<i>Lecturers.</i>			
Linacre on Medicine	C. E. Paget, M.D.		
Human Anatomy	G. M. Humphry, M.D., F.R.S.		
Surgery			
Chemistry			
Practical Chemistry	G. D. Liveing, M.A.		
Superintendence of Dissections			
	G. F. Helm, B.A., F.R.C.S.		

The course of lectures on Physic consists of fifty (twenty on general and thirty on special Pathology), delivered during the Lent and Easter terms.

The course on Human Anatomy consists of seventy, delivered during the Michaelmas and Lent terms by Dr. Humphry.

The course on Chemistry consists of fifty, delivered during the Lent and Easter terms.

The course on Botany consists of twenty, delivered during the Easter term.

The Downing Professor delivers a course of fifty lectures on some subject connected with the study of Medicine in the Michaelmas and Lent terms.

The Professor of Anatomy delivers a course of twenty-five lectures on Comparative Anatomy during the Michaelmas term.

Dr. Humphry delivers a course of lectures on Surgical Pathology during the Summer.

Pupils have an opportunity of dissecting in private.

There is a rich and interesting Anatomical Museum open to medical students daily.

Students are admitted to the medical and surgical practice of the Hospital on the payment of 10*l.* 10*s.* for a year, and an additional 5*l.* 5*s.* for an unlimited period.

Medical students are required to enter at one of the seven-teen Colleges (it matters not which), and reside there nine terms (nearly three years), during the first half of which time they are generally occupied in the study of Classics, Mathematics, &c., in their respective Colleges; then, having passed the previous Examination in these subjects, analogous to the preliminary examination required at the University of London, they can pursue the study of Medicine, attend the practice of the Hospital, and the Professor's lectures above specified. This done, they may continue their medical studies in Cambridge, or elsewhere.

Or he may proceed to take a degree in Arts, either continuing mathematical and classical study, and passing the ordinary examination for B.A., or going out in the Mathematical or Classical Tripos; or he may pursue the study of Natural Science, and take the B.A. degree, by going out in the Natural Sciences Tripos. This last plan is preferred by many medical students, the subjects for this Tripos examination (Chemistry, Botany, Comparative Anatomy, &c.) forming part of the series of medical study, and students are not required to be again examined in any of those subjects in which they have shown proficiency in the Tripos examination. Those who proceed to B.A. through a Tripos examination are said to take the degree with honours.

PROCEEDINGS IN PHYSIC. M.B.

The candidate for M.B. must have resided nine terms (nearly three years), have passed the previous Examination in Classics, Mathematics, &c., and have been engaged five years in medical study, of which six terms must have been in the University. Only four years of medical study, of which *four* terms are in the University, are required of those who graduate with honours as B.A.

There are two examinations for M.B. The first after three ears of medical study. The subjects are Chemistry, Botany,

Elements of Comparative Anatomy, Human Anatomy and Physiology, Materia Medica and Pharmacy, Pathology, Portions of Celsus, Hippocrates, and Aretæus.

The student, before admission to this first Examination, must produce certificates of attendance on lectures on Chemistry, including manipulations, Botany, Elements of Comparative Anatomy, Human Anatomy and Physiology, Pathology, Materia Medica and Pharmacy, of dissection during one season and of attendance on Hospital Practice.

The second Examination is after the completion of the course of medical study. The subjects are Pathology and Practice of Physic, Clinical Medicine, Medical Jurisprudence, the medical treatment of Surgical and Obstetrical Diseases. The student, before admission to this second examination, must produce certificates of attendance on lectures on Principles and Practice of Physic, Clinical Medicine, Clinical Surgery, Medical Jurisprudence, and Obstetrical Medical, and of attendance on Hospital Practice for three years.

After the Examinations have been passed, an Act must be kept. The candidate reads a thesis composed in English by himself on some subject approved by the Professor. He is then questioned in English by the Professor on the subject of the thesis, and on other subjects in the faculty of a more general nature.

M.D.

The candidate can be admitted to the degree of M.D. in the ninth term (nearly three years), after taking the degree of M.B. A Master of Arts may be admitted to the degree of M.D. at the prescribed period, when he has produced the same certificates and passed the same Examinations as are required for the degree of M.B.

An Act has to be kept similar to that required for M.B.

M.C.

The candidate for the degree of MASTER IN SURGERY is required to pursue the same course as for M.B. during the first three years, *i.e.*, during his residence in the University, and to pass the same First Examination.

He must attend the Surgical practice of a Hospital for three years, and be House-Surgeon or Dresser during six months; must attend Lectures on Human Anatomy (two courses with dissections during two seasons), on Surgery, Clinical Surgery, Midwifery (with ten cases), and Medical Jurisprudence.

The second Examination, after the completion of the period of study, is in Practical and Surgical Anatomy, Principles and Practice of Surgery, and Clinical Surgery, Midwifery and Medical Jurisprudence.

The expenses of residence, lectures, &c., at College—*i.e.*, in the University, need not at all exceed 150*l.* per annum. That is quite sufficient; and an intelligent student, who has been well taught at school, may be pretty sure of defraying part of the expense by obtaining one of the many Scholarships at his College. These range in value from 20*l.* to 80*l.* a-year. They are chiefly given for mathematical and classical proficiency. Some may be obtained at once, even before entering, and notices of the times of examination for these, which vary at the different Colleges, are given from time to time, under the head of "University Intelligence," in the *Times* and other newspapers, and information respecting them is forwarded to most schoolmasters. Students sometimes try for these Scholarships at several Colleges in succession. At Downing and Sidney Colleges the examination is not confined to Classics and Mathematics, but Natural Science is taken into account. The greater number of the Scholarships are given by competition after a year's residence. One at Caius is given for Anatomy, another for Chemistry.

UNIVERSITY OF LONDON.

EXAMINATION FOR THE DEGREE OF BACHELOR OF MEDICINE.

Candidates are required—1. To have passed the matriculation examination of this University, or to have taken a degree in Arts in some other University. 2. To have been engaged in their professional studies four years subsequently to matriculation; one year, at least, of the four in the United Kingdom. 3. To pass the Preliminary Scientific Examination and two examinations in Medicine.

The *Preliminary Scientific Examination* takes place on the third Monday in July. The candidate must have completed his seventeenth year, and have either passed the Matriculation Examination or taken a degree in Arts.

Fourteen days' notice must be given to the registrar previous to the examination.

The following is the programme of this examination:—Monday: morning, ten to one; afternoon, three to six, Chemistry,

by printed papers. Wednesday: morning, ten to one, Mechanical Philosophy, by printed papers. Thursday: morning, ten to one, Botany and Vegetable Physiology, by printed papers and specimens; afternoon, three to six, Zoology, by printed papers and specimens. Friday and Saturday: commencing at ten A.M., Chemistry, by *visu voce* and experiment.

Any candidate who has passed the Preliminary Scientific Examination may, on the Tuesday and Wednesday in the second week after the pass examination, be examined for Honours in Chemistry and Natural Philosophy, and on the following Thursday and Friday in Biology.

FIRST M.B. EXAMINATION.

Takes place on the last Monday in July.

A candidate must produce certificates to the following effect:—1. Of having completed his nineteenth year. 2. Of having passed the Preliminary Scientific Examination at least one year previously. 3. Of having, subsequently to Matriculation, been a student during two years at a medical school recognised by this University; and of having attended a course of lectures on three of the subjects in the following list:—Descriptive and Surgical Anatomy, General Anatomy and Physiology, Comparative Anatomy, Pathological Anatomy, Materia Medica and Pharmacy, General Pathology, General Therapeutics, Forensic Medicine, Hygiene, Midwifery and Diseases peculiar to Women and Infants, Surgery, Medicine. 4. Of having, subsequently to Matriculation, dissected during two winter sessions. 5. Of having attended a course of Practical Chemistry, comprehending the more important processes of General and Pharmaceutical Chemistry; in applying tests for discovering the adulteration of articles of the Materia Medica, and the presence and nature of poisons; and in the examination of mineral waters, animal secretions, urinary deposits, calculi, &c. 6. Of having attended to Practical Pharmacy.

These certificates must be transmitted fourteen days before the examination.

Candidates are examined in Anatomy, Physiology, Materia Medica, and Pharmaceutical Chemistry, and Organic Chemistry partly by printed papers and partly *visu voce*, and by experiments and demonstrations.

The examinations for Honours take place in the week following the First M.B. examination, and are conducted by means of printed papers.

SECOND M.B. EXAMINATION.

This examination takes place on the first Monday in November.

No candidate is admitted within two academical years of the time of passing the first examination, nor without producing certificates—1. Of having passed the First M.B. examination. 2. Of having, subsequently, attended a course of lectures on two of the subjects specified, and for which the candidate had not presented certificates at the first examination. 3. Of having conducted twenty labours. 4. Surgical hospital during two years, and lectures on clinical surgery. 5. Medical hospital two years, with lectures on clinical medicine. 6. Of having, subsequently during hospital practice, attended to practical medicine or midwifery, with special charge of patients in an hospital, infirmary, dispensary, or parochial union, during six months. Certificates of moral character from a teacher in the last school at which candidates have studied.

Candidates are examined in General Pathology, General Therapeutics and Hygiene; Surgery; Medicine; Midwifery and Forensic Medicine. The examinations include question in Surgical and Medical Anatomy, Pathological Anatomy, and Pathological Chemistry; and are partly in writing, and partly oral. They also include examination and report on cases of medical patients; demonstrations from specimens and preparations; practical examination in Forensic Medicine; and writing prescriptions in Latin without abbreviations.

HONOURS.

Any candidate placed in the first division at the Second M.B. examination may be examined for Honours in Medicine, Midwifery, and Forensic Medicine.

The examinations commence in the week following the Second M.B. examination, and are conducted by means of printed papers.

The candidates who most distinguish themselves in this examination will receive respectively—in Medicine, 50*l.* per annum for the next two years, with the style of University Scholar in Medicine; in Midwifery, 30*l.* per annum for the next two years, with the style of University Scholar in Midwifery; in Forensic Medicine, 30*l.* per annum for the next two years, with the style of University Scholar in Forensic Medicine.

ine. Also the first and second candidates in each of the preceding subjects will each receive a Gold Medal of the value of 5*l*.

MASTER IN SURGERY.

The examination for this degree takes place yearly, commencing on the first Monday in March.

No candidate will be admitted unless he have produced certificates:—1. Of having taken the degree of Bachelor of Medicine in this University. 2. A course of instruction in Operative Surgery, and of having operated on the dead subject. 3. Of having, subsequently to having passed the First I.B. examination, attended to Practical Surgery, with special charge of patients, in an hospital, infirmary, dispensary, or charitable union, six months. Certificates must be transmitted fourteen days before the examination.

Any candidate who has passed the M.S. may be examined or Honoured in Surgery.

The examination is conducted by means of printed papers.

The candidate who shall distinguish himself in Surgery will receive 50*l*. per annum for the next two years, with the style of University Scholar in Surgery. The first and second candidates will also receive a Gold Medal of the value of 5*l*.

DOCTOR OF MEDICINE.

The examination takes place on the fourth Monday in November.

No candidate shall be admitted without certificates:—1. Of having taken the degree of Bachelor of Medicine in this University. 2. Of having attended, subsequently, (a) to Clinical or Practical Medicine two years; (b) to Clinical or Practical Medicine during one year, and of having been engaged during three years in the practice of his profession; (c) or of having been engaged during five years in the practice of his profession, either before or after taking the degree. One year of Clinical Medicine, or two years of practice, will be dispensed with in the case of those candidates who at the second examination have been placed in the first division. 3. Of moral character, signed by two persons of respectability.

Certificates must be transmitted fourteen days before the examination.

The examination is conducted by means of printed papers and *vivâ voce*.

Candidates are examined in Logic and Moral Philosophy, and Medicine.

The candidate who shall distinguish himself the most will receive a Gold Medal of the value of 20*l*.

The fee for each degree is 5*l*.

UNIVERSITY OF DURHAM.

LICENCES AND DEGREES IN THE FACULTY OF MEDICINE.

1. Every student in Medicine must be registered, and pass the registration examination, or such other examination as the Senate shall deem equivalent. The examination shall be directed to the rudiments of religion, literature, and science.

2. Petitioner must be of the age of twenty-one years, and have spent four years in medical study since his registration, and have passed two public examinations. No one shall be admissible to the first of these examinations unless he has spent two years in medical study, or to the second unless he has spent four years, and has passed the first examination. No one shall be admissible to either of these examinations unless he has produced testimonials of conduct, and such certificates of attendance on lectures and hospital as the Senate shall require.

3. Bachelors in Medicine must be Licentiates in Medicine, and of the standing of eighteen terms (six years) at least from every date of registration. One not a Bachelor of Arts must have kept three terms by residence at Durham, and has passed both the final examination for Bachelor of Arts, or an equivalent to it, and also the examination for Bachelor of Medicine. The examination shall be directed chiefly to the practice of Medicine. The Senate shall arrange for medical students an examination equivalent to that for Bachelor of Arts, by substituting an examination in Hippocrates, Galen, or other ancient medical author.

4. Doctors of Medicine must be Bachelors of Medicine of twenty-one terms at least (seven years) standing from his registration.

5. A Master in Surgery must be of the age of twenty-one years, have spent four years in medical and surgical study since his registration, and have passed two public examinations. The first shall be the first examination for students in Medicine. No one shall be admissible to it who has not spent two years in medical study, and who has not passed the first examination for students in Medicine. The second shall be the second examination for students in Medicine. No one shall be admissible to it who has not spent two years in medical study, and who has not passed the first examination for students in Medicine. The third shall be the third examination for students in Medicine. No one shall be admissible to it who has not spent two years in medical study, and who has not passed the first examination for students in Medicine. The fourth shall be the fourth examination for students in Medicine. No one shall be admissible to it who has not spent two years in medical study, and who has not passed the first examination for students in Medicine. The fifth shall be the fifth examination for students in Medicine. No one shall be admissible to it who has not spent two years in medical study, and who has not passed the first examination for students in Medicine. The sixth shall be the sixth examination for students in Medicine. No one shall be admissible to it who has not spent two years in medical study, and who has not passed the first examination for students in Medicine. The seventh shall be the seventh examination for students in Medicine. No one shall be admissible to it who has not spent two years in medical study, and who has not passed the first examination for students in Medicine. The eighth shall be the eighth examination for students in Medicine. 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No one shall be admissible to it who has not spent two years in medical study, and who has not passed the first examination for students in Medicine. The sixty-first shall be the sixty-first examination for students in Medicine. No one shall be admissible to it who has not spent two years in medical study, and who has not passed the first examination for students in Medicine. The sixty-second shall be the sixty-second examination for students in Medicine. No one shall be admissible to it who has not spent two years in medical study, and who has not passed the first examination for students in Medicine. The sixty-third shall be the sixty-third examination for students in Medicine. No one shall be admissible to it who has not spent two years in medical study, and who has not passed the first examination for students in Medicine. The sixty-fourth shall be the sixty-fourth examination for students in Medicine. 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partly the same as that for students in Medicine, and partly in surgical subjects. No one shall be admissible who has not spent four years in medical and surgical study, and passed the first examination. Every one must have produced satisfactory testimonials of conduct, and such certificates of attendance on lectures and hospital as the Senate shall require. The second examination for Master in Surgery may be passed at the same time with the second examination for a licence in Medicine. Any student in Medicine, who commenced before 1861, shall be admitted to the degree on the same conditions as those for a licence in Medicine, provided that he passes also the special examination appointed for Master in Surgery.

ROYAL COLLEGE OF PHYSICIANS, LONDON.

Pall-mall East, Trafalgar Square.

EXTRACTS FROM BYE-LAWS AND REGULATIONS.

Members.

1. Members of the College are alone eligible to the Fellowship. They have the use of the library and museum, are admitted to all lectures, and enjoy further privileges, as may from time to time be defined by the bye-laws; but they have no share in the government, and cannot attend or vote at general meetings.

2. All persons admitted before 1859, Licentiates, shall be entitled to be admitted Members, provided that they accept such membership, and engage henceforth to obey the bye-laws.

3. Any Extra-Licentiate who shall have produced satisfactory testimonials as to character, and declared that he is not engaged in the practice of pharmacy, and who shall comply with such other regulations as are required by the bye-laws, may be proposed to the College to be admitted a Member.

4. All candidates for membership who have commenced studies after Sept., 1861, shall satisfy the Censors' Board that previously to the commencement of their professional studies they have obtained a degree in Arts from some university, or that they have passed their examinations required for a degree in Arts. All other candidates for membership shall be examined on the subjects of general education by the President and Censors.

5. Any person who does not dispense or supply medicine, and who shall have satisfied the College touching his knowledge of medical and general science and literature, and complied with the regulations, may be proposed to the College to be admitted a Member.

1. Every candidate must furnish proof that he has attained the age of twenty-five.

2. A satisfactory testimonial from a Fellow or Member of the College, of moral character and conduct.

3. Of having passed an examination in the subjects of general education; and in the case of candidates who shall have commenced their professional studies after September, 1861, the examination must have been passed before they commenced professional studies.

4. Of having been engaged in the study of Physic during five years, of which four shall have been passed at medical schools recognised by the College.

5. Of having studied the following subjects:—Anatomy, with dissections; Physiology; Chemistry, with Practical Chemistry; *Materia Medica* and Botany; Morbid Anatomy; Principles and Practice of Medicine; Principles and Practice of Surgery; Midwifery, and the Diseases peculiar to Women and Children; Forensic Medicine. Of his having attended diligently, during three years, the medical practice, and during one year the surgical practice of an hospital containing at least 100 beds; and of his having served the office of clinical clerk during at least six months.

11. Every candidate who has prosecuted his studies abroad, shall bring proof of his having attended, during at least twelve months, the medical practice of an hospital in the United Kingdom containing 100 beds.

13. No candidate shall be admitted to examination who is engaged in trade, or who dispenses medicines, or makes any engagement with a chemist or any other person for the supply of medicines or who practises medicine or surgery in partnership, by deed or otherwise, so long as that partnership continues.

14. Or who refuses to make known, when so required by the President and Censors, the nature and composition of any remedy he uses.

15. Every candidate shall have given proof of his acquirements by written answers to questions, and shall have been examined by the President and Censors, and shall have been

and shall have been approved by the President and Censors at each examination.

16. The candidate for membership shall be examined in Physiology, Pathology, and Therapeutics, in three several examinations, by written questions, as well as *viva voce*, at three meetings of the Censors. At the second examination the candidate's knowledge of practical medicine shall be tested by requiring him to examine persons labouring under disease, and to describe morbid specimens. At the commencement of the first *viva voce* examination, the candidate may declare what honours have been conferred upon him, in regard to literature, science, or medicine; and such declaration may be recorded in the annals of the College.

17. A candidate who has already obtained the degree of Doctor or Bachelor of Medicine at a University wherein the courses of study, and the examinations shall have been adjudged by the Censors satisfactory, shall be exempt from the examinations hereinbefore described, except such as relate to Pathology and Therapeutics. Every candidate must translate into English, a passage from a Latin author, and he will have the opportunity of showing a knowledge of Greek, or of one or more of the modern European languages.

18. If a candidate who has attained the age of forty, but has not fulfilled all the conditions required, shall produce testimonials not merely satisfactory as to his moral character and conduct, and his general and professional acquirements, but further showing that he has improved the art or extended the science of Medicine, or has distinguished himself highly as a medical practitioner; the Censors may, if they see fit, submit them to the Fellows at a general meeting, and it shall be determined by the votes of the Fellows present, whether the candidate shall be admitted to an examination, as full and complete as the Censors may deem sufficient.

19. In the case of candidates for membership who shall have commenced studies after September, 1864, the first examination—comprising Anatomy, Physiology, Chemistry, and Materia Medica—shall not be undergone until after two years of professional study at a recognised school. Testimonials of proficiency in the subjects of the first examination, granted by any corporation or university after a course of study and examination satisfactory to the Censors, will be accepted in lieu of the first examination. The second and third examinations, comprising Pathology and Therapeutics, shall not be undergone till after the completion of professional study, and at least two years after the first examination.

Licentiates.

Every candidate is to produce evidence—

1. Of having attained the age of twenty-one years.
2. Of moral character.
3. Of having passed a preliminary examination in general education.
4. Of having been registered as a student.
5. Of professional study during four years, of which the first two and one other year shall have been passed at a recognised school, and the Medical Practice at a recognised hospital during two years; and the Surgical Practice during twelve months; and six months clinical study of Diseases peculiar to Women. The last of the four years must be passed at a medical school, hospital, infirmary, or dispensary recognised by the College.
6. Of having studied the following subjects:—Anatomy (with Dissections), two winter sessions of six months each; Physiology, two winter sessions of six months each; Chemistry, six months; Practical Chemistry, three months; Materia Medica, three months; Practical Pharmacy, three months; Botany, three months; Morbid Anatomy, six months (or attendance in the post-mortem room; (Principles and Practice of Medicine, two winter sessions of six months each,) Principles and Practice of Medicine should comprise the study of Public Health); Principles and Practice of Surgery, six months; Clinical Medicine, nine months; Clinical Surgery, six months, (by Clinical Medicine and Clinical Surgery are intended lectures on cases under observation, or special instruction at the bedside); Midwifery and the Diseases peculiar to Women, three months, (also not less than twenty labours); Forensic Medicine, three months.
7. Of having passed the Professional Examination.

The Professional Examination.

Every candidate must sign a declaration, stating whether he has been rejected within three months by any examining board.

The examination is divided into two parts. The first or Primary, will be conducted as follows:—First day, written

questions on Anatomy and Physiology; second day, written questions on Chemistry, Materia Medica, Practical Pharmacology and *viva voce* on the subjects stated above. The second part or Pass, will be—First day, written questions on the Principles and Practice of Medicine; second day, to examine persons labouring under disease, either at the College or in a hospital, and written questions on Midwifery and the Diseases peculiar to Women, and on the Principles and Practice of Surgery; third day, to examine persons labouring under disease in the surgical wards of an hospital, and *viva voce* on all the subjects stated above.

The Primary shall not be undergone until after two years at a recognised school, and the Pass not until after four years of professional study, and at least eighteen months after the Primary, except in the case of students who commenced before October, 1861.

Any candidate who shall fail to pass either of these examinations will not be re-admitted to examination for six months.

Every candidate intending to present himself is to give fourteen days' notice in writing, at the same time transmitting for the Primary of having passed an Arts examination; and having been registered as a student; and of two years of professional study. For the Pass, of four years of professional study; of having attended twenty labours; and of having attained the age of twenty-one years. A testimonial of moral character is required.

The fee for the Primary is five guineas, to the Pass, ten guineas; and there is no further fee for the licence. Should any candidate fail to pass either examination, the fee will not be returned, but he may be admitted to a subsequent examination without an additional fee.

Doctors or Bachelors of Medicine of a university shall be exempt from the Primary.

Any candidate who has already obtained the Licentiate of the Colleges of Physicians of Edinburgh, or of Ireland, shall be exempt from the Primary.

Any registered practitioner qualified before 1861, will be examined on the Principles and Practice of Medicine, Surgery, and Midwifery; but will be exempted from such other parts of the examination as it may seem to render unnecessary.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

Lincoln's-inn Fields.

FELLOWSHIP.

1. Except in cases provided for to the contrary, every candidate for the Fellowship, whether a Member of the College or not, must produce certificates that he is twenty-five years of age. That he is a fit and proper person to be admitted to the Fellowship, which certificate must be signed by three Fellows. That he has passed the Preliminary Examination in Classics, Mathematics, and French, appointed by the Council, or has passed in Oxford or Cambridge or London the examination in Arts required in those universities, of candidates for their degrees in Medicine. That he has been engaged for six years in the acquirement of professional knowledge in recognised hospitals or schools, three winters and three summers thereof having been passed in London. That he has studied 1. Anatomy and Physiology by lectures and demonstrations and lectures, during three winter sessions of six months each, at recognised schools. 2. Theory and Practice of Medicine and Clinical Medicine, and also on the Theory and Practice of Surgery, and on Clinical Surgery, during two sessions of six months each. 3. One course of lectures on each of the following—viz., Chemistry, Materia Medica, and Midwifery with attendance on cases, Medical Jurisprudence, and Comparative Anatomy. 4. The surgical practice of a recognised hospital during four winters and four summers, and the medical practice of a recognised hospital during one winter and one summer. 5. That he has served as house-surgeon or dresser in a recognised hospital. He is also required to present clinical reports, with observations thereon, of six surgical cases taken by himself at recognised hospitals, with satisfactory evidence of their authenticity.

2. For a candidate who has taken by examination the degree of Bachelor or Master of Arts in any university, it will be sufficient to produce a certificate that he has been engaged for five years (instead of six) in acquirement of professional knowledge, but in all other respects he must produce the certificates of the foregoing courses of study.

3. A member of the College since 1844, will be admitted to examination for the Fellowship upon a certificate from three

Fellows, that he has been eight years in the practice of Surgery, and that he is a fit person to be admitted a Fellow.

4. A Member of the College since 1844 will, after twelve years from date of diploma, be admitted to examination for the Fellowship upon the production of similar certificates.

The Preliminary Examination in Classics, Mathematics, and French, is held in October, and, if required, in April; candidates are admitted upon having completed the eighteenth year of their age, and on the payment of ten guineas.

The Professional Examination is held in May and November, and occupies two days.

The subjects of the first day are Anatomy and Physiology; second day, Pathology, Therapeutics, and Surgery. The candidate has to perform dissections or operations.

A candidate rejected upon his Professional Examination will not be allowed to present himself a second time until after one year.

SUBJECTS OF THE PRELIMINARY EXAMINATION FOR THE FELLOWSHIP.

Classics—Demosthenes, De Corona, down to the end of chap. cv.; Sophocles, Antigone and Ajax; Tacitus, Histories, books i. and ii.; Virgil, Æneid, books v. and vi. Each candidate is required to bring up one Greek, and one Latin author; one prose writer, and one poet.

Mathematics—Arithmetic; Algebra, as far as the doctrine of Proportion, and Simple Equations with one or two unknown quantities; Euclid, books i., ii., and iii.; Statics, Hydrostatics, Optics, and Acoustics. In the physical subjects it will be sufficient to be prepared with general explanations of the leading phenomena, such as may be found in treatises on Physics, except in the case of Statics and Hydrostatics, in which mathematical demonstrations of the elementary propositions will also be required, such as may be found in any of the following books:—Barrett's Propositions in Mechanics and Hydrostatics; Snowball's Cambridge Course of Elementary Natural Philosophy; Whewell's Mechanical Euclid; Williams's Elements of Mechanics and Hydrostatics. In Optics, careful drawings will be required of the course of rays transmitted through lenses, &c., illustrating the formation of images.

French—Translation in two of the following works, at option:—La Henriade, Voltaire; Etudes de la Nature, Bernardin de St. Pierre; Les Girondins, Lamartine. Grammatical questions, particularly conjugation of the irregular verbs in the selected passages.

This examination will be held in October, and, if required, in April.

Candidates are admissible to examination upon having completed the eighteenth year of their age, and on payment of the fee of ten guineas.

EDUCATION AND EXAMINATION FOR THE DIPLOMA OF MEMBER.

Preliminary General Education.

Candidates who commenced their professional education on or after the 1st of January, 1861, will be required to produce certificates of having passed one of the examinations in Preliminary Education recognised by the Medical Council.

Candidates not able to produce one of the foregoing, will be required to pass an examination in English, Classics, and Mathematics, by the Royal College of Preceptors.

SUBJECTS.

Reading aloud; writing from dictation; English grammar; writing a short English composition—such as a description of a place, an account of some useful or natural product, or the like; arithmetic (first four rules, simple and compound, of vulgar fractions, and of decimals); geography of Europe, and particularly of the British Isles; outlines of English history—that is, the succession of the sovereigns, and the leading events of each reign; Euclid, books i. and ii.; translation from the first book of Cæsar's De Bello Gallico. Papers will also be set on the following seven subjects, and each candidate must offer himself on one at least, but no more than four subjects:—Translation of a passage from St. John's Gospel in Greek, Voltaire's *Historie de Charles XII.*, and the first two books of Schiller's *Geschichte des dreissigjährigen Krieges*; the candidate will also be required to answer questions on the grammar of each subject; mathematics (algebra to simple equations inclusive); mechanics (questions elementary); chemistry (elementary facts); botany and zoology (classification of plants and animals). The quality of the handwriting and the spelling will be taken into account.

Professional Education.

Professional studies are not recognised prior to examination

in General Knowledge. (This regulation applies to candidates who commenced after October, 1862.)

The following will be considered as the commencement of professional education:—Attendance on hospital, or other institution recognised by this College. Instruction as the pupil of a surgeon to an hospital, general dispensary, or union workhouse, or where such practical instruction is afforded as shall be satisfactory to the Council. Attendance on lectures on Anatomy, Physiology, or Chemistry.

The commencement of professional study by pupilage will not be admitted until a certificate shall be furnished for registration at the College by the practitioner whose pupil the candidate shall have become, or by the medical superintendent of the hospital or other institution; and will, consequently, date only from the reception of such certificate, the certificate to be accompanied by proof of having passed the Preliminary Examination.

Candidates will be required to produce the following other certificates:—Of being twenty-one years of age. Of having been engaged during four years in the acquirement of professional knowledge. Practical Pharmacy three months. Lectures on Anatomy during two winters. Dissections, two winters. Lectures on Physiology, two winters. On Surgery, two winters; one course not earlier than the third winter. One course on each of the following—viz., Chemistry, Materia Medica, Medicine, and Midwifery. Of instruction and proficiency in Vaccination. Of having attended, at a recognised hospital, the Practice of Surgery, and clinical lectures on Surgery, during three winter* and two summer† sessions, and the Practice of Medicine, and clinical lectures on Medicine, during one winter and one summer session. Of having, after two years' professional education, taken charge of patients under a surgeon during six months, at an hospital, general dispensary, or parochial or union infirmary recognised for this purpose, or in such other similar manner as shall afford sufficient opportunity for the acquirement of Practical Surgery.

N.B.—Blank forms of the required certificates may be obtained on application to the secretary, and all such certificates will be retained at the College.

Certificates will not be received on more than one branch of science from the same lecturer; but Anatomy and Dissections will be considered as one.

Certificates from a recognized provincial or colonial hospital unconnected with a medical school, will not be received for more than one winter and one summer of the hospital attendance, and clinical lectures will not be necessary, but a certificate of having acted as dresser for six months instead.

Certificates will not be received from London students unless they register at the College their cards of admission to lectures and hospital within fifteen days from the commencement of the session; nor from provincial students unless their names shall be duly returned.

Candidates who have pursued the whole of their studies in Scotland or Ireland will be admitted upon the production of the several certificates required respectively by the College of Surgeons of Edinburgh, the Faculty of Physicians of Glasgow, and the College of Surgeons in Ireland for their diploma, together with a certificate in Vaccination, and evidence of four years' professional study. Candidates who pursued the whole of their studies at recognized foreign or colonial universities, upon the certificates required for their degree by such universities, together with a certificate in Vaccination and evidence of at least four years professional study.

Members or licentiates of a College of Surgeons, and graduates in Surgery of medicine of a university, will be admitted to examination on producing their diploma, licence, or degree, together with proof of being twenty-one years of age, a certificate in Vaccination, and evidence of at least four years professional study.

The Professional Examination.

Is divided into two parts. The First or Primary Examination, on Anatomy and Physiology, is partly written and partly demonstrative on the recently dissected subject, and on prepared parts of the human body. The Second or Pass Examination, on Pathology, Surgery, and Surgical Anatomy, is partly written and partly oral. The Primary Examinations are held

* The winter session comprises a period of six months, and, in England, commences on the 1st of October, and terminates on the 31st of March.

† The summer session comprises a period of three months, and, in England, commences on the 1st of May, and terminates on the 31st of July.

in January, April, May, July, and November; and the Pass Examinations generally in the ensuing week respectively. Candidates will not be admitted to the Primary Examination until after the termination of their second winter at a recognised school; nor to the Pass Examination until after the fourth year. The fee of five guineas paid by each candidate prior to his Primary Examination will not be returned, but will be allowed on his admission as a member. A candidate having entered his name for either Examination, who shall fail to attend the meeting of the Court for which he shall have received a card, will not be allowed to present himself within three months from the date. A candidate referred on the Primary Examination is required, prior to re-examination, to produce a certificate of the performance of dissections during not less than three months subsequently. A candidate referred on the Pass Examination is required, to produce a certificate of six months' surgical practice of a recognised hospital, together with lectures on clinical surgery.

SOCIETY OF APOTHECARIES.

Blackfriars, E.C.

Every candidate for a certificate of qualification to practise as an Apothecary will be required to produce testimonials—1. Of having passed a preliminary examination in Arts. (This examination must be passed before the commencement of professional studies, which is defined by the Medical Council to be "the time of commencing studies at a medical school.") 2. Of having served a pupilage of five years to a practitioner qualified by the Act of 1815. (This period may include the time spent in attending lectures and hospital practice.) 3. Of having attained the age of twenty-one. (A copy of the baptismal register where it can be procured.) 4. Of good moral conduct. 5. Of having pursued the following course of study.

Course of Study.—Every Candidate who shall have commenced after October, 1863, must attend the following lectures and medical practice during three winter and two summer sessions.

First Year.—Winter Session: Chemistry; Anatomy and Physiology; Dissections. Summer Session: Botany; Materia Medica and Therapeutics; Practical Chemistry.*

Second Year.—Winter Session: Anatomy and Physiology, including Dissections and Demonstrations; Principles and Practice of Medicine; Clinical Medical Practice. Summer Session: Midwifery and Diseases of Women and Children, and Vaccination; † Forensic Medicine and Toxicology; Clinical Medical Practice.

Third Year.—Winter Session: Principles and Practice of Medicine; Clinical Medical Lectures; Morbid Anatomy; Clinical Medical Practice.

Registration of Testimonials.—All testimonials must be given on a printed schedule, and the blanks therein must be filled up by the lecturers themselves. Students will be supplied with schedules at the time of their first registration, at the Apothecaries' Hall.

All Students in London must personally register the classes for which they have taken tickets, and those only will be considered as complying with the regulations of the Court whose names and classes in the register correspond with their schedules.

Tickets must be registered in October and May. Notice of such registration will be given from time to time.

Students at the provincial medical schools must register their names, in their own handwriting, with the registrar of each respective school, within the first fifteen days of October and May.

Examination in Arts.

An Examination in Arts will take place at the Hall three times in the year—last Friday and Saturday of January, April, and September. By order of the Medical Council, an Examination in Arts is compulsory on all commencing studies after October, 1861, and must be passed previous to registration. Testimonials will be received, as exempting from the Examination in Arts.

Professional Examinations.

The Examiners meet every Thursday, when candidates are required to attend at a quarter before four. Every candidate

* By Practical Chemistry is intended a specific course of instruction in the laboratory, with an opportunity of personal manipulation.

† A certificate of attendance on not less than twenty cases will be received from a legally qualified practitioner; also instruction in vaccination.

must give notice in writing to the Clerk, on or before the previous Monday, and deposit all the required testimonials, and the fee, at the office, any day, except Sunday, from ten to four o'clock.

The examination of candidates is divided into two parts, and is conducted partly in writing and partly *visû vocc.*

The First Examination, which may be passed after the second winter session, embraces the following:—The British Pharmacopœia, Latin of Physicians' Prescriptions; Anatomy and Physiology; General and Practical Chemistry; Botany and Materia Medica.

Second Examination, after the third winter session (the first years' pupilage being completed):—Practice of Medicine and Pathology; Midwifery, including the Diseases of Women and Children; Forensic Medicine and Toxicology.

Graduates in Medicine of a British University are admitted to a practical examination in the Practice of Medicine and Midwifery only.

The examination for certificates of qualification to act as assistant, in compounding and dispensing medicines, will be as follows:—In translating physicians' prescriptions, in the British Pharmacopœia, in Pharmacy and Materia Medica.

No rejected candidate can be re-examined until the expiration of six months, and no rejected candidate, as an assistant, until the expiration of three months.

Fees.—Qualification to practise, six guineas; assistant's certificate, two guineas.

Students' Prizes.—The Society of Apothecaries annually offer two prizes in Botany, and two prizes in Materia Medica and Pharmaceutical Chemistry. The prizes consist of a gold medal awarded to the best candidate, and of a silver medal and a book to the second.

The examination in Botany will be held on the second Wednesday in August, and will be conducted by printed papers and *visû vocc.*

Competitors must send written notice to the Beadle before the 1st of August, with evidence of his having entered upon the second summer session, and by certificates of having attended the lectures and class examinations with diligence.

The examinations in Materia Medica and Pharmaceutical Chemistry will be held on the Third Wednesday, and Friday in October, by printed papers and *visû vocc.*

Competitors must send written notice before the 7th of October, with evidence of having entered upon the third winter session, and certificates of having attended the lectures and class examinations with diligence.

PROVINCIAL SCHOOLS OF MEDICINE.

BIRMINGHAM.—QUEEN'S COLLEGE. Anatomy: Prof. Lloyd. Botany: Prof. Hinds. Chemistry: Prof. Alfred Anderson. Forensic Medicine: Prof. John Postgate. Materia Medica: Prof. Divers. Medicine: Prof. Nelson. Midwifery: Profs. John Clay and Dr. Suckling. Physiology: Prof. Norris. Practical Anatomy and Demonstrations: Prof. Lloyd. Surgery: Prof. Sands Cox. Medical Tutor and Demonstrator: Mr. J. Hinds. Clinical Medicine: Profs. Fleming, and Foster. Clinical Surgery: Profs. West, Gangee, and Jordan. Clinical Midwifery: Prof. Berry. Practical Midwifery: Dr. Suckling and Dr. Earle. The Hospital contains 160 beds, which are constantly filled. During the past year relief was afforded to 1,973 in-patients.

QUEEN'S HOSPITAL—Bath row. It is a distinctive feature of the Queen's Hospital that its medical and surgical appointments are conferred upon the Students without additional fee. The Committee of Council have opened a ward containing 10 beds for the special treatment of Diseases of Children; wards have also been specially set apart for the treatment of Syphilis.

BIRMINGHAM.—SYDENHAM COLLEGE. WINTER SESSION. Anatomy and Physiology: Drs. R. C. R. Jordan and T. H. Bartleet. Anatomy and Demonstrations: Messrs. Jordan and Jones. Principles and Practice of Medicine: Dr. J. Russell. Principles and Practice of Surgery: Messrs. A. Baker and D. Bolton. Surgical Pathology: Mr. O. Pemberton. Dental Surgery and Physiology: Mr. T. Howkins. Chemistry: Dr. A. Hill. **SUMMER SESSION.** Midwifery and the Diseases of Women and Children: Dr. F. Elkington and Mr. Bassett. Materia Medica and Therapeutics: Dr. Foster. Practical Chemistry: Dr. A. Hill. Botany, Systematic and Structural: Mr. Savage. Forensic Medicine: Dr. Hill and Mr. T. Swain.

BIRMINGHAM GENERAL HOSPITAL, Summer lane. Established 1772, contains 240 beds. For further particulars see advertisement.

LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.—WINTER SESSION. Anatomy, Physiology, and Anatomical Demonstrations: Dr. Waters, Mr. Harrison, and Dr. Roberts. Chemistry and Pharmacy: Dr. J. B. Edwards. Principles and Practice of Medicine: Dr. Cameron. Principles and Practice of Surgery: Messrs. Long and E. R. Bickersteth. SUMMER SESSION. Materia Medica and Therapeutics: Dr. Nevins. Botany: Dr. Collingwood. Midwifery and Diseases of Women and Children: Drs. Grimsdale and Gee. Medical Jurisprudence: Drs. E. Whittle and Edwards. Practical Chemistry: Dr. J. B. Edwards. Ophthalmic Medicine and Surgery: Dr. R. H. Taylor. Pathological Anatomy: Dr. Rawdon. Dental Surgery and Mechanics: Mr. Snape. For further particulars see advertisement.

MANCHESTER ROYAL SCHOOL OF MEDICINE AND SURGERY, Faulkner street (behind the Royal Infirmary).—WINTER SESSION. Physiology: Messrs. T. Turner and W. Smith. Descriptive Anatomy: Mr. E. Lund. Practical Anatomy: Dr. Godson. Chemistry: Mr. D. Stone. Principles and Practice of Medicine: Drs. Browne and Roberts. Principles, Practice, and Operations of Surgery: Mr. G. Southam. Anatomy, Physiology, and Pathology of the Eye: Mr. R. T. Hunt. SUMMER SESSION. Midwifery and Diseases of Women and Children: Mr. G. Greaves. Materia Medica, Medical Botany, and Therapeutics: Mr. A. Somers. General Pathology and Morbid Anatomy: Dr. Morgan. Forensic Medicine: Mr. G. M. Harrison. Botany: Mr. L. Grindon. Practical Chemistry: Mr. D. Stone. HOSPITAL PRACTICE at the Royal Infirmary, where Clinical Lectures on Medicine and Surgery are regularly delivered by the Physicians and Surgeons of the Institution. For further particulars see advertisement.

UNIVERSITY OF DURHAM COLLEGE OF MEDICINE, Newcastle-upon-Tyne.—WINTER SESSION. Physiology: Dr. W. Murray. Anatomy: Dr. T. C. Nesham, Mr. J. Watson, and Mr. L. Armstrong. Dissections: Dr. T. C. Nesham, Mr. J. Watson, and Mr. L. Armstrong. Principles and Practice of Physic: Drs. E. Charlton, and D. Embleton. Principles and Practice of Surgery: Dr. G. Y. Heath. Principles of Chemistry: Dr. T. Richardson, and A. F. Marreco. SUMMER SESSION. Botany and Vegetable Physiology: Mr. J. Thornhill, and Dr. W. C. Arnison. Medical Jurisprudence: Dr. A. S. Donkin. Materia Medica and Therapeutics: Dr. T. Humble. Midwifery and the Diseases of Women and Children: Drs. W. Dawson and C. Gibson. Operative Surgery: Dr. G. Y. Heath. Military Surgery: Sir John Fife. Practical Chemistry: Dr. T. Richardson and A. F. Marreco. Pathological Anatomy: Drs. C. J. Gibb, and G. H. Philipson. HOSPITAL PRACTICE. The Newcastle Infirmary contains 230 beds. Clinical lectures are regularly delivered.

BRISTOL MEDICAL SCHOOL.—WINTER SESSION. Medicine: Dr. Brittan. Surgery: Mr. Coe and Mr. Leonard. Chemistry: Mr. Herapath. General Anatomy and Physiology: Drs. Martyn and Frigg. Descriptive and Surgical Anatomy: Mr. Clark and Mr. Lansdown. SUMMER SESSION. Botany: Mr. Lipner. Materia Medica: Dr. Burder. Midwifery: Dr. Swayne. Forensic Medicine: Dr. Marshall. Chemical Toxicology: Mr. Herapath. Practical Chemistry: Mr. Herapath.

BRISTOL ROYAL INFIRMARY.—The Infirmary contains 242 beds.

BRISTOL GENERAL HOSPITAL.—The Hospital contains 130 beds.

CAMBRIDGE MEDICAL SCHOOL.—WINTER SESSION. Principles and Practice of Medicine: Dr. Bond. General and Comparative Anatomy and Physiology: Dr. Clark. Human Anatomy and Physiology: Dr. Humphry. Dissections: Dr. Carver. Chemistry: Prof. Liveing. SUMMER SESSION. Botany: Prof. Babington. Materia Medica and Therapeutics: Dr. Fisher. Practical Chemistry: Prof. Liveing. Clinical Lectures are delivered weekly at Addenbrooke's Hospital.

LEEDS SCHOOL OF MEDICINE.—WINTER SESSION. General Anatomy, Physiology, and Pathology: Messrs. Ikin and C. G. Wheelhouse. Anatomy: Messrs. T. P. Teale, jun., E. Atkin, and J. Seaton. Principles and Practice of Surgery: Messrs.

S. Hey and Smith. Chemistry: Messrs. Scattergood and R. Fairly. Principles and Practice of Physic: Drs. Chadwick, Heaton, and Allbutt. Demonstrator: Mr. Seaton. SUMMER SESSION. Materia Medica and Therapeutics: Dr. Allbutt. Midwifery and Diseases of Women and Children: Messrs. Smith and W. N. Price. Forensic Medicine and Toxicology: Dr. P. Smith. Practical Chemistry: Mr. Fairley. Botany: Mr. W. Hall. Clinical Lectures at the General Infirmary, twice a week, on Medical Cases, by Drs. Chadwick, Eaton, and Allbutt; and on Surgical Cases, by Messrs. S. Hey, Nunneley, Wheelhouse, and T. P. Teale, jun. On Ophthalmic and Aural Practice, at the Eye and Ear Infirmary, by Mr. Nunneley.

HULL AND EAST RIDING SCHOOL OF MEDICINE AND ANATOMY, Kingston square.—WINTER SESSION. Anatomy, Physiology, and Pathology: Mr. R. M. Craven. Anatomical Demonstrations: Dr. King. Principles and Practice of Medicine: Dr. Daly. Principles and Practice of Surgery: Mr. King. Chemistry: Mr. Walton. SUMMER SESSION. Midwifery and Diseases of Women and Children: Mr. H. Gibson. Materia Medica and Therapeutics: Mr. Holden. Forensic Medicine: Dr. Munroe. Botany: Mr. Niven. Clinical Lectures will be given at the Hospital twice a week on Medicine, by Sir H. Cooper and Dr. Daly; on Surgery, by Dr. Lunn, Mr. Craven, and Dr. King.

SHEFFIELD MEDICAL SCHOOL.—WINTER SESSION. Anatomy, Descriptive and Surgical: Mr. Skinner and Mr. Le Tall. Demonstrations of Anatomy: Mr. Wm. Skinner and Mr. A. Jackson. Physiology: Dr. Mason and Mr. T. H. Morton. Principles and Practice of Medicine: Dr. Elam and Dr. Frank Smith. Principles and Practice of Surgery, Mr. W. F. Favell and Mr. Parker. Chemistry: Mr. Allen. Dental Mechanics: Mr. Moseley. Lectures on Clinical Medicine: Dr. Bartolomé, Dr. Elam, and Dr. Law. Lectures on Clinical Surgery: Mr. Barber, Mr. Favell, and Mr. Parker. The Summer Session will commence May 1, 1867. Midwifery and Diseases of Women: Dr. Aveling and Dr. Keeling. Materia Medica and Therapeutics: Dr. Young. Medical Jurisprudence; will be filled up shortly. Botany: Mr. Birks and Dr. Mason. Practical Chemistry: Mr. Allen. Ophthalmic Surgery: Mr. Gillott. Dental Surgery: Mr. Merryweather. Hospital Practice at the Sheffield General Infirmary. Fees: Medical Practice, perpetual, 15*l.* 15*s.*; Surgical Practice, perpetual, 21*l.* Perpetual Fee for all Lectures required by the College and Hall, 40*l.*

REGULATIONS OF IRISH LICENSING BODIES.

ROYAL COLLEGE OF SURGEONS, IRELAND.

Court of Examiners.—W. Hargrave, A.M., M.B., Christopher Fleming, M. H. Stapleton, B. W. Richardson, Edward A. Stoker, George H. Porter, T. J. Tufnell, J. Barker.

Examiners in Midwifery.—E. J. Quinan, A. H. McClintock, James Isdell.

Examiners in General Education.—T. Byrne, A. B., M.B., John Murray, A.M., LL.D., G. F. Shaw, LL.D., F.T.C.D.

PROFESSORS.

Anatomy and Physiology.—Arthur Jacob.
Practical and Descriptive Anatomy.—P. Bevan and John Morgan.
Theory and Practice of Surgery.—William Hargrave and J. S. Hughes.
Theory and Practice of Physic.—C. Benson.
Chemistry.—William Barker.
Materia Medica.—R. Macnamara.
Midwifery and Diseases of Women and Children.—James H. Sawyer.
Medical Jurisprudence.—T. G. Geoghegan.
Botany.—Arthur Mitchell.
Hygiene.—E. D. Mapother.

REGISTRATION OF PUPILS.

Every person shall be registered as a Pupil on the College books, if he shall have laid before the Council a receipt showing that he has lodged in the Bank of Ireland a fee of five guineas.

Registered Pupils can study in the Museum on two days in each week, and to read in the Library every day, from ten to one o'clock. They may also attend the Lectures on Comparative Anatomy, and obtain the certificate without payment. No student is admitted to the sessional or final examination or Letters Testimonial until he becomes a Registered Pupil.

CLASSICAL EXAMINATION.

Registered Pupils are admitted to the Classical Examination at any period previous to the final Examination for Letters Testimonial.

Students not Registered Pupils are also admitted to the Classical Examination upon payment of ten shillings; but they are not enrolled as Registered Pupils, or entitled to the privileges of such pupils, until they have paid the full registration fee of five guineas.

The following resolution was passed at a meeting of the Council held on Thursday, the 18th of August, 1865—viz. :—

“That from November 1, 1865, Candidates may select, as the subject of examination, any of the following Greek Works :—The Gospel of St. John, the Menippus of Lucian, or a book of Xenophon's Anabasis; also in Latin, First and Second Books of the Æneid of Virgil, the Jugurthine War of Sallust, or Third Book of Livy. Candidates will also be required to write English from Dictation, and to give evidence of proficiency in Arithmetic.

THE FELLOWSHIP.

Every Registered Pupil or Licentiate shall be admitted to examination for the Fellowship, if he shall have laid before the Council the following documents :—

a. A receipt, showing that he has lodged in the Bank of Ireland the sum of ten guineas for a Licentiate, or twenty-five guineas for a Registered Pupil; provided in either case he intends to reside beyond ten miles from Dublin. Should he intend to reside in Dublin, or within ten miles thereof, he shall lodge, if a Licentiate, twenty guineas; or if a Registered Pupil, thirty-five guineas.

b. Certificates that he is twenty-five years of age.

c. That he is a Bachelor of Arts of some University, or has been examined to ascertain that he has obtained a liberal preliminary education.

d. A Certificate, signed by two Fellows of the College, of good conduct during his professional education.

e. That he has been engaged in the acquisition of professional knowledge for six years, during three of which he must have studied in one or more of the recognized Schools and Hospitals. He may have studied for the other three years in an approved school of the United Kingdom or in any foreign school of repute. It is also required that he shall have had practical instruction, as House-Surgeon or Dresser, in a recognized Hospital.

f. Of attendance on the Courses of Lectures required for Letters Testimonial, together with one course on Comparative Anatomy, one on Botany, and one on Natural Philosophy.

g. A thesis on some medical subject or clinical reports, with observations of six or more medical or surgical cases taken by himself.

h. Candidates of the required age, who shall have taken the degree of Bachelor of Arts, will be admitted to examination at the end of five years of professional study, of which three must have been passed in one or more of the recognized Schools or Hospitals.

i. Licentiates who may not be able to show that they have fulfilled the preceding regulations, may, after ten years from the date of their diploma, be admitted to the Fellowship examination, provided they produce evidence that they have conducted themselves honourably in the practice of their profession.

LETTERS TESTIMONIAL.

Every Registered Pupil shall be admitted to an examination for Letters Testimonial if he shall have laid before the Council the following documents :—

a. A receipt showing that he has lodged twenty guineas in the Bank of Ireland.

b. A certificate from the Examiners that he has passed an examination as to his acquaintance with Greek and Latin.

c. Certificates showing that he has studied his profession for not less than four years.

d. Certificates of attendance on a recognized Hospital during three years.*

e. Certificates of attendance on the following lectures :—
Three Courses.—Anatomy and Physiology; Theory and Practice of Surgery; Dissections, with Demonstrations.

Two Courses.—Chemistry (or one on general and one on Practical Chemistry); Materia Medica; Practice of Medicine.

One Course.—Midwifery; Medical Jurisprudence; Botany.

DIPLOMA IN MIDWIFERY.

Any Fellow or Licentiate shall be admitted to an examination for the Diploma in Midwifery upon laying before the Council the following documents :—

a. Certificates that he has attended one course of lecture on Midwifery and Diseases of Women and Children, delivered by a Professor or Lecturer in some recognized School.

b. That he has attended a recognized Lying-in Hospital for six months; or a recognized Dispensary for lying-in women and children, devoted to this branch of surgery alone.

c. That he has conducted thirty labour cases. Candidates for the Midwifery Diploma shall be examined on the organization of the female; the growth and peculiarities of the fœtus; the practice of Midwifery, and the diseases of women and children.

REGULATIONS AS TO EXAMINATIONS.

Letters Testimonial.

The examinations for Letters Testimonial shall be held from time to time, as the Council may direct. Five Examiners at least shall be present. Each candidate shall be examined upon Anatomy, Physiology, the Theory and Practice of Medicine and Surgery, Materia Medica and the form of prescription, and shall perform such surgical operations or dissections, or explain such anatomical and pathological preparations as the Examiners may require.

Candidates for Letters Testimonial, being Licentiates of College of Physicians or Graduates in Medicine of a University shall be examined in general and descriptive Anatomy, Physiology, the Theory and Practice of Surgery, and Operative Surgery. Candidates whose answering shall be found insufficient will not be allowed to present themselves a second time until after the expiration of six months. In addition to the oral examinations, Candidates for Letters Testimonial shall subsequent to the 1st of May, 1863, be required to give written answers to written or printed questions, to be delivered to them in such a manner as the Council may direct.

Fees to be paid by Candidates for Letters Testimonial.

1st. The Candidate pays Ten Shillings for his Preliminary Examination.

2nd. Five Guineas as Registered Pupil of the Colleges.

3rd. Five Guineas for the Junior Class Examination, which is not returned in case of rejection, but is allowed in the fee for his Second Examination.

4th. Fifteen Guineas for Senior Class Examination—total 26l. 15s.

FELLOWSHIP.—Examinations for the Fellowship shall be held at stated periods, as the Council may direct. Five Examiners at least, together with the President, or Vice President, and two members of the Council, shall be present. Each Candidate shall be examined on two days. The subject of the first Examination shall be Anatomy and Physiology (human and comparative); those of the second, Pathology Therapeutics, the Theory and Practice of Medicine and Surgery. In addition to the oral examinations Candidate shall be required to give written answers to written questions. The Candidates shall also perform dissections and operation on the dead body. Candidates whose answering shall be found insufficient will not be allowed to present themselves a second time until after the expiration of one year.

DIPLOMA IN MIDWIFERY.—The examination shall be conducted by the Examiners in Midwifery. Such examination shall be held, from time to time, as the Council may direct. Should a Candidate be rejected, he shall not again be admitted to an examination until a period of three months shall have elapsed; and he then shall be obliged to produce evidence of his having been engaged in the study of this branch of Surgery subsequent to such rejection.

DIPLOMA IN MEDICINE.

The College also grants to its own Licentiates, without an further fee, a Diploma, testifying that such Licentiates are qualified to practice Medicine as well as Surgery, and that they are legally qualified Medical Practitioners.

* ATTENDANCE ON PROVINCIAL HOSPITALS.—Candidates for Letters Testimonial, who shall have attended recognized Hospitals during three Winter Sessions of six months each, shall be considered to have performed sufficient Hospital Attendance, if they shall be able to produce Certificates of regular daily attendance during a like number of months at a County Infirmary, or Provincial Surgical Hospital, containing at least fifty beds, provided the Surgeons of such Infirmaries or Hospitals shall make returns to this College, in the months of May and November in each year, of the number of Students so attending.

UNIVERSITY OF DUBLIN.

PROFESSORS IN THE FACULTY OF MEDICINE.

Physic.—Dr. W. Stokes, Regius Professor.
 Anatomy and Physiology.—B. G. McDowel, F.R.C.S.I.
 Surgery.—R. W. Smith, M.D.
 Medicine.—J. Banks, M.D.
 Midwifery.—Dr. Sinclair.
 Chemistry.—J. Apjohn, M.D.
 Botany.—Vacant.

Materia Medica.—Dr. A. Smith.
 Institute of Medicine.—Robert Law, M.D.
 Medical Jurisprudence.—Dr. Travers.
 The following Degrees and Licences in Medicine and Surgery are granted by the University of Dublin :—
 1. Bachelor in Medicine. 2. Doctor in Medicine. 3. Master in Surgery. 4. Licentiate in Medicine. 5. Licentiate in Surgery.

Matriculation.

Every Student must be matriculated by the senior Lecturer, for which a fee of five shillings is payable; but he need not give his name on the College books, or to attend any of the academical duties, unless he desire to obtain a Licence or Degree in Medicine or Surgery. No Student can be admitted for the Winter Courses after the 25th of November.

QUALIFICATIONS FOR DEGREES AND LICENCES.

Bachelor in Medicine.

Candidates must be Graduates in Arts, and may obtain the Degree at the same Commencements as the B.A., or at any subsequent one. The medical education of a Bachelor in Medicine is of four years' duration, and comprises the following Lectures :—

Six Months Courses.—Anatomy and Physiology—Practical Anatomy with Dissections—Surgery—Chemistry—Materia Medica and Pharmacy—Institutes of Medicine and Pathology—Practice of Medicine—Midwifery.

Three Months Courses.—Botany—Practical Chemistry—Medical Jurisprudence.

Hospital attendance on St. Patrick Dun's during nine months, with three consecutive Courses of Clinical Lectures. Also nine months' attendance on a recognized Hospital.

Two of the Courses may be attended at any recognized Medical School, and three of them at Edinburgh University, provided the Candidate have kept an Annus Medicus in the School of Physic.

The Schools recognized are :—1. The School of the Royal College of Surgeons in Ireland. 2. The Carmichael School. 3. The School of Steevens' Hospital. 4. The Ledwich School. 5. The Cecilia street School.

An Annus Medicus may be kept in three ways :—1. By attending two courses of six months' duration. 2. Or one of six months' and two of three months' duration. 3. By nine months' attendance on Sir Patrick Dun's Hospital and Clinical Lectures; together with one course of six months' or two courses of three months' duration.

The Fee for nine months' attendance at Sir Patrick Dun's Hospital is twelve Guineas.

The Fee for each Course of Lectures is three guineas.

The Fee for the *Liveat ad Examinandum* is 5*l.*

The Fee for the Degree of M.B. is 10*l.*

Doctor in Medicine.

A Doctor in Medicine must be M.B., of at least three years' standing, and requires no other qualification.

Total Fees for this Degree, 12*l.*

Master in Surgery.

This Degree can only be obtained by Bachelors of Arts. The curriculum is the same as that for the Licentiate in Surgery, as given below.

Candidates will also be required to perform Surgical operations on the dead subject.

Total amount of Fees for the Degree of Ch. M., 15*l.*

Licentiate in Medicine.

Candidates for the Licence in Medicine and Surgery must be matriculated in Medicine, and must have completed four years in Medical studies, and must pass an Examination in Arts, unless they be Students in the Senior Freshman, or some higher class. The Medical Course necessary for a Licence in Medicine is the same as for the Degree of M.B. A fee of 5*l.* is charged on taking the Licence. Licentiates in Surgery of the Royal College of Surgeons in Ireland, on passing the Art Examination, will be admitted to Examina-

tion for the Licence in Medicine. Such Candidates will be exempted from Examination in Anatomy and Surgery; and Candidates who have also the Licence in Midwifery of the said College will be exempted from examination in Midwifery. Fee for the *Liveat ad Examinandum*, 5*l.* Fee for the Licence in Medicine, 5*l.*

Licentiate in Surgery.

Candidates must have kept one full year in Arts and will be required to perform surgical operations on the dead subject. The curriculum extends over four years, and is as follows :—Two courses each of Anatomy and Physiology, and Theory and Practice of Surgery; three courses of Demonstrations and Dissections; and one course each of Practice of Medicine, Chemistry, Materia Medica, Midwifery, Practical Chemistry, Botany, and Medical Jurisprudence. Also attendance for three Sessions, each of nine months', on a recognised Hospital. Of the courses of Lectures, which are of six months' duration, not more than three can be attended during any one Session. Any of the above-named courses may be attended at any of the Medical Schools of Dublin, provided the Candidate has kept an *Annus Medicus*. A fee of 5*l.* is charged for the Licence, and 5*l.* for the *Liveat*.

SESSIONAL EXAMINATIONS.

Candidates for Degrees and Licences will be subjected to two examinations, one of them preliminary, which will be held at the close of the second year, and the other, after the full curriculum has been completed. The subjects of the preliminary examination are the following: Descriptive Anatomy, Botany, and Materia Medica, Pharmacy, Chemistry, theoretical and practical, with Chemical Physics. The best answers at the preliminary examination will be elected to the scholarships, provided they are in the Senior Freshman, or some higher class, and have kept one *Annus Medicus*.

PRIVILEGES OF MEDICAL STUDENTS.

Medical or Surgical Students, being junior or senior Sophisters, and in attendance on the full courses necessary for an *Annus Medicus* are exempted from the classics of the Junior Sophister year, and from one of the three optional courses (Mathematical Physics, Experimental Physics, or Classics) of the Senior Sophister year. To obtain this privilege the Student must be matriculated, and the Certificate of his attendance on Lectures be submitted to the Senior Lecturer.

FREE COURSES.

Students in Arts, having their names on the College books, will be permitted to attend one course free of expense, with each of the University professors. Should the Student who has had the privilege of free attendance desire to obtain an official testimonium, he must, on obtaining it, pay to the professor the usual fee.

MEDICAL SCHOLARSHIPS.

Two Medical Scholarships are given annually, value 20*l.* per annum each, tenable for two years, the Examinations for which are held each year in June, in the following subjects :—Anatomy, Physiology, Chemistry, Materia Medica and Botany.

Medical School Exhibitions.

The Professors of the University School give three Exhibitions annually, two Senior, value 15*l.* and 10*l.*, open to all Students who have been three years attending the School. The Subjects being—Practice of Medicine, Surgery, Pathology, and Forensic Medicine.

One Junior, value 15*l.*—The time and subjects of Examination being the same as those for the Medical Scholarships.

Expense of obtaining the Degrees of Bachelor in Medicine and Master in Surgery in the University of Dublin :—

Lectures	£47 5 0
Hospitals	31 10 0
Degree Fees	20 0 0
Examination Fees	10 0 0

£108 15 0

Private Tuition, say 20 0 0

£128 15 0

N.B.—As no Degree in Medicine or Surgery are conferred except upon Graduates in Arts, the expense of the Degree of Bachelor in Arts, amounting altogether to 82*l.* 4*s.*, should be added to the foregoing, making the total cost something over 200*l.*

THE MEDICAL STUDENTS' DAILY AND HOURLY HOSPITAL AND

AND
 TABULAR LIST OF THE PHYSICIANS, SURGEONS, TEACHERS, FEES, AND DAYS OF OPERATIONS
 THE HOSPITALS, AND MEDICAL SCHOOLS OF THE METROPOLIS.

LECTURES, ETC.	ST. BARTHOLOMEW'S HOSP. & COL.					CHARING-CROSS HOSPITAL & COLL.					ST. GEORGE'S HOSPITAL				
	LECTURERS.	Days and Hours.	FEES.			LECTURERS.	Days and Hours.	FEES.			LECTURES.	Days and Hours.	FEES.		
			One Course.	Two Courses.	Per- petual.			One Session.	Two Sessions.	Full Period.			One Course.	Two Courses.	
WINTER SESSION.			£ s.	£ s.	£ s.			£ s.	£ s.	£ s.			£ s.	£	
ANATOMY AND PHYSIOLOGY	Mr. Savory	M. Tu. Th. F. 9	5 5	7 7	10 10	Dr. Morris Tonge, M.A.	Daily (ex. S.) 3½	4 4	6 6	7 7	Dr. W. Ogle.	Tu. S. 2½	6 6	..	
ANATOMY, DESCRIPTIVE & SURGICAL	Mr. Holden Mr. Callender	Tu. W. Th. F. 2½	5 5	7 7	10 10	Mr. Barwell	Daily (ex. S.) 9 A.M.	4 4	6 6	7 7	Mr. Holmes. Mr. Rouse.	M. W. Th. F. 2½	6 6	..	
ANATOMICAL DEMONSTRATIONS	Mr. T. Smith Mr. Baker	Daily 10½ to 2	3 3	5 5	..	Mr.	Daily	2 2	4 4	4 4	Mr. Pick. Mr. Braine Dr. Williams Mr. Haward	Daily	..	..
CHEMISTRY	Dr. Odling	M. F. 10½ W. 10	5 5	..	7 7	Mr. C. W. Heaton	M. W. F. 10½	5 5	6 6	7 7	Dr. H. M. Noad	Tu. Th. F. 11½	6 6	..	
MEDICINE	Dr. Black	M. 2½ Tu. Th. 3½	5 5	..	7 7	Dr. Chowne, Dr. Salter, F.R.S.	M. W. F. 2½	4 4	6 6	7 7	Dr. Barclay	M. W. F. 12	6 6	..	
URGERY	Mr. Paget Mr. Coote	M. W. F. 8½	5 5	8 8	7 7	Mr. Hancock Mr. Canton	M. Th. F. 12½	3 3	5 5	6 6	Mr. Tatum Consulting-Physician	Th. S. 12½	4 4	..	
HOSPITAL PRACTICE: PHYSICIANS	Dr. Farre Dr. Jeaffreson Dr. Black Dr. Martin	Tu. Th. S. M. W. Th. F. M. W. Th. F. 1½	6 mths	12 mths	Per- pet. 26 5	Dr. Chowne Dr. Salter	Daily, 1	6 mths	12 mths	21 0	Dr. Pitman Dr. Page Dr. Fuller Dr. Barclay Dr. J. W. Ogle	Daily, 1	6 mths	1 mth 8 16	
ASSISTANT-PHYSICIANS	Dr. Edwards Dr. Harris Dr. Andrew Dr. Southey	Tu. F. 11 M. Th. 11 S. 11 W. 11	..	..	..	Dr. F. W. Headland Dr. Pollock	12 to 2	..	..	..	Dr. Wadham	..	..	..
SURGEONS	Mr. Wormald Mr. Coote Mr. Holden	Tu. F. S. M. Th. S. Th. F. S.	6 mths	12 mths	Per- pet. 26 5	Mr. Hancock Mr. E. Canton	Daily, 1	6 mths	12 mths	21 0	Dr. Dickinson Mr. Tatum Mr. P. Hewett Mr. Pollock Mr. H. Lee	Daily, 1	6 mths	1 mth 15 21	
ASSISTANT-SURGEONS	Mr. Savory Mr. Callender Mr. T. Smith Mr. Willett	W. S. 12 F. 12 F. 12	..	..	..	Mr. Hird Mr. Barwell	12 to 2	..	..	..	Mr. Holmes Mr. Brodhurst	..	..	..
CLINICAL MEDICINE	Drs. Farre, Black, & Martin	Tu. 12, W. 9	..	..	..	..	Weekly.	..	..	..	..	M. 1½	..	..
CLINICAL SURGERY	Mr. Skey Mr. Paget Mr. Coote	Tu. Th. 1½ S. 9	..	..	..	..	..	..	..	..	..	Tu. 1½	..	..
CLINICAL MIDWIFERY, &c.	Dr. Greenhalgh	W. 9	..	..	..	..	Operatns. Wed. and Sat. at 1½ Post-mort exam. 12	..	..	..	..	Operation Thurs. at 1	..	..
SUMMER SESSION.															
MATERIA MEDICA, &c. ..	Dr. Farre	Tu. W. Th. S. 10	5 5	..	6 6	Dr. Headland	T. Th. S. 12	3 3	5 5	6 6	Dr. Dickinson	Tu. Th. S. 9	4 4	..	
MIDWIFERY, &c.	Dr. Greenhalgh	Tu. W. F. S. 9	5 5	..	6 6	Dr. Chowne & Dr. Parson	M. W. Th. 3	3 3	5 5	6 6	..	M. W. F.	5 5	..	
BOTANY	Rev. G. Henslow	M. W. S. 9	3 3	..	4 4	Mr. Coultas	T. Th. S. 10½	2 2	3 3	4 4	Dr. M. T. Masters	Tu. Th. S. 2½	3 3	..	
MEDICAL JURISPRUDENCE	Dr. Edwards	M. F. 10 Th. 11	3 3	..	4 4	Mr. Hird Mr. Tuson	M. W. F. 4	2 2	3 3	4 4	Dr. Wadham	M. W. F. 2½	4 4	..	
PRACTICAL CHEMISTRY ..	Dr. Odling	M. Tu. Th. F. 11 to 1.	2 2	..	3 3	Mr. Heaton	M. W. 10 to 1	2 2	..	..	Dr. Noad	Daily, 10	4 4	..
NATURAL PHILOSOPHY ..	..	..	..	..	..	..	..	..	..	..	..	..	4 4	..
COMPARATIVE ANATOMY ..	Dr. Church	Tu. F. 2½	2 2	..	3 3	Dr. Divers W. H. Spencer, B.A.	W. Th. F. 11½ Tu. Th. S. 3½	3 3	..	4 4	Dr. W. Ogle (with Physiol.) Dr. Ogle Mr. H. Lee	Sat. 2 W. 1½	..	..
PATHOLOGY AND MORBID ANATOMY	Dr. Andrew	12	..	..	..	Dr. A. J. Pollock	..	..	..	..	..	In Winter	..	..
MICROSCOPICAL ANATOMY	Mr. Savory	..	..	..	..	..	..	..	..	..	..	In Summer	..	..
OPHTHALMIC SURGERY ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
DENTAL SURGERY	Mr. Coleman	..	..	..	..	..	..	..	..	..	..	..	..	..
PRACTICAL PHARMACY ..	Mr. Wood	..	..	..	..	..	..	..	..	..	..	..	..	..
OPERATIVE SURG. (DEMST.)	Mr. T. Smith Mr. Baker.	..	2 2	..	..	..	..	..	..	..	..	..	12 12	..
FEE for all the Lectures required by the College and Hall ..	..	..	..	..	52 10	..	..	..	..	46 4	..	..	..	..
FEE for ditto, and Hospital Medical and Surgical Practice ..	..	..	..	..	9 15	..	..	..	..	72 9	..	..	..	..

THE MEDICAL STUDENTS' DAILY AND HOURLY HOSPITAL AND CLASS GUIDE—(CONTINUED).

LECTURES, ETC.	GUY'S HOSPITAL.				KING'S COLLEGE AND HOSPITAL.					
	LECTURERS.	Days and Hours.	FEES.		LECTURERS.	Days and Hours.	FEES.			
			One Course.	—			One Course.	—	Perpetual.	
WINTER SESSION.			£ s.	and every			£ s.	£ s.	£ s.	
ATOMY AND PHYSIOLOGY	Dr. Pavy	M. W. F. 4½	5 5		Dr. Beale	M. W. Th. F. 4	6 6	..	9 9	
ATOMY, DESCRIPTIVE & SURGICAL	Mr C. Forster	Daily, ex. M. S. 9	5 5		Mr. Partridge	Daily, 9	6 6	..	9 9	
ATOMICAL DEMONSTRATIONS ..	Mr Durham Mr Bankart Dr. Pye-Smith Mr Phillips Dr. A. Taylor	Daily, 9 to 4	5 5		Mr. J. Wood	Daily.	..	..	..
EMISTRY					Dr. Miller	M. W.	7 7	..	9	
EDICINE..	Dr. Owen Rees	M. W. F. 3	5 5		Mr. E. A. Hadow	Th. S. 10½	7 7	..	7 7	
RGERY	Dr. Wilks Mr Birkett Mr Poland	Tu. Th. S. 3½	5 5		Dr. Johnson	Tu. S. 4; Th. 5	5 5	..	7 7	
HOSPITAL PRACTICE:	Dr. Barlow	M. F.	6	For the entire of the Lectures and Hospital Practice.—In the first year, £40; second year, £40; and every succeeding year, £10; perpetual to the whole, £100.	Sir W. Fergusson, Bart.	M. W. F. 1½	6	18	Per-	
PHYSICIANS	Dr. Owen Rees Dr. Habershon Dr. Oldham (obst.)	W. S. } Tu. F. } Tu. Th. }	15 15		Dr. G. Johnson Dr. Beale Dr. Garrod Dr. Priestley (acc.) Dr. W. A. Guy Dr. C. Evans Dr. Duffin Dr. Harley	Tu. Th. S. 9. Tu. Th. S. 1½ Tu. Th. S. 12½ M. W. F. 1 M. W. F. 1 M. W. F. 1 Tu. Th. S. 1	10 10	15 15	21 0	pet.
ASSISTANT-PHYSICIANS.. . . .	Dr. Wilks Dr. Pavy Dr. Moxon Dr. Hicks (obst.)	M. } Out- W. } patients F. } at 12	26 5		Sir W. Fergusson, Bart. Mr. Partridge Mr. S. Cartwright, (surg.-dentist.) Mr. Soelberg Wells (ophthalmic)	Tu. Th. S. 1½	6	21	Per-	pet.
	Mr Cock Mr Hilton Mr Birkett Mr Poland	M. F. 1½ M. Th. } M. Th. } W. S. }	15 15			M. W. F. 1½ M. W. 9 Tu. F. 10 Tu. Th. S. 1	15 15	21 0	26 5	
SURGEONS..	Messrs. France, Poland, and Baker (oph.) Mr Salter [dental] Mr Hinton [aural]	M. Th. } Th. } Tu. } S. } M. Th. } W. }	26 5			Mr. J. Wood Mr. H. Smith Mr. Watson.	Tu. Th. S. 1 Tu. Th. S. 1 M. W. F. 1
ASSISTANT-SURGEONS	Mr C. Forster Mr T. Bryant Mr Durham Dr. Barlow Dr. Owen Rees Dr. Habershon					Dr. Garrod Dr. G. Johnson Dr. Beale	Alt. Tu. 2 Alt. M. 2 S. 9
CLINICAL MEDICINE	In Summer:— Dr. Wilks Dr. Pavy Dr. Moxon Mr Cock Mr Hilton Mr Birkett Mr Poland					Sir W. Fergusson, Bart. Mr. Partridge.	Alt. Th. 2 Alt. F. 2
CLINICAL SURGERY	In Summer:— Mr C. Forster Mr Bryant Mr Dutham Dr. Oldham Dr. Hicks					Dr. Priestley	Tu. Th. S. 1, 1½
CLINICAL MIDWIFERY		S. 3½ A.M.	..							
		Operations Tu. 1½ On the Eye, W. 11½								
SUMMER SESSION.							To Med. & Surgical Practice	£31 10 or £26 15		
ATERIA MEDICA, &c.	Dr. Habershon	Tu. Th. S. 3	4 4		Dr. Garrod	Tu. W. Th. F. 8	..	..	..
IDWIFERY, &c.	Dr. Oldham Dr. Hicks Mr Johnson	Tu. W. Th. F. ½ to 9 A.M. Tu. Th. S. 11½	5 5 4 4		Dr. Priestley	Tu. W. Th. F. 9	6 6	..	6 6	
OTANY					Mr. Bentley	M. Tu. Th. F. 12½	3 3	..	4 4	
EDICAL JURISPRUDENCE	Dr. A. Taylor	Tu. Th. S. 10	4 4		Dr. W. A. Guy	M. Tu. W. F. 3	3 3	..	4 4	
RACTICAL CHEMISTRY	Dr. Stevenson	M. W. F. 10 to 1	4 4		Mr. C. L. Bloxam	Daily, 10½	4 4	..	8 8	
NATURAL PHILOSOPHY	Dr. Fagge (in Winter)	W. 1	..							
OMPARATIVE ANATOMY..	Dr. Pye Smith	Tu. S. 12½	4 4		Mr. T. R. Jones	M. W. F. 4	3 3	..	4	
ATHOLOGY AND MORBID ANATOMY	Dr. Moxon	Daily, 2½; in Sun., S. 8½	..		Dr. Beale (with Physiology) Mr. Wood	Tu. 4	2 2	..	..
PERATIVE SURGERY	Mr Bryant	W. 3	4 4							
PTHALMIC SURGERY	Mr Poland Mr Bader Mr Salter	M. 8½	..		Mr. Wells.	M. W. F.	..	..	..
ENTAL SURGERY					Mr. Cartwright	Tu. F. 9	6 6	..	8 8	
URAL SURGERY..	Mr Hinton		..							
EMONST. OF CUTANEOUS DISEASES	Dr. Wilks	W. 1	..							
ACCINATION..	Dr. Hicks		..		Mr. Dunn	M. 10½	..	..	..
					Chapel, Principal's Lecture	Daily, 10 W. F. 1½	..	..	..
For all the Lectures required by the Col- lege and Hall.. . . . . .			..						61 19
For ditto, and Hospital Medical and Sur- gical Practice.. . . . . .			..	£90					93 9

THE MEDICAL STUDENTS' DAILY AND HOURLY HOSPITAL AND CLASS GUIDE—(CONTINUED).

LECTURES, ETC.	LONDON HOSPITAL.					ST. MARY'S HOSPITAL.					MIDDLESEX HOSPITAL.			
	LECTURERS.	Days and Hours.	FEES.			LECTURERS.	Days and Hours.	FEES.			LECTURERS.	Days and Hours.	One Session.	
			One Session.	—	Per. petual.			One Session.	—	Per. petual.				
WINTER SESSION.			£ s.	£ s.	£ s.			£ s.	£ s.	£ s.			£ s.	
PHYSIOLOGY	Dr. H. Jackson Dr. M. Mackenzie	M. W. 3 Th. 4	4	4	6	Dr. Broadbent	M. Tu. Th. F. 9 A.M.	6	6	8	Dr. Burdon Sanderson	M. W. F. 4	6	6
ANATOMY, DESCRIPTIVE & SURGICAL	Mr. J. Adams Mr. Rivington	M. Tu. Th. F. 3	5	5	8	Dr. Lawson Mr. Gascoyen	W. S. 12 M. Tu. Th. F. 2½	6	6	8	Mr. Hulke Mr. Moore Dr. Robert Liveing	Daily, 12 (ex. S.)	8	8
ANATOMICAL DEMONSTRATIONS	Mr. Rivington Mr. J. Adams Mr. Warren Tay	Daily, 10 to 3	5	5	8	Mr. Norton Mr. Wood Mr. Jas. Lane (oper. surg.)	Daily	3	3	..	Dr. R. Liveing	Tu. Th. 3	6	6
CHEMISTRY	Dr. Letheby.	M. W. F. 10½	7	7	7	Dr. Matthiessen	Tu. Th. S. 10½ A.M.	5	5	7	Mr. T. Taylor Mr. Heisch	M. W. F. S. 11	6	6
MEDICINE	Dr. Davies Dr. Clark Dr. Ramskill	M. W. Th. 10½ A.M.	5	5	6	Dr. Chambers Dr. H. Jones	M. W. Th. 4 P.M.	4	4	6	Dr. Marchison	Tu. Th. S. 9	6	6
SURGERY	Mr. Hutchinson	Tu. F. S. 9	5	5	6	Mr. Sp. Smith	W. 3 P.M.	4	4	6	Mr. Shaw Mr. de Morgan	M. W. F. 9	6	6
HOSPITAL PRACTICE:	Dr. Fraser Dr. H. Davies Dr. Clark Dr. Head (obst.)	Daily, 8 A.M. or 1 W. S. 1	6	12	Per- pet.	Dr. Alderson Dr. Sibson Dr. H. Jones Dr. Tyler Smith (obst.) Dr. Sieveking Dr. Markham Dr. Broadbent	M. Th. 1½ Tu. F. 1½ W. S. 1½ Tu. S. 1½ F. 1 S. 1 M. Th. 1	6	12	Per- pet.	Dr. Goodfellow Dr. H. Thompson Dr. Marchison Dr. J. H. Davis (obst.)	Daily, 1 6 mths 12	6	12
PHYSICIANS	Dr. Ramskill Dr. Down Dr. Jackson Dr. M. Mackenzie Dr. Palfrey (obst.)	Daily, 1	6	3	years	Supernumerary Asst.-Phy. Dr. Bastian Mr. Lane Mr. Sp. Smith Mr. Walton	Tu. F. 1½ M. Th. 1½ W. S. 1½	6	12	Per- pet.	Mr. Shaw Mr. de Morgan	Daily, 1	6	ths
ASSISTANT-PHYSICIANS ..	Mr. Adams Mr. Curling Mr. Hutchinson Mr. Barrett (dental)	Daily, 1 8 A.M.	8	18	26	Mr. J. Lane Mr. E. Hart (ophthalmic) Mr. Sercombe (dental) Mr. Gascoyen Mr. Coulson	Tu. F. 1½ Tu. S. 1½ M. Th. 1 W. S. I	9	21	0	Mr. Nunn Mr. Tomes (dental) Mr. Hulke (ophthalmic) Mr. G. Lawson Mr. J. S. Turner (assist. dental)	Tu. Th. S. 9 Tu. Th. S. 9 Daily, 9 A.M.	10	10
SURGEONS	Mr. Maunder Mr. Couper Mr. Little n Mr. Rivington	Daily, 1	12	12	12	Dr. Alderson Dr. Sibson Dr. H. Jones Mr. Lane Mr. Sp. Smith Mr. Walton	Tu. F. 1 Tu. S. 1½ M. Th. 1 W. S. I	3	3	4	The Physicians	W. S. 3	..	..
ASSISTANT-SURGEONS ..	The Physicians and Asst.-Phys.	..	..	..	..	Dr. Alderson Dr. Sibson Dr. H. Jones Mr. Lane Mr. Sp. Smith Mr. Walton	twice wk. at 2	3	3	4	The Surgeons	M. F. 3	..	..
CLINICAL MEDICINE ..	The Surgeons & Asst.-Surg.	..	..	..	..	Operations, W. at 2	Operatns W. 1½	3	3	4	Superintend. of P.-M. exam. Dr. Cayley	Operatns W. at 1 P.M. ex. 2	..	..
CLINICAL SURGERY ..	..	..	..	..	..	..	..	3	3	4	..	..	..	..
SUMMER SESSION.														
MATERIA MEDICA	Dr. Dowd	Tu. Th. F. 4	3	3	4	Dr. Sieveking	Tu. W. Th. F. 8	4	4	6	Dr. H. Thompson	M. W. F. 9	4	4
MIDWIFERY, &c.	Dr. Ramsbotham	M. Tu. W. Th. 3	4	4	6	Dr. Tyler Smith (ex. S.)	Daily (ex. S.) 9	4	4	6	Dr. J. H. Davis	M. W. F. 8	5	5
BOTANY	Dr. Dresser	M. W. F. 10	3	3	4	Dr. C. Dresser	M. W. F. 12	3	3	4	Dr. T. S. Cobbold	Tu. Th. S. 2½	4	4
MEDICAL JURISPRUDENCE	Dr. Ramsbotham	Daily (ex. S.), 10½	3	3	4	Dr. Randall	M. Tu. Th. 10	3	3	4	Dr. Greenhow	Tu. Th. S. 9	3	3
PRACTICAL CHEMISTRY ..	Dr. Letheby	M. W. F. 11½	2	2	3	Dr. Matthiessen Mr. St. Geo. Mivart	Tu. Th. S. 11½ W. F. 10	3	3	..	Mr. T. Taylor Mr. Heisch Dr. T. S. Cobbold	Tu. F. 3 11½ W. F. 4	3	3
COMPARATIVE ANATOMY	Mr. Rivington	Tu. Th. 11½	3	3	..	Dr. Broadbent (with Physiol.)	..	..	..	Mr. Sibley Dr. Cayley	Tu. Th. 4	3	3	
PATHOLOGY AND MORBID ANATOMY	Dr. Jackson Dr. M. Mackenzie (with Physiol.)	P.-M. exam. 2 and 2½	..	..	..	..	..	..	..	..	..	..	..
HISTOLOGY AND THE MICROSCOPE.	Dr. Jackson Dr. M. Mackenzie (in Summer)	..	..	..	..	Dr. Lawson (with Physiol.)	..	..	..	..	Dr. W. W. Webb	M. W. 3	10	10
OPHTHALMIC SURGERY ..	Mr. Hutchinson (in Summer)	T. W. F. 9 A.M.	..	..	..	Mr. E. Hart	Tu. 2½	2	2	..	Mr. Hulke (Operations on the dead body: Mr. Nunn Mr. Tomes Mr. Turner	..	..	..
AURAL SURGERY .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..
DENTAL SURGERY	Mr. Barrett	Tu. 10 A.M.	2	2	..	Mr. Sercombe (in Winter)	..	2	2	..	..	Daily, 9 A.M.	..	..
PRACTICAL PHARMACY AND DISPENSING.	..	..	..	..	..	..	..	3	3	6	6	10	10	10
FEE for all the Lectures required by the Colleges and Hall ..	..	..	£50	0	..	..	..	..	£52	10	..	..	..	£
FEE for ditto, and Hospital Medical and Surgical Practise ..	..	..	£88	4	98	14	..	..	£89	10	..	..	..	£

LECTURES, ETC.	LIVERPOOL ROYAL INFIRMARY SCHOOL OF MEDICINE.			MANCHESTER ROYAL SCHOOL OF MEDICINE.			NEWCASTLE COLLEGE OF MEDICINE.			SHEFFIELD MEDICAL SCHOOL.		
	Lecturers.	Days and Hours.	Fees. Courses required.	Lecturers.	Days and Hours.	Fees. One Course.	Lecturers.	Days and Hours.	Fees. One Course.	Lecturers.	Days and Hours.	Fees. One Course.
WINTER SESSION.												
ANATOMY AND PHYSIOLOGY	Dr. Waters	Daily, 8½ and 9½ A.M. ..	8 8	Mr. Turner Mr. W. Smith	Tu. W. Th. 12	4 4	Dr. Murray	Twice weekly 8½ A.M.	4 4	Dr. Mason Mr. T. H	Daily	6 6
ANATOMY DESCRIPTIVE AND SURGICAL ..	Mr. Harrison	.. .. .	.. .. .	Mr. Lund	Tu. W. Th. F. 8½	4 4	{Dr. Kesham Mr. Russell}	Four days weekly, 8½ A.M.	4 4	Mr. Skinner Mr. Le Tall	..	..
ANATOMICAL DEMONSTRATIONS	Dr. Roberts	.. .. .	5 5	Mr. S. M. Bradley	.. .. .	3 3	Mr. L. Armstrong	Daily, from 10 to 4	..	Mr. Skinner jun. Mr. A. Jackson	Daily	2
CHEMISTRY	Dr. Birkenhead	Tu. Th. Sa, 4	5 5	Mr. D. Stone	Tu. I. W. 11, F. 1	4 4	Dr. Richardson Mr. Mareco	W. Th. F. Sa. 9½	4 4	Mr. Allen	[Daily]	..
MEDICINE	Dr. Cameron	M. Tu. Th. F. 5	5 5	Dr. Browne	M. I. W. 2, F. 1	4 4	Dr. Chablon	M. W. F. 5	4 4	Dr. Eliam	[Daily]	4
SURGERY	Mr. Bickerseth	M. W. Th. F. 6	5 5	Dr. W. Roberts Mr. G. Southam	M. Tu. Th. 2	4 4	Dr. Embleton Dr. Heath	M. W. F. 6	4 4	Dr. Frank Smith Mr. Favell Mr. Parker	3 days weekly	3 3
HOSPITAL PRACTICE:	LIVERPOOL ROYAL INF.	.. .. .	.. .. .	MANCHESTER ROYAL INFIRMARY.	Daily, 10 to 12	.. .. .	NEWCASTLE INFIRMARY.	.. .. .	.. .. .	SHEFFIELD GEN. INFIRMARY.	.. .. .	.. .. .
PHYSICIANS	Dr. Vese	12 to 2½	6 math.	{Dr. E. Wilkinson, Rennand, Watts, Browne, Roberts and Simpson	.. .. .	.. .. .	{Dr. White Dr. Embleton Dr. Humble Sir John Fife Dr. Heath Mr. Annandale Dr. Gibson	Each twice weekly, 11	6 months	Dr. Bartolomé Dr. Eliam Dr. Law	.. .. .	.. .. .
SURGEONS	Mr. Stubbs Mr. Long Mr. Bickerseth	12 to 2½	18 18 3 15 years	{Messrs. Kansome, Baever, Smith, Dunville, Southam and F. Heath	.. .. .	.. .. .	.. .. .	Daily, 9½	5 5	Mr. Barber Mr. W. F. Favell Mr. Parker	.. .. .	.. .. .
SUMMER SESSION.												
MATERIA MEDICA	Dr. J. B. Nevins	Daily, 8 A.M.	4 4	Mr. A. Somers	Tu. 12, W. 12, F. 12½	4 4	Dr. Humble	Daily, 4½	4 4	Dr. Young	Daily	4 4
MIDWIFERY, &c.	Mr. Steele Dr. Gee	Daily, 4	4 4	Mr. Blunk	M. W. Th. F. 9	4 4	Dr. Gibson	Daily, 8 A.M.	4 4	Dr. Aveling Dr. Keeling	Daily	3 3
BOTANY	Dr. Roberts	M. Tu. Th. F. 9½	3 3	Mr. Grindon	M. W. Th. 2	3 3	Mr. Thornhill Dr. Armon	M. W. Th. F. 3½	4 4	Mr. Bikes Dr. Mason	Daily	3 3
MEDICAL JURISPRUDENCE	Dr. E. Whittle Dr. Birkenhead [Toxicology]	M. Tu. Th. F. 3	3 3	Mr. G. M. Harrison	M. I. W. 1, F. 1½	4 4	Dr. Donkin	M. Tu. Th. F. 12	4 4	.. .. .	Daily 8 P.M.	3 3
PRACTICAL CHEMISTRY	Dr. Birkenhead	M. Th. 6	3 3	Mr. D. Stone	T. Th. 1	4 4	Dr. Richardson Mr. Mareco Dr. Gibb	Daily, 10 to 5 W. 6	4 4	Mr. Allen	.. .. .	.. .. .
PATHOLOGY AND MORBID ANATOMY ..	Dr. Rawdon	W. 3	1 1	Dr. Morgan	M. Th. 12	4 4	Dr. Philipson	.. .. .	.. .. .	(with Physiology)	.. .. .	.. .. .
OPHTHALMIC SURGERY	Dr. R. H. Taylor	Tu. F. 2	1 1	Mr. Hunt (in winter)	M. S. 8½	2 2	.. .. .	.. .. .	.. .. .	Mr. Gillott	.. .. .	.. .. .
DENTAL SURGERY AND MECHANICS ..	Mr. Snape	Th. F. 9 A.M.	2 2	.. .. .	.. .. .	.. .. .	Sir John Fife	.. .. .	.. .. .	Mr. Merryweather	.. .. .	.. .. .
MILITARY SURGERY .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .
OPERATIVE SURGERY	Mr. Harrison	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	Dr. Heath	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .
CLINICAL MEDICINE	{Physians and Surgeons of the Roy. Infr.	.. .. .	.. .. .	{Physians and Surgeons of the Roy. Infrmary.	W. 11	.. .. .	Phys. and Surge. of Infirmary.	.. .. .	.. .. .	Mr. Parker Dr. Bartolomé Dr. Eliam, Dr. Law, Mr. Barber, Mr. Favell, Mr. Parker	.. .. .	.. .. .
CLINICAL SURGERY .. .. .	.. .. .	.. .. .	.. .. .	.. .. .	Tu. 11	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .
Fee for all the Lectures required by the College and Hall .. .. .	.. .. .	.. .. .	£45 0	.. .. .	.. .. .	42 0	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .
Ditto and for Hospital, Medical & Surgical Practice .. .. .	.. .. .	.. .. .	51 15	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .	.. .. .
												£40 0
												except Pract. Clin.

12 months, £10 10
Perpetual, £17 17
12 months, £7 17
6 months
5 5

LECTURES, ETC.	DUBLIN UNIVERSITY.		DUBLIN R. C. OF SURGEONS.		DR. STEEVENS' HOSP. AND MED. COLL., DUBLIN.		DUBLIN, CATHOLIC UNIVERSITY.		CORK, QUEEN'S COLLEGE.		BELFAST, QUEEN'S COLLEGE.		GALWAY, QUEEN'S COLLEGE.	
	Lecturers.	Days & Hours.	Lecturers.	Days & Hours.	Lecturers.	Days & Hours.	Lecturers.	Days & Hours.	Lecturers.	Days & Hours.	Lecturers.	Days & Hours.	Lecturers.	Days & Hours.
ANATOMY AND PHYSIOLOGY	Dr. McDowell (cont.)	Dr. Jacob Daily (ex. M.)	Mr. Hamilton 10	Mr. Curran Daily, 12	Dr. Hayden	Daily (ex. S.) 12	Dr. J. H. Corbett	Daily (ex. S.) 1	Dr. J. H. Corbett	Daily (ex. S.) 12	Dr. P. Redfern	Daily (ex. S.) 2	Dr. J. Cleland	Daily (ex. S.) 2
ANATOMY, DESCRIPTIVE & SURGICAL	Dr. Bennett	Dr. Bevin Daily, 12	Mr. Symes 1	Mr. O'Grady Daily, 1	Dr. R. Cryan	Daily (ex. S.) 1	Dr. J. H. Corbett	Daily (ex. S.) 12	Dr. J. H. Corbett	Daily (ex. S.) 12	Dr. P. Redfern	..	Dr. J. Cleland	Daily (ex. S.) 2
PRACTICAL ANATOMY AND DISSECTIONS	Dr. McDowell	Dr. Bennett	Mr. Tyner	Mr. O'Grady	Dr. R. Cryan	Daily (ex. S.) 1	Dr. J. H. Corbett	Daily (ex. S.) 12	Dr. J. H. Corbett	Daily (ex. S.) 12	Dr. P. Redfern	..	Dr. J. Cleland	Daily (ex. S.) 2
CHEMISTRY	Dr. A. Smith	Dr. Barker	Dr. Aldridge 12	Dr. Davy Tu. Th. S. 2	Dr. W. K. Sallivan	M. W. F.	Dr. J. Blyth	M. W. F.	Dr. J. Blyth	M. W. F.	Dr. T. Andrews	Daily	Dr. Rowney	Daily
PRACTICAL CHEMISTRY	Dr. A. Smith	Dr. Barker	Dr. Cameron 3	Dr. Davy Tu. Th. S. 2	Dr. Sallivan	M. T. W.	Dr. J. Blyth	M. T. W.	Dr. T. Andrews	M. T. W.	Dr. T. Andrews	Daily	Dr. Rowney	Daily
MATERIA MEDICA AND PHARMACY	Dr. A. Smith	Dr. Barker	Dr. Gims Shaw (in Summer)	Dr. Frazer	Dr. Quinlan	Tu. W. Th. S. 11	Dr. Purcell	Tu. Th. S. 2	Dr. J. S. Reid	M. Tu. W. Th. 4	Dr. J. S. Reid	Daily	Mr. S. McCoy	Daily
BOTANY AND ZOOLOGY	Vacant (in Summer)	Dr. Mitchell	Dr. Wright (in Summer)	Dr. Campbell	Dr. Sigerson	Tu. W. Th. S. 11	Mr. J. R. Green	M. W. F.	Dr. W. Thomson	M. Tu. W. Th. F. 1	Dr. W. Thomson	Daily	Dr. A. G. Melville	Daily
INSTITUTES OF MEDICINE AND PATHOLOGY	Dr. Law.	..	Dr. Cameron (in Summer)	..	Dr. R. D. Lyons	Tu. Th. S. 3	..	..	..	..	..	..	..	..
NATURAL PHILOSOPHY	Rev. Prof. Galbraith	..	..	..	Mr. H. Hennessy	Tu. Th. S. 2	..	..	..	..	..	..	..	..
HOSPITAL PRACTICE	Sir P. DEN'S HOSPITAL,*	CITY OF DUBLIN HOSPITAL (Daily, 9) Three times weekly	..	..	..	..	..	..	..	..	..	..	..	..
CLINICAL LECTURES	..	..	..	..	..	..	..	..	..	..	..	..	..	..
SURGERY	Dr. R. W. Smith	Mr. Hargrave Tu. Th. S. 3	Dr. Hardy (thrice weekly)	Dr. R. M'Donnell	Mr. A. Ellis	M. W. F. 3	Dr. W. Tenner	Tu. Th. S. 3	Dr. A. Gordon	M. Tu. W. Th. 1	Dr. A. Gordon	M. Tu. W. Th. 1	Dr. J. V. Brown	M. Tu. W. Th. 1
MIDWIFERY, &c.	Dr. Shefair	Dr. Sawyer Tu. Th. S. 4	..	Mr. W. Stokes M. W. F. 11	Dr. Byrne	Tu. Th. S. 2	Dr. J. R. Harvey	M. W. F. 4	Dr. W. Burden	M. Tu. W. Th. 3	Dr. W. Burden	M. Tu. W. Th. 3	Dr. R. R. Doherty	M. Tu. W. Th. 3
MEDICINE	Dr. Banks	Dr. Benson M. W. F. 3	Dr. Freke 11	Dr. Cruise Tu. Th. S. 11	Dr. R. D. Lyons	M. W. F. 3	Dr. D. C. O'Connor	M. W. F. 3	Dr. Cumming	M. Tu. W. Th. 4	Dr. Cumming	M. Tu. W. Th. 4	Dr. J. V. Brown	M. Tu. W. Th. 4
MEDICAL JURISPRUDENCE	Mr. Travers (in Summer)	Dr. Goughan	..	Dr. O'Reilly	Dr. O'Connell	M. W. F. 3	Dr. Blyth	Tu. Th. S. 1	Dr. J. F. Hodges	M. Tu. W. Th. 3, F. 1, 2	Dr. J. F. Hodges	M. Tu. W. Th. 3, F. 1, 2	Dr. J. V. Brown	M. Tu. W. Th. 4
COMPARATIVE ANATOMY	Dr. McDowell	Dr. Jacob	..	Mr. Curran	Dr. Hayden	12, & S. 1	Mr. Barry	F. 3	..	..	..	..	..	..
PRACTICAL PHARMACY	..	..	..	..	Dr. R. Cryan	..	..	..	..	..	..	..	..	..
HYGIENE	..	..	..	..	..	..	..	..	..	..	..	..	..	..
LOGIC	The College Tutors	..	..	..	Dr. D. B. Dunne	M. W. F. 9	Mr. G. S. Reid	..	..	..	..	..	..	..

* Twenty-seven months' attendance is required at hospital, nine or eighteen of which may be kept at other hospitals recognised by the Board of Trinity College.

† In Summer.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

REGULATIONS RESPECTING THE LICENTIATESHIP IN MEDICINE.

CANDIDATES for the Licentiateship must make application for permission to be examined according to the form supplied by the Registrar.

Candidates must deposit a Certificate of having lodged the admission fee in the Bank of Ireland.

Candidates must give proof of having attained the age of twenty-one, of four years' study of Medicine at a recognized School or Schools; and of having studied the following subjects—viz., Anatomy, Physiology, Practical Anatomy, Chemistry, Practical Chemistry, Materia Medica and Botany, Practical Jurisprudence, Practice of Medicine and Pathology, Surgery, Midwifery.

Of having attended a Medico-Chirurgical Hospital, with Clinical Lectures, together with Clinical Instruction, for twenty-seven months (or such hospital for eighteen months with nine months at a Medical Hospital), the attendance being for not more than nine months in any year, and both hospitals not being taken out in the same year.

Of six months' Practical Midwifery at a recognized lying-in hospital, or other evidence of having attended Practical Midwifery.

Candidates not personally known to a Fellow of the College must transmit Testimonials of character from registered Physicians or Surgeons. Those of public hospitals or infirmaries being preferred.

SESSIONAL EXAMINATIONS.

Students are recommended to divide their study into two Periods, of two years each; the first, Anatomy and Physiology, Surgery, Chemistry, Botany and Hospital Attendance.

The second to comprise Practice of Medicine, Materia Medica, Medical Jurisprudence, Midwifery, and Hospital Attendance.

The Examination is divided into two parts:—

First Part.—Anatomy, Physiology, Botany and Chemistry.

Second Part.—Materia Medica, Practice of Medicine, Medical Jurisprudence, and Midwifery.

Students may be examined in the first part at the termination of the first period of study; or in all the subjects on the completion of their studies.

Candidates must have passed the Preliminary Examination in Arts previous to or within the first two years of their studies; or must have passed an Examination in General Education by some of the qualifying or National Educational Bodies:—Preliminary Examinations in Arts will be held at the College, on the second Saturday in the months of October, January, April, and July, at twelve o'clock. The following are the subjects of each examination:—English: Composition, and Writing to Dictation, Modern Geography, and English History. Greek: Homer's Iliad, Book I.; or Xenophon's Anabasis, Book I.; or Walker's Lucian, Dialogues I.—XI., at the option of the Student. Latin: Virgil's Æneid, Books I. and II.; or Sallust; or Cæsar, "De Bello Gallico," Books I. and II., at the option of the Student. Mathematics: Euclid, Books I. and II.; and Arithmetic, to the end of Decimal Fractions.

Students in Arts of one year's standing, of a University; Graduates or Licentiates in Medicine or Surgery of any University or College will be exempted from this Examination.

These regulations will not apply to Candidates who have commenced previously to January, 1861.

Candidates qualified as follows are required to undergo the second part of the professional Examination only—viz., 1. Graduates in Medicine of a University. 2. Fellows, Members, or Licentiates, of the Colleges of Physicians of London or Edinburgh, admitted upon Examination. 3. Graduates or Licentiates in Surgery.

If the President and Fellows be not satisfied with the answering of a Candidate, they may admit him to re-examination, after a lapse of two months.

The Examinations are open to all Fellows and Licentiates of the College. Every Candidate, before being admitted as a Licentiate, must subscribe the following declaration:—

"I do hereby solemnly and sincerely promise that I will observe the Statutes and Bye-laws of this College, and to my power endeavour that the honour of the College be preserved entire; and in all things that belong to the honour or profit thereof, I shall be ready to give my advice and assistance.

"I hereby authorize the President and Fellows of the King and Queen's College of Physicians in Ireland to erase my

name from the list of Licentiates, and I consent to surrender the Diploma received from the College, if I shall, after having obtained the Licence of said College, either Compound or Dispense Medicine for sale, or engage in any trade in any part of the United Kingdom.

"I engage not to endeavour to obtain practice, or to attract public notice, by any unworthy means; I also engage that I will neither permit nor sanction the use of my name by any other person for such purposes, nor in connexion with an secret remedy; and in case of any doubt relative to the true meaning or application of this engagement, I promise to submit to the judgment of the College.

"And I solemnly and sincerely declare, that should I violate any of the conditions specified in this Declaration, so long as I shall be either a Licentiate or Fellow of the College, I thereb render myself liable; and shall submit, to censure of the College or to expulsion and surrendering of the Diploma, whichever the President and Fellows of the College shall think proper to inflict."

If the applicant be an Apothecary, he must surrender his Certificate as such; and, if admitted, must not be Registered as an Apothecary.

The following is the form of the Diploma:—

"We, the President and Fellows of the King and Queen College of Physicians in Ireland, have duly and deliberately examined _____ in the Principles and Practice of Medicine and in the accessory Sciences, and having found him well versed therein, do by these presents grant him a Licence to practise in the Faculty of Physic, and do hereby certify that he is a Physician and Licentiate in Medicine of said College "In testimony whereof," &c. &c.

REGULATIONS RESPECTING THE LICENCE IN MIDWIFERY.

Members of the College desiring to obtain the Licence in Midwifery must undergo a special Examination, and, if approved, shall be distinguished as Practitioners in Midwifery in the Lists of the College.

Candidates for the Licence in Midwifery, not Members, will be admitted to Examination on the following qualifications:—The Degree or Licence in Medicine or Surgery from any University or College, together with a Certificate of six months' Lectures on Midwifery, with six months at a recognized Lying-in Hospital, or of having attended Practical Midwifery for six months at a recognized Lying-in Hospital, or other evidence of having attended Practical Midwifery.

FEES FOR LICENCE AND EXAMINATIONS.

The Fee for the Licence is 15*l.* 15*s.*; which may be divided as follows:—

For Examination at the termination of the first period of Study, 5*l.* 5*s.*

For final Examination for the Licence, 10*l.* 10*s.*

Fee for the Midwifery Diploma, 3*l.* 3*s.*

Fee for the Preliminary Examination in Arts, 10*s.*

The following Regulations relative to the Licence in Midwifery were adopted by the College on the 10th of March, 1865:—Fee for the Licence in Medicine and Midwifery, if taken out at the same time, 16*l.*

The Admission Fee, with the exception of 2*l.* 2*s.*, is returned to any rejected Candidate; and the Admission Fee, with the exception of 1*l.* 1*s.*, is returned to any rejected Candidate for the Licence in Midwifery; but in the case of a rejected Candidate afterwards passing within twelve months, the sum previously deducted is allowed in the fee paid for such second Examination.

THE QUEEN'S UNIVERSITY IN IRELAND.

FACULTY OF MEDICINE.

DEGREE OF DOCTOR OF MEDICINE.

EACH Candidate for the Degree is required—

1. To have passed in one of the Queen's Colleges the Examination for Matriculation in Arts, and to have been Matriculated in Medicine. 2. To have attended in one of the Queen's Colleges, Lectures on one Continental Language for six months, and on Natural Philosophy for six months. 3. To have attended, in some one of the Queen's Colleges, three of the courses marked with an asterisk in the list below. For the remainder of the courses, certificates will be received from the Lecturers in Schools, recognised by the Senate. 4. To pass two University Examinations—the First University Examination and the Degree Examination.

The curriculum of Medical study extends over four years, and is divided into two periods of two years each.

The First Period comprises attendance on Chemistry,

natural History, Anatomy and Physiology, Practical Anatomy, Materia Medica, and Pharmacy. Practical Chemistry in a recognised Laboratory is also to be attended during the first Period, and the Practice during six months of a Medico-Chirurgical Hospital, containing at least sixty beds, together with the Clinical Lectures delivered therein.

The Second Period comprises attendance on Anatomy and Physiology, Practical Anatomy, Theory and Practice of Surgery, Midwifery and Diseases of Women and Children, Theory and Practice of Medicine, Medical Jurisprudence. During this period Students attend Practical Midwifery and eighteen months' practice of a Medico-Chirurgical Hospital, containing at least sixty beds, and in which Clinical Instruction is delivered.

At least two of the above Courses of Lectures must be attended in some one of the Queen's Colleges; the remainder may be taken at the option of the Candidate, in any University, College, or School recognised by the Senate of the Queen's University. Candidates are required, before graduating, to have also attended in one of the Colleges of the University, Lectures on Natural Philosophy, and on one Modern Language, and to have passed the Matriculation Examination. There are two University Examinations: one comprising the subjects of study in the First Period, the other the subjects of the Second Period. The University Examinations are held twice in each year, in June and September.

The June Examinations are Pass Examinations, and commence on the Tuesday following the second Saturday in June. The Honour Examinations commence on the last Tuesday in September, and are followed by Pass Examinations.

Each Candidate for Examination in June must forward to the Secretary, before the 1st of June, notice of his intention to offer himself, along with his Certificates; and each Candidate for Examination in September or October must forward similar notice, along with his Certificates, before the 1st of September.

THE FIRST UNIVERSITY EXAMINATION IN MEDICINE.

The First Examination may be passed either in June or September.

Students may present themselves for this Examination at the termination of the First Period of the Curriculum, or at any subsequent period.

Before being examined, each Candidate must produce evidence of having completed the course recommended for study during the First Period.

The First University Examination comprises the subjects recommended for study during the First Period, along with which any Candidate may present himself for Examination in Experimental Physics and Modern Languages, if he has attended in one of the Queen's Colleges the Courses on these subjects.

The Examination will be conducted principally by printed papers, to which written answers shall be given, but the Examiners are at liberty to add *visa voce* examination, and to call for demonstrations and experiments.

English Composition forms a part of all University Examinations.

HONOURS.

Competitors for Honours will be examined in all the subjects of the First Medical Examination, including Experimental Physics and Modern Languages.

Two Exhibitions, one consisting of two instalments of 20*l.* each, the other of two instalments of 15*l.* each, will be awarded to the best answerers, if they be recommended by the Examiners as possessed of sufficient absolute merit.

The Candidates who pass with Honours will be arranged in three classes.

Candidates who defer passing their First Medical Examination until they present themselves at the Degree are not eligible for Honours with the First Examination.

The Honour and Pass Examinations will be held in September. The Examination held in June is a Pass Examination.

DEGREE EXAMINATIONS IN MEDICINE.

Examinations for the M.D. will be held in June and September. The Fee is 5*l.*

Each Candidate must be recommended by the President of his College, and produce—

1. A Certificate from the Secretary of the Queen's University, that he has passed the previous Examination, unless he presents himself for both examinations simultaneously.
2. From the Council of his College that he has passed a full Examination for Matriculations for Arts, and has been admitted a Matriculated Student in the Faculty of Medicine.

3. That he has attended in the Colleges three of the courses marked with an asterisk above, lectures on one Modern Language, and on Experimental Physics.
4. That he has completed all other prescribed Courses.

The Degree Examination comprises the subjects recommended for study during the second period, along with Experimental Physics and one Modern Language, unless an Examination in these subjects have been already passed at the previous Medical Examination.

The Examination for the Degree of M.Ch. comprises in addition an examination in Operative Surgery.

Candidates for the Degree of Master in Surgery, who obtained the Degree of M.D. in this University before the 1st of January, 1865, will be exempted from the examination in Operative Surgery.

Candidates who graduate with Honours will be arranged in three classes; the names in each class will be placed alphabetically. Candidates who take a first Class will receive a Medal and Prize. Candidates who take a second Class will receive a Prize. Candidates who take a third class will receive a Certificate of Honour.

The Examination for the Degree with Honours will commence on the last Tuesday in September, and will be followed by the Examination of those Candidates who seek to graduate without Honours.

The Examination held in June is a pass Examination.

THE APOTHECARIES' HALL OF IRELAND.

REGULATIONS REGARDING THE LICENCE.

EVERY Candidate is required to undergo a Preliminary and a Professional Examination.

THE PRELIMINARY EDUCATION AND EXAMINATION

include—1. English; 2. Mathematics; 3. French; 4. Latin; 5. Greek; 6. Natural Philosophy; 7. Natural History.

A Preliminary Examination will be held at the Hall four times in the year—viz., on the third Friday in the months of January, April, July, and October, at two o'clock p.m. This Examination will be conducted by Graduates in Arts of the University of Dublin, with Assessors from the Court of the Hall.

Unsuccessful Candidates will not be re-admitted to Examination until after six months.

Certificates in Arts granted by any of the Bodies named in the Medical Act, or by any Educational Institution approved of by the Medical Council, will be recognized.

THE PROFESSIONAL EDUCATION.

Every Candidate for the Licence to Practise must produce Certificates—1. Of having passed an Examination in Arts previous to Professional study. 2. Of being Registered as a Student in Medicine by one of the Bodies named in the Medical Act. 3. Of being twenty-one years of age, and of good moral character. 4. Of Apprenticeship to a qualified Apothecary, or of having been engaged at Practical Pharmacy with an Apothecary for three years subsequent to having passed the Examination in Arts. 5. Of having spent four years in Professional study. 6. Of having attended the following Courses—viz., Chemistry, one winter session; Anatomy and Physiology, two winter sessions; Demonstrations and Dissections, two winter sessions; Botany and Natural History, one summer session; Materia Medica and Therapeutics, one summer session; Practical Chemistry, three months; Principles and Practice of Medicine, one winter session; Midwifery and Diseases of Women and Children, six months; Practical Midwifery at a recognised hospital (attendance upon twenty cases); Surgery, one winter session; Medical Jurisprudence, one summer session; Instruction in the Practice of Vaccination. 7. Of having attended at a recognised hospital the Practice of Medicine and Clinical Lectures during two winter and two summer sessions; also the Practice of Surgery and Clinical Lectures, one winter and one summer session.

CERTIFICATE OF ASSISTANT.

Candidates for the Certificate of Assistant to an Apothecary must have completed at least three years of his Apprenticeship, or have a certificate from an Apothecary of having been engaged at Practical Pharmacy for three years, together with a Certificate of good moral character.

The Examination of the intended Assistant will be restricted to the British Pharmacopoeia and to Pharmacy, scientific and practical, including the history and character of Medicines, their preparation, combination, and doses, and the translation of Latin Prescriptions.

SCHOOLS OF MEDICINE IN IRELAND.

ROYAL COLLEGE OF SURGEONS. SCHOOL OF SURGERY—
WINTER SESSION.—Anatomy and Physiology: Dr. Jacob. Descriptive Anatomy: Dr. Bevan and Mr. Morgan. Surgery: Messrs. Hargrave and Hughes. Practice of Medicine: Dr. Benson. Chemistry: Dr. Barker. Midwifery: Dr. Sawyer. Comparative Anatomy: Dr. Jacob. Dissections under the direction of the Professors of Anatomy, assisted by the Demonstrators, Mr. Cruly, Dr. Stoney, and Mr. Macalister. **SUMMER SESSION.**—Materia Medica: Dr. Macnamara. Medical Jurisprudence: Dr. Geoghegan. Botany: Dr. A. Mitchell. Practical Chemistry: Dr. Barker. Hygiene: Dr. Mapother. A Public Course of Lectures on Comparative Anatomy and Zoology, free to all students, is delivered by the Professor of Anatomy and Physiology, at the commencement of the session, and additional Lectures on the same subject at intervals during the winter. Operative Surgery by the Professors of Surgery, separate from the Surgical Lectures. The Professor of Chemistry receives operating pupils into the Chemical Laboratory. The Professor of Botany will commence a course of Lectures on Structural and Physiological Botany in February. This course, taken in conjunction with that on Comparative Anatomy and Zoology, by the Professor of Anatomy and Physiology, constitutes the course of Natural History required by the Army Medical Board. (For particulars of Fees, &c., see Class-list and advertisements).

SCHOOL OF PHYSIC, TRINITY COLLEGE, DUBLIN.—The School was established by Act of Parliament 40th George III., and is under the joint government of the Board of Trinity College, and the King and Queen's College of Physicians. Institutes of Medicine and Pathology—Prof. Law. Materia Medica and Pharmacy—Prof. A. Smith. Surgery—Prof. R. Smith. Anatomy and Physiology—Prof. MacDowel. Practical Anatomy—Drs. Barton and Bennett. Chemistry—Prof. Apjohn. Practice of Medicine—Prof. Banks. Midwifery and the Diseases of Woman and Children—Prof. Sinclair. Medical Jurisprudence—Prof. Travers. Dissections superintended by the University Anatomist, and Demonstrators. (For Prizes, Fees, see Daily Class List and Advertisements).

LEDWICH SCHOOL OF ANATOMY, MEDICINE, AND SURGERY, Peter street, Dublin.—Founded 1810.—This School, claiming priority of foundation before any of its kindred unchartered institutions were projected, was established in 1810 by J. Kirby. Anatomy, Physiology, Pathology, &c.: Mr. E. Ledwich and Dr. T. P. Mason. Theory and Practice of Surgery: Mr. Wharton. Surgical and Descriptive Anatomy, Demonstrations and Dissections: Messrs. T. P. Mason, E. Ledwich, Booth, Leney, Bright and O. Leary. Theory and Practice of Medicine: Dr. W. Moore. Midwifery and Diseases of Women and Children: Dr. J. Ringland. Materia Medica and Therapeutics: Dr. R. Minchin. Forensic Medicine and Hygiene: Dr. R. Travers. Chemistry, Practical Chemistry, and Natural Philosophy: Dr. R. Cameron. Botany: Dr. C. Asken.

DR. STEVENS'S HOSPITAL AND MEDICAL COLLEGE. Established 1820.—Cons.—Phys.: Dr. C. P. Croker. Phys.: H. Freke and W. M. Burke. Cons.—Surgs.: Messrs. S. G. Wilmot and C. Fleming. Surgs.: Messrs. W. Colles, E. Hamilton, and G. R. Symes. Res. Surgs.: Mr. G. St. G. Tyner. Phys.—Acc.: Dr. S. L. Hardy. Asst. Phys. Aces: Messrs. J. C. Purcell and R. A. Caldwell. Demont. of Anat.: Messrs. R. Swan and L. Eades. Apoth.: Mr. M. Savage. Cur. Mus.: Mr. R. L. Swan. The Hospital contains 250 beds, and is provided with distinct wards for the treatment of fevers, syphilis, diseases of the eyes, and diseases of females. Average number of in-patients, 230 per diem; out-patients, 450 a week. Surgical Operations are performed on Saturdays at ten o'clock. Ophthalmic Surgery: Patients labouring under diseases of the eye are attended to on Saturdays at nine o'clock. Midwifery: A maternity department, for the delivery of lying-in women at their own homes, is conducted under the superintendence of the physician-acconcheur. Clinical Lectures are delivered on four days in the week, and Pathological Demonstrations by the Lecturers, as opportunity offers. **MEDICAL SCHOOL.**—Descriptive Anatomy: Dr. G. R. Symes. Physiology: Dr. E. Hamilton. Practice of Medicine: Dr. Freke. Surgery: Messrs. Colles and Wilmot. Chemistry: Dr. Cameron. Materia Medica: Dr. Gordon. Dissections and Demonstrations, by the Professors of Anatomy and Physiology, assisted by the Demonstrators. Summer Lectures: Lectures

are delivered during the summer session on Materia Medica, Practical Chemistry, Medical Jurisprudence, Comparative Anatomy, and Botany. (For particulars of Fees, &c., see Advertisement).

CARMICHAEL SCHOOL (FORMERLY RICHMOND HOSPITAL SCHOOL) OF ANATOMY, MEDICINE AND SURGERY, North Brunswick street, Dublin. Founded 1828.—Anatomy and Physiology: Mr. H. Curran and Dr. W. Stokes, jun. Surgery and Operative Surgery: Dr. R. McDonnell. Medicine: Dr. R. Cruise. Midwifery and Diseases of Women and Children: Dr. Jennings. Materia Medica and Pharmacy: Dr. Frazier. Chemistry: Dr. Davy. Descriptive and Practical Anatomy: Dr. Corley and Dr. O'Grady. Medical Jurisprudence: Dr. O'Reilly. Botany: Dr. Campbell.

CATHOLIC UNIVERSITY, DUBLIN, Cecilia street, Dame street.—**WINTER SESSION.** Anatomy and Physiology: Dr. Hayden and Cryan. Anatomical Demonstrations by the Professors of Anatomy and Physiology. Chemistry: Dr. W. R. Sullivan. Surgery: Mr. A. Ellis. Medicine: Dr. R. D. Lyons. Midwifery: Dr. J. A. Byrne. Demonstrations in Dissecting Rooms: Messrs. H. J. Tyrrell, P. J. Hayes, R. Fennelly, M. Darby, R. E. Hogan, and — Laffan. **SUMMER SESSION.** Practical Anatomy: Dr. W. K. Sullivan. Materia Medica: Dr. I. B. Quinlan. Medical Jurisprudence: Dr. S. M. McSwiney. Pathology: Dr. R. D. Lyons. Botany: ———. Natural Philosophy: Mr. H. Hennessy. Logic: Dr. D. B. Dunne.

CITY OF DUBLIN HOSPITAL, Upper Baggot street. Founded 1832; Enlarged 1851.—Phys. and Surgs.: Dr. A. Jacob, Dr. T. E. Beatty, Dr. C. Benson, Mr. W. Hargrave, Dr. T. C. Geoghegan, Mr. J. Tufnell, and Mr. H. G. Croly. Cons. Phys.: Prof. Apjohn and Dr. Croker. Asst. Ophth. Surg.: Dr. A. H. Jacob. Dental Surgeon: Mr. F. McClean, jun. Res. Apoth.: Mr. Hewett. The Hospital contains 104 beds, and its annual average number of in-patients is 800; out, 11,700. Special wards are appropriated for the reception of Ophthalmic cases, and for the Diseases of Females. Clinical Lectures are delivered after the Hospital visit. Certificates of Attendance on this Hospital are recognised by all the Colleges, Universities, and Halls, and by the Army and Navy Medical Boards. (For further particulars, see Advertisement).

MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY.—Two Medical and Two Surgical Clinical Lectures will be delivered each week. The Medical Clinical Instruction is given by Drs. W. Stokes and A. Hudson. The Surgical, by Messrs. Porter, M. H. Collis, J. H. Wharton, P. C. Smyly, Rawdon Macnamara, and W. Stokes, jun. (For further particulars see Advertisement).

THE ADELAIDE HOSPITAL, Peter street, Dublin.—Phys. Drs. J. F. Duncan and H. H. Head. Surgs.: A. J. Walsli M.D., J. Morgan, J. K. Barton, M.D., and B. Wills Richardson. Apoth.: Mr. Lyon. Asst. Sec.: Mr. J. Reid. This Hospital contains 100 beds, of which 24 are devoted to the Special Diseases of Infants and Children. There is a detached Fever Hospital for the treatment of Contagious Diseases. Two Medical and two Surgical Lectures, including Lectures on the Diseases of the Eye, will be delivered in each week, besides instruction being given daily by the Physicians and Surgeons. Practical Demonstrations in the use of the Stethoscope and Microscope, as applied to the diagnosis of disease, will be given during the Session. (For further particulars, see Advertisement.)

MERCER'S HOSPITAL, William street Dublin. Established 1734.—The Hospital stands in the immediate vicinity of four of the principle Medical Schools, and is recognised by a Licensing Bodies. Its average number of in-patients is 50 out, 150, per diem. The Clinical Instruction and Lectures will be delivered. On Medicine, by Drs. W. Moore, and T. P. Mason. On Surgery, by W. Jameson, M.D., P. Bevan, M.D., R. G. H. Butcher, M.D., and E. Ledwich. (For further particulars see Advertisement.)

JERVIS STREET HOSPITAL, Dublin.—Phys., Drs. R. D. Lyon and S. M. Macswiney; Surgs., Messrs. R. P. O'Reilly, M. H. Stapleton, M.D., A. Banon, M.D., J. S. Hughes, M.D., J. K. Forrest, H. J. Tyrrell, and R. McDonnell. Medical and Surgical Clinical Lectures will be delivered on three mornings in the week, and due notice of operations will be given, unless in cases of emergency. Certificates of Attendance at this Hospital are recog-

ed by the King and Queen's College of Physicians, the Queen's University, the University of Edinburgh, the Army, Medical, Navy, and East India Boards, and by all the licensing bodies in the Kingdom. For further particulars see advertisement.

MATER MISERICORDIÆ HOSPITAL.—Eccles street, Dublin. Established 1861. Phys.: Drs J. Hughes and T. Hayden. Surgs.: Messrs R. P. O'Reilly, A. Ellis, M. H. Stapleton, and R. Cruise. Apoth.: Mr Moore. Hon. Sec.: Dr F. R. Cruise. The portion of this Hospital now completed contains 100 beds. Three Clinical Lectures will be delivered in each week. Surgical Operations performed on Saturday morning. Connected with the Hospital is an extensive Dispensary. (For further particulars see advertisement.)

ST. VINCENT'S HOSPITAL, STEPHEN'S-GREEN, DUBLIN.—INTER SESSION. Med. Advisers—Mr. J. M. O'Ferrall, Dr. B. Quinlan, and Dr. E. D. Mapother. Asst. Surg., Mr. W. O'Leary. Surg. Dentist—Mr. W. Doherty. Apoth. and Regist.—Mr. D. Dillon. The Hospital, which is on the principle of the hospitals in Paris, contains a 100 beds, constantly occupied by instructive cases. A large ward has been opened for the reception of children, on the plan of the "Eufans alades." Medical and Surgical Clinical Lectures delivered three times a week during the Session, and Clinical instruction daily. Operations performed on Fridays. (For further particulars see advertisement.)

THE COOMBE LYING-IN HOSPITAL.—Masters: Dr. John England and James H. Sawyers. Asst. to Masters: Dr. G. Kidd. Supernumerary Asst. to Masters: Dr. Thomas P. Mason. Cons. Phys.: Drs. D. J. Corrigan, C. P. Croker, and T. Banks. Cons. Surgs.: Messrs. S. G. Wilmot, A. Ellis, H. Porter, and R. G. H. Butcher. Cons. Accs.: Messrs. J. Carmichael, W. Jameson, M.D., and F. Churchill, M.D. Med. Att. Disp.: Dr. W. Carroll. Res. Apoth. and Regist.: Dr. E. J. Devine. The Hospital contains 40 beds; the number of patients annually admitted into the Labour Wards amount to nearly 750, whilst those attended at their own homes from the Hospital considerably exceed double that number.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.—North Brunswick street, Dublin. The instruction in Clinical Medicine is given by the Physicians, Drs. D. J. Corrigan, J. T. Banks, B. G. McDowell, and S. Gordon. Clinical Surgery by the Surgeons: R. Adams, M.D., Mr. J. Hamilton, R. W. Smith, M.D., and C. Fleming, M.D. Cons. Surg., E. Hutton, I.D. These Hospitals, which are under the control of a Board of Governors appointed by the Lord Lieutenant, contain 12 beds, and have attached to them the Truss Establishment for the relief of the Ruptured Poor of Ireland. Two Medical and two Surgical Clinical Lectures are delivered in each week, in addition to the usual Clinical Instruction, which is given daily by the Physicians and Surgeons. Special Courses of Clinical Instruction are given on Fevers and Epidemic Diseases, Diseases of the Eye, and Mental Diseases, and special certificates awarded. Adjoining these Hospitals is the Carmichael, at the Richmond Hospital School of Medicine, where regular courses of Lectures are delivered on the several subjects of Medical Science. (For further particulars see advertisement.)

LYING-IN HOSPITAL, RUTLAND SQUARE, DUBLIN.—ESTABLISHED 1745. CHARTERED BY GEO. II. Cons. Phys.,—C. P. Croker, M.D.; Cons. Surg., R. Adams M.D.; Master. Dr. J. Denham; Assts. Drs. J. Cronyn and T. Telford; Sec. and Regist., Mr. J. G. Strickland. This Hospital contains 130 beds, 15 of which are appropriated to the Diseases of Females. The annual average number of in-patients is 2,000; out of 2,500.

QUEEN'S COLLEGE, Belfast. Faculty of Medicine.—Anatomy and Physiology, Dr. Redfern; Practical Medicine, Dr. Cuning; Practical Surgery, Dr. Gordon; Chemistry, Dr. Andrews; Materia Medica, Dr. J. Seaton Reid; Midwifery, Dr. Burden; Anatomical Demonstration, Dr. H. Burden; Medical Jurisprudence, Dr. Hodges; Botany and Zoology, Dr. Wyville Thomson. Practical Anatomy and Practical Chemistry, under the superintendence of the Professors. Clinical Lectures will be given during the Session at the Belfast General Hospital by the attendant Physicians and Surgeons; certificates of attendance on which are received as qualifications by the Senate of the Queen's University, and by the various Licensing Boards.

QUEEN'S COLLEGE, CORK.—FACULTY OF MEDICINE. Anat., Physiol., and Pract. Anat., Dr. J. H. Corbett; Pract. of Med.,

Dr. O'Connor; Pract. of Surg., Dr. Tanner; Mat. Med., Dr. O'Leary; Midw., Dr. Harvey; Med. Jurisp. J. Blyth, M.D. and Mr. M. Barry; Nat. Philos., Mr. J. England; Chem. and Pract. Chem., Dr. Blyth; Zoology and Bot. Mr. J. R. Greene; Mod. Language, Prof. R. de Vercuric; Dean of Faculty, Dr. Harvey; Regist. Mr. R. J. Kenny. Practical Anatomy by the Professor of Anatomy and Physiology, assisted by a Demonstrator. Clinical Medicine and Clinical Surgery, at the North and South Infirmary, by the Physicians and Surgeons of these Institutions. Clinical Midwifery at the Lying-in Hospital. Further particulars see advertisement.

QUEEN'S COLLEGE, GALWAY.—FACULTY OF MEDICINE. Anat. and Physiol., and Pract. Anat.: Dr. J. Cleland. Pract. of Med.: Dr. N. Colahan. Pract. of Surg.: Dr. J. V. Brown. Demonstr.: Mr. J. Hill. Mat. Med. and Med. Jurisp.: Mr. S. M'Coy. Midw. and Dis. of Women and Child.: Dr. R. Doherty. Chem.: Dr. T. H. Rowney. Nat. Philos.: Dr. A. H. Curtis. Bot. and Zool.: Dr. A. G. Melville. Logic and Ment. Philos.: Dr. T. W. Moffett. The County Galway Infirmary, Town, and Union Hospitals, are in the immediate vicinity of the Queen's College. They contain upwards of 200 patients, and afford every means of obtaining practical knowledge in both Medicine and Surgery. They are visited every morning by Professors of the College, who deliver Clinical Lectures.

QUEEN' COLLEGE, BELFAST.

The first Matriculation examination will commence on the 19th October. There will be additional Matriculation Examinations on the 14th November, for those who have not been able to present themselves at the first. Lectures will commence on 1st November. No Student can be permitted to enter after the 14th November. Two Junior Scholarships, value 25*l.* each, are awarded to Matriculated Students commencing the first year of their study. The Examination for these will take place immediately after the first Matriculation Examination. Two of similar value to Students of the second year, two to Students of the third year, and two to Students of the fourth year.

For Subjects of examination, and other information, see Queen's College Calendar for 1865. At the termination of the Session, prizes will be awarded for proficiency in the several classes.

The Trustees of the "Charters' Educational Fund," grant annually, for ten years, a sum of 50*l.*, for the purpose of establishing an Exhibition in connexion with the Belfast School of Medicine. The details have not yet been decided upon by the Trustees.

The Anatomical Rooms are open for the entire day, and Students are aided in their dissections by the Professor of Anatomy and the Demonstrator.

Fees.—Practical Chemistry, 3*l.*; Anatomy and Physiology, First Course, 3*l.*, subsequent Course, 2*l.*; Anatomical Demonstrations and Practical Anatomy, each Course, 3*l.*; for subjects each Session, 15*s.*; other Medical Lectures, First Course, 2*l.*, each subsequent Course, 1*l.*

BELFAST GENERAL HOSPITAL.

Physicians.—John Drennan, M.D.; J. W. T. Smith, M.D.; Richard Ross, M.D.; James Cuning, M.A., M.D.

Surgeons.—Saml. Browne, R.N.; Henry Murney, M.D.; Professor Gordon, M.D.; W. MacCormack, M.A., M.D.

This Institution is the only Hospital for the reception of Injuries and Surgical Diseases in Belfast. Four pupils are permitted a residence in Hospital. 30*l.* per annum is the charge for board, &c. The appointments are open to all students attending the Hospital, and are given to the most proficient. Assistant Clinical Clerks and Dressers for the Wards and extern Department are appointed *without any additional Fee.* A Competitive Examination will be held on Saturday, 4th November, at ten a.m., to fill up two vacancies for Resident Pupils.

Fees for Clinical Instruction, including Hospital Fees.—Winter—First Session, 4*l.* 4*s.*; Second, 3*l.* 3*s.*; Third, 3*l.* 3*s.*; Fourth and afterwards, 1*l.* 1*s.*; Perpetual, 12*l.* 12*s.*, he shall not hold a Scholarship in any other University, College or Medical School.

On the 1st day of February, Dr. Smith and Dr. Cuning will take charge of the Medical, and Dr. Murney and Dr. W. MacCormack the Surgical Wards. The Extern Department is visited each morning at Ten o'clock.

A Lecture, introductory to the course of Clinical Instruction, will be delivered by Dr. R. Ross, on Tuesday, the 14th of November, at 10 a.m.

A sum of 400*l.* has been vested in Trustees, by the Widow of A. G. Malcolm, M.D., late Physician of this Hospital, the interest of which is appropriated as an Exhibition, to be competed for annually by the Students attending this Hospital.

QUEEN'S COLLEGE, CORK.

MEDICAL SCHOLARSHIPS.

First Year.—One to the Candidate who shall have most distinguished himself at the Examination for Science Scholarships of the first year in Arts, and one to the Candidate who shall have most distinguished himself at the Examination for Literary Scholarships of the first year in Arts. Candidates for these Scholarships shall have previously declared themselves, and have Matriculated as Medical Students.

Subjects for Second Year.—Anatomy and Physiology, Chemistry, General Physics, Zoology and Botany, the French Language.

Subjects for Third Year.—Anatomy and Physiology, Practical Anatomy, Materia Medica, Practical Chemistry.

Subjects for Fourth Year.—Anatomy and Physiology, Practical Anatomy, Therapeutics, Pathology and Morbid Anatomy, Surgery, Midwifery.

The Fees, whether Matriculated or Non-matriculated, for attendance on Lectures, shall be 1*l.* for each course of one term only, and 2*l.* for each course of more than one term, when attended for the first time, and 1*l.* for each re-attendance on the same; except that the fee for Anatomy and Physiology shall be 3*l.* when attended for the first time, and 2*l.* for every subsequent attendance; and that for Practical Anatomy or Practical Chemistry shall be 3*l.* for each attendance.

QUEEN'S COLLEGE, GALWAY.

FACULTY OF MEDICINE.

The College Session.—The College Session is divided into three Terms. The First Term commences October 17, and ends December 21, 1866. The Second Term commences January 5, and ends March 24, 1866.

Matriculation.—The Matriculation Examination is held at the commencement of the first Term; but additional Examinations are held before the close of the Term. The last Matriculation Examination is held on the 23rd of November. Each candidate before being admitted to Examination, must pay a fee of ten shillings, which will be returned to such as fail to pass.

Attendance on Lectures.—All Students shall pay the College Fee, and a moiety of their Class Fees, and enter their names with the Registrar, before they are admitted to the classes of the several Professors. No Student shall have his name replaced on the rolls at the second Term who has not paid the second moiety of his Class Fees. No Student shall be regarded as having kept a Course of Lectures who has not attended two-thirds of the entire number.

Examinations.—A Sessional Examination is held at the close of each Session in the subjects of Lectures. There is also a Supplementary Examination on the same subjects at the commencement of the following Session.

Scholarships.—Eight Junior Scholarships, of the value of 25*l.* each, are awarded to Students pursuing the Course for the Degree of M.D. The Examinations for Junior Scholarships are held at the commencement of the First Term. Junior Scholars are exempted from one moiety of the Class Fees. The College is empowered to award Exhibitions, varying in value from 10*l.* to 18*l.*, at the same Examinations as the Scholarships, and to be held upon the same terms.

Non-Matriculated Students.—Non-Matriculated Students are those who are permitted to attend Lectures without being required to pass the Matriculation Examination. They must pay the regulated Fees, and cannot compete for Scholarships or other distinctions. During attendance on College Lectures they may read in the Library; and, on payment of 1*l.*, may take out two volumes on loan. Non-Matriculated Students must pay one-half of their Class Fees before their names can be entered on the rolls, and the remainder at the commencement of the second Term.

Students of other Universities.—Any Student of a Queen's College or University, and any Medical Student who shall have pursued part of his Studies under recognized Teachers, on fulfilling such conditions as the Council prescribe, may take corresponding rank in this College; and may compete for Scholarships or other Prizes, provided.

Fees.—The College Fees for Matriculated Students are 10*s.*

for the first year, and 5*s.* for subsequent years. The Fees for all Students for attendance on Lectures are 1*l.* for each Course, of one Term, and 2*l.* for each Course of more than one Term, when attended for the first time, and 1*l.* for each re-attendance, except the following:—Anatomy and Physiology is 3*l.* for the first time, and 2*l.* subsequently. Practical Anatomy or Practical Chemistry is 3*l.* for each attendance. The Fees for Honour Courses are 2*l.* for each Course. This rule does not apply to special instruction in Practical Chemistry and in Operative Surgery. In the former case, the Fee is regulated by the time spent in the laboratory, at the rate of 1*l.* a month. The Fee for Operative Surgery is 3*l.* Fees are payable in two instalments. The first instalment includes the College Fee, and a moiety of the Class Fees payable at the commencement of the First Term. The second instalment—the remaining moiety of the Class Fees—at the commencement of the Second Term. Scholars are exempted from this latter moiety.

Residences.—Every Matriculated Student under the age of twenty-one, shall reside with his parent or guardian, or with some relation or friend, or in a Boarding-house, licensed by the President, where he shall be placed under the charge of the Dean of Residences of his creed.

MEDICAL SCHOOL, QUEEN'S COLLEGE, GALWAY.

The Hospitals in connexion with the College are in its immediate vicinity. They contain on an average two hundred patients, and are visited each morning by Professors of the College, who deliver Clinical Lectures.

The Pathological Department of the Medical Museum has received a large and valuable accession of preparations and drawings, the collection of a late eminent teacher. Instruction in Microscopic Anatomy is given in the Physiological Class-room.

PRIVATE TEACHERS IN CONNEXION WITH MEDICAL SCHOOLS OF DUBLIN.

Royal College of Surgeons.—Dr. Mapother, Physiology Mr. Croly, Surgery and Surgical Anatomy; Dr. Stoney, Anatomy; Dr. Macallister, Junior Anatomy—125 St. Stephen's green, West.

Dr. Arthur Mitchell, Chemistry, Pharmacy, Materia Medica, and Botany—118 St. Stephen's green, West.

Trinity College.—Dr. Bennett, 25 Holles street; Dr. A. W. Foote, 21 Lower Pembroke street.

Ledwich School.—Mr. Ledwich, Dr. Mason—7 Harcourt street.

Steeven's Hospital.—Anatomy, Physiology, and Surgery Dr. E. Hamilton, 128 Stephen's green.

Materia Medica, Pharmacy, and Chemistry—Dr. G. Symes Hume street.

Richmond Hospital.—Anatomy, Surgery, &c.—Dr. F. Curran, 71 Blessington street.

Materia Medica, Pharmacy.—Dr. Campbell, York street.

Catholic University.—Dr. Tyrrell, York street.

Fees.—The recognized fees for private instruction are as follows: for Surgical Licence or Diploma, £15 15*s.*; for Medical Degree or Licence, £5 5*s.*; for Army Medical Competitive Examination, £15 15*s.*; instruction in Materia Medica, Pharmacy, Chemistry, and Botany, £5 5*s.*

REGULATIONS OF LICENSING BODIES IN SCOTLAND.

UNIVERSITY OF EDINBURGH.

GRADUATION IN MEDICINE.

1. Three medical degrees are conferred by the University, viz., Bachelor of Medicine (M.B.), Master in Surgery (C.M.) and Doctor of Medicine (M.D.) The degree of Master in Surgery is not conferred on any person who does not also at the same time obtain the degree of Bachelor of Medicine.

2. The preliminary branches of education are English, Latin, Arithmetic, the Elements of Mathematics, and the Elements of Mechanics; and proficiency is ascertained by examination prior to medical study.

3. No candidate is admitted to a professional examination who has not passed an examination on two of the following in addition to the above:—Greek, French, German, High Mathematics, Natural Philosophy, Logic, Moral Philosophy and the examination on these takes place before the candidate has entered on his medical curriculum.

4. A degree in Arts in a University, exempts from all preliminary examination.

No one is admitted to the Bachelor of Medicine or Master in Surgery who has not been engaged in medical and surgical study for four years.

Every candidate for the M.B. and C.M. must produce certificates—1. That he has studied each of the following—Anatomy, Chemistry, Materia Medica, Institutes of Medicine or Physiology, Practice of Medicine, Surgery, Midwifery and the Diseases peculiar to Women and Children, and General Pathology, each 100 lectures; Practical Anatomy, six months; Practical Chemistry, three months; Practical Midwifery, three months; Clinical Medicine and Clinical Surgery, each six months; Medical Jurisprudence, Botany, Natural History (including Zoology), fifty lectures. 2. Two years practice of a general hospital. 3. Three months apprenticeship in compounding and dispensing drugs. 4. Six months out-practice of an hospital, or of a dispensary, physician, surgeon, or member of the London or Dublin Society of Apothecaries.

The studies for the degrees of Bachelor of Medicine and Master in Surgery are subject to the following regulations:—1. One of the four years of medical and surgical study must be in the University of Edinburgh. 2. Another must be in the University of Edinburgh, or in some other University entitled to give the degree of Doctor of Medicine. 3. The winter months at a general hospital, and, during the same period, a course of Practical Anatomy, may be reckoned as one of such four years. 4. One year's lectures in the hospital schools of London, or the College of Surgeons in Dublin, or of the teachers of medicine in Edinburgh, or elsewhere, recognised by the University Court, may be reckoned as one of the four years. 5. Candidates, not students of the University, attending the lectures of extra-academical teachers in Edinburgh must, at the commencement of each year, enrol their names in a book, to be kept for that purpose.

3. Every candidate must deliver, before the 31st March:—A declaration, in his own handwriting, that he has completed his twenty-first year, and that he will not be, on the day of graduation under apprenticeship. 2. A statement of his studies, as well in Literature and Philosophy as in Medicine, accompanied with certificates. 3. A thesis composed by himself.

3. Each candidate is examined, both in writing and *visu*—1st, on Chemistry, Botany, and Natural History; 2ndly, on Anatomy, Institutes of Medicine, and Surgery; and, 3rdly, on Materia Medica, Pathology, Practice of Medicine, Clinical Medicine, Clinical Surgery, Midwifery, and Medical Jurisprudence.

10. Students are admitted to an examination on the first vision of these subjects at the end of their second year.

11. Students who have passed their examination on the first vision may be admitted to examination on the second division at the end of their third year.

12. The examination on the third division cannot take place until the candidate has completed his fourth *annus medicus*.

13. Candidates may be admitted to examination on the first two of these divisions at the end of their third year, or the three examinations at the end of their fourth year.

14. A candidate found unqualified cannot be again admitted to examination unless he has studied during another year two of the prescribed subjects.

15. After the candidate has satisfied the examiners, he will be summoned, on the 31st day of July, to defend his thesis; and finally, if the Senate think fit, he will be admitted on the 1st of August.

16. The degree of Doctor of Medicine may be conferred on any candidate who has obtained the degree of Bachelor of Medicine, and is of the age of twenty-four years, and has been engaged, subsequently to the degree of Bachelor of Medicine, for two years at an hospital, or in the Military or Naval Medical Service, or in medical and surgical practice: the Doctor of Medicine must be a graduate in Arts of a University, and shall have passed a satisfactory examination in Greek, and in Logic or Moral Philosophy, and in one at least of the following subjects—namely, French, German, Higher Mathematics, and Natural Philosophy.

17. Persons who began medical studies before 1861, are entitled to graduate under the system in force before or after that date.

N.B.—No candidate can appear for his final examination for M.B., or for M.D., who has not deposited his thesis with the Dean on the 31st of March. This statute will be rigidly enforced.

Candidates for Graduation who commenced before 1861.

Candidates who commenced studies by attendance on classes

before 1861, are entitled to appear for examination for the degree of Doctor of Medicine, after four years' study, on completing their twenty-first year, and without having taken the degree of Bachelor of Medicine. They are also exempted from the Preliminary Examinations, and only require to undergo an examination on Latin. They are also exempted from attendance on Practical Chemistry and Practical Midwifery, and require only three months of Clinical Surgery, and eighteen months of hospital attendance.

Preliminary Examination in Arts.

1. Examination on preliminary education will take place on English: Writing out a narrative, with strict attention to correct spelling, the proper selection of words, the form of the sentences, and punctuation. Latin: Fifth *Æneid* of Virgil, and an easy passage from a Latin prose author. Arithmetic: The common rules, including decimals. Elements of Mathematics: Euclid, books i., ii., and iii., and the rudiments of Algebra, including simple equations. A knowledge of Euclid alone will not be sufficient. Elements of Mechanics: Lardner's Mechanics.

2. At the same dates examinations will take place on at least two of the following subjects:—Greek: An easy passage from the first three books of the *Cyclopædia* of Xenophon. French: *Histoire de la Littérature Française*, par J. Demogeot; from chap. xxxvii. to the end. German: Goethe's *Ægmont* and Schiller's *Braut von Messina*. Higher Mathematics: Euclid, books i. to vi.; Algebra, Trigonometry, and Conic Sections. Natural Philosophy: Elements of Natural Philosophy by Golding Bird and Brooke. Logic: Part-Royal Logic, part i., chap. 6 and 7; part ii., chap. 3, 4, 15, and 16; part iii., chap. 1, 19, and 20. Moral Philosophy; Springs of Action, Duties, Ethical Theories, as, e.g., in Stewart's "Outlines," part ii.

3. A Doctor of Medicine must be a Graduate in Arts, or have passed a satisfactory examination on three of the subjects mentioned in No. 2. Two of these must be Greek and Logic, or Moral Philosophy; and the third may be either French, German, Higher Mathematics, Natural Philosophy.

Examinations of the same extent at other British Universities granting the M.D. will exempt from these Preliminary Examinations. Certificates of such examinations must be produced, with an official notice of the subjects.

Candidates who mean to appear at any of these examinations must inscribe their names ten days before the examination, in a book which is kept at the College. Those who claim to be under the old statutes must produce evidence of having attended classes before Feb. 4th, 1861.

Notices to Candidates for Degrees.—In provincial schools a candidate can make one *annus medicus* only, and this is constituted by attendance on a hospital, with a course of Practical Anatomy. In the schools of London, in the Extra-Academical School of Edinburgh, and in the College of Surgeons of Dublin, a candidate may make two *anni medici*—one by hospital attendance and Practical Anatomy, and the other by two six-months' courses, or one six-months' course and two three-months' courses. The classes at these schools only qualify to the extent of 4.

The Professional Examinations take place in April, June, and October.

The Examinations in Chemistry, Botany, and Natural History take place in April and October. Those in Anatomy, Physiology, and Surgery take place in April. Those in the other departments of medicine take place in June.

Candidates for examination in Chemistry, Botany, and Natural History, at the end of their second *annus medicus*, must produce certificates in these subjects.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH.

The attention of medical students is particularly directed to the fact, that after September, 1865, by the regulations issued by the General Medical Council, every medical student must have passed the complete Examination in General Education before he can be placed on the Register of Medical Students established by the General Council; and that no one can be placed on the Medical Register of Practitioners in virtue of any qualification in Medicine or Surgery until a period of four years has elapsed from the date of his registration as a medical student.

Professional Education.

1. Candidates commencing after Oct. 1st, 1865, must have been engaged in study four years after the Examination in General Education, which shall include four winter sessions' or three winter and two summer at a medical school.

2. Also the following courses of lectures:—Anatomy, two courses,* six months each; Practical Anatomy, twelve months; Chemistry, six months; Practical or Analytical Chemistry, three months; *Materia Medica*, three months; Physiology, fifty lectures; Practice of Medicine, six months; Clinical Medicine, six months; (in addition to the above courses of Practice of Medicine and Clinical Medicine, one course of either, at the option of the student); Principles and Practice of Surgery, six months; Clinical Surgery, six months (in addition to the above courses of Surgery and Clinical Surgery, one course of either at the option of the student); Midwifery and Diseases of Women and Children, three months; Medical Jurisprudence, three months; Pathological Anatomy, three months (or attendance on post-mortem examinations at a hospital). Candidates must have attended six cases of labour, either in a maternity hospital, or a dispensary where midwifery cases are admitted, or in private practice; and must produce a certificate to that effect. Also three months Practical Pharmacy under an apothecary, or a member of the Pharmaceutical Society, or a chemist and druggist recognised by either college, or in a hospital or dispensary, or as assistant to a registered practitioner.

3. The candidate must have also attended, for twenty-four months, a public general hospital, and for six months a public dispensary, recognised by the college; or for six months as visiting assistant to a registered practitioner.

4. A certificate in Vaccination, signed by a registered practitioner, will be required.

5. The following order of study is recommended, though not enjoined:—

First year: Anatomy, Practical Anatomy, Chemistry, Practical or Analytical Chemistry, Botany (the last either in this or the second year), Hospital.

Second year: Anatomy, Practical Anatomy, Physiology, Surgery, *Materia Medica* (the last either in this or the third year), Hospital.

Third year: Practice of Medicine, Clinical Surgery, Practical Anatomy, Practical Pharmacy, Clinical Medicine, Pathological Anatomy, Hospital.

Fourth year: Surgery or Clinical Surgery,* Midwifery and the Diseases of Women and Children, Practice of Medicine or Clinical Medicine, Medical Jurisprudence, Practical Midwifery, Hospital.

Registration.

1. A book shall be kept for the registration of medical students. In it all Edinburgh students who desire to possess the diplomas of the Colleges must be registered.

2. No student beginning after September, 1865, can be registered who has not passed the Preliminary Examination in General Education of the Colleges, or one of the equivalent examinations.

3. The register shall be closed within fifteen days after the commencement of each session or term.

Preliminary Examination in General Education.

1. The subjects shall be as follows—namely, English; Grammar and Composition. Latin. Arithmetic: To Vulgar and Decimal Fractions, inclusive. Any two of the following, at the option of the candidate:—Algebra; Geometry—Euclid, books i., ii., and iii.; Natural Philosophy; Greek; French; German; Botany; and Zoology. Candidates are requested, on giving in their names for the examination, to mention which they have selected.

2. After September, 1865, all students must have passed the complete Examination in General Education, and be registered before they commence their professional studies.

3. Candidates who commenced prior to October, 1865, may pass the Preliminary Examination at any period previous to the first Professional Examination. Candidates who have not done so will be required to undergo that examination on the day before the first Professional Examination, and pay a fee of 1*l.*

4. Students who intend to undergo the Preliminary Examination shall give in their names, addresses, and places of birth, three days before examination, and pay a fee of 10*s.*, not to be returned in case of rejection.

THE DOUBLE DIPLOMAS OF THE ROYAL COLLEGES OF SURGEONS AND PHYSICIANS OF EDINBURGH AND THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

Examinations for the Double Qualification of Licentiate in Medicine and Licentiate in Surgery.

The Royal College of Physicians of Edinburgh, and the Royal College of Surgeons of Edinburgh, while they still continue to give their Diplomas separately, under separate Regu-

lations, have made arrangements by which, after one series of examinations, the student may obtain the Diplomas of both Colleges. The general principle of this Joint Examination is that it shall be conducted by a Board, in which each body represented, for examination in those branches which are common to both Medicine and Surgery; but that the College of Physicians shall take exclusive charge of the examination in Medicine, and the College of Surgeons of the examination in Surgery. The object of the joint examination is to give to students facilities for obtaining from two separate bodies, at less expense, a qualification in Medicine and a qualification in Surgery. Students passing that examination successfully will be enabled to register two qualifications under the Medical Act,—Licentiate of the Royal College of Physicians of Edinburgh, and Licentiate of the Royal College of Surgeons of Edinburgh. The arrangement for thus conferring a double qualification by the operation of the two Colleges is in conformity with Section XIX. of the Medical Act, and receives the special sanction of the General Council of Medical Education and Registration, at a Meeting held on the 7th August, 1859. The code of regulations is as follows.

Professional Examinations.

1. Candidates for the double qualification shall be subjected to two Professional Examinations.

2. The first shall embrace Anatomy, Physiology, and Chemistry, and shall take place not sooner than the end of the second winter session.

3. The first Professional Examinations will take place on Nov. 1st, 1866; Jan. 30th, April 10th, May 8th, July 1st, and 31st, and Oct. 30th, 1867, when the candidates shall assemble for the purpose of writing answers to the questions proposed. The oral examinations will be conducted on the days immediately succeeding.

4. Candidates for the first Professional Examination must apply on or before the Saturday preceding the examination, and produce certificates of all those courses of study which have reference to the subjects of that examination, and a certificate of having passed the Preliminary Examination.

5. 6*l.* must be paid for this examination, not later than 10 a.m. of the day preceding it, as part of the entire fee of 16*l.* for the two diplomas.

6. In the case of a candidate being unsuccessful, 4*l.* will be returned to him, the remaining 2*l.* being retained.

7. Candidates who have passed the first Professional Examination of any Licensing Board will be admissible to the second Examination on producing certificates of the whole course of study, and paying the fee of 16*l.* In conducting the examination, none of the subjects will be omitted. Unsuccessful candidates will receive back 14*l.*

8. The second examination shall embrace Medicine, Surgery and Surgical Anatomy, Midwifery, Pathological Anatomy, *Materia Medica* and Pharmacy, and Medical Jurisprudence, and shall not take place before the termination of the last year of study. These examinations will take place immediately after the conclusion of the first Professional Examinations.

9. Applications must be made not later than the Saturday previous.

10. Every candidate must produce—1st, Evidence of having attained the age of twenty-one; 2nd, The tickets and certificates of his classes; 3rd, The certificate of the first Professional Examination; and 4th, A tabular statement (in which a printed form will be furnished by the Inspector) exhibiting the full amount of his education. The tabular statement must be attested by his signature, and will be preserved as a record.

11. The fee for this examination (10*l.*) must be lodged not later than 10 a.m. of the day preceding.

12. Unsuccessful candidates at either examination shall be remitted to their studies for a period, not in any case longer than three months.

13. In case of a candidate being unsuccessful at the second examination, 8*l.* will be returned.

14. Dissections and Anatomical Specimens, articles of *Materia Medica*, Chemical Tests, the Microscope, Surgical Apparatus, and Pathological Specimens, will be employed during the examinations; and every candidate will be required to write prescriptions. The examination may also consist, in part, of the actual examination of persons labouring under disease.

15. Candidates may be admitted to a special examination on days other than those appointed above, on paying an extra fee of 5*l.*, which will not be returned.

16. No candidate shall be admissible who has been rejected by a Licensing Board within the three months. Communications to be addressed to Dr. Gairdner, Inspector and Treasurer of the Double Qualification, at 45 Northumberland street, Edinburgh.

UNIVERSITY OF ST. ANDREWS.

DEGREES IN MEDICINE.

1. The Degree of Doctor of Medicine may be conferred on any registered medical practitioner above the age of forty years who shall, on examination, satisfy the Medical Examiners of the sufficiency of his professional knowledge, but not to a greater number than ten in one year.

2. Every candidate for the Degree of Doctor of Medicine except he be Bachelor of Medicine, shall pay fifty guineas, inclusive of the stamp duty.

3. The degrees in Medicine granted by the University of St. Andrews are, Bachelor of Medicine (M.B.), Master in Surgery (C.M.), and Doctor of Medicine (M.D.)

4. The preliminary branches of extra-professional education or the Bachelor of Medicine and Master in Surgery, shall be—English, Latin, Arithmetic, the Elements of Mathematics, and the Elements of Mechanics; and the proficiency of students shall be ascertained by examination prior to the commencement of study.

5. Every candidate must have passed an examination on two of the following subjects, in addition to the above:—Greek, French, German, Higher Mathematics, Natural Philosophy, Natural History, Logic, Moral Philosophy: the examination on these subjects shall take place before the medical curriculum.

6. A degree in Arts of any University shall exempt candidates from all preliminary examination.

7. No one shall be admitted to the Bachelor of Medicine or Master in Surgery who has not been engaged in medical and surgical study for four years—the *annus medicus*, being constituted by two courses of one hundred lectures each, or by one such course and two courses of fifty lectures each; but, in the case of the clinical courses, it shall be sufficient that the lectures be given at least twice a week.

8. Candidates for the Bachelor of Medicine and Master in Surgery must produce certificates similar to those required by the University of Edinburgh.

9. No one shall be received as a Bachelor of Medicine or Master in Surgery unless two of his four years shall have been in one of the following—viz., the University of St. Andrews; of Glasgow; of Aberdeen; of Edinburgh; of Oxford; of Cambridge; Trinity College, Dublin; Queen's College, Belfast; Cork; and Galway.

10. Subject to the 9th Section, the studies for Bachelors of Medicine and Masters in Surgery shall be the following—1. The remaining years of study, other than those provided for by the 9th Section, may be either in one of the Universities and Colleges above specified, or in the hospital schools of London, or the College of Surgeons in Dublin, or under private teachers recognized by University Court. 2. Six winter months at a general hospital, and during the same period, a course of Practical Anatomy, may be reckoned as one of such remaining years.

11. Bachelors of Medicine and Masters in Surgery shall lodge with the Senatus—A declaration, in his own handwriting that, he has completed his twenty-first year, and is not under articles of apprenticeship. A statement of his studies, in literature, philosophy and Medicine, with certificates. A dissertation, composed by himself.

12. Bachelors of Medicine and Masters in Surgery shall be examined, both in writing and orally—first, on Chemistry, Botany, Elementary Anatomy, and Materia Medica; secondly, on advanced Anatomy, Zoology with Comparative Anatomy, Physiology and Surgery; and thirdly, on Practice of Medicine, Clinical Medicine, Clinical Surgery, Midwifery, General Pathology, and Medical Jurisprudence.

13. Students who offer themselves for examination on the first division of these subjects at the end of their second year may be admitted.

14. Students who have passed on the first division may be admitted to examination on the second division at the end of their third year.

15. The examination of the third division shall not take place until the fourth year.

16. Candidates may be admitted to examination on the first two of these divisions at the end of their third year; or to the three at the end of their fourth year.

17. Rejected candidates shall not be admitted unless they

shall have completed another year of study, or such portion of another year as may be prescribed by the Examiners.

18. Masters in Surgery must at the same time obtain the degree of Bachelor of Medicine.

19. The Doctor of Medicine may be conferred on any Candidate who has obtained the degree of Bachelor of Medicine, and is of the age of twenty-four years, and has been engaged, subsequent to the Bachelor of Medicine, for two years at an hospital, or in the military or naval medical services, or in medical and surgical practice; provided that subject to the first section, the Doctor of Medicine shall not be conferred on any person unless he be a Graduate in Arts, or unless he shall within three years of his B.M. examination have passed an examination in Greek, and in Logic or Moral Philosophy, and in one at least of the following subjects—namely, French, German, Higher Mathematics, Natural Philosophy, and Natural History.

20. Except under section 1. the degree of Doctor shall only be conferred on Bachelors of Medicine.

21. There shall be paid for the degree of Bachelor five guineas for each of the three divisions, each such fee being payable when the candidate is examined in that division, and if the candidate desires to be admitted to the degree of Bachelor only, he shall not be required to pay any further fee to the fifteen guineas; but if he desires the degree of Master in Surgery he shall pay a further fee of five guineas; and every candidate for the Degree of Doctor, being a Bachelor of Medicine, shall pay, in addition to the fees paid by him for the degree of Bachelor of Medicine, a fee of five guineas, exclusive of stamp duties.

UNIVERSITY OF GLASGOW.

Three degrees in Medicine are granted by this University, viz.: Bachelor of Medicine, Master in Surgery, and Doctor of Medicine. The course of study and the examinations for the several degrees conferred are nearly the same as in the University of Edinburgh. A term for conferring medical and surgical degrees is held on the third Thursday in May. The preliminary examinations of medical students in branches of General Education take place in the last week of October, and in the second week of April. The regulations and the notices of the subjects of examination may be obtained by application to the Registrar of the University. The fees for the degrees are as follows:—For the degree of M.B. (for each of three examinations 5*l.* 5*s.*) 15*l.* 15*s.*; for that of C.M. (in addition to the fee for M.B.), 5*l.* 5*s.*; for the M.D. (in addition to the fee for M.B.), 5*l.* 5*s.*; and Government stamp for diploma, 10*l.* 3*s.*

UNIVERSITY OF ABERDEEN.

Anatomy—Prof. J. Struthers, M.D. Practical Anatomy and Demonstrations—Prof. J. Struthers, M.D. Chemistry—Prof. Brazier. Institutes of Medicine—Prof. G. Ogilvie, M.D. Practice of Medicine—Prof. Macrobain, M.D. Surgery—Prof. W. Pirrie. Midwifery and Diseases of Women and Children—Prof. R. Dyce, M.D. Zoology with Comparative Anatomy—Prof. J. Nicol. Medical Logic and Jurisprudence—Prof. F. Ogston, M.D.

SUMMER SESSION.

Botany—Prof. G. Dickie, M.D. Materia Medica—Prof. Harvey, M.D. Practical Anatomy and Demonstrations—Prof. J. Struthers, M.D.; and Demonstrator. Practical Chemistry—Prof. Brazier.

The curricula for the several degrees conferred are nearly the same as in the University of Edinburgh.

Professional Examinations will be held twice in each year—namely, in April and July, directly after the close of the winter and summer sessions.

Matriculation fee, including all dues, for the winter and summer sessions, 1*l.*; summer session alone, 10*s.* Hospital practice daily at the Royal Infirmary.

Candidates who commenced their medical studies before November 1861, are entitled to appear for examination for the degree of M.D. after four years' study, one of which must have been at the University of Aberdeen.

FACULTY OF PHYSICIANS AND SURGEONS GLASGOW

Preliminary Examination in General Education.

Preliminary Examinations in General Education are conducted by the Faculty, and Certificates granted which qualify or Registration as Medical Students, in accordance the Regula-

tions of the General Medical Students, in accordance with the Regulations of the General Medical Council. Candidates for the Diploma of the Faculty must produce a Certificate of having passed this or an equivalent examination before being admitted to the Professional Examination.

The Examination will embrace the following subjects:—
1. English, Composition and Writing to Dictation; 2. Latin; 3. Arithmetic, to Vulgar and Decimal Fractions, inclusive; 4 and 5. Any two of the following, at the option of the Candidate:—(1) Algebra. (2) Geometry, Euclid, Books I. II. III. (3) Natural Philosophy. (4) Greek. (5) French. (6) German. (7) Botany. (8) Zoology.

Professional Examinations.

The Professional Examination for the Diploma are two in number.

The First embraces Anatomy, Chemistry, and Physiology. Before being admitted to this Examination, the Student must have completed his Second Winter Session of Study, and must produce evidence of having given the required attendance on the First Five Branches of the Curriculum.

The Second embraces the whole remaining Subjects of Study and cannot be undergone before the full Period of Study. Candidates will receive a printed form, which must be filled up so as to show their whole Course of Study. This, together with the Certificate regarding Lectures and Hospital Attendance; also Certificates of having attained twenty-one years of age; of moral character; and of having passed the First Professional Examination, must be delivered to the Secretary at least one clear day before the day of Examination.

First Professional Examinations take place on the First Tuesday of February, April, June, August, October, and December.

Second Professional Examinations take place on the Second Tuesday of each month.

The Fee for the Diploma is 10*l.*, payable thus:—4*l.* to the Secretary on entering for the First Examination, and 6*l.* on entering for the Second Examination.

THE FELLOWSHIP.

The Faculty embraces in its Fellowship both Physicians and Surgeons; and Candidates for admission may apply in either capacity, according to their qualifications. The proposal of a Candidate requires to be made at an ordinary meeting by two Fellows; but no proposal is received till the Candidate has by letter intimated to the President the Medical or Surgical Qualification (as the case may be) on which he desires admission. The Fee to be paid by a Fellow is 50*l.*; from this sum a Licentiate of the Faculty shall be entitled to a deduction of whatever amount he may have paid for his Diploma. In case of a Non-resident, in consideration of his inability to participate in all the privileges of the Fellowship, the Fee is 25*l.*, subject to the condition that the full Fee shall be payable should he at any subsequent time come to reside within five miles of the Faculty Hall.

ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

Regulations for the Licence.

These are the same as those for the Joint Examination by the Colleges of Physicians and Surgeons, with the following exceptions:—Anatomy, six months; Practical Anatomy, six months; Surgery, six months; Clinical Surgery, three months.

Candidates for the Licence of the College who already possess a qualification from a recognised licensing body, or who have passed the first Professional Examination before a qualifying body, will not be required to be re-examined in Anatomy, Physiology, and Chemistry, but will have to undergo examination only in Practice of Medicine and Pathology, Materia Medica, Midwifery, and Medical Jurisprudence.

OF THE MEMBERSHIP.

1. Any Licentiate of a College of Physicians, or Graduate of a British or Irish University, with whose knowledge of Medical and General Science the College may be satisfied, may be admitted a Member of the College, provided he shall have attained the age of twenty-four years.

2. Every motion for the election of a Member shall be made at a quarterly meeting of the Fellows by one of the Fellows present, and seconded by another; and this motion shall be determined by ballot at the next quarterly meeting—a majority of three-fourths being necessary to carry it in the affirmative.

3. Every Member on the Roll of Attendance, whose address has been communicated to the Clerk, shall be summoned to attend all meetings of the Fellows and Members.

OF THE FELLOWSHIP.

1. No one shall be elected a Fellow of the College until he

has been at least one year a Member thereof, and has attained the age of twenty-five years.

2. Every motion for the election of a Fellow shall be made at a quarterly meeting of Fellows by one of the Fellows present, and seconded by another; and this motion shall be determined by ballot at the next quarterly meeting of Fellows—a majority of three-fourths being necessary to carry it in the affirmative.

3. If an urgent reason satisfactory to the Council be assigned, a Candidate may be proposed at an extraordinary meeting of the Fellows summoned for the purpose, and his Election may be balloted for at an extraordinary meeting of the Fellows specially summoned for the purpose; provided that the holding of this special meeting be agreed to by a majority of five-fifths of the Fellows present at the meeting at which the Candidate was proposed; provided also that not less than one week intervenes between the two meetings, and that due notice of the intended ballot be given in the billets summoning the second meeting. The Candidate shall in this case pay to the Treasurer a sum of Ten Guineas in addition to the ordinary Fees.

4. Every Fellow resident within five miles from the General Post-Office of Edinburgh, shall, on his election, have his name placed on the Roll of Attendance, and shall pay the Annual Contribution, and be subject to all the Laws of the College regarding Fines. Fellows resident beyond five miles shall have the option of having their names on the Roll of Attendance or not; but if their names be on the Roll of Attendance, they shall pay the Annual Contribution, and be subject to Fines.

5. Any Fellow may petition that his name be taken off the Roll of Attendance, which petition shall be determined by ballot at next quarterly meetings.

6. Any Fellow whose name is not on the Roll of Attendance may have it inserted by giving notice to the Secretary, who shall report to the next quarterly meeting; after which, the Fellow shall be entitled to all the privileges of the Fellowship, and may take his seat at the first meeting of the College.

7. Any Fellow leaving Edinburgh for a length of time, and omitting to petition to have his name taken off the Roll of Attendance, or wishing the same to be continued on it during his absence, shall be charged with his Annual Contribution and Fines.

8. Fellows whose names are not on the Roll of Attendance shall not have the use of the Library and Reading-room, except in the cases specified in Laws 9 and 10.

9. Fellows whose names are not on the Roll of Attendance, on coming to reside in Edinburgh, or within five miles thereof, for a period not exceeding six months, may, with consent of the Council, be allowed the use of the Library and Reading-room.

10. Fellows not on the Roll of Attendance, who reside permanently in Edinburgh, or within five miles thereof, but are not engaged in practice, may, with the consent of the Council, be allowed the use of the Library and Reading-room on payment of the Annual Contribution.

OF THE FEES.

1. The Fee payable by a Licentiate is Ten Guineas.
2. The Fee to be paid by a Member shall be Thirty Guineas.
3. When a Licentiate shall be raised to the rank of Member, he shall pay Twenty Guineas.
4. When a Member shall be raised to the rank of Fellow, he shall pay Thirty Guineas, exclusive of Stamp-duty.
5. All Candidates for the license Fellowship or Membership must lodge their Fees, and the amount of Stamp-duty payable at the time to Government, with the Treasurer, previously to presenting their petitions.

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

Regulations for the Licence.

These are the same as those for the Joint Examination, given below, by the Colleges of Physicians and Surgeons, with the following exceptions:—Botany is not required. A second course of Medicine is not required.

The first Professional Examination embraces Anatomy, Physiology, and Chemistry. The second Surgery and Surgical Anatomy; also Medicine, Midwifery, Materia Medica, and Medical Jurisprudence.

Registered medical practitioners, whose degree or licence in Medicine dates prior to October 1st, 1861, are exempt from the first Professional Examination.

The fee for the diploma is 10*l.*; for a certificate to an

Assistant-Surgeon of the Royal Navy of qualification to act as
 11 Surgeon, *5l. 5s.*

ABSTRACT OF THE LAWS OF THE ROYAL COLLEGE
 OF SURGEONS OF EDINBURGH, IN REFERENCE
 TO THE FELLOWSHIP.

1. No person shall be received as a Candidate for the Fellowship who is not in possession of the Diploma of the Royal College of Surgeons of Edinburgh, or of the Royal College of Surgeons of England, or of the Royal College of Surgeons of Ireland, or of the Faculty of Physicians and Surgeons of Glasgow.
2. No person shall be admitted as a Fellow who is under twenty-five years of age.
3. Every Candidate for the Fellowship (with the exception of those entitled to enter under the old constitution of the college, and with right to its Widows' Fund), shall lodge with the President a Petition for admission, and shall be recommended by two Fellows as proposer and seconder, of whom one at least shall be resident in Edinburgh.
4. Candidates for the Fellowship (not embraced under the exception to Law 3), shall pay 25*l.* to the College Funds, including all Fees. The money shall be payable to the Treasurer immediately after the presentation of the Petition to the college.
5. The billets calling the meeting at which the petition is to be presented, shall intimate the name and surgical qualification of the Candidate, his professional appointments, if any, and the names of his proposer and seconder.
6. The petition shall be considered at a subsequent meeting, to be held not earlier than a month after the first; and, in the meantime, the petition, with the names of the proposer and seconder, shall be hung up in the library; and the billets calling the second meeting shall contain an intimation in the same form as those of the first.
7. At the meeting for considering the petition of the Candidate, the votes shall be given by ballot. Three-fourths of the votes are required to entitle the Candidate to be admitted; and the number of those voting shall not be less than twenty.
8. The Candidate shall be informed of the result of the ballot; but before taking his seat as a Fellow, he shall make a declaration to the following effect, and shall subscribe the same in the Sederunt-book:—"I hereby promise faithfully to maintain and defend all the rights, liberties, and privileges of the Royal College of Surgeons of Edinburgh, and to promote the interest thereof to the utmost of my power. I also promise faithfully to obey all the laws of the said Royal College, made and to be made."
9. Candidates who do not find it convenient to repair to Edinburgh may be permitted, by a vote of the College, to be enrolled as Fellows in absence, if they transmit letters of obligation to conform to No. 8 before taking their seats.
10. Every Fellow, on his admission, shall receive a Diploma with the seal of the College appended.
11. Every Fellow is entitled to attend the meetings of the College, and to take part in the proceedings and in the election of Office-bearers.
12. No Fellow of the College shall keep an open shop for the sale of drugs or other merchandise.
13. No Fellow of the College shall allow his name to be connected with advertisements or publications of an indelicate or immoral nature.
14. No Fellow of the College shall practise, or profess to practise, by the use of or according to any secret remedy or method of treatment; or shall allow his name to be connected with advertisements for the sale of any secret remedy, or for practice by the use of any secret remedy or method of treatment; or shall connect himself in partnership or otherwise, or continue in connexion with, any person practising by means of, or advertising, the sale of any secret remedy.
15. No Fellow shall be guilty of any deception or other immorality in the practice of his profession, or shall in any other way conduct himself inconsistently with the honour and decorum which become his position as a Fellow of the College.

Practice and Clinical Lectures in Royal Infirmary. SUMMER SESSION. Botany: Mr. Hennedy. Midwifery: Dr. Wilson. Medical Jurisprudence: Dr. Leisham. Surgical Anatomy, Practical Anatomy, and Osteology for Beginners: Dr. George Buchanan. Practical Medical Chemistry: Dr. Penny. Operative Surgery: Dr. G. H. B. Macleod. Hospital Practice and Clinical Lectures in Royal Infirmary. (See Advertisement.)

HOSPITALS AND SCHOOLS OF MEDICINE.

ST. BARTHOLOMEW'S HOSPITAL.

West Smithfield. E.C.

This hospital receives within its walls upwards of 6,000 in-patients annually, and its out-patients and casualties amount to more than 100,000 annually. It contains 650 beds, of which 403 are allotted to surgical, including ophthalmic, orthopædic, aural, and syphilitic cases, and 247 to medical cases and diseases of women and children. One of the assistant-physicians sees the medical out-patients daily, between eleven and two; and one of the assistant-surgeons sees the surgical patients daily, between twelve and two. The casualty patients are seen at all hours in the surgery by the apothecary, house-surgeons, and dressers. Surgical operations on Saturday, at half-past one. The physicians and surgeons deliver clinical lectures weekly, during both the winter and the summer sessions. A record of all important cases is kept, under the superintendence of the Registrars. Inspections of morbid anatomy, in the pathological theatre, as opportunities offer—of the medical cases, by Dr. Andrew; of the surgical cases by the house-surgeons, under the superintendence of the surgeons.

For hours of lectures, fees, &c., and further information, see Daily Class List and Advertisement.

CHARING CROSS HOSPITAL.

The Matriculation fee for Students is 2*l.* 2*s.* Those who enter to separate Courses of Lectures or to Hospital Practice only do not pay the Matriculation Fee. Matriculated students have the privilege of attending the course of Practical Demonstrations on Healthy and Diseased Structures given by Dr. Salter in the summer, and the practice of the Royal Westminster Ophthalmic Hospital. The fees amounting to 72*l.* 9*s.* may be paid in one sum, or by instalments, one at the commencement of the Winter session, the second on the return to study after the Christmas vacation.—(For further particulars, see advertisement.)

ST. GEORGE'S HOSPITAL.

Fees.—On payment of 100*l.* a Pupil becomes *perpetual* to the practice of the Physicians and Surgeons, and to the Lectures; and is entitled to compete for all Prizes and Exhibitions, as well as for the office of House Surgeon, and may hold a Dressership for two periods of three months.

On payment of 80*l.* for first two years, and 10*l.* a year after, a Pupil is admitted to the Hospital Practice and Lectures required by the various examining bodies.

The following Prizes will be awarded to the most distinguished, viz.:

In the First Year, Ten Guineas, for proficiency in Anatomy, Physiology, Chemistry, and Botany. In the Second Year, Ten Guineas, for proficiency in Anatomy, Physiology, Chemistry, and *Materia Medica*. In the Third Year, Ten Guineas, for proficiency in the Principles and Practice of Medicine and Surgery, Pathology, and Midwifery.

The Obstetric Assistant, who resides and boards in the Hospital, with a yearly Salary of 100*l.*, is appointed annually by the Weekly Board from among the Pupils who are qualified to practice.

The Curator of the Pathological Museum, and the Medical and Surgical Registrars of the Hospital, with Salaries of 50*l.* and 20*l.* per annum respectively, are appointed annually by the Weekly Board from among the Senior Pupils.

The House-Surgeons are selected half-yearly from the most advanced and most distinguished of the Perpetual Pupils.

The Hospital contains 350 beds. A Ward is devoted to diseases peculiar to women, under the charge of the Obstetric Physician.

Certificates of attendance in the Wards will not be signed unless the Pupil has held a Clerkship to the Physicians and Surgeons respectively, as well as a Dressership, for periods of not less than three months each.

For Hours of Lecture, Fees, &c., see Daily Class List.]

SCHOOLS OF MEDICINE IN SCOTLAND.

ANDERSON'S UNIVERSITY, George street, Glasgow. Chemistry: Dr. Penny. Practical Chemistry: Dr. Penny. Surgery: Dr. G. H. B. Macleod. Institutes of Medicine, Physiology: Dr. F. Watson. Anatomy, Anatomical Demonstrations, and Practical Anatomy: Dr. George Buchanan. Practice of Medicine: Dr. Cowan. *Materia Medica*: Dr. Morton. Hospital

GUY'S HOSPITAL.

Lying-in Charity.—Number of cases attended annually, about 2,000.

26 Beds for Diseases of Women; 30 Beds for Ophthalmic cases.

Museums of Anatomy, Pathology, and Comparative Anatomy, contains 10,000 Specimens, 4,000 Drawings and Diagrams, an unique collection of Anatomical Models, and a series of 400 Models of Skin Diseases.

Fees.—Gentlemen desirous of becoming Students must give satisfactory testimony as to their education and conduct. They are required to pay 40*l.* for the first year, 40*l.* for the second year, and 10*l.* for every succeeding year of attendance, or 100*l.* in one payment entitles a student to a perpetual ticket.

A Resident House-Surgeon is appointed every four months from those Students who have obtained the College diploma.

Six Scholarships, varying in value from 25*l.* to 40*l.* each, will be awarded at the close of each Summer Session for general proficiency.

Two Gold Medals will be given by the Treasurer—one for Medicine, and one for Surgery.

A Voluntary Examination will take place at entrance, in Elementary Classics and Mathematics. The three first candidates will receive respectively 25*l.*, 20*l.*, 15*l.*

For Hours of Lecture, &c., see Daily Class List and Advertisement.

KING'S COLLEGE.

The physicians' assistants, the physician-accoucheur's assist. the clinical clerks, and the house surgeon and dressers, are selected from among those matriculated students of the College who are pupils of the hospital. The matriculation fees amount to 5*l.* 15*s.* 6*d.* and must be paid on entrance. Registration fee at hospital, 10*s.* 6*d.* Scholarships.—Warneford Scholarships: Two of 25*l.* per annum, for three years; three of 25*l.* per annum, for two years. College Scholarships: One of 40*l.* per annum, for two years; one of 30*l.* for one year; three of 20*l.* for one year. The Daniell Scholarship, of the annual value of 20*l.* Prizes.—Two Medical Clinical Prizes, one of 3*l.* for the Winter Session, and the other of 2*l.* for the Summer Session; and two Surgical Clinical Prizes, of the same value. A prize of 3*l.* in each class, summer and winter.—(For further particulars see advertisement.)

LONDON HOSPITAL.

Whitechapel, E.

Consulting-Surgeon—Mr. Luke.

Physicians—Drs. P. Fraser, H. Davies and Parker.

Assistant-Physicians—Drs. A. Clark, Ramskill, Down, and J. H. Jackson.

Surgeons—Messrs. Adams, Curling and Hutchinson.

Assistant-Surgeons—Messrs. Maunder, Couper, Little, and Rivington.

Obstetric Physician—Dr. Head.

Surgeon-Dentist—Mr. Barrett.

The London Hospital contains 445 beds, of which 135 are allotted to medical, and 310 to surgical cases. Of these 310 beds about 190 are exclusively appropriated to cases of accident. In the year 1862, the Hospital received 31,775 patients, including 4,164 in-patients, and 27,611 out-patients. The accidents brought to the hospital during 1862 were, 12,488, including 2,180 in-patients, and 10,308 out-patients. Wards are especially appropriated to cases of uterine disease and to a limited number of cases of syphilis.

Maternity Department—451 poor women were delivered at their own residences during the past year.

Two gold medals are annually awarded to students attending the medical and surgical practice who shall have most distinguished themselves. Clinical lectures are given by the physicians and surgeons, by the assistant-physicians and assistant-surgeons, and by the obstetric physician.

Two Scholarships will be awarded to first-year's students during the ensuing winter session. The first, value 20*l.*, for the best examination on the Bones, at Christmas, 1865; the second, value 25*l.*, in March, 1866, for the best examination in Anatomy, Physiology and Chemistry.

Special instruction in Operative Surgery, in accordance with the Army, Navy, and India Board Regulations, under the superintendence of Mr. C. F. Maunder, assistant-surgeon to the Hospital. A cabinet of Materia Medica is open to students.—(For further particulars, see Daily Class List and advertisement.)

ST. MARY'S HOSPITAL.

For lectures, fees, &c., to this Hospital, see Tabular List.

THE MIDDLESEX HOSPITAL.

The Hospital contains upwards of 300 Beds, of which 185 are for Surgical and 120 for Medical cases.

ST. THOMAS'S HOSPITAL.

Prizes.—For First Year's Students: the College Prize of 30*l.*; a Prize of 20*l.* A Prize of 10*l.* for Second Year's Students. A Prizes of 30*l.*, 20*l.*, and 10*l.*, with the Dressers and the Clinical Clerks, to Third Year's Students. A Prize of 30*l.*, 20*l.*, and 10*l.* The William Tite Scholarship, founded by William Tite, Esq., M.P., F.R.S., the proceeds of 1,000*l.* Consols, tenable for three years, is awarded every third year. Clinical clerks and dressers are selected according to merit. Certificates of honour are given. The dressers are provided with rooms and commons free of expense. The Grainger Testimonial Prize of 20*l.*, awarded biennially to third or fourth year's students, for the best Physiological Essay, to be illustrated by preparations and dissections. The Cheselden Medal, for Surgery and Surgical Anatomy. The Treasurer's Gold Medal, for general proficiency and good conduct. A Newman Smith Prize, to the value of 40*l.*, will be awarded in December, 1866, for the best essay on "The Anatomy of the Brain and Spinal Cord, &c." The house-surgeons and resident accoucheur are chosen according to merit, with rooms and commons. Two hospital registrars at 40*l.* per annum each, or one at 80*l.*, will be selected from gentlemen distinguished for merit.

Fee to hospital practice and lectures for the first and second year, each 40*l.*; and 10*l.* for each succeeding year; or 90*l.* perpetual.—(For further particulars, see Tabular List and advertisement, s.)

UNIVERSITY COLLEGE, LONDON.

Physicians—Dr. Jenner, Dr. Hare, Dr. Reynolds.

Obstetric Physician—Dr. Hewitt.

Assistant-Physicians—Dr. Harley, Dr. Wilson Fox, and Dr. Ringer.

Surgeons—Mr. Quain, F.R.S., Mr. Erichsen, Mr. Marshall, F.R.S., and Mr. Henry Thompson.

Consulting Surgeon to the Eye Infirmary—Mr. Quain, F.R.S.

Medical Clinical Lectures by Dr. Jenner, Dr. Hare, and Dr. Murphy; also by Dr. Reynolds, Professor of Clinical Medicine, whose special duty it is to train the pupils in the practical study of disease, and who gives a series of lessons and examinations on the physical phenomena and diagnosis of disease to classes consisting of a limited number, and meeting at separate hours.

Prizes.—Gold and Silver Medals for excellence in the examinations at the close of the courses in most of the classes.

Liston Gold Medal for Clinical Surgery.

Dr. Fellowes' Medals for Clinical Medicine, two gold and two silver.

Filliter Exhibition for proficiency in Pathological Anatomy, 30*l.*

Longridge Exhibition [for general proficiency in Medicine and Surgery, 40*l.*

An Atkinson Morley Scholarship for the promotion of the study of Surgery, 45*l.* per annum, tenable for three years.

Entrance Exhibitions.—Three Entrance Exhibitions of the respective value of 30*l.*, 20*l.*, and 10*l.* per annum, tenable for two years, will be awarded, upon examination, to gentlemen who are about to commence their first winter's attendance in a Medical School.

The Examination, by written papers, will be in Classics, Elementary Mathematics, Natural Philosophy, and in either French or German, at the option of the candidate, and will take place at the College on Tuesday and Wednesday, the 3rd and 4th of October.

For Hours of Lecture, &c., see Daily Class List and advertisement.

WESTMINSTER HOSPITAL.

Prize Appointments.—The offices of house-physician and house-surgeon are open to competition. No fee required, and board and lodging provided in the hospital free of expense. The assistant house surgeon is also appointed without fee, and is provided with commons free, as well as the Clinical clerkships and daesserships.—(For further particulars, see Daily List and advertisements.)

NOTICES TO CORRESPONDENTS.

Those Gentlemen who have so kindly forwarded us information and corrections, will please receive our best thanks. Several Original Papers, Correspondence, Hospital Reports, Notices of Books, and other matter, must unavoidably stand over to our next number.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

CASES OF SOFTENING OF THE BRAIN.

By JOHN W. OGLE, M.D.,

PHYSICIAN TO, AND LECTURER ON MEDICAL PATHOLOGY AT, ST. GEORGE'S HOSPITAL, ETC.

The following cases, almost entirely from our Hospital Records, are intended as a supplementary continuation of the series which I furnished to the *Medical Times and Gazette* in 1864.* To each case I have prefixed a general descriptive heading which thus constitutes a rough analysis of the case, but I propose at the conclusion of the series to furnish a digest or synoptical analysis of the whole.

Case 61.—SOFTENING OF THE ARTERIES AND MIDDLE LOBE OF THE RIGHT CEREBRAL HEMISPHERE—STRUMOUS ULCERATION OF THE SKULL—FACIAL PARALYSIS—PECULIAR CARTILAGINIFORM DEPOSIT IN THE RIGHT CEREBRAL HEMISPHERE.

John A., aged 14, was admitted into St. George's Hospital, November 14th, 1838, with strumous disease of the hip-joint, followed by abscess and hectic fever. In June, 1839, great pain at the right side of the head came on, and toward the end of the month he grew dull and half stupid, and paralysis of the muscles of the *left* side of the face succeeded. He died August 7th.

Post-mortem examination.—*Cranium.*—Extensive strumous ulceration of the frontal bone existed, and there was much scrofulous deposit between the dura mater and frontal and temporal bones. The anterior and middle lobes of the *right* cerebral hemisphere were much inflamed, and the texture of the cerebral substance, from the cineritious matter above down to the basis, was much softened. Towards the level of the corpus callosum the brain-substance was yellow and half-diffuent, and this appearance increased towards the base, where the softening was greatest. About the centre of the right cerebral hemisphere an irregularly-shaped oblong portion of semi-cartilage, an inch and half by a third of an inch in size, was formed. It was firm and solid and contained many blood-vessels. The disease of the hip-joint had led to soft ankylosis between the femur and ilium.†

Case 62.—SOFTENING OF THE PONS VAROLII—PLUGGING-UP OF THE BRANCHES OF THE BASILAR ARTERY BY FIBRINOUS COAGULUM—ENLARGED INTRA-CRANIAL ARTERIES—HEPATIZATION—GANGRENE OF LUNGS.

F. W., aged 44, having just returned from India, where he had been insane, and suffered much with headaches, on account of an impaired constitution, was admitted into Fort P. H., under the care of Dr. Davy, May 23, 1839, in a comatose state, with eyes half closed, mouth drawn to the left, tongue black, breathing slightly stertorous, cold feet, and a pulse of 64. The pupils acted to light. On the following day the pulse was 84, and the feet were warmer, but deglutition was almost impracticable, and the urine passed involuntarily. The pulse subsequently became intermittent, the respiration slow, and the fæces passed involuntarily. He died comatose on the 27th.

Post-mortem examination.—*Cranium.*—Vessels of brain injected. Arachnoid partially opaque, with much fluid

beneath it; much fluid also in the lateral ventricles. On the *left* side of the pons varolii, close to the origin of the fifth nerve, was a small amount of recent lymph, and correspondently in the substance of the pons was a small cavity with irregular softened walls. Two small arterial branches from the basilar artery, close to the disorganized spot, were enlarged to about twice their natural size, and obstructed by dark coagulated blood. The vertebral and carotid arteries were large and thickened. *Thorax.*—Lungs hepatized at the lower portions, and in one part becoming gangrenous. *Abdomen.*—Organs natural, urine in bladder containing a few pus-like globules, and increased amount of urea, and many "fine filaments, not unlike the entozoa of cartilaginous fishes."

Case 63.—SOFTENING OF THE CENTRAL WHITE PARTS OF THE BRAIN—DISEASE OF THE KIDNEYS—APOPLEXY.

Esther A., aged 45, was admitted May 19th, 1841, with albuminuria. She died June 16th, having had marked symptoms of apoplexy with stertorous breathing, &c.

Post-mortem examination.—*Cranium.* The cerebral membranes were natural; the convolutions flattened, but the cavities of the ventricles not larger nor containing more fluid than natural. The fornix and the corpus callosum were softened; otherwise nothing was found in the brain. *Thorax.*—One of the lungs was very gorged and heavy. *Abdomen.*—The kidneys were granular, atrophied, &c. (113.)

Case 64.—SOFTENING OF THE WALLS OF THE CEREBRAL VENTRICLES—BREAKING DOWN OF THE SEPTUM LUCIDUM—HEADACHE AND COMA BEFORE DEATH—ILLNESS FOLLOWING RHEUMATIC FEVER.

Emma S., aged 18, was admitted July 7th, 1841. She had been attacked with acute rheumatism in the April previously, during which she had no affection of the chest, and went on improving until the latter end of the first week in June, when she was suddenly seized with violent pain in the head and giddiness, which had continued until admission, only intermitting at night. She would scream violently several times a day. On the 2nd of July stupor came on, but she could answer questions rationally. On the 4th she became speechless, and four days later she passed her alvine evacuations unconsciously, but could retain the urine. There did not appear to be any loss of power in the limbs. The catamenia had never appeared. The pupils were dilated, but sensible to the action of light. In spite of cold lotions to the head, aperients, combined with irritation to the neck, &c, she died in a comatose state, three days after admission.

Post-mortem examination.—*Thorax and Abdomen.*—Excepting one small spot in the jejunum, the various organs were natural. *Cranium.*—The arteries of the dura mater were much injected, and the veins congested. The dura mater was adherent to the arachnoid membrane. The surface of the brain was dry and viscid, and the convolutions flattened. Much fluid existed in the ventricles. The septum-lucidum was quite broken down, the surface of the walls of the ventricles being also very much softened. Slight gelatiniform effusion existed beneath the arachnoid at the base of the brain. (123.)

Case 65.—SOFTENING OF THE SURFACE OF THE RIGHT HEMISPHERE OF THE BRAIN—EPILEPSY.

James W., aged 49, was admitted January 13th, 1841, with epilepsy, and died January 14.

No further history has been recorded.

Post-mortem examination.—*Cranium.* The vessels of the pia mater were very injected, and adhesions existed between the opposed layers of the arachnoid membrane under

* Regarding enlargement and tendency to aneurism of intra-cranial and other arteries in connexion with plugging by fibrinous coagulum, see observations in the *Medical Times and Gazette* for February 24th. 1866.

* See number of that periodical for Dec. 31, 1864.

† See Hospital Path. Cat. 11, 5th, presented by Cæsar Hawkins, Esq.

the posterior surface of the right hemisphere of the brain; and the brain corresponding was much softened, to the size of a walnut, and broken down into a light greyish-brown substance. Slight fluid only in the cerebral ventricles. *Thorax*—The heart and other organs were healthy. The remaining viscera were not examined. (217.)

Case 66.—SOFTENING OF THE LEFT CEREBRAL HEMISPHERE—HEMIPLEGIA ON THE RIGHT SIDE—COMA BEFORE DEATH.

Sarah E., aged 45, was admitted August 24th, 1842, and soon passed into a speechless condition; the pupil of the left eye being contracted. The right arm and leg had lost all powers of movement, and she was unable to protrude the tongue. The pulse was 72, large and firm. It was stated that she had been in service until obliged to give up work two weeks previously, at which time the right arm became powerless, and she often asked if there was anything wrong with her mouth? She was cupped on the neck to sixteen ounces, and a purgative injection was given. Lumpy motions were brought away with the injection. Hiccough came on. She passed all her evacuations unconsciously. She was much the same the day following. She was now cupped on the temple, and hyd. c. creta was given thrice a day. On the 26th, she tried in vain to speak, and was very drowsy. Sordes appeared about the mouth. Ammonia was given, and she was blistered at the neck. Feverish symptoms with quick pulse and tenderness of the gums came on. She lay apparently asleep, not being roused by anything, until she died on the 29th. Before death the jaws became closed and the breathing laborious.

Post-mortem examination.—Thorax and Abdomen—Expecting hypertrophy of the left ventricle of the heart and atheromatous deposit in the aorta and carotid vessels, all the organs were natural. *Cranium*—The bones of the skull were natural. The right hemisphere of the brain appeared somewhat larger, and the left somewhat smaller than natural. The left hemisphere was much softer than it should be, especially toward the central parts, and more especially was this the case with the left corpus striatum, which broke up into shreds when subjected to the pressure of water. The softened parts were of a yellowish-colour, the difference between the grey and white parts being but slightly marked. The arteries of the brain were atheromatous. (35.)

SOFTENING OF THE POSTERIOR LOBE OF THE RIGHT CEREBRAL HEMISPHERE.

Case 67.—Henry P., aged 23, was admitted March 23rd, 1842, and died on the 27th.

Post-mortem examination.—Thorax and Abdomen—The lungs contained masses of extravasated blood, and the kidneys were mottled, having spots of extravasated blood in their substance. The surface of the bladder presented hæmorrhagic spots. *Cranium*—The cranial bones were natural. The arachnoid membrane was rather opaque in some places. The brain generally was of a natural consistency, but the medullary portion of the posterior lobe of the right cerebral hemisphere (to the extent in size of a walnut), immediately over the bend of the posterior cornu, was in a state of complete softening and of a greyish-yellow colour. The softened part had a well-defined limit, the surrounding brain-substance being rather firmer than usual and of a light-green colour. The softened part also contained minute extravasations of blood. The ventricles were natural, except that a few adhesions existed between their opposite walls.

Case 67.—SOFTENING OF CENTRAL WHITE PARTS OF THE BRAIN—DELIRIUM TREMENS—SUDDEN DEATH.

Gustavus C., aged 37, was admitted July 9th, 1844, in a state of delirium tremens, the second attack which he has had. Three days before admission, had had shivering and giddiness. Repeated doses of opium failed to produce

quiet for some hours, but at length he fell into a calm sleep, and in a quarter of an hour the nurse observed a greenish-looking fluid to flow from his mouth and nostrils, and, in seeming to awake for a moment, immediately afterwards he died (on the day of admission).

Post-mortem examination.—Thorax and abdomen. The lungs and kidneys were congested. *Cranium*. The vessels of the scalp and of the cerebral membranes were gorged, and the white parts of the brain were injected. The corpus callosum, fornix, and the ventricular surface of the optic thalami were much softer than the other parts of the brain. (148.)

Case 68.—EXTENSIVE SOFTENING OF SEVERAL PARTS OF THE BRAIN—PHTHISIS-PULMONALIS—COMA BEFORE DEATH.

John H., aged 36, an intemperate man, was admitted July 17, 1844. He had had cough and expectoration six months previously, and was re-admitted with pain in the head of a week's standing, for which he had had mercury freely given. The pulse was very weak. He was restless and delirious in the night, and two days afterwards passed the urine involuntarily. He became quite unconscious; strabismus and dilatation of the pupil of the right eye came on. The pulse rose, and ptosis of the left eyelid supervened. Varying somewhat as to consciousness, he went on pretty much the same until July 27th, when he died.

Post-mortem examination.—Cranium. A few old adhesions between the inner surface of the dura mater and the vicerarachnoid were found. The ventricles of the brain were much distended with fluid, and the walls of the ventricles were much softened to the depth of two lines. The fornix and septum-lucidum were quite destroyed. The medullary substance of the brain towards the lower part of the anterior lobe on both sides was much broken down, portions being of the consistency of thick cream. *Thorax and abdomen*—Scrofulous deposit existed in the lungs, and there were pleural adhesions. Other organs were natural. (162.)

Case 69.—SOFTENING OF THE WALLS OF THE CEREBRAL VENTRICLES AND CENTRAL WHITE PARTS OF THE BRAIN—EXTRAVASATION OF BLOOD INTO THE RIGHT LOBE OF THE CEREBELLUM—HEPATIZED LUNGS—DISEASED KIDENYS.

William E., aged 75, was admitted January 24th, 1845. He had been afflicted seven months previously with vertigo and weakness of the limbs, but not with any loss of consciousness. Since then he had had pain in the head, vertigo, and weakness in the legs, with a sensation of numbness, principally on the right side; at times the speech was impeded. For some months also he had had cough, and pain and tightness of the chest. Indications of pleurisy and pneumonia came on, and in spite of treatment he became worse. Delirium came on, and finally semi-coma, which continued until he died, July 6th.

Post-mortem examination.—Thorax and abdomen—There was marked hepatization of the lungs, and the heart was dilated and hypertrophied, and the kidneys contained cysts and also masses of patches of fibrine surrounded by dark red margins. *Cranium*—The sub-arachnoid fluid was slightly tinged of a reddish colour; the brain generally was pale. Increased fluid existed in the ventricles, the walls of which were soft and lacerable; the fornix and septum-lucidum being quite in a flocculent condition. The arteries at the base of the brain were very atheromatous, and in the right lobe of the cerebellum was a clot of blood of considerable size; the brain around being broken down and flocculent and of a saffron colour. (162.)

Case 71.—SOFTENING OF THE FORNIX AND SEPTUM-LUCIDUM—SCROFULOUS DEPOSIT IN THE LUNGS—GENERAL HYPERÆSTHESIA—PAINS DURING LIFE THOUGHT TO BE RHEUMATIC.

Thomas T., aged 12, was admitted February 18th, 1846.

He had for five weeks suffered from what were called rheumatic pains in the limbs, but not from any redness or swelling of the joints. From the beginning he had been thirsty and feverish. A few days before admission he became drowsy, and also had hæmoptysis. On admission, he was listless, screaming whenever any part of the body was touched. The tongue was dry and brown; pulse 108, small, but regular. The bowels not having been open for some time, an injection was given. In the evening he became delirious, moaning and screaming, and so remained through the night and next day. He gradually sank and died on the 20th.

Post-mortem examination.—*Thorax*—The lungs were very hepatized, and contained tubercular infiltration, as did the bronchial glands. In the heart, shreds of fibrine existed on the aortic mitral valve-flaps. *Abdomen*—Organs natural. *Cranium*—The cerebral convolutions were flattened, the membranes vascular, but quite transparent. The septum-lucidum and the fornix were so softened as to be quite broken up, and almost in a diffuent state. The brain was generally very much congested. (51.)

Case 72.—EXCESSIVE SOFTENING OF THE FORNIX—BONY PROJECTION FROM THE INTERIOR OF THE SKULL—TWITCHING AND PARTIAL LOSS OF MOTION IN THE LEGS.

Emma M., aged 25, was admitted June 27th, 1846; she had been ill about ten days with constant and severe headache and sickness, beginning with rigors, and the symptoms had continued ever since. Three days before admission, the pain had become worse, being only relieved for a time by leeching the temples, and afterwards by cupping. The bowels were opened by aperient medicine. On admission there was intolerance of light. The pupils were dilated, the right being much the larger and very sluggish. There was slight ptosis of the left upper eyelid. Vision was sometimes double or even treble. There was no paralysis, and no convulsions had existed. She said her memory was imperfect. There was no tympanitis; and no spots on the skin. She became delirious at night, and the headache became worse. The dilatation and ptosis increased, and she became unable to pass the urine. The headache continuing, twitching of the legs and partial loss of motion in them came on. Epistaxis and hæmoptysis followed. The twitching of the legs became more constant, and the tongue was protruded to the left side. She sank and died July 2nd.

Post-mortem examination.—*Thorax and abdomen*—The lungs contained several patches of extravasated blood; the spleen was pulpy, and the kidneys were very congested. *Cranium*—The bones of the skull were very heavy and devoid of diploë. On the left side of the superior longitudinal sinus, from the frontal bone was a small bony projection, flat and of the shape of a bean, to which the dura mater was attached. The convolutions of the brain were flattened, and the larger veins and sinuses on the surface congested. The lateral ventricles were dilated with clear fluid. The fornix was softened and creamy towards its posterior part, where it was broken up. The brain was congested, but otherwise natural. (149.)

Case 73.—EXTENSIVE SOFTENING OF THE RIGHT CEREBRAL HEMISPHERE—DISEASE OF THE HEART, LUNGS, AND KIDNEYS—CONVULSIONS BEFORE DEATH.

Matilda J., aged 45, was admitted September 16th, 1846, with well-marked symptoms of diseased heart and dilated bronchi. About four years previously she had had a fit, apparently of apoplectic character, and had never been well since. There was no apparent paralysis. The urine became albuminous. She became drowsy and forgetful, and had a fit of an epileptic character. She died October 21st.

Post-mortem examination.—*Thorax and abdomen.*—There was extensive disease of the heart, lungs, and kidneys. *Cranium*—Immediately above the fissure of Sylvius a portion of the anterior part of the right cerebral hemi-

sphere was softened to the extent of the size of a large walnut. This softened state extended downwards and outwards into the cortical part of the outer portion of the extremity of the fissure. It was doubtful, but the softened parts had the appearance of being the remains of an old apoplectic clot. (226.)

Case 74.—SOFTENING OF THE ENTIRE BRAIN—SCROFULOUS DEPOSITS IN VARIOUS PARTS OF THE BODY—VOMITING AND CONVULSIONS.

Thomas M., aged 2, was admitted January 27, 1847, with cough and diarrhœa of four months' standing. Symptoms of pulmonary phthisis had set in, and he went on until the day before death, when he was seized with vomiting and convulsions, which continued. He died, February 3rd.

Post-mortem examination.—*Thorax and abdomen*—Scrofulous deposits were found in the lungs, liver, kidneys, and spleen, &c. *Cranium*—The cerebral vessels were congested, and much serous fluid existed beneath the arachnoid. The ventricles were dilated, and their lining membrane was very vascular. The entire brain was in a softened condition. (39.)

Case 75.—SOFTENING OF THE CEREBELLUM—ARACHNITIS—DISEASE OF THE INTERNAL EAR—OPISTHOTONOS.

Mary W., aged 30, was admitted January 15, 1848. A needlewoman, who had lived in hot climates, from which she returned a year and a half ago, and ever since had had pain at the right side of the head, especially the right ear, accompanied by deafness. Fourteen days before admission she had acute pain of the head, especially at the right side, and opisthotonos with dysphagia came on. She was leeches and blistered at the nape of the neck, and mercury was given to salivation, but no good had followed. There had been no discharge from the ear. On admission, the face was anxious and flushed; the skin hot; the pulse 120, small and irritable; the tongue dry and brown; bowels open; catamenia regular; urine clear, high coloured; sor-des on the teeth; complete opisthotonos, and dysphagia and pain all over, especially of the right ear; almost total deafness, and loss of smell. No paralysis, or numbness of any part existed. The pupils were much but equally dilated, and acted to light, of which there was very great intolerance. Slight muscular twitchings existed in various parts of the body at times. The action of the heart was regular, and its sounds were normal. There was no evidence of disease in the thoracic or abdominal organs nor in the throat; the dysphagia apparently arising from the opisthotonos throwing the larynx forward, and fixing it. Ice was applied to the head, and aperients given, without effect. On the next day, ol. croton. gtt. j. and cal. gr. ij., were given and a blister applied. The bowels were well opened without beneficial result. On the 17th she had passed a restless night and was delirious, trying to get out of bed, and picking at the bedclothes, and there was great exhaustion and almost total dysphagia. The pupils were still dilated, and the intolerance of light continued. Pulse 108, weak and small. The hands were at times attacked by spasm. The opisthotonos persisted and the exhaustion increased until death, which occurred on the 18th.

Post-mortem examination.—The superficial vessels of the brain were congested, and much sub-arachnoid fluid existed. The cerebellum was firm, but very vascular. Very little fluid existed in the ventricles. Much purulent fluid and lymph existed in the sub-arachnoid tissues at the base of the brain, and passing down by the medulla and cord. The substance of the cerebellum was much softer than that of the cerebrum, but not actually broken down. On the right side, the dura mater was too easily separated from the temporal bone, and on its attached surface over the tympanum there was a small spot of lymph adherent giving it a thickened appearance, and correspondingly was an ulcerated opening in the petrous part of the temporal bone leading into the tympanum. This part of the petrous portion was inflamed and carious, and the mucous mem-

brane of the internal ear was destroyed, and the membrana ulcerated through. (21.)

Case 76.—PARTIAL SOFTENING OF THE FORNIX—PHTHISIS—SEMI-COMA AND DELIRIUM BEFORE DEATH.

Richard S., aged 55, was admitted December 13, 1848. He was a steady, sober man who had had a cough for three or four months: and for some days had had headache, vertigo, and no sleep, and had passed his evacuations in bed. His mind was pre-occupied, and he paid no attention to questions, saying, always, "he was very bad." The pulse was 84, and full; the skin warm; the tongue white; and there were physical signs of scrofulous consolidation of the lungs. He became delirious and violent. On the night of the 18th he was delirious, and asked for what he wanted, but he sank and died on the 19th.

Post-mortem examination.—Thorax and abdomen—There was scrofulous deposit in the lungs and mesentery, and the kidneys were congested. The lungs were also partly hepatised at their lower parts, and the pleural cavities obliterated. The heart was flaccid and pale. *Cranium*—The large vessels of the pia mater and of the ventricles were congested. The brain was "wet" and the ventricles distended with fluid. The margin of the fornix was at one part softened, but no exudation-corpules were found by the microscope. The septum-lucidum was perforated by a hole. (26.)

Case 77.—GENERAL SOFTENING OF THE BRAIN—DISEASED KIDNEYS—DELIRIUM AND COMA BEFORE DEATH.

H. C., aged 50, was admitted November 21st, 1849, with cough, orthopnea, blue lips, albuminous urine, ascites, and anasarca. She had had dyspnea for two years. Aperients and diuretics were given. A marked prolongation of the second sound of the heart appeared, which eventually became so complete as to have almost character of reduplication, and delirium and strangeness of manner came on, and the precordial dulness increased. Delirium and semi-coma preceded death, which occurred January 12th.

Post-mortem examination.—Thorax and abdomen—There was much disease of the kidneys and congestion of the liver and lungs, and the heart was pale and flabby, but no disease of its valves existed. *Cranium*—The cerebral membranes were much congested, and the ventricles distended with fluid. The brain throughout was softened and more vascular than usual. (13.)

Case 78.—GENERAL SOFTENING OF THE BRAIN—DISEASE OF THE BLADDER AND KIDNEYS, FOLLOWING LITHOTRITY—CONVULSIONS AND DELIRIUM.

William M., aged 40, was admitted December 13, 1849, and had the operation of lithotritry performed. Inflammation of the bladder and retention of urine followed. He had symptoms which were thought to be those of "a fit," and low delirium supervened. He died January 24th.

Post-mortem examination—The bladder and kidneys were greatly diseased. The thoracic organs not examined. *Cranium*—The brain throughout was softer than it ought to be and watery, having many "puncta vasculosa." The ventricles contained but little fluid. (21.)

A SELECTION OF CASES FROM THE
UNPUBLISHED MSS. OF F. McEVROY, M.D.,

BALBRIGGAN, COUNTY DUBLIN.

By EDWARD WM. ADRIEN, M.R.C.S., L.K.Q.C.P.I.

(Continued from page 250.)

A REMARKABLE CASE OF COMPOUND FRACTURE OF THE CRANIUM WITH DEPRESSION—DEATH RESULTING IN EIGHT DAYS AFTER THE ACCIDENT FROM CONVULSIONS.

Case 2.—In the early part of the year 1860, I was called to see M. F., aged about 25 years, whom, I was informed, had got a slight cut in the head about eight days previously, but did not complain of it until ten hours be-

fore I was sent for to see her. She was a remarkably strong and well made country girl, was a general servant in the house of a small farmer, where she used frequently to work in the fields, planting potatoes, &c.

On my arrival I found her working in strong convulsions, in fact, dying; convulsion after convulsion came on in rapid succession, partaking rather of the tonic spasms usually seen in cases of tetanus, and in less than half an hour after my arrival she died.

The history of the case, as far as I could learn from a girl who was with her when the accident occurred, and from the sworn testimony of witnesses at the inquest, was that one fine spring's evening she and the girl to whom I have alluded above were walking along the road adjacent to their homes, when some person, who has never since been discovered, threw a stone, or rather a lump of hard clay with a stone concealed in its centre, from behind the hedge, which struck the girl on the left side of the head. She fell and after a few minutes got up with the assistance of her friend; staggered about for a short time, after which she expressed herself nearly as well as usual and thought very little about what had occurred.

The most curious feature in the case was, that she walked home, milked four cows that very evening and twice a day up to the day of her death; assisted in churning two large churnfulls of cream, planted some potatoes, walked twice into Balbriggan and back, a distance of two English miles from her home, and did various other farm and household works for seven days.

Over the left parietal bone I could see a wound about an inch in length, with elevated and puffy edges, from which there was a thin ichorous discharge of a dusky greenish colour.

I inserted the top of my little finger into the depression, and found from the yielding nature of the bone beneath that the skull was fractured, and that a square piece of bone was driven in upon the brain.

On the post-mortem examination I found that a portion of the parietal bone, about an inch square, was fractured, and so loose as to be easily removed after the scalp was divided; between the scalp and the cranium there was a quantity of greenish-coloured lymph of rather a fetid odour. Underneath the fractured portion of bone the dura mater was detached to a considerable extent around the seat of fracture, and of a dark greenish colour, the portion of brain beneath which was also of a dusky hue and greatly softened. The remaining portion of the brain was apparently quite healthy.

Balbriggan, August 28th, 1866.

POPULATION OF TOWNS.—At the late meeting of the British Association, the Rev. A. W. Worthington read some remarks on the Disproportion between the Male and Female Population of some Manufacturing and other Towns, which in substance stated that the proportion of females to males on the whole population was 105 to 100; but where employment differed in different towns and districts, and as men or women found ready employment, one or the other predominated in number. In the mining district of which Newcastle was the centre, and that in which Sheffield stood, in Stafford, in the barrack towns of Canterbury, Winchester, and Colchester, men predominate; while in manufacturing districts like Manchester and others, and notably in Norwich, there is an excess of women. In Nottingham there was an extraordinary excess of women over men; and this was also the case in seaport towns like Plymouth and Bristol, and it was still more marked in Liverpool. It is supposed that female labour in manufacturing districts will increase rather than decrease, owing to its comparative cheapness; but it is attended by serious social and domestic evils, especially juvenile mortality. The rate of illegitimacy was also higher where there was an excess of women, and in Nottingham that rate reached 10 per cent. of all the births. It was suggested that the means of amendment of this state of things was to be found in the promotion of family life, and especially by having the wife and mother to attend to her domestic duties; and employers of labour were urged not to employ married women.

CRANIOTOMY.

By D. B. O'FLYNN, Carrignavar.

I PERCEIVE, in the last number of THE MEDICAL PRESS AND CIRCULAR, a paper from Dr. Griffith, in which he refers to some remarks of mine, which appeared in your number of the 8th ult., and as he takes exception to some of the principles laid down by me, it may be necessary to say something in reply.

Dr. Griffith is right in assuming that I did not use chloroform in the case alluded to, and my reasons were—first, because in a remote country district it was impossible to get proper professional assistance, without which I was not warranted in employing so dangerous an agent; and, secondly, because I do not attach so much importance to the use of chloroform in midwifery practice as Dr. Griffith seems to do, nor are the cases published by Dr. Griffith in your last impression calculated to alter my opinion on this subject.

It appears that the subject of the first case, when seen by Dr. Griffith, was in a state of insensibility, suffering from puerperal convulsions, and after the effects of the chloroform had passed away, she continued insensible up to the second day after delivery, when she died comatose. I presume Dr. Griffith is ready to prove that death in this case did not result from the use of chloroform; but why administer this drug to a person in a state of insensibility? As well may Dr. Griffith give opium to a woman in sound sleep. There are two opposite states of the cerebral vessels accompanying puerperal convulsions—viz., distension and emptiness; and as Dr. Griffith makes no mention of profuse hæmorrhage, but tells us that all the fatal signs pointed to cephalic mischief, we may conclude that the critical condition of his patient was caused by congestion of the brain, in which case chloroform was contraindicated, for though it may stop the convulsive spasms of the muscles, it was certainly calculated to aggravate the apoplectic state that produced them, and I must here observe that if Dr. Griffith had taken blood from the arm, or applied a few leeches to the temples, he may not have to record the premature death of a young wife in her first confinement.

In the case of Mrs. W., aged 45, Dr. Griffith was unable to turn, in consequence (as he says) of the projection of the sacral promontory, which made it impossible for a living child to pass, and eventually he had to break up the entire skull before the child could be drawn through the narrowed pelvis. Now, it must be remembered that Mrs. W. had ten or twelve children by her first husband, and as she had no trouble in any of her previous confinements, it would be interesting to know how her pelvis became so contracted and her sacrum so prominent during her widowhood that all the difficulty in this case should arise from those causes. I am well aware that malposition or ossification may render craniotomy necessary in a multipara whose former labours were all natural; but it is difficult to understand how a woman whose pelvis was so deformed as that described by Dr. Griffith, in which "the anterior convexity of the sacral angle was so greatly increased," could pass through twelve confinements without requiring professional assistance in some of them.

Whatever caused the difficulty in this case, I freely admit that Dr. Griffith was justified in doing the operation, and I have no doubt but that it was a case in which the mode of delivery suggested by me would have proved successful, and if adopted, would have saved Dr. Griffith the trouble of tearing away the parietal bones and breaking up the entire skull at the imminent risk of lacerating the soft parts of the mother.

One advantage claimed for chloroform by Dr. Griffith is, that while under its influence the woman will not be disheartened by the protracted efforts to relieve her; but as puerperal pain is not necessarily connected with diseased action, and leaves no bad effects after it has passed away, and as my experience teaches me that most women bear those operations with wonderful fortitude and resig-

nation, I do not see the necessity for using chloroform in instrumental labour unless some particular circumstance calls for it, such as dread of an operation or nervous excitement on the woman's part, or the inability of the operator to keep her in a proper position, and unless some such necessity arose, I would rather see her dispirited than comatose.

In making those remarks I by no means underrate the value of chloroform in certain cases. I believe it is particularly useful in rigidity of the os and perineum, in hysterical convulsions uncomplicated with head symptoms, and in difficult transverse presentations, when the membranes are ruptured and the uterus is tightly contracted around the child.

Dr. Griffith asks if I used my fingers to guide the perforator. I have to say that I did, and I will further add, that any man who would think of using a perforator without guiding it with his fingers should be deprived of his diploma. When the forceps is locked and held by an assistant, there can be no difficulty in introducing the hand between the blades and directing the perforator along the fingers, and I feel sure that if Dr. Griffith tries the mode of delivery suggested by me in his next craniotomy case, he will find it safer and easier than the method he has hitherto adopted, and he may perchance be forced to agree with Gooch, who calls the crochet a diabolical instrument, or with Mackenzie, who says it is mechanically unfit for guiding the descent of the head, so that its different diameters may be made to accord with those of the brim.

In conclusion, I have merely to add that, as Dr. Mackenzie says nothing about chloroform in his paper in vol. i. of the "Obstetrical Transactions," I am unable to inform Dr. Griffith whether he used it or not.

Carrignavar, Sept. 15, 1866.

THE RINDERPEST OF THE PRESENT TIME,
AND
THE CATTLE PLAGUES OF PAST AGES,
IN THESE ISLANDS,
AND ON
THE CONTINENT.

By THOMAS MORE MADDEN, M.D., M.R.I.A.,

LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; MEMBER OF THE ROYAL COLLEGE OF SURGEONS, ENGLAND; LICENTIATE OF THE FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW; DEMONSTRATOR OF ANATOMY, CARMICHAEL SCHOOL OF MEDICINE; AUTHOR OF "CHANGE OF CLIMATE IN PURSUIT OF HEALTH," "THE CLIMATE OF MALAGA," "OBSERVATIONS ON INSANITY AND CRIMINAL RESPONSIBILITY," ETC., ETC.

PART III.

HISTORICAL NOTICE OF CATTLE PLAGUES IN IRELAND FROM THE EARLIEST AGES TO THE PRESENT TIME.

(Continued from page 274.)

From the thirteenth to the seventeenth century we find numerous brief allusions to cattle plagues in Ireland in the "Four Masters," the "Monasticon Hibernicum," "Chronicon Sectorum," "Ware's Annals" and other similar works—as, for instance, in the years 1285, 1302, 1321 to 1324, 1407, 1450, 1473, 1500, 1572, 1683; but most of these epizootics are described so vaguely that I need not repeat entries of which I have already given sufficient example. In the last century murrain and cattle plague seem to have been common in Ireland. I have had a good opportunity of observing the frequency of these diseases as recorded in the collection of early Irish newspapers in the possession of my father, Dr. R. R. Madden, which is, I believe, unrivalled. Among the Dublin newspapers of the eighteenth century which I have consulted for this purpose are *Reilly's Dublin News-Letter*, 1739; *Falkiner's Dublin Journal*, 1737; *Dublin Courant*, 1741; *Dublin Chronicle*, 1788; *Pue's Occurrences*, *Freeman's Journal*, *Evening Post*, and *Hibernian Journal*.

In 1745-46 there was a murrain in Ireland, the symp-

toms of which are thus described:—"A dry, husky cough, fœtid breath, shivering, diarrhœa; or, in some cases, obstinate constipation."

In December, 1748, the cattle plague seems to have been imported from England into Ireland. We read in the journals for that month, under the head of "Ireland":—"A distemper is got among the horned cattle in some parts of this kingdom which seizes them with a sudden swelling in their heads and necks, and often proves fatal; it is ascribed to the very warm season."

In September, 1749, the *Gentleman's Magazine* says:—"We hear from Belfast that they are very apprehensive of a murrain among the cattle, as there are several cows seized with the distemper called the 'big head,' and one dead of the same; and that some swine, by drinking up the blood, were instantly killed." (P. 428.)

I shall not here copy every record of disease amongst cattle in Ireland during the latter half of the eighteenth century, contained in the Dublin newspapers and periodicals of that period, most of which appear to have been the ordinary maladies of horned cattle, such as epidemic catarrh, and other similar affections. In 1802 influenza, which we learn from continental writers then prevailed among cattle in Central Germany, invaded this country, and early next year it began to attack mankind, and soon became a wide-spread, though seldom dangerous, epidemic in Ireland, whence it seems to have crossed back into England, disappearing in this country as soon as the warm weather set in. In 1803 dysentery was epidemic in Ireland, and a similar epizootic, known as the "bloody murrain," prevailed among cattle. From this time a period of comparative freedom from cattle plague seems to have elapsed. The next important epizootic is recorded in 1839, when, as we read in the early volumes of the DUBLIN MEDICAL PRESS, which commenced in that year, and in the fifth part of the Census Report for 1851, vol. i., after a hard wet winter the "epidemic atmospheric constitution," which from this year prevailed more or less in Ireland for some years, and which finally culminated in "the fever and famine years" of 1846-47 began to manifest itself in July, when the potatoe blight appeared, and in the same month an epizootic, not confined to horned cattle, prevailed in the north of Ireland. The following year was also extremely wet, and was two degrees under the average annual temperature. During these two years the potatoe and grain crops having failed extensively, famine and fever went, as usual in all similar epidemics, hand in hand together. Nor did the "epidemic constitution of the atmosphere" limit its influence to these, but the lower animals shared its ill effects. So that another proof was thus afforded of the extraordinary sympathy and connection which subsists between the vital conditions of all orders of organic life. In these years pleuropneumonia, which previously had been epidemic among cattle in England, and on the continent, was imported into Ireland, where it occasioned great loss of stock, and where though dormant, it has never since been extinct, and occasionally becomes epizootic.

It would be needless for me to pursue the history of the various outbreaks of pleuropneumonia in Ireland from 1839 to 1865, some of which presented symptoms very like those of the present cattle plague. The history of this disease, unfortunately, is but too familiar to the owners of stock in this country. Of its cause, this is not the place to treat, but this much I may say, that I perfectly agree with the opinion of one of the largest proprietors of cattle in the south of Ireland, who told me that he ascribed the frequency of the disease in late times to the so-called "improvements" in the breeds, and treatment of cattle in this country by which their appearance may be rendered better calculated to gain prizes for weight and size, while the constitution of the animal, like the hot house plant, is injured by the forcing and artificial system by which this result is attained.

For more than ten months after the rinderpest broke out in England, in June, 1865, Ireland remained unaffected

by the disease, which had begun to decline in England. And a hope was generally entertained that the precautions taken to exclude the importation of the contagion having apparently succeeded so long, this country, notwithstanding its continual communication with the sister island would escape the visitation. But on the 14th of May, 1866, Prof. Ferguson reported to the Irish government, that the rinderpest had broken out at Drennan in the county Down, within six miles of Belfast. The infected cattle were at once killed, a cordon was drawn round the district and other precautionary measures were adopted. I shall not here allude to the controversy which took place between the veterinary surgeons and the owners of stock, as to the disease observed in the country being rinderpest or pneumonia, as there can hardly be a doubt that the disease which carried off eight head of cattle at Drennan, before it was reported, and caused the destruction of seven afterwards, was the cattle plague or rinderpest which prevailed in England. It is not my purpose here to chronicle the various steps taken in consequence of the appearance of the rinderpest in Ireland, and the consternation it excited. Suffice it to say that the disease lurked on in Ireland after the panic had subsided, and when as was said by Professor Ferguson, in his official report on the 30th of May, 1866:—"It is very probable that the report founded on Dr. Mapother's experience of the disease in England as well as in Ireland, is quite conclusive as to the identity of the malady with rinderpest. Dr. Mapother's opinion has corroborated every expert who examined the infected cattle or their viscera after death;" and acting on it the Irish Government the following day, passed an Order in Council, prohibiting the export of cattle from Ireland.

Numerous cases of alleged rinderpest were reported during the months of May and the early part of June, in various parts of the country, but the official inspectors reported that after examination, they were found to be cases of ordinary cattle diseases aggravated by the long continuance of east winds this spring, and most of them were pronounced either pleuropneumonia or puerpural fever. Cattle plague committees were formed in Dublin and throughout the country, and various Orders in Council, proclamations, and other measures were resorted to by the Government, during this time.

On the 8th of June, the disease was again reported to have broken out in the county Down, within a short distance of the place from which it was so confidently said to have been "stamped out." Dr. Mapother was sent down from Dublin to preside at the examination on the spot, no cattle were allowed to be exported from the infected district, and every precaution was taken to localize and prevent the extension of the cattle plague as far as possible. The disease, however, did not increase, notwithstanding the occurrence of a few isolated, sporadic cases of rinderpest at Enfield, in the county of Meath, and some other parts of the country; and early in August the Veterinary Department reported Ireland to be free from rinderpest, the Cattle Plague Committee adjourned *sine die*, and the cattle trade of the country was freed from the restrictions which had been imposed in consequence of the appearance of the disease in Ireland.

SUMMARY OF SCIENCE.

(Specially Edited and Compiled for the Medical Press and Circular.)

By CHARLES R. C. TICHBORNE, F.C.S.L., F.R.G.S.I., &c.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

STUDY UPON SOME PROPERTIES OF FORMIC ACID.—Under the above heading, M. Jodin gives the following curious results as regards the preservative properties of formic acid. He says that we may place intermediately between animal and vegetable life yeast and many other

fungoid growths of a similar nature. They are able to assimilate their nitrogen from ammonia or nitric acid; but they are not able to fix the carbon as the animals are unless it is offered to them in the form of a ternary compound. Amongst all the ternary compounds, vegetable or animal, formic acid is the only one which is not able to associate the nitrogen phosphoric acid and potash to form these fungoid growths. Formic acid, either free or neutralized by an alkaline or earthy base, is not able to produce any such growths at the end of six months; but if we add the formic acid combined with lime or an alkali, and in the presence of a little sugar, the mixture becomes very full of these organisms; and if the experiment is prolonged, the formic acid disappears more or less during the experiment. It is necessary, however, that the acid should be combined. The slightest quantity of free formic is sufficient to preserve the sugar unaltered. Mineral acids have not the same effect, as the sugar is changed in a short time.

Formic acid preserves saccharine solutions much better than carbolic acid. (This statement was not borne out by the experiments of the Editor of this Summary.)

The author placed some muscles in three vessels. The first contained a solution of carbolic acid, the second water acidulated by formic acid, and the third only contained distilled water. The flesh in the carbolic acid solution was preserved much longer than the others. That in the water acidulated by formic acid became putrid more slowly than that in the water, and at the same time presented the peculiarity that it was at last converted into a thick mass of mycelium. At the end of some time the three liquids presented an alkaline reaction. "This explains," says M. Jodin, "why the preservative action of the formic acid was less than the carbolic, as it no longer acted when the solution became alkaline."—*Comptes Rendus and Bul. de la Soc. Chim.*

NEW TEST FOR GLUCOSE IN DIABETIC URINE.—MM. Franconi and Vyveré prepare a test solution as follows:—Nitrate of bismuth is precipitated by a considerable excess of potash, and the mixture is moderately heated, and tartaric acid added, until the precipitate at first formed is dissolved. The reagent is then ready. A few drops of this test boiled with diabetic urine gives a black deposit of metallic bismuth.—*Chemical News.*

THE BRAIN.—The following statistics of the brain are according to M. Bourgoïn ("Chemical Researches on the Brain," *Journal de Pharmacie et de Chimie*):—Cerebrine or cerebriic acid does not contain phosphorus. Cerebrine is found in much larger quantities in the grey matter than in the white.

The average proportion amounts to 2 per cent. of cerebral matter, but this amount may vary very much.

The amount of water present is about 73.5 per cent. of the white substance, and 83 per cent. of the grey.

Phosphorus may become concentrated in the brain, as the largest quantity found belonged to an individual who died of phthisis.

The nitrogenous substance averages about 7 per cent. There are also several albuminoid principles not fully examined.

The cerebral acid of M. Fremy is said by that chemist to contain phosphorus. It has a white crystalline aspect, is soluble in boiling alcohol and in hot ether, it swells up in boiling water, but does not dissolve.

It consisted, according to Fremy, of

Carbon	66.7
Hydrogen	10.6
Nitrogen	2.3
Phosphorus	9
Oxygen	19.5
	100.—

That phosphorus was essential to the composition of cerebriic acid had, previously to M. Bourgoïn's experiments, been denied by Müller and V. Bibra.

MAGNESIUM IN TOXICOLOGICAL EXPERIMENTS.—M. Roussin proposes the use of magnesium instead of zinc in toxicological examinations. It completely precipitates the poisonous metals without the danger of introducing them through the reagent. Arsenic and antimony are not precipitated, but will be found in the gas disengaged. Cobalt, nickel, iron, zinc, manganese, chromium, silver, gold, platinum, bismuth, tin, mercury, copper, lead, cadmium, and thallium are precipitated from their solutions.

ESTIMATION OF TANNIN IN OAK AND OTHER BARKS.—Dr. Lowe says that barks contain a considerable quantity of pectic acid. To estimate the tannin it is necessary to evaporate to dryness and to treat the dried extracts with alcohol, in which pectic acid is insoluble. He then gets rid of the alcohol, redissolves in distilled water, and the tannin can then be determined by the usual methods.

Tannin is now manufactured for medicinal purposes abroad from the hemlock bark.

PREPARATION OF NITRITE OF POTASSIUM.—M. Erdmann gives the following process for the preparation of nitrite of potassium. He recommends the fusion of the nitrate of potash with several times its weight of iron filings or borings in a cast-iron crucible at a carefully regulated red-heat. When a small portion taken from the crucible and tested shows a strong evolution of nitrous acid, the mass is poured from the crucible. When cold the mass is dissolved, and then the undecomposed nitrate is removed by crystallization; the liquid is then supersaturated with nitrous acid, and afterwards evaporated to dryness. The following process, which was published in the *Chemical News*,* the reader will no doubt see that the nitrite of potassium will be applicable to the purpose for which nitrite of sodium is used in the British Pharmacopœia—viz., sp. ether nitrosi. Nitrite of potassium is, we believe, more easily purified than the sodium salt.

ON A NEW REAGENT FOR THE ALKALINE METALS.—M. Debray has presented a memoir upon the above subject to the French Chemical Society, vide *Bulletin de la Société Chimique*, June, 1866. The author says that it is known that phosphomolybdic acid is a sensitive reagent for ammonia and the natural organic bases. This reagent is prepared by treating yellow phosphomolybdate of ammonium by carbonate of sodium. This gives the sodium salt, which is then dissolved in weak nitric acid.

This solution precipitates in acid solutions, potash, and the oxides of cesium, rubidium, and thallium. Soda, lithia, and the other metallic oxides do not give insoluble salts under like circumstances. Solutions of aniline, ethylamine, and the ammonia bases, are precipitated by this acid.

All these precipitates are yellow, and the reactions are very sensitive. M. Debray says that the constitution of this acid is very remarkable, as the quantity of phosphoric acid it contains is so very slight, yet it modifies so profoundly the properties of the molybdic acid.

ON THE SEPARATION OF LIME AND MAGNESIA.—Mr. Sonstadt proposes to separate the two bases, analytically, by the difference in solubility of the tungstates. The salts of lime, even in very weak solutions, gives at a temperature of 40 or 50, a dense precipitate of tungstate of lime. Magnesia only gives a precipitate when very concentrated, but the presence of ammonia or magnesia increase the solubility of the lime precipitate.

The liquor after the separation of the lime by tungstate of soda in an excess of ammonia is treated for magnesia; first adding hydrochloric acid to throw down the excess of tungstic acid employed. The magnesia is precipitated in the ordinary manner. The tungstate of lime should be washed with water containing an excess of ammonia.—*Cosmos.*

HELLEBOREINE AND HELLEBORNE.—Helleboreine is

* Taken from a paper on the nitrous compounds of cobalt and nickel.—*Journ. für Prakt. Chem.*, No. 7, 1866, p. 337.

found in great quantities in black hellebore than in green. The alcoholic solution deposits after some time in a mamillated mass, composed of microscopic crystals, which are at first transparent, but which become white in the air, and fall to a very hygroscopic yellowish powder.

Its formula is $C_{26} H_{44} O_{15}$.

Concentrated sulphuric acid dissolves it with a brownish-red colour, which after a little passes to a violet.

Three hundred milligrammes killed a cat, it being a powerful narcotic poison.

Helleboreine is a more powerful narcotic poison still. Its formula is $C_{36} H_{42} O_6$. It is insoluble in water, more soluble in ether and the fixed oils, and very soluble in boiling alcohol or chloroform.

Hospital Reports.

THE CHOLERA WARDS OF THE HOSPITALS OF LONDON.

THE interruption of our usual weekly report on this subject, caused by the Students' Number happening towards the decline of the epidemic, is of less consequence than it would otherwise have been, especially as nothing particularly new has been tried in the treatment. Cases continue to be received at these hospitals of which we have heretofore given reports, and there does not seem to be a marked diminution in the urgency of the symptoms. At any rate, we may safely assert that some of the more recent cases have been as severe as many of the earlier ones.

LONDON HOSPITAL.

SINCE the commencement of the outbreak the admissions up to the 20th inst. have reached the figures 769, of which 532 have been cases of cholera, and 232 choleraic diarrhœa. The deaths have been 282 from the former disease and 20 from the latter, while the recoveries have numbered 232 and 195 respectively, leaving 40 patients, of whom 23 are suffering from cholera, still under treatment. The following is the table for the week:—

	Admissions.	Recoveries.	Deaths.	Remain.
Cholera	16	15	5	23
Diarrhœa	8	21	1	40

We have already reported several times the cases of venous injections, and are happy to be able to say that some fresh recoveries have taken place under this method of treatment. It is to be anticipated that further trials will be made, not only with saline fluids, but with some nutrient and heat-giving liquids; such, for example, as that proposed by Dr. Richardson, and to which attention was drawn in our report of the proceedings of the British Medical Association.

During the last ten days seven other cases have been treated by the injection of saline fluids into the veins. In each case the operation was performed by Mr. L. S. Little. The cases submitted to this treatment were all amongst the worst admitted; all were, in fact, pulseless. Four of them have proved fatal, the other three are doing well. It is only fair, however, to record that two of those who died were suffering from severe organic disease, for such a complication might readily affect the results of any kind of treatment.

Of the recoveries—one, a man 40 years of age—was injected three times in eighteen hours. Each time eighty ounces of saline fluid, to which alcohol was added in the proportion of two drachms to a pint, were injected.

The second successful case of this series was that of a woman 35 years old, who was twice injected with the same quantity of this fluid.

The third case was that of a child only seven years of age. This was injected once with thirty ounces of the fluid.

The cases that recovered were quite as severe as those

which died, and perhaps previous disease may in some measure account for the different results.

In these cases a syringe was not employed. The fluid was allowed to flow by the force of gravity from a vessel placed at a higher level. It was kept at a suitable temperature by means of a spirit lamp, and conveyed through an india-rubber tube with a silver nozzle into the vein.

When the apparatus is placed from six inches to a foot above the patient, the operation occupies about ten minutes. When done more slowly it has apparently not quite so good effects.

The injection invariably restores the pulse, lessens the difficulty and frequency of breathing, and stops cramps and vomiting. It is generally followed by a rigor, with a rise of temperature in the axilla, profuse perspiration, and sleepiness. It is also not a little remarkable that little or no reactionary fever has occurred in any case injected.

Now, the reaction has lately proved fatal in many cases of cholera in which there had been only slight collapse, so that this fact assumes a singular significance.

Such are some of the latest points we have been able to gather on this important subject. On a future occasion we hope to enter fully upon a complete examination of this as well as other modes of treatment.

THE DISTRICT CHOLERA HOSPITALS.

Two cases have been treated by venous injections at the Limehouse Hospital, under the care of Dr. Woodman and Mr. Heckford. In one convalescence is fully established; the other has unfortunately terminated fatally. The fluid employed contained three drachms of chloride of sodium and two scruples of carbonate of soda in six pints. It was employed at a temperature of 102° Fahr.

At Bethnal-green, Dr. Sutton has recently employed bleeding in some cases of collapse. In one instance, at least, the treatment seemed to afford relief. Under Dr. Sutton, also, chloroform has been inhaled for a prolonged period, several hours altogether. Cramps were greatly relieved, the respiration became easier, and sleep was obtained. In one case convalescence seems to have set in. The treatment will probably receive a further trial, as will other methods, all of which we shall report from time to time as opportunity occurs.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

CHOLERA TYPHOID.

THE patient having passed through the perils of the periods of invasion and collapse, has yet, in many instances, to run the gauntlet of dangers which seriously threaten life, and, in not a few instances, prove fatal. In favourable instances, and in a far greater proportion in some epidemics than in others, the patient who recovers from cholera passes at once and *frankly* into a state of complete convalescence, and the man who is to-day in the fully-developed blue collapsed stage of cholera, may be within three days up and able to resume his avocations. In other instances, convalescence is established as a slow and gradual process, the patient does not at once shake off all appearances of the collapsed stage, and in a day or two it will be found that he has glided into a condition of secondary pyrexia, marked by quick and irritable pulse, foul tongue, and hot skin. More or less tendency to diarrhœa, with pain and other symptoms of intestinal irritation, are now manifested, and on careful palpation the abdomen is found hot, and gurgling is detected in the ilio-cœcal region. In cases likely to prove fatal, diarrhœa becomes now a constant symptom; thirst, depression, uneasiness, if not actual pain, in the bowels is complained of; there may be wandering or delirium, and the general

aspect and condition of the patient are such as to produce the closest possible similarity to, if not identity with, true typhoid or enteric fever; and in fact pathological anatomy reveals to us that a lesion is now progressing in the intestine, in all essential respects the same as that which characterizes the fever in question.

Pathological Anatomy of Cholera Typhoid.—It has been seen that one of the most frequent lesions observable post-mortem in fatal cases of cholera is a loaded and turgid state of the solitary and aggregate follicles of the small intestine. The general colour of the jejunum and ilium is that of a pale rose pink; conspicuous upon this ground will be noticed, more or less prominently so in different cases, a multitude of little granular bodies varying in size from a pin's head to a couple of lines in diameter, of a dirty cream colour, but occasionally whitish. These will be found to be the solitary glands, surcharged with a quantity of matter, which, when viewed under the microscope, exhibits an infinite number of amorphous granules, but no formed elements. The patches of Peyer will be found to exhibit a similar condition, and in the lower few inches of the ilium, both the solitary glands and patches of Peyer are usually very conspicuous, being distinctly elevated above the surface by the amount of deposit with which they are overloaded.

That the condition here described is present in a large majority of cholera cases Dr. Lyons has established by numerous examinations in various epidemics at home and abroad.

In those cases which prove fatal in the primary stage of cholera, time is not allowed for the development of further changes by which any process of elimination could be attempted to rid the glands of the dirty creamy deposit with which they are so remarkably infarcted; but when the patient survives the period of choleraic collapse, he is now, *quoad* the intestines, in the predicament of an individual in that stage of typhoid fever in which deposit has taken place into the solitary and aggregated glands.

That a rapid and safe process of softening of the deposit and its speedy elimination without further mischief to the intestine, is accomplished in numerous instances, we find ample proof in the rapid and complete convalescence, without further bowel irritation of the slightest kind, which is to be observed in a large proportion of the recoveries from cholera in many epidemics.

In other instances, on the contrary, the period of recovery from the acute stage of cholera is marked by the accession of the new symptoms of pyrexia and bowel irritation already adverted to. The patient in cholera typhoid is now in identically the same pathological predicament as the patient in true or idiopathic typhoid; both have the same dangers to face, and in both the progress of the lesion in the intestine is the same. A process is now established for the elimination of the creamy matter in the intestines. It may be convenient to recapitulate the various modes by which Nature effects the elimination of deposit from the intestinal glands, whether in idiopathic or in cholera typhoid:—

1. By endosmosis, and by the inherent tendency in all forms of low exudation to undergo mechanical disintegration, the deposit in the glands becomes gradually softened, and under the influence of the gentle pressure constantly being exercised upon it by the constrictive and extrusive action of the circular and longitudinal fibres of the muscular coat of the intestine, it becomes gradually forced out of the glands. This may be regarded as by far the safest to life of all the modes of elimination of glandular deposit in the intestines, and the possibility of its accomplishment and of facilitating its being brought about should ever be uppermost in the mind of the practitioner in dealing with such cases by food or medicine.

2. The pressure of the matter deposited in the glands acts, in many cases, as an irritant on the surrounding tissue elements; increase of vascular action is the result, and soon a process of ulceration is set up; the deposit is broken up and extruded, but there remains a cup-shaped

ulcerated depression, the further extension of the destructive agency of which it is, in many cases, found impossible to check. Ulceration of the intestine in the site of a previously over-charged gland, or patch of glands, is now established. Its results may be (a) gradual extension through the basement structures of the membrane and the muscular coat until it reaches the peritoneum, in which it may, without perforation, set up inflammatory action, or by perforation, lead to general peritonitis and death. (b) The ulcer, in its progress laterally, may open a vessel and lead to alarming, if not fatal, hæmorrhage. (c) The presence of any considerable number of ulcers will lead to constant irritative diarrhœa, under which the patient dies of exhaustion. (d) Ulceration may end in favourable cicatrization (as shown by Lyons and Aitken).

3. In cases of a very extreme amount of deposit, the vessels leading to the glands become choked up, death of the tissues and spiculus of a patch of Peyer, with fatal issue of the case, will be the necessary result. This latter condition, rare in typhoid, has not been verified in the cholera typhoid.

Foreign Medical Literature.

TWO CASES OF BROWN DISCOLORATION OF THE SKIN WITH MORBID AFFECTION OF THE SUPRARENAL CAPSULES.

By W. KOSTER.

Translated from the *Nederlandsch Archief voor Genees- en Natuurkunde*, Deel ii., 2e Aflevering, p. 165.

By WM. DANIEL MOORE, M.D. Dub. et Cantab., M.R.I.A., HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS, OF THE NORWEGIAN MEDICAL SOCIETY, AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; EXAMINER IN MATERIA MEDICA AND MEDICAL JURISPRUDENCE IN THE QUEEN'S UNIVERSITY IN IRELAND.

It is not my design on the present occasion to treat in detail of Addison's disease. I shall confine myself to briefly relating two cases, which afford evidence in favour of the connexion between disease of the renal capsules and "bronzed skin," as in both the existence of such an affection was assumed before death, and found on post-mortem examination. Affections of the renal capsules without discoloration of the skin, or the reverse, I have not yet observed in Utrecht.

The first case was the first post-mortem examination which I performed in Utrecht in October, 1862. From Dr. Imans' notes of the course of the disease, and from my own of the examination of the body, I collect the following:—

Cornelia W., aged 63, was admitted into hospital on the 6th of October, 1862. She had already been a considerable time ill; had much diarrhœa, and latterly a cough. She was extremely emaciated and debilitated, and every movement was painful to her; her pulse was very small and quick; the abdomen was not tender. There was occasional cough, with slight expectoration of mucopurulent sputa. On the left side, the sound on percussion of the chest from above was very dull; above and behind, close to the scapula, large râles and bronchial respiration were heard, on the right the alteration of the physical signs was less marked.

The diarrhœa and the cough continued for some days after the patient's admission. A bed-sore, in the sacral region, which was present at the time of her admission, gradually increased. The woman died on October 13th. Little brown spots had been observed on the arms, back, and chest, yellowish-brown discoloration of the face, and dark-brown discoloration of the forearms and elbows. On account of these we suspected, in addition to the evident tuberculosis of the lungs, the existence of tuberculosis of the supra-renal capsules.

At the post-mortem examination, on the following day, we found in the cavity of the skull no particulars worthy

of note. In the chest the organs lay in their normal position: The right lung contained many whitish yellow, scattered firm tubercles in the superior lobe, some in the middle, none in the inferior lobe. In the upper lobe of the left lung were tubercles and tubercular masses, partly softened, besides cavities of various sizes. In the lower lobe of this lung were isolated tubercles and lobularly inflamed spots.

There was no tuberculosis of the small intestines, but there was of the colon, without considerable ulceration. The kidneys were normal, but the size of the supra-renal capsules, especially of the right one, at once struck the eye. The latter was swollen in the middle to a great tubercle. On section this tubercle was seen to consist of a whitish yellow caseous mass, in the centre in a far advanced state of softening, at the periphery it was still firm. A thin layer of brown matter surrounded the tubercular mass. No particulars are given of the microscopic examination of the latter.

The left supra-renal capsule contained in its centre a larger yellowish and not yet softened tubercle, and moreover scattered through the whole tissue many smaller tubercles.

The second case I witnessed not long ago. In this instance, too, before proceeding with the students to examine the body, I pointed out, on account of the brown discoloration of the skin, which was very strongly developed, the great probability of the existence of disease of the supra-renal capsules. Although this case was in other respects also not devoid of interest, I shall here mention only the particulars from the report of the post-mortem examination and from the remarks made before one of the pathological lectures, which bear upon our present subject. Of the course of the disease during life nothing was known. The poor wretched woman was brought one evening, by persons who scarcely knew her, from her dwelling to the hospital, where she arrived labouring under violent dyspnoea, and in a semi-comatose state, and died in a few hours.

The brown discoloration of the skin was very extensive. In the face both cheeks were of a brownish yellow, with a sharp boundary in the zygomatic region. The white of the eyes was not discoloured. On the neck, as well as on the chest, were scattered irregular brown spots. The skin of the thighs, especially on the outside, was of a bronze colour; along the surface of the back and side, were small dark brown speckles and larger brown spots.

The most important anatomical abnormalities which were found consisted in: far advanced lardaceous degeneration of the two kidneys, ascites, anasarca, copious hydrothorax, dilatation of the right side of the heart, slight cirrhosis of the liver, atrophy of the spleen, and the change of the supra-renal capsules to be more particularly described.

The left supra-renal capsule was half as large again as the right, which latter was of the usual size. The former exhibited in the middle a thick tubercle, extending chiefly downwards, and tapering in that direction. On dividing the capsule the yellow cortical layer over the thickened part seemed to be quite pushed aside; only here and there did some islets of it still remain. The newly formed mass took the place of the former medullary matter, and had a greyish white, not shining, lardaceous appearance; it was moderately firm.

On microscopic examination it appeared to consist of an amorphous mass of connective tissue, with some small cells hanging to each other like garlands, and also of a larger quantity of globules of a dull lustre, and of various sizes, and masses of irregular form. The globules did not disappear in ether, or did so only to a slight extent; the larger masses in part assumed a beautiful blue colour on the addition of Schultz's reagent. The nervous ramifications which still adhered to the gland, were in part examined: no changes of any importance were observed.

The right supra-renal capsule contained superiorly a cavity, filled with a viscid, thick brown matter, such as is often met with in advanced age. Inferiorly the appear-

ance and structure of the gland might be described as normal.

I communicate these two cases only as contributions to the statistics of the disease, I was unable to make a more accurate investigation of the amyloid change of the capsule in the latter case, and of the state of the solar plexus and of the abdominal portion of the sympathetic nerve. As yet only Quekett and Boogaard* have examined the nerves of the solar plexus in disease of the supra-renal capsules. Virchow,† who adheres to the opinion of the great probability of a connexion between affections of the supra-renal capsules and changes of the sympathetic nerve, also appears not himself to have made any examination of the nerves. The pressure of business of another kind, with defective assistance, made it impossible for me to investigate the matter more fully in either case. The question therefore remains to be followed up.

M. BOUCHUT ON THE DIAGNOSIS OF
SYMPTOMATIC AND ESSENTIAL PARALYSIS
OF THE
SIXTH PAIR OF NERVES,
BY MEANS OF THE OPHTHALMOSCOPE.

Translated from *L'Union Médicale*, July 3rd, 1866.

By BALTHAZAR W. FOSTER, M.D., F.L.S.,

PROFESSOR OF CLINICAL MEDICINE IN QUEEN'S COLLEGE, AND PHYSICIAN
TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

(Continued from page 152.)

Case 3.—*Chronic Encephalitis; Double Convergent Strabismus; Ophthalmoscopy; Optic Neuritis, and Granular Retinitis.*—Louise Bance, *ætat.* 3 years, was admitted on the 8th of May, 1866, into St. Catherine's ward, at the Hospital for Sick Children. This child had walked with difficulty for some months, in consequence of rachitis, and had had diarrhoea for a long time. Moreover, when one year old, without having had convulsions or any particular illness, she was attacked by paralysis of both the sixth nerves, characterised by convergent strabismus of both eyes.

Present State.—The child shows curvature inwards of the tibia and of the femora, with enlargement of the articular extremities; both wrists are also enlarged; the chest is depressed laterally, and presents the peculiar rachitic form. Her stomach is very large, and the vertebral column is curved forward, on a level with the lumbar region, as is the case in patients affected with rickets; her extremities do not pain her, but she walks with much difficulty; diarrhoea very frequent, with yellow stools; no vomiting and but little thirst; good appetite and no fever.

The subnitrate of bismuth (two grammes) and phosphate of lime (one gramme) cured this diarrhoea in a few days.

On examining the strabismus both eyes showed a deviation to the internal side of the eye, but when the patient was made to look outwards, the eye could move itself beyond the median line. However, inasmuch as the child is young, and has not much sense, she cannot assist in the experiments which one wishes to make, in order to investigate the movements of the organ of vision. The fundus of the eye, examined with the ophthalmoscope by M. Meyer and myself, presents on the left side an irregular papilla, triangular in shape, with ill-defined angles, slanting away on the internal and superior side, where it is veiled by a greyish radiating infiltration, which masks all the vessels. The veins above and below are numerous and dilated, and curved back on the external side, thus forming a semi-circle, the concavity of which is turned outwards. The right eye presents slight serous infiltration, half covering the vessels of the papilla, and below this point, the retinal vein, not well marked, on leaving the edge of the papilla, appears red and dilated upon the retina, so that it appears very large below the papilla, and very much compressed on the surface of this part. This child after a month's

* *Nederl. Tijdschrift. v. geneeskunde*, 1858, p. 663.

† *Die krankhafte Geschwülste*, Band ii., pp. 701 et seq.

stay in the hospital was taken home by her parents in the same state.

Remarks.—Notwithstanding the incompleteness of this case, with reference to the pathological condition of the brain, it is of much interest in connexion with the subject which occupies us. It is evident that without the aid of the ophthalmoscope this double convergent strabismus might have passed for a muscular affection or for a hypermetropia. But on the discovery of considerable morbid changes in the fundus oculi, on the retina, and on the papilla, we were led to make another diagnosis, and to consider the deviation of the eyes as a consequence of the disease of the optic nerve and of the retina, which in its turn led us to suspect a similar lesion beyond the orbit, in the membranes or the brain. This is an example of what in Germany is called a "descending neuritis," to express the fact that a disease originally developed in the brain has extended to the ocular globe.

Case 4.—*Chronic Encephalitis; Nystagmus; Weakness of the Intellectual Faculties; Impairment of Sight; Atrophy of the Papillæ of the Optic Nerves; Serous Infiltration around the Papilla, on the right side.*—Louise Meret, ætat 12 years, was admitted June 11th, 1866, into St. Catherine's ward, at the Hospital for Sick Children. This child had had, when three years old, a sudden and severe attack of convulsions of considerable duration, after which there remained a double convergent strabismus, and a state of intellectual weakness which prevented her learning to read or work.

Present State.—Both eyes show a little nystagmus; they are turned inwards, and the right is very weak. She cannot thread a fine needle, because she cannot see the eye, and she is not able to sew without pricking her fingers. She distinguishes small objects with difficulty; her mental condition is weak, and she appears in a state of half imbecility, without paralysis or convulsions. The digestive functions are in a very good state. Both papillæ are very small, flattened, white, pearly, and bright; on the right side this appearance only exists internally, for on the outside there is a serous infiltration, which makes the contour of the papilla externally, confused and scarcely visible. The arteries are seen with difficulty, and the veins are very small. The child's health is excellent in every respect, and as she showed no symptoms except strabismus and imbecility, she soon left the hospital in the same state as when she entered.

Remarks.—If there is not in this record any pathological condition which can enable us to recognize the lesion of the brain which existed in the case of Louise Meret, it is certain from the existence of converging strabismus, with nystagmus and atrophy of the optic papillæ coming on slowly after convulsions, that the brain and the membranes were affected by such a partial chronic inflammation as is compatible with life. The origin and the progress of the symptoms, and the gradual enfeebling of vision, together with atrophy of the papilla on both sides, are a proof of it. Here, again, the ophthalmoscope enabled us to complete an uncertain diagnosis, and the results obtained by its use formed an addition to the clinical investigation of ordinary symptoms. The ophthalmoscope furnished unexpected light as we have just seen in the preceding cases, and gave an exactness to our diagnosis which we could not have attained without its aid. It enabled us to discover morbid conditions of the fundus oculi, indicative of an organic lesion of the brain or its membranes, in cases where the diagnosis was doubtful, and where one could only form hypotheses.

Such results are very important and deserve to be made known. Moreover, they complete my researches "On the

Diagnosis of Diseases of the Nervous System, by the Use of the Ophthalmoscope;" and on this account it has seemed to me useful to publish them.

Henceforth, then, in paralysis of the external motor nerve of the eye, we must add the use of the ophthalmoscope to the study of the antecedents and the history, as an essential aid in the detection of the disease. For by its means, we shall often be enabled to detect the organic nature of the lesion by the discovery of a morbid condition of the fundus oculi. The paralysis may be *spondaneous* (Valleix), *rheumatismal*, produced by cold (Badin d'Hurtelbise); it may depend on *constitutional syphilis* (Begrin); *albuminuria* (Landouzy); *diphtheria* or *chlorosis*, *Plumbism*—(as in Case 1), or a *fault of accommodation*, or *optic neuritis*, produced by excessive use of the eyes. It may also be referable to *chronic meningitis*, produced by a wound over the eyebrow, or by a fall on the head (as in Case 2), or finally it may be due to localised chronic encephalitis, or tumour of the brain.

In many cases the evidence furnished by the patients, and the symptoms which they present, suffice for a diagnosis, but in those cases in which there is a suspicion that the cause of the disease is seated in the nerves or nervous centres, the ophthalmoscope alone can determine the question with certainty. In short, if there exists a serous or granular infiltration of the papilla or retina, in consequence of either general or partial congestion, venous thrombosis, or retinal hæmorrhage, we may be satisfied that there has been either *optic neuritis*, or localised *chronic encephalitis*, *chronic meningitis*, or *tumour of the brain*.

These lesions of the eye do not, it is true, always indicate the nature of the cerebral affection; but what is of chief importance is, that their demonstration nevertheless proves the organic nature of the paralysis, and this is undoubtedly a great advance. Let us now consider the history of the children whose cases I have reported.

The first, employed in a type foundry, presented a blue line on the gums, and came to the hospital for a first attack of lead colic, unattended by anæsthesia or any disorder of the intelligence or the senses. Shortly after, when almost cured, she was affected with slight internal strabismus and diplopia, without any pain in the head or great disorder of sight, and we were led to believe in the existence of a paralysis of the sixth or external motor nerve of the eye, due to lead poisoning. We were the more strongly disposed to this diagnosis from the fact, that there had been no disorder of vision except the diplopia. What, then, was my surprise, when, after using the ophthalmoscope, I discovered a considerable infiltration of the papilla and optic nerve. In the presence of this condition, I was compelled to modify the diagnosis, and while still admitting the possibility of the lead having acted on the nervous centres, I was able to recognize the existence of a morbid condition of the brain with extensive optic neuritis.

In the second of my patients, the circumstances were different. In consequence of a fall on the head on a staircase, the child was affected with involuntary chorea-like movements on the right side, and considerable difficulty in walking. Afterwards she had convergent strabismus of the right eye, diplopia, repeated vomiting, with constipation, but no fever or cephalalgia. The patient was brought to the hospital in this state, and I considered the paralysis of the sixth pair to be referable to chronic encephalitis, possibly to a tubercle of the brain. I was not, however, at all certain about it, when I thought of examining her eyes

with the ophthalmoscope. Immediately after the examination, I no longer hesitated, for the granular infiltration of the papilla and the retina, pointed to an optic neuritis, connected with chronic inflammation of the membranes and of the brain, either simple in its nature or complicated with cerebral tubercle.

In this case the ophthalmoscope enabled us by the discovery of very characteristic ocular lesions to form an exact diagnosis, and M. Liebreich, to whom I showed the case, after having himself proved the existence of the above mentioned lesions, was of the same opinion as to their signification.

Finally, the event has justified the correctness of this diagnosis, for the child lost the power of walking, uttered sharp cries, lost her intelligence, had convulsions which lasted for three days, and sank in consequence. The post mortem examination showed us that there had been chronic meningitis with extensive optic neuritis.

Not to dwell longer on these results of cerebroscopy, and not to repeat here what I have elsewhere said of ocular lesions of a *mechanical* or *sympathetic* nature, which the ophthalmoscope enables us to discover in the course of acute and chronic meningitis, in cerebral hæmorrhage, in softening of the brain, in hydrocephalus, intra-cranial tumours, in concussion, in contagion, in compression of the brain, and in maladies of the spinal cord, I shall terminate this paper by saying by way of conclusion—“*Paralysis of the sixth pair or external motor nerves of the eye, symptomatic of a disease of the brain or its membranes, can be sometimes distinguished from idiopathic or essential paralysis, by the fact that lesions of the papilla and retina are frequently present in the former, which do not exist in the latter.*”

Reviews.

A MANUAL OF THE OPERATIONS OF SURGERY FOR THE USE OF SENIOR STUDENTS, HOUSE-SURGEONS, AND JUNIOR PRACTITIONERS. By JOSEPH BELL, M.D., F.R.C.S.Ed. MacLachlan & Stewart, Edinburgh.

For many generations the family of Bell have never wanted a representative in the profession in Edinburgh, and all of them more or less distinguished for their surgical skill. In the end of last century one of the best, the most comprehensive, the most profusely illustrated, and—let us add—the cheapest works on surgery, was published by Benjamin Bell, the great grandfather of the present author, who has very properly brought forward his great forefather's claims to rank high as a practical surgeon, as having been the first to introduce amputation of the thigh by a long anterior flap—a method which has in recent times been re-invented by Mr. Teale, and adopted, with or without modification, by many other surgeons. The present work is, as its name states, simply a manual of operations; the several steps of these are carefully and distinctly described, and where necessary clearly—if somewhat roughly—illustrated by interspersed diagrammatic woodcuts, while four plates from original photographs are given at the commencement of the work, in illustration of the lines of incision in the various operations. The author is a thorough practical anatomist, the surest and only foundation for good operative surgery, and upon that foundation has been based a solid surgical training under one who, though as yet untitled, is not the less the first of British surgeons, whose clinical assistant Dr. Bell has the good fortune to be, and to whom this little work is dedicated; the very permission of the dedication being, to all

those who know the man and his hatred of cant, a sure proof that this little work is well worthy of the attention of those for whose use it has been prepared.

1. SOME OBSERVATIONS ON INCUBATION. By JOHN DAVY, M.D., F.R.SS, Lond. et Edin. Reprinted from the “Transactions of the Royal Society of Edinburgh.” Vol. xxiv. Edinburgh. 1866. 4to pp.12.
2. ON THE CONGELATION OF ANIMALS. By the Same. Reprinted from the “Proceedings of the Royal Society,” No. 86. 1866. 8vo, pp. 6.

THE object of the author in the researches described in the first of the pamphlets above referred to, was twofold: first and principally, to ascertain whether, in the instance of the egg of the common fowl, that which may be presumed to be vital action, can for awhile be arrested, and yet be capable of renewal. Secondly, to observe, however cursorily, the changes which take place in the contents of the egg when vital development has been prevented. We cannot here enter into the details of the experiments which were performed: 1. upon unimpregnated eggs; 2, upon eggs kept at a temperature of about 32°F.; 3, upon eggs subjected to the air pump; 4, upon eggs kept in lime-water; 5, upon eggs in the ordinary process of incubation. We must content ourselves with endeavouring to collect the inferences which Dr. Davy has drawn from them, referring such of our readers as desire to go more fully into the subject, to the Transactions of the Royal Society of Edinburgh.

“The changes experienced in the egg,” observes the author, “as described in the several experiments, are so many and various, and the difficulty of referring them to their causes is so great, that I have much hesitation in drawing any decided inferences from them, especially as regards suspension of vital action, in the trials, whether with the air pump, lime-water, or ice-house, in which incubation was afterwards successful.

“In the various experiments, it may be said that the whole of the oxygen was not withdrawn from the eggs, that a minute portion remained, sufficient to maintain a very low degree of vitality, enough, at least, to place in equilibrium for a time the antagonistic agencies—those administering to life and death.” The author remarks further that in an ice-house, at a temperature of 32° or lower, if not low enough to freeze the egg, action may be diminished seemingly, but not be really arrested, and he quotes the remarkable fact that “the ova of the salmon are, as has recently been ascertained, capable of being hatched after having been kept in ice-water one hundred and twenty days, and thus conveyed to Australia. Whether there can be life without action, or its equivalent change, is a problem which,” continues Dr. Davy, “I hardly venture to approach. In the seeds of certain vegetables, which, circumstances not favouring, remain without germinating months and years, there seems to be during the period an arrest of vital force or action; and yet may it not be more apparent than real. . . . It is possible that during the whole period, however long, there may be a very feeble action, though imperceptible, sustaining life. . . . What we witness in certain hibernating animals seems to favour our doubts. In the instance of the dormouse, in the depth of winter, there are no distinct indications observable of life; its temperature is about that of the air; no arterial action is perceptible; yet it would appear that the heart's action, and the action of secreting organs, is not absolutely suspended. Even congelation itself, it may be conjectured, may be compatible with the retention of a low vital force, more or less morbid or deranged, at least congelation, I have found, does not entirely arrest action in the blood, ammonia being formed in it, and evolved from it when frozen.”

2. In the second pamphlet on our list, Dr. Davy describes some experiments undertaken in consequence of the appear-

ance of "a very interesting and elaborate paper by M. Puget," on the congelation of animals. In this paper, published in the *Journal de l'Anatomie et de la Physiologie* for January and February 1866, the writer had referred to a statement made by Dr. Davy many years ago, that the leech may be frozen without loss of life. The experiments instituted by M. Puget, which, according to Dr. Davy, appear to have been conducted with great care, led that observer to an opposite conclusion—viz., that congelation is fatal not only to the leech, but to animals generally, without a single exception. Davy's subsequent researches confirm this opinion of M. Puget, though he differs from the French physiologist as to the cause of death in such cases, M. Puget considering the *vera causa* to be an altered condition of the blood, while Dr. Davy attributes the fatal result to the freezing of the organs, not excluding the blood, rather than to the freezing of the blood alone. The question is, however, evidently one, which it will never be possible to decide experimentally.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, SEPTEMBER 26, 1866.

THE POOR-LAW BOARD AND THE SICK POOR.

It is very much to be feared that the cause of the sick poor will not be much advanced, if it is not positively retarded, by the political changes which have lately occurred at the Poor-law Board, owing to the installation of a new Ministry. On the principle that "new brooms sweep clean," it might have been hoped, and indeed expected, that Mr. GATHORNE HARDY would have signalled his advent to office by the adoption of some measures to alleviate the condition of the sick poor in the Workhouses, or at least that he would have followed in the steps of his predecessor, Mr. VILLIERS, who, we really believe, was anxious to introduce some plan of reform based upon the evidence already received. But Mr. HARDY, on the contrary, seems to have pursued a retrograde course, and while he has displaced a very zealous officer, Mr. FARNALL, from his post, as one of the Metropolitan Poor-law Inspectors, he has shown a tendency to bolster up the misdoings and shortcomings of the guardians and other local authorities, who have most justly earned for themselves, by their cruelty, their ignorance, and their arrogance, the execration of the community. For a very long period the mismanagement of the local boards, in reference to the treatment of the sick poor, was concealed from the public, and any attempt to reveal "the secrets of the prison-house" was promptly met on the part of the authorities by the punishment of the unlucky but too honest officials who ventured to withdraw the veil.

Of late, however, as is well known, several cases have occurred in some of the workhouses, exhibiting the system pursued in the treatment of the sick paupers, and so great has been the surprise at the revelations made, that the whole machinery of the Poor-law has

been dragged to light, and the system has been put anew upon its trial. Mr. VILLIERS, the late President of the Poor-law Board, at once candidly admitted the defects of the existing arrangements, and set about cleansing the Augean stable, Herculean as the task was confessed to be, and both Houses of Parliament, although generally unwilling to interfere with local government, expressed their readiness to adopt any remedial measures which might be brought forward.

But in an evil hour, as we believe, for Poor-law Reform, Mr. VILLIERS retired from his place at the Poor-law Board, and was succeeded by Mr. HARDY, whose policy, as far as it can yet be understood, appears to be to conciliate the Guardians and perpetuate the vicious system they have so long pursued, and to discourage any efforts made towards a thorough and comprehensive scheme of improvement.

But perhaps the most serious obstacle to the progress of humane legislation is to be found in the conflicting views emanating from the two Poor-law Inspectors whose reports on the condition of the Metropolitan Workhouse Infirmaries have recently been published. That of Mr. FARNALL is in accordance with the evidence so often given as to the inadequacy of the existing accommodations, and his advice, founded on his experience and his observations, tends towards a complete re-organization of the infirmaries and a summary demolition of several of the number. He also deals gently, though by no means undeservedly so, with the Poor-law Medical Officers, representing the inadequacy of their salaries and the conscientious manner in which they discharge their duties.

Dr. SMITH, on the other hand, although himself a medical man, while admitting nearly all the evils alleged against the present arrangements, thinks that improvement may be safely left in the hands of the local boards, although universal testimony is borne to the thorough incompetence of these bodies. But what is still worse in Dr. SMITH'S Report is, that he actually throws the blame of workhouse infirmary mismanagement on the Poor-law Medical Officers, being apparently in entire ignorance that whatever improvement has ever been made in the treatment of the sick paupers is due to those gentlemen. He accuses them, for instance, "of indifference" and of "want of due consideration of and knowledge upon" ventilation, while his own conclusions upon the subject are at variance with those of the most eminent authorities; and he doubts whether the Medical Officers have pressed upon the local Boards the existence of sanitary defects and the best methods of rectifying them. He also actually recommends that when the Medical Officers have "remonstrated with the Guardians" on those and other matters, they should communicate with the Poor-law Board, although he might have known that such a step would lead to the inevitable injury of any Medical Officer who should be honest and bold enough to take such a step.

If, indeed, the Poor-law Board had done its duty and

made its periodical inspections really efficient, and had protected the Poor-law Medical Officers in the discharge of their duties, many of the evils lately brought to light would long ago have been remedied; but the Board, apparently for political reasons, has pursued a pitifully mean course in upholding the Boards of Guardians, and we very much fear that Mr. GATHORNE HARDY is about to revive this contemptible policy. If we do him any injustice in this surmise, we shall be happy to alter our opinion when we have seen a little more of the measures of reform which he has expressed his intention to inaugurate.

SANITARY STATE OF THE CITY.

THE Report of Dr. Letheby for a period of six weeks has just been issued. It appears that 2124 inspections of houses had taken place, resulting in 919 orders for sanitary improvements. 3000 houses had been disinfected with chloride of lime from 3 to 7 times over, and 147 public courts had been limewashed. A staff of 16 men had been employed every night in cleansing, flushing, and disinfecting 184 courts considered to require it; and the streets had been daily watered with a solution of carbolic acid. In addition to the usual city staff, from 44 to 90 men had been daily at work. Upwards of 7 tons of chloride of lime and 1000 gallons of carbolic acid, besides a large quantity of carbolate of lime, had been used. In consequence of the compulsory disuse of the city pumps a large number of stand-pipes provided with a constant supply of water had been erected. The inspector of shipping had inspected 53 vessels, chiefly steamers; six were found defective in cleanliness and ventilation where the crew sleep, and the captain of one had died of cholera.

The markets, slaughter-houses, and cow-houses had been inspected, and about 30,000 lbs. of meat condemned as unfit for human food. This had all been destroyed, and in four cases it was recommended that further investigation should be made with a view to legal proceedings. In four cases fines had been inflicted for exposing unwholesome food and putrid hides for sale in the city markets.

As to the mortality, Dr. Letheby reported that the deaths during the six weeks were 319, rather above the average of 290 for the corresponding period of the last ten years. A little over one-third of the deaths (109) had among children of less than 5 years of age, and 75 had been among persons at 60 and upwards. The chief causes of death were:—

“Phthisis, 33; mesenteric disease, 16; hydrocephalus, 4; pneumonia, 7; bronchitis, 9; continued fever, 5; small-pox, 5; scarlet fever, 9; erysipelas, 4; measles, 11; croup, 2; cholera and choleraic diarrhoea, 65; and common diarrhoea, 24—making together 53 deaths from tubercular diseases, 16 from inflammatory affections of the lungs, and 129 from diseases of a zymotic character. Of the 65 deaths from cholera and choleraic diarrhoea, 12 occurred in the workhouses, which are not in the city; and of the remainder (53), 12 were among children of less than five years of age. So also of the 24 deaths from common diarrhoea, 5 were in the workhouses, and of the remainder 5 only were among adults. In the corresponding period of the last ten years the average mortality in the city from alvine flux has been only 5 among adults, instead of 65, and 22 among children, instead of 24. But, although the mortality has been excessive, yet it has not reached to anything like the proportion of the neighbouring districts or even the general average for the whole of the metropolis. In the eastern districts of London the deaths from cholera and choleraic diarrhoea during the last six weeks have been at the rate of

about 375 per 100,000 of the population, and in all London it has been at the rate of nearly 100 per 100,000, whereas in the city it has been only about 47 per 100,000 of the inhabitants, and the mortality from diarrhoea has been but 14 per 100,000, while in the other districts of the metropolis it has ranged from 26 to 61 per 100,000 of the people. He was inclined to think from this that a large proportion of the deaths from diarrhoea in the city had been returned as cholera, or choleraic diarrhoea, for there was no other part of London where the proportion of deaths from diarrhoea was so low. This was further indicated by the sickness returns for the city unions, which showed that of nearly 1500 cases of diarrhoea attended by the union medical officers of the East and West London Unions, only five were reported as having terminated fatally. Even the cases that were entered as cholera must have been of a singularly mild type, for of the 142 which had been returned as cases of cholera, only 13 had terminated fatally, the usual mortality being about one-third. In point of fact although the amount of sickness recorded on the books of the medical visitors was unusually large, yet it was also unusually mild, for of 2393 cases of alvine disorder attended during the last few weeks by the union medical officers, only 21 had terminated fatally. The contrast of this condition of things in the city with what it had been during the same period in the City Workhouse at Bromley was most striking; for there, with a population of less than 800 persons, there had been 27 deaths from cholera, and four from diarrhoea; while in the whole of the city proper, with its 46,000 inhabitants, there had been but 11 deaths from cholera, and six from diarrhoea. The death-rate from cholera in the City Workhouse has been nearly 400 per 10,000 persons, while in the very heart of the city it had been only about two per 10,000. In fact, if the city mortality had been equal to that of the City Workhouse, there would have been 3800 deaths from cholera instead of 53. He would not pretend to account for this remarkable difference in the intensity of the disease; but in so far as it related to the city, it was a subject of sincere thankfulness that its ravages had been confined within so narrow a circle.”

THE POOR-LAW.

THE Poor-law Board have just presented to her Majesty a report of their proceedings during the past year. During the year the sum of £6,264,961 was expended for the relief of the poor. This was £158,422 less than the sum expended in the preceding year. The number of adult able-bodied persons in receipt of relief on 1st January, 1865, was 170,136, as against 149,320 on the same day in the present year—a decrease of 20,816, or 12·2 per cent.

In 1849, when the population of England and Wales was 17,534,000, the mean number of paupers of all classes was 1,088,659, or 6·2 per cent.; and the mean number of adult paupers, exclusive of vagrants, was 228,823, or 21 per cent. of the population.

In 1850 the percentage declined to 5·7 in the one case, and 19 in the other, and it continued to decline, with a slight exception (in 1855 and 1856), until the year 1863, when, with a population of 20,445,000, the mean number of paupers of all classes again rose to 221,749, or 5·3 per cent., and the mean number of adult able-bodied paupers to 1,077,382, or 20·5 per cent. of the population. The returns for 1865 again show a diminution, for the population having increased to 20,881,000, the total mean number of all classes of paupers is given in the report as 951,899, or 4·6 per cent.

Comparing the last day of the last week of each quarter of 1864 and 1865 we find a similar state. On Lady Day, 1864, the number of paupers relieved in London (excluding lunatics in asylums and vagrants) was 100,824. On the same day, 1865, the number had increased to 105,988, or about 5·1 per cent.

The increase for the remaining three-quarters, calculated in the same manner, is 2·5, 1·2, and 4·1 per cent.

respectively. The following table shows the number of insane paupers on the same day :—

Insane Paupers.	Males.	Females.	Total.
Lunatics	12,259	16,207	28,466
Idiots	4,567	5,454	10,021
Total	16,826	21,661	38,487

Of the 39 unions and parishes included in the metropolitan district, 33 have already provided adequate accommodation for the casual poor, and in the remaining six measures are in progress for rendering the accommodation for this class of paupers sufficient. The report then continues :—

“The question of the relief of the wayfarers and the houseless poor having attracted much public attention, and proper facilities for obtaining such relief having been greatly extended in the metropolis, the effect of these measures has necessarily been to increase very considerably the number of applications from this class of persons for relief, as is shown by the following figures :—

Number of vagrants relieved during the week ended the—	Average per Night.
5th May, 1864	4282
— 1865	612
— 1866	7745
— 1866	8421
	1203

“It is not, however, unsatisfactory to us to observe that this increase has taken place, for it enables us to state that there need not and should not now be a houseless poor person in the streets of London

“The Act of the 28th of Victoria, cap. 34, sec. 2, required that the Poor-law Board should cause the wards and other places of reception to be officially inspected, and that the results of such inspection should be reported to the Poor-law Board. In carrying this provision of the Act into effect we thought, having regard to the character of some of the persons relieved in these wards, that such inspection would most effectually and satisfactorily be made by officers connected with the Metropolitan Police. We therefore communicated with Sir Richard Mayne on the subject, who readily undertook to have the inspection conducted by the superintendents and inspectors of police at the nearest station to each ward. The required inspection has accordingly taken place, and the result has been reported to the Board from time to time in a form provided for the purpose. The reports, with some few exceptions, have been satisfactory, and in those cases in which any defects appeared to exist in the arrangements or management of the wards we have brought the matter under the consideration of the guardians with a view to their remedy.

“The number of vagrants received nightly into each of the several wards appears from these returns to vary considerably; but the total number in the 39 unions and parishes comprised in the metropolitan district averages from 1000 to 1100 persons nightly, besides those who may have been sent to licensed lodging-houses. The total accommodation provided is for 2136 persons, which therefore appears ample for the intended purpose. We believe that the objects of the Metropolitan Houseless Poor Acts have been fully secured, and that at a cost trifling in amount, when extended over the whole metropolis, a great improvement has been made in the relief of this class of cases.

“We think it desirable that the dietary for the inmates of the vagrant wards, and the general arrangements for their relief, should be of the same character in all the wards; and we have therefore issued a general order prescribing a uniform dietary for them, and have sanctioned tasks of work of a similar character to be performed for the relief afforded in all the wards.

“We have continued to give much attention to the important question of medical relief to the sick poor. We did not think it advisable to issue any positive regulation on the subject, but the course which we have taken of bringing the question under the notice of the guardians has had a satisfactory result.

“The state of the workhouse infirmaries and sick wards particularly in the metropolis, has also engaged our serious attention; and we have thought it advisable to obtain reports from Mr. Farnall, C.B., and Dr. Edward Smith, F.R.S., two of our inspectors, as to the existing accommodation and management of the sick wards and infirmaries attached to the metropolitan workhouses. On the receipt

of their reports, the measures which may be necessary to improve the administration of this important branch of relief in the metropolis will receive our careful consideration.

“With the view of promoting a better system of nursing in the hospitals and sick wards of the workhouses throughout the country we issued a circular letter, dated the 5th of May, 1865, pointing out the expediency of providing a sufficient number of competent paid nurses, and we have the satisfaction of stating that the suggestions made in that letter have led to the appointment of additional nurses in many workhouses. We also think it right to mention that in the parish of Liverpool, through the munificent assistance of a gentleman of that town, Mr. W. Rathboun, jun., who has placed at the disposal of the select vestry a sum of £1000 a year for three years, arrangements have been made for introducing into one of the hospitals of the very large workhouse of the parish a system of nursing by trained nurses. We have received from Mr. Corbett, the inspector of the district, copies of reports lately made by the master of the workhouse and the medical officers to the Workhouse Committee on the subject. These reports show that much benefit has already been gained from the measure, both in the actual nursing of the sick and the general state of the hospital. We shall watch with much interest the further results of this experiment.”

Respecting the education of pauper children, the report gives a summary of the average daily number attending workhouse or parochial schools. The total numbers during the half-year ending Lady Day, 1865, were: boys, 16,320; and girls, 15,425. The average number of children (boys and girls) attending district schools during the same period is stated as 2961. The amount paid to boards of guardians out of the Parliamentary grant for salaries of workhouse and district school teachers in this half year was £34,220 7s.

Next comes the subject of vaccination, on which the report says :—

“A summary of the returns received from the several unions and parishes in England and Wales of the number of persons vaccinated by the public vaccinators during the year ended at Michaelmas last is given in the Appendix, pp. 317 *et seq.* This summary shows the number of persons vaccinated during the year to have been 588,361, being an increase upon the number vaccinated during the previous year of 51,149. The summary also shows that the number of cases in which the vaccination has been successful is 578,383, which is an increase of 49,104 upon the number successfully vaccinated last year. The births during the year in the several unions were 742,680, being an increase of 3444 upon the preceding year.”

The report concludes that further legislation “will be required for putting the Poor-law Board on a more permanent footing, and for making the necessary amendments in the laws.”

PAUPER VERSUS CRIMINAL.

DURING the year 1865 the average number of criminals in the prisons in Scotland was 2418, the total cases of sickness were 1050, and the deaths 26. The average number of paupers in the poorhouses in Scotland for the year ending 30th June, 1865, including lunatics and children, was 7807; of these 2216 died during the year. That is, more than one-fourth of the average number of paupers resident in poorhouses during the year died, while of criminals resident in prisons less than one-ninetieth died, the number of cases of sickness alone among the criminals being less than one-half the cases of deaths among the paupers. True, the average numbers resident vary somewhat, but the populations of both poorhouses and prisons being fluctuating, they represent nearly the same actual population—viz., 30,195 paupers and 28,510 criminals; the number of criminals is, therefore, very little below that of the paupers. Criminals are, however, comparatively in the prime of life, while residents in poorhouses are mostly children or adults,

enfeebled by disease or age. To a large extent, therefore, poorhouses are hospitals for the care and treatment of the disabled poor, and this to a considerable extent explains the large amount of sickness and mortality. But for the treatment of such a class, all medical experience is in favour of an ample supply of nutritive and restorative food, without which all other treatment is vain. Our prison dietaries have been fixed upon the most ample data, carefully ascertained by repeated weighing of the prisoners, and has been found fully adequate to sustain the weights of the prisoners under normal sanitary circumstances. We have, however, no published evidence that the same care has been taken in regard to testing the value of pauper dietaries, while the debilitated and diseased frames of paupers actually require more nourishment, and his statutory claim for relief entitles him to at least as much protection from the causes of disease as a criminal. In the Appendix to the Report of the Prison Managers for Scotland, there is a very valuable report by Professor Christison and Mr. Thomson, Surgeon to the Perth General Prison, on the prison dietaries of Scotland, giving a full statement as to the amount and nature of the food supplied, as well as to its influence in maintaining the health of the prisoners. But no such scientific information is afforded us as to the dietary of the paupers; 2s. 10½d. a head, we are told, is the average weekly expenditure for the inmates of poorhouses for "food, fuel, clothing, light, and all other necessities of maintenance," but till we have more definite and precise statements, we have no means of judging whether this sum is sufficient, or whether the unfortunate paupers are not slowly, but not less surely, starved into disease and death. The very large mortality we have pointed out, coupled with the very vague and unsatisfactory statement of expenditure, awaken strong suspicion that all is not as it should be, and that more care is taken of the pockets of the ratepayer than of the welfare of the poor. We know that a marked improvement has taken place in the health of the lunatics in poorhouses since their dietary was improved by the Board of Supervision, and finding it difficult to believe that 2s. 10½d. a head is sufficient to supply all the necessary nutriment, stimulants, and warmth required by the poor debilitated inmates of our poorhouses, while the excessive death-rate shows that more than ordinary causes are at work in producing it, we call upon the Board of Supervision in the name of humanity to supply us with more detailed information in regard to the causes of death, the age at admission and at death, the means of occupation and recreation, the amount and nature of the clothing, the bedding, the food and stimulants supplied, as not till then will we have any data whereby to judge accurately whether our paupers are not sacrificed to our parsimony by being treated in a manner to which our enlightened Government will not submit its criminals, who are surely not more entitled to its fatherly care than those whose only crime it is to have been overtaken by misfortune or disease.

THE GERMS OF CHOLERA.

IN consequence of Professor Frankland's recent letter to the Registrar-General, expressing a belief that the germs of disease might not be destroyed by boiling the water in which they were present, an animated controversy has been going on for the last week or two, and a letter in the *Times* has appeared under the well-known signature "S. G. O.," from which we extract the following important and interesting passages:—

"I know from experiment that there are 'germs,' containing a principle of life, that will stand very strange usage, and yet not have that principle destroyed. Many years since I applied a certain matter to a piece of glass about 4 in. square. This has another very thin piece of the same

material cemented over it close on three sides, leaving a space just sufficient for a thin stratum of water between the two. It has been exposed for days to the action of the direct rays of the sun, it has been kept for months in the dark, sometimes has been for a year or two left without a particle of water touching its surface, in a very dry place. To amuse friends I have again and again allowed a little water, sometimes filtered, generally of the coldest *spring* nature, to fill up the space between the two glasses,—water I have previously tested for any living organisms. I have never failed, in a few hours, to produce a most beautiful exhibition of one of the most interesting species of infusoria, having beforehand sketched the exact creature I would produce. With the same water in another glass tank, of the same nature but not so prepared, I fail to produce anything at all until it has been left some days, and then the creatures seen are not my old friends. I have read, not seen, that these organisms retain their vitality even when the glass has been made red-hot. I don't say I believe it, but from what I have seen I think it quite possible. I therefore can believe that, granting water has certain 'germs' which can be detected in it before boiling, which germs, received into the human stomach, become a proximate cause of cramps, &c., some germs might exist with great vitality even after the boiling process. I say *some germs*; I do not believe *former germs* would be visible as such, but, as they are only the development of others far more minute, I can credit the fact that in this, the earliest state of vitality, be it animal or vegetable, the matter of such life may be indestructible even by boiling, unless some chemical agency had added to such boiling its own peculiar life-destroying element. But I think it right to urge another view of the subject. I will assume that water in which these germs are found has been *distilled* and filtered again and again. I will defy any one to say how instantaneously it may receive these same germs on its surface as soon as it is exposed to a polluted atmosphere. There is no surface which can be exposed which is not for ever swept by a crowd of organisms floating in the air—aerzoa, as I have named them; many of these we may trace and name, and build theories about them, but there is a vast mass, I believe, which not even the greatest powers of the modern microscope can reach; of those we can see there are very many of which we know nothing; they may be very poisonous, or may have their part in the economy of health. As yet, I am altogether unsatisfied as to their real place in nature, be it for good or evil.

"Drs. Lankester and Hogg have of late referred to the investigations made by myself, and published in your columns. It is quite true that these experiments were made at a period of cholera, but I believe I detected nothing then that I could not detect in a healthy season; it is quite possible, however, that 'germs' which in ordinary seasons may be harmless, at peculiar seasons may assume a pernicious character. When, in your columns, I called attention to the possibility of mapping a smell, I had made the attempt. I have the diagrams I then made of the various air-floated matters I obtained from vegetable and animal substances, in a condition more truly expressed by a stronger word than smelling. There can be no doubt that there are floating matters, particles, germs, molecules, fungoid spores, or whatever we may please to call them, which do vary, according to the source from which we obtain them, but I have ever found with these there were others, to be found at all times in the purest atmosphere. Agreeing, as I do, with those who attribute the spread of contagious diseases, such as cholera or rinderpest, to certain air-borne particles of poisonous matter, I am still of opinion that as yet no one has discovered any particle of which it can be said that it is the special agent of any special disease.

"My own belief is that the danger from all discharges from patients affected with contagious disease exists at its worst when, having become for a time dry, they are afterwards again moistened through damp warm air, or by any other means. I am also of opinion that in a dry state they may give off to draughts of air minute particles, which finding a nidus on any moist mucoid surface, would thus infect. Cleanliness in a sick chamber cannot be too thorough; a cartload of linen and other articles might be sent to the laundress every day, and yet a yard square of dirty linen or of dirty furniture of any kind left for a few days would defeat the most liberal and otherwise careful attempts to keep all things clean. As to the question of boiling water before use, there can be no doubt that it is most advisable, for you

do thus give it the best simple purification in your power. I wish people could be persuaded of the fact that no liquid to be used in cooking in any way as food or medicine should ever be exposed to the action of the atmosphere in a bedroom, sick-room, or ward but for the shortest possible time. If patients must have water, lemonade, &c., handy to them at night, let these be kept in stoppered bottles. Let any microscopist expose plain water, gruel, tea, milk, or barley-water in shallow thin-glass plates to a night's air in any bedchamber, sick-room, or hospital ward, and then carefully examine the surface with a good microscope; he will satisfy himself of the fact that such surfaces are of all others those which receive, to *detain*, a great deal that, for all that we know, may be very deleterious.

"I don't know what water butts may be in London; I know that they are very valuable in the country as breeding places for some of the most interesting organisms we ever exhibit to friends with the microscope. In London I should expect to find them most gratefully prolific. Water originally but partially pure, kept in rotten wood, which probably never was clean, surrounded by all kinds of dirty things and beings, in an atmosphere ever odoriferous, the bottoms and sides of the butts never cleaned, so that vegetation at the sides is nourished by the accumulated deposit at the base, must ever be water of great microscopic promise. I can quite conceive a glass of clean pure water twice a day acting as a powerful tonic alternative in the case of people who have been thus for years vegetarians and insectivorous by compulsion."

WATER SUPPLY.

PREVIOUS to the year 1851 Manchester depended for its water on a company which obtained its supply of about three and a half million gallons daily, partly by pumping, partly from drainage of manured land, and partly from a canal on which there was traffic. Since that date the monopoly has been abolished, and the Corporation provides a constant supply at high pressure of pure soft water, brought from a mountain range twenty miles distant, far away from manured land or buildings. Within the city boundary a rate of ninepence in the pound in the poor-rate assessment is the highest charge. Beyond the boundary five per cent. on the rent is the rate. In each case this includes domestic supply, and sufficient for horses, carriages, baths, &c. The extensive works will furnish 25,000,000 gallons daily, in addition to 14,000,000 daily granted as compensation to millowners for water power. The cost of these works has been about £960,000. A different tariff is established for water used for trading purposes, and this yields a rental of £58,000 per annum, which is continually increasing. With such an example why should London any longer be subject to the monopolies of the water companies? With the Thames embankment and main drainage rapidly approaching completion, it is time to perfect the scheme by establishing an ample supply of pure water. We owe nothing to the companies that have so long given us a scanty supply of impure water in return for the profitable monopolies they have enjoyed. From the many schemes that are brought forward, several might be selected which would soon deliver us from the danger to which we have too long been subjected.

THE CHOLERA.

THE interruption in our weekly reports of the progress of cholera occasioned by our Students' Number, throws upon us the duty of reviewing the returns of two weeks in the present report. This, however, is not to be regretted, since the first two weeks of September have in every epidemic of cholera been particularly noteworthy. We will, therefore, first state the facts recorded by the Regis-

trar-General, and then proceed with our remarks upon this period.

In the thirty-sixth week of the year, which ended on the 8th of September, the total mortality of London was 1335, exceeding by 90 the average number corrected for increase of population. The deaths from cholera were 157, from cholera and diarrhœa together 289. In the previous week, as we have already reported, the deaths from these causes were 198 and 326.

The rate of mortality from cholera and diarrhœa in the eastern districts was rather more than double the mortality of the same diseases in the whole of the metropolis. An undue proportion of deaths also occurred in the southern districts.

In the week ending Saturday, September 15th, the deaths registered in London were 1371, exceeding the estimated number by 153. The deaths from cholera were 182, from diarrhœa 110. Of the deaths from cholera 10 occurred in the west districts, 27 in the north, 20 in the central, 77 in the east, and 48 in the south.

The most striking observation in reference to these figures is one that we have made for several successive weeks—viz., that the excess in the mortality is more than accounted for by the deaths caused by the epidemic. Next, we may notice that although the second week displays an increase in cholera over the preceding week, there is a diminution in diarrhœa, so that we may still hope that the subsidence of the last few weeks may continue. In reference to the first half of September as an important period of the epidemic, we may usefully call to mind that in 1849 no less than 2026 persons died in the first week, and 1682 in the second week of this month. In the year 1854 the deaths in the same weeks were 2050 and 1549 respectively. These figures offer a most encouraging contrast to the present epidemic, in which, in the corresponding weeks, the deaths have been only 157 and 182. So that, although the deaths rose at the commencement of the invasion with unusual rapidity, the decline has taken place much earlier, and promises a much shorter total duration of the disease. It is to be hoped that in place of neglect being caused by this state of things, it may rather renew the energy and vigilance of the local authorities and of the people themselves.

The annual rate of mortality per 1000 was:—

	In the First week of Sept.	In the Second week of Sept.
In London	23	23
— Edinburgh	24	19
— Dublin	30	30
— Liverpool	53	55
— Manchester	28	28

THE RIVER.

It would be unjust in any account of cholera in London not to notice the valuable work that has been done by the managers of the Seaman's Hospital Society. On the representations of Dr. Rooke, the Lords of the Privy Council were written to, and in eight or ten days replied that the matter should have their attention. Nothing having been heard for another week, and the cases on the Thames increasing, the committee took upon themselves the expense and responsibility of carrying out an efficient inspection. Accordingly since the 11th August all the vessels in the river between London Bridge and Woolwich, as well as in the Regent's, and city canals, have been daily visited by the medical officer. More than 10,000 vessels have been inspected and in 1100 or 1200 cases medicines and disin-

fectants have been supplied. These measures were at once followed by a diminution in the number of cases of cholera admitted to the *Belleisle*, and this decrease still continues. We are glad that this society has received a grant from the Mansion House Committee, and trust it may be better supported than it has been by the public; for assuredly no more useful work has been done than that which Dr. Rooke thus originated.

LIVERPOOL.

THE cholera, after some decrease, displays a tendency again to increase in this port. The deaths from the disease during the last four weeks, have been 146, 225, 145, and 182. The total mortality of Liverpool last week was 513. The annual rate of mortality for the eleven weeks of the current quarter has been 50·7 per 1000 persons living. We have already called attention more than once to the fearful rate of mortality in this borough.

THE CONTINENT.

FRANCE.

WE have already echoed the complaints of our French contemporaries respecting the impossibility of obtaining reliable statistics of the epidemic in Paris. At length the *Moniteur* has broken silence with the following statement:— It declares that the number of deaths never exceeded 150 in the day, and that since the 1st Sept., the average number of deaths daily has been 15 in the hospitals and 22 in the city.

We regret to learn that the disease seems to have shown itself at Boulogne-sur-Mer, where the deaths have reached 12 in a day. In Moselle, when it seemed decreasing, four Sisters of Charity and the lady superior of the hospital at Boulay suddenly fell victims to a renewed outbreak.

BELGIUM.

THE *Journal de Médecine* of Brussels furnishes the official returns since the invasion of the kingdom. From it we gather that 31,051 cases, of which 16,690 were fatal, had occurred up to the end of August. Of these in the province of Antwerp there were 6956 cases, and 3575 deaths. In Brabant, the figures were 6597, and 4034. In East Flanders 5904 and 3526.

THE MEDITERRANEAN.

AT Marseilles the epidemic has never been absent all the summer, and consequently it is not surprising that it should find its way to other places along this coast. Last week 60 deaths a day took place at Marseilles. A panic set in and the people fled from the town. In this way the disease is taken to other towns. At Nice the inhabitants who depend on an influx of winter visitors are always ready to trace every case to importation. This was exposed last year, but no doubt the same falsehoods will again be put forth. On Sept. 1st 11 persons were seized in one house in the most open part of the town, and six of these died. Still the people refused to believe it was cholera, and declared the well had been poisoned. Analysis found nothing, and others who drank the water did not suffer.

On the Italian frontier a lazaretto has been established, and fumigation is practised—though with the disease on each side it is hard to say why.

At Genoa 35 deaths per day has been the average, and the people have ignorantly ascribed these to poisoning of the water for political reasons. At San Martino d'Albaro near Genoa, well known to English travellers going to see

the house of Byron, as many as 26 cases had occurred in one day. In the opposite direction, Savona had had a case or two, and doubtless other parts of the Riviera will be visited, although it may suit the people's interest to conceal the fact.

NAPLES.

THE MEDICAL PRESS AND CIRCULAR was the first English journal to announce the invasion of Naples by cholera, and while our medical contemporaries denied the existence of the disease in Italy, we published public and private details of its progress in Naples, Genoa, and other parts of the Peninsula. We regret to add Alexandria and Saluzzo to the places infected, and to state that at Naples it is continually enlarging the area of its attacks. At Torre Annunziata near Naples, 35 deaths per day have recently occurred, and both in this village and in the city some discontent has been evinced through the authorities resolutely putting down processions to saints, as only likely to aggravate the evil. The most healthy portions of Naples, Posilipo and the Vomero, have both been invaded.

We have received the following official returns:—

September.	Cases.	Deaths
3	92	74
4	115	86
5	110	78
6	106	72
7	119	94
8	98	79
9	104	80
10	126	88

Since these dates we are informed of considerable increase, but wait the official statistics.

The hospitals on the 10th contained 55 under treatment, 9 convalescents, and 4 bodies of those who had died that day. There had also been several deaths of soldiers in the barracks.

THE NEW MEDICAL CLUB.

WE are glad to see that the movement initiated by Dr. Lory Marsh for the formation of a Medical Club is progressing favourably. A meeting of the Provisional Committee was held at Mr. Propert's residence on Tuesday last, when there were present, Dr. J. A. Frazer, Deputy Inspector-General; Dr. Richardson, Dr. Lory Marsh, Dr. Foster (Birmingham); Dr. Stilwell, Messrs. Swaby Smith, Grigg, R. Slaughter, and others. Mr. Propert was elected Treasurer. The Honorary Secretary reported that upwards of one hundred names had been enrolled on the list of members, and laid before the committee a number of letters from gentlemen desirous of becoming members of the Club. It was determined to hold a general meeting in October to invite the coöperation of the profession at large, and sub-committees were appointed to frame laws and to report on the probable cost of opening a Club for 500 members early in the ensuing year. A most important, and, we consider, very valuable resolution was passed, suggesting that membership of the Club should be open to gentlemen engaged in the pursuit of the allied sciences. We hear of the success that has attended the effort with much pleasure, as we feel strongly that an institution of the kind contemplated will fill up a gap that has been felt for some years past, and will prove an important step towards promoting that unity of purpose, in the advancement of the interests of medicine, which the profession has so long needed, but not yet successfully obtained.

ADMISSION OF LUNATICS TO DISTRICT ASYLUMS.

We have been prevented by the intervention of our Students' Number, and by other circumstances, from alluding to a series of circumstances which have excited much attention in Dublin, and have been prominently noticed in the *Evening Mail*. The facts are the following:—

The wife of a man of business in Grafton-street made an attempt on the 9th of September at self-destruction by cutting her throat with a razor. Her husband was out of the country, and his partner applied at the Richmond Lunatic Asylum to have her admitted as an urgent case, having previously gotten a certificate from Drs. COLLES and MOORE that it was a dangerous case, and called for immediate admission; but that admission was denied on the grounds that, as the woman was a resident of so respectable a street she must have the means of paying in a private asylum.

It appears that the person who applied for admission, being quite unacquainted with the expenses of maintenance in a private asylum, expressed his opinion to the Resident Physician that the relatives of the patient might be in a position to pay; but subsequently on learning that the cost would in no case be less than £80 per annum with an immediate payment of twenty guineas, he declared that it would be entirely beyond their power to make such provision for her care. The woman was, of course, not admitted to the Richmond Asylum. In a period of less than three weeks the wound in the throat was nearly healed, she became calm and was removed to a friend's house in the country, but she soon relapsed into her previous state of excitement. The husband then had the necessary paper of admission duly filled up, with a declaration that he was unable to pay for her in a private asylum, and handed it to Dr. LALOR, the Resident Physician, in the presence of the two Visiting Physicians, who expressed their approval of having her admitted; still Dr. LALOR would not consent. The medical part of the paper was filled up by a country physician, and the "prominent symptoms" were correctly stated as "delusions and an apprehension of being murdered." The patient was retained at home under apparently very insufficient supervision, for she succeeded in getting the window open and throwing herself out. She was, however, seized by the attendant, who actually held her by one leg hanging out of the window till the people in the street came to his aid and saved her life. The circumstances which led to this hairbreadth escape excited much attention in the public mind, and the conduct of Dr. LALOR has been freely canvassed. The following comment on the case appeared in the *Evening Mail*, and a letter of defence was published by Dr. LALOR in the same journal. This communication starts with the statement that no application for admission was made till the day previous to the attempted suicide. This fact is denied, and, appears to us altogether irrelevant to the question. Dr. LALOR says:

"At the same time that this application was placed in my hands I was asked verbally by the lunatic's husband to admit his wife at once as an urgent case, the power to do so being vested in me, with a discretion for the proper exercise of which I am responsible in the interval between the meeting of the Board of Governors, I declined to admit the party as an urgent case, and referred its consideration to the Governors at their next meeting, held four days after—viz., on the 7th inst. No mention was made in the application paper that the lunatic, whose immediate admission was asked for, was of a suicidal tendency, the prominent symptoms of the case being set forth as "delu-

sions and apprehension of being murdered;" and the important fact that she had attempted to cut her throat about five or six weeks previously nowhere appeared in the document."

From the published facts and Dr. LALOR's admission, his defence, that formal application was not made, is utterly untenable, and it is a special plea, unworthy of any attention, that "no mention of the attempted suicide was made in the application paper." If a case in which throat cutting has been almost effected, and in which two applications have been made for immediate admission be not "urgent," we are at a loss to discover what is.

The suicidal attempt was a patent act, and it is extraordinary that Dr. LALOR should resort to so clumsy a species of special reasoning as to assume the ignorance of a fact with which he was thoroughly conversant, and still further, that he should rely upon it as one of the defences for the course he pursued. In addition, he stated that a medical man of experience was in attendance on the woman at the time of the application, and he therefore felt no anxiety for her safety by a delay of four days.

But it is entirely another question whether Dr. LALOR had just reason for refusing admission on the ground of competence to pay. Dr. LALOR says:—"The residence of the husband in apparently a thriving house of business in such a street as Grafton-street was certainly *prima facie* evidence that the lunatic was not such a poor person as this asylum was intended for, and the statement of his partner as to the husband's means supports this view. Moreover, the paid services of two eminent professional gentlemen had been obtained for the lunatic by her friends from the first manifestation of her insanity, and a fee was offered to a third eminent professional gentleman to see her in addition, so that there appeared no want of money to procure an abundance of eminent professional advice."

We cannot think, however, that the knowledge of these facts justified Dr. LALOR in refusing, at least temporary admission to a person dangerous to herself and others. He had the legal declaration that she was "a poor person, and had no friend who is able or can be obliged to support her in a private lunatic establishment"—the legal certificate of two medical men that she was dangerous—and the recommendation of both the Visiting Physicians of the Asylum; and we submit that he pursued a most injudicious and unwarranted course in refusing admission, and if the woman had killed herself, he would have placed himself and the institution which he represents in a very unpleasant position.

The public will deduce from this case the practical result of the Privy Council Rules for the Management of Asylums, which we opposed in THE MEDICAL PRESS with all our vigour at the time of their enactment. It is a condition of things most dangerous to the asylum system and to the public for whom they are provided, that an official should be permitted by his single voice to overpower the greatest urgency of circumstances and the most energetic remonstrances of others quite as competent to form a judgment. It is not wonderful that such a power should, with perhaps the best intentions, be occasionally misapplied.

THE number of persons vaccinated during the past year in England was 538,361, being an increase of 51,149 upon the previous year.

Notes on Current Topics.

SANATORIA FOR THE INTEMPERATE.—In a letter lately published in the *Pall-Mall Gazette*, Dr. Forbes Winslow discusses a question of very great importance in the present day—namely, the propriety of exercising some control over those persons whose habitual indulgence in alcoholic drinks assumes the form of a disease. The unhappy victims of this habit are not insane in the ordinary and legal sense of the word, and therefore they cannot be placed like ordinary lunatics in a licensed asylum; but Dr. Winslow thinks that establishments in the form of sanatoria might be instituted, where those who are unable by any effort of their own to restrain their morbid appetite would voluntarily submit themselves to control. Institutions of the nature referred to already exist in America, and we believe that the experiment has been tried with some success, although on a small scale, in some parts of Scotland, and the suggestion now made by Dr. Winslow to establish such sanatoria in this country is certainly worthy of attention. The class of cases contemplated would comprise that section of the community, unfortunately a very numerous and an increasing one, who are afflicted with an insatiable craving for alcoholic drinks, under the impulse of a morbid appetite, and to whom the name of *dipsomaniacs*, however much the term may be ridiculed by superficial writers and speakers, is strictly applicable.

THE CASE OF REGINA Versus TOOME.—We should be perhaps wanting in a sense of justice, if we did not add the expression of our opinion to that of many of our contemporaries, both lay and medical, who regard the conviction and severe sentence of the man Toomer as a scandal to our legal system. It will be recollected that this man (of whose immorality there can be no doubt), was tried and convicted of a rape, although the evidence of the medical witness, Mr. O. C. Maurice, entirely negated the supposition that such a crime had been committed. Mr. Maurice has written a letter in which he describes his examination of the prosecutrix within twenty-four hours after the commission of the alleged offence, and he could find no trace of any violence except a few small circular bruises as if made with the tips of the fingers, and one or two small bruises on the shins. Mr. Maurice found no trace of a hymen nor any sign of its having been recently destroyed. He contrasts all these positive facts with the violence said to have been employed, and had evidence taken in connexion with many of the other bearings of the case seem to prove very satisfactorily that the prisoner's punishment has been altogether disproportioned to his offence, and it is still to be hoped that the Home Secretary will see fit to modify the sentence of the judge, which has consigned him to a lengthened period of penal servitude.

UNFOUNDED CHARGE AGAINST A MEDICAL MAN.—The advertisements of the daily newspapers have lately been enlivening the dulness of the autumnal season in London by announcing among their "sensation" articles, a "serious charge against a medical man," and the whole story having been investigated by a coroner and a jury, turns out to be much ado about nothing. Still the case was considered so serious by the Secretary of State

that an order was given to exhume the body of an old gentleman of eighty years of age, who died *last December*, and to institute a toxicological investigation with a view of determining whether the death was or was not due to the administration of poison. The Medical victim of the present annoyance is Dr. Part of Camden Town, a highly respectable practitioner of many years' standing, who by implication was supposed to be incupated. The deceased old gentleman in question appears to have been a person of eccentric habits, and was possessed of a considerable sum of ready money, and, *hinc illic lacrymæ*, he took it into his head to leave his property to Dr. Part, and to make him his executor, instead of bequeathing it to other parties. As to the medical and pathological facts of the case, they lie in a nutshell; the deceased seems to have died of old age and bronchitis, and Dr. Part administered only such medicines as appeared suitable to the occasion. As to the legal bearings, everything is said to have been done in proper form, and Dr. Part may be fairly congratulated on having come quite unexpectedly, but quite honestly and legitimately, into the possession of a handsome sum of money. Such lucky chances sometimes fall to the lot of doctors, although not so often as to other classes of the community. The only toxicological feature presented by the evidence of Dr. J. D. Rodgers, who made a chemical examination of the body of the deceased, was that a small trace of *arsenic* was found in the contents of the stomach, but there was no evidence whatever produced as to the manner in which it came there. None existed in the medicines administered before death, nor was any utensil employed in cooking the food, whereby any of this poison could be conveyed into the system, and Dr. Rodgers repudiates the idea of any arsenic being present in a healthy body, or in the soil of a grave-yard. The quantity of arsenic discovered was quite insignificant and not by any means enough to cause death.

Correspondence.

THE CHANGE OF TYPE QUESTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Like the flickering spurt of an expiring candle the change of type question has flared up in a leader in your number for September 5. I have no desire to enter at large upon that question at present, given up by Sir Thomas Watson and by all the leaders of medical thought amenable to reason, change of type is doomed, and in a few years will be heard of no more. But, Sir, when you state that the British medical public were unacquainted with influenza before 1833, you surely forgot the writings of Short, of Huxham, Whytt, Heberden, Fothergill, Haygarth, and many other physicians who have described many epidemics of this nature. And when in like manner you state that epidemic diphtherite was unknown in Britain before 1859, you also forgot—not to go back on the many recorded epidemics which were assuredly diphtherite, though not so termed—the writings of Abercrombie, of Professor Hamilton of Edinburgh, and of Mr. William Robertson of Kelso, as well as the fact that there are men now alive who recognized and treated epidemic diphtherite more than thirty years ago. Such omissions are unpardonable in an article dealing professedly with medical history, and are not likely to increase confidence in the opinions expressed. Further you ask whether, "On comparing a record of patients in some great hospital for a year, say in 1820, with another similar annual record in 1860, will it not be found that in the former period

heret was more inflammatory croup, more sthenic pneumonia, phrenitis, congestion of the brain, &c., while in the latter period there was more neuralgia, more influenza, and diphtheria, and other diseases known to be of an asthenic character?" Now I hold that in a question of confessedly so much importance as this, such *ad captandum* queries are a trifling with the dearest interests of humanity. If the case be as you state it, bring forward the proof, and you will then be more likely to convert those who with me have adopted what seems to be the more philosophic opinion of the uniformity of disease in all ages. A uniformity—mark me—which does not exclude the occurrence of epidemics of pneumonia, of typhus, of enteric fever, or of other diseases at various times, but which holds that these diseases present at all times—each for itself—the same distinguishing features, and the same pathological conditions, and which are at all times amenable to the same treatment; while if that treatment changes, it is not because of any change in the disease, but solely from a change in the views entertained regarding its nature and the efficacy of the various modes of treating it.

Moreover, you state that you have no "compunctious visitations," because since 1833 "the depletory system was promptly abandoned as soon as it was found to be unsuccessful and inexpedient." May I ask have you ever found it to be unsuccessful or inexpedient? If so, please state your reasons, with a series of cases of pneumonia—say—treated without venesection prior to 1846.

If I have been curt and concise in my criticisms, it is because the vague and unsatisfactory manner in which so important a matter was dealt with demanded no more courteous treatment on my part. In a controversy such as this mere statements of opinion are of no value whatever; if facts, however, are brought forward, I promise to investigate and test their value with the utmost care.—I am, Sir, your obedient servant,

A DISBELIEVER IN CHANGE OF TYPE.

THE DIETETIC TREATMENT OF CHOLERAIC DIARRHŒA AND INFANTILE DIARRHŒA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The conflicting opinions which are published daily and weekly, as to the respective merits of the "eliminative" and "repressive" treatment of the abovenamed disorder, render it incumbent upon all who can speak from positive experience of the results of either plan, to throw the weight of their convictions into the scale on that side which their judgment commends.

That being so, I feel it my duty to state the opinion which I hold upon the subject; and I am persuaded that both science and common sense are with me, when I pronounce in favour of that which is spoken of as the "repressive," but which I prefer to name the "conservative" method of treatment.

When diarrhœa is induced by the presence of unsuitable and indigestible food, the readiest mode of cure is to get rid of the exciting cause of irritation, and this is effected by the aid of emetics or purgatives, according to the indications of the case; but when diarrhœa appears in the character of a "crisis," or determinating issue of some other disorder—such as fever—or as a premonitory symptom of cholera, another course of treatment suggests itself.

The *rationale* of the matter seems to be this: diarrhœa being the result of an effort of nature to get rid of the morbid elements with which the system is surcharged, undue interference should be avoided, either in accelerating or checking the symptom. It must be remembered that emetics and cathartics have always a depressing influence;

especially so at a time when an exhaustive process is being carried on, which involves an effort to throw off the poison from the blood by means of the diarrhœa.

This effort of nature, requires, however, to be watched and kept in check, not by chalk mixtures, or other medicinal astringents, but simply by judicious dietetic treatment. Among some of the most efficacious articles of diet for that purpose I would mention the following: good beef-tea with rice boiled in it; gruel containing brandy; port wine mulled, and ground rice well boiled; cinnamon may be added with advantage to any food or drink to which the flavour is suitable.

The value of these articles of diet is this, they combine the *astringent* with the *nutritive* properties—a most essential consideration in the treatment of diarrhœa; for it seems rational to suppose the best method by which the poison can be driven out, is to supply the blood, through the stomach, with new and wholesome elements.

We can understand that this treatment is eminently "conservative," inasmuch as it economises the life powers: and the system is thus enabled to throw of the disease without the amount of sacrifice to health and strength which the eliminative process demands of it.

I cannot close these remarks without some reference to "infantile diarrhœa," a disorder which, apart from any choleraic visitation, is always most destructive of infant life during the summer months. The Registrar-General's return for one week (at the commencement of August) showed that "of 349 deaths from diarrhœa, 309 were those of children under 5 years of age, including 244 infants." One of the saddest experiences of the sanitary philanthropist is the fact that this excessive infant mortality is in a great degree preventible; but that reflection has its hopeful side also. If we can but apply the right means of prevention, the mortality from this cause may be reduced, and, what is more, a large amount of sickness—which is always associated with, and over and above, a high death-rate—may be avoided.

If poverty were the chief cause of this fatality amongst children of the labouring population, the remedy would not be so simple; but it appears to me that ignorance is a far more prolific source of the majority of infant deaths than any other which it is possible to suggest. If we can disseminate information respecting the simple laws of health, a great step will be gained towards remedying the evil. On the subject of infant-feeding, poor parents are lamentably ignorant; and injudicious food is poison to the infant constitution, predisposing it to various ailments, which, if they do not always prove fatal, sow the seeds of ill health and infirmity for a lifetime. Considering how simple and inexpensive is the proper food for infants, there is really no reason why every child in the land should not be WELL FED, in the true sense of that term. With regard to the special subject in hand, viz., "diarrhœa and its dietetic treatment," a most valuable food would be found in ground rice: if well boiled, and a little good milk added, it would form a very nourishing diet, at infinitely less cost than the food which is daily consumed of a most injurious kind by the children of the poor.

As a charitable investment, I would recommend the laying in of stores of rice by boards of guardians, and by benevolent individuals who may delight in acts of private charity.

I believe that a hundred-weight of rice can be obtained at a cost of ten shillings; and, considering that a pound of the ground article would be sufficient to feed daily a dozen children, a very simple calculation will suffice to prove the "economy" of the plan, in more senses than one.—I am, Sir, yours, obediently,

M. A. B.

Sept. 21, 1886.

FEEES FOR ATTENDANCE ON THE FAMILIES OF MEDICAL MEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As one of the medical men of Enniskillen, I must say that I never have charged a brother practitioner or his family for attendance or medicine, and I have always found my medical brethren in this town to act in the most honourable and gentlemanly manner in the same respect towards myself.

I am quite at a loss to find out who the gentleman is whom your correspondent "Medicus" has singled out. I trust that your correspondent will give me credit when I tell him that such "sharp practice" is not tolerated in this garrison town, and any of my medical brethren to whom I have spoken on the subject have felt most indignant at it. Finally, let me not be supposed to question the veracity of your correspondent.—I remain, Sir, sincerely yours,

BERNARD FITZPATRICK, Surgeon.

THE POOL DEFENCE FUND.

THE Cork Medical Protective Association calls upon the profession, and especially the Poor-law Medical Officers of Ireland, in a cause which deserves a liberal response. The circumstances are detailed in the following circular issued by the Association:—

DEAR SIR,—As the particulars of the late trial *Foley v. Poole*, may not be known to you, I beg leave to bring them to your notice, vide *Medical Times and Gazette*, page 189, of the 18th August, and THE MEDICAL PRESS AND CIRCULAR, 5th inst.

The plaintiff, a carpenter, fell from a cart on the 24th of July last year, and dislocated his shoulder. The following day, Dr. Poole, Medical Officer of the Ardmore Dispensary, visited him as a dispensary patient, reduced the dislocation, and bandaged the arm to the side. *Foley* removed the bandage during the night, moved his arm, and the dislocation recurred.

Dr. Poole visited the patient twice subsequently, and on both occasions *Foley* refused to allow Dr. Poole to reduce the dislocation. This *Foley* deposed to on oath at the trial.

The dislocation remained unreduced, and *Foley* brought an action against Dr. Poole for neglect and malpraxis. No witness was called for the defence, Mr. Justice Fitzgerald stating that there was no case to go the jury, and that "Dr. Poole left the court without the slightest stain on his professional character."

In successfully defending this action, Dr. Poole has incurred considerable expense, and, at a meeting of the Cork Medical Protective Association held on the 4th August, it was unanimously resolved, that an appeal should be made to the members of the profession for subscriptions to meet this expenditure, the amount being limited to 10s. to enable all to contribute.

This is a case the Committee of the Cork Medical Protective Association believe that will enlist the sympathy and liberality of the profession throughout Ireland, and that a considerable sum will be at once contributed.

An early reply will be esteemed a favour by
Yours very faithfully, C. ARMSTRONG, HOJ. Sec.

20, Patrick's-hill, Cork, September 12, 1866.

Dr. Poole has unfortunately experienced only what may happen to any Poor-law Officer in the discharge of his duties, and he finds himself now heavily mulcted in his own defence, and absolutely without redress. It is needless to remind our readers that Dr. Poole has discharged a double duty in defending his professional character; and his brethren should be as much urged by gratitude as by sympathy to hold him harmless. A list of the subscribers to the fund will be found in our advertising columns to day, and it will afford us pleasure to receive and forward subscriptions to the fund from our subscribers.

THE Health Committee of the Liverpool Corporation have resolved, in accordance with the recommendation of the medical officer of health, to establish mortuary chapels for the reception of those who have died from infectious diseases.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Sept. 6th:—

Bloxam, John Astley, Bedford-place, Russell-square.
Gronow, Owen Tudor, Carlton Villas, Slough.
Leah, Thomas, Lock Hospital, Harrow-road.
Robinson, Robert, Avenham-place, Preston.

And the following on Sept. 13th:—

Elliston, George Sampson, Ipswich, Suffolk
Elphinstone, Robert, Oakfield House, Streatham.
Greenway, James Riley, Sandy, Bedfordshire.
Wood, William Dyson, Westgate, Wakefield.

THE TESTIMONIAL TO MR. GRIFFIN.—*The Illustrated London News* of the 15th inst. contains an engraving of the Testimonial presented to Mr. Griffin by the Poor-law Medical Officers.

POOR-LAW MEDICAL APPOINTMENT.—Dr. Kidd of Ballymena, is, we understand, one of the many candidates for the office of Poor-law Medical Inspector, soon expected to be vacant. We believe his appointment would give general satisfaction, as he is a gentleman well qualified in every respect to perform the duties required. He has had for a great number of years the medical charge of either a dispensary or union workhouse, and is considered a successful and judicious practitioner. We shall, therefore, be much gratified to learn if Dr. Kidd be the successful candidate, as we believe his appointment would be advantageous to the interests of the Poor-law Medical Service.

THE curious magnetic polarization of H.M.S. *Northumberland*, arising from her having been built north and south, has been destroyed by reversing that position and then de-magnetizing her by means of two of Grove's batteries.

Dr. JOHN BROWN, whose name will ever be associated with "Rab and his Friends," is, we regret to say, in the worst condition of health in which his friends could fear to see him.

MEDICAL DEPARTMENT.—The undermentioned officers have been promoted to the rank of Surgeon-Major, for the ability and zeal displayed by them during the late operations in New Zealand:—Staff-Surgeon Anthony Dickson Home, C.B.; Surgeon William Alexander Mackinnon, C.B., 57th Foot. The undermentioned Staff-Surgeons, having completed twenty years' full pay service, to be Surgeons-Major, under the provisions of the Royal Warrant of 3rd February:—Daniel Paterson Barry; August 7. William Lapsley; August 7. Surgeon William Tydd Harding, to be the 19th Foot, to be Staff-Surgeon, vice Exham Long Hifernan, appointed to the 19th Foot; September 14. Staff-Assistant-Surgeon Henry Titterton, M.D., to be Staff-Surgeon, vice Thomas Tarrant, M.D., appointed to the Cape Mounted Riflemen; September 14.

GENERAL Order from Friday's *Gazette*—"His Royal Highness the Field Marshal Commanding-in-Chief notifies to the Army that Her Majesty has approved the promotion of Staff-Surgeon Anthony Dickson Home, C.B., V.C., and Surgeon William Alexander Mackinnon, C.B., 57th Regiment, to the rank of Surgeon-Major, for the ability and zeal displayed by these officers during the late operations in New Zealand.—By command of his Royal Highness the Field Marshal Commanding-in Chief.—WILLIAM PAULET, Adjutant-General."

THE Academy of Sciences has been authorised to accept a legacy of 41,834 francs from the late Dr. Montagne. The interest is to be applied to the foundation of two prizes of 1500 francs, or two of 1000 francs and two of 500 francs, to be awarded annually to the authors of the best essays on cellular plants.

At the last meeting of the College of Physicians, London, it was suggested by some of the Fellows that the College should take the occasion of his being made a baronet to show some fitting token of respect for their President. The suggestion made was that of a portrait of Sir Thomas Watson to be suspended in the College, or of a lectureship to be founded in his name, or both of these.

A full-length marble statue of the late Sir Henry

Marsh has been completed by Mr. Foley for the King and Queen's College of Physicians, and will at once be placed in that institution. The same Artist is also engaged on a similar statue of Sir Dominic Corrigan, who was for several years President of the College.

Notices to Correspondents.

Dr. John Day, Victoria.—The letter is inserted.

Loncastrian.—The Irish and Scotch Schools of Medicine do not open till November.

A Poor-law Medical Officer.—The Poor-law Board does not allow any extras in the cases mentioned.

Querist.—The dose is about a third to the half of a grain, but it is apt to gripe.

Mr. J. N. shall receive a private note.

Dr. T.—The newspapers have been received.

Appointments.

LONDON.

BELLAMY, Edward, M.R.C.S., has been appointed Demonstrator of Anatomy to the Charing-cross Hospital Medical School.
BRIGHOUSE, J., M.R.C.S.E., has been appointed Surgeon to the St. Marylebone Dispensary.
FULLER, W., M.R.C.S.E., has been appointed Visiting Apothecary to St. George's Hospital, vice H. P. Fuller, M.R.C.S.E., deceased.
GREGSON, G., M.R.C.S.E., L.D.S., has been appointed Dental Surgeon to the Metropolitan Free Hospital, Devonshire-square, vice Alfred Coleman, M.R.C.S.E., L.D.S., resigned.
GRIFFITHS, R. S. P., L.R.C.P.L., M.R.C.S.E., has been appointed Apothecary to St. Mary's Hospital, in addition to the office of Resident Medical Officer.
MACKENZIE, MORELL, M.D., elected Assistant-Physician to the London Hospital.
MAXWELL, E. C., M.R.C.S.E., has been appointed Assistant House-Surgeon to the West London Hospital, Hammersmith.
READ, A. W., M.R.C.S.E., has been appointed House-Surgeon to the West London Hospital, Hammersmith.

PROVINCIAL.

BLEECK, C., F.R.C.S.E., has been appointed a Consulting Surgeon to the Warminster Cottage Hospital.
CARTER, R. B., M.R.C.S., has been appointed Resident Medical Officer to the Bath Union Hospital.
GRUBB, P., M.R.C.S.E., has been appointed an Acting Surgeon to the Warminster Cottage Hospital.
HARRIES, GWYNNE, M.D., London, has been appointed extra Medical Officer in charge of the Pembroke Dock District of the Pembroke Union.
OGLESBY, R. P., M.R.C.S.E., has been appointed Assistant Demonstrator of Anatomy to the Leeds School of Medicine.
SIMPSON, H., M.D., has been appointed Physician to the Manchester Royal Infirmary and Dispensary, vice R. F. Ainsworth, M.D., resigned.
SYKES, W. J., M.B., C.M., has been appointed House-Surgeon to the Clayton Hospital and Wakefield General Dispensary.
WRIGHT, C. J., M.R.C.S.E., has been appointed Assistant Demonstrator of Anatomy to the Leeds School of Medicine.
VIGARY, C., M.R.C.S.E., has been appointed an Acting Surgeon to the Warminster Cottage Hospital.
VIGARY, G. T., M.R.C.S.E., has been appointed a Consulting Surgeon to the Warminster Cottage Hospital.
WYLLIE, J., M.D., late Resident Physician to the Royal Infirmary, Edinburgh, has been appointed Resident Physician to the General Hospital, Birmingham, vice E. Casey, M.B., resigned.

IRELAND.

FILSON, ALEXANDER, A.B., M.D., Ch.M., Queen's University, Ireland, has been appointed Medical Officer to the Portaferry Dispensary, county Down, vice Alexander Bell Filson, M.D., &c., resigned.
MOORE, ROBERT H., F.R.C.S.I., has been appointed Dentist in Ordinary to His Excellency the Lord Lieutenant of Ireland.

SCOTLAND.

BUCHANAN, S., M.D., has been appointed a District Surgeon, Glasgow, vice Ferguson.
DUNCAN, J., M.D., has been appointed Medical Officer to the Scottish Provident Institution, Edinburgh, vice his father, J. Duncan, M.D., deceased.
INNES, J., L.F.P. & S.Glas., has been appointed Police Surgeon for the St. Rollox District, Glasgow, vice H. Rae, L.F.P. & S.Glas., deceased.
MCKENZIE, W. S., L.R.C.P. Ed., L.F.P. & S.Glas., has been appointed Medical Officer for the Parish of Dalsfer, Lanarkshire.

INDIAN ARMY.

ADEY, A. W. G., Assistant-Surgeon, to be Surgeon Bombay Army.
BAILLIE, G., M.D., Surgeon, to be Surgeon-Major Madras Army.
BAILLIE, H., M.D., Surgeon, to be Surgeon-Major Bengal Army.
BRUCE, L. S., Assistant-Surgeon, to be Surgeon Bombay Army.
FLEMING, J. B., M.D., Surgeon, to be Surgeon-Major Madras Army.
MCDONALD, D., M.D., Surgeon, to be Surgeon-Major Bengal Army.
MACKENZIE, D., Surgeon, to be Surgeon-Major Madras Army.
SHAW, H. T., Assistant-Surgeon, to Surgeon Madras Army.
SYLVESTER, C. J., Surgeon, to be Surgeon-Major Bombay Army.

ROYAL NAVY.

BEAMISH, Richard, Esq., Acting Assistant-Surgeon (additional), to the *Victory*.
CROWDY, Alfred S., Esq., Acting Assistant-Surgeon, to the *Royal Adelaide*.
WILSON, Thomas G., Esq., Surgeon, to the *Basilisk*.

POOR-LAW.

Amminster Union.—John S. Snook, M.R.C.S.Eng., L.S.A., to the Shute District.
Croydon Union.—Robert Warren, L.F.P. & S.Glas., L.M., L.S.A., to the Fifth District.
Dartford Union.—William P. Fisher, M.R.C.S.E., L.S.A., to the Workhouse.
Fulham Union.—Francis Egan, L.K.Q.C.P.L., L.S.A., L.M., to the First District.
Luton Union.—Charles C. Hicks, M.D. St. And., M.R.C.S.E., L.S.A., to the Dunstable District.
Bootle Union.—Henry W. Bromley, M.R.C.S.E., L.S.A., to the Raven-glass District.
Selby Union.—James F. Milner, M.R.C.S.E., L.S.A., to the Cawood and part of the Riccall District.
Yeovil Union.—Walter A. Harvey, L.R.C.P.Lond., M.R.C.S.Eng., to the Fifth District.

BOOKS RECEIVED.

Climate and Phthisis. By F. H. Rose, M.R.C.S.E. London: Wm. Freeman.
Chemical Aetna. By Rev. B. W. Gibsons, M.A. London: J. H. Dutton, Fleet-street.
On Vitality. By Rev. H. H. Higgins, M.A. Liverpool: Adam Holden.
Trübner's Monthly Record.
The Southampton Times.
Harley on Diabetes. London: Walton and Maberly.
The Trial—The Queen v. J. G. Beane, F.R.C.S., Charge of Murder.
Observations on the Trial of the Queen v. Beane. Melbourne, Australia.

Medical Diary of the Week.

OPERATION DAYS AT THE LONDON HOSPITALS.

WEDNESDAY.—University College Hospital, 2 p.m.; St. Mary's, 1½ p.m.; Middlesex, 1 p.m.; London, 2 p.m.; St. Bartholomew's, 1½ p.m.; Great Northern, 2 p.m.; St. Thomas's 1½ p.m.
THURSDAY.—St. George's, 1 p.m.; Central London Ophthalmic, 1 p.m.; Surgical Home, 2 p.m.; Royal London Orthopaedic Hospital, 2 p.m.; West London Hospital, 2 p.m.
FRIDAY.—Westminster Ophthalmic, 1½ p.m.; Boyal London Ophthalmic, 10½ a.m.
SATURDAY.—St. Bartholomew's, 1½ p.m.; St. Thomas's, 9½ a.m.; King's College, 2 p.m.; Charing-cross, 2 p.m.; Royal Free Hospital, 1½ p.m.
MONDAY.—Metropolitan Free Hospital, 2 p.m.; St. Mark's Hospital for Diseases of the Rectum, 9 a.m. and 1'30 p.m.; Royal London Ophthalmic, 10½ a.m.
TUESDAY.—Guy's, 1½ p.m.; Westminster, 2 p.m.; National Orthopaedic, Great Portland-street, 2 p.m.; Royal London Ophthalmic, 2 p.m.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.

On the 14th inst., at 15, Sidney-street, Cambridge, the wife of P. W. Latham, M.D., of a daughter.
 On the 17th inst., at Cobham, Surrey, the wife of Rowland Smith, M.R.C.S.E., of a daughter.
 On the 5th inst., at Brighton, the wife of J. N. Winter, M.R.C.S.E., of a daughter.
 On the 12th inst., at Hemel Hempstead, the wife of E. H. Ambler, F.R.C.S.E., of a daughter.
 On the 2nd inst., the wife of R. W. Graves, M.R.C.S.E., of Gloucester, of a son.
 At Church Gresley, Derby, Ellen, wife of Wm. Carrick Crofts, M.R.C.S., of a son.
 On the 9th inst., at 14, Albion-street, Hull, the wife of M. Craven, M.R.C.S.E., of a daughter.
 On the 7th inst., at the Curragh, the wife of Dr. J. O. Cunningham, 60th Royal Rifles, of a son.

MARRIAGES.

On the 6th inst., at St. Jude's Church, Southsea, William Francis Noot, M.D., to Mary Margaret, only child of the Rev. F. Murray Patten.
 On the 5th inst., at the Chapel of the Charterhouse, John Nottingham, M.D., of Liverpool, to Sarah, youngest daughter of the late Stephen S. Worthington, Esq., of Liverpool.
 On the 5th inst., at Stonehouse, Devon, T. Tarrant, M.D., Surgeon, Cape Mounted Rifles, to Ellen Christina, second daughter of the Rev. W. H. Nantes, Vicar of Stonehouse.
 On the 5th inst., at the Parish Church, Llysfafn, Carnarvonshire, Arthur Croker, Staff Assistant-Surgeon, to Frances, third daughter of Henry Smith, Esq., of Adelaide-road.

DEATHS.

On the 18th inst., at Baker-street, Portman-square, London, Dr. J. Skey, late Physician to the Forces, and Inspector-General of Army Hospitals, aged 94.
 On the 24th inst., at Gateshead, F. Bennett, M.R.C.S.E., aged 59.
 On the 29th inst., at Bath, Peter Smith, M.D. (Pennsylvania), aged 48.
 On the 15th inst., at Gateshead, George S. Thompson, M.R.C.S.E., aged 28.
 On September 20th, at 52, Fitzwilliam-square, of inflammation of the lungs, Anna Maria, the beloved wife of Philip Bevan, Esq., Surgeon, M.D.
 On September 21st, at 129, Lower Baggot-street, Wm. Cronin Horgan, Esq., M.D., of diarrhoea.
 On the 9th inst., at Church Gresley, Derby, Leonard Cecil, infant son of Wm. Carrick and Ellen Crofts.

The London Hospital Medical College.

The next WINTER SESSION will commence on Monday, October 1st, 1866, when the Introductory Lecture will be delivered by Dr. HEAD, at 3 p.m.
 General fee to Lectures and Hospital Practice, 84 guineas, payable in two instalments of 42 guineas each, at the commencement of the first two Winter Sessions of attendance.
 Perpetual fee to the Lectures alone, £50. Library fee, 1 guinea.
 Students can make special entries to Lectures or Hospital Practice.

MEDICAL OFFICERS.

Consulting-Surgeon—Mr. Luke.
 Physicians—Dr. Fraser, Dr. Davies, Dr. Clark.
 Surgeons—Mr. Adams, Mr. Curling, Mr. Hutchinson.
 Assistant-Physicians—Dr. Ramskill, Dr. Down, Dr. Hughlings Jackson, Dr. Morell Mackenzie.
 Assistant-Surgeons—Mr. Maunder, Mr. Couper, Mr. Little, Mr. Rivington.
 Obstetric Physician—Dr. Head.
 Assistant Obstetric Physician—Dr. Palfrey.
 Dental Surgeon—Mr. Barrett.

LECTURES AT THE LONDON HOSPITAL MEDICAL AND SURGICAL COLLEGE.

Medicine—Dr. Herbert Davies, Dr. Andrew Clark, and Dr. Ramskill.
 Surgery—Mr. Hutchinson.
 Descriptive and Surgical Anatomy—Mr. Adams and Mr. Rivington.
 Physiology, General and Morbid Anatomy, and Practical Histology—Mr. Couper and Dr. Hughlings Jackson.
 Practical Anatomy—Mr. Rivington, Mr. Jas. Adams, and Mr. Tay.
 Chemistry and Practical Chemistry—Dr. Letheby.
 Anatomy and Pathology of the Teeth and Dental Surgery—Mr. Barrett.
 Midwifery and Diseases of Women and Children—Dr. Ramsbotham.
 Forensic Medicine—Dr. Ramsbotham and Mr. Rodgers.
 Materia Medica and General Therapeutics—Dr. Down.
 Ophthalmic Surgery—Mr. Hutchinson.
 Botany—Dr. Dresser.
 Comparative Anatomy—Mr. Rivington.
 Special Operative Surgery—Mr. Maunders.
 The London Hospital contains 445 beds, and receives an average of more than 4000 in-patients annually.
 The Appointments of Dresser, House-Surgeon, Resident Medical Officer, Assistant Medical Officer, Resident Obstetric Assistant, &c. &c., are open to the students without further fee, and include residence and partial board.
 Two Scholarships and Two Gold Medals will be awarded by competition during the ensuing Session.
 Further particulars can be had on application to Mr. Hutchinson, Hon Loc. Sec., 4, Finsbury-circus, E.C., or at the College.
 Mile-end, August 23, 1866.

Westminster Medical Hospital School.

INTRODUCTORY Lecture on October 1, at 8 p.m., by Dr. FINCHAM.
 The entire course of study (including Hospital Practice and Lectures) required by the College of Physicians, College of Surgeons, and Society of Apothecaries, may be attended on payment of 75 Guineas, which may be paid by instalments spread over three years. Perpetual Entry, 80 Guineas.
 The offices of Resident House-physician, Resident House-surgeon, Assistant House-surgeon, Clinical Clerk, and Dresser, are conferred on Pupils of the School without fee.
 For Prospectuses of the Courses, &c., apply to the Lecturers and Medical Officers, or to Henry Power, Dean of the School.

Royal College of Surgeons in Ireland.

SCHOOL OF SURGERY.—SESSION 1866-67.
 Anatomy and Physiology—Dr. Jacob.
 Descriptive Anatomy—Dr. Bevan and Mr. Morgan.
 Surgery—Mr. Hargrave and Dr. J. S. Hughes.
 Practice of Medicine—Dr. Benson.
 Chemistry—Dr. Barker.
 Materia Medica—Mr. Macnamara.
 Midwifery—Dr. Sawyer.
 Medical Jurisprudence—Dr. Geoghegan.
 Practical Chemistry—Dr. Barker.
 Comparative Anatomy—Dr. Jacob.
 Botany—Dr. Mitchell.
 Hygiene—Dr. Mapother.
 Dissections under the direction of the Professors of Anatomy and the Demonstrators, Drs Croly and Stoney and Mr. McAllister.
 By order, JOHN BRENNEN, Registrar.

Cow-Pock Institution, 45, Upper Sackville-Street, DUBLIN (1804).

Patron—His Excellency the Lord Lieutenant.
 Secretary—Henry L. Dwyer, M.D.
 Assistant-Secretaries—Edward B. Sinclair, M.D.; George Montgomery, M.D.
 Children of the poor brought to the institution, 45, Upper Sackville-street, on Tuesdays and Fridays, between 11 and 2 o'clock, or to the Southern Branch, 45, York-street, on Mondays and Thursdays, to 35, New-row, West, or 22, Penix-street, on Wednesdays, to 22, Wentworth-place, or 53, Sheriff-street, on Saturdays, between 10 and 12 o'clock, are vaccinated gratis. Packets of infection, which may be transmitted by post, half-a-crown each. Practitioners and Dispensaries supplied for half a guinea per annum, and Union Workhouses, on the application of the respective clerks, supplied for one guinea per annum each. Surgeons of the Army supplied on application to the Army Medical Office, Dublin. Applications for Lymph, and communications prepaid, are to be addressed to the Secretary, 45, Upper Sackville-street Dublin.

Hospital for Diseases of the Skin, BLACKFRIARS.

Out-Patients are seen on
 Mondays, at Three o'clock.
 Tuesdays Two
 Wednesdays Three
 Thursdays Three
 Fridays Two
 Students are admitted to the Practice, for Three Months, £3 3s.; Perpetual Attendance, £5 5s.
 GEORGE BURT, F.R.C.S., Hon. Sec.
 ALFRED S. RICHARDS, Secretary.

City of Dublin Hospital, Baggot-street.

Physicians and Surgeons.
 ARTHUR JACOB, M.D., F.R.C.S.
 CHARLES BENSON, M.D., F.R.C.S.
 THOS. E. BEATTY, F.K.Q.C.P.
 WILLIAM HARGRAVE, F.R.C.S.
 THOMAS G. GEOGHEGAN, F.R.C.S.
 JOLLIFFE TUFNELL, F.R.C.S.
 H. G. CROLY, F.R.C.S.
 Consulting Physicians.
 Professor APJOHN and C. P. CROKER, M.D.
 Assistant Ophthalmic Surgeon.
 ARCHIBALD H. JACOB, M.D., F.R.C.S.
 Dental Surgeon.
 FRANCIS McCLEAN, Esq., Jun.
 For further particulars apply to Dr. Benson, 42, Fitzwilliam-square, West, between One and Two o'clock.

THE QUEEN'S UNIVERSITY IN IRELAND.

QUEEN'S COLLEGE, GALWAY.

The College Session will Open on TUESDAY, the 16th October, when the Supplemental Examinations will commence.

The Examinations for Junior Scholarships will begin on THURSDAY, the 18th October, when the following Scholarships will be offered for competition:—

FACULTY OF ARTS.

THIRD YEAR—One Literary Scholarship—Value, £24.
 SECOND YEAR—Five Literary and five Science Scholarships of the annual value of £24 each, and tenable for two years.
 FIRST YEAR—Five Literary and five Science Scholarships of the value of £24 each.

FACULTY OF MEDICINE.

Eight Scholarships of the value of £25 each—two to students of the First, Second, Third, and Fourth Years respectively.

DEPARTMENT OF ENGINEERING.

Two Scholarships to students of the First, Two to students of the Second, and One to students of the Third Year; all of the value of £20 each.
 The Examination for SENIOR SCHOLARSHIPS and for LAW SCHOLARSHIPS will be held at the usual time in December.
 Junior Scholars are exempted from payment of one moiety of the class fees in their respective faculties.
 The Lectures and Courses of instruction in the ordinary classes embrace the subjects required from Candidates at the public examinations.
 The MATRICULATION EXAMINATION will be held on FRIDAY, the 19th October.

Further information may be obtained from the Registrar.
 By order of the President,
 WILLIAM LUPTON, M.A., Registrar.
 Queen's College, Galway,
 20th September, 1866.

King and Queen's College of Physicians IN IRELAND.

NOTICE TO MEDICAL STUDENTS.

PRELIMINARY EXAMINATION IN ARTS.

The First Preliminary Examination in Arts, for the Session 1866-67, will be held at the College, on Saturday, the 13th October, at Twelve o'clock.
 Students intending to present themselves for Examination can obtain information, as to the subjects of Examination, at the College, in Kildare-street.
 LOMBE ATTHILL, M.D., Fellow and Registrar.

THE MEDICAL CLUB.

A Club is being formed in London for the convenience of Members of the Medical Profession, and Gentlemen engaged in the pursuit of those Sciences allied to Medicine.

The following terms of admission are applicable only to Members joining before the end of the present year—viz.: Residents within the London Postal District, Five Guineas Entrance, and Three Guineas Annual Subscription; those beyond the London Postal District, Three Guineas Entrance; Annual Subscription, One Guinea. Entrances and Subscriptions to be paid to the Bankers of the Club, The London and Westminster, 1, St. James's-square, S.W.
 JOHN PROBERT, Esq., Treasurer.
 6, New Cavendish-street, W.
 LORY MARSH, M.D., Honorary Secretary,
 Royal United Service Institution, Whitehall-yard, S.W.
 September, 1866.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

OPENING OF THE ENGLISH MEDICAL SCHOOLS.

THE Medical Session in England opens on the 1st of October, and at each School it has long been the custom for one of the teachers to deliver an Inaugural Address on the occasion. In some cases of late years gentlemen not officially connected with the institutions have undertaken this duty, but it has usually been entrusted to one of the staff. The custom affords an excellent opportunity for exhortations, which cannot be so appropriately introduced at any other point of the students' career, and retains considerable interest for the old pupils of the school, who, so long as they possess the opportunity, make it a time of reunion of old friends and fellow workers:—

LONDON.	
Hospitals and Schools.	Lecturers.
St. BARTHOLOMEW'S	Mr. SAVORY, F.R.S.
CHARING-CROSS	Mr. BARWELL.
St. GEORGE'S	Dr. J. W. OGLE.
GUY'S	RHT. HON. SIR L. PEEL.
KING'S COLLEGE	SIR W. FERGUSSON, BART.
LONDON HOSPITAL	Dr. HEAD.
St. MARY'S	Mr. HAYNES WALTON.
MIDDLESEX	Mr. HULKE.
St. THOMAS'S	Dr. BARKER.
UNIVERSITY COLLEGE	Prof. RINGER.
WESTMINSTER	Dr. FINCHAM.

PROVINCIAL SCHOOLS.	
QUEEN'S COLLEGE, BIRMINGHAM	Dr. NELSON.
LEEDS	Mr. HEY.
LIVERPOOL	Mr. HARRISON.
MANCHESTER	Dr. BROWNE.
NEWCASTLE	Dr. GIBB.
SHEFFIELD	Dr. AVELING.

The Scotch and Irish Schools do not open until November, and their arrangements are at present not complete.

EXTRACTS FROM
INTRODUCTORY ADDRESS
 AT
ST. BARTHOLOMEW'S HOSPITAL.
 By **WILLIAM S. SAVORY, F.R.S.**

WHATEVER position Medicine is entitled to hold amongst the sciences, this is certain—it is not an exact science. It is concerned with probable truths.

Our business is to minister to the cure of disease—to the repair of injury, and so to prolong life, and to render it as useful and as agreeable as possible—to prevent, or remove, or mitigate the ills that flesh is heir to. We are, therefore, immediately concerned with the nature and treatment of disease.

But the nature of disease, for the most part, is often, during life, and sometimes after death, doubtful. The diagnosis of a particular case or the determination of the disease which exists is very often only more or less probable. Indeed it perhaps seldom happens that one can be absolutely certain beforehand, beyond all doubt or question, of the nature of the disease which actually exists, although we may, in the great majority of cases, from the weight of

probable evidence, make our diagnosis a moral certainty, and therefore amply sufficient for our practical purposes.

So the treatment of disease is, for the most part, doubtful, for the remedies we employ are in their action more or less uncertain. Some are very equivocal, others almost sure. But on the whole, when skilfully prescribed, it is highly probable that many of them will act in the way anticipated.

I cannot think less of medicine as a study, because it is not an exact science. On the contrary, if it were, it would, for me at least, lose much of its present interest. We are very often told that medicine is, at the best, an uncertain science, obscure in its principles, and doubtful in its practice. Difficult enough we know, but is the reproach of its difficulties to fall on those who have to grapple with them? Uncertain! Granted that, for the most part, we have to do with probabilities only—nay, sometimes, it may be with mere conjecture. But who does not, every day of his life, depend on probabilities and act upon conjecture? Probability, as Butler says, is the very guide of life. In medicine, as in the daily occurrences of life, probabilities vary from moral certainties to possible contingencies.

It seems hardly reasonable when for disease or pain the aid of medicine is sought to complain that the means employed for relief or cure are rather uncertain in their action or somewhat doubtfully selected, that, after all, recovery cannot be secured, but is, by the aid of medicine, only rendered highly, or at least more probable, than before. I say it seems hardly reasonable to urge this objection when every day, and all day long, we stake our very lives—nay, what we cherish more and hold dearer than our lives, upon probabilities; when the most important issues in the world are fearlessly and complacently based upon probabilities. But it may be said that the question of probabilities is a very wide one, from almost absolute certainties to the merest chance. But in this regard I contend that the art of medicine, in the hands of a skilful practitioner, stands well; and, moreover, while unfortunately it often happens that the prospect of being able to do much good is very doubtful, it fortunately very seldom happens that we need run much risk of doing mischief.

Amongst many considerations arising out of this, it may be remarked that it is because medicine is not an exact science, that the man of observation and experience in the practice of his art has so enormous an advantage over others, and why it is that he knows so much more than he can teach; for although he cannot arrange his knowledge into aphorisms, or induce general principles from his collection of facts, he can apply it with skill to the investigation and conduct of individual cases. He has learned how to hit—he can only teach you how to aim. Professional skill cannot be transmitted from one to another. It can be gained only in one way and in one place—by work at the bedside.

Out of the nature of the science and art with which we have to do arises this, that our work in it can never become a matter of mere routine. The relation between cause and effect is oftentimes so indefinite, the disturbing influences which intervene are so numerous and various, that each case becomes a study in itself. It has been said of injuries and of certain diseases that they are especially interesting because no two cases are exactly alike. But this may be said most truly of all diseases. No two are ever precisely alike. Groups of diseases, like leaves on a tree, are connected closely by strong family features, but, like leaves, each individual case has peculiarities of its own which mark it from every other. Nature seems to avoid mere repetition in her modes of action as in her creations, and you will find, if you look far enough, that diseases will vary as your patients' faces. There is, therefore, something to learn from every case if you will only seek for it. You have not done enough when you have determined its nature and treatment. Look farther still and see what else can be made out of it. When a man ceases to be a student of his profession the sooner he ceases to practise it the better. I do not mean for a moment to imply that the in-

investigation and management of every case is equally different, still less that one's previous experience should go for little or nothing. On the contrary, here, as much as anywhere, practice and practice only can make perfect. But what I would warn you against, no matter what your ability, accomplishments, or skill may be, is this, carelessness by the bedside of a patient. Make it a rule, to be broken as seldom as possible, for in spite of all your resolution it will be broken too often; but make it a rule either to examine a case thoroughly or to leave it alone entirely. Get into the habit of making each case while actually before you of paramount importance. Haste or hurry, or the suspicion of indifference, is an insult to your patient, and an offence against the profession. We can never have an excuse for doing less than our very best.

In conclusion, students were reminded of the obligations by which they were bound, and exhorted to render themselves worthy of the profession they had chosen.

ABSTRACT OF THE
INTRODUCTORY LECTURE,

DELIVERED AT
CHARING-CROSS HOSPITAL MEDICAL SCHOOL,
ON THE 1st OCTOBER, 1866.

By RICHARD BARWELL, F.R.C.S.,

ASSISTANT SURGEON AND LECTURER ON ANATOMY AT THE ABOVE SCHOOL.

GENTLEMEN,—We, your teachers, come together on this first of October to meet old and new pupils upon whom in the next few years we have to impress our knowledge, and the results of our experience, whom we hope to influence for their good, and who in sending them out to use that knowledge, we shall hope to see prosperous and happy.

This, the inner meaning of a meeting like the present, is not new to you; but can interest be only excited by something new? It has always seemed to me that the preacher who said that "All is vanity, there is no new thing under the sun," was speaking not as the wise king, but as the worn-out old debauchee, whose wives and concubines had been rather too much for him. The man who duly considers the meaning of his life as part of a vast mass of human existence and work—reaching back to eras before history began—will not be able to regard it as vain and empty; partly because in this present he has his sole grasp of eternity, partly because each man's life and labour is not his own merely, but part of a great commonwealth.

Having inherited the result of other men's labour let him leave something worthy behind him. This idea may be carried out further; for whether man really was descended from "several" monkeys (as Dr. Hunt asserted at Cambridge), may be doubtful; but it is quite certain that he was originally a very different creature to what he is now; according to Swift, "a forked radish with a head fantastically carved." He was a skulking thin-shanked creature, living in holes and woods with cave-bears and hyenas, whom he sometimes ate and who sometimes ate him. This latter event happened so unfortunately often, that he contrived convenient and portable weapons of defence. From this act originates all our elaborate civilization—yet countless ages have passed in its development. All the oceans of the earth do not contain so many drops of water as lives have passed in preparing for us this present social state. The commencement must have been very slow, but the impetus of improvement grew gradually more rapid, so that in the beginning of the historic period, we find several peoples dwelling at the eastern parts of the Mediterranean and Black Sea, possessed of singular and remarkable culture in such arts as poetry, sculpture, architecture, &c.

After a number of centuries these peoples, thoroughly corrupted, are overwhelmed in a deluge of new nations, so barbarous that the arts of their forerunners are lost and

forgotten, or nearly so; until the fashion of studying the ancient writers again revived intellectual development in Europe. Observe, however, that this pristine culture of Greeks and Romans, &c., and the subsequent progress of the *renaissance* period, is to be measured and estimated by the perfection of arts.—Science—that is to say, the study and knowledge of Nature's powers, did not exist even in a rudimentary form. Wild speculation and imaginary guess work reigned in all departments of such study, until Verulam, of whom our country may be justly proud, laid in his "Novum Organum" the first foundation of scientific method and inquiry.

The age in which we live is preëminently scientific, that peculiar logical and direct mode of thought characteristic of Bacon's method, having diffused itself among people whose vocation mixes them in no way with science. All the mechanical arts are imbued with this same quality, so that the inventions of the age are not simply isolated cases, mere flukes of discovery, but are long chains of solved problems, terminating in some valuable result. There has never been a time when the atmosphere of society was so genial to scientific pursuits; but while the age gives us this preëminence, it also imposes on us heavy duties; for as thousands of lives have passed in preparing this condition for us, so must we not let our lives pass without increasing the store or others, not necessarily by discovery or invention, but at least by earnest love of truth and hatred, destruction of falsehood.

The latter part of this doctrine is not so easy as it at first appears. Medicine is not so much a science as a science of sciences, many of which are in an imperfect state; many of them, like electricity, chemistry, and certain parts of physiology, have been brought somewhat to the attention of the leisurely and pleasure-seeking portion of the public. There is in all lands, and certainly in England, a class of hangers-on of science, whose occupations forbid them to pursue such knowledge; who love to hear the marvels of nature, and to believe that they know something of abstruse things. From this class of people originates such a wave of pseudo-science as has passed over us the last twenty years, and is now declining. The fashion begins very easily and harmlessly. Perhaps there may be an eminent lecturer, whose diction is so simple that his hearers really think they understand him; on his evenings the public lecture-room is crowded; he explains with extreme simplicity of language the most advanced theorems in dynamics and electricity, while a well-dressed audience takes graceful notes, such as would, I am sure, astound the lecturer. He accompanies his teaching with experiments, that although, to perform truly, require the most exact machines and hands as delicate as a Faraday's, are repeated and excelled in the schoolroom with an old staylace and a lollipop. But soon such things get dull, for the details of science are apt to be slow. Mesmerism, clairvoyance, electro-biology, succeed each other, and as each experimenter outbids his fellows in the marvellous, so public appetite is stimulated even to the swallowing of spiritualism and table-rapping. A mind greedy of the marvellous will scarcely check at anything, but the limits of absurdity have probably been reached with the idea that disembodied spirits should delight themselves in the company of two mountebanks, tied up in a cupboard, by playing "Sally come up," and other graceless melodies on a vile guitar and a wheezy accordion.

Such are the results which the flashy genius of pseudo-science wins; aspirations too grand, too æsthetic to follow the simple lead of truth, which must claim a world beyond the limits of mere reason, culminate in a pitiful juggling with ropes and banjos, or in tapping on tables at 10s. 6d. per hour. In the meantime, men whose names were never whispered in the "at homes" and "small and earlies" of the season, have nearly demonstrated the oneness of all force, have made the lightning our despatch-postman, and have laid a path for intelligence "under the roots of the ocean."

The moral of this history is not far from us. Medicine,

as I have already said, is a science of sciences; we gather from many stores the knowledge which is to be the basis of our work, but the application of this science is an art. It is one thing to have at our fingers' ends all possible learning about diseases, and another to perceive what is the matter with a patient—a third to prescribe in such a way as shall counteract the disease, and suit the idiosyncrasy, and it is a fourth to get fairly and properly paid for our work—and sometimes, I assure you, this is the most difficult of all the four. Successful and righteous practice of our profession requires then a somewhat rare combination of qualities. Power of steady work, and close reasoning, rapid and sure perceptiveness, quickness and plenty of resource, decision yet tenderness of character and great tact combined with the purest honesty.

Upon this latter union we must dwell for a few minutes, for tact is a quality which the medical man ought largely to possess; yet such possession offers at times the greatest temptation to insincerity, untruthfulness, in fact to humbug. He who has the wisdom of the serpent, must take care lest he use it like a serpent.

Unfortunately the confines of medical and surgical practice are haunted by hosts of this sort of unreality, in many ways comparable to the rope-twisting and table-turning juggles above mentioned. The public can know nothing of our abstruse and difficult science, but it is constantly in contact with the art, and having no basis for criticism is apt to be led away rather by what appears wonderful, than influenced by sterling truth. There are always men ready to take advantage of such phase of the public mind, men possessed generally of considerable tact, knowledge of the world, power of pushing, and very little burdened with scruples: from such arise those advertising museums which are only false baits wherewith their traps are set—also homœopathic, mesmeric, and such like hospitals. But these individuals are not all extra-professional; there are many degrees of a long ladder, from the hand-bill-distributing quack, upwards, whence originate all sorts of irregular practice, curious special hospitals and sundry marvellous establishments.

It must not be understood that all special hospitals are to be condemned, since such institutions as a fever or eye hospital, children's hospital, and a consumption hospital, and a few others, are even laudable, but on the other hand most institutions for the treatment of a special disease, *par excellence*, of any special surgical disease, and emphatically for the administration of one selected remedy, must be wrong in principle and effect; for in the first place, those who set them up, are for the most part men who do so only to connect their names with certain maladies, and secondly, when hospitals are established for diseases of the stomach, of the kidneys, of the bladder, of cancer, of fistula, &c., the public must diagnose its own diseases, before going to the hospital: moreover, when institutions are established to exhibit a certain agent, the patient must not only decide on his own disease, but prescribe his own remedy. Nevertheless if we were to judge the value of these places by the number of patients professed to be treated in them, we might form a most brilliant idea of their flourishing state; but there is this curious fact, that the amount of patients advertised as treated in the course of a month, probably exceed or at least equal the quantity of persons afflicted with the malady in the whole year.

Glitter, though not golden, may attract a good deal of the metal; but although it is your aim to become successful practitioners, yet that higher aim of paying the debt with its accumulating interest which we owe to posterity, must not be forgotten. Let us not forget that *Truth*, scientific and moral truth, is the store whose amount and value we are to increase, not merely by adding more facts, but chiefly by combating falsehood and error—the base alloy, the foul mixture, which sullies the good metal and sadly depreciates what it does not tarnish.

I must, though unwilling to make any boast, allude to what has been added in this hospital to our general store of knowledge. Nearly all the Professors have worked

with more or less success in this direction, and a good deal, emanating from the studies of disease here, has made its impress on the world. Now, however, I speak especially of an operation on the foot, devised by the Professor of Surgery at the College of Surgeons, who, I am glad to say, is also Professor of Surgery in this School, which operation has resulted in so excellent a manner that it will, doubtless, be considered one of the great surgical improvements of our age.

We are not all, however, to invent or run after novelties. Most of what is old is also good, and you, Gentlemen, will have to begin with what is already known. A glance at the prospectus will show you that your time and memory will be fully taxed. I will only say that to work well, you must divide your time fairly. When you study do it with all your might; when you play amuse yourselves with your whole energy, neither work nor play are worth anything if they be mixed together.

I must now speak of changes in the Hospital Staff and School. We have to regret the loss of a good colleague and teacher in Dr. Milshire, who has departed for Italy. We must regret him, but with a modified sorrow, as one gone to another and better place; at least let us hope he will like it better. Moreover, we can afford but a moderate sorrow, since his place is so amply, perhaps more than filled, by the full complement of assistant-physicians elected into the vacancy. In Dr. Salter's hands, the medical lectures we know are fully safe, while the Physiological Lectureship will receive perfect justice from the hands of Dr. Morris Tongue. Dr. Pollock and Dr. Parsons will respectively teach pathological anatomy and midwifery and in them we welcome good colleagues about to become good friends.

Mr. Hancock has yielded half the Surgical Chair to Mr. Canton, whereby you will have the advantage of hearing the theoretical and seeing the practical teaching of both surgeons.

In consequence of the last change the Chair of Anatomy devolves upon me. I shall do my best to fill it worthily, and to lecture on that subject thoroughly and well; at all events, if you work as hard to learn your anatomy, as I, together with our Demonstrator, Mr. Bellamy, shall do to teach it you, we shall send an uncommonly good lot of students to the College examinations.

As, then, I shall so soon have the pleasure of meeting most of you again, not only as heretofore in practical surgical, but in the anatomical teaching also, I do not now take my leave of you, but simply say to you: "*Au revoir*."

LONDON HOSPITAL.

INTRODUCTORY LECTURE.

By Dr. HEAD.

GENTLEMEN,—I believe that very few indeed who have preceded me in the occupation of this Chair on similar occasions to the present, have not expressed their sense of the inadequacy of their powers to discharge the important duty which they had undertaken with satisfaction to themselves or with interest and improvement to their hearers. I confess, for my part, that I fully sympathise with them, and that if I had any idea of the difficulty of the undertaking, should have longer hesitated when I was requested to do so by the kind courtesy of the Council of this College. This difficulty arises from several causes. In the first place, it has been the custom for many years to open the Annual Session of all the Medical Schools with an Inaugural Address, and so many of the greatest minds of our profession have exerted their powers in discharging the office, that one naturally feels somewhat depressed by the idea of being again called to do what has been already done so often and so well.

Another difficulty is the comprehensiveness of the matter brought under review, and the consequent considerable

share of knowledge, abilities, and leisure required to write anything inaugural on such a subject.

I, therefore, propose to devote the time that custom allows on occasions such as the present to the giving such useful advice to the students commencing their labours as may occur to my mind, to mention the special dangers that beset their career, and the manner of pursuing their studies to the best advantage—the true object and aim of medical and professional life.

But before I proceed to this, which will be to me both a duty and a pleasure, and I hope not an uninteresting half hour to yourselves, I must be permitted to give myself the very great pleasure on this, the eighty-second Anniversary of our foundation, to bid you the heartiest welcome, first to those renewing their studies, and then, and more especially, to those who come for the first time among us, to assure you all of the very warm interest we take in your welfare and success, and the anxiety we shall always feel to promote the interests of all diligent and faithful students to the best of our power through the whole of their future career.

Let us hope now, being members of the same College, attached to the same Hospital, students of the same Science, having similar difficulties, similar ends, that we may always regard each other as brethren in the same noble vocation, and let our only object of rivalry be how we can best subserve the common interest of our profession, how maintain the credit of the College and Hospital with which it is our honour to be attached.

I have mentioned our noble Hospital and College. Well, Gentlemen, this is another topic that most of my predecessors have touched on, and well indeed they may be pardoned some reiteration of the subject, for surely no grander institution on the whole exists in this metropolis, none that affords more extensive generous relief, certainly none that affords vaster opportunities for prosecuting his studies to the student.

Let me, then, for a few moments follow the routine observed on those occasions, and furnish some information which may be specially interesting to our younger brethren concerning the noble foundation they have so lately become members of—the Alma Mater of their professional lives.

It may be supposed that the medical schools, like similar institutions in Arts and Theology, have been in existence many generations. This, however, is not the case. Eighty years since they were not in existence. Particular men gave special courses of lectures, indeed, at one or two of the more prominent hospitals, but even this can hardly be dated back for more than a century. Of such lecturers may be mentioned Cheselden at St. Thomas's; Pott at St. Bartholomew's; and subsequently, Blizard and Maunder at our own Hospital.

Their efforts were supplemented, to a great extent, by private schools, the most famous of which was that maintained by John Hunter and his no less able but less famous brother William.

But this system, however good in such hands, was in itself radically bad; it was private, self-appointed, desultory; it was impossible under it to supply the wants of the country, the army, and navy with a body of well-educated efficient medical men.

The London Hospital may be always proud that the commencement of a better, perhaps the best possible, system was made by one of her own body. We, Gentlemen, as well as the profession at large, must always pronounce with reverence the name of Sir W. Blizard. It was by the energy and assiduity of this celebrated surgeon that the first medical school was established capable of giving the student a complete medical training, and that medical school the Medical School in which we are now assembled.

The example, then, set by our own Hospital was speedily followed by others, and thus the London Hospital has the very great credit of inaugurating this beneficial revolution in the system of medical education, and indeed it may claim similar credit in other important improvements; for

instance, the practice of giving clinical lectures was first commenced in this place; and not only has the London Hospital been the Corypheus of medical education in time past, it still remains amongst the first institutions at which an accurate, practical, and extensive knowledge and experience of the profession can be acquired.

Whilst speaking of our noble Hospital it is impossible to forget what a striking exemplification has been given of the effectiveness of its organization and resources—indeed, of all the facts that I have ventured to bring forward in reference to this matter, by the manner in which we have met, and by the blessing of God retarded, the westward progress of the dire cholera war which has so lately broken over us. The important services rendered by this institution at this fearful crisis were given with the utmost devotion, and I do not mention it now so much with the object of re-stating what is well known, as to express the gratitude which I am sure the authorities feel from the very generous assistance of the generous public, whose free will offerings visibly, now, as ever, maintains the correctness of the phrase "English generosity" in the world. Partiality to our own body, or rather the suspicion of being influenced by it, must not prevent my claiming a high tribute of praise to those whose duty it was at the risk of their own lives to observe and combat the symptoms of this dire disease. To the resident medical officers of this Hospital, for their untiring energy in ministering by night as well as day to the requirements of the sick.

To the House-Governor of this Hospital, a gentleman of whom I will only say this, which is indeed quite unequal to his merit, that his devotion to the Hospital, his kindly interest in the sick, his parental attachment to the pupils, demand our deepest respect and gratitude.

For the lady nurses and nurses, who all regardless of their own safety, and with a devotion rendered still more striking and self-sacrificing by the fact of their physical weakness, spent night and day in soothing the struggles and alleviating the agonies of the dying, and in discharging the last sad offices for the dead.

Praise to them who have done their part so well, not praise, however, on their own account, but in our own, that we in our turn may, if necessary, be encouraged to follow so noble an example, and that society may be elevated by the record that such deeds of self-sacrifice and devotion have been done in its midst.

Mere love of human praise indeed, could never have induced men and women to act in this manner. The praise of God and the satisfaction of their own consciences must be their own best reward. And alas, Gentlemen, if human praise were their only and sufficient reward, some who have worked and suffered with us would be for ever unpaid for their labour. Of the nurses two have succumbed to the terrible danger they dared.

Of our own ranks, also, one is departed. Dr. Ansell, in the active discharge of his duties as Medical Officer of Health of the Row District, the Chairman of the Court of Examiners of the Society of Apothecaries, and for many years the active Chairman of the Drug Committee of the London Hospital, fell a victim to this dire malady.

It may be hoped, indeed, that the attack itself is fast wearing itself out, but we cannot forget that its consequences will be long felt. How many children a month or two ago, happy under the protection of their parents, are now orphans, thrown without friends upon the world. Who, therefore, can estimate the wretchedness and misery, which must accrue in this way from the cholera, if nothing can be done to prevent it. The only way truly to meet this evil is by the subsidiary aid of orphanages. A lady, who has long taken a kindly interest in our Hospital, is, as is well known, doing her utmost to provide such means of relief for the children of those who were so lately stricken down in our midst. For certainly most of the cholera orphans will of two things have to do one, they must obtain the privilege of an orphanage or be compelled to enter the workhouse. And surely of all calamities the calamity of being educated in a workhouse from possibly early in

fancy is the greatest that can afflict a child, henceforth the workhouse is the home, henceforth it will be the naturalized lifelong pauper, always ready and willing to return, and feeling no disgrace in returning to the wretched home of its childhood. Before dismissing this subject I must have the pleasure of referring to one other point which is matter of congratulation to the friends and supporters of the London Hospital.

Capacious as the building is, and well organized as are its internal arrangements, necessity for increased accommodation has long been evidenced by the overwhelming demands of the poor to obtain the advantages which this institution so unsparingly offers. The house committee, under these pressing circumstances, resolved to set their hands to the work. In the month of July, 1864, the foundation stone was therefore laid by His Royal Highness the Prince of Wales for a further extension of the main building.

Completed this summer, the Alexandra wing will largely increase the efficiency of the institution, and afford us, it is to be hoped, the opportunity not only of relieving the poorer residents of our own more immediate locality, but also of extending its benefits to those suffering from aggravated forms of disease even in distant parts of our country. The house committee fondly hoped that the new wing, the erection of which forms quite an epoch in the history of our Hospital, might have been inaugurated with a festal meeting of those who had laboured and sacrificed so much to effect its completion. The sudden appearance of cholera amongst us entirely frustrated such a hope. The new portion of the building was completed when the greatest possible demands were made on us for instant admission. It was here or nowhere that assistance to the poor in this dire attack could fitly be obtained.

The house committee knew that full well, and therefore, without a moment's hesitation, opened the wards which had just been completed, as it were providentially, at the very hour of our utmost need. And thus the building that was to have been dedicated to its benevolent purposes with congratulatory speeches and in festal array, in the presence of the rank, wealth, and beauty of the metropolis, was inaugurated, perhaps more suitably, amidst the threatenings of the pestilence and the ceaseless groans of the sick and dying.

If this large extension is matter of congratulation to the supporters of this noble charity, inasmuch as it increases their active powers of benevolence, it is matter of especial congratulation to us, the physicians, surgeons, and students interested in the observation and investigation of disease. Here vast fields of study are permanently assured to us. Our commodious hospital, now containing 445 beds, affords every facility required for obtaining a thorough practical knowledge of your profession.

The advice that has recently been offered to you in the medical journals to choose a hospital especially for its opportunities of clinical instruction is especially applicable to the hospital of your choice, and has conferred upon our school the remark of sending out from here a body of medical students eminently practical in their acquirements receives here its ready solution. Our hospital now contains 445 beds, whilst the number of our students is certainly less than those of many other hospitals. To the Council of this College this may be, on some account, a matter of regret; but for the student, matter rather of congratulation, from affording to each individual pupil almost unlimited fields for observation, experience, and clinical practice.

Reflect, Gentlemen, what facilities this immense institution, under these circumstances, affords each of you. Think of the appointments in this large hospital which are conferred on deserving pupils. A resident medical officer whose advantages for practical knowledge no words can express, a medical and a surgical registrar, three resident house-surgeons, a resident accoucheur, a resident assistant medical officer, two resident surgical dressing pupils, which, with additional dresserships and post-mortem

clerkships, all these make up such a goodly array of appointments, many of them surpassing in their real value as many college scholarships, and all within your grasp.

Formerly I believe it was the custom in most hospitals that many of these appointments could be obtained only on purchase, but the only purchase money now required is merit. Some other institutions compare, and say, rightly too, that the advantages of these appointments far exceed so many scholarships. I believe it, and I don't hesitate to state that when we compare the number of students in this institution with the number of its appointments, that it is the most richly endowed, second to none in the metropolis.

The few remarks that I have to make on the subject matter of your studies shall be prefaced by a word or two about science in general, and the only manner of successfully investigating her mysteries; not, however, under the supposition that you have not more or less clear ideas on the subject, but because of their fundamental importance, and because in those days of scientific heresies it is even a satisfaction merely to restate the ground on which our profession, as indeed all branches of science, can alone continue to stand.

One of the first observations, then, that we make in the natural world of phenomena is this—namely, that every particular event which presents itself is produced and conditioned by others acting under certain relations to it. Whenever the same conditions and the same experiments absolutely obtain, the connective order of phenomena is always strict and regular, and we are thus led to the conception of a law, and from the universal unchanging order of these phenomena, which can be made a matter of experiment, we are led to believe further that the phenomena that are beyond our manipulation exist under the same conditions, and so we arrive at the idea of an order of nature governed by fixed unalterable laws. Now, if we are to arrive to any knowledge of these phenomena—if we can group them together—if we can determine any order among their apparent complications—if we can determine the number of various ways in which sets of them agree, if we can thus determine general laws—it is plain that it can be only by painful observation and experiment and by a carefully conducted series of inductive, reasonings. And yet it is well known that this method of inquiry has only been established in comparatively modern times, ancient and medical philosophy notwithstanding.

Of science our own profession of medicine is one of the most important branches. Its subject is next to the knowledge of God, the highest that can be contemplated, for it concerns the knowledge of man, physically and psychically his relation to nature, and the various effects which this external world, its laws, its forces, its productions have upon him.

It includes, therefore, the physical sciences of anatomy, physiology, chemistry, *materia medica*, botany, comparative anatomy, &c. It is in consequence of this extended knowledge of physics, which it is necessary for him to possess, that the medical man is called by the name physician—a title which in all ages has demanded respect, and which one has as much reason to be proud of as any of the ephemeral titles bestowed by kings and governments.

The object of our science is the great one of benefiting man by determining what are those conditions; what the means of warding off the inroads of disease, of best defending him from its attacks, so that his constitution may be preserved as far as may be in the possession of that soundness and strength which the CREATOR had originally endowed it with.

Of the various subordinate branches which it is needful for you to pursue, some are more important than others. To you, Gentlemen, of the first year, two or three are now of special interest, inasmuch as they form the only true gateway to the temple of medicine, and because, also, they will, on this account, form the matter of your study during the ensuing session. Of these special studies, the one which demands your closest attention and observation is anatomy. An extensive and profound knowledge of this

subject is not simple, desirable, and important, it is absolutely necessary.

Over the wall of his academy, Plato, it is said, had inscribed, "Let no one but a mathematician enter here." On the wall of the temple of medical knowledge is engraved with the pen of iron not only "Let no one but an anatomist enter," but no one but an anatomist *can* enter. It is the magic key, the open sesame which alone unlocks the portals and enables us to gaze at, and enter into, the temple reared by hands untold; the labour of unknown ages. Gentlemen, let there be no doubt about your possession, this absolutely necessary instrument. Labour to obtain it night and day. You cannot labour too early and too long. You will never regret an hour spent in this vocation. The cost in time and trouble will be considerable, but do not grudge it. The power and facility you will have of entering into other matters when and as you please, will amply reward you for your pains.

At first perhaps you may experience some slight repugnance in prosecuting the labour which the study entails; but leaving out of consideration the ultimate advantage of knowledge acquired, you will find, I have no doubt, immediate stimulus in the interest you will feel in exposing, for the first time, the intimate structure of the human body, and by the admiration, I had almost said reverence, which it awakens in all thoughtful minds.

Well did Prof. Owen, impressed probably by such feelings as these, exclaim, "How vast and diversified a knowledge opens out before us as we gaze from the portal of anatomy. Our study is that of the highest and last created product which has been introduced into this planet. Every part we study has its like in our bodies, it may be vibrating, pulsating, contracting."

The great importance of this study has been felt in all ages by those interested in true science, and anxious to promote her best interests on a sound scientific basis.

It is quite astonishing to observe with what perseverance anatomy was studied in the earliest times when human dissection was debarred by the existing superstition of the age. Even in those primitive times the grandeur of the subject and the natural curiosity of man induced him during the process of embalming, the accidents of life and the catastrophe of the field of battle, no less than the dissection of inferior animals, to make himself acquainted with the leading facts before the period of Aristotle who raised it to the dignity of a science.

In the performance of your difficult task you will have every assistance that is possible to be afforded you. You will find in our excellent lecturer on anatomy and his worthy coadjutor gentlemen ever anxious and able to smooth your path and make your road to anatomical knowledge pleasant and easy, whilst practical anatomy and demonstrations will be conducted by gentlemen constantly at your side; and here, at the risk of reiteration, and trenching on ground not my own, I would remind you of the golden observation of the great philosopher, Locke. The chief art of learning, says he, is to attempt little at a time. This is more or less applicable to all other branches of study, but especially so to the one we are now speaking of, and I have no doubt if the philosopher had been also an anatomist he would have added a special clause in favour of our study.

While I am on this subject I would like to say further, that the student should certainly make himself familiar with the framework of the body as a basis, and then clothe it with the various structures that enter into the human organization. Still I believe it is a great mistake for him to postpone, say the dissection of the upper extremity, before he knows. You can't begin your dissection too early; those of you, at least, who come here with a moderate knowledge of osteology, supplemented properly by a little book reading on the ligaments and muscles, should begin at once. Let your day's dissection be confined to only as much as you can read about and think over when you return to your homes.

I feel confident, from my own experience and the observation of others, that a plan, somewhat after this fashion, will make you better anatomists than if you were to dissect subject after subject without careful observation, supplemented by reflection and assisted by limited reading at your homes of your day's work.

One observation more; it is that the dissecting-room should be as much dedicated to study as the most retired and quiet library. No boisterous sounds should be heard within its walls. This is a regulation that should be specially attended to, not only on account of the difficulty of acquiring a sound knowledge of anatomy without careful observation, reflection, and, I may almost say, abstraction from the outer world, but also because all men, in all ages who have respected themselves and have been worthy of respect, have respected the ashes of the dead ruins indeed, but the ruins of a shrine just departed by a spirit the most wonderful of all the creation of God. All surely animated by the common feelings of our human nature, will agree that any mockery or maltreatment here can only be compared with the most detestable atrocities of savage warfare. But I pause—I feel that I am proffering you unnecessary advice. If such conduct is ever witnessed it is, I believe, quite an exception to the general character of the medical student, and must be relegated to an era now almost, if not altogether, passed away.

Well, Gentlemen, I fear I have in these remarks somewhat crossed the line which I ought to have drawn for myself while in the occupation of this chair. I am quite sure, however, that if the influence of this time and occasion be exerted in endeavouring to stimulate your efforts in the immediate acquirement of the knowledge of the rudiments of your profession, I shall readily be forgiven; and further, if I have in any way secured your resolution to acquire a competent knowledge of anatomy, we need be little anxious about the future steps in your career.

I cannot conceive, for instance, that a student who has made himself master of the preliminary subject of anatomy, and acquired the habit of study and observation which it tends to foster, should require any encouragement in the matter of physiology, while the former study is in some respects repugnant, and many difficulties are to be mastered before it becomes interesting, the latter is a most delightful occupation from the very first, and especially to those well grounded in the structure of the human body. Such will take so great an interest in this subject, that I have little doubt that it will add further zest to his medical studies.

Physiology, the science of life, takes under its domain, in one form or other, most of the latest discoveries in general science; while it, on the other hand, gives them an added importance, a reflected lustre from the importance of the subject which their observations have tended to elucidate. On all accounts physiology, perhaps, may be reckoned one of the most exalted and interesting studies that the mind of man can possibly contemplate. Physiology has also this capital point of interest—that it is at present in a state of rapid progress. The pure mathematicians have had for ages such an amount of unequalled talent lavished on their investigation that their progress is slow. It was with a sort of wonder that we read in the *Times* some short time ago that some professor had discovered a new method of solving a cubic equation hitherto, I believe, considered insoluble. But it is not so in our science of physiology; we should be very much surprised if a year were to pass without some fresh solution, some new discovery made. Of the students now before me we should not consider it as anything truly wonderful or indeed unlikely, if one or more were to make discoveries in this branch of science that should win them permanent European fame. Already in consequence of the wonderful aid that art affords us, the eye of man is able to observe the ultimate cells that by their apparently simple conglomeration build up the tissues, and more than this, he can look on and see these microscopic cells busily engaged in the performance of their individual functions. Thanks also to the assistance of or-

ganic chemistry, for the advance of which we are mainly indebted to Prof. Liebig, we are able to analyze and with the certainty almost of mathematical reasoning, assure ourselves as to the composition of the ultimate.

If the study of chemistry were not required by the examining bodies during your first year you would soon feel the importance of acquiring it yourselves.

As physiology demands a previous or concurrent knowledge of anatomy, so you will soon find that it requires a knowledge of chemistry. These, three, and indeed all the other branches of our art, are intimately tied together. Advance in one branch brings corresponding advances in the others, and proportionate ease in acquiring them. For the prosecution of this study there is, moreover, the additional claim that it is in itself an offspring of medicine; and further, to our own countrymen is due the honour of being its most successful prosecutors, and also of being entitled the "Fathers of Chemical Philosophy."

Its application to pathology is daily becoming more important, and in the diagnosis of disease being independent of the patient's sensations, it gives us conclusive evidence as to the nature of the products furnished by organs primarily or secondarily affected, no less than in testing the tissue or fluids of the body for these poisons, which the supposed invisible hand of the poisoner manipulates in vain. After careful attendance at the lectures and close observation of what is placed before you, you will be able to experiment for yourselves observation again under a more striking form. The course of Practical Chemistry during the Summer Session, under the direct guidance of our much esteemed Lecturer on Chemistry, is not only required of you, but it will give you an aptitude, aye a love, for the science which will keep you in many hours of the early part of your professional career.

In connexion with this subject I cannot resist the opportunity of recommending for your careful perusal the late Professor Daniel's "Chemical Philosophy," and to pay a personal tribute to the memory of one from whose writings I have derived no passing advantage.

These important subjects of study have, as you are all aware, been stimulated by the institution of two scholarships within the last twelve months, one for proficiency in human osteology, the other for proficiency in anatomy, physiology, and chemistry. It is now a matter of great gratification to me to state that two gentlemen were awarded the scholarship at Christmas last, after a struggle honourable alike to him and his competitors.

(To be continued in our next.)

ABSTRACT OF
INTRODUCTORY LECTURE
DELIVERED AT ST. MARY'S HOSPITAL,
ON THE 1ST OCTOBER.

By Mr. HAYNES WALTON,
SURGEON TO THE HOSPITAL.

AFTER thanking the very large audience for their visit to the hospital, he remarked that it was well to meet and rejoice at this medical festival and anniversary, one of the few that the profession possessed, and the birthday of all who have entered medical life in London, and to introduce with proper care many of those who are about to enter the noble brotherhood, and indeed to make the beginning a consecration. He had not looked back among the great men of the past for examples to set before them, neither had he gathered fragments from medical history to amuse them, nor sought quotations from classical authors to astonish them; he gave merely his experience in a few sober truths delivered in plain language.

Following that rule of order which says seniors first, he addressed himself to the many physicians and surgeons present, and attributed the goodly gathering of them to the fellowship which the laws of St. Mary's have established between the profession, the hospital, and the school, adding that it deserved to be well known that the medical governors of the hospital take part as committee-men in all that concerns practice and teaching, in such committees they act on the same footing as the regular medical officers. He asked them in the name of his *confreres* to continue to join heartily in the work, and to assist in the many questions that were ever requiring to be answered. He assured them that the demon jealousy would not pursue them, that many improvements may enter more readily through them, and any neglect or abuse would be the quicker and smoother put down by their assistance. The student would forcibly recognize whatever of good supervision emanates from them, as there can be no secret working among the staff, no unchecked selfishness, therefore no corroding suspicion; he thanked them for what they had done.

In addressing himself to the younger part of his hearers, the pupils and new-comers, he thought it well to tell them something about their educational home, to cast a retrospective eye, and to allude to the things that be. It was right that the history of the establishment be unfolded to them at this time, fifteen years from its organization, and that the present policy be developed. There had been no failures. In the past was registered merely the difficulty of a commencement and recorded the triumph of success. He then gave a sketch of the unprecedented success of the hospital, alluded to the enlargement in the new wing which is being built, and spoke also of its internal arrangements and organization. The marked success of the school was then pointed out, which he considered more astonishing than those of the hospital, as the conditions necessary for its prosperity were of a different nature and more difficult to be reached. No happy accident brought this about but causes clearly to be traced, and thought he ought not to be debarred from alluding to the chief of these on account of their personal nature and because of his being associated with the actors, justice and truth inoffensively put forth should always be admissible. The most promising feature, then, in the new hospital was the largeness and completeness of its staff and the high reputation of the individual members for teaching, writing, and practical knowledge; also, that St. Mary's is well represented in the profession, as the examining boards of our colleges and other bodies testify. It stood high in public estimation, it pleased her gracious Majesty to look there for some to attend her and those most dear to her.

He pointed out that the general proficiency of the students who had been educated there had been the subject of remark by examiners and in private life.

In honour's list they had not disappointed their professors, a large number had sought the competitive examinations and entered the public services—a fact which showed these men had confidence in their acquirements.

In all that concerns the school in the coming Session in legislation and administration, all had been done that could be done for the student's welfare, and to render his teaching as complete and easy as possible, it need to be told the students, for it was scarcely well understood that the work was not all on their side, the teachers had a great deal of care, labour, and fatigue, and in many instances more than they. The teaching of elementary matter was always drudgery to a proficient in his subject, and he hoped the remembrance of this would be a check to any restless spirit that may be in a lecture-room. The student of the present day has everything to his hand, in his time it was not so.

He then alluded to the very long period without any change in the medical staff. For years it was unaltered, and even now the old faces abound. It was not till late this year that death had entered its ranks, and now it fell

to his lot, in the capacity of a public lecturer, to notice the sad calamity, and to allude to the solemn end of our nature, which all healthy minds regard with instinctive dread. He then gave a short biographical sketch of his late colleagues, Mr. Alex. Ure and Mr. Joseph Toynbee.

He then turned to the youngest of his hearers, the fresh men, who that day had taken the most momentous step in their life, and begged that earnest attention, which would assure the remembrance of some portion, at least, of this address to them, they needed guidance and assistance, as that which they were to master demanded a great deal of mental work, and was harder because it was entirely different from anything in which they had been engaged. The first obstacle to be encountered was the apparent magnitude of the task, but he begged them not to be discouraged, as he had felt it as much as any one, and assured them that in three or four months the phantom fright would vanish—that is, if they began in earnest, and that they would be amused at their past fears, although then only would they recognize the amount to be done; yet, there must be work, positive downright hard work—a thing difficult to be understood by youth, and still harder for those who have not had that medical training which should be preliminary to medical education. There are few studies more difficult than those in which they had to engage, and more would be required of them during the next three or four years in mental training and the acquirement of knowledge than at any other period of their lives; the subjects are numerous, lengthened, and intricate, and the sooner they knew this the better; the practice of medicine is not a mere empirical art, nor a mere routine. At the present time there is no more varied or difficult curriculum anywhere established than is required in this country from the candidate for the medical profession.

During that period their character would have to be formed—a work of self-culture and self-development—for it can come only of yourself—a result of more importance to the man individually, and of scarce less consequence to his future patients than the scientific instructions to be received. What is knowledge without character. I do not mean the moral and virtuous, but the cast of mind, the force, the will, the habits of thought and feeling which distinguish a man from his fellows in the affairs of life. Ponder well on this. Remember, according as you sow so shall you reap. With all your desire to learn you must be taught how to proceed, for rule and discipline are necessary. As with physical labour so it is with mental; sharp and severe spirits will be lost in the end, and cause damage to the living machine. In the mental exercise it is the daily little taken in freshly that holds, a fatigued mind can never retain.

[The Lecturer here gave some valuable hints about the hours of study, the division of time, and the surest method of proceeding.]

He found it not possible, if even it were convenient, to offer advice on the several subjects of study, as the individual lecturers would address them with their accustomed earnestness and eloquence, but he selected two of them for a passing notice—Anatomy, Physiology, and Hospital Practice. Anatomy is the first they would set about, as it stands first in importance among all other subjects, for it is the foundation and framework of the profession, all else was to follow and to rest on it. Unfortunately it would present itself in an unattractive form, and must for a time be, except to a very few, a repulsive study. It took a long time for him to overcome it, and had it been possible, he would have given it up; but circumstances obliged him to abide by his choice, and so thoroughly did he overcome his difficulty, that no man of his time ever dissected more, and he was high on the prize list of the then largest school in the kingdom. He mentioned this for their example and not for self-praise.

A knowledge of the human frame and the working of its organs is paramount. A surgeon ought to be as familiar with anatomy as with the clothes he wears. He should be able to find any part or object without a puzzle

of the memory. When he so knows it he will be master of numberless professional details, and be ready for emergencies. As students for the most part left their schools with a miserable stock of anatomical knowledge, he would never lose an opportunity of timely warning. He could speak with authority to those entering the profession. Among other valuable hints, he showed that this knowledge could be obtained only by careful, well-arranged, and repeated dissection, for which the best lectures written and pictorial descriptions could furnish no substitute. The manner for conducting the dissections was then pointed out, and the proper use of descriptions and the injurious use of plates and pictures dwelt on. He sketched a strong contrast between anatomy acquired by practice in the dissecting room and the faint trace which the memory may retain of ideas not originally impressed, the absorbing sight and the vivid touch.

He very forcibly touched on the reverential respect due to the work in the dissecting-room, and stated his belief that the character of a man was more shown there than in any part of his studies. He warned them not to repress too forcibly the wholesome feelings which usually come to a man's mind when he first entered that peculiar place of learning, neither to forget the honour due to human remains, nor so dismiss their own mortality from recollection as to behave with any unbecoming or ill-timed levity.

Physiology and anatomy he considered as one (Abernethy said that anatomy without physiology was like an old maid without a dowry). And who would take the old hag only for herself? Physiology was the science that taught the nature of the phenomena of health, and the inter-dependence of the several organs and functions, the relation of the several parts of the body to the whole, the manner in which life is sustained, so that in the application of their knowledge to diseased states, they should never lose sight of the general and leading principles of it, which demand attention in all instances, and can never be overlooked with safety. The force of this he illustrated by some examples. In connexion with anatomy and physiology, he urged a careful study of minute structure, as revealed by the microscope, and as the only means by which the great mass of pathological changes could be detected, and he assured them that the microscope had done as much for medicine as the telescope for astronomy.

Addressing himself then to students of all ages, he besought them not to neglect the attendance of hospital practice, and he deplored the careless manner in which this was done; he suggested rules for their guidance and methods for assisting them, adducing some experience from his own medical life, and mentioning things he found to be valuable and most useful. He advised them to gather facts for themselves and gain experience. By experience he meant not the simple produce of the senses by observation and reflection. As a strong inducement for their self-instruction he adduced this argument.

A very great deal has been well made out in medicine, and fixed rules established apart from all that concerns what, for convenience sake, may be called a mechanical part of it—that relating to the Art rather than the Science—of which the greater part belonged to Surgery; but at present medicine does not entirely rest on that basis, which is claimed for an exact science. This state of things must not make you heretical, because it arises not from error in the subject, but from want of more knowledge, more time to learn, and more learners.

We cannot deal with animate as we do with inanimate matter, for neither is it subject to like laws nor amenable to the same mode of treatment; neither can we at will take it under our own control, since it is governed by certain vital processes of which we are mainly ignorant; and further, it is under the influence of mind which will not yield itself to man's government. He told them not to be astonished that the treatment of disease in these practical days was constantly undergoing change. It might not be long before they discovered that a large portion of the

value of their attendance in the wards consisted of what they gathered of the natural history of the diseases, the phases and the terminations, rather than the practice of any particular man. He enlarged on this subject, concluding with this:—"You may like to disregard things that I shall tell you about certain drugs for certain ailments, but I hope what I show you in physiology, pathology, and morbid anatomy will be worthy of recollection and will last, and last they will, if I observe correctly."

He then gave a lively description of the alteration which had taken place in medical practice in the last fifteen years, mentioning so great was the change that the older practitioners believed and taught that this alteration was necessary from a change in the type of disease, but happily for St. Mary's, Dr. Markham, in his lectures before the College of Physicians, had proved that there was no change of type but of practice.

He considered the operations conducted in the operation theatre part of the hospital practice from which the students should not exempt themselves, and spoke eloquently and forcibly in pointing out the danger which accrued from a surgeon who knew nothing of operative surgery and yet dared to undertake operations. He strongly advised them to learn the operations first on the dead body under a good teacher before they ventured to cut living man. He regretted the lamentable deficiency in the neglect of proper teaching in this department. It is a blot in our present system of education. He hoped soon there would be a move in the right direction, he would do his best to further it. The necessity for all surgical manipulation was pointed out in detail, and in a manner that must have made a great impression on his hearers.

The clinical teaching, as an extension of the hospital practice, was then reviewed in turn, and the students were admonished that no neglect would be allowed here, as this kind of teaching is a kind of specialty at St. Mary's, and is carefully conducted weekly by all the physicians and surgeons.

The lecturer considered that no class of students, like medical students, from the nature of their studies and the great length of each medical course, required so much recreation and management of health, and devoting a few minutes to the subject he gave advice which cannot fail to be beneficial. He then endeavoured to impress on the students the responsibility and obligations of a man in practice as the most powerful incentive to induce them to work, showing the value of health and the sacredness of life.

After all he had to say about moral obligations, he could not conclude without making allusion to certain duties to themselves which related to their welfare in life, and he could not refrain from this, as he had so frequently under his notice instances of pecuniary distress among medical men and their families, arising out of age, loss of health, or absence of testamentary provision.

He said we cannot all be rich, it falls to the lot of very few to be wealthy, it is not in the nature of the profession to admit of it, medicine and surgery cannot satisfy high ambition in that direction, but we ought not to be poor—that is, we and our progeny ought not to be in want of necessaries. He proved that notwithstanding the severe competition, the demand for medical men was equal to the supply, his remedy against want was for the medical man to raise himself in the social scale by professional attainments, by general education, conduct and manners, and thereby to increase the confidence of the public in the legitimate medical man, and still further heighten the demand for him. To be sufficiently paid for all services and to discountenance, discourage, and destroy that rotten and damaging system of gratuitous practice when patients can pay. He estimated what was lost annually to the profession by this description of robbery. To exercise prudence in the affairs of life untiring industry and frugality, withal a strictly imposed system of economy, and a resolute determination to make an annual saving and investment, be the sum ever so little.

In this respect the profession, he assured them, worked like a trade—that is, by trade rules, or they would fail. With us, he said, it must be labour, labour, labour, and care. There were no sinecures, no snug berths, no large incomes with little work attached, no retiring pensions, such things do not exist, therefore they cannot be obtained.

In conclusion, he begged the students to work with their teachers, adding, get their confidence, they will be as pleased to assist you as you to get their help.

The diligence of a pupil rouses the master. For you to secure the highest attainable advantages there must be association, a social tie, and through this will arise proper respect on both sides.

Regard us then as friends ready to help you, and as fellow-students only a little in advance of you.

Original Communications.

ON MELANOSIS OF THE LUNGS, AND OTHER LUNG DISEASES ARISING FROM THE INHA- LATION OF DUST.

By F. OPPERT, M.D., L.B.C.P., Physician to the City Dispensary.

THE subject of this paper has occupied my attention before, but as I am induced by the results of some recent researches to modify my opinion on certain material points, I take it up once more.

Melanosis of the lungs and its principal symptom during life, black expectoration, has been occasionally treated in weekly and monthly journals, but it has not yet found its proper place in the handbooks of medical science. It is well worth while to investigate how far it can be considered a disease *per se*, and by what means endangered persons may be protected.

Melanosis of the lungs means black lung disease; and as the blackness of the lung-tissue is a most essential part of the pathological exhibition after death, we may as well retain this name, whatever may be our opinion on the nature of this blackness. In the same way we may speak of red lung disease, erythronosis, and blue lung disease, glaukonosis.

The class of people who are subject to melanosis are those who work in an atmosphere contaminated with dust, such as coalminers and miners in general, knife-grinders, needle-pointers, quarrymen, stonecutters, millers, and besides it has been found sometimes in aged people who had no trade.

I have had occasionally patients under my care who had a peculiar black expectoration. I have examined specimens of black lung, and seen many in different museums, and for those who take an interest in the subject I may state, that they will find the most in Edinburgh, where there are eight in University College; sixteen in the College of Surgeons; in almost every museum of the London general hospitals are specimens, the most in Guy's, namely, six. On the Continent their number is not so large; in Paris I found only two; there are a few in the Berlin-Charité-Museum, and in Vienna and Munich.

I first give the literature. Scotch physicians have paid great attention to the subject. Pearson already, in 1813, wrote on black infiltration of the lungs and bronchial glands by coaldust, but not before 1831 more numerous and more ably written papers on the miners' disease were published. Dr. Gregory, in the *Edinburgh Medical and Surgical Journal* (No. 109) exposed his views on the black infiltration of the lungs, resembling melanosis, which he had no doubt was produced by coaldust. He had the lungs subjected to distillation, and found the same result as with coaldust. Thompson and Simpson had the same views, and published many cases six years later. One specimen is now at Guy's. The patient Leishmann was

sixty years engaged in coal mines, and suffered for five years after he left off work from asthma and black expectoration. Once the sputa were for two months white. The lungs contained cavities of walnut size and black fluid. Of another case, Hall, it is mentioned that shortly before death he expectorated as much as fifteen ounces of black fluid per diem, and that he had no hectic fever. Had not worked for three years.

Of seven other cases of black lungs observed by Thompson one was that of a blacksmith. In all cases the disease was slow in its progress, and the symptoms trifling in the beginning, only a little dyspnea with bronchitis; and it was especially remarked that the black expectoration remained long after they had given up their occupation.

Dr. Graham, Professor of Chemistry in Edinburgh at this time, examined different specimens of black lungs, and gave as his opinion, that the colour was caused by lamp-black. Dr. Marshall published cases in the *Lancet*, 1836, and was of a similar opinion.

In 1845, Dr. Makellar wrote in the *Edinburgh Monthly Journal* on black phthisis or induration induced by carbonaceous accumulation in the lungs of coal-miners.

He states that there are two classes of workmen in coal-mines, those who are stone miners and work by blasting and those who are holers or hewers. The first are much more attacked by the disease and die sooner. Of all those who had to cut a certain tunnel through a rock, and who were strong and young men, not one reached the age of thirty-five. He is strongly opposed to the doctrine that the lungs secrete the black matter, but thinks that the way in which the miners work explains that the evil is to be found in the small bronchial tubes. They lie on their side, have hardly breathing space, and must make up for it by deep inspirations. First they are able to expectorate whatever comes into the lungs, but after a time the bronchi are not able to produce secretion sufficient to bring the coal-dust away; and when they become dry, irritation sets in, and soon cavities are formed. Makellar always found cavities and no tubercles. Even young men of tuberculous parents died of coal-miners' disease without tubercles, so that he suggests that these diseases may exclude each other. Makellar thinks, there are three anatomical stages—one, where the black matter is in the bronchi and tissue; the second, where small cavities are found; a third, where the cavities are large and occupying even a whole lung. What he mentions about the physical examination is not worth relating.

A case which came under my notice at Edinburgh, was under Dr. Begbie's care. Dr. B., who published it in the *Monthly Edinb. Journ.*, July, 1856, treated it as infiltration of the lung with carbonaceous matter, black expectoration in a farm labourer. The patient had never anything to do with coal-mines or soot. He had phthisis, and the left lung was principally affected. He had black sputa. The post-mortem showed the left lung infiltrated with a black fluid; it contained a large cavity and several smaller ones, only very few tubercles. It is to be observed that the patient, although a farm labourer, was during the last years of life obliged to work the greater part of the year in or near a mill, and to breathe an air charged with dust.

Gouch, who gives a vivid description of the mode of life and work of the coal-miner, thinks, as well as Dr. W. T. Cox, that the blackness of the tissue is not generated in the lungs, but purely of extraneous origin—"Mines of Cornwall," *Brit. and For. Med. Chir. Review*, 1860.

The knife-grinders lung disease has been described by John Charles Hall of Sheffield (*Brit. Med. Jour.*, 1857). Sheffield, which owes its prosperity to its numerous factories of hardware, supplies the market with knives and forks, razors, files, scissors, pins, needles, &c. These useful implements are manufactured by dry or wet grinding. Forks and needles belong to the first class; razors, knives, and scissors are first dry, afterwards wet ground. Those workmen, who have only to do dry grinding are much more

subject to lung disease than the others, and they rarely live after thirty; razor and scissors-makers follow next. Owing to the steel grit entering the lungs, these get diseased, but since better ventilation by fans has been carried on, the state of the workmen's health has improved.

The symptoms and course of the disease are very like that of coal-miners' disease. The workmen suffer first from indigestion, and lose their healthy colour, which becomes dusky. Soon a dry cough and asthma begins to trouble them, afterwards that peculiar black expectoration supervenes. In addition to black pigment, the sputa contain particles of siliceous matter and steeldust, especially shortly after work. Since needles are partly made by machinery, needle pointers suffer less. At the post-mortem, Hall and others found the lungs black, the bronchi dilated, cavities rarely, and their walls covered with a smooth membrane. Pleurisy and pneumonia were sometimes present, tuberculous disease and emphysema occasionally.

Dr. Peacock and Moldenhauer found a remarkable amount of siliceous matter by the distillation of a part of a razor-grinder's lung.—*Brit. and For. Med. Rev.* 1860.

Dr. Greenhow found in a grinder's lung a few apparently crystalline bodies embedded in the tissue besides the black deposit.—*Trans. of the Path. Soc. of London*, 1865.

At the present time most of the medical men in England and Scotland connected with mines with whom I have had conversation about the matter, do not believe the black deposit in the lungs of coal-miners to be anything but coal-dust.

In recently published handbooks on lung diseases, such as Walshe's, or on medicine, such as Aitken's or Tanner's, I find only a short space bestowed upon the subject of melanosis.

French authors have paid some attention to it. To begin with Bichat (*Traité d'Anatomie Descriptive*, t. iv., p. 22, 1819), he thought the black found in the small bronchi was contained in small glands projected into them. Breschet (*Considérations sur une Altération Organique, Appellée Dégénérescence Noire, Mélanose, &c.*, Paris, 1821), thought the origin of the black deposit in different parts of the body to be extravasated blood. Trousseau and Leblanc ("*Récherches Anatomiques et Pathologiques*," *Archives de Médecine*, t. 17, 1828), although they only examined the black deposit in horses, must be mentioned. They thought that melanosis consists in blood corpuscles deposited in the tissues, and in the deposited mass pigment went astray which was originally destined for the choroidea, the skin, &c. M. Foy, a chemical analyst, found the black deposit near the kidney of a horse containing thirty-one per cent. coal-like matter (*principe éminement carboné*). Andral believed the black matter to originate in a transformation of the blood. (*Anatomie Patholog.*, t. 1, p. 458, 1839.) Cazenave the same (t. 19, p. 343).

Guillot was one of the French authors who paid great attention to the subject in question, and especially to chemical and microscopical examination of the diseased lungs. He washed the black parts of lungs with muriatic or sulphuric acid, and boiled them as well, and always had a black mass left, which was unchanged by acid chlor or boiling in concentrated solution of caustic potash. He prevailed upon Melsens and Dumas to assist him in his examinations. Melsens made it first his object to isolate the black mass; he dissolved the albuminous substances by acids and the oleaginous matter by alkalis. When he had the black mass as pure as possible he found it had the character of coal, it glimmered on platina without a flame. Alkalis at a high temperature had no effect. Caustic potash dissolved it by destroying it. Boiling sulphuric acid seemed to have no effect; after long boiling and settling there was an almost clear fluid over a black deposit. Concentrated boiling nitric acid dissolved the mass after considerable time. Muriatic acid had no effect. All this led Guillot to suppose that the black matter was for the most part coal, especially as he sometimes found it had a metallic appearance. (To be continued.)

A BRIEF ACCOUNT
OF THE
RECENT EPIDEMIC OF PUERPERAL FEVER
IN THE DUBLIN LYING-IN HOSPITAL.

By THOMAS TELFORD, M.D., L.R.C.S.I.,
ASSISTANT-PHYSICIAN, LYING-IN HOSPITAL.

THE epidemic of puerperal fever which visited the Dublin Lying-in Hospital in April last, is, I think, deserving of some notice. The suddenness of its invasion, the extreme rapidity with which most of the cases terminated, the anomalous symptoms presented, and the great mortality in the number attacked—sixteen dying out of seventeen cases—mark this outbreak as one of very unusual virulence. The hospital for the time of year was in a fair state of health. During the month of March there were one hundred and seventeen delivered, of those five died. Not that for a moment I consider this an average rate of mortality in lying-in women, but when we take into consideration the class of society from which a great number of our patients are taken, the great hardships and poverty to which they have been exposed, that some of them are the victims of seduction, and that very often they have been mismanaged by some ignorant woman before admission, and also that at this season of the year puerperal fever in common with other zymotic diseases is more prevalent, the number of deaths is not so much in excess. On the 23rd of April a patient, who had been delivered on the 8th inst., died in No. 12 Ward of the small hospital, which is altogether separated from the large building. In her case we had never expected a very favourable result. She was nearly forty years of age, pregnant for the first time, unmarried, and had occupied a respectable position in society. On admission she seemed very much depressed in mind, and complaining of a troublesome cough; her labour was natural, lasting only fourteen hours, her convalescence was slow, but she was able to be up on the tenth day after delivery. She now expressed herself as quite well, the only symptom she had being a very quick pulse, upwards of 120. She had been taking tonic medicine, from which she said she derived great benefit. She determined to leave the hospital on the 20th, and had obtained consent to go; however, as her friends were anxious for her to remain a couple of days longer, she was allowed to do so. The disappointment of not leaving seemed to have a depressing influence on her, and towards evening she was obliged to go to bed. She had a rigor shortly after, and complained of pain and tenderness of the abdomen; the pulse was 120, and the respiration hurried. A turpentine stupe was applied to the abdomen, followed by linseed meal poultices, and a full anodyne given at bedtime. On the 21st the symptoms had increased in severity; pain very acute; pulse 130; respiration 30; tongue brown and dry. She complained of thirst. Ordered a draught containing three drops of tinct. aconite, ten drops of Battley, and half a drachm of chloric ether in one ounce of water, to be repeated every four hours; wine, beef-tea, and some ice, and to have a full anodyne at bedtime. 22nd: The pulse fell to 120, owing to the action of the aconite; vomiting had been added to her other symptoms which remained much the same. Ordered powders of dried soda and grey powder, to continue her draughts, and to have eight ounces of brandy. 23rd: At the morning visit she was evidently dying, pulse very quick and weak, and the skin covered with a cold clammy perspiration. She gradually sank and died towards evening. On the following day we made a post-mortem. On opening the thorax the cavities of the pleura were filled with purulent fluid and the pleura coated over with lymph. The pericardium was distended, and on being opened presented a similar appearance. The cavity of the abdomen was full of purulent matter, and the intestines matted together, the uterus was perfectly healthy, the process of involution having gone on to a con-

siderable extent. This case I think one of great interest, showing, as it does, the influence which the state of the mind has on puerperal women.

Dr. Churchill states, in his work "On Midwifery," that "Mental emotion may undoubtedly be considered an effective predisposing cause. Under its influence females are peculiarly exposed to puerperal fever and less able to bear it; thus it has been remarked that unmarried women are often victims." The late period at which the disease developed itself is also unusual. The post-mortem would lead one to the conclusion that the disease had been going on in a masked form some time before, as it is hardly possible that a woman could be in health and in three days present such extensive evidence of inflammation, not only of the contents of the abdomen, but also of the chest.

On the evening of the day on which this patient died, a woman named Breen, in No. 4 Ward of the large hospital, who had been confined the day before of her seventh child, had a rigor at three p.m., for which she was ordered a warm draught. She was seen by Dr. Denham at the evening visit, and was then quite well, with a perfectly quiet pulse. The rigor was attributed to the coming of the milk, as the breasts were full and hard. It was not thought necessary to order her anything. At nine p.m. I was hurriedly called to see her, as I was told she had a convulsive fit, and though I saw her in about ten minutes on my arrival I found her dead, she having died in three or four minutes after the attack. We attributed death in this case to either primary apoplexy with extensive effusion of blood, or to an embolism. We made a very careful examination of the body next day. The veins of the scalp were congested. On removing the calvaria the membranes presented no unusual amount of congestion. The brain was carefully removed and the ventricles examined. There was no effusion of any kind, serous or sanguineous. The substance of the brain was healthy throughout, there being no evidence of softening. The thorax was next examined; the lungs were intensely congested, especially the posterior lobes. On being cut into a frothy bloody fluid escaped in large quantity. The heart was healthy, the valves being quite perfect; the blood contained in it was as fluid as water, there not being the slightest attempt at coagulation either here or in any part of the body. The abdominal viscera were quite healthy, the uterus well contracted and presenting no morbid appearance.

In the same ward with the last patient were four others, three of whom were attacked, one the same night, the other two the next day, all died, none of them living more than twelve hours after the first symptom.

A woman named Butler was confined of her first child on the 23rd; labour natural. On the 24th she had a convulsion, she was ordered a turpentine enema, mustard stupes to the legs, and cold to the head. As consciousness did not return and the pulse being full and strong, she was bled from the arm to twelve ounces, the head shaved and painted with vesicating collodion; powders of calomel and James's powder were placed on the back of the tongue, and mercurial inunction employed. The mercurials, though steadily persevered in, produced no effect on the system. She continued in a comatose condition with contracted pupil and stertorous breathing; she died on the 26th, two days after her first attack, never having regained consciousness.

On examination the brain and membranes were found quite healthy. The contents of the thorax were in a normal condition. The viscera of the abdomen were also healthy, with exception of the uterus, which presented a dirty green appearance. On making the slightest pressure, the finger ran through it, it being in a perfect state of gangrene. The blood of this patient was in the same fluid condition as that of Breen.

The last case of this mournful list which I shall particularize, had a much more satisfactory ending. She was a young woman confined of her first child on the 23rd; on the 25th she complained of pain and

tenderness over the abdomen, pulse quick, tongue dry. She had turpentine stupes to the abdomen, and was ordered turpentine, punch, wine, and beef-tea. This treatment seemed to agree with her for a short time, when the stomach became irritable. She was then ordered scruple doses of the bisulphate of potash, and eight ounces of brandy, with a full anodyne at bedtime. The following day the symptoms increased in intensity, and vomiting of a very distressing character ensued; for this she had draughts containing soda, Battley, and prussic acid, a blister over the stomach, and brandy and ice. The vomiting was checked by this treatment and the other symptoms ameliorated. On the fourth day she had very troublesome diarrhœa with tympanitic distension of the abdomen. The diarrhœa was checked by chalk mixture and anodyne enemas, and the tympany relieved by passing the long tube. From this time she began to mend and went on steadily to a perfect recovery.

This epidemic was of a peculiarly asthenic type, the powers of life seeming to be totally prostrated from the moment of its invasion.

In the treatment of the cases, wine and brandy were used very largely, some of the patients getting as much as eighteen ounces in the twenty-four hours, beef-tea and chicken broth were also freely given; almost every medicine that has been used in the treatment of puerperal fever was tried, and with much the same result. Opium, iron, the bisulphites of potash, turpentine, aconite, &c. In sporadic cases of this disease, the treatment by draughts containing three drops of tinct. of aconite, ten drops of Battley in an ounce of camphor mixture, alternated with powders of Dover and grey powders, has been very unsuccessful in our hands. We flattered ourselves that we had at last hit upon a plan of treatment which would lessen the mortality of this frightful disease, but our hopes have been cruelly disappointed. In order to test the efficacy of the bisulphite of potash in this disease, were put all the patients in No. 5 Ward five in number, on scruple doses of this salt with ten drops of Battley every four hours, the Battley was added in order to prevent the purging and vomiting which we find this salt to generally produce. Wine and beef-tea were also given freely, and ventilation and cleanliness attended to, yet every patient in this ward was attacked with puerperal fever and all died. Thus, out of a total of twenty-five patients who were in the lying-in wards at the outbreak of the epidemic, seventeen were attacked and sixteen died. We had a patient in the chronic ward suffering from membranous dysmemorrhœa. She was carried off in three days also. The patients who were attacked at the later period of this outbreak lived longer than those first attacked, the disease seeming to lose more or less of its intensity, and we are sure that if the hospital had been kept open the rate of mortality would have diminished considerably. A deal has been written as to whether puerperal fever is infectious or not, and very opposite opinions held by some of our most distinguished physicians. In its epidemic form we believe that almost every patient brought in contact with its influence will be attacked, but that does not prove it to be infectious, as one can hardly call it infection where such a number of patients are attacked almost simultaneously. It is the custom in this hospital to leave patients suffering from this disease in the same ward with others—in fact we never remove them till we anticipate a fatal termination, and then more for the purpose of saving the other patients' feelings than to guard from infection. Still we never find the disease communicated from one to the other. During this epidemic the interern pupils attended the patients who died and were present at and assisted in the post-mortem, they afterwards attended the out-patients when the hospital closed, yet they did not communicate the disease in a single instance.

The post-mortem appearances, in the great majority of the cases, were very unsatisfactory, as only in four cases did we find distinct evidence of inflammation of the abdominal and pelvic viscera. The fluid condition of the blood points to some specific poisoning of that fluid, and

the fact of two of the patients dying of convulsions may be accounted for by toxæmia, which we knew to be a frequent cause. I should have mentioned, in relating the convulsive cases, that the kidneys were perfectly healthy in both.

The poison which produces puerperal fever has been supposed by some to be identical with that which produces erysipelas. This was to a certain extent borne out by the fact of one of our wardmaids, who had been constant in her attendance of the patients, being attacked with erysipelas of the head and neck of such a severe form that she died in St. Vincent's Hospital.

I may also state that erysipelas was very prevalent in the city at the same time, and in some of the surgical hospitals the surgeons were obliged to defer any operative proceeding. After this outbreak the hospital was white-washed, fumigated, and painted. Since then we have had 245 deliveries, including cases of turning, hæmorrhage, convulsions, &c., and only one death—a woman who was brought in a dying state—from placenta prævia; she died a few moments after delivery.

As I said before, we have found the treatment of sporadic cases of puerperal fever by aconite and opium very successful. The aconite quiets the circulation and allays pain, which is often very intense. It requires, however, to be carefully watched. A patient under its influence should be seen at least twice a day, as in some cases its action on the heart is rapid. I have observed that where it produces its sedative action the cases generally terminate favourably, whereas in some of the fatal cases it seems to produce no effect whatever. In some cases we have given as much as ten drops of Fleming's tincture every four hours without diminishing the pulse a single beat. I am afraid that, in the epidemic form, we may come to the humiliating conclusion that treatment is almost useless, the vital powers being completely prostrated before any medicine has time to act.

ON RUPTURE OF THE UTERUS.

By Dr. G. de GORREQUER GRIFFITH,

PHYSICIAN TO THE HOSPITAL FOR WOMEN AND CHILDREN; PHYSICIAN-ACCOCUCHEUR TO ST. SAVIOUR'S MATERNITY; AND LATELY HOUSE-SURGEON TO THE LONDON SURGICAL HOME.

Some little time since I was called in to attend in her last moments the patient whose case I shall relate:—

Mrs. B., aged 36, married twice; by the first marriage mother of seven living children, and by the last, which had taken place only within the year preceding her confinement, mother of the child to which she gave birth on the occasion of my attendance. The patient, it seems, always enjoyed excellent health, knowing nothing of personal illness, except when she was in labour. She was of stout habit of body, being well nourished.

I had been summoned because of the fearful hæmorrhage which had taken place after the birth of the child, and which had continued for so long a time as to alarm the attendants, and likewise because the placenta was retained and would not come away by any efforts of the midwife.

When I arrived—I was summoned an hour or an hour and a half after the birth of the child had occurred—I found the patient lying on her back, with the knees drawn up towards the abdomen; so restless and unquiet that she did not remain in one position for a moment, but kept tossing herself about on every side, although the child was not yet severed. Her face, neck, chest, and as much of the surface of the body as was uncovered, completely blanched, having that peculiar pallor which is, perhaps, alone met with in patients suffering, as in the present instance, from excessive loss of blood; the eyes bright and glistening, but sunken and expressionless, having the pupils largely dilated; the face and entire of the body bathed in a clammy sweat; the former being anxious-looking and sorrowful; the body cool, and the extremities

cold, though the night was hot and the room excessively close; the pulse at the temples not to be felt, while at the wrist it was almost imperceptible; the respiration, short and hurried, attended with dilatation of the nostrils, with difficulty, and with very much pain. The pain felt in the right side was so excessive that it scarce admitted of her breathing. In addition, the patient kept calling out that she was dying, that she could not any longer endure the pain in her right side—it extended from a little below the right breast down to the iliac fossa—that it was worse than the pains of all her labours put together, and was killing her.

She told me that her labour pains had suddenly left her just as the child was being born; that she had had none since its birth, the agonizing pain in her right side having taken their place.

It was evident that the patient was fast sinking. My first cares were to have some brandy given to her, to have the womb supported and compressed by an attendant, while I separated the child, which was of immense dimensions and alive.

The blood flowed from the vagina, not in sudden jets, but in a continued stream. It had soaked through the bed, and flowing on unchecked, fell upon the floor, where was already collected a large firm clot.

For the safety of the child it was incumbent upon me to separate it at once, because the mother, as she shrieked out in the agony of her pain, tossed herself about violently, seeking to obtain relief from her sufferings.

When the attendant had taken the child I endeavoured to grasp the uterus myself, but found it an almost impossible task, because, in the first place, the walls of the abdomen were loaded with thick, hard fat; secondly, because they were so very pendulous that they overhung the pubic arch; thirdly, they were ruptured at the umbilicus, umbilical hernia existing; fourthly, because the womb itself had not apparently at all contracted, but seemed to reach up to the diaphragm, where it lay flaccid and uncontracted.

With some difficulty I succeeded in encircling the upper part of the womb with my left hand, but could not get the womb to respond to the stimulus supplied by my hand, and therefore could not embrace the entire volume of the uterus, as is ordinarily done after the expulsion of the placenta. While essaying to accomplish this latter manœuvre with my left hand, at the same time that I applied, by means of the right hand, gentle steady traction upon the funis, in hope that by this traction and the compressive force exercised upon the womb in a backward and downward direction I might be enabled to get away the detained after-birth, I thought that I detected a longitudinal rent in the right side of the womb. I therefore desisted from compressing the uterus, and having through the abdominal walls made a gentle examination of the organ, I became strengthened in my diagnosis. There was a very evident line of depression corresponding to the place which the patient indicated as the seat or line of pain, and where she could not bear the slightest pressure, without experiencing most excruciating pain.

For the pressure of my hand I substituted the support of a binder, not put on too tightly, yet in such a manner as might tend to keep together the edges of the rent in the uterus, and so, if possible, prevent the extrusion into the abdomen of either the placenta or clotted or fluid blood, or of the slipping down of the intestines or omentum, or of both, into the uterine cavity, and their being nipped or otherwise injured between the lips of the rent. The binder having been properly fixed and the terrible hæmorrhage restrained, I took the cord, which was quite flaccid, in my right hand, had the back of my left hand well oiled, and then passed it (made into a conical shape) along the cord, which I kept between the fore and second fingers, in order that I might be guided directly to the placenta, and, as I hoped, into the uterine cavity.

When the hand was in the uterus I confirmed my diagnosis of rupture of the uterine walls. Neither the

intestines nor the omentum had slipped into the uterus through the tear which existed along the right side, but the membranes which entangled themselves in my fingers very much resembled in feel the omentum, so much so as to lead me at one time to fear that the apron had come down, and had entered the womb. By carefully following the funis as a guide, I ascertained for certain that what enveloped my hand was the membranes of the fœtus.

Having satisfied myself of this, I continued to advance the hand higher up, till it reached the left cornu or horn of the uterus; here I found the placenta. I next pulled it away from its attachment, and in withdrawing the hand I again made certain of the laceration in the womb, and found it to extend through the body and cervix. This, no doubt, was the occasion of the excessive pain in the right side.

Having removed the placenta and readjusted the binder, I administered another dose of tinct. opii. The patient could not be made to keep herself quiet, but continued tossing herself about, now on one side, now on another, now on the back, then again on the abdomen.

About two hours after I first saw her she turned on her left side, and seemed to fall asleep. It was the sleep of death. She awoke no more.

The midwife weighed the child, and assured me that its weight was 14lbs., wanting only a few ounces.

Since writing the above I have learned that this poor creature had not been married the second time, but that the father of her child was her own father-in-law, to whom she had acted as housekeeper in the absence of her husband during the last twelve months; that she had come up from Woolwich to London merely for the day, intending to return to the former place in the course of the afternoon, but that she had been prevented by her labour coming on at the close of her journey; that the midwife who had seen her before I was summoned had not been engaged to attend her, but living in the same house as that in which the patient was taken in labour, had been hastily called, and had sent for me as soon as she saw the nature of the case.

9, Lupus-street, Pimlico, London, S.W.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

STENOSIS WITH OBSTRUCTION OF AORTA.

THE following case illustrates in a marked manner the views already published by Dr. Lyons with regard to the comparative suffering, duration of life, and implication of organs secondarily in connexion with the heart in stenosis of the aortic orifice, as contrasted with the dilated state of the vessel at its origin:—

M. C., a female, unmarried, aged 24, with no history of any rheumatic affection, and by her own statements ill but a fortnight, was admitted into the Whitworth Hospital, under Dr. Lyons's care, labouring under extreme dyspnoea with general anasarca. The face presented a congested appearance with tendency to lividity of the lips, and the general aspect of the case was that of a patient in the advanced stage of confirmed mitral valve disease. The urine was natural in appearance and specific gravity, and contained no albumen at any time. The pulse varied from 90 to 120, and was moderate in force and volume, and in no way specially remarkable. The cardiac action was perceptible over a largely increased area, and exhibited a heaving impulse with much distress to the patient, who could but rarely lie down by day or night. On applying the stethoscope a distinct double sawing murmur was audible over the whole cardiac region, and propagated both towards the aortic arch and the cardiac apex. No extension of either of the sounds was discoverable towards the axillary region. The detailed history of the case need not be followed up to the close, all treatment proved unavailing, and

the patient gradually sank, and died, after much distress and suffering, within three weeks from her admission.

On post-mortem examination, extreme general anasarca with dropsical effusion into the abdomen was observable. The lungs, liver, spleen, and kidneys were much congested. The pericardium was distended with some nine or ten ounces of clear serous fluid. The heart was of an ovoid figure, and enlarged to about three dimensions. On opening the left ventricle the mitral orifice and valves were found in all respects normal. The mouth of the aorta was constricted to an extreme degree, barely admitting the tip of the little finger, while the valves were surcharged with vegetative matter of considerable density projecting towards the ventricle and the aorta, with much prominence on either side. The obstruction offered to the egress of blood from the ventricle into the aorta at each systole of the heart was well exemplified by the difficulty experienced in getting a spoonful of water to trickle through the closely-set valvular obstructions when the heart was inverted, although regurgitation was permitted freely enough from the aorta into the ventricle.

The case is worthy of notice, as presenting an extreme instance of rapidly fatal aortic stenosis.

It is further noticeable, as an illustration of the resemblance produced between aortic obstructive disease and mitral regurgitation, so far as dyspnoea, lividity, and general dropsy, with early fatal issue.

It stands in marked contrast to the examples of aortic obstructive disease with *compensating dilatation* of the mouth of the aorta, already published by Dr. Lyons, and some of which still survive in the enjoyment of fair average health.*

Foreign Medical Literature.

ON

URIC ACID INFARCTION AND CONGENITAL CYSTOID KIDNEY: TWO CASES.

By W. KOSTER.

Translated from the *Nederlandsch Archief voor Genees- en Natuurkunde*, Deel ii., 2e Aflevering, Utrecht, 1866, p. 169.

By WM. DANIEL MOORE, M.D. Dub. et Cantab., M.R.I.A.

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS, OF THE NORWEGIAN MEDICAL SOCIETY, AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; EXAMINER IN MATERIA MEDICA AND MEDICAL JURISPRUDENCE IN THE QUEEN'S UNIVERSITY IN IRELAND.

1. *Extensive uric acid infarction of all the renal papillæ in a child—Death from convulsions on the thirteenth day after birth.*—In the middle of last month (October), a father presented himself to the physician of the hospital at Utrecht, with the body of his child aged thirteen days, who, after having suffered for some days from convulsions, had died. He stated that all his former children, four in number, had got convulsions in from ten to fourteen days after birth, just as that now deceased, and had very soon succumbed. The children, including the last, were in other respects well developed, and for the first few days were apparently quite well. The hope that by the examination of the body, the cause of the disease and indications for the medical treatment of the same, in case another child should be born to him in whom the same symptoms might present themselves, might be discovered, induced the father to follow this course, which is certainly very unusual in persons in the lower ranks.

I performed, with Dr. Imans, the post-mortem examination. We found extraordinarily great hyperæmia of the brain and cerebral membranes; great distention of the sinus of the dura mater and of the larger vessels of the pia mater with fluid blood. In the thorax was nothing unusual except paleness of the lungs, and comparatively little uncoagulated blood in the heart.

See Dr. Lyons's "Clinical Lectures on Disease of the Heart." Dublin: Fannin and Co., 1863.

In the abdomen was a very considerable degree of hyperæmia of the intestinal mucous membrane, particularly of the ileum and large intestine. The liver, stomach, and spleen were normal. The bladder was *perfectly empty*, the ureters were normal, as were the pelves of the kidneys. One kidney was cut into and exhibited in all the papillæ a very great quantity of yellow and brownish strizæ, completely resembling the well-known uric acid infarction. The kidney otherwise presented no morbid alteration: only the tubuli uriniferi exhibited, above the seat of the infarction, which reached half-way to the Malpighian pyramids, great distention with epithelial cells. In the cortical layer, too, the convoluted tubes were plugged with strongly coherent epithelial cells, completely filling the tubus. The same was observed in the capsulæ glomerulorum.

The other kidney was injected through the artery with Beale's blue. Subsequent examination showed, that here too *all the papillæ* presented extensive uric acid infarction. Neither the glomeruli nor the vessels of the Malpighian pyramids exhibited anything abnormal. In this kidney too the great quantity of cells, which completely filled the tubuli uriniferi, but in other respects presented no morbid changes, caught the eye.

After the action of water of caustic potash on the section of the renal papillæ the yellow and brown strizæ disappeared, and the little cylinders, which filled the extremities of the tubuli recti, appeared to consist of coherent and morphologically altered epithelial cells. The wall of the tubes was here and there now scarcely visible. The reaction with nitric acid and ammonia distinctly indicated the presence of uric acid.

A very distinct idea of the extraordinary diffusion of the uric acid infarction in this case was obtained by inspecting transverse sections of each of the renal papillæ. The brown points could then be distinguished from the open normal urinary canals. It might be assumed that from one-third to one-half of the canals were obstructed by the infarction.

The question at once suggests itself, whether there was a pathogenetic connexion between the convulsions and the infarction of the renal papillæ, and whether the death of the former children at the same age, with the same symptoms, did not probably also depend on uric acid infarction of the kidneys. As to the last point of course no certainty is to be had; but the answer to the first question must, I think, be in the affirmative, whence some *probability* arises for the presence of uric acid infarction also in the former cases.

So far as the medico-legal signification of the uric acid infarction is established, as it has never been met with in children who have not lived—that is, breathed *extra uterum*—so little certainty have we respecting the connexion between the infarction and *diseases* of the newly-born child. It is not my object here to treat of the whole very complicated question* of the origin of renal infarctions in newly-born children, but to state the reasons which induce me to consider the infarction in my case as the cause of the convulsions and of the death of the child.

Schlossberger was the first to make known a great number of cases of uric acid infarction, with reference to the connexion between the renal affection and the morbid phenomena in the children. He attributed the occurrence of the infarction chiefly to functional disturbances of the intestinal canal, as he met with it especially in "atrophia acuta" and icterus neonatorum, between the second and the nineteenth day after birth. Whether the infarction is to be considered only as the result of these indeed very indefinite morbid conditions, or in its turn as cause of the disease, does not distinctly appear from his considerations. In either case, however, he looks upon the phenomenon as pathological.

Engel, on the contrary, attached no pathological im-

* See Schlossberger, *Archiv fur physiol. Heilkunde*, 1842, I., Hft. 3, and Virchow: *Gesammelte Abhandlungen*, pp. 833 and 843.

ortance whatever to the uric acid infarction. Virchow, who himself communicated some cases, and moreover treated in detail of the physiological changes in the organism of children after birth in connexion with the origin of the infarction and the forensic importance thereof, is very hesitating in the expression of his opinion as to the significance of the infarction as *morbid cause*. But he even suggests means, by making the urine alkaline, of causing the supposed infarction to disappear in living children. His opinion as to the *exceptional* occurrence of the infarction even early in the fœtus, and the thereon dependent existence of the congenital renal cystoid, be speedily extracted, and it is very improbable.

That the uric acid infarction is in a certain measure a physiological phenomenon, that it will occur and often disappear also in normal children, is very probable. The many cases, in which it has been met with in children who, after a difficult labour, had lived only a short time, and in children who had died evidently from other causes than disturbance of the renal function, are proofs of this. The process of respiration and of the production of its own heat, which commences immediately after birth in the system of the child, the whole sudden and important revolution in the nutrition and metamorphosis of tissue, give rise to a state of the blood and of the urine, in which lies the conditions for the granular and crystalline excretion of urates. Virchow endeavours to compare the state of the organism of the newly-born child with that of a person in fever; whereby we might acquire a certain idea of the excessive formation of uric acid, so far as we comprehend it in fever. But into the whole physiological inquiry we do not here enter. The question is only; whether the physiological process, which in most cases proceeds without detriment to the system of the child, may not, where very extensive, and under particular circumstances, become a source of morbid deviations and a cause of death? How many diseases are there not, which result from a gradual modification of a physiological process.

This question must, I think, be answered in the affirmative, and in particular with respect to the case I have communicated, it may be assumed that the convulsions were dependent on impeded secretion of urine, and that they, *cum grano salis*, may be called uræmic convulsions.

1. The child was well developed, and during the first days of its life was perfectly normal.

2. For a contemporaneous, very violent hyperæmia of the brain and intestinal canal, no other cause was discoverable; while in a case of uræmic intoxication, such a condition would excite no surprise.

3. There was not a drop of urine in the bladder.

4. The uric acid infarction was *very extensive*, and the epithelium in the extremities of the tubuli recti was consequently quite altered and coalesced, so that the tubuli were distended and actually obstructed.

It is unfortunate that we could obtain so little accurate information as to the morbid symptoms. The child had, according to his father's report, "passed water well." To this statement but little importance either for or against is to be attached. If, on opening the body, the idea of infection of the blood had been stronger, we should still have been able to attempt a chemical examination of the blood. But if we consider how little positive information the best investigations of the blood of uræmic patients have afforded, that Kühne and others have been unable to demonstrate the presence of the supposed carbonate of ammonia, we may suspect that we also should, in this instance, have attained but little certainty.

In the present state of our knowledge of uric acid infarction and of the circumstances under which it occurs and may act prejudicially, we must be content with the most probable inference from the facts ascertained. And this inference may, it seems to me, be what we have above assumed.

In any case, the advice was given to the father, if in a subsequent child threatenings of convulsions should occur in a few days after birth, immediately to administer carbonate

of soda, magnesia, vegetable acids, &c. in large quantity, in the hope that the alkaline urine might dissolve the precipitates of uric acid and the urates in the epithelial cells of the Bellinian tubules, in the same manner as we see the infarction disappear under the microscope on the addition of soda or potash.

(To be continued.)

M. BOUCHUT ON OPHTHALMOSCOPY IN A CASE OF CHRONIC ENCEPHALITIS.*

Translated from the *Gazette des Hopitaux*, July 31st, 1866.

By BALTHAZAR W. FOSTER, M.D., F.L.S.,

PROFESSOR OF CLINICAL MEDICINE IN QUEEN'S COLLEGE, AND PHYSICIAN TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

YOU have already on many occasions been able to prove for yourselves how advantageous is the application of ophthalmoscopy in the diagnosis of certain diseases of the nervous system, and each day new facts are added in support of this new method of investigation. Many of you have seen the patients whose cases are detailed in my treatise "On the Use of the Ophthalmoscope in the Diagnosis of the Diseases of the Nervous System;" and even in acute meningitis, in chronic hydrocephalus, in partial encephalitis, in cerebral tubercle, in compression, in concussion, in cerebral hæmorrhage, and in the softening of old age, &c., you have been able to see that in the fundus oculi are found changes hitherto unknown, but whose signification is of the greatest value in diagnosis. It is worthy of remark that in these researches you have been able to observe for yourselves the relation existing between the deep-seated changes in the eye, the nervous symptoms presented by the patients, and the post-mortem appearances. In this manner it is easy to learn quickly the practical importance of the semiology, that I proceed to describe to you.

To-day I shall speak to you of a new and important fact in cerebroscopy. It refers to the little girl lying in No. 32 bed, in the St. Catherine's ward, who was affected with right hemiplegia, without any apparent disorder of sensation or sight. An attack of measles happened to carry her off, and this accident enabled us to compare the symptoms of hemiplegia noted in the case—1stly, with the ocular lesion, which pointed to an organic affection of the brain, and afterwards with the variety of cerebral disease which had caused the paralysis.

In the first place, let us repeat the history of the case as collected in your presence:—

Chronic partial encephalitis—Atrophy of the left cerebral hemisphere and nerves—Right hemiplegia with tonic spasm—Granular infiltration of the papilla.

Marie A., ætat. 4 years, entered the Hospital for Sick Children, bed 32, St Catherine's ward, on March 12th, 1866, for hemiplegia of two years' duration, which had gradually come on after some transient convulsions. The right side of this child's body was more feeble than the other, she could stand upright on her limbs, but could not walk. No insensibility whatever, and no disorder of the senses.

The eyes, on examination with the ophthalmoscope, presented†—on the right side granular infiltration of the papilla, [which concealed its superior half,] and apparently broken continuity of the veins; on the left side there was also a little infiltration around the papilla, but the vessels

* Delivered at the Hospital for Sick Children, Paris.

† The original paper contained an illustration of the ocular lesions.

were small and continuous. Above there was a little whitish deposit of minute granules.

The left eye exhibited but little infiltration of the papilla. General health good.

A month after her admission the child was attacked by measles and pulmonary catarrh, of which she was cured, but during convalescence a cachectic impetigo appeared on the body and vulva, and also tonic spasm of the right arm; the hand was flexed on the forearm, and the fingers presented a very peculiar deformity characterized by extension of the first phalanx, straightening (*rédressement*) of the second, and flexion of the ungual phalanx. Died April 24th.

Autopsy.—The brain covered by the dura mater appeared to have symmetrical hemispheres, but on dividing the dura mater it was seen that the left hemisphere was much smaller than the right. It was seven centimetres less in length, and the deficiency was filled up by a serous cyst, which by its central position between the convolutions divided them by a deep fissure which descended even to the corpus callosum. The arachnoid showed a pearly transparency, and the pia mater was everywhere, but more especially on the convexity of the organ, infiltrated with an unhealthy coloured serum. The left hemisphere was divided into two lobes furnished with convolutions, and covered with grey matter. The fissure descended even as far as the corpus callosum, and was filled up by a collection of serous fluid situated under the arachnoid, but containing no echinococcus or cysticercus cysts. Nothing can be said with reference to the investigation of the atrophied brain substance, because from being hardened in a strong solution of chromic acid, the anatomical elements were, for the most part, indistinguishable. With regard to the optic nerve, the microscopical examination could be made in consequence of the great thickness of the neurilemma which had protected the nerve substance, so that it was only slightly affected by the reagent. I was able to prove that there was in reality an atrophy of the optic nerve. The neurilemma had been the point of departure of a proliferation of the connective tissue; this proliferation extended from the periphery along the neurilemma towards the centre of the optic nerve. Thus, while towards the external part I found nearly everywhere the embryo-plastic nuclei belonging to the two first stages of the evolution of connective tissue, in the deeper parts the bundles of fibres were almost completely developed. This hyperplasia had extended between the nerve tubes and had caused a great number of them to atrophy. They were, however, still easy to recognize, for this anatomical element does not disappear all at once, but gradually, so that the successive changes through which the nerve tubes pass prior to complete atrophy, could be readily distinguished.

Microscopical examination of the brain, the optic nerves, and the eyes.—Note added by M. Ordonez.—In examining the retina before it was subjected to any change by the preservative fluids, the following peculiarities were discovered:—

1. The whitish spot, situated above the papilla, was found to be entirely composed of fatty granular molecules.

2. At no part of this spot could the least trace of the anatomical elements which compose the different layers of the retina be found.

3. The capillary bloodvessels in this situation did not contain the least trace of blood globules; and their walls were studded with atheromatous particles.

4. The choroid had lost much of its pigment.

5. On all the other portions of the retina the presence of its component elements could be demonstrated, even the rods, notwithstanding the time elapsed since the death of the patient.

The corpus callosum, the corpus striatum, and the optic thalamus were atrophied, the latter was only one-third size of the other (right). The left optic nerve, from its origin to the commissure, was less than half the size of that on the right side, and this disparity continued even to its entrance into the eyeball. The other nerves of the

left side of the brain were proportionally atrophied. The left eyeball was smaller than the right, and the vessels of the retina were found to be more numerous at the inferior than the superior part. The papilla was infiltrated above, and had on its border a greyish pearly granular mass, as large as a small pin's head, composed of fatty particles.

The right eye presented no morbid change visible to the naked eye.

Remarks.—In the case of this little girl one was obliged to ask oneself,—What was the nature of the hemiplegia with which she was affected, and which had come on after convulsions two years before her admission to the hospital? Was it a muscular paralysis dependent on granular degeneration of the muscles—the essential paralysis of West, Rilliet, and Barthez, but attributed to a lesion of the anterior columns of the spinal cord by others (Lamorice, Cornil, &c.) or was it, on the other hand, a paralysis of cerebral origin?

The study of the antecedents and history led me to believe that it was referable to an affection of the brain rather than to a fatty degeneration of the muscles. Indeed the hemiplegia had succeeded to convulsions, and there was not that marked atrophy which accompanies the paralysis of fatty wasting or the muscular atrophy of infancy. On the other hand, there are essential convulsions which leave after their termination paralyse, of which the material cause is unknown. The situation was therefore very embarrassing, and a great degree of uncertainty surrounded the diagnosis.

It was under these circumstances that, wishing to see the condition of the brain through the eye, I found on the papilla and on the retina morbid changes which enabled me to affirm that the hemiplegia depended on an organic lesion of the brain, and from a consideration of the course, the succession, and the chronic character of the symptoms, I concluded that there was a chronic localised meningo-encephalitis.

This diagnosis was verified by the post-mortem examination, when there was found considerable atrophy of the left hemisphere of the corpus striatum, of the optic thalamus, and corresponding optic nerve, and a marked degeneration of the retina, the details of which are given as sent to me by M. Ordonez.

To recapitulate—chronic encephalitis—causing atrophy of one of the cerebral hemispheres, hemiplegia on the opposite side of the body, fatty retinitis, and ophthalmoscopy enabling us to infer from this appearance the lesion of the brain. These are what the case offers of novelty and interest. It is one more example to add to those which I have already published to demonstrate how useful is ophthalmoscopy in the study of the acute and chronic affections of the nervous systems.

A PHYSICIAN KILLED IN AN ASYLUM.—Dr. Greenup, formerly of Salisbury, for the last fourteen years superintendent of the Paramatta (New South Wales) Lunatic Asylum, holding also the offices of medical adviser to the government and examiner of Sydney University, has been killed by one of the patients in the asylum. He was stabbed, and died in two days, after much suffering. His last words were, "No one is to blame for it." He fell a victim to his humane disposition, which led him to be too trustful even of men confined in the criminal division of the asylum.—*Sydney Morning Herald*.

A NEW BRANCH OF MEDICINE.—We clip the following from the *Lancet*:—"On the 6th of June, James Appleyard, Esq., Surgeon, &c., of Mortlake, to Mary S., eldest daughter of John Macfarlane, Esq., J.P., Surgeon and Squatter, of Ee-Yeuk, near Mortlake, Victoria, Australia."

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 3, 1866.

THE MEDICAL SESSION OF 1866-7.

THE Medical Session of 1866-7 was inaugurated in the London Schools of Medicine on Monday last. The usual Introductory Lectures were delivered before the customary audiences of old and new students and of mature practitioners revisiting the scenes of their youth, and by the time that these remarks are in the hands of our readers, the professors and their pupils will have settled down to the business of the year.

Although the London Schools and most of the other English Schools of Medicine commence their labours simultaneously on the 1st of October, it is well known that the Irish and Scotch Schools do not begin until a month later, and this difference of plan is to be regretted, as tending to impair the uniformity which ought to prevail among the Educational Medical Bodies of the United Kingdom. In our opinion there is very little to be said in favour either of altering the date of opening the Irish and Scotch Schools to a month earlier, or of postponing that of the English ones a month later. It may be said, indeed, that the month of October is often a fine one in England, and that it is hard to bring the students to the large cities before the winter has fairly set in; but, on the other hand, the weather in October is cool enough to allow of the practice of dissection, which ought to be commenced by the student as early as possible; and if the Session began in November, it would allow only about six or seven weeks of study before the Christmas holidays, which, in England at least, are always observed, and are spent in relaxation. In Scotland and Ireland, again, the summoning of the students on the 1st of October would, perhaps, be such an innovation on time-honoured customs that it would lead to considerable inconvenience, and perhaps to some ill-feeling, and we have even heard it said that so general is the feeling in favour of the present system in those countries that arrangements are often, if not commonly made, for the students to pass six months of the year away from the Schools, and in occupations more or less of a private nature, such as assistantships, &c. Still we cannot say that we altogether approve of such a division of the student's time, which leaves far too little opportunity for the discipline of the lecture-room, the dissecting-room, the laboratory, and the hospital, and if no other scheme could be hit upon for reconciling the present anomalies between the English, Scotch, and Irish Medical Schools, we do not see why a middle course might not be adopted, and the Session be opened at an intermediate period—say the 15th of October.

However, the London Schools have all begun their curricula for the present year, and we wish them all

success. Many changes have taken place in the *personnel* of the Lecturers and Medical Officers; but, generally speaking, the usual occupants are found in their respective places, though the younger aspirants have, in some instances, moved up some steps higher, and some of the older and more familiar figures have relinquished a part of their duties, if not all of them, to their juniors.

To those who have passed through several *lustra* there is not much novelty in the opening of the Medical Schools, or in the addresses with which they are accompanied; but the mind would be a churlish one which should behold unmoved the spectacle of some thousand or more youths entering upon the thorny career of Medicine, the attractions of which it is difficult for many persons to appreciate, and the dangers of which it is but too easy to foresee. The old, old story of the Introductory Lectures is the inculcation of the necessity of study on the part of the alumni, and the uncertainty of the rewards which can be expected to follow from so much toil; and no one can contemplate the ruddy faces and beaming eyes of so many of the listeners on the benches of the lecture-theatres without breathing a hope for their future prosperity, not perhaps unmixed with a sigh for the disappointments which many must necessarily endure. It must be admitted, however, that those who are now entering the profession have a better chance than many of their predecessors, for the necessity of having passed a Preliminary Examination in Arts, and perhaps other collateral circumstances, have diminished the number of medical students, while the demand for qualified practitioners, not only at home but abroad, is greater than ever. The students, therefore, who are now commencing their career, are on the whole a superior class, and the high character of their attainments with the diminution of competition, will in all probability secure to them in the future a better position, both social and pecuniary, than many of their progenitors have been permitted to occupy.

Notes on Current Topics.

PROPOSED MEMORIAL TO THE LATE SIR CHARLES HASTINGS.—It has been proposed by several influential members of the British Medical Association to institute a fund entitled the "Hastings' Memorial Fund," in honour of the late respected founder of the Association. At the recent meeting of the Association at Chester it was resolved that the best memorial of Sir Charles Hastings would be formed by raising a fund, the interest of which might be presented to the recipient of the Hastings' Medal, a prize already annually offered to the best essay by a member of the Association on some medical subject. The object of this annual donation is therefore to offer some more solid reward than that now conferred by the presentation of the medal, and thus to encourage medical men to pursue scientific investigations, which cannot be carried on without considerable outlay. We understand that nearly £200 have already been subscribed for this very laudable object, and we hope that the whole profession will respond to the appeal which is now made to them.

The Hastings' prize is already an honourable object of ambition, and it will become still more so when its value is enhanced in the manner contemplated.

THE CASE OF MR. BEANEY, OF MELBOURNE.—We have received from Melbourne a great amount of correspondence and of reports in reference to a trial in which Mr. Beaney, a Fellow of the London College of Surgeons, has been concerned, the proceedings terminating in his honourable acquittal from a charge of murder. The evidence is so voluminous, the statements made by several of the witnesses so unsatisfactory, and in many cases so uncontradictory, that we find it very difficult to give a connected view of the various inquiries made as to the charges preferred against Mr. Beaney. The charge against that gentleman appears to have been that he caused the death of a female by endeavouring to produce abortion, and he has undergone three trials, the last of which has ended in his acquittal. He himself entirely denies the charge against him, and states that the case was one of uterine disease, in which he employed only such ordinary remedies as were suitable under the circumstances, and we have no reason to believe that the facts were otherwise. We therefore congratulate him on his being cleared from so foul a charge, and we regret to find that professional jealousy prevails so much at Melbourne, that Mr. Beaney believes himself to have been in some measure the victim of that most unchristian and unworthy feeling.

SANATORIA FOR THE INTEMPERATE.—Dr. Winslow continues, in the pages of the *Pall Mall Gazette*, to invite public attention to this important subject, and he relates several cases, both from his own experience and from published documents, showing the fatal mischief often caused by immediate indulgence in alcoholic drink. The quantity imbibed by some dipsomaniacs is quite astonishing, and almost incredible, one gin-drinker having been stated by Dr. Farn, in his evidence given before a Parliamentary committee in 1834, to be in the habit of taking seventy-two drams of his favourite liquor at one sitting, and another drunkard took half to a whole gallon of gin and brandy every day. Such persons are often moral, religious, and happy, in the intervals between the paroxysms of drinking, but when once the unhappy passion seizes them, they go on indulging their morbid propensity until they have reduced themselves to a state of utter brutality. In their lucid intervals they regret and deplore their vicious habits, and it is thought that they would readily avail themselves of the protection of sanatoria if any such institutions existed.

THE CHOLERA.

THE Registrar-General's returns for the 38th week of the year ending Sept. 22, shows a still further decrease in the deaths from cholera, which are, in fact, 32 less than in the preceding week. The mortality of London during the week exceeded the estimated average by 144 deaths, and these were more than accounted for by the deaths from cholera, which were 150. The deaths in the last four weeks have been successively from cholera, 198, 157, 182, and 150; from diarrhœa, in the same weeks, 128, 132, 110 and 98. 53 young persons under 20 years old died from cholera, and 81 from diarrhœa in the week; at the age of 20 and upwards there were 97 deaths from cholera and 17 from diarrhœa.

The distribution of the epidemic remains much the same as shown by the fact that 14 persons died from cholera and 11 from diarrhœa in the West districts; 28 from cholera and 19 from diarrhœa in the North districts; 19 from cholera and 17 from diarrhœa in the Central districts; 56 from cholera and 24 from diarrhœa in the East districts; 33 from cholera and 27 from diarrhœa in the South districts.

The annual rate of mortality during the week was 23 per 1000 in London, 19 in Edinburgh, and 27 in Dublin; 18 in Bristol, 18 in Birmingham, 52 in Liverpool, 30 in Manchester, 29 in Salford, 21 in Sheffield, 26 in Leeds, 21 in Hull, 35 in Newcastle-upon-Tyne, and 22 in Glasgow. While the deaths in London from all causes were 1350, the corresponding average of the last ten years is only 1096.4. Although there is no reason at present to doubt that the epidemic is nearly gradually disappearing from the metropolis, yet we should bear in mind that the subsidence is much more gradual than was its invasion. During the first half of July only 46 deaths from cholera were registered, while in the following week the deaths sprang up to 346; in the week after to 904. In the week ending Aug. 4, they had reached the highest 1053, and though progressively diminishing since, the number of 150 can scarcely be considered satisfactory. The success with which the invasion has been met is not yet complete, and our local authorities must not be suffered to relax their too slowly awakened energies.

THE COUNTRY.

WE have several times had to report a tendency of the epidemic to spread, and still new places continue to become infected. In no case, however, except Liverpool has there been a severe outbreak, although in Wigan and other parts of Lancashire we have been advised of a considerable number of cases.

THE CONTINENT.

FROM France, Germany, Italy, and the East, we have no news of decrease to report, but in several places the reverse. On the Mediterranean the disease still holds its ground, and at Naples we hear the increase during the week has been very rapid and the cases all of the most severe type, the mortality being consequently still higher. A correspondent, in fact, states that out of a number of cases on the Chiaia all have been fatal. We some weeks since took occasion to condemn the sanitary state of this fashionable quarter, which is at all times in a most offensive state.

From Nice we predicted last week a disclaimer. This has duly appeared in the shape of a letter from the English Consul in the *Times*. This is certainly a more reliable announcement than some hitherto made, and gives figures which in reality corroborate our previous remarks. The total deaths from cholera reported to the British Consul are 38 from the end of July to the middle of September. This Mr. La Croix (the Consul) speaks of as very small for a population of 50,000—a proposition to which we cannot subscribe, for, by a very simple calculation, it would be easy to show that, in proportion to the population, it is not inconsiderable.

AMERICA.

FROM the statements of the daily press it would appear that the disease is slowly but surely extending its area in America. Indeed it seems quite probable that the wave may pass over the whole Western world.

WOOLWICH.

WE have already described the precautions taken by the Board of Works for this district on the outbreak of the cholera. All the other parts of the metropolis had medical officers of health at the time, but at Woolwich there was none. It is admitted that in one instance, where six deaths occurred, there was some delay at first. During the last week four deaths were registered from cholera at Woolwich, and ten others in Deptford. It is only by the most vigorous action that the disease will be able to be kept under. We do not deny that prompt measures have been adapted, but we do say that these ought not to be looked upon as mere temporary expedients.

THE RIVER.

WE fully described last week the valuable work that is being carried on by the Seamen's Hospital Society. In each of the epidemics of 1849 and 1854 upwards of 200 cases were received on board the *Dreadnought*. In the present epidemic only 73 cases have hitherto been admitted to the *Belleisle*. The work has been well and ably done; but what are the Thames conservators doing to leave it all to this society? Their inspector objects to the river being used as a dust-bin, but we never heard that any of their officers had any authority over the sanitary state of the shipping. The parishes through which the river flows have no authority beyond the water's edge, and as far as our inquiries can ascertain, the Thames conservancy has not yet appointed a medical officer of health. Certainly we have a right to look to this body. The great waterway of the world's metropolis is placed under the control of a cumbrous board which suffers it to become the foulest of thoroughfares.

THE CHOLERA AND THE WATER COMPANIES.

So much has been written respecting the water supply of the metropolis as a source of cholera, and so many statements have been unhesitatingly made, that we feel it a duty to commend to our readers an unprejudiced consideration of the facts that have been proved, and urge upon them the necessity of dismissing from scientific consideration all mere theories. We ourselves have placed before them, in such terms as seemed to us justifiable, the strong case against one of the London companies, and we cannot hesitate to repeat our opinion that the monopoly of them all should be for ever abolished. When water is supplied which is declared to have come direct from the filter-beds to the consumer, and eels nine inches in length are found in the pipes—others still longer, thirteen inches; and mussel shells to the extent of a bushel come out of one main—what is the natural conclusion? Further, when a company urges that although it possesses a communication with the river supplying it, besides that leading through the filter-beds, but that this it never used "*except in case of emergency*," we consider that its condemnation is pronounced by this confession. There is no reason why the public should pay an enormous price for inferior water, nor run the risk of the most deleterious contamination to keep up a monopoly that ought never to have been granted.

The figures we have above given contain lessons that the profession will not be slow to learn. Even had we space on this occasion it would not be necessary to attempt to deduce from the table all that it teaches. The figures of so efficient a public department as that of the Registrar General will be regarded with the respect they deserve. In point of fact, they cannot be gainsaid.

BEDFORD'S COD-LIVER OLEINE.

THIS substance, which has quite lately been introduced into medical use, is of a very light colour, has scarcely any smell, and is almost tasteless. We have tasted it ourselves and given it floating only on water to several persons, and we find that it is free from any disagreeable flavour, and indeed, as we have just mentioned, it possesses hardly any taste whatever. The Messrs. Bedford, in introducing it into notice, observe that the qualities rendering cod-liver oil generally objectionable are its dark colour, fishy odour, and rancidity and pungency of taste, and they explain how these disagreeable qualities are acquired. They maintain that the best oil may be quite destitute of colour, and that it ought never to be of a deeper shade than light amber or straw colour. The rancidity of some cod-liver oils is due to the presence of fatty acids developed by oxidation, and they ought never to be present in any specimens, even in the heat of summer. They render the oil irritating to the stomach, and provoke nausea, and sometimes, it is said, they produce diarrhoea. The external qualities of good cod-liver oil are, therefore, pronounced to be lightness of colour and freedom from fishy odour and rancidity; but it is said, moreover, that the best oil is that which has been thoroughly freed of *margarine*, one of the ordinary constituents of fluid oils together with *oleine*. Why the *margarine* is objectionable we are not informed, but whatever may be the reason for its removal, the Crystal Cod-liver Oleine contains none of that principle. Messrs. Bedford disclaim for this oil any specific curative virtue over other first-rate specimens of the article; but they urge that it possesses all the therapeutic virtue of any other similar oil, while it has properties of its own which render it peculiarly advantageous. Our own opinion, as we have already stated, is favourable as to its qualities.

DEATH OF DR. WILLIAM STAMER STANLEY.

WE are concerned to announce the death of this very estimable gentleman and respected member of the medical profession, who expired at his residence, Orchardstown House, Rathfarnham, on the evening of the 26th ultimo, of bronchitis, in the fifty-sixth year of his age, deservedly regretted by his many professional and other friends, to whom his amiable and gentle disposition and sterling good qualities had much endeared him.

The deceased was son of the late Sir Edward Stanley of this city (Dublin), and brother of Edward Stanley, Esq., Secretary of the Meath Hospital and County of Dublin Infirmary. He had been ailing periodically for years, and bore his sufferings, which were at times very great, without a murmur.

Doctor Stanley was a Licentiate of the King and Queen's College of Physicians in Ireland, and Member of the Royal College of Surgeons of England. In the early part of his career he practised his profession in England; subsequently, for many years, and at the time of his death, he was proprietor of a private Lunatic Asylum, to which he devoted his time and talents with much success, in ministering to the wants, and assuaging the sufferings of the afflicted class committed to his care.

We understand that the establishment (Orchardstown House, Rathfarnham), is to be continued for the benefit of the widow, and son and daughter of our departed friend, under proper medical supervision, and we have no doubt that the medical brethren of one so worthy, will kindly lend a helping hand, as opportunity may offer.

Dr. Stanley had written several excellent papers in the

Medical journals, on insanity, epilepsy, paralysis. &c., and during the last year, an interesting essay, entitled "Thoughts on Mind and its Derangement," productions which bear evidence of a highly cultivated mind and refined feeling. Its end was peace.

MORE WORKHOUSE REVELATIONS.

THE noblemen and gentlemen who have interested themselves in the question of the administration of the Poor-law to the sick poor of the metropolis have just had their attention drawn to the management of the Lambeth Workhouse. The mismanagement alleged comprises charges of insufficient medical attendance for the sick, cruelty to inmates, and the exercise of illegal punishment. All these charges are supported by instances. In the first place, the medical officer of the workhouse declared he wanted a qualified assistant. He stated to the Poor-law Board that the dispenser, who was unqualified, was also superintendent of the male infirmary, and acted as assistant in operations, and added, "In times of my occasional illness and absence, I have sorely felt the need of a qualified assistant who could represent me, and there is employment in this infirmary for such a gentleman, under my superintendence." The Poor-law Board brought this want before the guardians, who resolved to deal with it, and their manner of dealing with it will doubtless appear a grim jest. After due deliberation they came to the agreement that the medical officer, who had about 4000 patients in a year in the workhouse, ought to have assistance, and they proceeded to fill up the vacancy thus created in the medical attendance of this large house. There had been in the house for some years an old man, now upwards of seventy-five years of age, who, in Lambeth guardian parlance, had been in "the medical line." Without inquiring what were the causes of a man who had held a position as a medical officer becoming a pauper, it is sufficient to say that at this time he was feeble in body and mind. The guardians wanted to give the medical officer assistance, so they put the old man in a suit of black, and promoted him to be the deputy medical officer over about 400 sick persons, and he actually professionally assisted the medical officer. In order, however, that he should remember his position, this deputy medical officer went at one o'clock every day, and took his rations as a regular inmate. The Association for the Improvement of London Workhouse Infirmaries heard of it, and Mr. Ernest Hart, the honorary secretary, addressed remonstrances to various parties, and the guardians have been obliged to relieve the medical officer of the auxiliary with which they had supplied him. The old man has been relieved of his black suit, and sent back to his ward. Complaint has also been made that an aged inmate (over seventy), only three days out of the infirmary, on expressing himself as unable to carry the rations up many flights of stairs as he had been ordered, was "black holed" for twelve hours. This "black hole" is described as an abominable dungeon, communicating with a foully-smelling closet. This is the case of cruelty referred to, and it is stated that if the Poor-law Board hold an official inquiry into the management of the workhouse more startling details will be brought to light.

There is one other matter which will be included in the programme of the expected official inquiry and that is, the management of the midwifery department. It is stated that this is greatly and cruelly neglected, as out

of forty-seven births the midwife was only present at something less than ten.—*Sunday Gazette*.

EXPERIMENTS IN MEAT PRESERVING.

TO THE EDITOR OF THE SCOTSMAN.

SIR,—“Animal diet” being considered by all men, except “mild Hindoos” and other vegetarians, as a necessary part of human food, any means by which its natural tendency to decay can be retarded, or rendered subservient to the will or even the caprice of man would, no doubt, prove a great public benefit. Some experiments in this direction have, it appears to me, solved this important question, and lead to the conviction that this object may be attained by a very simple and fortunately inexpensive process, and that in spite of considerable disadvantage in respect to climate.

The plan adopted was “sulphurous fumigation,” slightly modified and so managed that there existed *constantly* a strong taint of sulphurous acid gas in the atmosphere; and this was secured by either burning sulphur, or by mixing “sulphite of soda” with diluted vitriol in the chamber, *all but unavoidable access of air being carefully guarded against*.

This agent was employed in the belief that the germs of decomposition, like those of many diseases, are located in the air around us, and are equally amenable to this their greatest enemy; and, accordingly, the results have gone to confirm the theory, and prove that without the *actual* presence of *living* species the process of decay *cannot* go on.

In order to test this the more thoroughly, however, I selected an *attic* room, had it made as air-tight as possible, and found that the temperature at *midnight* was 66°, while *during the day* it ranged about 70°. There I hung up several grouse, a *skinned* rabbit, two legs of mutton, a piece of beef, veal, beef-steak (cooked), and a slice out of a roast “gigot.” They have been in my possession for periods varying from three weeks to eight days, and, as slices from them at this moment attest, they are entirely free from taint or odour. As a comparative test, one grouse, which arrived from Ross-shire along with the others, was put into the larder as usual; in five days, it was unfit for use, and had to be put aside. The mutton, from which the slice was cut, was cooked upon a Saturday; by the following Tuesday the remainder was stale; the slice is to-day dry, but as sweet as need be. The rabbit, hung for eight days, was then cooked in the usual way and at this moment the *débris* is dainty enough for anybody's eating.

These facts, though easily attained, will lead to practical results of infinite value, and enable us to draw our supplies *fresh* from sources whence we have hitherto been debarred by climatical difficulties long groaned under as impossible.—I am, &c.

JAMES DEWAR, M.D.

Kirkcaldy, September 4, 1886.

CHARGE OF FRAUD AGAINST A MEDICAL ASSISTANT.

At the Marlborough-street Police Court, last week, W. A. Hill, a medical assistant, was brought before Mr. Knox, charged with offering himself to Mr. Saul, surgeon, of Charlotte-street, Fitzroy-square, pretending that he had served in a capacity in which he had not actually so served. Mr. Saul in November last advertised for an assistant, and in answer received a letter from the prisoner. The prisoner gave him the names of Mr. Capper and Mr. Newton as references. Mr. Saul wrote to them, and in answer received letters speaking in the highest terms of the prisoner; but the letters were written by the prisoner himself. Mr. Saul engaged the prisoner, and the prisoner was not more than two hours in Mr. Saul's service when his conduct became most extraordinary. Mr. Saul having kept a watch on him noticed that the stock of spirits of wine in the surgery decreased, and at twelve o'clock at night the prisoner was found to be quite drunk. An attempt was made to eject him from the house, and in doing so he assaulted a lad in Mr. Saul's service, and he was brought to this court and fined 20s. Mr. Knox said: You will escape conviction simply by a nicety in the Act of Parliament. Luckily for you the period of six months mentioned in the Act has expired, and therefore my power of acting, I am sorry to say, is gone. You get into a situation by means of a false character—a part of your duty being to mix drugs—and you then get intoxicated. You are a nice person to be a medical assistant. I shall discharge you, but most reluctantly.

Correspondence.

THE FIELD HOSPITALS OF THE PRUSSIAN ARMY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Having spent two months amongst the Prussian lazareths in Bohemia, as it may be interesting to some of your readers, I shall endeavour, with your permission, to give some account of them, and of the other arrangements for the relief of the wounded in the late war. In times of peace the Prussian army is supplied with surgeons in very much the same proportion as our own; in war time, however, the Government is able to obtain aid to an almost unlimited extent from the ranks of the medical men settled in private practice in the different parts of the kingdom. Each surgeon-general has a list of the medical men practising in his district, and if the Government requires a number of surgeons from that district, he calls them from his list, commencing with the youngest. These surgeons, then, for the time of the war, have the same rank and pay as military surgeons, and must serve with the army; when war is at an end they return to the practice they have left. By this means the Prussian Government can obtain an abundance of surgeons at a moment's notice to supply the immense masses it can put upon a war footing, while at other times a much smaller supply is sufficient. It is not, indeed, a plan which would answer for our army. I can, however, truly say, that of the many men who were thus serving for the war with whom I was acquainted, there was not one who complained of the necessary loss and injury to his practice; but while they naturally regretted this, the universal feeling was that the people must so work together, if they wished their nation to become great and prosperous.

In a campaign a lazareth is a company of surgeons with their apothecaries, hospital attendants, &c. There are light and heavy lazareths. A light lazareth has one over staff-surgeon, four staff-surgeons, and eight assistant-surgeons, with two field apothecaries, and eight lazareth attendants, and is organized for the reception of 200 patients. The duty of the light lazareths is to follow close after the army on the march, and when an engagement comes off to afford the first assistance to the wounded on the field of battle, to perform the operations which require to be made immediately, and to take charge of the wounded until they can be handed over to the heavy lazareths which follow more in the rear. Part of the light lazareth goes over the battle field and gives aid to the urgent cases, placing the wounded in waggons or on litters to be transported to the *Perbandplatz*, where the remainder of the lazareth remains, and where further assistance is rendered. Its duty being completed, the light lazareth proceeds on the march after the army. A heavy lazareth is composed of one over staff-surgeon, three staff-surgeons, ten assistant-surgeons, and three apothecaries, with fifteen hospital helpers. Its duty is to receive the wounded from the light lazareth, and to treat them until they can be moved to their homes, or to the temporary war hospitals established in different parts of Prussia. The heavy lazareths are each arranged for the reception of 600 patients. They always establish their hospitals in some neighbouring town or village, or if near a gentleman's country seat, they take possession of it. The Knights of St. John provide tents also, each of which accommodates twelve or fourteen patients. The surgeons who were attached to the lazareths were, with a few exceptions, those temporary military surgeons of whom I have spoken, while the permanent army surgeons were immediately with their regiments.

In the late war the Prussian army consisted of twelve army corps, each corps numbering from 25,000 to 30,000 men,

to each of these were attached three light and three heavy lazareths.

In order that the wounded might have every advantage to promote their recovery, the most eminent professors of surgery in the universities of Prussia were present at the seat of war.

Langenbeck and Wihlms from Berlin, Busch from Bonn, Middeldorp and Klopsch from Breslau, besides several others. With the rank of surgeon-general each of these professors had a district including several heavy lazareths, their duty being to drive about from one to the other, and give advice in all difficult cases and to perform the more difficult operations.

One of the most remarkable features of the late war was the voluntary aid afforded by every class of the Prussian community; of this I cannot possibly give you any adequate idea. There was not a town or a village which did not exert itself to the utmost to send presents of all sorts to its wounded soldiers. Beds, clothing, wine of every sort, cigars, tobacco, bandages, scharpee, coffee, &c. &c., everything and in abundance. You might see bottles of the best wine labelled, *den tapfern kriegern*, and boxes of everything useful and necessary, directed to "the brave soldiers of the —th regiment, from the inhabitants of ——" The Knights of St. John were amongst the most conspicuous of those who gave their voluntary personal assistance at the seat of war. They are an order revived from the time of the Crusades by the late King of Prussia. The object of the order is to provide for the wants of the wounded in case of war, in whatever manner the occasion may demand. The members are all noblemen. In the late war their chief business was to direct the voluntary supplies to the lazareths which might require them, and this they did to admiration. They also provided many things at their own expense, as, for example, the tents for the wounded, which I before mentioned.

The element of womanly care was not wanting. Many ladies of high rank attended to the wants of the sick with the greatest assiduity, and an order of Sisters of Charity from Bonn were unceasing in their efforts, exposing themselves to the danger of cholera equally with those whose duty obliged them to do so; many of them, indeed, falling victims to it. Students from the different universities were there; 112 came from Breslau alone, and made themselves really useful, for they never thought themselves above any sort of work.

There were also many volunteer surgeons, both Prussians and foreigners, and even volunteer hospital attendants.

In short, the wounded were cared for as well as any one could wish. *I never heard a complaint*, although in the lazareth with which I was best acquainted there were 520 patients, and of these 456 were Austrian soldiers. Breakfast (coffee with bread and butter) was served in the morning at seven o'clock, at about ten a cup of chocolate, at twelve, dinner (soup, meat, and bread), at three a large slice of bread and butter, and at six, supper (meat and bread). Each man also got three or five cigars a day, and these for a wounded German soldier are as necessary as any other part of the treatment. Austrians and Prussians were treated precisely alike, and the gratitude of the Austrians was unbounded. The only instance of ingratitude I know of, was an Englishman, a major in the Austrian army, who was slightly wounded at the battle of Konigratz. The remark he wrote, on leaving, in the visitors' book at Hredeck castle at that time a Prussian lazareth, was, "God save Austria; and d—n her enemies." I have not had much opportunity of judging of Austrian surgery; but it is a fact, that both officers and men dreaded the advent of their own surgeons and after the peace was arranged, when the time drew near that the Austrian surgeons should take charge of their own wounded, I have often heard such remarks as these: "It

would be much better for us, doctor, if you would stay here." "Don't leave us to our own surgeons, take us with you to Prussia."

I believe there was only one time at which the supply was not equal to the demand. It was after the battle of Konigratz. This, however, is not to be wondered at, if you remember the very quick progress of the Prussian army, and the consequent difficulty of bringing sufficient supplies, and then the immense carnage at that battle, in which there were about 500,000 men engaged. It took place on the 3rd of July, and on the 7th the last of the wounded were brought in from the battle field, and these men had lived for four days without anything to eat, and their wounds unattended to, and yet several of them survived. Then, too, the Prussians had to take charge, not only of their own wounded, but also of their enemies; for the Austrians in their precipitate flight could not of course take their wounded with them. An Austrian surgeon told me that most of the wounded they had in Vienna from this battle were those who could run themselves, being only slightly wounded in the hand or forearm.

At the close of the war the corporations of many towns in Prussia came forward and offered to take charge of the wounded; many private individuals, too, made the same offer.

I would gladly recount to you some of the interesting cases I saw, but I feel that it would be rather beside my present object; and, moreover, I know that they will be published by others in a much better manner than I could do it. I shall, therefore, only make some remarks on the surgery in general. The great feature of it was the plaster-of-Paris bandage, which was applied in almost every case of fracture, although they were all compound and nearly all comminuted, and the conical ball of the Prussian *Zundnadelgewehr* does produce frightful comminution. If I might express my own opinion of the plaster-of-Paris or gypsum bandage, it would be: the gypsum bandage is undoubtedly the best apparatus in almost all cases of simple fracture, although compound; it must of course be put on with care, the bones having been reduced to their proper position, and the limb being held steadily by two or more good assistants during the application. By means of the gypsum bandage you obtain a *permanently* good position of the limb, perfect rest of the fragments, and perfect freedom from pain on the part of the patient; and I really do not know of anything more to be wished for. The freedom from pain which a patient with a broken limb, to which a gypsum bandage has been applied, experiences is very remarkable, and a great argument in favour of its use. In case of fracture of the thigh all the annoyances of straps, long splints, and perineal bandages are avoided.

In cases of comminuted fractures, however, I do not think the gypsum bandage is so desirable. It is not that the bandage itself produces any mischief, but I think it prevents the surgeon from being aware what mischief is going on in the limb, which he might otherwise take measures to remedy. I do not think that the small hole left in the bandage opposite the wound allows sufficiently of those examinations which must be constantly made in cases of comminuted fractures; yet I must confess I have seen many such cases treated with the gypsum bandage successfully. After excisions of joints it is an admirable apparatus.

The following was the mode of applying the bandage, for example, in fracture of the thigh:—The patient must be raised completely off the bed by assistants and held steadily in this position. The fracture is reduced and extension applied. A long flannel bandage is passed three or four times round the pelvis, and then continued down the thigh and leg, and round the foot; then a linen or coarse gauze bandage into which the gyps has been well rubbed (dry) is applied in the same manner as the flannel one, an assistant

following its application with a wet sponge, squeezing the water on it. After this a board (about nine inches or a foot broad) is placed under the thigh and leg, and the patient laid upon his bed; then the gyps mass, of about the same consistence as for making casts, is applied thickly all over the front and sides of the limb, and over the front and sides of the bandage which goes round the pelvis; it need not be applied behind were the board is, it need only be very thick in the groin. When it has completely "set," a hole is cut in the bandage opposite the wound, and through this the wound is afterwards dressed. I think it is quite possible, with a properly applied gypsum bandage, to cure a broken thigh with as little shortening as by any other apparatus. In cases of swelling, great suppuration, or acute inflammation, it is of course not applied. In fracture of the leg the bandage extends from above the knee to the foot which it encircles; no board is placed behind, but the gyps is applied instead. If it be wished to have the bandage waterproof, this can be effected by painting it with a solution of dansar resin. Care must be taken not to put on the bandage too tight. The great difficulty, and a most important point in its application, is to have good assistants.

There were many cases of tetanus for which the treatment was subcutaneous injections of morphia. I do not think it a very powerful remedy.

Cholera made frightful ravages in the Prussian army when all the fighting was over. I know of only one lazareth which it did not visit; everywhere else it was very severe. In Bidzova, where there were only 150 patients, 50 of them had died of cholera when I last heard, and it is probable more died afterwards. Brunn, however, was its head quarters. My friend, Mr. Salaman, spent a month there, and he tells me that the average of deaths was 1 in 4 of the cases. The treatment was various. For diarrhoea, tincture of opium, nitrate of silver, tannin, or the mineral acids; for vomiting, nitrate of silver, ice, or hypodermic injections of morphia; for cramps, sinapisms, frictions with spiritus sinapis, or linimentum volatile. In one hospital the general treatment was a mixture of tincture of opium, tincture of valerian, and tinct. sp. etheris nitrosi, in equal parts. The patients got a great deal of Seltzer water to drink. In many cases typhoid fever followed the cholera closely; most of these cases died. The treatment was muriatic acid. The most minute attention was paid everywhere to cleanliness, disinfection, and ventilation. The disinfectants used were permanganate of potash or soda, and sulphate of iron.

Mr. Salaman has told me the curious fact that the patients at Brunn used to eat an enormous amount of salt herrings during convalescence.—I am, Sir, your obedient servant,

H. R., M.B., L.R.C.S.I.

Karl's Strasse, Berlin.

BLOOD-POISONING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I quite coinciding with the views stated by Mr. Travers in his paper of September 5th, that there never were pus globules circulating in the blood, it may be supposed that we have been led into error by loosely using the word blood-poisoning and pyæmia, and coupled them together as if they meant the same.

The new coin struck in the word "Pyæmia" certainly means pus in the blood. Now, if there is no such thing, and the word pyæmia has been formed erroneously, we ought to do away with it altogether as a base coin, for it conveys a wrong impression, and is not only of no value, but is positively injurious and prevents our arriving at the truth. We then will suppose the offending word obliterated and done away for ever.

Mr. Travers plainly says that certain salts—albumen and fibrin—easily become incorporated with the fluid contents of the heart and arteries. Now, of course these both alter and deteriorate the blood, and the tissues to be nourished from blood of the weaker character are feeble in comparison with those nourished better by more healthy blood.

Following upon this weak state, abscess is rapidly formed, and indeed a great deal of the practical art of medicine, as to its success, depends on getting into the circulation blood of a healthy quality to support and supply the economy. If we interfere with the necessarily weakened digestion or eliminative process, we hasten rather the decadence of structures, which it is our object to repair; thus the line of treatment is marked very lightly and must be adhered to very implicitly.

But suppose we have to consider blood disorder and take up any simple form of that large class of which certainly originate in diseases of blood, I mean skin diseases, or other diseases which appear on the skin, but which, as far as we can trace them, to some internal disorder explained on the surface of the body.

Now, eczema is evidently a state of weak and inflammatory blood, and the circulation is loaded with unhealthy products of indigestion. Now, in the nature of blood diseases and skin diseases it is evident you cannot go very far in one direction without injury from treatment.

The successful treatment of blood inflamed or blood diseased involves great variation in management, and while on this subject I think change of plan is always important, and have to recommend an occasional course of warm water treatment, judiciously managed, at a hydropathic establishment. There must be sufficient health in the constitution, but this, combined with plenty of exercise and light good food forms one of the best measures for renovating the strength. In former days cold water only was used in these establishments, but now the temperature of the bathing is regulated to tepid or warm or hot. Supposing this has not succeeded, still medicines may again be prescribed, and by these interchanges successfully employed.—I am, Sir, your obedient servant,

M.D.T.C.D.

September 29, 1866.

THE CHANGE OF TYPE QUESTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—If your correspondent who, in your last number, signs himself "A Disbeliever in Change of Type," will show what he is worth by giving his name, he will likely find some one to answer him, and show him the question is neither obsolete nor a thing of the past. But as he has been the thrower down of the gauntlet on this occasion, he must give his reasons for his own views, and he must not write in an offensive tone, such as his letter, already published, affords an example.—I am, Sir, yours,

HENRY KENNEDY.

MALPRAXIS BY A BONE-SETTER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was called on at an early hour this morning to visit a young lad who, ten days since, received a fall, fracturing the lower third of right humerus obliquely, running into the elbow joint; the end of fractured bone protruded, lacerating in its exit the brachial artery, and producing, as I have been informed, very great loss of blood.

A bone-setter in the neighbourhood—or as such are generally termed "skilful men"—was called upon, who bound the arm up tightly about the seat of injury, neglecting altogether the forearm and hand, and causing complete arrest of circulation, and consequent gangrene of the limb. When I saw the case this morning the hand and forearm were entirely sphacelated, and nearly separated from the humerus. Of course totally destroyed, and the poor boy maimed for life.

I now require to know from you is there any law in existence to prevent those ignorant persons from pursuing such practices to the great destruction of human life and limbs, and pecuniary injury to regularly educated medical men. Your reply in next issue of THE PRESS will much oblige your obedient servant,

J. W. SWAN, Surgeon,
Medical Officer to Dispensary.

Ballyragget, September 27, 1866.

THE RECOVERY OF MEDICAL ACCOUNTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I shall be glad to know, if you or any of your readers can inform me if, under the following circumstances, I have any redress, or how a medical man is to prove his debts in a county court. Yesterday I had occasion to press for payment of my account from two patients, both had been served with bills for an old attendance, and both subsequently with bills for a fresh and the old attendance together. They both meet me in court with their old bills, swear they have had, and owe for, no other attendance; and his Honour turns round to me and says, "Prove it." I replied, "My books and my word are all I have." His very curt reply is, "I don't believe in books, their word is as good as yours;" and I am non-suited in both cases, except for the old accounts. Now, Sir, if this is justice the less a man has to do with it the better. My assistant, who I suppose might have proved the debt, is in Cornwall, and has been there for nearly three years, and of course no one ever thought his presence would be necessary in a case of this sort. Thus, Sir, I lose about £4 by a false statement, and I am told that I have no redress. It is high time some alteration were made either in our county court, laws, or judges.—I am, Sir, yours, &c.

W. C. C.

WHAT EFFECT HAS THE MIND OF THE MOTHER ON THE FŒTUS IN UTERO?

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—A lady, a particular friend of mine, had occasion to leave Dublin last summer for a few weeks, and having a favourite cat, and fearing to lose Grimalkin in her absence, she committed it to the care of an old lady in the city who is known for her love to the feline race, which love manifested itself in the fact that on the death of her last tabby, she had the skin of it carefully stuffed and placed on her side-board; moreover, said tabby was a Manx cat, or, in other words, a cat *sine cauda*, rather a rare animal in Ireland, and only occasionally met with even in the Isle of Man.

When my friend returned to town her cat was brought home, and in a condition likely soon to add to the feline family. In fact, in a few weeks after four fine kittens were found one fine morning in the kitchen, and, strange to say, two of them were *tail-less*, the very picture of the stuffed cat on the side-board, to which they certainly could not owe their paternity.

My object in bringing this under the notice of your readers is to elicit information on that important physiological question, "What effect has the mind of the mother on the fœtus in utero?"—Yours sincerely,

J. M. L.

"POOLE FUND."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Will you kindly insert in your next number the enclosed replies, which are a few out of many I have received?—Faithfully yours,

C. ARMSTRONG, Hon. Sec.

Cork, September 15, 1866.

"MY DEAR ARMSTRONG,—I enclose ten shillings for the payment of legal expenses incurred by Dr. Poole in his defence, and hope the members of the profession will

respond as they should, particularly Poor-law Medical Officers.—Most faithfully yours,

“THOMAS L. MACKESY.

“Waterford.”

“MY DEAR ARMSTRONG,—I enclose ten shillings, my subscription for the ‘Poole Fund,’ and were it not limited to this sum, I would gladly give more. I was present at the trial, and never witnessed a more infamous transaction.—Most truly yours,

“PHILIP WALSH.

“Middleton.”

“TO DR. ARMSTRONG,—For Dr. Poole’s List, ten shillings. Surgeon FLEMING, Fourth Dragoon Guards.

“With best wishes for success.”

“DR. TWEEDY encloses ten shillings for the cause of Dr. Poole, whose case deserves our warmest sympathies as Christians, as physicians, and as gentlemen.

“Dublin.”

“DEAR SIR,—I have great pleasure indeed in bearing part with your Association in the endeavour to reimburse Dr. Poole for his expenses.—Most sincerely,

“J. H. WHARTON.

“Dublin.”

“MY DEAR ARMSTRONG,—Your Association deserves much credit for taking up the ‘Poole Case’ so promptly. Do the medical men only unite in that way, no fellow would dare bring such an action against a benevolent and skilful physician. I enclose ten shillings.—Yours faithfully,

“Bruff.”

“SAMUEL BENNETT.

METROPOLITAN POOR-LAW MEDICAL OFFICERS’ ASSOCIATION.

REPORT OF THE COMMITTEE OF COUNCIL APPOINTED TO CONSIDER AND REPORT UPON THE REPORT OF DR. EDWARD SMITH ON THE METROPOLITAN WORKHOUSE INFIRMARIES, ETC.

At a meeting of the Council, held at Soho-square, London, on Tuesday, the 31st July, 1866, the report upon “Metropolitan Workhouse Infirmaries,” &c., by Dr. E. Smith, Poor-law Inspector and Medical Officer to the Poor-law Board, having been further considered, a Committee, consisting of the officers of the Association, was appointed to draw up a report upon the same, to be submitted to the council at the following meeting.

“At a meeting of the Council, held on Tuesday, the 7th of August, 1866, the report of the committee having been read, was approved, and ordered to be printed.” Extracted from the minutes. T. ORME DUDFIELD, M.D., Hon. Sec.

The Poor-law Board having sought the opinions of the medical officers upon this vital question, a large proportion of them recommended 1000 cubic feet and 80 feet of floor space per bed—as a minimum (the cubical space allowed in general hospitals ranges from 1200 to 2500 feet per bed). Dr. Smith would be contented with 500 cubic feet per bed, affirming that that amount, with proper ventilation, is sufficient to secure an atmosphere equally pure with that of general hospital wards.

But your Committee cannot subscribe to Dr. Smith’s *dictum* upon this question, and they have to offer the following objections, *in limine*, to the experiments upon which it is based:—

a. That they were essentially inexact, inasmuch as no account was taken either of the total amount of air passing through the wards in which the experiments were made, of the rate of movement either at the apertures by which fresh air entered or foul air escaped, or of the total size of ventilating apertures provided, per bed.

b. That the mere fact (supposing it correctly stated) that the patients did not find the ventilation disagreeable or hurtful, is worth nothing, because the trials were made in warm weather. The same ventilation in winter would have been very different in its effects on the patients.

c. That the class of inmates of these wards is not described. They may have been simply infirm or chronic patients, and may have borne, without serious injury, an amount of movement of air which would have been dangerous or fatal to the subjects of bronchitis, pneumonia, and kidney disease, and many other complaints which are commonly seen in workhouse wards.

d. That the experiments took no account of the amount of organic matter in the air—a vital point.

However, it may be well to take Dr. Smith’s own account of the results of these experiments. From this we find that the mean amount of carbonic acid in the atmosphere of the wards examined was 0·0568 per cent. by day, increasing to 0·0780 per cent. at midnight, and 0·0802 per cent. at five a.m., a proportion which is more than double that found, on the average, in the external air, and really represents a dangerous degree of impurity for sick wards. The state of the atmosphere of sick wards at night, is the true test by which their ventilation should be tried; an average of the condition during both day and night, which Dr. Smith takes as a standard, cannot be considered as such.

From the experiments made at Aldershot, and at Netley, it can be proved, beyond question, that (with an allowance of only 500 cubic feet per bed) in order to have reduced the carbonic acid, even to the unsatisfactory standard obtained in Dr. Smith’s experiments, it must have been necessary to change the whole air of the wards *four times per hour*; and we venture to affirm, both from our own experience and the universal testimony of authorities, that this cannot be done without creating dangerous currents, except with the help of an elaborate and most costly apparatus, and a numerous staff of assistants.

We consequently renew, with even more urgency than before, the appearance of Dr. Smith’s report, our demand for 1000 cubic feet and 80 feet of floor space per bed.

But your Committee rejoice to observe, that although Dr. Smith maintains the sufficiency of 500 cubic feet per bed, and argues throughout as though this were to be the standard in the future as in the past, he does by implication, recommend a much larger allowance. He indicates a pattern ward, and your committee agree that such a ward would fairly meet the requirements of space. This ward, 60 feet in length, 20 feet in breadth, and 12 feet in height, with windows on both sides, will, he says, allow of 20 beds (ten on either side) and afford 60 feet of superficial area to each bed.

Such a ward would, indeed, afford 60 superficial feet to each of 20 beds, if it contained nothing else, and 720 (not merely 500) cubic feet; but it is certain that 20 beds could not be placed in it if the recommendations of Dr. Smith, as to the width of the inter bed-spaces—*viz.*, 3 feet (or 6 feet per bed, laterally including the interspace) were to be carried out (and less than this it would be very unsafe to grant). Unless, indeed, the ward should be deprived of both fire-places, and of the greater portion of the furniture which Dr. Smith very properly declares to be necessary.

Instead of 20 beds, with 720 cubic feet each, there could not be more than 16 beds (according to Dr. Smith’s own showing) which would allow of 900 cubic feet per bed.

It will thus be seen that there is a substantial agreement between the medical officers and their colleague of the Poor-law Board as to the arrangement of beds in a ward, but that this requires twice the cubical contents which his ventilating experiments have induced him to suppose sufficient.*

VENTILATION.

The subject of ventilation, so intimately connected with cubic space, has been dealt with to a considerable extent in the previous section.

But with especial reference to Dr. Smith’s remarks upon this all-important question, we observe that he appears to argue as if the medical officers had only asked for larger cubic space (“which may mean only dilution of the poison,”) and not for larger cubic space, *plus* the most efficient ventilation that can be obtained;—ventilation of a character to be out of the control of the inmates, constant in operation, and, if need be, with provision for warning the admitted air. This assumption is entirely gratuitous.

It has struck your Committee as not a little remarkable, that Dr. Smith appears almost entirely to ignore the importance of the organic products emanating from the human body, and more especially those subtle animal poisons which, floating in the air, are the cause of the spread of contagious diseases, more particularly in sick wards, allowing small cubic and floor space.

But what is the system of ventilation recommended by

* We notice in some of the special reports contained in the Appendix, that Dr. Smith recommends 600 to 700 cubic feet per bed in wards to which day rooms are attached. If 500 cubic feet per bed can be made sufficient for sick wards occupied by day and by night, why allow more, seeing that the demands upon workhouse accommodation are so urgent.

Dr. Smith for such a ward as we have previously described? It consists of one iron air-brick, size not given, above and below for every four feet of wall space—i. e., sixty apertures in the side walls (to say nothing of the end walls), each communicating directly with the open air in a ward sixty feet long, and containing twenty (or, as your Committee have shown, more properly fifteen or sixteen) beds. The ventilators are to be kept open and only modified by the use of perforated zinc on the inner side.

SYSTEM OF NURSING.

Another important question is the number of nurses required. At present there are about 130 nurses distributed over the forty workhouses in the metropolitan district, of whom nearly one-half have been appointed for the first time during the last twelve months, and Dr. Smith considers that 130 more are "immediately needed," making a total of 260, or (in the proportion of two day nurses to one night nurse) 173 day nurses and 87 night nurses—i. e., about one nurse to 35 patients by day, and one to 70 by night;—supposing, which is not probable, that the nurses are equally spread over the various infirmaries in proportion to the relative number of inmates in each.

We think this number is insufficient, even if the paid nurses should devote their entire services to the care of the 6000 actual sick; and still more so if, as we think, in common with Dr. Smith, that paid nurses should be employed at least to superintend the nursing of the aged and the chronic cases in the infirm wards.

THE MEDICAL OFFICER.

And first, "As to duties."

Dr. Smith, without adducing any evidence in support, says that, "The idea prevails too generally, that the attention of the medical officer is due to the sick only." He believes that "the medical officer does not occupy that position as sanitary officer which is indicated by the consolidated order, and which would be very useful to the Guardians." Again, "the medical officer should consider as in his department . . . nursing, diet, serving of food, classification of inmates, supply of furniture and clothing, and cubic space, and should not fail to advise the Guardians, and point out defects, on suitable opportunities." Once more, he says, "Many will doubt whether the medical officer has in all cases fully discharged his duty in reference to the existing defects. Some of his duties involve scientific and technical knowledge, such that no Board of Guardians could be expected to possess; as, for example, ventilation, cubic space, and dietary." And then he quotes Article 207 of the consolidated orders, which defines the duties of the medical officers.

That the medical officers have not done their duty is a very serious charge, which should not have been suggested without strong confirmative evidence. But what says Dr. Smith himself in another place? "I do not doubt that in many cases, representations may have been made in reference to these defects, and they may not have been suitably noticed by the Guardians." And again, he further says, "It is not possible for me to know how far the medical officers have been consulted by the guardians, or with what energy they into a sick ward," as if they had not "remonstrated with the Guardians." But when Dr. Smith urges that they should communicate with the Poor-law Board in such cases, he ignores one of the great difficulties under which they labour. By the adoption of such a course as he recommends, they would only injure themselves, perhaps irreparably, with their own Boards, without, under existing circumstances, effecting much, if any, good.

We should also hail with satisfaction any means—and such might easily be found—whereby the amount of clerical work imposed upon the medical officer might be diminished.

CONCLUSION.

They cannot, however, but feel that, while his report is, have pressed their recommendations."

Had Dr. Smith's knowledge of the Boards of Guardians been more extensive, he would have known of how little avail it has been to press upon them "scientific and technical knowledge . . . respecting ventilation, cubic space, and dietary." He would have known that it has too often happened that the most energetic and faithful of the medical officers have incurred the ill-will of their respective boards, and unmerited odium and unpopularity, by doing their duty in these respects.

The medical officers are censured by implication, for "permitting beds in excess of the proper number to be introduced in many respects, wanting in justice to the medical officers as a body, they also have reason, from facts brought to their knowledge, to object to the manner in which some, at least, of his personal inspections were conducted; and the persistency, and in some instances, the scant courtesy, with which his peculiar views as to cubic space and ventilation were pressed upon individual medical officers." They regret that he should have so completely ignored the extreme difficulties, disadvantages, and discouragements under which the medical officers have hitherto laboured in carrying out their arduous and ill-requited duties.

Finding themselves now, for the first time, openly consulted upon questions of management and hygiene, and the Poor-law Board having manifested a disposition to open afresh those general principles which they had previously laid down as guides by calling for the opinions of the medical officers, they cannot consent, without protest, to see their opinions uncourteously dismissed as of no value, because they do not agree with those of Dr. Smith.

JOSEPH ROGERS, M.D., *President.*

CHAS. ANDREWS, M.D., } *Vice-Presidents.*

CHAS. M. FROST, }

FRANCIS GODRICH, *Treasurer.*

T. ORNE DUDFIELD, M.D., *Hon. Secretary.*

PHARMACEUTICAL ETHICS.

IN a very able paper on this subject, read at the third annual meeting of the British Pharmaceutical Conference at Nottingham, Aug. 22nd, the following remarks are made on Medical Ethics and the behaviour of the Pharmacist with regard to the Medical Profession:—

"Thanks to the educational pressure from without, added to which is the sense of personal responsibility, the pharmacist is daily ceasing to be the mere vendor of his drugs; unconsciously, by recognizing the necessity of thoroughly understanding the nature and properties of remedial agents, he is working out the ethics of his trade. 'The maintenance of the public health' (I condense from Mr. Howden) 'requires the service of three separate offices. 1. The sanitary office, which enforces the observation of natural laws. 2. The physician's office, which investigates the nature of disease and studies the method of subduing it. 3. The pharmaceutical office, which consists in the skilful selection and preparation of remedies, and their direct application according to the physician's method. By virtue therefore of his own position, and his mutual relation with at least this second health officer, the pharmacist cannot worthily discharge his duty unless by deliberate cultivation he has made himself the fit companion and seconder of the physician.'

"It has been stated that the medical profession look with a jealous eye on the intellectual advance of the modern pharmacist. This is directly contrary to my own experience, and I believe it to be sheer nonsense. Why a professional man should tremble because his directions are likely to be understood and properly carried out, is beyond my feeble logic to explain. The one least likely to interfere with him in a professional career is the man who knows most of the varied action and the strength of drugs, and the therapeutic value of remedial agents. Such a pharmacist may be too nervous, but he will never be too rash, and the physician may rest in perfect confidence that the educated, intelligent dispenser will be the last to rush in where angels fear to tread.

"I cannot conceal the fact that in some communications which have reached me, the question of the mutual bearing, or rather of the boundary-line that marks off the medical man and the pharmacist, has not been fairly stated. Either under pressure of a felt grievance or from limited observation, strictures have been passed on the profession which are scarcely to be justified, and the matter has been argued too exclusively from our own point of view.

"Reasoning from the broad abstract theory, it is better for the surgeon to confine himself entirely to professional practice; but when we descend into ordinary life, there does not seem to be any valid reason why he should not be (if so he chooses) his own dispenser. This neither includes nor justifies the establishment on his part of an open retail, a

proceeding which exacts its own Nemesis. The man degrades the shop, and the shop degrades the man. What confidence can the patient feel in an adviser who has so little in himself?

"But that a surgeon should be debarred from compounding his own remedies is unfair to him and would often be unjust to others. The plan may have been dictated from motives of dispatch; in hundreds of outlying districts, from necessity; nor let it be forgotten that it may have been suggested also from the desire to have excellent and first-class preparations. Nor can I share the opinion that the private dispensary is a term synonymous with negligent dispensing and cheaply selected drugs. I am personally acquainted with some establishments which are models of what in pharmacy we might be content to imitate. The evil (if such it be) will in time work out its own remedy; for just in proportion as the recognized open pharmacy assumes a higher standing, and offers more professional facilities, will the private dispensary be felt by the proprietor to be a thing irksome and unnecessary, and, following the law of all progression, it will eventually disappear. But, on the other hand, there is a wretched practice which, wherever it exists, must stifle the ethics of the profession and the trade. I allude to those disreputable and most unprofitable compacts, where, under the guise of a percentage, or an accommodated tariff, or any other occult arrangement, the pharmacist dispenses for the surgeon, and is robbed of the profit of his labour.

"From my very heart I reprobate a system, the discovery of which is always a source of anxiety to the surgeon, from its unprofessional nature, and which, as far as the pharmacist is concerned, is the introduction of an unhealthy and underhand trade; miserably unremunerative, and too often a late-hour slavery, where there is not even self-respect with which to gild the fetters.

"There can be no true companionship where there is no esteem; deduct the element of mutual respect and honourable relationship between the medical profession, and pharmacy is at an end. But whose the fault? For should the pharmacist fail to be the helper and fit companion of the physician, he has not rightly understood either the dignity of his calling or its moral responsibility. At first, this dread feeling of responsibility hangs over him like the sword of Damocles, but with the fear comes also a sense of honour, the very inspiration of all that is high and excellent.

"The true pharmacist will always be the helper, for it is his to know the mechanism of the healing art, to develop new remedial agencies, to enter upon untried regions of experiment, to utilize the dreams of theory, and to bid science wait on the wants of daily life. In all these things the true physician will gladly be instructed, nor will he refuse advice nor withhold his friendship from one who, though working in an humbler sphere, is yet able to enlarge the basis as well as to guide the exercise of his professional skill.

"So between these two men grows up a thorough sensible understanding, founded on personal advantage, deepened by common sympathy, and cemented by mutual respect. Let us rejoice that this is the bare statement of every-day experience, and not mere elegant writing.

"Long may the profession and the trade work in perfect harmony together—their ethics are the same."

UNITED STATES ARMY MEDICAL SERVICE.

WE extract the following for the information of students from the memorandum of the United States Surgeon-General to persons desirous of entering the Army Medical Service:—

"The number of vacancies now existing in the Medical Corps of the U. S. Army is sixty, forty-six of which are original vacancies created by the Act of Congress approved July 28, 1866.

"All candidates for appointment in the Medical Corps must apply to the Surgeon-General U. S. Army, for an invitation to appear before the Medical Examining Board. The application must be in the handwriting of the candidate, stating age and birthplace, and be accompanied by testimonials from professors of the college in which he graduated, or from other physicians of good repute. If the candidate has been in the medical service of the army during the war, the fact should be stated, together with his former rank, and time and place of service, and testimonials as to qualifica-

tions and character from the officers with whom he has served should also be forwarded.

"Candidates must be graduates of some regular medical college, proof of which must be submitted to the Board before examination.

"The following will be the general plan of examination: 1. A short essay, either auto-biographical or upon some professional subject—to be indicated by the Board. 2. Physical examination. This will be rigid, and each candidate will be required to certify that '*he labours under no mental or physical infirmity, nor disability of any kind, which can in any way interfere with the most efficient discharge of his duties in any climate.*' 3. Examination as to general aptitude and education. 4. Written examination on anatomy, physiology, hygiene, surgery, and practice of medicine. 5. Oral examination on each of the above-mentioned subjects, and also on obstetrics, general pathology, chemistry, toxicology, medical jurisprudence, and materia medica. 6. Clinical examination, medical and surgical, at a hospital. 7. Performance of surgical operations on the cadaver.

"The aggregate amount receivable by an Assistant-Surgeon under three years' service is 120-82 dollars per month. The Examining Board assembled in New York on the 20th of September."

THE QUEEN'S UNIVERSITY IN IRELAND.

A QUEEN'S letter has arrived authorizing the assembling of the Convocation of Graduates of the Queen's University, in accordance with a memorial signed by a large number of graduates. The Convocation will then be constituted as a part of the system of the University. Its first business will be to elect a member of the Senate, to which body the Convocation is entitled to appoint six of the twenty-four members. The Convocation will then probably proceed to consider the proposed Supplemental Charter. A meeting of the Senate has been convened for the 6th of October, for the consideration of the same subject.

THE CHARGE AGAINST DR. JAMES PART.

AN inquiry before Dr. Lankester, the Coroner for Central Middlesex, has just been concluded in reference to the death of Mr. R. Golding, a well-known historical line engraver, who died on 28th of last December, and whose body has been exhumed under an order of the Secretary of State, in consequence of certain allegations made against his medical attendant. The following is the evidence:—

A letter not dated, but marked as received on the 20th of February, addressed to Dr. Part by the witness, complained of the treatment to which the deceased had been subjected at his hands. To that letter Dr. Part wrote a reply, in which he stated that the relation existing between Mr. Golding and herself did not confer upon her any right to assume the name of even "her departed friend." If she had been his friend, why did he tell her to go home, as he expected a nurse to attend him, for surely a friend would have been much more congenial to his feelings? She had said he had promised to get Mr. Golding a nurse. He did obtain one, after considerable trouble, who was to have come at noon upon the day on which Mr. Golding died. But the rooms were so disgracefully dirty that they were not fit to introduce a respectable nurse into. Had he been so constant a visitor as she had lately become he would have been ashamed to have suffered the poor old gentleman to have been so destitute of comforts and surrounded by so much filth and dirt as he had found him in, and he could not but remark that had she felt any real regard for him beyond the longing she had for his money she would have endeavoured to have kept him clean. Notwithstanding his imputed neglect of him, and the necessary delicacy it became him to use in interfering with him, before thirty-six hours had elapsed from his first seeing him, he had caused his bedroom to be made clean, warm, and comfortable for him, which she had never done. He had sent him down a bottle of sherry to warm his poor icy cold hands and feet. He had sent him down beef-tea as good as could be made. He had sent him down potted meat to save him masticating, which he was unable to do. He had brought him a warm new flannel waistcoat, which he would have put upon him had he allowed him. He had made him up a good fire, and given him warm sherry and water to assist the other means he had set in motion to restore and warm him, and had he been spared he would have had him made and kept warm and comfortable. She

had done none of these things, with all her affected regard for him. In conclusion, it stated that she had said that he had applied a bottle of hot water to Mr. Golding's feet, and then began ransacking, when he took two watches and a pocket-book containing money, the property of her and her mother. The cause of his ransacking was, that he was the executor, and that it was his duty and right to take possession and care of all his property, and also that he found that the drawer in which Mr. Golding had kept his money and securities had been tampered with, and that a sovereign that he had seen loose in the drawer with two bags of money which he had also seen there had been removed, and that the sovereign and one bag containing £2 in silver was secreted upon her person—that was, in her pocket—and upon his demanding them they were given up by her. That was his reason for ransacking, and he had a painful illustration of the cogency of that reason in the fact that he found a deficiency of upwards of £100 from what Mr. Golding informed him he would find in the house in gold, and from the peculiar accuracy of everything Mr. Golding had said to him he had every reason to believe that he was correct in that also. He had done and would do justice to everybody concerned, and feared not her threats, but if he detected her in slandering him he knew how to punish, and would not shrink from doing so.

By Mr. Winkworth, one of the jurors—Mr. Golding told her the day before his death, when she had been expending some of her own money, that she would find some money in the drawer which she was to take for expenses. She did not, however, take it then, but on the following day, when Dr. Part demanded it of her. She did not know the exact sum she took. She only took a bag which she gave to Dr. Part as soon as he asked for it.

Mr. Golding knew Dr. Part before. He had seen him at Mr. Taylor's some twenty years previously. Mrs. Part was present at his death. The deceased always wished to have a very respectable and genteel funeral, for he stated that they belonged to a respectable family (laughter). He told her that before he had seen Mr. Part. Mr. Golding left them in consequence of the lease of their house expiring, and did not again live with them, as they were unable to find a house sufficiently large for all of them to live in. He then removed to Stebbington-street, and he told her he wished to buy a house, in order that they might all live together. She was instructed by him to look out for an eight-roomed house, and had she succeeded in getting one she believed he had sufficient money to pay for it. He never said he should like to be buried in his trousers—what person would? (laughter). He never said he wished to be buried in his shirt or his stockings, but wished to be buried in a Christian-like manner.

Professor Rodgers of the London Hospital was then called, and he stated that he had made a further examination of the contents of the stomach of the deceased. Portions of the deceased man's stomach, spleen, and intestines with the liver and one lung had been removed. He made a special inspection of these parts. He had found a trace of morphia. He specially searched for strychnine and for other alkaloids, but had found nothing that was likely to bring on convulsions. In the stomach he was bound to state that he had found a trace of arsenic. In the intestines he had not found a sufficient quantity to be able to state that it was arsenic. He had used every precaution to insure the most perfect results. In the liver there was no trace of arsenic. Finding that absent, he came to the conclusion that no quantity of arsenic had been swallowed sufficient to destroy life, for had that been the case he must have found it in the liver. He found no other poison, and there was nothing that could lead him to believe that he died of anything else than bronchitis. Convulsions sometimes preceded death from bronchitis. He believed and was of opinion that the arsenic must have been mixed up in the medicine through error. It was certainly not any arsenic produced after death. He had never found arsenic naturally, but had there been a dose sufficient to produce injury he must have found it in the liver, and it was probable that there would have been vomiting and purging. There was not sufficient arsenic to accelerate the death of a man of his age. Very little morphia must have been taken, much less than the arsenic, for there was only a trace. If an opiate had been given deceased would have continued drowsy to the end, and would not have been awake as he was when he died. Strychnine could be detected in less quantities than any other poison,

and for a longer period than any other vegetable poison. One hundred thousandth part of strychnine could be easily detected. There was certain poisons which would evaporate after death. He was quite certain his tests were pure. The arsenic might have been produced by making the cocoa which the deceased had in a metallic pot.

Dr. Part said he was called to see the deceased on the 26th of December last. He was told that Mr. Golding was very ill and wished to see him as soon as he could go; also that he wanted to see him on some private business. He went between two and three o'clock in the afternoon. Deceased was alone when he saw him, and said to him "I have sent for you to be my executor, for I am very ill, and feel that I have not long to live. I got my clothes wet, and since that I have been extremely ill. I have a very bad cough, and my breathing is very troublesome. I have become so much weaker the last two or three days that now I cannot get up and down stairs." Deceased was then in the front room which was very dirty. He shook hands with deceased when he went in, and found them very cold and clammy. He thought his case hopeless. Dr. Part then read from his day book the prescription which he entered for Mr. Golding. One draught of the mixture contained one-twelfth of a grain of opium. Mr. Edward Robertson made up the prescription. He had since left witness. He had known Mr. Golding twenty years previously. After he had been in a short time deceased said that he wanted to make his will, to which witness replied that he had better get a solicitor. Deceased said he felt too ill, and requested witness to follow his instructions, which he did, and put them down upon a piece of paper. It was as follows:—"I give and bequeath to Frances Southgate £100, and to Frances Julia Southgate £100. I give you (witness) all my folios, proofs, and prints, and leave you my residuary legatee and appoint you my sole executor. You will find in the house £200 or thereabouts in gold and silver, £90 in notes, and standing in my name in the Three per Cent. Consols you will find £1200." He (witness) asked him if he had any relations, to which deceased replied that he had some, but had not seen them for many years. They behaved very bad to him, and he did not care for them. He had sometimes thought of leaving his money to a friend, an artist, but there were circumstances which induced him to believe it would be squandered away, and therefore he had decided upon giving it to him. Witness asked him if he had any other wishes, when deceased told him he should like him to give his landlady £10, or his furniture, just which he pleased. He asked him if he would like the legacies to Mrs. and Miss Southgate free of legacy duty, to which deceased replied, "Well, no, I have been thinking over the matter, and, if you do that, your legacy will not reach £1000, which I am very anxious it should." Witness told him to describe him in the will as of 45, Upper Seymour-street, as he lived there when he bought the Consols. Witness sent deceased, besides his medicine, some wine and turkey. Upon leaving him he gave £50, stating that he might as well have some money to pay expenses.

After leaving, Mr. Golding went to find a nurse. Afterwards he went for a solicitor. When it was completed Mr. Golding raised himself up and said, "Now, Mr. Part, I give this into your charge, and take care of it." He emphasized the words "Take care of it," but he could never understand why he did so. On that day he gave Mr. Golding a little hot sherry and water; and he seemed better when he left him. He did not visit him in the evening because he was unwell himself. He had no recollection of telling Miss Southgate that on the death of her mother the whole of the property would go to her, neither did he show her any paper. He went to Mr. Golding on the morning of his death, and found him very bad. He was convulsed, and although he could not speak, still he was conscious. The Southgates were in the room at the time. He remained with him until half-past twelve o'clock, when he left in order to attend to other patients. During his visit that morning he observed Miss Southgate went into the sitting-room several times. After her second visit he went into the room and perceived that the drawer in which Mr. Golding kept his money was open. He saw two bags of money and a sovereign loose in it. He did not touch it, but before leaving the house he again went into the room, and finding the drawer was shut he opened it and found that a bag of money was gone. He called Miss Southgate, and told her there was some money missing, to which she replied that she had got it, and then gave it up to

him. When he returned in the evening he requested Miss Southgate to remain in the house until they had searched the place, saying that she had aroused some very disagreeable impressions in his mind, and he could not allow her to go until they had found all the money. That night they found £60. On the following morning in a box they found an old fashioned leaden inkstand, and between the side of the stand and the metal inkpot they found a roll of sovereigns to the number of about sixty, making altogether about £90. Before Mr. Golding died he asked him if he had any request to make about the disposal of his body. Mr. Golding said "No," they might take it to the dissecting-room if they liked, to which witness replied that he could not. He could not in any way account for the presence of arsenic. He wrote Mr. Golding's prescription and entered it, and left it to his assistant to make it up.

The complaint Mr. Golding was suffering from was bronchitis. He knew Mr. Cameron, a solicitor. He was not his solicitor. Miss Southgate had never told him that Mr. Golding was a friend of hers. He never said the deceased was a poor man. He knew Mr. Taylor, of Agar-town. He was drowned by falling off the pier at Southend. He discharged Mr. Taylor's debts in return for a collection of very fine prints which Mr. Taylor had.

Edward Robertson, then called, stated that he was an assistant to Dr. Part in December last, and remembered making up Mr. Golding's medicine strictly from the prescription. He did not make the pills, for they were kept up in stock. Since he had left Dr. Part he had not seen the prescription-book.

Captain Edward Wolf Brooker, R.N., was next called and examined.—He stated that he was a son-in-law of Dr. Part. He was on a visit at Dr. Part's house in December last, and went with the Doctor to the house of Mr. Golding, where he was told he was wanted to attest a will. He was one of the witnesses. Dr. Part after he had introduced him left the room to get some ink, and then the will was read to the deceased, who remarked that it was exactly what he wanted. The deceased was perfectly sensible when the will was read. He knew nothing about the residuary property left to Dr. Part. He went to Mr. Golding's house on the following day, because he knew that Mrs. Part was there alone. Miss Southgate was not in the room when the will was read.

The jury returned the following verdict:—"That on the 28th of December, 1865, Mr. Richard Golding was found dying, and did die, at his residence in Stebbington-street, in the parish of St. Pancras; and the jurors are of opinion that the said death occurred from bronchitis; and although a small quantity of morphia and arsenic was found in the stomach of the deceased, death was the result of natural causes."

THE QUEEN'S UNIVERSITY IN IRELAND, DUBLIN CASTLE.

Examination for Honours—M.D. or M.Ch.

September 25, 1866.—Morning.

MEDICINE.

Examiner—ROBERT D. LYONS, F. & C. K.Q.C.P.I.

1. State some of the proofs relied on to show that increased tissue-waste attends true pyrexia, and is the exponent of its chief active conditions.
2. Describe the pathology and pathological anatomy of cholera-typhoid.
3. Define the pathology, diagnosis, and treatment of a case of cerebro-spinal arachnitis.
4. In arachnitis of the basis cerebri principally, dilatation of the pupil has been frequently noticed as an important sign; explain its occurrence and pathological significance.
5. Define the practical rules which should guide the practitioner in regard to the operation of tracheotomy in croup.
6. Describe the "tâches bleuâtres," and their more ordinary pathological indications.
7. Describe the pathology, symptoms, and treatment of phlegmasia of the lower extremity after fever.
8. In a case presenting loss of motor power at one side throughout, with persistent normal sensation, define the locus of the centric lesion, and state your treatment and progression.
9. Define the principal varieties of Enteritis, and state the treatment appropriate to each.

10. In a case of Nephritis, define the special symptoms which would place the disease out of the range of curable affections.

11. With what affections is Eczema impetiginodes liable to be confounded? state your diagnosis and treatment.

12. What are the symptoms and signs which attend the passing of gall stones? and state your diagnosis and treatment of such a case.

MIDWIFERY.

Examiner—LONBE ATTHILL, M.D.

1. What are the causes which favour prolapse of the Funis Umbilicalis, and how would you treat that complication of labour?

2. What symptoms would induce you to fear that an attack of convulsions was impending in a pregnant woman, and by what means would you endeavour to avert the attack?

3. Enumerate the circumstances under which it would, in your opinion, be justifiable to induce premature labour, and name the means you would make use of for the purpose.

4. What do you understand by the disease known as "phlegmasia dolens;" describe its symptoms, and give the treatment you would adopt for its relief?

5. What would be your diagnosis in the following case?—A few days subsequent to delivery, a woman is seized with sudden faintness, followed by irregularity of the heart's action, dyspnoea, collapse, death rapidly supervening.

MATERIA MEDICA AND PHARMACY.

Examiner—Dr. W. D. MOORE.

1. Give the formula for preparing atropia according to the British Pharmacopœia. State the rationale of the process.

2. What is the solubility of atropia in chloroform?

3. In what doses might atropia be given internally, and what are its pharmacopœial preparations?

4. Write an unabbreviated prescription, in Latin, for a full dose of opium to be taken in the form of draught, at night, by an adult.

5. What preparations of hyoscyamus occur in the British Pharmacopœia? Mention the natural family and describe the botanical characters of the plant.

6. How is the oxide of silver prepared? State its therapeutical uses and doses.

7. Write an unabbreviated prescription, in Latin, with directions, for aperient pills for occasional use by an adult.

8. How is the hydrated peroxide of iron prepared? Explain the process, and state the mode in which the product is said to act as an antidote to arsenic.

9. To what natural family do the mints belong?

10. Give the formula for, and state the doses of, the pilula plumbi cum opio.

MEDICAL JURISPRUDENCE.

Examiner—Dr. W. D. MOORE.

1. What are the symptoms of poisoning by the inhalation of carbonic acid?

2. How would you detect the presence of carbonic acid in atmospheric air? Describe a simple method of determining the proportion of the former in a given measure of the latter.

3. Describe the ordinary tests for strychnia.

4. In a case of suspected poisoning with strychnia, where the colour-tests fail to discover the presence of the latter, what other alkaloid should be sought for, and in what way?

5. What is the medico-legal definition of a wound?

6. What are the direct causes of death in cases of wounds? Enumerate also some of the indirect causes of the same.

7. What are the various causes of syncope, and in what condition is the heart found, when death takes place by that organ?

8. What is the usual condition of the great vessels in cases of death by the lungs? Is this state invariably present?

9. What are the most striking differences between the symptoms of perforation of the stomach from disease, and those produced by irritant poisoning?

10. What circumstances may be relied upon as presenting conclusive evidence of death?

The committee of the Royal Kent Dispensary, Greenwich, have awarded the sum of £50 to the resident surgeon, H. Wm. South Sturton, Esq., and the dispenser, Mr. Thos. Sturton, in acknowledgment of their additional labours during the cholera epidemic.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Sept. 20th:—

Green, Frederick King, Stoke, Newington.
Smith, Robert Harman, St. Andrew's-road, S.E.

The following gentlemen also on the same day passed their first examination:—

John Orton, Syd. Coll., Birmingham; Edward De Morgan, Univ. Col.

PRIZES IN MATERIA MEDICA AND PHARMACEUTICAL CHEMISTRY.—The Society of Apothecaries of London annually offer two prizes for proficiency in the knowledge of the *Materia Medica* and Pharmaceutical Chemistry, and the examinations of the present year will be held at the hall of the Society on Wednesday, the 17th, and Friday, the 19th inst. Candidates for the prizes, which consist of a gold medal for the first prize, and of a silver medal and a book or books for the second, must intimate their intention on or before the 7th inst. The candidates must be students who have entered upon the third winter session of their medical studies.

The Court of Aldermen have just voted £1000 to the new lunatic asylum lately erected at Dartford.

HARVEST-HOME collections from a great many districts have been forwarded to the cholera funds of London.

The Library and Museum of the Royal College of Surgeons, which have been closed for a month, reopened on Monday last.

DR. NORTON SHAW, the late Secretary to the Royal Geographical Society, has been appointed Her Majesty's Consul at Sainte-Croix.

The cholera is making frightful strides in Vienna. One of the most distinguished operators, Freiherr von Wattmann, has fallen a victim to the disease.

It is stated that out of 20,000 infants who are annually sent out of Paris *en nourrice*, not more than 5000 survive: 15,000 die of cold, hunger, and neglect.

M. MARIA, late a surgeon in the French navy, died lately at Nice. He is supposed to have been the last of the French officers who took part in the Battle of Trafalgar.

SIR CHARLES HASTINGS' library has been offered, by his family, to the professional men in the city and county of Worcester, to be kept at some public place in the city for facility of reference.

It has been proposed to hold an exhibition of works of art and industry in the Leeds New General Infirmary, and a meeting of the inhabitants has been convened by the mayor to consider the subject.

It was observed that in this last visit of the cholera to Paris, the new boulevards and their vicinity were among the healthiest places. Besides the wider thoroughfares and greater flow of air, the drainage is said to be better.

A GIRL twelve years of age died on Wednesday week at Clapton from swallowing a damson stone. It was found, on a post-mortem examination, that the sharp point of the stone had passed into the lungs and produced rapid inflammation, which caused death.

A MAN named Martin Rean is now awaiting his trial at Deux Sevres, France, charged with having poisoned his brother-in-law in 1853, in 1856 his first wife, in 1865 his second wife, and in 1866 his daughter. Cupidity is said to have been the motive for such wholesale murder.

The death-rate returned from Liverpool for the week ending Sept. 22nd was fifty-two per 1000, or more than double that of either London, Sheffield, Leeds, Hull, or Glasgow; nearly 100 per cent. in excess of the death-rate of Dublin, Manchester, and Salford; 50 per cent. in excess of Newcastle-upon-Tyne; and nearly treble the death-rate of Birmingham, Bristol, and Edinburgh.

PREPARATIONS FOR CHOLERA.—A French Prefect wrote to one of the mayors of his department advising him,

as the cholera had broken out in the district, to take all the necessary precautions. After some time the mayor wrote to say that he had taken all the proper steps, and upon the perfect sending to see that they were effectual, he found that the only preparation the mayor made consisted in having a large number of graves dug in the churchyard.

CHOLERA having broken out at Alexandria, it has been decided that all ships from thence shall be subjected to thirty days' quarantine at Malta.

THE SOCIAL SCIENCE ASSOCIATION.—The Earl of Shaftesbury, the President, has consented to take the chair at the dinner, on October 9th. All the arrangements for the meeting are progressing satisfactorily, except one. The single exception is, that not enough funds for the expenses have yet been provided. The total sum required is only £2500, of which £1700 has been subscribed.—*Manchester Guardian*.

SANITARY IMPROVEMENTS IN THE PUBLIC SCHOOLS OF FRANCE.—The Minister of Public Instruction has just issued a circular to the directors of the lycées (government schools) of the empire, wherein he states that such pupils as are left by their parents in these establishments during the holidays (part of August, September, and part of October) should be sent to schools situated near the coast, where sea-bathing and sea-air might be beneficial to them. The directors are also directed to watch over the health of the pupils, and when, under medical advice, a change to warm latitudes is found desirable, to send such boys to schools of the South of France. Also to institute travelling parties in the holidays where circumstances will allow.

COMFORT FOR RATEPAYERS.—Mr. Arnold, Government Inspector of Public Works in Lancashire, says that if Londoners obtained the soft water of Wales or the lakes, in the place of the hard water which is now supplied to them, they would require but one half the quantity of soap and one third quantity of tea and coffee which they now use, and he reckons the saving upon these three articles alone at £675,000 a year, which capitalised at 4 per cent., would amount to nearly £17,000,000, or enough to pay for the waterworks twice over.

FEMALE DOCTORS.—A young lady in Paris, having honourably passed two examinations in mixed sciences, has been authorised by the Minister of Public Instruction to go through a preparatory course of medicine at Algiers, as her medical attendance might be of great service to the Arab population, and through her the boon of medical science might penetrate the tent and harem of the Arab, where no male doctor would ever be admitted. Lately another lady has passed her examination as midwife, and has obtained permission to offer herself as a candidate for examination at Paris for the degree of Doctor of Medicine.

A NEW DANGER TO PUBLIC HEALTH.—The refuse drainage matter from paraffin oil works finds its way into the adjacent streams and rivers, the water of which becomes offensive from the odour and taste of oil, or poisonous from the still more deleterious waste products that occur in the manufacture; it is consequently quite unfitted for domestic purposes, and the fish have been already destroyed in several streams. Hitherto the manufacture of paraffin has been confined to particular districts, but now we are threatened with an extension of paraffin works all over the kingdom. It has recently been discovered that a ton of ordinary coal, which yields about 18,000 cubic feet of gas when distilled in the usual manner at a red heat will, if distilled at a lower temperature, furnish one-third of that amount of gas and 60 gallons of crude paraffin oil. It is, therefore, more profitable for gas manufacturers to make the two products than to produce gas only, as the oil and the smaller quantity of gas are more valuable than the larger amount of the gas without the oil. Already this system has been introduced in Scotland, and soon it may be generally adopted; in which case ordinary gasworks will become paraffin distilleries, with all their concomitant evils. As regards the prevention of these injurious results, there can be no insuperable difficulties in getting rid of the spent acid and alkaline liquors. It will be more troublesome to prevent the leakage of the oil into the soil, whence it is sure, sooner or later, to be washed into the adjacent streams, being absolutely indestructible by moisture or atmospheric agency.—*The Field*.

Notices to Correspondents.

A. W.—The person named is a qualified member of the profession, although not, we believe, a Member of the College of Surgeons of England.

The *Obstetrical Society of London*.—The notice is inserted.

Dr. L.'s letter has been received.

Mr. E.'s request shall be attended to.

To Dr. Lane, R.N.—Owing to great pressure on our columns, we are compelled to postpone your communication till next week.

Dr. F. W.—r.—Many thanks for your paper. We regret it arrived too late for this week's issue. Proofs shall be sent you.

Dr. Oppert shall have a private note.

Communications received from:—Dr. Crisp, London; Dr. Oppert, London; Dr. O. R. Frankerd, Langport; Dr. Brown, Dorchester; Pharmaceutical Society, Obstetrical Society.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—On reading the Students' Number of THE MEDICAL PRESS AND CIRCULAR, I observe two or three mistakes in regard to the Preliminary Examination in Arts in the Edinburgh University (page 291), and which you will readily perceive on referring to a Calendar of the present year. I notice that in Greek the first book of Xenophon's *Anabasis* is required instead of the *Cyropædia*; in French, also, Fontaine's *Fables*; and logic, Whately's *Elements*, Books I and II. With these observations, I remain, Sir, your obedient servant,
Langport, Somerset, Sept. 21, 1866. O. R. FRANKERD.

[Owing to the great demand upon our space this week—although eight pages larger than usual—we are compelled to postpone the remainder of the "Introductory Lectures" and the principal Medical Schools, as well as several Original Communications, Correspondence, Reviews, Hospital Reports, &c. &c.]

Appointments.

LONDON.

- S. CHATER, M.R.S.C.E., has been appointed Chloroformist to the Great Northern Hospital.
G. N. EDWARDS, M.D., has been appointed a Medical Officer to the Linen and Woollen Drapers' &c. Institution.
H. POWER, M.B., has been appointed a Medical Officer to the Linen and Woollen Drapers' &c. Institution.
A. E. SANSON, M.B., has been appointed one of the Medical Officers to the Linen and Woollen Drapers' Institution.
FULLER, W., M.R.C.S.E., has been appointed Visiting Apothecary to St. George's Hospital.
GREGGON, G., M.R.C.S.E., L.D.S., has been appointed Dental Surgeon to the Metropolitan Free Hospital, Devonshire-square.
GRIFFITHS, R. S. P., L.R.C.P.L., M.R.C.S.E., has been appointed Apothecary to St. Mary's Hospital.

PROVINCIAL.

- D. H. B. ANDERSON, M.B., M.R.C.S., &c., has been appointed House-Physician to the Hereford General Infirmary, vice H. G. Walker, L.R.C.P., M.R.C.S., resigned.
H. T. BROUGHTON, M.R.C.S.E., has been appointed Resident Medical Officer to the Infirmary and Dispensary, Bradford, Yorkshire, vice Thomas, resigned.
N. G. MERCER, M.D., has been appointed a Junior Medical Officer of the Lancaster County Lunatic Asylum, Lancaster, vice J. D. Moore, M.D., resigned.
O. EVANS, M.R.C.S.E., has been appointed House-Surgeon to the Royal Berkshire Hospital, Reading, vice J. Swindale, M.R.C.S.E., resigned.
H. SIMPSON, M.D., has been appointed Physician to the Manchester Royal Infirmary.
F. V. SANDFORD, M.R.C.S.E., late of the Royal Navy, has been appointed Resident Medical Officer to the Hospital Ship *Hamadryad*, Cardiff.
ANDERSON, C. L., L.R.C.P. Edin., I.S.A., &c., has been appointed Assistant House-Surgeon to the Liverpool Northern Dispensary.
ANDERSON, D. H. B., M.B., M.R.C.S., &c., has been appointed House-Surgeon to the General Infirmary, Hereford.
WYLLIE, J., M.D., has been appointed Resident Physician to the General Hospital, Birmingham.

IRELAND.

- SALMON, T., L.R.C.P. Ed., has been elected Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Castlepollard Dispensary District of the Delvin Union, Co. Westmeath, vice D. H. MacAdam, M.D.
MOURITZ, J. W., L.R.C.P. Ed., has been re-elected Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Crossroads Dispensary District of the Dunfanaghy Union, Co. Donegal.
FILSON, A., M.D., has been elected Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Portaferry Dispensary District of the Downpatrick Union, A. B. Filson, M.D., resigned.

POOR-LAW MEDICAL VACANCIES.

- Lancaster Union*.—Tanfield District; area 10,297; population 7562; salary £30 per annum.
Westbury and Whorwellsdown Union.—First Division of the Second District; area 12,616; population 8623; salary £80 per annum.
Whitchurch (Salop) Union.—Area 15,847; population 8621; salary £42 per annum.

Medical Diary of the Week.

OPERATION DAYS AT THE LONDON HOSPITALS.

- WEDNESDAY.—Royal London Ophthalmic Hospital, Moorfields, 10½ a.m.; Middlesex, 1 p.m.; St. Mary's, 1½ p.m.; St. Bartholomew's, 1½ p.m.; St. Thomas's, 1½ p.m.; Great Northern, 2 p.m.; University College Hospital, 2 p.m.; London, 2 p.m.
OBSTETRICAL SOCIETY OF LONDON.—7 p.m. Meeting of Council.—8 p.m. Dr. W. S. Playfair, "On the Mechanism and Management of Delivery in Cases of Double Monstrosity."—Dr. C. H. Routh, "On a New Mode of Treating Epithelial Cancer of the Cervix Uteri and its Cavity."
THURSDAY.—Royal London Ophthalmic, 10½ a.m.; Central London Ophthalmic, 1 p.m.; St. George's, 1 p.m.; Surgical Home, 2 p.m.; West London Hospital, 2 p.m.; Royal London Orthopædic Hospital, 2 p.m.
FRIDAY.—Boyal London Ophthalmic, 10½ a.m.; Westminster Ophthalmic, 1 p.m.
SATURDAY.—St. Thomas's, 9½ a.m.; Royal London Ophthalmic, 10½ a.m.; St. Bartholomew's, 1½ p.m.; King's College, 1½ p.m.; Royal Free Hospital, 1½ p.m.; Charing-cross, 2 p.m.

BOOKS RECEIVED.

- Rev. H. H. Higgins on Vitality.
Dr. A. C. Macleod on Acoholic Diseases. London: Churchill and Sons.
A Practical Treatise on Apoplexy. By Dr. W. B. Mueset. London: Churchill and Sons.
Dr. Edwards Crisp on Malignant Cholera.
Harley on Diabetes.
Complete Set of Coloured Lithographs on Diseases of the Skin. By Balmano Squire, M.B. London: John Churchill and Sons.
On Cholera. By Arthur E. Sansom, M.B. London: John Churchill and Sons.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

PROVINCIAL.

- HOLT.—On the 22nd inst., at Carlton Villa, Castleford, Yorkshire, the wife of James Holt, L.R.C.P. Ed., of a daughter.
ROBINSON.—On the 23rd inst., at New-square, Chesterfield, the wife of Dr. H. Robinson, of a son.
SOMERVILLE.—On the 24th inst., at Milford, Pembrokeshire, the wife of David Hope Somerville, M.D., of a daughter.
EVANS.—On the 25th inst., at Brynfydwyn, Treherbert, the wife of W. Evans, L.R.C.P., of a son.
JOLLYE.—On the 13th inst., at Donington, Spalding, the wife of E. W. Jollye, M.R.C.S., of a son.
FRANGLEY.—On the 15th inst., at Aldborough, the wife of Thomas Frangley, M.R.C.S., of a son.
McGEORGE.—On the 15th inst., at Norton-street, Liverpool, the wife of S. J. McGeorge, L.R.C.S. Ed., of a son.

MARRIAGES.

- GWYNNE—MARSHALL.—On the 19th inst., at Rostall Church, Tunbridge Wells, Edmund Gwynne, M.D., of Upper Holloway, to Adelaide Eliza, third daughter of the late John Marshall, Esq., of Eden-lodge Beckenham.
LEVICK—CURTIS.—On the 20th inst., at St. Mary's, Plaistow, Essex, G. Levick, M.R.C.S.E., to Martha Sarah, eldest daughter of the late R. L. Curtis, Esq.
SPRATLEY—BOYDELL.—On the 20th inst., at St. Bride's, Chester, S. Spratly, M.D., of Rock Ferry, Cheshire, to Anna Maria Elizabeth, eldest daughter of the late James Boydeell, Esq., of Hawarden, Flint.
WILLIAMS—HELM.—At St. James's Church, Bury St. Edmund's, John Williams, M.D., to Caroline Anne, youngest daughter of the late Rev. J. C. Helm, of Worthing.

DEATHS.

- CRIBB, H., M.R.C.S.E., at Bishop's Stortford, on September 20, aged 67.
ROBINSON, R. E. W., M.D., at Swinton-park, near Manchester, on the 21st inst., in his 90th year.
FORGE, F. P., M.R.C.S.E., on the 15th inst., of Hemingborough, Yorkshire, aged 45.
WARRY, E. T., M.D., on the 16th inst., of Sidmouth, Devon, aged 64.
FETCH, E., Surgeon, on the 16th inst., of Alma-square, Scarborough, aged 65.
MORLEY, T., L.R.C.P. Ed., on the 20th inst., of Oldham.
ANDERSON, Dr. T. A., on the 19th inst., at Springtown Cottages, Londonderry.

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING SEPTEMBER 29TH, 1866.

By J. H. STEWARD, Strand and Cornhill, London.

Sept. 1866.	Barometer reading reduced to 32 degrees.	Thermometer.		Dry bulb.	Wet bulb.	Wind.			Remarks.
		Max.	Min.			Direction.	Force.	Rain.	
24	29.060	67	53	56	52	SW	—	055	Rain.
25	30.010	70	43	53	47	SW	—	003	Showery.
26	30.003	65	50	47	45	S	—	—	Fine.
27	29.070	62	52	51	48	SW	—	017	Dull.
28	29.084	71	53	60	60	E	—	003	Fine.
29	29.080	74	54	61	58	S	—	—	Fine.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX"

OPENING OF THE ENGLISH MEDICAL SCHOOLS.

INTRODUCTORY LECTURE,

DELIVERED AT

ST. GEORGE'S HOSPITAL.

By Dr. J. W. OGLE.

GENTLEMEN,—The authorities in this School of Medicine are not among those who consider that the custom of meeting together formally to mark the beginning of the "medical year" is "more honoured in the breach than the observance." I, therefore, acquiescing in this view, most willingly acceded to the invitation of my colleagues to deliver this Introductory Lecture, for I remember with pleasure the interest which I have taken in lectures of the kind delivered by others, and I have a keen sympathy with such feelings and thoughts as of necessity must possess the minds of those to whom such lectures as the present are especially addressed. I must, however, confess to some embarrassment when determining the form in which my observations should be moulded and the direction which they should observe.

The nature and scope of our time-honoured Introductory Lecture are so unfixed, so absolutely left as a matter of private judgment to him who is charged with its delivery, that I suppose two persons could hardly be found who would precisely coincide as to their ideal of what such a production ought to be. Indeed, when I actually addressed myself to the subject, I could not help being reminded by our annual observance of the statement which I have somewhere seen, that every year the Romans were at one time accustomed to offer in sacrifice one human being to one of their divinities.

On mature reflection, it appeared to me that the introductory lecture was not the opportunity, as some have accounted it, for a dissertation upon any abstract philosophical or transcendental theme, nor the fit occasion for a tirade, which to so many would be mere platitudes, on many questions connected with the medical education and discipline, the reform and organization of the profession, &c. On the whole, I determined, soliciting your indulgence, that I should act most serviceably if I strove to render those remarks which I shall have the honour to make, as plain-spoken and as practically subservient as possible to the personal requirements of the majority of those present, bearing in mind the immediate objects which, in this place of education, we have always in view, not, however, forgetting the adage—"Difficile est proprie communia dicere." In so doing, I believe I shall also follow the example which, in this hospital, has for the most part been set by my predecessors in this office.

Analyzing, perhaps rather roughly, the components of an audience so complex and so discriminative as this which I see before me, may I not divide it for present purposes into separate categories, for each of which the introductory will appear to possess a distinct and separate significance, and to serve a different purpose.

1st. Are the more veteran among us the Nestors or Corypheæ? if the term be allowed, occupying mainly the foremost benches, to whom experience and ability with length of days have secured the respect and arbitration of our profession, the only tribunal whose judgment is decisive, and the suffrages and gratitude of the public, of

whom it may be truly said, "aliis inserviando consumuntur, aliis medendo meriuntur." Turning in here for an hour from the bustle and tide of daily life, they will no doubt render this an opportunity of friendly greeting with former colleagues or companions brought together, and of wishing anew success to their Alma Mater, calling back to mind old times, and for a moment, and that with benefit, living in the associations and reminiscences of the irrevocable past. "Hoc est bis vivere, vita posse priori frui." Can they forget their former impressions and requirements as students in this place and resist the impulse, by friendly eye and hand, to welcome as future compeers those who seek to tread in their steps and to emulate their example, hereby rendering this lecture the means of *introduction* in the best sense of the word, and establishing a continuity between themselves and those destined to hand down the torch from their hands, and to extend the empire of truth. It is becoming here to mention with regretful remembrance the withdrawal from among us of two of the oldest friends of the hospital—I allude to the late Dr. Seymour and Mr. Fuller. Both had for long periods been officially connected with the institution; the former as Physician for nearly twenty years, the latter as Visiting Apothecary for nearly fifty years. Dr. Seymour's practical sense, sagacity, and ability, are well attested by his published works on Insanity, Gout, Dropsy, Ovarian, and many other diseases. His kindness and attention as a teacher are gratefully remembered by many present; and to Mr. Fuller's interest and unvarying activity in its concerns we owe, I may say, the very existence of this hospital as it now stands.

2ndly. Among my audience are those who, having fulfilled their course of required study, and being freed from the necessary restrictions of the pupil life, are starting for the course which is before them in the world.

Then come those who not having yet attained to the position of the latter are nevertheless anxiously expecting it, and looking for the rewards of their exertions, being as yet immersed in the numerous and important studies of their curricula.

And lastly, but by no means least in importance, are those who having determined as to their choice of a profession, but now come forward and enlist in those ranks to which we are all so proud of belonging. To you who constitute the last of those divisions of my audience, who from this day will cease to be strangers to this theatre, and to whom henceforth every stone as it were of this hospital must (if you do your duty) become most familiar, I will first address myself as having the privilege of offering to you the earliest point of contact with the medical profession. The entrance on the preparation for the calling of our life must be to all a most important period, and I cannot but think that in future it will be to you a matter of interest that you commenced your studies in a year which will be looked upon by posterity as forming an eventful epoch, whether on the one hand the scientific and practical interests of England and of Europe generally be considered, or on the other hand their political conditions and their social and religious attitude.

I must congratulate you on your selection of a hospital. In addition to the many advantages which are here to be obtained, allow me to say that I believe the facilities for prosecuting study and for observation which are open here to all students, are unequalled in any other metropolitan hospital. I allude especially to the almost unrestricted access to the patients at all hours. For this we have to thank the wise permission of the Board of Governors of the Hospital who know how much it is to the well-being of their charitable institution that highly trained and efficient medical men should grow up within its walls. We are awaiting the completion of structural and other arrangements which will enhance still farther the value of such advantages as are offered to you; and here I would comment on the benefit which it is to you to have to spend your student life in such a part of the metropolis as this—in close proximity and with free entrance to those culti-

vated and health-giving parks (botanical gardens I might say) which surround us—in sight and well-nigh under the shadow of that glorious old Abbey Church and of our Royal Palaces and Houses of Parliament, ever reminding us amidst our modern scientific and utilitarian pursuits of our national and social history, of our ancient and hereditary rights, and of all that is ennobling and sacred in our eyes. Will you not also live daily under the very eye and outstretched arm of him whose example for moral firmness, precision, energy, and at the same time simplicity of character and powers of rapid execution, should be a constant lesson to every Englishman. All this will be your privilege instead of having to lodge, as students of medicine must do, in many parts of our metropolis, in narrow crowded streets, it may be in close tenements some stories high for the advantage of air and light.

Of course your present object in attaching yourself to this place is the pursuit of the study of medicine—to learn, that is, how to repair, to palliate, and to prevent such ills or diseases as men are heirs to; to alleviate pain (blessed power) too frequently unvalued, and to help their bodies to obviate the injurious effects of the many external influences to which they may be exposed. Your ultimate object will be the practice of medicine and surgery.

Now the first thing to be done in all cases by way of insuring the successful undertaking of any object or occupation in life is to obtain as exact a knowledge and understanding as it is possible of its character, limits, and possibilities, and of the best mode of compassing it; to scan it well and long from all points of view. And to help you in this way with regard to your future work my present efforts will be directed.

At the beginning of your career the question for you to ask and to be informed upon is as follows—viz., what is disease, which it will be your business to learn, to treat, to combat, and to subdue?

At present it will perhaps appear to many of you a very elementary and even puerile—in fact, unmeaning—question, just as if (you will say) everybody did not know that disease was dis-ease, or, as the French say, mal-aise or maladie. But this definition is the popular and not the scientific one, and you will henceforth have to divest yourselves of popular and, as much as possible, assume what are termed scientific thoughts. The definition of disease to satisfy us whose duty it is to investigate its nature and phenomena—that is to say, the definition upon the right understanding of which our views of treatment ought to depend, is one which we are only now beginning to learn, or at least to appreciate. The idea of disease in the abstract, whatever the sequence of causation in its production may be, is fundamentally altered Function of Health (whether the alteration be by excess, diminution, or perversion).

Hunter once said that deviation was, under certain circumstances, part of the law of nature." Again, that disease was "a want of combination of actions, or a disposition to wrong action." In other words, pathology is merely altered physiology, just as morbid growths in structures, animal or vegetable, or morbid conditions of organs, or of minute parts, are only altered natural organs or parts, and death itself has been termed "a fresh form of life." This view of disease is the appropriate conception which must influence us in all our medical studies.

It would be foreign to my present object to enter into any consideration of the various agencies by which such disturbance of function is induced; but it is on the clear realisation of the above-named truth that the correctness of our thoughts as to the treatment of disease must depend. An excellent and easily recognised example of the fact that disease is altered natural function, may be found in the usually intractable disease, saccharine diabetes, the earlier periods and slighter forms of which appear to be merely exaggerations of conditions which are natural to the body, or, as we technically say, "normal" (using rather an awkward phrase), and may be artificially induced. Urinary and biliary calculi are also good instances of dis-

ease resulting from an excess of such constituents as naturally exist in the urine and bile. Again, the troop of diseases which depend upon the precipitation of fibrin in the bloodvessels and in various organs of the body are but the results of overcharging of the blood with that fibrin which is natural to it, or of a condition of that fluid arising from some determining cause or other, owing to which the fibrin, not excessive in quantity, ceases properly to be held in solution. Just so, likewise, many states which are termed inflammatory or congestive are but examples of exalted nutritive processes which in themselves are natural. Diseases are not definite and distinct, ponderable or imponderable entities to be antagonised by a positive "methodus medendi" which opposes to them an invariable and reliable antidote.

I allude thus far to the definition of disease, as it is a matter which lies at the very threshold of all our practical inquiries, and will reach you, so to say, at every turn, and because it is one which, I conceive, will be, by the novice at any rate, almost certainly misunderstood.

Intimately connected with this consideration is of course the abstruse question of the origin and nature of that upon which health (the opposite of disease) depends—viz., the principle of life.

Happily we have not in these our studies, either as physical or metaphysical inquirers, to agitate ourselves on such matters, diving, as it were, into the arcana of eternity; but there is an allied question which still vexes not only philosophical thinkers and historians of opinion, but also observers of the present moment, to which, though it will probably be never settled to the satisfaction of all, I will briefly allude. It is one which has lately, and will also for the future, occupy the attention of medical men and of physical inquirers; as its interest is much enhanced by the advance which has lately been made in our knowledge of the various so-called physical forces, and especially of their conservancy and correlation. The inquiry is, whether there be such a thing as Vital Force, or Vital Energy, and whether we may rightly speak of Vital Processes? These are terms which until lately were constantly on our lips as physicians and physiologists; the present tendency is no doubt to discard them from our vocabulary. Observation and direct experiment have shown that many actions and functions which could not formerly be understood as depending upon physical phenomena, that is, on phenomena witnessed in matter or substance unconnected with what is termed Organic Life, and which were therefore ascribed to some peculiar power or force superadded to physical actions, really depend upon such actions, and on such alone. Whilst recognising that many of these actions, such, for example, as Digestion, Respiration, the power of forming and maintaining the temperature of the body, formerly termed "Innate Heat," are physical actions, it is very clear, nevertheless, that at any rate a large number of the processes of what we term life, cannot even yet be explained on merely physical principles, such as we know them.

For my own part, irrespective of the moral or theological tendencies of objections, even if all the processes which we term functions of organs or parts were positively found to be referable to, and could be ranged under, physical actions, I should still detect something additional and wholly different from and sovereign to them in the fact of their coördination, and see in the mode in which they act together, and in the adaptation which exists between them on the one hand, and the wants of the entire organism and the work to be executed by individual parts on the other hand, a supervising and beneficently controlling agency or influence, using physical forces as its instrument (call it what you will) which the known laws of physical science of electricity, chemistry, and heat, &c., quite fail to explain. Even though it be granted that all movements of every object whatever, animal or vegetable, upon our earth, results from heat, of which the sun is the sole fount, yet this alone will not explain why structures so different in form and function as animal or vegetable tissues

originate from bodies apparently identical, which we call cells, nor will it make clear to us why that microscopical body which we call a germinal vesicle, yet being imperfect, but crescing in its faculty, will in one case, through secret fashioning, prove eventually to be an organism, low in the scale of animal life; whilst another such body, apparently bearing the same stamp, identical in form and chemical character, will be developed (as the complicated planetary system was from a primæval state of matter) into a human creature, supreme over the entire range of organized beings, with physical attributes so perfect, capable of intellectual and moral truth, and endowed not only with consciousness, but with conscience and free will; nor why, in one case, genius and high mental endowments, and in another quite the opposite characteristics are wedded to the same nervous cells and fibres as their media of action. Nor will it explain why one individual is born and remains sickly and liable to disease or peculiarity of features bodily or mental, and dies early and suddenly, imparting to its posterity similar proclivities, whilst another of the same stock retains vigorous health until death occurs at a good old age. Nor why again the average duration of life varies in different species of animals nor why the various developmental periods of age, each with their physiological peculiarities and aptitude for paleological derivatives follow one another in due order and regular succession.

As it appears to me all these, and numbers of other facts, connected with both healthy and diseased actions, are mysteries totally unsolved by any supposition that they are effected by what we call physical agencies apart from any other influence, or by any force correlative with known physical forces. We must recognize in every organ and tissue of every individual throughout life the general action of those sublime physical laws which govern the movements of every organism in every system of the entire universe, imposed by a grand first cause or Creator. But I cannot shut my eyes to the existence of their regulation and their adaptation for countless minute and individual purposes (of the kind which we call vital), by means of some independent and higher energy which may be termed a vital principle. I can no more doubt this than, whilst considering the various processes of some industrial manufactory, I can doubt that, although the power which originated the thousand movements which I witness arises from the different tendencies and endowments of applied steam, the direction and application of this mighty force is for many and diverse purposes ensured by the unerring hands and nimble fingers which I see presiding at work around me in every corner of the building.

Then, again, the certainty which the study of healthy animal life affords of the existence of teleological or final causes, and the numerous ways by which in disease what we call nature, procures spontaneous relief, plainly indicate that in organic bodies something more than what are called physical laws are at work, and should point out to ultra physicists that within and about us is more than is dreamt of in their philosophy. To quote the well-known lines—

"All nature is but art unknown to thee,
All chance direction which thou canst not see,
All discord harmony not understood,
All partial evil, universal good."

We as medical men have to deal with much more than the physical experimenter, and not merely with mechanical, chemical, or electrical machines. We have to do with a compound of body, mind, and soul, in close fellowship and inter-dependence, in whom the reason, the emotions, the poetical or imaginative elements, and faith in things unseen, are as real and personal as the functions of bodily organs, and we have to operate upon these materials existing, not in what we call a natural or orderly condition, but under circumstances which are so inscrutable as to appear to us eccentric and disturbing.

The question of final causes to which I casually alluded a few moments ago, is one which also has of late, as it has ever done, received much attention. Many would fain

persuade us that such causes do not exist; but do not you be so persuaded. The inquiry is a very old one, as readers of Paley well know, and the contest has been fought and settled frequently; in fact, it goes back to the times of Pericles and Thucydides, when, as recorded by the historian, on a certain occasion, the growth of a single horn from the forehead of a ram was determined by the diviner to portend success to the owner of the ram—that is, to Pericles in opposition to Thucydides. On that occasion it was ingeniously shown by cleaving the skull of the animal that the brain had not filled up its natural place, but being oblong like an egg had collected from all parts of the cranium in a point to that place from whence the root of the horn took its rise, and thus a physical explanation was thought to be given. Plutarch, however, who relates the story, remarks, "that it was no absurdity to say that both were in the right, both natural philosopher and diviner, the one justly detecting the cause of the event by which it was produced, the other the end for which it was designed."

I have lately been speaking of disease, I will now pass on to remark upon that by which we attempt to overthrow disease and its results—viz., the practice of medicine. But previously I desire to make a short digression regarding the definition of the term science of medicine. As very frequently spoken of, one would suppose that medicine was a distinct branch of knowledge cognate to, but separate from, what are termed the sister sciences of pathology and physiology.

Our knowledge does not lead us to make this classification; but we say that physiology and anatomy—that is, a knowledge of the laws regulating healthy conditions and functions—is the basis of pathology, which is the knowledge of the laws regulating the same conditions and functions in an unhealthy state. In other words, the knowledge of the laws of disease—i. e., of its causes or antecedents (which we term etiology), of its symptoms (which we term semeiology), including of necessity their discrimination (or diagnosis), of its course, function, and mode of termination (or prognosis), is that which is the so-called science of medicine. And it is in contrast, so to say, with this science, that we speak of the practice of medicine. The latter, of course, ought to rest on the former; and the supposed certain character of this, our science, is thought to pertain to, and be reflected upon, our practice.

On this point it seems very desirable that you should not be possessed with exaggerated views. I will then ask whether our practice of medicine, or of physic so-called, is anything but an art? Ought we not to keep to the term, "Art of Healing," considering it with the well-known Dr. Gregory of Edinburgh, as an "ingenious and liberal art." On the other hand, are you to be led to imagine that the knowledge which we possess of the action of remedies, and of prophylactic and hygienic measures in preventing and counteracting morbid processes, is so certain, and our general acquaintance with the laws followed by those processes so accurate that, provided one has ascertained the nature and amount of the deviation from healthy action, which is termed disease, in a given case, the application of the adequate remedy or line of treatment rationally and inevitably follows? Indeed, this cannot be said; and to claim for our practice more of a scientific or logical character than is warranted by fact, is simply self-deception or charlatanism.

On considering the various sources whence our methods of practice are derived, I think it will be found that they are somewhat as follows:—In some measure our practice may be said to be based upon a true reasoning process; and perhaps this is more especially so in the case of surgery. Analogy has led to good results, as when Pott was induced to use issues in the case of curvature of the spine, by observing that Hippocrates spoke of paraplegia being cured by an abscess of the back.

To a certain extent, our practice has no pretence to any rational foundation, being stumbled upon hap-hazard, just as it was in the earlier period of man's history, when

remedies were resorted to without any intention whatever. Ancient writers describe men as exposing their sick in the highways, so that any passenger who had been similarly afflicted might relate what he had found to be of service.

Purely so-called accidents may originally have determined the use of certain measures, as in the case of the fabled goat which cured itself of cataract by wounding its eye with a thorn, or of the slave who is reputed to have found out the virtues of water into which portions of a certain bitter wood had inadvertently been steeped.

Very recently a notable instance of disease being cured accidentally occurred in the person of a late well-known London physician, whose goitre was, I am told, effectually but very unceremoniously cured by the rough and ready method of garrotting to which he was subjected in one of our squares. I remember the case in this hospital of a patient who drank a liniment, by mistake, containing turpentine, in consequence of which he voided a tape-worm, of the existence of which he had entertained no previous suspicion.

It has been thought that in some cases herbs were originally tried and found remedial, and thus gradually but universally adopted, from the uses which animals have been seen to make of them, as in the case of the styptic plants, to which the stricken deer resorted, or in that of the Jesuits' bark, with the properties of which we are informed men became acquainted by watching its effects on the animals which gnawed the trees.

Though it is difficult to understand how, as some of the ancients asserted, the use of enemata was gleaned from watching the practice of the Ibis (Sydenham lxxv.)

Every branch of knowledge teems with instances of valuable facts having been hit upon unexpectedly and apart from research and from any mental process worthy the name of reasoning. Discovery in medical practice has also resulted from collateral researches—that is, from researches carried on with the intention of finding objects quite different from those which actually resulted. Thus, in certain cases of poisoning it has been stated that wine was discovered to be useful in counteracting baneful effects, though it was originally administered with the intention of preventing the "coldness" which, according to the doctrines of the day, deleterious agents were supposed to produce. In like manner Brandt lighted upon phosphorus (save the pun) whilst searching in the urine for a fluid wherewith to transmute one precious metal into another. Just so the search for gold in old vineyards brought about the upturning and fertilization of the soil. Thus also Columbus, for another example, fell upon the country of America unwittingly, whilst really trying to make out a westward passage to the East Indies.

In a certain degree, then, the method of our practice has been fortuitous; but the physician who relinquished the following of his profession because, as he said, he was tired of guessing, must have practised about as wisely as that other described by Moliere, who, with directly opposite tendencies, would not, for love or money, desert the theories of the schools, and treat any patient except as the faculty permitted.

But the greater part of our practice of physic rests upon actual experience, and is, in the best sense of the word, empirical.

(To be concluded in our next.)

WESTMINSTER HOSPITAL.

ABSTRACT OF THE INTRODUCTORY LECTURE.

By Dr. FINCHAM.

THE Lecturer, after a few words of welcome to the older pupils, proceeded to address himself more particularly to those who were commencing their medical career, and first alluded to the higher standard of general education which was now insisted upon as preliminary to their

special professional studies. "Do not," he said, "be discouraged by the apparent multiplicity of subjects to which you will have to direct your attention. To some, I know, this seems at first almost overwhelming, and they feel tempted to sit down in a sort of despair; but this is as unnecessary as it is wrong. There is nothing so especially abstruse in the studies with which you will be occupied but that a young man of average abilities and a fair school education can perfectly master them, if he only will do so. I say a fair school education, and I trust that the regulations of the Medical Council, compelling all students to pass a preliminary examination in ordinary school subjects, before they begin their specific medical career, will have the effect of sending up to the schools pupils who really are fit to begin their professional studies. This has not always been the case unfortunately in times past, and I am sure that all who had to do with medical teaching have formerly very often lamented a sad want of common intellectual training in many of those who have entered our schools. Some, indeed, were deficient in the very rudiments of education; it was a hard matter for them to write a piece of decent English, and their spelling was not always in accordance with the received rules of orthography. But it was even worse than this. They did not seem to have the least idea of learning, much less of teaching themselves. Habits of memory, application, reflection, analysis—all were unknown to them; and instead of learning their profession, they spent most of their time in learning how to learn, if even they achieved this. But all this is, I trust, a thing of the past. Already the standard of preliminary education is sufficiently high to keep away from the ranks of medical students those who are manifestly unfit for any liberal profession; and by the resolutions of the Medical Council at their last session, this standard will be gradually raised still higher. And this, I believe, will be found a positive boon and advantage, not only to the profession generally, the tone and position of which will be unquestionably raised, but also to many young men who, were it not that this preliminary education is insisted upon, might have entered a profession for which they never perhaps could properly qualify themselves, and which, therefore, must be practised under terrible disadvantages. Many a young man whose education has been neglected, or who, from some cause or other, has an inaptitude for intellectual pursuits, has cursed the day on which he entered one of those professions for the right study and practice of which a considerable amount of intellectual training is necessary. Such an one might have made a capital farmer or a first-rate colonist; but a doctor or a lawyer he never should have been."

The Lecturer then proceeded to give a rapid sketch of the various sciences to which the student would have to give his attention, showing how they all bore upon the great object of his studies, the cure of disease, and the alleviation of suffering. He pointed out the unreasonableness of thinking it possible to amend derangements of the structures or functions of the human body without a previous knowledge of them as they are in health; in other words, without being masters of anatomy and physiology. He urged, too, the study of chemistry; first, for its bearing on physiology; secondly, for its direct help in the diagnosis and treatment of disease; and, lastly, in its connexion with forensic medicine. The study of medicine and surgery themselves was next considered, and the necessity of attending systematic lectures on these subjects insisted upon as introductions to the most important point the student must direct his attention to—viz., clinical teaching and study. He showed how essential was this last, and how impossible it was to become a good physician or surgeon without it, just as without dissections it was impossible to become a good anatomist. Having thus touched upon the various subjects which occupy the student, both in the lecture-room and the hospital, the Lecturer next alluded to his duties and occupations when at home. "First of all," he said, "I should

strongly advise those of you who take notes of lectures, and a more useful practice it is, to write out these notes on your return home, with such additions as your memory can supply. This is a most valuable exercise, and tends more than anything else to fix the topics of the lecture in your minds. There is no better test of a man's knowledge of any subject than his ability to state it in definite categorical propositions committed to writing. This will show what he does and what he does not know. Ascertain, then, what you have really learnt at lecture in this way. And now as to reading. There can be no doubt that you ought to have a good work on each science upon which you are engaged. I shall leave it, however, to your various lecturers to tell you what those works shall be. I would rather remind you that, just as there is all the difference between lounging about the wards and clinical study, so there is all the difference between looking at a book and mastering its contents. One of the greatest thinkers of the last century in this country, Bishop Butler, thus speaks of that shallow desultory mode of reading which is, I believe, one of the great evils of the present day. Were he living now, instead of upwards of a hundred years ago, he would doubtless have denounced it in still stronger terms. He says, "The great number of books and papers of amusement which of one kind or another daily come in one's way, have in part occasioned, and most perfectly fall in with and humour this idle way of reading and considering things. By this means, time, even in solitude, is happily got rid of without the pain of attention; neither is any part of it more put to the account of idleness; one can scarce forbear saying it is spent with less thought, than great part of that which is spent in reading." Do not then read in this desultory mode, allowing ideas to pass through your minds, but making no effort to realize them and make them your own; and do not delude yourselves by supposing that, because the work you have open before you is a solid one, you, therefore, are well and solidly engaged in reading. You may skim a solid book just as readily as you may skim a novel, with just the same amount of waste of time and injury to your mental powers. Far better would it be for you to read now and then, positively for amusement, some good work of fiction, than habitually to read, even the deepest work, without making an effort to master its contents. Read then a few books, but read them well. Bear in mind the old proverb, "*Cave hominem unius libri.*" It expresses exactly what I want you to realize—that a man who has mastered a few books thoroughly is infinitely superior to one who has read hundreds carelessly—that he is infinitely more to be feared as an intellectual antagonist, because he has acquired active habits of thought; instead of being content with receiving passive impressions of subjects which have merely flitted before his mental gaze, but have left no abiding stamp behind them."

The Lecturer then went on to speak of the important subject of recreation in the following terms. "On this point the first thing to bear in mind is that habitual idleness is incompatible with the idea of recreation. For what does recreation mean? The word speaks for itself. It means a creation afresh—a renewal. Unless, therefore, mind or body, or both, are more or less fatigued and worn, there can be no need of, no right to recreation. The idle boy or man has exhausted nothing; there is nothing, therefore, which wants renewal. The industrious student, however, has a full right to recreation. Nay, it is his duty from time to time to unstring the bow of mental effort in the positive interest of his professional advancement. He will work all the better for good wholesome play, just as he will play all the better for his previous work. In continuation of this subject the Lecturer alluded to the many sources of amusement and instruction now to be found in the metropolis, and of which the student can avail himself without the slightest risk of deteriorating his moral character. He urged, also, the advantages of short excursions into the country dur-

ing the spring and summer months; on the Saturday half-holiday; but above all, he insisted upon change of mental occupation as one of the best means of recreation. "Artisans," he said, "who have been using their muscles all day, are by no means disinclined to some athletic sport in the evening, and really find relief from it. So, too, the medical student, who has been working hard at his anatomy or chemistry, will be in no small degree refreshed by spending an hour or two occasionally on some totally different subject. In this way let him keep up his classical studies, or work at French or German. Let him read, too, instructive works—*e. g.*, on history or the biographies of great and good men. All these will be of use to him by enabling him to become the fit associate of educated persons, and also because they will help him to rise above a life of frivolity, or of mere sensual gratification, by giving him an interest in something higher."

The Lecturer, in conclusion, when contrasting the position of the medical profession with that of others, spoke encouragingly. "Of course," he said, "the practitioner of medicine will have to work, but so will every other professional man; but I do hope that in future years he will have less drudgery than has sometimes heretofore fallen to his lot. Thus I have great hopes that the position of parochial medical officers will be greatly improved; and that the just claims of military and naval surgeons will be no longer disregarded. Indeed I feel sure that these changes *must* take place, if such posts are to be filled at all; for just in proportion as the standard of education, both professional and preliminary of the medical practitioner is raised, so will be his reluctance to accept underpaid and degrading appointments.

LONDON HOSPITAL.

INTRODUCTORY LECTURE.

By Dr. HEAD.

(Continued from page 237.)

AND NOW, Gentlemen, as it is general on these occasions, and indeed is one of the more important parts of the lecture, let me give you some practical advice, the fruits of my own experience, and such as, if in your position, I should be glad of having afforded me, with regard to the best manner and system in which a student of this College can best conduct his studies. With reference to this, then, let me say: first—*begin to work at once*. Be careful, above all things, to forswear procrastination. Opportunities are evanescent, and forget not that "time lost can never be redeemed." Moreover, that well begun is half done. Don't waste any time in seeing the sights and attending the amusements which this metropolis affords. If you omit them during the session you will enjoy them all the better and more conscientiously afterwards; whereas if you omit taking advantage of the opportunities the session affords, your opportunity is gone, and that for ever.

Be regular at lectures. The various subjects that form the substratum of medical learning are so intimately mixed up with each other, and with your terminal studies, medicine, surgery, and midwifery, that they form one comprehensive whole, and no subject can be glossed over without affecting your aptitude for embracing the others, and making medicine subservient to your practice. Some subjects may be more congenial to your taste; but such a plan at present you must entirely forego. Nor should any single lecture in the various subjects be omitted. One admits, indeed, that all lectures on a subject are not equally instructive, still order must be in the course. There are some lectures, and the more difficult the subject the more desirous is the lecturer to make it clear to your comprehension, that become the basis on which other lectures are built up, and by omitting which you render many others comparatively unintelligible, especially as the

chances are ten to one but that the careless attendant on lectures is equally careless in reading the subject—especially if a difficult one.

Another piece of advice I shall strongly insist on is this—*take notes of your lectures* at the time of delivery. Let them in the evening of the same day be written out afresh, enlarged, illustrated, made as nearly as possible an identical copy of the lectures themselves. The practice of doing this will recall them to your memory, will imprint them indelibly on your minds, and be a capital exercise in English composition—a faculty which is one of the most desirable accomplishments of medical men. I would say further, let your reading be adapted to your lectures, let your private reading be as much as possible an extension of the course pointed out to you by the College. I have, it is true, entered a *caveat* against placing reading in the stead of observation and the more practical duties of the profession. This is altogether a wrong use, nevertheless in its proper place reading is course of the utmost necessity; and as I fear our students lose much time in desultory reading, I am anxious to make a few brief remarks on the subject.

In the first place, read but few books. Your lecturers at this College will direct you as to the books on each subject that they desire you to read; and my strong advice would be that you should at once purchase such books, forming as they will—and what indeed they should be—the Student's library. You require for advancement in fundamental sciences affiliated to medicine no more. These books should be read over and over again, and with such reading, time should be appropriated to reflection. By adopting this method a vastly greater amount of information in a shorter time will be found stereotyped on your memory.

Again, take a chapter of the subject you are studying, try to call up to memory what you have acquired in your last survey of the matter before you review it afresh, attending well to those points where you felt yourselves deficient.

To close your book at the bewitching hours, and fall back in your easy chair, enjoying the consciousness that you have spent six hours in so advantageous a manner, will well repay your labours; whereas, to read for the same period automatically, without purpose, energy, or method, is nothing less than vanity of vanities, and will be so soon forgotten that the next morning's reflection, should you have the courage to reflect, will attest the truth of this assertion.

Another point well to bear in memory is this: always make your reading subservient to your lectures, to your dissections, to your daily observation; what you remember of your lectures should be committed to writing, compared with your notes and lectures, and supplemented by a reference to the approved works recommended you by your lecturers. Such rigid reading and reflection is difficult in its first encountering; but such a plan will strengthen your powers of observation, of reflection, and mental abstraction. You will leave your studies every evening with indelible impressions, which will serve you well in practice, and will be found to be the most permanent and valuable of your mental possessions.

Make an evening epitome of your reading. This you might collect for one week, and on Saturday with closed shutters, with blazing fire, with entire forgetfulness of the outer world, go over mentally the work of the week, write on subjects you feel deficient in, compare it with your notes of lectures, with your own scribbling, and with the approved works in your possession, and what you find you have forgotten should form the matter for that evening's deep and earnest consideration.

Use reams of paper. Nulla dies sine linea should be your reading motto. Write on any point you feel deficient in, and compare attentively your production with the authors. Thus you will get the *cacoethes scribendi*, thus you will get the reasoning, instead of parrotting your reading.

But, Gentlemen, a topic as important as the subject matter of your studies, and perhaps one still more appropriate to me whilst occupying your attention to-day, is that of the manner in which your studies should be conducted; for whatever be your energy and ambition, you will believe we have little success unless they are carried out on a good system. To this point let me earnestly draw your attention; and first I must be permitted to say a few words concerning preliminary education. You will not be prepared to make the most of these advantages unless your education has been duly attended to. True, what is done cannot now be undone, and if you have misspent the years that are passed, it is difficult, not to say impossible, to repair their loss. It may, therefore, appear both useless and unreasonable on my part to refer to the matter. Still the subject is altogether so important, and has been so generally and so seriously neglected, that one would be wrong either in season or out of season to omit any opportunity of calling to it the attention of all who can exert influence in a matter of much importance from the oldest to the youngest member of our profession.

I speak feelingly on this matter; my scholastic training was, as in the great majority of instances, a superficial, not to say inaccurate, initiation into the rudiments of Latin, Greek, and elementary mathematics. Nor were the slight advantages derived from even this training of long continuance. It was soon high time, so it was considered, that one should enter on the business of life, and so I was bound, as the fashion was in those benighted days, for five long years to a gentleman who was to teach me, in return for my valuable guineas and more valuable days, months, and years, the art and mystery of medicine and surgery. A facility of dispensing which is all one acquires at such places is well enough to possess; but then five months, instead of five years, would afford ample time for attaining absolute perfection in this accomplishment. I remember still with anything but a philosophic equanimity of disposition, the sad waste of so many years of the best portion of a man's life sacrificed at the shrine of such a moloch of a custom. Still as distinctly as it were yesterday, I remember the struggle and difficulty I had to undergo in preparing myself, during brief snatches of leisure, for matriculating at the University of London, and the hazard, pain, and anxiety which in consequence of such an early training I was unnecessarily subjected to.

It is still also fresh in my memory with what a feeling of unpreparedness and astonishment I took my place among the students in the hospital which I selected for my Alma Mater, and what struggles I had to go through, and how I was upheld only by the firm resolution of doing my duty and of overcoming one day the difficulties that spread themselves in my way.

But these remarks are egotistical and require apology.

I have been led to make them only because I suppose that I am in my early training an example of thousands of others, indeed of the general run of medical students, that my difficulties are only samples of theirs, and that so far as I have succeeded in overcoming them, my good fortune may be matter of encouragement to them in endeavouring to make good the ground which has been so needlessly and heedlessly lost.

The requisition of the Society of Apothecaries with regard to the conditions under which they consent to grant their licence to practise, has been a hindrance rather than an aid to progress in this matter. The necessity for five years' apprenticeship is a dead loss of at least five years of the best of a man's life. The permission to spend a portion of this time in attending lectures and hospital practice is a move in the right direction, and a great boon to our students. Still there is no necessity why this somewhat degrading and burdensome condition of apprenticeship should be demanded at all.

The present system, however preferable to the past, nevertheless remains a needless burden to the student. It is still too general, I fear, for the articles of bondage to be framed so as to enable the master to seize for his own

advantage as much of the student's valuable time as possible. The indenture is hardly signed before the apprentice is installed comptroller-general of the drugs. He is next elevated to the position of dispenser, in which situation he is only too fortunate if he have not to dispense the inevitable remedies to half the paupers in the parish. To this preferment is now annexed that of keeper and auditor of the books appertaining to the financial affairs of the firm. As far as the apprentice is concerned, most of the time consumed in this occupation is sheer waste, and that of the best part of a man's life.

This system of apprenticing out does well enough in trades which require an aptitude in manual labour, but really to become the custodian of a small rural surgery requires no such long laborious expensive training.

There is no advantage to be obtained in this degrading custom, either in moral discipline or medical education, at all equal to the great inconvenience involved. The Society of Apothecaries, who have already done so much for the profession, and have, it must be confessed, led the way in most of the improvements made in our professional training, would crown all their other services if they would exert themselves to do away with this requirement altogether.

How infinitely preferable for the student if he could spend the years now occupied in doing nothing, in pursuing his studies at one of our colleges or grammar schools. He would then, no doubt, if he exercised due industry, have an available knowledge of the classical languages, he might also acquire an acquaintance with the modern tongues, which will open up to him the stores of medical literature in French and German, and give him the opportunity hereafter of visiting the hospitals of Paris, Berlin, and Vienna. If to these acquirements a knowledge of the mathematics and of the elements of botany and comparative anatomy were added, he would be able not only to acquit himself well at the preliminary examination, but be prepared also to enter at once intelligently into the course prescribed for him by his college.

And in reference to this subject, I cannot help thinking that most, if indeed not all, of you might by an improvement of your leisure hour (and let me tell you in passing that this improvement of your leisure hour is a point of utmost importance, and that if wisely carried out may almost enable you to live, as it were, a second life) afford those of you who have not already done so the opportunity of matriculating at the University of London. On application you can, two years before the time you propose to go up, gain the information as to the Greek and Latin authors. The mathematics is not beyond the reach of all of you, whilst the amount of French or German required is inconsiderable. Your knowledge of chemistry and natural philosophy will assist you much in the pass, and you will then have the opportunity of graduating in medicine at this University, in which, becoming as it is more practical in its tests every year, I feel confident the students of this school would further distinguish themselves. As it is possibly the most comprehensive, so it will release you from passing any other preliminary. I cannot pass on without pressing this on your earnest consideration, and as there are two examinations every year, the determination now made and the recess after the summer session will give you sufficient leisure to prepare for the examination in January twelve months.

Mark its further advantages: you will be able to obtain the first medical degree by universal sanction that Britain or any other country can offer to the successful prosecutor of his medical studies. You will have an unrivalled number of scholarships, exhibitions, and medals fairly to be competed for. If you have been attentive in the dissecting-room, the dead-house, the lecture-room, and the hospital, you will have the pleasure of reminding yourself in your work, either here by day or at your homes in the evening, that the examinations are becoming constantly more practical, more adapted, I may say, to the traditions and practice of the London hospital student.

You will also be able to take the degree of Master in Surgery—a befitting title for the student of the largest surgical school at present existing.

The great importance of this subject must be my apology for making these remarks, for with all its improvements, the preliminary education of our profession is not as it should be; and however little we are able individually to effect, it is, I think, incumbent on all to do that little in advancing it. We require a system that shall—

- (1.) Be universally adopted.
- (2.) Not involve grievous waste of time.
- (3.) That shall enable us to begin at the beginning, not, as now, commenced in a private surgery, where the merest smattering of the whole range of medicine is acquired—a smattering which must be for the most part forgotten before you can make satisfactory progress.
- (4.) That shall enable you to feel at home in the terminology and methods employed in the various subjects of study; that shall give you a scientific turn of mind; that shall teach the dignity of science and the importance of pursuing it methodically, earnestly, vigorously; that shall consequently be effective in drilling and disciplining the mental powers, without which no progress can be made in medicine, no less than in any other branch of science.

It is the latter, the drilling and disciplining of the mental powers, which is the main object of education. This object, therefore, is the one we should set before us; this is the one we should strive to reach. The powers especially of concentration, memory, observation, and reflection.

Concentration.—Most uneducated persons when they sit down and endeavour to master a particular subject immediately discover how difficult it is to keep their minds thoroughly attentive to the matter before them. It is always slipping, as it were, from their intellectual grasp. It is dropped before they are aware, and precious time is lost before it can be again secured and operated on by the mind. A renewed effort is made, and again the subject matter is lost. Thus precious time is occupied, not in study but in repeated efforts at study, which necessarily fail; thus what might have been a pleasure becomes a source of misery, and the effort for the time being is given up in despair.

One great boon resulting from a good preliminary education is that this natural difficulty in the way of the successful prosecution of your studies is to a great degree eliminated. Strict concentrated attention, like other mental habits, can easily and best be acquired early and by degrees under the influence of enlightened and regular instructors. If you do not possess this power, or if you do not possess it to the degree that might be desired, let me entreat you to lose no effort in endeavouring to acquire it; it is the *sine qua non*, the only thing needful to all successful progress in your profession.

Till then you have attained some mastery over your mental powers in this respect, let me entreat of you to be guided by one or two plain rules in the matter, such as—

- (1) Keep to as few and necessary matters of study as possible.
- (2) Work with all your might, and not too long at a time.
- (3) Be sure never to go on without acquiring thorough knowledge of all elements, definitions, axioms, everything relative to the matter. In your progress through the enemy's country leave no half-conquered districts behind.
- (4) When not engaged in study do not let your minds be a common thoroughfare for all kinds of thought, passing through like birds of ill omen, whence you know not nor whither, useless, objectless, endless.
- (5) While engaged in study, and for that matter indeed, all through life, keep all passions, appetites, proclivities, under strict control. For it is quite impossible while the lower animal nature rules, while temptations to excessive eating, drinking, sensual pleasures be permitted, the intellectual and spiritual should bear rule and exert their rightful sway.

Another mental power you will do well to cultivate—

is memory. Although not ranking so high as some endowments, it is of the utmost utility. A student of medicine can hardly command great success without a considerable power of recalling at will his past impressions and acquirements. This is a power which, as actually possessed, differs greatly in different minds, but at the same time a power which may be by *all* increased in tenacity almost indefinitely. Nothing comes out so much under exercise as the faculty of memory. You will do well, therefore, to improve your memory, which you can easily do by regular exercise. To effect this I would advise, which is indeed a great secret, especially in the acquirement of knowledge, frequently, say two or three times a day, to exercise your memory, but only undertaking little by little—little by little—that frequently. Two table-spoonfuls, Gentlemen, three times a day. Again, renew frequently the work of the day at the end of the day, at the end of the month, and so on.

Another faculty which will be of great advantage to you, and which I hope by a preliminary cultivation of some of the natural sciences—botany, for instance, you have already acquired some measure of—is the faculty of observation. It must be plain at a glance that much, very much, of your success in the prosecution of the study of medicine, of surgery, and midwifery, will depend on the exercise of your perceptive powers, inasmuch as the elements and materials of those sciences, unlike some of pure mathematics for instance, ethics, and others which might be mentioned, that have their rudiments and definitions in the nature of the human mind itself, derive the material on which they are built entirely from the outer world, and therefore the man who is most ready and capable of getting such materials for his professional fabric—that is, the man who observes most scientifically, most exactly, has an advantage inappreciable over those who do not possess such a faculty.

Thus, Gentlemen, this business of observation is, believe me, one of your most important duties; yea, I had said almost the only source of all real-abiding professional acquirements. Some are quicker and better observers than others, but all, good or bad, may be indefinitely improved by exercise. Let none of you, however, be disappointed because you feel at first unequal in this department to others. This is a fallacy that is often very disappointing and discouraging to many of our best students, and is grounded on no real foundation, for it should not be forgotten that excellence in this, and indeed in every other department of mental exercise, does not depend upon one faculty, but on many, and often principally on those that are developed last.

A truly great observer is not, for instance, one who is simply quick in his senses and active in his disposition, but one who has intellectual insight to distinguish and compare what phenomena he sees with the outward eye. Your original weakness in actual observation, which, perhaps, inferior to other men, will in time be so assisted by your intellect, your knowledge, and other mental powers, that on the whole, and at the last, you may become infinitely greater and more successful observers of the mysteries of Nature than the men who have at first caused you such serious discouragement.

These last words remind me that you will acquire very great facilities in prosecuting your science, if to the other mental powers you add the gift of reflection. We cannot conceive of a man being successful in any calling of life without being given to frequent and deep reflection. This is, at least, as necessary to the medical as to other professions. Yes, Gentlemen, the knowledge you have obtained by observation and stored in the memory must be often made the subject matter of reflection. Your stores of information must be often taken out, as it were, compared, fresh sorted, rearranged, effects traced to their causes, the whole systematized and ready for instant production and use. Very soon this habit will be delightful, and whether at home or walking by the way, you will be much more interested in enjoying the retrospection of

your rich cabinets of mental treasures and in keeping over them watch and ward, and in thus maintaining your own right, than in letting the mind idly betake herself in observing every, the first object that crosses her path, and pleased like a child with gathering flowers and shells—matters however interesting, of no importance nor utility.

Gentlemen, I have been speaking of the demands the prosecution of our science and art will make on your time and energies, of the difficulties and obstacles to be surmounted; but I should do wrong if I were to omit the mention of the countervailing advantages, many and great, which the thorough knowledge and successful practice of our profession affords; and first, there is the personal, though necessary consideration, that it secures us an ample proportion of material profit, and moreover the position of influence, honour, respect, and affection among our fellow-citizens, in return and in remuneration for the great, often inestimable, services, which, in the exercise of our profession, we are able to bestow upon them. This, however, is the smallest of the advantages we obtain. Much more important is the fact that it, before most other occupations, expands and liberalizes the mind, and exercises and strengthens the moral and religious faculties of our common nature. That it is generally attended with the former advantages is, I suppose, a fact that none will deny.

The number of years that medical-students spend must needs enlighten and develop the powers of the intellect, nor has any profession been adorned with greater names than those which are inscribed from the time of Hippocrates downwards on the bead-rolls of our profession.

Not less true is it, I think, that our profession exercises as beneficial influence over the moral and religious instincts of our nature. What, for instance, can be more softening, what more humanizing, than the exercise of our daily duties? Or what afford more stimulus to the common benevolent feelings of our nature? The practice of our profession certainly brings before the medical man claims in this respect which it is impossible to resist. He cannot avoid interesting himself in the welfare of his patients, sympathizing with their weaknesses, and doing his utmost to alleviate their pain, and thus with greater facility than other men he is formed to a benevolent disposition of character.

This is not unfounded theory, it can be proved by facts. There is no class of men that give with such readiness so much of their time and energy to the poor, sick, and destitute, or confer upon them gratuitous services which they frequently value so much.

Another important consideration is this: that the influence which our profession has, or should have, on religious principles is altogether of a beneficial tendency. I know this is not generally thought to be the case, and perhaps there was a time when there was some ground for a contrary opinion; but I don't think this is the case now, or that it would be considered preposterous to regard a number of medical students of the present day generally as deeply impressed as any other class of men with the fact that they have other relations and responsibilities than those which concern this world. Impressed, in a word, with the truth that there is a God; that they are, each one, his responsible creatures, and that the relations between God and man is of infinitely greater importance than any other in the universe. And, indeed, on *a priori* grounds, one would suppose such impressions to be the natural result of the cultivation of medical science; no one can deeply study anatomy and physiology without being struck by the weight of evidence they give to its doctrine of final causes. Students of these sciences, if not wilfully blind, must clearly see that the organs of the body are parts of one machine, well fitted together, well designed to perform their individual functions. Comparative anatomy increases the force of this argument, for we see there the same organs changed in greater or less degree in their manner of adjustment. The general plan

is pursued yet with such variety as is in each case required by the exigency of the subject, and therefore we possess in such an adjustment the strongest possible evidences that can be afforded of intelligence and design—an evidence that most clearly excludes any other possibility.

I need not specify particular instances of these statements; in your studies in anatomy, physiology, and comparative anatomy they will crowd on your observation, and if you only look for them your ordinary studies will be brightened with perpetual evidences of the wisdom, power, and goodness of the great Creator of all things. The conclusion which you will arrive at will elevate your intellectual condition, and fall in with the desires and necessities of your moral feelings. You will confess with Paley (whose work on this subject I should wish you to study, as a work of sound reasoning, right principles, and good English) that after all the schemes of a reluctant philosophy, of spontaneous generation, of continuous development, the necessary resort is a Deity. The marks of *design* are too strong to be got over, that design must have a *designer*, that designer must be a PERSON, and that person must be a GOD.

And when we have arrived at this conclusion, that there is a God, who, of His own free will and love, and self determination, has created us, and the whole universe, erecting thereby a glorious monument of His wisdom, power, and goodness, I think we shall be able to go a step further than this, at least that we shall find no *a priori* difficulty in believing that such a Being, having already revealed Himself in creation by illuminating the dark chaotic mass with such bright evidences of His attributes, might again have revealed Himself in supplying the sorer needs of His moral and accountable beings. In a word, Gentlemen, we shall have no *a priori* difficulty in receiving such a revelation of Himself as He has actually given, for as it is quite likely that such a God as we have been contemplating in creation might reveal Himself still further and more clearly, so the revelation we possess is so worthy of Himself, so suitable to man, so supported by all evidences external and internal, that we shall be quite disposed to receive it as such, or at any rate we shall not be influenced by any absurd prejudice against such a beneficent and spiritual religion. When, indeed, we review the history of the past, it must be confessed that the relation of medicine to the professional exponents of the religious principle has been a somewhat unsatisfactory and chequered one.

Christian ministers, however, have shown signs lately of meeting men of science in a fair and conciliatory spirit.

We may hope therefore that differences will be compromised, for it is not the interest of medicine to be opposed to any of the great powers and influences of social life. Medicine can only flourish in harmony with them. Christianity has moreover—I had almost said a character—much in harmony with medical science; like medicine, it is world-wide in its influence; like medicine, ancient as creation in its origin; nor is medicine more beneficial for the body than Christianity for the soul.

And besides, Gentlemen, did not its great Author, when He would reveal the great object of His mission, take upon Himself the labour of healing the sick and relieving the poor? And again, was not the Gospel most remarkable for its broad humanity and its liberal feeling the work of a physician, styled beloved in the records of our common Christianity?

A moment—I will only add that if I have in any degree achieved in this Address what I proposed to myself, I shall in some measure at least have more deeply impressed on your minds how dignified and noble is the profession you have selected—how worthy it is of your utmost exertions—how well it can repay all the labour expended in prosecuting it, and what claims it has in every way on your reverence, enthusiasm, and love. I shall, above all, have helped you to form a settled resolution of getting to work at once—to work regularly, methodically, diligently, continuously, in submission to, and in accordance with, the

order of your College and the direction of the authorities. If you do this, I shall have no fear of your ultimate success. You will raise yourselves to the position than which few, I think, are more to be envied, that of the honoured, scientific, successful practitioner. You will maintain the dignity of the profession and the College. You will give your teachers the very best encouragement and reward they can obtain for their labours. You will make amends to friends and relatives for the anxiety and expense they have been put to on your account. You will enjoy in your own breasts the satisfaction and peace that duty well done is sure to bring. Only, Gentlemen, work, work, and work will be changed into interest, and interest developed into attachment, and attachment transfigured into love, and love will easily conquer all difficulties that beset your career. *Nihil difficile amanti.*

MIDDLESEX HOSPITAL.

ABSTRACT OF INTRODUCTORY ADDRESS

DELIVERED

By Mr. J. W. HULKE, F.R.C.S., &c.

AFTER some introductory remarks on the importance of the occasion, and a few words of welcome, the Lecturer proceeded to show the dignity of medicine from a consideration of its *subject* and of its *object*.

Its subject—The human body, so fearfully and wonderfully made that the contemplation of it filled us with awe and amazement at the beautiful order of its parts, each harmoniously subservient to the welfare of the others; at the regularity with which its complex organs perform their varied functions, leaving us in admiration of the wisdom of those laws under which this marvellous structure grows up from the simplest living unit—a tiny cell—into the perfect nature of intelligent reasoning man. And what was the object of medicine but the preservation of that perfection of structure and function which constitutes health, and the restoration of this condition when disorder has crept in.

The Lecturer insisted on the equal importance of hygiene and therapeutics, and said that it should be the aim of every student so thoroughly to master the rudiments of medicine and surgery during his hospital career, that when he went hence, he might carry away the materials out of which experience would develop the successful practitioner. In order to accomplish this every faculty must be subordinated to the undertaking, and a rigid discipline of mind and body exerted; learners must be methodical, industrious, unflinchingly attentive and persevering, and be determined to succeed, if they would secure success. None were to be discouraged by the thought that they had not these necessary faculties, because every one possessed them in some degree, and constant exercise would improve them astonishingly. Although all had not equal capacity for the same high attainments, all, however lowly, might do some little to cultivate the tree of knowledge, and steady purpose often gleams that which genius fails to snatch.

The Lecturer next pointed out the advantages of diversified methods of acquiring information, each conveying a something peculiar to itself. He warned the students against exclusive devotion to theory or to practice, telling them that the truly practical man is well read, and the well read man has his knowledge at his fingers' ends ready for instant application. He dwelt on the importance of anatomy as the groundwork on which all legitimate medicine is built, and enforced the necessity of thoroughly mastering osteology by constant companionship with the bones. He then briefly reviewed the other branches of study, and advised every student to purchase a microscope, in order that he might follow out at home the lessons taught him in the class-room. The Lecturer then spoke of the importance of regular attendance at the wards, recommending his audience not to run desultorily from bed to bed, but to keep their eyes and ears open, and to study a few cases

attentively; and above all, to become clerks and dressers. He reminded them that the end of all their work was to make them successful practitioners, men successful in healing and preventing disease. It would not necessarily make them prosperous; yet few earnest workers would fail to realize a competence.

In conclusion, reminding them that they were entering a noble profession, the Lecturer bade the students adopt the motto, "noblesse oblige," and let it even stamp their thoughts and actions; but something more than this was wanted, their own strength might fail, but they could draw from the inexhaustible source of strength, even the promises of Him who said: "My grace is sufficient for thee; as thy day, thy strength shall be."

SYDENHAM COLLEGE, BIRMINGHAM.

LECTURE BY DR. FOSTER,
PHYSICIAN TO THE QUEEN'S HOSPITAL.

Dr. FOSTER, in commencing his lecture, observed that he should confine his remarks to the scientific aspects of that branch of knowledge on whose studies some then present were about to enter, and for whose progress all must feel anxious. In making an attempt to lay before the newcomers some notion of the nobility and magnitude of the service for which they volunteered, and some notion of the manner in which they might best use their powers to advance medical science, he believed that he should pay the best tribute to the intellect of his audience (hear, hear). A preliminary inquiry into the stages through which the human mind had travelled in its endeavour to acquire scientific ideas, led the lecturer to point out that medicine, as every other branch of knowledge, had passed through two stages, the theological and metaphysical, before it reached the scientific. In the two earlier stages the mind was endeavouring to gain knowledge of the origin and nature of things, but in the last it attempted to free itself from inquiries into final causes, in order to concentrate itself on the study of facts. The great object of any science was to investigate the invariable laws to which all phenomena were subjected, and the perfection of a science was greatest when those laws were reduced to the smallest number. The sciences with which they were acquainted might be divided into two classes, according to their methods—sciences of observation and sciences of experiment. In the first, the investigator simply studied the laws which governed phenomena; he made no attempt to modify or control them. In the second, he not only sought to know the laws, but by experiment he had the power to modify and control the phenomena which he studied. Astronomy was the best example of the first class, chemistry of the second. With that distinction in mind, medicine was considered in reference to the problem it had in view: "To preserve health and cure disease." In the earliest periods of medicine the solution of the second part of the problem was only attempted by the empirical method. Afterwards, by careful observation, men came to doubt the curative action of drugs, and to rely in the treatment of their patients on assisting that tendency to recover which they named the *vis medicatrix nature*.

A science of observation taught only the subjection of phenomena to invariable laws, and by a knowledge of these laws it gave provision with regard to the appearance of phenomena, but no power to modify them at will. In navigation they recognised an art based upon that kind of science, and entirely dependent upon the exact observation of phenomena, over which man had no control. Such a position for medicine could never be accepted: generations of physicians had been struggling to raise it to something more than that. Not satisfied with merely aiding the tendencies in disease when favourable, they had ever striven for the means of modifying and controlling those tendencies when unfavourable.

Medicine long remained under the control of its earlier methods, and only sought to solve the second part of the problem, "to cure disease;" for men were long in freeing themselves from the notion that disease resulted from supernatural interference, and had only recently been able to appreciate the higher and nobler view, that every disordered state was the consequence of definite antecedent conditions, which, under the same circumstances, invariably produce the

same results. To solve the medical problem in its entirety required a knowledge of physiology, pathology, and therapeutics (applause). The late development of physiology as a science, due to the complexity of the phenomena with which it had to deal, had retarded the evolution of the other branches of medical science. The difficulty which attended physiological investigation constantly baffled the attempts made by the earlier investigators to fathom the origin and purpose of life; consequently they clung at first to theological explanations, afterwards adopted and long retained metaphysical notions.

Medicine could only become scientific by the application of experiment to her fundamental sciences, a recognition of the futility of inquiries into final causes, and the substitution of the study of phenomena in order to discover the invariable laws which determined their succession and resemblance. In order to raise medicine to the rank of an experimental science, a combination of the three methods—observation, experiment, and comparison—must be followed. The earliest advance was made by observation; the application of experiment had already given them the great discoveries of their immortal Harvey, the achievements of Haller, Bichat, Bernard, and a host of others. When applied more extensively to the study of pathology it would unveil truths equal to its greatest triumphs in physiology, and give a sure basis to therapeutical investigation. Comparison had effected grand results in the hands of its great masters, Cuvier and Owen, by the study of organs throughout the animal kingdom, from their simplest manifestation to their greatest complexity. Comparative physiology would form the foundation for the erection of that great study of the abnormal throughout the organic world—comparative pathology—which the prophetic genius of Hunter first unfolded. The progress of therapeutics, which was the most complex of the three component parts of medicine, depended on the evolution of physiology and pathology, and could only be investigated with success by those who had mastered the details of the latter sciences. Its slow advance, while it might be a source of regret, could not be wondered at by the thoughtful, for all scientific progress was ever from the more simple to the more complex (applause.) Chemistry was referred to as a science which afforded the best example of the results of a sound method of investigation; and the preliminary study of physics and chemistry was pointed out as the best means of fitting students to work with success at the more obscure phenomena of life. To train a class of students of medicine in a manner to fit them for unveiling the obscure phenomena of life, they must make a great change in their preliminary education. They must have men grounded in the truth of physical science, and familiar with the methods of scientific research. Men who, before they enter on their special task, had worked well in the laboratory of the chemist, had mastered researches in experimental physics, and comprehended the great truths of the sciences of observation. What nobler mission could their old and rich universities have than the development of such a class of workers? How much more effectually would the hoarded wealth of centuries thus employed hasten on their knowledge and perfect their civilization? They would never have such aid, however, until their views of education were sounder, until men realised the great truth in the proposition—

"To know
That what before us lies in daily life
Is the prime wisdom."

(Applause.) It was infinitely more important for coming generations to acquire this prime wisdom than to have the most profound knowledge of a dead language, or the most vivid conception of the thoughts and acts of men who lived 2000 years ago (applause.) As the duty of the practitioner was to apply to his daily work the laws of the sciences which form medicine, as from a knowledge of these laws comes provision, and from provision comes action, so in the future the duty of the practitioner would be to collect the facts and study the laws discovered by his colleagues, and analysing them with that cautious spirit which his daily work engendered, to arrange them in such a form that generalizations useful to the concrete might spring from a study of the abstract. Too wide a severance between the specialities cultivated in medicine had lately been the cause of eloquent regret. Those divisions were essential to progress, but the tendency in the pursuit of special study was to lose sight of its connexion with the general body of their science. In their eagerness to collect facts, they had cultivated the in-

ductive spirit too exclusively; the advance of their knowledge was encumbered by a formless mass of unclassified facts. To discover the resemblance, and relation of the unconnected particles which composed the bulk of their observations was the task which must engage attention in the future. The work had been commenced by some illustrious labourers, and the construction of the Cellular Pathology was one of the most recent results. On generalizations of that kind the immediate progress of medicine depended, and afterwards, when the field was better divided, and the workmen more skilled, the facts collected in each centre of activity would be reduced to order by a special class of students, whether practical physicians, or simply students of the abstract portion of their science, to whose lot would fall the task of ascertaining the connexion and mutual relations of new facts, in order to form laws which might be applied to our practice. Then medicine, no longer dependent on the blind gropings of empiricism, no longer subjected to personal dogmas, would apply to the solution of her problem the invariable laws of her science. As their knowledge burned more brightly its rays would illumine the general intelligence, and disclose in all their grim emptiness the shams which gained credence in their present. To hasten the coming of that time was the task before the students who were there for the first time that day. He hoped the nobility of the service would sustain them in the face of difficulty, that the love of truth would cheer them on to effort, and when obstacles seemed greatest and reward most distant, they must remember that honest work was never done in vain. And as they went forth to clear unreclaimed tracts in a new world of knowledge, the golden aphorism of the founder of modern science must be ever in their minds—"Homo minister et interpretes Naturæ, quantum scit tantum potest" (loud applause.)

ON OZONE

IN ITS RELATIONS TO

ANIMAL CHARCOAL.

By T. W. TOBIN.

THERE are three forces necessarily called into action in a simple combination of two elementary bodies and the formation of the resulting compound—first, a force by which each of the primary substances undergoes a decomposition or destruction of its constitution; secondly, an attractive force, a mutual affinity between the respective elements; and thirdly, a new force is created, affecting the structure of the resulting compound. The absence of, or interference with, either of the two former conditions prevents or modifies their reaction, and the chief governing principle in most instances of combinations is the inertia offered by one or both of the primary bodies to the decomposition of form. The presence of a third neutral body sometimes greatly modifies the behaviour of the two active elements, although not in itself suffering any change of constitution—a property remarkable in itself as proving exceptionable to the doctrine of chemical affinity. The action, moreover, is inexhaustible and continuous, it is in proportion with the quantity of the substance.

This peculiar action has been named "*catalysis*," but to accurately define the extent of the term would be proceeding on doubtful ground. Numerous instances occur in which the direct cause may be traced to this principle, in others it offers the best explanation as to the reactions of substances on each another. The behaviour of finely divided platinum, known as "spongy platinum" on a mixture of hydrogen gas and atmospheric air or oxygen gas is an instance in question. In the voltaic action of an acid on an oxidizable metal influenced by the presence and contact of another less oxidizable metallic body. Fermentation, the germ of decay and organic decomposition, miasmata and aroma, may even be comprehended by the same hypothesis. It is only necessary to disseminate the inactive principle, the neutral body, in the presence of certain other substances capable of being affected by it, and the resulting action takes place, leaving the inactive principle

intact for future generation. But this property is more remarkable and perhaps most practically useful in the action of animal charcoal on soluble organic matter.

This action is aptly illustrated by the following experiments:—

An alcoholic solution of gum guaiacum should be effected in the following manner:— $\frac{1}{4}$ oz. of pure solid gum in 10 ozs. of alcohol, sp. gr. 830, 4 ozs. of distilled water is to be added, which ought not to precipitate the gum. If such should take place, or should the mixture assume a turbid appearance, more alcohol must be added to render the solution clear, and the clear liquor decanted in stoppered bottles, and *unexposed to light*. The test thus prepared is for the detection of ozone or *nascent oxygen*, the substance containing which under experiment should show a neutral reaction to test paper.

One hundred grains of fresh burnt animal charcoal may be now placed in a test tube; on to it a quantity of the test liquid is poured so as to about quarter fill the vessel, by stopping the aperture and slowly turning the tube over to expose the charcoal alternately to the air, and then covering it with the liquid contents of the tube, and repeating the operation about a dozen or more times, a slight but decided change of colour of the test liquid will become perceptible; in some instances a longer time is necessary to indicate the same effect. Gum guaiacum in a powdered state is of a nearly white tint when first pulverized, but on exposure to the air soon assumes a green hue. It possesses a strong affinity for uncombined or nascent oxygen in particular, becoming discoloured from its normal condition to a purple or deep blue when in combination with it. The alkaline permanganates and chlorates yield an equivalent of oxygen in contact with the gum, both being a solution, and give the characteristic purple tint. It is, however, destroyed in the presence of a free acid.

Owing to its affinity for oxygen, the pulverized gum, as just mentioned, becomes green in contact with the air by combining with the oxygen therein. If the clear solution of the gum exposed to the air be observed horizontally under the surface, with the light coming in a perpendicular direction from above, a rich purple halo appears for a depth of one-sixteenth of an inch; it cannot be detected when looked at from above. Freshly precipitated gum, from its solution by means of water, or otherwise if free from oxygen when precipitated, soon absorbs sufficient from the atmosphere to turn it green—the effects therefore described hereafter should, for this reason, be observed shortly after the experiment.

Dr. Stenhouse and others have shown that animal in common with other charcoal possesses a peculiar property of condensing on its surface gaseous oxygen and converting it into ozone, and yet the ozone, which is known as a transmissible substance, is difficult, if not impossible to separate in its normal state from the locality of its generation. The presence and actual contact of charcoal as a disinfectant is well known, and an instance scarcely exists in which the virtue of its properties has been known to affect their influence beyond the immediate proximity of the substance. The following experimental illustration may, however, show the fact more forcibly:—A long tube is filled with fine grained dry charcoal, and a current of atmospheric air passed slowly through it, on leaving the tube the air will be found to contain no greater quantity of ozone present than previous to its entrance. If the charcoal be then moistened with spirit or water, still no additional trace of ozone will be found. The air, however, is neither deprived of any sensible amount of ozone, and yet the charcoal, during the process, possessed the full virtue of the ozonizing properties under varying temperatures also no important alteration of weight is perceptible, for the substances are but mechanically mixed, and a slight disturbance would be sufficient to alter their composition on this assumption, and vary the proportion of gaseous ozone and charcoal. Independently of these instances it is impossible for a substance to exist

in the pores or surface of the charcoal when employed as a filtering material and saturated with the liquid under operation, or if possible to exist it could hardly be replenished when exhausted by constant usage. I have known instances where animal charcoal has oxidized on 262 grains of organic matter requiring 45 grains of oxygen in an average of 150 gallons of water per day for nine and twelve months, consecutively supplying it with three-tenths of a grain per gallon of gaseous oxygen without in any way having been exposed to atmospheric air. In more than one example, moreover, the charcoal was immersed in three feet of water, and the surface of such water was exposed to the open air and sunlight each day, circumstances favourable for speedily depriving it of any air it might naturally contain.

To the chemical analyst it is a familiar circumstance to meet with certain substances combining with each other, not by mechanical mixture, not sometimes even in solution, but which in other cases unite with avidity, forming compounds impossible otherwise to effect. The simplest type illustrative of this principle is in the gases oxygen and hydrogen in mixture. So long as they remain undisturbed and maintained below a fixed temperature no change is known to take place. Chlorine and hydrogen when also unexposed to light, sulphur again and oxygen, nitrogen and oxygen, carbon and oxygen, each may exist mixed or in contact, without any change taking place, but should one or both elements of any of these combinations be freed by any cause from a chemical combination in the presence of each other, as secondary compound is at once created. Such is water, such is muriatic acid, sulphuric acid, nitric acid, and carbonic acid, such in fine are all the numerous organic compounds, with which chemistry abounds and the ultimate cause effecting the majority of inorganic combinations.

Ozone is a substance admitted by all authorities as partaking of the general properties, but differing in certain respects from oxygen. Ozone is oxygen, but oxygen is not necessarily ozone. Ozone is the oxygen of combination, whether fixed in some substance or free. When in combination it is satisfied, and loses all its characteristics of ozone. When freed it is oxygen possessing all the energy of combination without the power of reconstitution. But oxygen is not the only substance capable of being rendered nascent. The compounds of chlorides of platinum and gold are instances in which chlorine is rendered nascent by the catalytic presence of a third body. It is to this property the combinations alluded to already are due. Every element possesses the same property when newly freed from a recent combination.

Now, those substances, possessing the capacity for oxygen and combining with it, are called oxides or acids; other substances, although possessing the affinity, are not capable of uniting chemically with oxygen, but converting it into ozone. Three bodies, A B C, are present; between A and B the affinity may be represented by 4, and are in combination; between B and C there exists an affinity represented by 3; between A C by 0. A B and C may therefore be in mixture together, and the compound substance A B will be reduced when in the presence of C to 1, in its absence 4. If now another substance D, bearing an affinity to B equal to 2, and to A and C to 0 be added. When C is present D will decompose the compound A B by the superior attraction it has for A; in its absence the whole series will remain unaltered. Ozone is characteristic of the body C.

Those substances are ozonizable which have a capacity for free ozone, as just described, like animal and other charcoal platinum and other bodies. The alkaline permanganates and chlorates and like oxygen yielding bodies are ozonized. All oxygen possessing organic and decaying bodies are ozonized, for, under some circumstances, they may yield ozone.

Such is the action of animal charcoal or soluble organic matter that, if the organism is perfect and the affinities balanced, no reaction is perceptible. If, on the other

hand, the forces of attractions are in a partial state of resolution, the animal charcoal taking to itself the oxygen of the compound redistributes it into more simple and stable compounds. A subsequent analysis is found to yield a less oxidizable organic residue, slightly lessened by the amount of water and volatile gas, the product of the recombination.

And as to the source of ozone to furnish such oxidizable matter present in solution. It is uncertain whether it is obtained from the actual organic matter, or whether the mineral salts coexistent with it take an active part in furnishing this element. If distilled water, after considerable exposure to the open air, be treated with the ozone test no indication of ozone will be found to be present. If, on the other hand, water containing salts of lime, &c., be treated in the same manner, a very different result will ensue. The water seemingly increasing in its capacity for ozone in proportion to the quantity of salts present.* As might be reasonably anticipated, the least stable salt thus containing the oxygen necessary for furnishing the ozone would be found to be affected after the process. Such actually takes place in practice by filtration. The carbonate of lime held as bicarbonate in solution is lessened often to the extent of two grains per gallon. Still more conclusive is the fact that a second filtration immediately afterwards does not reduce the salts. As a negative instance also of the direct virtue of these auxiliary salts, "rain-water" containing, as it invariably does, organic matter, is found to be far more difficult to purify than water containing with it the average quantity of inorganic salts.

It is possible as referred to already to furnish ozone simply—first, by the decomposition of any substance containing oxygen in combination; second, to ozonize the oxygen of the atmosphere by animal charcoal or some other substance of which this may stand as a type; and thirdly, there is another and more important means of obtaining ozone employed by Nature in providing the atmosphere, the grand reservoir with that essential element. Water seems to bear the most intimate affinity for ozone. The atmosphere is known to contain it through the vehicle of moisture. It is found more plentifully on the face of the ocean, rarely in a covered and sheltered situation, never in an inhabited dwelling. Being an active principle its energy is quickly concentrated and expended in the numerous ways Nature has ordained for its mission. How, then, is the supply maintained to compensate for the loss thus sustained? As it is found in the presence of moisture, so it is generated by the moisture, by the vaporization perpetually going on at the surface of the ocean, by the constant evaporation on the whole extent of the globe it is maintained at a uniform quantity. But to verify this by experiment, the evaporation of ether by a heated glass rod furnishes a copious supply and will even sustain combustion with platinum wire; the ozone test—solution of guaiacum if quickly dried on the surface of paper, affords the characteristic indication of ozone in becoming green. But the following perhaps is a more conclusive experiment as to the generation of ozone by evaporation.

Two test-tubes, similar to those before alluded to, should be nearly filled with distilled water. In one case use water which has been exposed to the open air for a considerable time, say two or three hours, in the other case water which has been recently boiled. The ozone test should be applied to both at the same temperature. The result will show a prevalence of ozone in the water that has been subjected to quick evaporation by boiling, while in the other the unboiled sample, a simple precipitate of the gum, will take place uncoloured, indicating a total absence of ozone.

* The simplest manner of performing this experiment is to pour about one drachm of the water into a narrow test-tube and wring about ten drops of test liquid, the gum in which will be precipitated of a characteristic white, its normal colour, or green, in intensity according to the amount of ozone present.

ON MELANOSIS OF THE LUNGS,
AND OTHER
LUNG DISEASES ARISING FROM THE INHA-
LATION OF DUST.

By F. OPPERT, M.D., L.R.C.P.,
PHYSICIAN TO THE CITY DISPENSARY.

(Continued from page 274.)

As for anatomical microscopical researches, Guillot says the black mass exists only sparingly. When examined, the larger particles are found to be composed by many smaller ones; they may be compressed between glass, so that they are not wider than the 200th part of a millimètre, as irregular as the large masses. These molecules are as dark under the microscope as seen with the naked eye. They sometimes fill the lungs to a large extent, sometimes only partly, but visibly. It certainly may be seen by the microscope that the black colour does not depend upon blood extravasation or pneumonia. The black matter when getting deposited to a greater extent, obliterates the smallest veins and arteries, and compresses the smallest ends of the air tubes. At last parts of the lungs get so much infiltrated that they were hard, when cut like pasteboard, which had been in water, and sunk, when submerged in it.

Guillot often found the black matter and tuberculosis in the same lungs. He thought it particularly worthy of notice that both had their seat in the upper part of the lungs. The tubercles seemed to become harmless when the black matter surrounded them. It effected the obliteration of the small bloodvessels which nourished the tubercle. The walls of tuberculous cavities often contained a great deal of that black matter, and cicatrices of the lungs became black by it.

The symptoms are described in thirteen cases:—Cough often for many years mostly dry, and worse in winter time. Expectoration as in bronchitis, often black, often sunk in the vessel. Hæmoptysis supervened, but mostly near the end of the disease (hæmoptysis senilis). Auscultation and percussion are not much taken note of. The sound was often dull in the infra-clavicular and suprascapular region; râles, dry or moist, were often bronchophonia rarely found.

Cruveilhier (Anatomie Pathologique), Du Coris, humain liv. xiii. described a case of melanotic lung in a female who died of puerperal fever. He found the lungs black, and the left upper to be softened, and a cavity whose walls were black as coal. He compared the colour to that of blood-pigment altered by acids, and the softness to that of gastromalacia. [The specimen may be seen in the Musée Dupuytrén.] In 1862 some valuable cases were published by Maurice (*Gaz. Med.*, 1862); Villaret, Kuborn, Crocq. (*Press Med. Belge*, 1862), who considered the black deposit as nothing but real coal. Monneret (l'Union 1863), found the lungs of a brassfounder black. Valleix, who has published a work on internal diseases (second edition, 1866), has a very short note on melanosis. He admitted two kinds of melanosis—first, one, where, in consequence of a peculiar alteration of the cells of connecting tissue, black matter accumulating without being expectorated; the second is the minor's disease, said not to be connected anyhow with the first.

As regards German writers on the subject, Haller made an observation (Opuscula Pathologica Obs. xvii.) on black striped sputa of adult men—he had them himself. Reisseisen, in a prize essay, 1808, wrote on the black masses in bronchial glands, which he thought was brought there by lymphatic vessels, and not further divulged in the organism. Heusinger, on pigment and coal production, &c. Eisenach, 1823, comes to the following conclusions:—

1. All pigment in the body is carbonaceous.
2. Abnormal pigment is like the natural.

3. Abnormal pigment is a transformation of the colouring matter of the blood.
4. It has some connexion with the formation of fat.
5. Pigment is the atrabile mass of old.
6. It shows the prevailing venosity of the system.

Brockman has written on the metallurgic diseases in the Harg Mountains, Osterode, 1851. He considers the black matter to be pigment, and relies on examinations which Vogel and Frerichs were prevailed upon by him to make, but have not been published elsewhere. Vogel found the black matter more in the parenchyma than in the bronchi. The highest state of the disease found at the post-mortem was when the whole lungs formed a black mass. Cavities were very rare. The specific gravity of the parts not abnormal. Accidentally miliary tubercles were found; four times scirrhus tumours, and sometimes concretions.

Fluid in the pericardium or thoracic cavity were not so very rare.

As for chemical examination, it proved the existence of two pigments—one vegetable, one organic. The first did resist very much the action of acids, the last dissolved in chloric or nitric acid. One hundred parts contained 72.95 carbon, 4.75 hydrogen, 3.89 nitrogen, 18.41 oxygen. The ashes (12.48 per cent.) were composed of 10.6 per cent. siliceous matter, 1.88 per cent. sulphate of lime. By other analyses iron and phosphates were found.

As for symptoms, Brockman, in addition to those mentioned by English writers, considers the dusky hue of the face and the yellow sclerótica worthy of attention. He did not find the colliquative symptoms of phthisis in cases of pneumo-melanosis; the disease often halts for a longer time than tuberculosis. He recommends change of occupation, tonics, expectorants, and remedies which act on the liver.

Virchow's researches on pigment are well known. He describes in his works all the pigments of different colours—yellow, yellow-red, brick-red, brown, brown-red, and black; granular or diffused, free granules or pigment in cells and crystalline pigments. They are transformed from hæmatin, which may have transudated from the blood-corpuscles and diffused into other parts, and afterwards, by another process, formed into granules and crystals. But, as well, blood-corpuscles may stick together and unite their hæmatin, which then is transformed into granules and pigment in a similar manner. Micro-chemical examination proved the pigment granules to resist much the stronger agents.

A strong solution of caustic potass was one of the most effective agents. It acted the soonest on the diffuse yellow pigment, very little, or not at all, on black granules. Concentrated acids changed the colour in this order—brown, green, blue, violet, rose, yellow. The chemical analysis showed that the lung pigment was the most carbonaceous of the colouring agents. This was the order—hæmatin, cholepyrin, eye pigment, lung pigment.

Virchow considers lung tubercles to favour the production of pigment, as in children with tuberculous diseases the lungs get dark.

Pigment may be deposited in large masses in the lungs, as Virchow found in an old pauper (*Wiener Wochenschrift*, March, 1856). It then may be found in all variations of form, as granules, round, edged, crystals, which may be confounded with vegetable coal. Virchow suggests that pigment is very nearly related to bilifulvin, which crystallizes in yellow or yellow-reddish needles, both being generated out of hæmatin. In 1864, however, Virchow, relying on more recent researches, admitted that the black deposit in melanotic lungs was real coal, and the crystals as well; that even part of the lung pigment was of extraneous origin.

A rare case of black lung, complicated with tuberculosis, Barthelmess narrates in his "Dissertatio Inauguralis" (Nuremberg, 1855). The patient, a miller, had blackish or grey pelleted sputa. They consisted of mucus, pus, and pigment granules; no elastic fibres were found.

At the post-mortem there were cavities as large as walnuts, filled with grey-blackish matter. The walls were covered with this matter; the tissue underneath partly of slate-grey colour, partly quite black. In the fluid pressed out of the lower lobes of the lungs numerous pigment granules were found not dissoluble by water, alcohol, ether, diluted acids. The author in question does not differ from Virchow's opinion (in 1855), but suggests that the cause of the production of so much pigment in old people may be found in fatty degeneration of the capillaries. This leads to the escape of pigment into the circulation and congregating of it in the tissue.

Rokitansky admitted Virchow's conclusions on pigment, but this was in his edition of 1859. I have not seen a later one.

Foreign Medical Literature.

ON

URIC ACID INFARCTION AND CONGENITAL CYSTOID KIDNEY: TWO CASES.

By W. KOSTER.

Translated from the *Nederlandsch Archief voor Genees- en Natuurkunde*, Deel ii., 2e Aflevering, Utrecht, 1866, p. 169.

By WM. DANIEL MOORE, M.D. Dub. et Cantab., M.R.I.A., HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS, OF THE NORWEGIAN MEDICAL SOCIETY, AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; EXAMINER IN MATERIA MEDICA AND MEDICAL JURISPRUDENCE IN THE QUEEN'S UNIVERSITY IN IRELAND.

(Continued from page 335.)

II. *Congenital fine cystoid renal degeneration*.—*Death in twelve weeks after birth, with the phenomena of atrophica infantis*.—In the early part of last month Dr. Broers requested my assistance in the examination of the body of a child. He himself had attended the mother of the child in her confinement three months previously. The case was one of head presentation. In consequence of the slow progress of the labour the application of the forceps was necessary. As far as the trunk the child was easily born; strong traction was, however, necessary to bring the abdomen through the pelvis. It appeared afterwards that there was a very great swelling of the abdomen, dependent on a solid tumour to the right and left of the vertebral column. There had been very little liquor amnii.

The child was otherwise perfectly well developed and lived. During the following days, too, it continued normal and took due nourishment. But it did not grow, but emaciated more and more, took less and less food, was restless and troublesome. The abdomen continued always equally swollen.

In this manner life continued for some weeks. The child died of gradual exhaustion, extremely emaciated.

The idea of a great enlargement of the kidney, which, on viewing the child, immediately occurred to me, was confirmed by the post-mortem examination. Both kidneys lay, immensely enlarged, in their normal position. They exhibited a smooth, tense surface, with translucent, fine vesicles, of a brown colour and clear as water. Each was as large as the adult kidney, but had a different and rounder form, and weighed two ounces. The colon was greatly curved over the kidneys, all the intestinal loops were pushed strongly forward, the stomach upward. The supra-renal capsules were normal.

In the other organs nothing morbid was met with, except an atrophic and exsanguine condition. One kidney was injected with Beale's blue, the other was divided and examined in the fresh state. On the fresh section numberless small cysts were seen forming on the surface a very regular network. More towards the renal papillæ the cysts were fewer, in that situation there existed a firm fibrous tissue of a white colour. The size of the cysts was from microscopic minuteness to the circumference of a

hemp-seed and somewhat more. The small quantity of fluid which flowed out on section was from some places viscid and then contained small, regular colloid globules; from others it was thin, clear as water, and without morbid constituents.

In neither kidney was a distinction any longer traceable between cortical substance and Malpighian pyramids. The ureter was duly open, the renal pelvis was small, and the renal calyces were very slight. If the latter were clipped out from the pelvis, open, it was seen that there were no renal papillæ. Only in a couple of places did a trace of papilla project as a flaccid, very small nipple, which, on microscopic examination, seemed still to possess a tolerably large opening for tubuli uriniferi. The other calyces became, near the papillæ, constantly narrower, and finally coalesced with the fibrous connective tissue studded with cysts, into which the renal papillæ and further up the Malpighian pyramids were changed. There was consequently almost complete atresia.

Not all the Malpighian pyramids were equally degenerated. Some, in the region of the former papillæ, were evidently in a state of atrophy. There was there a tenacious fibrous mass; exhibiting under the microscope no trace of renal structure, but only connective tissue with amorphous granules and some fatty crystals. Others still contained bloodvessels filled with the blue injection, and remnants of tubuli with colloid change of the epithelium, but not reaching to the papillæ. Some of these formerly straight tubuli uriniferi were extraordinarily dilated, and the thickened and coalesced epithelium formed, as it were, a layer of basaltic pillars in the longitudinally divided tubule.

The bases of the pyramids, and the cortical substance completely coalesced therewith, exhibited on sections when slightly (60 diameters) magnified, a net work, which is best compared to that of a longitudinal section. The larger cysts had a smooth membrane of their own, with slightly granular amorphous contents; in the smaller cysts this proper wall was sometimes scarcely perceptible, but there was about it a great increase of connective tissue with many nuclei, whence ran little canals not distended, but often wound around the cavity. In some sections the origin of the cysts from distended, altered, and strangulated parts of the tubuli uriniferi could be distinctly demonstrated; bellied enlargements were there found as commencements of the cysts. If we viewed a section of the places where the cysts were most numerous and lay most thickly together, with the distended capillaries about them, the analogy to a longitudinal section with distended vessels was still more striking.

This cystoid renal degeneration is therefore not distinguished, in any important respects, from that described by Virchow and others. It was a typical example thereof. It is only to enable me to speak of a couple of questions, one of which is connected with my paper upon uric acid infarction, that I have detailed the examination of the kidneys.

The point I refer to is the different mode of death of the first and of this child. Further, the case leads to the consideration of the origin of atresia papillarum renum (*foetal inflammation of the renal papillæ* as it is called by Virchow) and of the origin of renal cysts, keeping in view my former essays in this journal.*

It is certainly strange, at first glance, that a child with uric acid infarction of the renal pyramids, in which probably a third or the half of the secreting and excreting system of the kidneys was still capable of performing its functions, should die of convulsions, which we think referable to "uræmic" intoxication; while another, in whom we cannot imagine how any secretion or excretion of urine was possible, should gradually die "atrophied" without any appearance of uræmia.

It may sound paradoxical, but nevertheless the assump-

* The pathogeny of cystoid kidneys, *Nederlandsch A chief Jaargang 1*, p. 196. See also *MEDICAL PRESS AND CIRCULAR*, February 28, 1866, p. 199.

tion of uric acid infarction as the cause of convulsions in the first child, seems to be rather supported than contradicted thereby. If there were always, in adults also, a proportionate relation between uræmia, convulsions, and a *high degree* of renal changes, the absence of uræmia, indeed of nervous symptoms, in the case of renal cystoid, would take away all probability from my pathogenetic view of uric acid infarction. But the reverse is known to be the case. Compare the history in my essay just quoted, which was the starting point of my investigation, with others there mentioned, and with hundreds of others of renal degeneration, whether cystoid or otherwise, without uræmia, without convulsions. We may even, *cum grano salis*, lay it down, that in very extensive, very far advanced renal degeneration, convulsions occur more rarely than during the development of the morbid process in the kidneys. Many cases of Bright's degeneration of the kidneys, of incipient cystoid, sometimes scarcely suspected during life, suddenly terminating fatally in convulsions, with nearly total atrophy of the kidneys, or with other changes as far advanced as in the case here recorded, may be brought forward as proofs. There occurs, in a morbid process in a state of development in the kidneys, something sudden, something which has as yet escaped our observation, when convulsions arise.

As to the unknown "something" I shall here say nothing more; but in the case of the uric acid infarction which has a more acute origin and course, and may rapidly increase or change, we have still more idea of it than in the slowly but surely progressing modification in the development of the kidneys, which ultimately leads to the complete cystoid degeneration.

Virchow speaks in connexion with atresia of the renal papillæ, of "fœtal inflammation." In general we are more inclined, in the explanation of an anomalous development, to assume a local inflammation as the first starting point in cases where a constriction or a closing of a tube or of an opening being given, the other abnormal conditions may be thence deduced. Thus it is among others with the theory of Herm. Meyer* respecting the origin of some anomalies in the development of the heart through *inflammation* and subsequent closing of the pulmonary artery, which should in that case occur within the first two months of fœtal life! My friend, Halbertsma,† whose lamented decease was announced to us while I was writing this essay, of whose accurate anatomical research and ingenious and reliable style of interpretation so many scientific essays, and not least that just quoted, can testify, refuted this theory, so that for "fœtal inflammation" we must substitute original abnormal course of development.

As the source of the congenital cystoid degeneration of the kidneys Virchow assumes a "fœtal inflammation of the papillæ," while the influence of the uric acid infarction, as it seems not to occur in intra-uterine life, is highly improbable. In fact, we find in the congenital renal cystoid, the apparently primary and causal changes in the renal calyces and papillæ, sometimes also in the pelvis. The last may be wanting, and the whole efflux of the urine be impossible, in which case again the congenital cystoid occurs. But what right have we here to speak of an inflammatory process?

What is the characteristic of an inflammatory process? An immense number of chronic nutritive changes, also in the adult body, are ranged among the "inflammations." But here, too, we may ask: by what right? The reason of this unavoidable defective distinction of certainly very different morbid processes lies in the defective state of our physiological and pathological knowledge. Histology has supplied more matter than pathology can encompass; or histological investigation is not yet completely or profoundly enough possible, "chemical" investigation is almost entirely wanting. Hence we consider as "chronic

inflammations" a group of nutritive modifications, which have only some characteristics in common (succulent swelling, new formation of connective tissue, subsequently atrophy). But the boundary must be placed somewhere. Before speaking of a fœtal inflammation and consecutive atresia of the renal calyces and papillæ, we should, in the absence of better characteristics, be permitted to lay it down that the renal calyces must be there, that the renal papillæ before being inflamed and subsequently atrophied, must have been completely *formed*. Should the walls of a formed renal calyx attain a state of increase of tissue, and subsequently of contraction, and if this state be followed by atresia, we might then speak of inflammation. But certainly not, if through a disturbance in the development, these parts are formed either not at all, or only defectively, and if only connective tissue be produced. A condition may then be met with, which might also be the result of a chronic inflammatory process; but the latter has not therefore necessarily existed. Rachitic alterations of bone in childhood are not attributed to an inflammatory origin; there is a condition of defective nutrition and development, for the most striking phenomena is to be designated as: "defective deposition of calcareous salts." In like manner I should not, without further proof, call a defective development of the kidney or of some parts thereof a "fœtal inflammation." Knowledge of the time when, and the manner in which, the process originally began in the kidney, would in the first place be necessary. In many cases, moreover, the idea of inflammation immediately falls away, for example, when the renal pelvis or calyces are *wholly absent*. We, therefore, give to the expression *total or partial atresia of the renal pelvis, calyces and papillæ*, preference over the name of fœtal inflammation, without at the same time denying that the latter may occur.

The question then still remains, if it existed in the case communicated by me, to what we must in each case attribute the existence of renal cystoid.

I do not believe that we can here speak of a fœtal "inflammation." The renal pelvis was properly developed, had smooth walls, just like the calyces. The last were very much extended in consequence of the colossal enlargement of the kidneys. They ran out as slender tubes, and passed in places where nothing of the renal papillæ was to be observed, as threads of connective tissue into the mass of the latter, mingled with cysts, which occupied the place of the Malpighian pyramids. The only distinct renal papilla, which I still met with at the extremity of a calyx, was small, flaccid, badly developed, had one opening visible even to the naked eye, and consisted moreover of a mass of connective tissue. The tube, which opened on the surface of the papilla, possessed a layer of cylinder-epithelium, was continued open upwards, but could not be traced further in the longitudinal sections made. Higher up we found in longitudinal sections connective tissue, cysts with a smooth proper wall, and distended tubuli uriniferi.

In place of the other renal papillæ and pyramids were found only smooth, whitish connective tissue, higher up fragments of tubuli recti, and cysts, while here and there, also without the existence of distinct renal papillæ, tubuli recti, among which many were very much distended, presenting thickened epithelium on their wall, opened into the calyces.

For the interstitial hypertrophy of connective tissue, often combined with calcareous infarction, in the Malpighian pyramids of adult kidneys, I myself formerly (in the essay referred to), proposed the name of *Nephritis interstitialis pyramidalum*. At the first glance we find so much agreement with the mode of origin of the cysts in the case here described, that we should be inclined to speak of such an interstitial inflammation. I believe, however, for the reasons mentioned, that we cannot do this, and that we must rather compare the condition of the renal calyces and papillæ in this and in analogous cases of *congenital renal cystoid with congenital atresia ani or urethræ, &c.*,

* Ueber angeborenen Verschluss der Lungenarterienbahn [On Congenital Closure of the course of the Pulmonary Artery]. Virchow's Archiv, Bd. xii., 1857, p. 497.

† Nederl. tijdschr. voor geneeskunde, 1862, pp. 705, et seq.

where the idea of "inflammatory processes" would by no means suggest itself. It is easily understood that with defective development of the canal system of the renal papillæ and of the calyces, such a complete general atresia does not occur, as with an abnormal development of *one* canal—for example, of the rectum. A great part of the tubuli uriniferi have been developed, therefore the renal function and the excretion of urine may, in fact, have still duly taken place, especially in intrauterine life, and shortly after birth. The progressively increasing cyst development in the abnormal parts of the kidneys and the enlargement of the latter may themselves have been the cause, that the original still more normal parts may also have become unfitted for their function, and are drawn into the process of cyst formation. Or the further changes of the connective tissue abnormally developed in the pyramids caused a progressive process of closing and constriction of the tubuli uriniferi. In favour of this view are the tubes irregularly distended, or very much dilated throughout their entire length, to be found in many spots among the mass, which must have been the pyramids, which tubes no longer ran to the situations of the papillæ, but were lost in the connective tissue.

The examination of these kidneys confirmed the opinion that the renal cysts arise from distention of the renal tubuli, in the cortical substance especially of the capsulæ glomerulorum. If the cysts have attained a certain development their origin from tubuli uriniferi is no longer demonstrable, and I found in the cortical substance a great number of cysts, whence one would be very much inclined to think that they had arisen *interstitially* between the displaced tubuli. But around the cavity was found much connective tissue, rich in nuclei, in which lay an undistended tubule curved around the cysts. On isolating these tubules, after boiling sections of the kidney in alcohol and hydrochloric acid, no proper wall of the cysts could be demonstrated. The connective tissue has then become dissolved or very soft and transparent, and the convoluted tubule is easily dilated.

Larger cysts have, however, a proper smooth wall, and where they lie close to one another nothing of tubuli uriniferi is any longer to be seen between them. As I remarked in my former essay, there intervenes between the period in which the cysts developing themselves from the tubuli uriniferi arise, and that in which they, very much increased in size, have a distinct proper wall, a period of transition, wherein a proper wall is scarcely demonstrable. It is for this reason that one is still so often inclined to attribute the origin of renal cysts to the interstitial connective tissue, as has been done lately by Erichsen and others. Absolute proof, that no cysts are formed in the connective tissue externally to the renal tubules is of course not to be had; but this formation becomes extremely improbable, when we can demonstrate in the different places the obstruction, distention, and constriction of tubuli uriniferi, as it is possible to do. Of this, the case I have now brought forward, supplies a confirmation, and the annexed figures may serve to represent the extraordinary dilatation which tubuli uriniferi are capable of undergoing.*

Reviews.

A MANUAL OF PRACTICAL HYGIENE, prepared especially for use in the Medical Service of the Army, By EDMUND A. PARKES, M.D., F.R.S., Professor of Military Hygiene in the Army Medical School, &c. Second Edition, pp. 624. London: Churchill and Sons.

IN preparing this second edition for the press, Dr. Parkes has added much new material and has carefully revised the old matter, although the rapid sale of the first edition has rendered any great changes unnecessary. Several fresh

* For the figures alluded to I must refer the reader to the plate with which the original paper is illustrated.—TRANSLATOR.

wood-cuts have been added, and a plate showing the microscopical characters of some of the starches. Dr. Parkes observes in his preface that he has thought it expedient, as in the first edition, to use the old chemical symbols, notation, and nomenclature, and we agree with him that if he had introduced the new ones many of those for whom the work is more especially intended would have been unprepared for the change. Since the time of Lavoisier the nomenclature of chemistry has been considered so firmly established, that any alteration seems like changing the letters in the English alphabet, and some time must elapse before the existing generation of practical surgeons and physicians will be accustomed to the novel and ingenious system by which the whole basis of chemical theory has been remodelled. Dr. Parkes's work is already so well known as an admirable treatise on hygiene in general, and on that relating to the army in particular, that we have no other duty to perform than to announce the appearance of the present edition and to commend it most warmly to the notice of the profession.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 10, 1866.

ACCIDENTAL POISONING BY STRYCHNIA.

A LAMENTABLE case of what seems to have been accidental poisoning by the administration of strychnia, has just occurred at Wardley, a village in Rutlandshire. The lady who unfortunately lost her life by this sad mischance had apparently been labouring under some nervous and dyspeptic symptoms, and was taking a mixture containing white bismuth as one of its ingredients. On the 9th of last month she asked her husband to call at the house of Mr. SPENCER of Hallaton, her medical attendant, for a bottle of her usual medicine, and a bottle was accordingly brought to her. Before going to bed on the evening of that day, she is supposed to have swallowed a dose of the mixture, but she had not been long in bed before she was seized with convulsions and other indications of poisoning by strychnia, and she died in about twenty minutes after the supervention of the fatal symptoms. Mr. SPENCER, the Surgeon from whose house the mixture was brought, was summoned to her assistance, but she died before his arrival. On his being informed that the deceased had said that she wished she had never taken the medicine, he observed that there could have been nothing in the mixture calculated to make her ill, and to show his own confidence in the innocuous nature of the medicine, he took up the bottle and swallowed some of the fluid himself; but he had no sooner done so than he became seriously ill, and, in fact, suffered from the ordinary symptoms of strychnia poisoning, from which he recovered only with considerable difficulty and after great suffering.

Such are the main features of the history of this tragedy, which was followed in due course by a coroner's

inquest, and will be concluded by a trial for manslaughter at the next assizes, Mr. SPENCER being the person against whom the verdict has been returned. The evidence of Dr. TAYLOR leaves very little, if any, doubt, that the death arose from poisoning by strychnia, for the symptoms were exactly those which would be presented in such a case, and the chemical tests proved both the presence of strychnia and brucia in the contents of the bottle, and the exact quantity of each which the bottle contained.

Now, we have not many more remarks to make at present on this most lamentable occurrence; but we cannot help offering a few observations on the indecent haste with which the *Times* has commented on the transaction, with the object, as it would appear, of having a fling, in its usual style, against the Medical Profession. In the first place, we find the column relating the case headed with the words—"A LADY POISONED BY HER MEDICAL ATTENDANT," although at the time of the report it was not even proved that Mr. SPENCER had administered the poison, and the word "accidental," which might in all charity have been introduced, is omitted. But not only was the report with this sensation heading thus presented to public notice, but a leading article was devoted to the same theme, although it is the usual, if not the universal, rule of newspapers to abstain from comments on a case until an accused person has the opportunity of making his defence.

The leading article itself, while dealing the most ungenerous blows against the Medical Profession, and, we may add, the dispensing chemists, displays the most astounding ignorance of the subject on which the writer assumes to enlighten the public. We are told, for instance, that brucia has qualities similar to those of strychnia, and is obtained from the same substance, which is all correct enough, but the article goes on to tell us that brucia is in practice a *bulky substitute for strychnia*! Then we are told, after being referred to the Pharmacopœia for the medical virtues of bismuth, that the latter substance *being a metal* is much heavier than the alkali (alkaloid?) but it happens to resemble it in appearance, *both looking like salt! with a slightly reddish tinge!* What this nonsense means we are utterly at a loss to comprehend, as we cannot conceive how a metal, like bismuth, having a lustre something between that of copper and lead, can resemble in appearance a white crystalline vegetable product like strychnia. What Dr. ALFRED TAYLOR probably said, and what this aspiring toxicologist of the *Times* probably meant, was, that the powdered white oxide of bismuth (the *bismuthum album* of the British Pharmacopœia, the subnitrate of bismuth of chemists) is like any other white powder, or indeed any other white substance. However, the text is quite sufficient to enable the *Times* to expatiate upon the monstrous carelessness of the "unhappy practitioner," as it designates Mr. SPENCER, and to denounce what it terms the "dens" of those surgeons who dispense their own medicines. It must be admitted that

the writer condemns the whole Pharmaceutical body as well as the Medical, and he even goes further and seems to call people to account for taking medicine at all. He appears quite puzzled to understand why the deceased lady took medicines for such complaints as rheumatism and neuralgia.

For ourselves we have nothing more at present to do than to express our deep sympathy with the family of the unfortunate lady, and we reserve any further remarks upon the case until the accused has been put upon his trial. Mr. SPENCER is a gentleman who has been thirty years in practice, is fully qualified, and has been hitherto held in the highest respect and esteem.

THE QUEEN'S UNIVERSITY IN IRELAND.

ON Saturday the Senate of the University accepted the new Charter which affiliates other Colleges and Medical Schools under the same constitution as the three Provincial Colleges. On Friday, at twelve o'clock, the Convocation of Graduates of two years, standing (that is, those who passed in 1864 and before that year) will assemble to elect a representative on the Senate. Inasmuch as nearly half the graduates are medical, while of the twenty-three senators only two are medical practitioners, there is only justice in the selection of a member of our profession for the vacant seat. In the London University fifteen of the thirty-three members of Senate are medical men. So many new interests will require representation, now that other Colleges have been added to the University, that Dr. Mapother's claims are much increased, for he is unanimously confided in by the newly enfranchised institutions.

We have very constantly urged the expediency of selecting men of our profession for representative places which are too often monopolised by our legal brethren. For these reasons we urge our readers who may be qualified to vote, to attend at Convocation at twelve o'clock on Friday.

THE VACANT IRISH POOR-LAW INSPECTORSHIP.

THE vacancy caused by the resignation of Dr. Purcell in the inspecting Staff of the Irish Poor-law promises to be warmly contested, and many candidates are already in the field. Amongst those who will probably present themselves are named the following gentlemen:—Dr. Roe, Killaloe; Dr. Armstrong, Blackrock; Dr. Kidd, Ballymena; Dr. Johnson, Queenstown; Dr. O'Donnell, Kilrush; Dr. Babington, Londonderry; and Dr. C. F. Moore, Dublin. The appointment is worth £500 a year, with about £150 for travelling expenses, and it increases in value according to service. The day of election has not yet been fixed, and, as we understand, the selection lies with the Poor-law Board, inclusive, of course, of its *ex officio* members—the Chief and Under Secretaries. The *on dit* is, that the post will be given to the best man, irrespective of politics or personal interest.

THE CHOLERA.

AGAIN have the warnings we have felt it our duty to utter been corroborated by the returns of the Registrar-General. Simultaneously with the issue of our last number appeared the weekly report of this official, showing not only no decrease, but an absolute increase in the deaths from cholera. In the 39th week of the year ending September 29th, there were 177 deaths from cholera registered in the London districts, an increase of 27 over the preceding week, in which as our readers will remember there were only 150. We have, however, this week only 67 deaths from diarrhoea in the place of 98 in the previous week. Taking the two diseases together, this still leaves us a balance of 4 in favour of the last week, 244 against 248. Small as the number is, looking upon it in this the most favourable light, no doubt many will feel inclined to flatter themselves that the epidemic is still dying out. But with no wish to be alarmists, we must reiterate our conviction that the figures are by no means satisfactory. For the first time during several weeks the excess in the mortality has not been accounted for by the deaths from cholera. We find that during the week, the total deaths exceeded the average with a correction for increase of population by 179, or just 2 more than the deaths from cholera. This after a series of weeks in which cholera has more than accounted for the excess in the total mortality and accompanied by an absolute increase in the number of deaths from that disease is a matter for grave consideration and shows the necessity for the utmost vigilance and most unremitting exertions on the part of the sanitary authorities. The activity of the medical officers of health has been deserving of all praise, and in a crisis like the present we are justified in demanding for them fuller powers and more adequate remuneration. Indeed it may well be questioned whether these gentlemen with all their devotion are really equal to the emergency, and whether it would not be a wise economy at once to double their numbers and afford them some means of united action, giving to their united recommendations the force of legislation. This would to some extent replace the clumsy machinery of local boards that have too often been mere obstructions in the way of improvement, by an enlightened body prepared by education to cope with questions relating to the public health. That the public would benefit by such a change, requires, we submit, no demonstration.

If anything could add to the uneasiness that may not unnaturally be caused by the figures we have quoted, it would be the disposition to extend its area that is displayed by the epidemic. Thus we find of the deaths from cholera in the week, 12 occurred in the West district; 36 in the North; 28 in the Central; 46 in the South, and 55 in the East. Of the deaths from diarrhoea, 9 occurred in the West districts; 11 in the North; 17 in the Central; 12 in the South; and in 18 the East.

The annual rate of mortality of London last week increased by 1 per 1000, having risen from 23, at which it stood for several weeks, to 24. In Edinburgh it rose to 23 from 19 the previous week. In Dublin it is now 44 instead of 27. In Birmingham it remains at 18. In Liverpool it has fallen from 52 to 47. In Manchester from 30 to 28. In Salford from 29 to 26. In Sheffield from 21 to 18. The rate has increased in Leeds from 26 to 29. In Hull from 21 to 26. In Newcastle-upon-Tyne from 35 to 36; and in Glasgow from 22 to 25.

LIVERPOOL.

It is somewhat more encouraging that the epidemic continues to decline in this borough. Out of a total mortality of 437 during the week, 116 deaths were due to cholera, while the deaths in the previous six weeks from this disease have been respectively 157, 146, 225, 145, 182, and 159. Let the authorities take the opportunity and re-double their exertions, and they may still hope that the decrease will continue.

DUBLIN.

THE deaths in this city are on the increase. Last week out of a total mortality of 268, the deaths registered from cholera reached the number of 98, having been respectively during the four previous weeks, 41, 52, 55, and 65. This gradual rise in the number is a most serious indication.

MANCHESTER.

UNLESS the utmost exertions should be made by the Board of Health, it seems not improbable that this city may yet suffer considerably. There were 14 deaths during the week from cholera of a severe type in Manchester and Salford out of a total mortality of 248.

THE CONTINENT.

OUR recent advices confirm the statements we have already made respecting the progress of the disease on the Continent, especially on the Mediterranean coast. It is useless to conceal the fact, that the disease has spread over a very wide area and is continually extending. From Naples some very sad accounts have come to hand, fully confirming the justice of our predictions respecting this beautiful city.

In Vienna during the four weeks ending September 22, were respectively 64, 107, 201 and 274. Considering that the total deaths during the last week cited were only 586, the proportion due to cholera is very large.

SOCIAL SCIENCE CONGRESS.

THE tenth annual meeting of the National Association for the Promotion of Social Science took place according to programme from the 3rd to the 10th October. The inaugural address was delivered this day at the Free Trade Hall by Lord Shaftesbury.

All the meetings except that last mentioned took place in one building—the new assize courts. In this building it has been found there is ample accommodation for the meetings of sections, committees, for soirées, and for all purposes. The reception-room was open on Wednesday morning, and among the arrivals were Lord Brougham, Lord Shaftesbury, Professor Fawcett, the Right Hon. J. Napier, Mrs. Knox (Isa Craig), Dr. Lankester, Colonel Patten, M.P., Hon. George Denman, Mr. J. H. Estcourt, and Mr. Bazeley, M.P.

The arrangements for the meeting were complete and satisfactory. Among the papers read may be mentioned one by Mr. Anthony Trollope, on "International Law of Copyright," which created great interest, in Section A of the Jurisprudence Department. In Section C of the same department an interesting paper was read by Mr. D. Hill, Q.C., on the question, "Is it desirable to carry out life sentences to the utmost, and, if so, in what cases, and under what form of discipline?" The proceedings in these sections were preceded by an address from Lord Brougham, in the Civil Court. On Friday the Hon. George Denman, Q.C., M.P., delivered an address.

During Lord Shaftesbury's visit to Manchester he addressed a meeting of his old friends, the factory workers, at the Town Hall.

Lord Shaftesbury devoted the major part of his Inaugural

Address, as President of the year, to the question with which he is perhaps more familiar than anything—the Condition of the Labouring People; and when we say that, though succeeding Lord Brougham in the office, he disappointed no one, we shall have fully established the value of his address, which thus concluded:—

“It is now time to conclude. But there are some, I fear, who will reply that I have entered on a high flight of speculation, and have left terrestrial difficulties too far below. Nevertheless, ‘It is good for us to be here.’ It is good for murmuring man to see how much of the misery that he suffers, or inflicts, is due to himself, and how little to the decrees of a merciful Creator. It is good for him to see how the principle of self-control is the grand principle of all social and individual freedom; that the sense of responsibility to God and his fellow-man, whether it be in the Sovereign on the throne, or the labourer at the plough, is the source of all that is virtuous, and dignified, and considerate, and true. Neither is there any hope of obtaining excellence, unless our aims be directed by the highest standard. ‘Be ye, therefore, perfect, even as your Father which is in Heaven is perfect.’ Surely this was said by our blessed Lord rather to elevate the efforts and the prayers, than to declare the actual powers of fallen man. And have we no guide? When at night we lift up our eyes, and contemplate the peace and splendour of the Host of Heaven, how each one is conforming to the law of its nature, and, as it were, rejoicing to subserve the universal order, we recognize an Omnipotent, yet gentle, principle that demands and receives a willing and exact obedience. When we turn our thoughts to the globe on which we dwell, we see, in all the works of the Great First Cause, the same invariable principle. It ruled at the Creation, has prevailed throughout all time, and will bless the countless ages of eternity. It is the law of kindness and of love, the law that—

“Lives thro’ all life, extends thro’ all extent,
Spreads undivided, operates unspent.”

Here, then, is the law for our ardent but humble imitation. It is rich in promise, joyous in operation, and certain as truth itself. Of such a law how can we speak but in the noblest language that ever fell from the pen of uninspired man, ‘Of this law there can be no less acknowledged than that her seat is the bosom of God, her voice the harmony of the world: all things in heaven and earth do her homage, the very least, as feeling her care, and the greatest, as not exempted from her power; both angels and men, and creatures of what condition soever, though each indifferent sort and manner, yet all with uniform consent, admiring her as the mother of their peace and joy.’”

Lord Brougham’s Address necessarily created considerable interest, both for its own qualities and the position of the veteran speaker. In the commencement he paid a tribute of regret to several distinguished members who have passed away during the year, from which we select that most appertaining to ourselves, the notice of the late Sir C. Hastings:—

“Our latest loss is also a severe one, Sir C. Hastings, who, beside his relation to our worthy secretary, was one of our most eminent colleagues. His great position, his distinguished fame in the medical world, and his rare kindness and humanity in the exercise of his profession, are lost in the service he rendered the medical body by founding and conducting the British Medical Association, which has placed medical and surgical practitioners in their just position, and given rise to the most important provisions for the extinction of irregular and pernicious practice. But his labours in the investigation of physical science, and his foundation of the Natural History Society of Worcestershire, showed how little his studies were confined to the profession of which he was so distinguished an ornament.”

His Lordship, having touched on a variety of topics, at length referred to recent events on the Continent, concluded his powerful address as follows:—

“Although the glory of war lends its horrible atrocities a false glare which deceives us as to its blood-guiltiness, in what does the crime of Napoleon, when he sacrificed thousands of lives to his lust of foreign conquest, differ from that of Robespierre, when he sought domestic power by slaying hundreds of his fellow-citizens? In one particular there is more atrocity in the crimes of the latter; they were per-

petrated under the name and form of justice, whose sanctity they cruelly profaned; but, on the other hand, far more blood was spilled, far more wide-spreading and lengthened misery occasioned to unoffending provinces by the invasions of Spain, and Switzerland, and Germany, and Russia, than by all the acts of the Committee, the Convention, and the Revolutionary Tribunal. Nor will mankind ever be free from the scourge of war until they learn to call things by their proper names, to give crimes the same epithets, whatever outward form they may assume, and to regard with equal abhorrence the conqueror who slakes his thirst of dominion with the blood of his fellow-creatures, and the more vulgar criminal, who is executed for taking the life of a wayfaring man that he may seize upon his purse. We hesitate not to shed the blood of the common felon, and even those most averse to capital punishment make an exception against the murderer. Thus there is no difficulty in prosecuting murderers, and the juries convict, who in cases of theft or embezzlement, or even forgery, would hesitate. Such is the universal horror of murder, or even of attempts to commit it, and of partial committal. Then, why do the same parties regard the slaughter of tens of thousands, some with tolerance, and some even with approval?

“One to destroy is murder by the law,
And gibbets keep the lifted hand in awe;
To murder thousands takes a specious name,
War’s glorious art, and gives immortal.”

Young, *Universal Passion*, Sect. vii.

Such is the result of war, and while men will fight and slay their tens of thousands, the crime of murder on the largest scale must go on unpunished and unrepented. Yes unpunished in this world. But our Heavenly Father bestowing free-will on His creatures hath declared them accountable for its abuse; and, administering justice in mercy towards the numbers deceived or compelled into blood-guiltiness, He condemns those that have betrayed or forced them as their accomplices or their instruments to the unspeakable and enduring torments of hell.”

METEOROLOGY OF SEPTEMBER, 1866.

MR. ALLNATT has published the following epitome of the weather during September as recorded at the Frant Observatory:—

The past month has been characterized by the prevalence of wild tempestuous gales and excessive rainfall. The following tabular arrangements, in conjunction with the analysis of my diurnal notes, will exhibit the various atmospheric modifications in the order of their occurrence. The initials denote date, cloud, wind, barometer, thermometer (day and night temperature), rainfall, ozone, hygrometer. Height of cistern of barometer above mean sea level, 600 feet. The first observation dates from ten a.m. :—

D.	C.	W.	B.	T.	R.	O.	Hyg.
1	Nimbus ...	S.S.W.	29.55	d. n.	61.61	0.05	10 80
2	Nimbus ...	S.	29.25	58.55	0.13	10 90	
3	Cirro-cumulus ...	W.	29.50	56.46	0.08	8 80	
4	Nimbus ...	S.	29.38	59.53	0.52	10 100	
5	Nimbus ...	S.	29.10	63.61	0.37	5 90	
6	Nimbus ...	S.	29.38	60.55	0.05	10 80	
7	Nimbus ...	S.S.W.	29.20	61.66	0.36	7 85	
8	Nimbus ...	E.N.E.	29.35	60.55	0.15	8 95	
9	Nimbus ...	S.	29.42	61.53	0.18	8 90	
10	Nimbus ...	S.	29.19	60.55	0.45	8 90	
11	Nimbus ...	S.	29.25	59.52	0.30	10 90	
12	Nimbus ...	W.	29.60	53.46	0.02	10 80	
13	Nimbus ...	W.	29.43	60.49	0.08	10 80	
14	Nimbus ...	S.S.W.	29.18	57.52	0.66	6 80	
15	Nimbus ...	S.S.W.	29.40	56.48	0.08	10 80	
16	Nimbus ...	S.S.W.	29.20	56.47	0.34	10 80	
17	Nimbus ...	W.N.W.	29.40	55.47	0.84	8 80	
18	Cirro-cumulus ...	S.	29.70	55.44	0.01	10 80	
19	Nimbus ...	S.S.W.	29.58	59.54	0.29	8 80	
20	Nimbus ...	S.W.	29.65	57.48	0.01	8 80	
21	Nimbus ...	S.W.	29.20	54.50	0.40	8 80	
22	Nimbus ...	N.E.	28.80	56.49	0.74	10 100	
23	Nimbus ...	E.N.E.	29.00	52.47	0.18	8 90	
24	Nimbus ...	S.	29.30	57.49	0.10	10 80	
25	Cloudless ...	S.	29.65	55.44	0.02	10 80	
26	Nimbus ...	S.	29.60	58.50	0.01	10 90	
27	Nimbus ...	W.	29.58	50.55	0.22	8 80	
28	Cirro-cumulus ...	S.	29.50	64.52	—	10 55	
29	Nimbus ...	S.	29.50	66.66	—	6 80	
30	Cirro-stratus ...	N.E.	29.65	64.69	—	8 80	

ANALYSIS.

Cloud.—On the 5th, at Leeds, the weather assumed a very extraordinary aspect. The morning was dark and lowering,

and from an early hour rain fell without intermission. At 11 a.m. the mingling of adverse currents produced sudden condensation, and so impenetrable a canopy of composite cloud as to cause a darkness as dense as that of a moonless midnight. This phenomenon lasted about a quarter of an hour, during which the gas was lighted all over the town, and outdoor occupations were completely suspended. On the 11th the sky was weird with fantastic forms of coppery stratus and heavy masses of purple cumulus, rolled roughly by opposing wind currents. On the 16th, at 11.15 a.m., the atmosphere was extremely unsettled; a chaos of wild vapours existed and an universal cirro-stratus, beneath which were masses of rugged cumulus in slow motion drifting up from S.W., and scud flying rapidly with earth's wind current. On the 19th the sun set in bright vermilion cumuli, which at a later period of the night were supplanted by streams of radiant cirri from S., which crossed the zenith and plunged into the N. horizon; and so on, with few exceptions, to the 28th; my diurnal observations repeat the existence of wild and watery skies, modifications of the varied forms of rain cloud, and the occurrence of huge radii of black cirro-stratus from N.W., which sometimes expanded over the whole face of the visible hemisphere.

Wind.—The wind for twenty-five days blew from W. and S.W. On the remaining days it came in complication with N. and E. Tropical gales from S.W., extending throughout England, raged on the 2nd, 5th, 6th, and 11th, and at other times with minor force. At Portsmouth on the 6th a gale of destructive violence culminated about midnight, and on the Kentish coast also produced great damage to shipping. On the 4th and 6th in Cornwall a hurricane raged with fearful violence, broke down fragments of timber trees, which, acting as a mechanical barrier, choked up descending streams and produced great floods. On the 11th the whole day was gusty and tempestuous, the wind dashing from S. to N. direct movement, and retrograde to S.S.E., thus making an almost instantaneous circuit of 200 degrees. On the 9th a heavy gale broke over Kingstown and the coast of Ireland, accompanied by torrents of rain and great disturbance of the sea in Dublin Bay. On the 14th the wind was again high and gusty, its main force almost due W., and its retrograde and direct action amounting to upwards of 360 degrees. In the afternoon of the 16th a gale, accompanied with squalls of heavy rainfall, sprang up and lasted some hours. On the morning of the 17th the wind was very moderate and such small circular currents (cyclones) prevailed that the vane of the weathercock on several occasions described the whole circuit of the cardinal points. On the evening of the 18th the wind was high, paroxysmal, and gusty, and again on the night of the 20th, after a lull of two days. In the early morning of the 21st a wild tempestuous gale raged some hours, with heavy rainfall. On the 24th, at 11 p.m., a thermometric wave of cold air passed over, which sent down the register 5 deg., and produced transient condensation, which in the course of half an hour passed away.

Barometer.—The highest point reached here (600ft. above sea level) during the month was 29.70 in., on the 18th; and the lowest 28.80 in., on the 22nd, so that the intermediate space of time between the *maximum* and *minimum* was only three days, and the whole variation was 0.10 within the inch.

Thermometer.—The mean temperature of September last year was 63.09 deg., thus exceeding the average of twenty-four years by 7 deg., and upon the whole month it was by 1½ deg. the highest on record. In the past month the mean here was 7.06 deg. lower than that of last year, thus bringing it into close proximity with the general average of the season.

Rainfall.—Rain fell in England every day from the 1st to the 27th, and amounted in the aggregate to upwards of 6½ in. On the 5th and 6th, in various parts of the Midland Counties, meadows were submerged and all the low-lying lands were visited by disastrous floods, grain crops were destroyed, and in Leicestershire the turnpike-roads in several places were laid under water. At Plymouth such rainfall had not occurred for half a century as that which descended during the week ending the 8th, when the ancient and picturesque bridge across the Plym and other structures were swept away. In Cornwall the low lands presented the appearance of a lake, and great damage had been sustained. At Malton the fall was so great as to obstruct the drains, convert the streets into rivers, and submerge the basements of several houses. The aggregate rainfall of the month was upwards of 4 in. above the average.

Ozone.—Somewhat below the mean, but there was no period of antozone. The *maximum*, or 10 deg., was reached on fifteen days, and the *minimum*, or 5 deg., on one day.

Mists.—Fogs, light mists, and abundant dews have occurred throughout the month, sometimes producing complete atmospheric saturation, when external objects streamed with the superabundant moisture.

Lightning and thunder visited the North and East Ridings of Yorkshire on the 16th, and on the 13th two slight shocks of an earthquake were felt at Budleigh, Devon, and several adjoining villages.

Correspondence.

MEDICAL FEES IN NOVA SCOTIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Herewith I enclose you a copy of the fees of the Physicians of the City of Halifax, Nova Scotia, having a resident population at the last Census of 25,000 inhabitants, Navy, Army, Dock Yard, &c., excluded; number of Physicians, 19.

	Maximum.	Minimum.
	£ s. d.	£ s. d.
Consultation Visit,	1 3 4	0 11 8
Opinion, or Verbal Advice,	1 5 0	0 5 0
Letter of Advice, or Certificate,	1 3 0	0 5 0
Visit by Day,	0 5 0	0 2 6
Do. by Night,	1 0 0	0 10 0
Detention per hour, in addition to Fee,	0 5 0	0 3 9
A Visit to the Country, per Mile,	0 5 0	0 5 0
Detention in the Country, per Day,	3 10 0	1 3 4
Lithotomy, Hernia, and other Capital Operations,	20 0 0	10 0 0
Amputation of Mammary Gland, or Extremities,	5 0 0	2 10 0
Removal of Tumours, Tonsils, Fingers, &c.	2 10 0	1 10 0
Hæmorrhoids, Fistula, &c.	2 10 0	1 10 0
Reduction of Fractures, Dislocations, &c.	2 10 0	1 5 0
Veneral Affections (medicines extra)	5 0 0	1 5 0
Introduction of Catheter,	0 10 0	0 2 6
Vaccination, Cupping, opening Abscess, &c.	1 0 0	0 5 0
Dressing Wounds, Bleeding, Drawing Teeth, &c.	0 5 0	0 2 6
In addition to the above, subsequent attendance to be charged as in ordinary cases.		

MIDWIFERY.

Attendance on all ordinary cases,	5 0 0	2 0 0
Instrumental Delivery, Turning, Hæmorrhage, &c.	7 10 0	2 10 0
Travelling Fees per Mile additional,	0 5 0	0 5 0

As every physician is his own apothecary, he charges for medicine whatever he thinks proper.

In the country our fees are nearly the same, only we pay no visit under 5s. Mixtures are generally 1s. 3d. an ounce; powders from 5s. to 7s. 6d. per dozen; a single powder 1s. 3d.; draughts 1s. 3d. to 2s. 6d.; blisters from 2s. 6d. to 7s. 6d. They seldom dispute the Doctor's bill, only when pay day comes they will ask you always to take something off. You will always get the full amount of your bill if you add a given sum, the taking off of which always pleases them.

This province is very little more than one hundred years in possession of England, and if you will compare their fees, I think that poor Nova Scotia will bear off the prize.

Most of the Army Medical Officers practise, as any resident Naval Officer, the latter being almost invariably called in in cases of danger and difficulty.

Their fees are optional, though they are generally handsomely paid. In cases of difficulty and danger, particularly in midwifery, they will pay you almost anything, unless it is ridiculously extravagant.—I am, Sir, your humble servant,

ALEXANDER LANE, M.D., R.N.

Bishop's Castle, Shropshire, 1st October, 1866.

MEDICAL CURRICULA AND THEIR USES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you allow me a short space in your truly valuable columns for some observations on the present Medical Curriculum. Your issue of your "Students' Number" has been of vital importance, and I may say a boon to the profession in general, because for one thing it shows up the most absurd anomalies in existence. A talented young fellow with little means, anxious to become a physician, stands no chance whatever with the present regulations:—to accomplish fully and fairly the object they have in view would absorb too much valuable time, and gain absolutely nothing at last. I admit the necessity of a knowledge of Latin to a certain extent to enable him to write prescriptions correctly, but beyond that it is really time lost. Will the knowledge of Greek and ophyphilos enable me to cure dysentery? Will a knowledge of all the other extra &c. &c.'s, enable me to set a broken leg, cure the cholera, or render any service whatever to a patient? Even suppose I could speak twenty different languages, and could talk glibly enough about any useless theoretical nonsense—Aye, or talk high double Dutch coiled against the sun. Sir, I like study, I like learning, I love it; but talent is not hereditary, the present regulations are only made for the "Grinders," they will certainly raise their fees and make handsome support. Regarding certificates, which the Navy Board deem so indispensable, I look upon them merely as receipts for money paid. Examiners possessing talent should wipe such nonsense off their roll. What do they signify? "Oh! says the professing examiner, I see you have paid your fees, pray, sit down." Now, if the "grinder" has done his duty, and the fellow has any brains at all, he is all right, he will pass to a certainty. What is it, when, where, or how a young man has studied, if he can answer all questions asked? I would adopt a different method, I would pass for surgeon in the dissecting room, for botany in a garden. As accoucheur a certificate of something more than mere attendance is requisite, one of ability, not one of fees should be given; yet the grinder will screw him up. The Naval examinations are most amusing—certificates are the order of the day there—third or fourth class young men answer them very well, because they are actually seeking a livelihood, and the board know that full well, if they could do better they would never go there. I wanted one of my sons to enter the Navy, "No, father," he said, "Never, and to be treated as you have been!" He is now making about £600 a year. What is the reason we never hear of anything extraordinary from the Navy in your columns? We never get a sight of those gold medal journals. Is there really any value in any of them? if so, why not publish them? any discoveries in medicine or physics, any new mode of treatment? but these are quite foreign to the Naval department. Why not give a student during his last six months, six beds to himself and let him prove his skill, both in medical and surgical wards? Why not let the same operate in the hospital? They are sent out to the world qualified, then why not see that they actually are so, before you send them out?

Are pauper lives too valuable, or do they like to have all the operations to themselves—to see themselves in print—More in my next.—Your obedient servant, M.D., R.N.
October, 1866.

The profession will, we think, agree with us that it is better without the "talented young fellow with little means," whose acquirements are such that he would "stand no chance whatever under the present regulations." It is hardly necessary to point out to our Correspondent that the education essential to a gentleman's profession is not demanded as a test of capacity to set broken legs, but as evidence of a certain amount of mental culture, without

which the most skilful leg-setter in the universe is only a clumsy craftsman, unfit for the trust of life and death.—
Ed. M. P. & C.

POOLE FUND.

The following letters have been received by the Hon. Secretary, in reply to the Circular which we published in a late issue, and in aid of the Poole Defence Reimbursement Fund:

"DEAR DOCTOR.—I enclose ten shillings towards the expenses of this flagrant case.—Yours faithfully,
"E. D. MAPOTHER.

"Dublin."

"DEAR SIR,—I have great pleasure in contributing 10s. towards defending the action unjustly brought against Dr. Poole.—Yours very faithfully,
"T. HAYDEN.

"Dublin."

"MY DEAR DR. ARMSTRONG,—I cordially enclose ten shillings towards the 'Poole Fund,' and conceive it to be not only the duty, but privilege of the profession to subscribe to such a cause.—Most truly yours,
"R. STEWART,
"Belfast."

"MY DEAR ARMSTRONG,—I enclose ten shillings to the 'Poole Collection,' with best wishes for your success in this and all your other efforts for the benefit of our brethren.—Yours faithfully,
"CHARLES BENSON.

"Dublin."

"DEAR SIR,—I have much pleasure in sending ten shillings towards the 'Poole Fund.'—Yours very truly,
"A. H. McCLINTOCK.

"Dublin."

"MY DEAR SIR,—I fully agree with you that Dr. Poole's case is one which must enlist the sympathy and support of the profession. With pleasure I enclose an order for the 'limited subscription.'—Yours faithfully,
"R. G. H. BUTCHER,

"President, Royal College of Surgeons, Ireland.

"Dublin."

"DEAR SIR,—I have much pleasure in sending ten shillings to aid Dr. Poole's defence against the late absurd action.—Your obedient servant,
"R. UNIACKE RONAYNE.
"Youghal."

"DEAR ARMSTRONG,—I have much pleasure in sending ten shillings towards the 'Poole Fund,' it would be well if the plaintiff could be punished. We are the hardest worked and the worst treated men in creation.—Very sincerely yours,
"GEORGE BRASSINGTON.
"Rathgar."

"MY DEAR DR. ARMSTRONG,—I send ten shillings to the 'Poole Fund,' and sincerely hope that the profession will respond to your most just appeal.—Yours faithfully,
"W. R. WILDE.

"Dublin."

"DEAR DOCTOR,—I am sending your circulars (Foley v. Poole) round, and will remit proceeds in due time.—Yours faithfully,
"ZACHARIAH JOHNSON.
"Kilkenny."

"MY DEAR DR. ARMSTRONG,—I feel much pleasure in sending ten shillings to the 'Poole Fund,' and sincerely trust that no medical man who has got a circular will refuse to contribute to so just a cause.—Yours very sincerely,
"M. V. BOURKE.

"Limerick"

"DEAR SIR,—Please put down my name for ten shilling towards the 'Poole Fund,'—Yours very faithfully,
"CHARLES PHILIP CROKER.

"Dublin."

"MY DEAR DR. ARMSTRONG,—I received your circular, and have much pleasure in sending ten shillings to the 'Poole Fund.'—Yours faithfully,
"GEORGE H. PORTER.
"Dublin."

"DEAR DR. ARMSTRONG,—I have much pleasure in forwarding ten shillings towards the 'Poole Fund,' and hope that no member of our body had to do with such a detestable proceeding.—Faithfully yours,
"P. O'ROURKE.
"Ennisorthy."

"DEAR DR. ARMSTRONG,—I send ten shillings to the 'Poole Defence Fund,' and deeply sympathise with Dr. Poole in having to defend so nefarious an action.—Ever yours sincerely,
"THOMAS SANDIFORD.
"Castlemartyr."

THE RINDERPEST OF THE PRESENT TIME,
AND
THE CATTLE PLAGUES OF PAST AGES,
IN THESE ISLANDS,
AND ON
THE CONTINENT.

By THOMAS MORE MADDEN, M.D., M.R.I.A.,

LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; MEMBER OF THE ROYAL COLLEGE OF SURGEONS, ENGLAND; LICENTIATE OF THE FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW; AUTHOR OF "CHANGE OF CLIMATE IN PURSUIT OF HEALTH," "THE CLIMATE OF MALAGA," "OBSERVATIONS ON INSANITY AND CRIMINAL RESPONSIBILITY," ETC., ETC.

PARTS III. & IV.

SKETCH OF THE HISTORY OF CATTLE PLAGUE ON THE CONTINENT AND IN ENGLAND TO THE PRESENT TIME.

The early history of cattle plague on the Continent and in England is quite as obscure as in Ireland, and it is some satisfaction to find the accounts of the disease given by our ancient Irish annalists are not inferior to those left by contemporary writers who observed the same epizootic in other countries. In the reference to the murrains mentioned by Plutarch (id *Romulus*, B.C., 753), by Livy (Lib. iii. et xv. B.C. 404 and 212) or by Tacitus (*Annales* Lib. xvii. in the years 60 and 190. A.D.), we find no description of the symptoms by which the disease could be compared or identified with any now existing cattle disease.

The first account of a murrain apparently identical with the rinderpest, is that of the cattle plague of the year 307, cited in Ozanami's *Histoire des Maladies Epidemique, &c.*, vol. v. from Cardinal Baronious, who terms it the "Hungarian Fever." It was also described by Gregory of Tours, in the 11th book of his history. In the sixth century, and in the three following ages it repeatedly overran the Continent, but does not seem to have invaded England before the year 986, and even then there is considerable doubt whether the murrain resembled the modern cattle plague or not. For according to Dr. Short, the distemper of the year 986 was dysentery. He says:—"Two great plagues afflicted England, a mortal fever among men and a great deadly flux among cattle. (*History of the Air, &c.*, 1749, vol. ii. p. 91.) In 1041 we read that "This whole year was frightful in England for both distemperature of the air and great death of cattle, whence arose a famine which lasted seven years." In 1115 there was another murrain in England, and from 1130 to 1132 there was so great a mortality among the lower animals that we are told, "of ten yoke of oxen, not one was left alive, and out of two or three hundred swine scarce one was left alive; fowls also died (*Anglo-Saxon Chronicle*.) In 1223 murrain raged in Germany and France, and soon afterwards a similar epizootic appeared in Ireland.

In 1252, there was a great drought from Easter to Michaelmas, followed by murrain in England (*Stow's Chronicle*). This murrain is said by other early writers to have been caused by the growth of rank coarse grass late in the year when the rain at last came after the long drought, and they add that this coarse grass filled the cattle with "gross humours and thus gave rise to murrain, especially in the fens of Norfolk and the South of England." From 1314 to 1319 (according to *Stow's Chronicle*) murrain again prevailed in England. This commenced after a very wet season, and at the same time fever and dysentery were epidemic among mankind.

In 1347-48, well known as "the year of the black death," cattle plague followed the fatal epidemic and occasioned a vast destruction of cattle. In 1441, epizootics prevailed among the herds in Germany and Italy.

In 1517, another "great murrain of kine" occurred in England. This it may be observed was shortly before the appearance of the "great sweating sickness in England. In 1581 "a sore plague of strange mice," says Dr. Short,

"was observed in Kent and the marshes of Essex, suddenly covering the earth, and gnawing the grass roots, this poisoned all field herbage, for it raised the plague of murrain among the cattle feeding on it."

The great epidemic pestilences of the seventeenth century were also generally preceded or accompanied by cattle plague; and very often the disease among men was ascribed to the use of the flesh of plague stricken-cattle.

In 1709 the rinderpest was brought from the Russian Steppes into Dalmatia, and thence was carried in the train of the Austrian army into Italy in 1711. Commencing near Padua it invaded the Roman states and extended itself to every part of Italy, remaining in the Peninsula for seven years, during which time it destroyed upwards of 180,000 head of cattle. From Italy the murrain spread into France on the one side, and, through Switzerland, into Germany and Holland on the other. These countries alone are said to have lost about a million and a half of cattle by this distemper.

In 1714 the cattle plague appeared near London, having it was said been imported from Holland. Prompt measures of precaution, differing little from those enforced by Pope Clement XI. in the Roman states, were adopted by the government, and the disease did not spread, the total loss occasioned by it, being estimated at less than £24,000.

Returning now from England to the Continent, we find that the cattle plague did not cease in Holland until the year 1723, having destroyed about 200,000 head of cattle in that country. It still lingered in Germany, and was widely diffused throughout central Europe, during the war of succession, by the cattle driven after the contending armies. Between the years 1740 and 1748 the cattle plague is stated to have swept away close on three millions of cattle on the Continent.

In the commencement of the year 1745 the rinderpest was again brought from Holland into England, where at first it diffused itself so slowly as to attract no attention on the part of the government. But in a few months it assumed its characteristic severity; and in November, 1745, a cattle plague commission was nominated, and cattle inspectors were appointed to examine all suspected cattle, to kill the sick beasts and destroy their carcasses and hides. The progress of the disease was not at all arrested by these measures, for it lasted between eleven and twelve years, and did not decline till it had infected almost every part of England. The loss of cattle during the epizootic is calculated at between six and seven hundred thousand, and in the "Gentleman's Magazine" for April, 1748, I find it stated that the government had already paid £100,000 as compensation for the stock destroyed by the official inspectors.

In 1775 the cattle plague raged in the south of France, and was described by the celebrated Vicq. d'Azir, and twenty years later it again invaded Lombardy. From 1806 to 1818 a less virulent form of rinderpest prevailed in central Italy. In 1812-14 the cattle plague was imported into France by the commissariats of the allied armies, and was written upon by M. Ozanam (in his *Histoire Maladies Epidemiques*, vol. v.), and by M. Gohier (in his *Memoire sur l'Epizootie des Bêtes à Cornes*). The treatment proposed by these writers consisted in blood letting and the antiphlogistic regimen in the first stage, and in the second stage setons were employed, and stimulants were freely administered. So far my own researches into the history of the cattle plagues of former ages.

The history of the rinderpest of late years has been elaborately traced in the various official reports on the disease in England, as well as in the medical journals of the time, and I have had recourse to these sources to enable me to complete this sketch of the history of cattle plague. In 1827 the rinderpest was carried into Germany from Russia. In 1841 it broke out in Egypt, and in three years it destroyed 350,000 head of cattle there. From 1844 to 1851 it prevailed in Austria, and in 1853 it was again brought into Lower Austria from Poland.

During the Crimean war rinderpest was introduced by some Steppe cattle among the stock of the commissariats of the French and English armies. In 1857 it was reported to prevail in northern Europe, and the importation of cattle into England from the infected countries was prohibited. In 1863 the disease showed itself in southern Russia and Poland, where it raged during the civil war of that year.

In June, 1865, the rinderpest was observed in England. The Cattle Plague Commissioners in their first report state that the disease was first noticed at Lambeth on the 24th of June, 1865, in two Dutch cows, which had been recently purchased at the Metropolitan Cattle Market. Early in July it appeared in Norfolk, and thence rapidly diffused itself throughout Great Britain, with the exception of twenty-two counties, which have escaped up to the present time. In February, 1866, the rinderpest reached its maximum; and in the week ending February 17th, no less than 15,706 animals were attacked, and of these only 2,710 recovered. From this period the disease commenced to decline; thus in the week ending September 1st, the number of cases of rinderpest amounted only to ninety-nine, being a decrease of forty-nine on the preceding return.

This would not be the place to speak of the various measures taken by the authorities to arrest, if possible, the progress of the cattle plague, nor to enter on the effects of the orders in council. Royal Commissioners were appointed in September, and an Act of Parliament framed on their recommendation was passed in February, 1866, by which the measures resorted to in the epizootic of 1745 were, in substance, re-enacted.

The weekly return issued by the Cattle Plague Department of the Privy Council Office, on the 17th of August shows that from the outbreak of the disease in June, 1865, to the middle of August, 1866, the total number of animals attacked by rinderpest in Great Britain was 252,927; of these 124,268 died, 84,372 were killed, 33,292 recovered, and 10,995 are unaccounted for. That is, one in every nineteen head of cattle in England, Scotland, and Wales, has been attacked by rinderpest; and 862 of every 1000 animals infected have thus been destroyed. Besides this, the disease attacked 6,393 sheep, of which only 913 appeared to have recovered, or at least are unaccounted for.

THE CATTLE PLAGUE OF THE EIGHTEENTH CENTURY: ITS CHARACTER AND TREATMENT FROM CONTEMPORARY WRITERS.

From the history of the cattle plague to the consideration of the opinions of those who observed it in former times, as to its prevention and treatment, is a natural transition. The latter branch of this inquiry is, however, completely ignored by many recent writers on the subject. Yet it must be of importance to know something of the medical opinions of the past concerning any disease, whether it be epizootic or epidemic, for some knowledge of the measures which were formerly adopted in the treatment of an epidemic malady, and of the results of those measures, might often aid us materially, under similar circumstances, in combating the same forms of disease when they recur.

There is, however, a great tendency now-a-days to overlook and neglect the medical experience and observations of our predecessors in the healing art, and sometimes their opinions are spoken of with positive contempt by those who are, perhaps, least acquainted with their works, or who entertain what I fear is a somewhat exaggerated idea of the superiority of modern science over the knowledge of the past. But if we consult the older writers on the subject of this essay and compare them with those of the present day, we will, I think, find less evidence than might be supposed of improvement, either in the descriptions of the cattle plague or in its treatment, which may still be spoken of in the words employed by Lancisi in 1714:—"In our experience in Rome," he says, "many remedies we found useless, many hurtful, and some few

seemed useful." Had the accounts of past epizootics been more generally known, it might have saved the loss of time occasioned by the trial of the so-called *infallible specifics*, and new plans of treatment proposed daily in the public journals in England last autumn; and during that time more rational and effective remedial measures might have been devised; for with hardly an exception the treatment suggested as novel during the early months of the rinderpest in 1865 had been recommended in similar terms in the English periodicals of the middle of last century, and had been then tried with similar failure.

With these views I have endeavoured to present here a short account of the various plans of treatment suggested in the periodical press of England during the long and severe visitation of cattle plague from 1744 to 1755. The journals I consulted chiefly were the "Gentleman's," "London," and "Egshaw's" Magazines, which, and especially the "Gentleman's Magazine," then supplied to some extent the want of any separate medical journal. I have also referred to some of the pamphlets of the time on this subject, and I have sought to preserve, as far as possible, the words of the writers in the following analysis of their opinions.

A short time before the cattle plague broke out in England in 1744, an excellent essay from the French was published in the "Gentleman's Magazine." This article was entitled—"Observations on the Contagious Malady among the Oxen and Cows in Franche-comte." After some preliminary remarks, the disease is described thus—"It is always preceded by a shivering and trembling of the limbs, after which follow bad febrile symptoms, such as difficulty of breathing, a dryness on the tongue, loss of appetite, and unusual indolence, heaviness and weakness, so that they are scarcely able to support themselves on their legs. Their eyes are either dull or inflamed and sparkling, and are usually watery, and their moanings are expressive of great uneasiness. In their stomachs is observed a crudeness in their food even four or five days after it has been taken. In the affected parts we observed after death purulent matter and black or livid gangrenous spots in various parts of the intestines. In the plague among cattle in Venice in 1711, there were pustules over the whole body, according to Ramazzini's account. But instead of these pustules an eruption of vesicles on the tongue and throat accompanied the cattle plague of 1713, in the ecclesiastical state, according to Lancisi. "Effectual remedies are not yet found out. On the principle of bleeding being a remedy for all inflammations, it is very proper to take away blood from the affected animals. The next day purge the animals with Epsom or Gluber's salts, if the distemper is in its first stage, but if otherwise purging must not be used. A seton in the neck of affected beasts is next advised. Lancisi would not give the infected animals any solid food, but only cooling and nourishing drinks, such as white water, that is a water in which a handful of meal or hay has been steeped. Ramazzini further enjoins that nothing should be given to them cold.

The most essential precaution is to keep the cattle from those that are infected. Those who look after them should take care not to carry the contagious air in their clothes, and that such as wait on the infected animals should put on a kind of surtout of cerecloth when they go into the stalls, and put them off when they come out again. The beasts which die of the plague should be buried deep in the ground and no use be made of their flesh. Pope Clement XI. went farther, and ordered that the dead bodies should be cut into quarters, and buried with lime in holes made ten feet deep, or twelve, when there was no lime used, that the ground should be stamped hard, and that the holes should be dug at a distance from the public roads. Lastly, guards were appointed to cut off any communication with the infected countries, these precautions stopped the progress of the infection; and what farther contributed to it the Pope prohibited the usual fairs of such cattle.

"As to the precautions with regard to men, they ought

to abstain from the flesh of beasts that have died or have been infected. . . . For Ramazzini observes that using the beef even of such animals as appear sound, may in times of cattle plague be dangerous.

"Great care must be taken not to give any strong purgatives when once the inflammation is formed. And in this case, hot remedies are no less dangerous. Ramazzini would have two ounces of quinquina infused in ten or twelve pounds of some simple water, or cordial tincture, and this quantity divided into five or six doses, two of which to be given every day at the beginning of the infection."—"Gentleman's Magazine," November, 1744, pp. 544-550.)

In 1745-46, the English magazines were filled with communications on the nature and treatment of the prevailing cattle plague. In November and December 1745, Dr. Mortimer, secretary to the Royal Society, read papers before that body giving an excellent description of the symptoms and pathology of the disease. In the "Gentleman's Magazine," November, 1745, a correspondent describes the epizootic then raging as "a violent inflammatory fever, occasioned by feeding principally on grass, which this year from the wetness of the season has been more juicy than common." The idea that cattle plague is connected with the state of the herbage on which the cattle feed, is, as I have shown in the last chapter, a favourite theory with the ancient chroniclers. And in the eighteenth century this opinion was commonly held. Thus, in the "Gentleman's Magazine" for February, 1747, another writer also attributes the cattle plague to the severity of the preceding year, by which "the finer and sweeter species of grass were destroyed, and the growth of coarse rank vegetation was favoured."

In the January number of the "Gentleman's Magazine" for 1746, the use of tar as a prophylactic and of the tops of fir trees as food is advised. The use of tar seems to have been general throughout England. In September, 1747, was published "A receipt for the distemper of cows, from the treatise of tar water, by J. Prior, Esq., of Dublin." And in the December number of the "Gentleman's Magazine," there is a letter testifying to the properties of tar in cases of cattle plague.

In the "Gentleman's Magazine" for 1747-48, we find constant allusion to the cattle distemper. In April, 1748, one correspondent advises that the tips of the ears of the infected cattle should be cut off and cauterized, and that tar should be administered internally as well as applied externally to their noses, hearts, and sides. In June, 1748, a Mr. Montgomery of Yorkshire, writes to say that he saved six out of seven infected cattle by the administration of a piece of venice treacle the size of a walnut, dissolved in a wineglassful of brandy, and given in two quarts of hot small beer.

Several very disgusting remedies were suggested from time to time, an account of which may be found in Egshaw's and the "Gentleman's Magazine" during the time of the murrain, and especially in the sixth vol of the latter.

In the October number of the "Gentleman's Magazine" for 1748, it is stated that treatment by bark and port wine had been tried and had failed, and it is recommended to give instead an ounce of powdered bark with dock leaves in hot water at night. The treatment adopted by Lazard in the last years of the distemper, consisted in separating the diseased beast from all others, in a clean stall, ablu-tions with warm vinegar and water, followed with dry rubbing with straw, together with blood letting, aperients and setons in the early stages, and bark and stimulants in the latter stage of the disease.

One of the pamphlets published on the cattle plague in 1748, is more curious than most of these ephemeral essays on the subject, as it throws some doubt on the identity of the epizootic to which it refers with the recent rinderpest, and approaches more closely to the description of the pathological signs of pleuro-pneumonia. The writer says:—"The blood vessels of the lungs are stuffed up and dis-

tended with grumous or coagulated blood. The lungs were in some of a livid or blackish colour, and putrified to such a degree soon after the cattle were dead, as scarcely to bear touching. Abscesses were found in the lungs of others. . . . and the tonsils were inflamed or im-pothumated." (*Pestilent contagion occasioned by the disease now raging in-cattle by Tater, 1748.*)

In 1750 the cattle plague seems to have assumed a more virulent form, and the Magazines for that year were occupied with discussions on the propriety of the slaughter of infected cattle, and comparatively few remedies were suggested. In November, 1750, one writer says, that he "cured two beasts which were very ill of the distemper by boring a hole in the horns, whence issued a great quantity of matter." But in April 1751, a correspondent of the "Gentleman's Magazine," stated, that this plan of treatment had been tried, and did more harm than good. From 1751 the communications to the magazines on the subject of cattle plague, gradually diminish in number, as the disease declined year by year, until 1755, in which year it is only mentioned once in the "Gentleman's Magazine;" and is not subsequently referred to in any of the periodicals of the time which I have searched.

(To be continued in our next.)

UNFORTUNATE CASE OF POISONING BY A MEDICAL MAN.

AN exceedingly painful case of accidental poisoning occurred at the village of Wardley, near Uppingham, Rutlandshire, on the 9th inst., the victim being the wife of Mr. C. H. Simkin. On the following day an inquest was held on the body before Mr. William Sheild, coroner, when the following facts were adduced in evidence:—Mrs. Simkin (the deceased) had for some time suffered from ill-health, and had been attended by Mr. Spencer, who is an old practitioner residing at Hallaton. On the 31st of August she complained of being unwell, and said she had a pain in her back and shoulders, which she attributed to rheumatism. On a subsequent day she was taken seriously unwell at an archery meeting, and had to be taken home. On that occasion she had a fit, and complained of a pain in her head, which she attributed to neuralgia. From that attack she recovered, and on the Sunday she died she was apparently in excellent health and spirits, but was still taking medicine. In the evening as Mr. Simkin, deceased's husband, was going over to Hallaton to see a brother of his, who was unwell, his wife requested him to call at Mr. Spencer's for some medicine he was to send her. He accordingly did so, and he saw Mr. Spencer, who gave him a bottle of mixture wrapped up in the usual way. He then returned home, which he reached about eight o'clock, and placed the medicine on the table in the hall just as he received it. When he entered the room the deceased asked for the medicine, and, on being told where it was, she fetched it, and tore off the paper the bottle was wrapped in. She then opened the bottle and smelt the contents, but did not take any of it just then. Shortly after nine o'clock the family went up stairs to bed, the deceased taking her medicine with her. She did not go direct to her own bedroom, but went to the bedchamber of Miss Spurgeon, a lady who was staying in the house, where she remained about twenty minutes. On leaving that room to go to her own she inquired for a glass from which to take some of the mixture. It is supposed she then took a dose and got into bed. She had not, however, been long in bed before she awoke her husband, who had fallen asleep before she went to bed, and complained of being unwell, and asked him what time he intended getting up in the morning. She then exclaimed "Oh, I feel so giddy," and commenced shuddering and screaming out. She complained also of pains in her legs, and said, "Don't let my legs go to sleep." Mr. Simkin called to Miss Spurgeon to go to him, and when she got into the room the deceased was quite black in the face and convulsed, the body and legs kept jerking, and her limbs were rigid. The convulsions came on in fits, but she was stiff all the time. They gave deceased some brandy, but she could not take it, her teeth being firmly set. They also rubbed her limbs, and placed her legs in hot water, but she never rallied, and died in about twenty minutes from the time of being first seized. Mr. Spencer was sent for, but before he arrived she was dead. On his being told that Mrs.

Simkin had said she wished she had never taken the medicine, he observed that there could not have been anything in the mixture he had sent her calculated to hurt her. He then took up the bottle and drank some himself. A few minutes after he had drunk it he also became seriously ill, and had a fit of convulsions, twitching of the limbs, and stiffening of the joints. That, however, he attributed to the shock of hearing that Mrs. Simkin had died so suddenly, and said he had been slightly unwell on the road, having vomited. He nearly always, he remarked to Mr. Simkin, felt sick and unwell if he rode directly after dinner. Mr. Simkin, however, appears to have entertained some suspicion that there was something wrong with the medicine, and ordered it to be taken care of. He then sent for Mr. Bell, another medical gentleman, who at once attended Mr. Spencer, and under whose care he gradually recovered. The next day Mr. Simkin sent for Inspector Harrison of Uppingham, and communicated to him what had taken place, and directed him to make inquiry into the circumstances. From what he (the inspector) then learnt he at once communicated with Mr. Sheild, the coroner, and that gentleman directed an inquest to be held, and a post-mortem examination of the body of the deceased lady to be made. The medicine and the viscera were placed in bottles, sealed up, and taken by Mr. Mitchell, the chief constable of Rutlandshire, to London, and delivered over to Professor Taylor.

On Thursday the inquiry was resumed, and the following additional evidence given:—

Mr. Bell, surgeon, proceeded to describe the symptoms he found Mr. Spencer suffering from when called in to attend him. He said—I found him sitting in a easy chair, with his waistcoat and shirt unbuttoned. His pulse was 120 and very weak. His tongue had a brown appearance, and the surface of the body was cold and flabby, and there was a profuse perspiration. He was lying back perfectly helpless, and with his eyes shut. A fire was made up, and he became warmer. His pulse then went down to 112, and became stronger. At about five o'clock he called out to me and Mr. Simkin, and asked us to hold him. He then had convulsions, throwing himself back, and raising himself up. There was great rigidity of the muscles and tetanic convulsions. He also got very black in the face, and had great difficulty in breathing. He likewise had twitching of the arms. That fit lasted about a minute, but he had similar symptoms, more or less severe, from the time I first saw him until I left at a quarter past seven in the morning. He appeared to have a pain in the stomach, and kept drawing himself up. There were frequent involuntary twitchings of the face and hitching of the skin of the stomach and face. He was, however, never unconscious, neither was he sick while I was there, although he complained of feeling sick. When I went to see him again at eleven o'clock he had vomited a little.

Dr. Alfred Taylor said—The large bottle contained $1\frac{1}{2}$ oz. of liquid, including sediment, and the small one $2\frac{1}{2}$ oz., also including sediment, making altogether 4 oz., or one-third of the total capacity of the large bottle, 12 oz. The liquid was separated from the sediment, it tasted very bitter. A chemical analysis showed that the liquid contained in a dissolved form brucia and strychnine in the proportion of 1·7 grain to an ounce, the brucia, from its greater solubility, being in larger proportion. The dry sediment obtained from the large bottle weighed 5·2 grains, and that from the small bottle weighed 3 grains, making 8·2 grains of undissolved matter from the two bottles. This sediment was tested and found to be nearly pure strychnia. A quarter of a grain of the sediment produced tetanic convulsions in a rabbit in thirty minutes, and caused the death of the animal, with the usual symptoms of strychnia poisoning, in ten minutes more. The sediment or undissolved residue from the two bottles was examined for bismuth, but none was found in it. He mentioned that fact because he had seen from the prescription that it was stated to have contained bismuth. The liquid in the bottles contained much brucia, with some strychnia. On evaporation 1·7 grains were obtained from an ounce of it. Hence, in the four ounces there would be 6·8 grains dissolved. Hence, in the two bottles the weight of dry sediment, principally strychnia, was 8·2 grains; the weight of brucia, strychnia, and other soluble matter 6·8 grains; total grains in 4 ounces of mixture, 15 grains. Three tablespoonfuls, the dose marked on the large bottle, are equivalent to nearly two ounces, hence such a mixture would contain in a single dose, if it were shaken, a fatal dose of strychnia. Half a grain of strychnia has

proved sufficient to destroy the life of a human adult in twenty minutes, and in the sediment alone there was enough to kill sixteen persons. The stomach contained three ounces of partly-digested food, in which was starchy matter; the stomach was quite healthy, and its contents presented the appearance usually seen in the bodies of persons who have died suddenly in a state of health, and while digestion was going on. The application of the usual tests and processes to the stomach, duodenum, and œsophagus, as well as to their contents, showed that strychnine was present in a small quantity in each case. The largest proportion was found in the duodenum. Some powdery matter scraped from the surface of the œsophagus was by the usual tests found to be strychnine. Taking these facts and the statements in the depositions—namely, that deceased took a dose of the mixture and died in about half an hour afterwards, I am of opinion that her death was entirely due to strychnine. From the appearances, the symptoms described, and the result of the analysis, I have no doubt whatever that the deceased died from strychnine, and not from natural causes. It is possible that old samples of bismuth might be mistaken for strychnine, as they are very much alike in appearance, but they are very different in their effect. The one is very simple, and the other is a very potent poison. Any human being taking a dose like the one alleged to have been taken by the deceased would certainly die from the effect. Generally, strychnine is only kept in very small quantities, while bismuth is kept in large bottles. All bottles containing drugs ought to be distinctly labelled. An experienced person ought to know the difference between bismuth and strychnine by the weight, the one being much heavier than the other.

Other evidence was adduced to show that there had been no tampering with the medicine after it left Mr. Spencer's surgery, and that the bottle was not opened by any one except the deceased. There can be little doubt from the above evidence that strychnia had been mistaken for bismuth.

The Coroner explained to the jury that the first question they had to consider was, how the deceased came to her death. If by poison, by whom was the poison administered, and whether it was administered by accident or from gross ignorance, or gross neglect. If through either of the latter causes, then the party so administering it would be in law guilty of "Manslaughter."

Mr. Douglas, solicitor, Market Harborough, was present to watch the case on behalf of the deceased's family; and Mr. Brown of Uppingham, on behalf of Mr. Spencer.

The jury, after consulting a short time, returned a verdict that the "deceased died from strychnine, administered by Mr. Spencer with gross neglect."

Upon the delivery of the verdict Chief Constable Mitchell, who had been present during the proceedings, took Mr. Spencer into custody on the charge of manslaughter. He was shortly afterwards admitted to bail, himself in £500 and two sureties in £250 each. The case will be tried at the next assizes.

CHORLTON UNION HOSPITAL.

ON Friday last the opening of this important building was celebrated by a dinner at which a number of the visitors to Manchester for the Social Science Congress were present.

The exposures which have recently been made in connexion with Union hospitals in London gave more than ordinary interest to this event. Arrangements were made for visits of members of the Congress, which gave them every opportunity of inspecting this new hospital. It is so much in advance of all other establishments of the kind in this country, that when the proposition for it was first laid before the Poor-law Board in London, they were almost astounded at the dimensions it was likely to assume, and the liberality which dictated a scheme so much in advance of anything heretofore attempted. Not many years ago the townships in the Chorlton Union were of a semi-rural character, but with a sparse and scattered population; but the removal of dwellings in Manchester to make room for warehouses and places of business, simultaneously with a rapid growth of trade, has caused such a resort of the population to dwellings in that direction that the number of inhabitants in the Union is estimated at near 200,000. Unfortunately, pauperism has kept equal progress with population, and hence the necessity for extensive workhouse and hospital accommodation. The hospital is built at the back of the workhouse, and separate

from it. It consists of five long pavilions parallel to each other, but separated by spaces of garden ground, 100 feet each in width. Each pavilion is three stories in height, and has three wards, each containing 32 beds; so that in the hospital altogether there are 480 beds for the accommodation of the sick poor. The bedrooms are 15 ft. high. They have each a fireplace and grate, and the pavilions are lighted by eight windows in a line on each side, so that there is thorough light and ventilation; there are 15 baths in each, supplied with hot and cold water. Each ward has a small kitchen and nurse's room at one end, and other conveniences. The five pavilions are connected at the ends towards the workhouse by a wide and lofty corridor of immense length. A second corridor strikes at right angles from the middle of the other, and connects the hospital with an immense general kitchen, and through that with the workhouse. The windows of the hospital look out upon a fine open country, the prospect extending into Cheshire, the boundary of that country being within a very short distance. The cost to the Union has been about £24,000, but the contract for the building was only £17,000.

THE CALENDAR OF THE ROYAL COLLEGE OF SURGEONS IN LONDON.

THE Council of the Royal College of Surgeons of England has just published for a second year a calendar of their Institution on the same plan as those emanating from our Universities, and we think they deserve great credit for the manner in which it is produced, entailing, as appears from the profit and loss account of the last issue, a deficiency of £139 8s. 11d., the receipts amounting to only £8 18s. 4d.; then the charge to members was five shillings, but now the charge has been reduced just one-half, at which price the book may no doubt pay its expenses. From the report of the Council, it appears that the receipts and expenditure of the College in the year from Midsummer-day, 1865, to Midsummer-day, 1866, amounted respectively to £10,993 7s. 7d. and £12,641 1s. 4d., showing an excess of expenditure over the receipts of £1647 13s. 9d. The income of the College is derived principally from the fees paid on admission to the Membership, which amounted during the past year to the sum of £8197 15s. The Fellowship examinations produced £210. The Midwifery and Dental Diplomas yielded £134 8s. The election of old members into the Fellowship is still remunerative, having produced £189. The judicious investment of some of the College capital in the purchase of freehold property is shown in the return of £809 18s. 9d. for rent, to which there will be some addition next year. The College does not appear to possess much funded property, as the dividends on investments in Government securities only produced £1233 17s. In the disbursements, which amounted to £12,641 1s. 4d., it appears that the largest item is in fees to Council and Examiners, which is put down at £3610 5s. 6d. The salaries and wages appear next in numerical amount as £3101 14s. 10d. The Government and parochial authorities are large recipients of the College cash, as upwards of *eleven hundred pounds* was paid in the year for diploma stamps, taxes, and rates. The pensions appear to be on the increase, as £498 12s. is put down against £307 13s. of last year. Nearly £200 has been distributed by the Council in prizes and lectures for the members of the College. And during the present and following year £136 10s. is offered for essays, on given subjects, for competition among the members. During the past collegiate year great changes have taken place in the institution. Mr. Luke, a twice-elected president, has been displaced from the Council in favour of Mr. Charles Hawkins, the Government Inspector of Anatomy; Mr. Joseph Hodgson resigned his seat in the Court of Examiners, and Mr. Richard Quain was elected in the vacancy, and became a vice-president of the College. In the Midwifery Board Drs. Barnes and Priestley have displaced Drs. Oldham and Lee; in the Dental Board Mr. W. A. Harrison has been elected in the vacancy occasioned by the retirement of Mr. Thomas Bell; and the examiners in classics, mathematics, and French for the Fellowship

disappear altogether, this duty having devolved on the Royal College of Preceptors. The Council, the governing body of the College, have had 13 meetings during the year; the Court of Examiners has had 54 meetings, and examined 20 candidates for the Fellowship, rejecting only one; for the primary or anatomical and physiological examination for the diploma of membership 497 candidates were examined, and 136 referred back to their studies for three months; for the pass or pathological and surgical examination 410 were examined, and 64 referred for six months. And during the year 18 assistant-surgeons presented themselves for examination for promotion to the rank of naval surgeon, all of whom were reported to the Admiralty as having passed to the satisfaction of the Court. The Board of Examiners in Midwifery have had four meetings and examined 43 candidates and rejected 7. The Board of Examiners in Dental Surgery have only examined and passed 2 candidates during the year. With regard to the Fellowship it appears that only 7 have passed the preliminary examination, making a total of 123 who have passed since its institution. Of the number of fellows now on the list, it appears that there are 324 gentlemen who have obtained this honourable distinction after the severe examinations prescribed by the authorities, 245 honorary and 745 by election, making a total of 1314, to whom the elections into the Council are confided.

THE QUEEN'S UNIVERSITY IN IRELAND, DUBLIN CASTLE.

OPERATIVE SURGERY.

Examiner—ROBERT McDONNELL, M.D., F.R.S., F.R.C.S.I.
THE candidates were directed to attend for examination in the dissecting-room of the Carmichael School of Medicine. Instruments, splints, and surgical appliances in great variety were supplied by Messrs. Thompson and O'Neill.

One of each of the following was assigned by lot to each candidate:—

I. SURGICAL INSTRUMENTS AND APPLIANCES.

1. Select and arrange on a tray such instruments as you would require in order to perform the lateral operation for lithotomy on a boy, say twelve years old.
2. Apply a "spica bandage" with compress.
3. Strap the testis.
4. Apply one of those trusses as you would in a case of double femoral hernia, selecting one of a size suitable to fit a patient of the same dimensions as the subject.
5. Arrange on a tray the instruments necessary for excision of the knee-joint.
6. Select from among the instruments before you a laryngoscope, and show the mode of using it.
7. Show on the subject the mode of putting up a fracture of the humerus, say through the surgical neck.
8. Show on the subject the mode of putting up a fracture of both bones of the leg a little above the ankle-joint.
9. Select an écraseur from among instruments before you, and show the mode of using it.
10. Prepare a many-tailed bandage, and apply it on the lower limb of the subject.
11. Select and arrange in the order in which they would be required the instruments ordinarily used in the extraction of a cataract.
12. Show on the subject the mode in which you would adjust the limb of a patient whose tendo-Achillis was ruptured.
13. Put up the fracture known as "Potts' fracture."
14. Select from among the instruments before you an ophthalmoscope and show the mode of its application.

II. MINOR OPERATIONS.

1. Amputate the unguis phalanx of the index finger.
2. Show the mode of using the stomach pump.
3. Divide subcutaneously the tendo-Achillis.
4. Amputate the fore-finger at the metacarpal phalangeal articulation.
5. Perform venesection.
6. Perform circumcision.
7. Show the mode of performing paracentesis of the chest.
8. Insert a "quill suture."

9. Operate on the portion of the lip of the subject as if the part marked were affected with epithelial cancer.
10. Amputate the great toe.
11. Amputate the penis, adjusting the orifice of the urethra so as to lessen the risk of stricture.
12. Show the mode of applying acupressure on an artery, say the radial.
13. Amputate little toe and its metacarpal bone.
14. Perform the operation of revulsion of the nail.
15. Insert an Anel's probe into the lacrymal puncture.

III. CAPITAL OPERATIONS.

1. Amputate below the knee.
2. Perform the operation known as "Hey's operation" on the foot.
3. Excise the head of the humerus.
4. Apply a ligature on the external iliac artery.
5. Amputate about the middle of the forearm.
6. Apply a ligature on the brachial artery about the middle of the arm.
7. Apply a ligature on the common carotid artery.
8. Excise the elbow-joint.
9. Amputate at the middle of the thigh.
10. Apply a ligature on the subclavian artery in its third stage.
11. Amputate through the shoulder-joint.
12. Perform the operation known as "Symes' operation" at the ankle-joint.
13. Apply a ligature on the femoral artery in Hunter's canal.
14. Perform tracheotomy.
15. Extirpate the eyeball.
16. Trepaine the skull.
17. Amputate at the middle of the leg.

SURGERY.

Examiners—ROBERT McDONNELL, M.D., F.R.S., F.R.C.S.I.

1. Write a short essay on the form of cancer known as epithelial cancer, or epithelioma.
2. Describe the affection known as "erectile or vascular tumour;" mention the other names given to growths of this kind, and the modes of treatment which have been suggested.
3. Describe the pathological changes which chronic rheumatic arthritis gives rise to in the shoulder joint.
4. Describe the methods by which the healing of divided nerves may be accomplished.
5. Enumerate the symptoms and describe the progress and treatment of a case of chronic osteitis—say of the tibia.
6. What are the directions given in the Pharmacopœia for making a hemlock poultice; and for what case is such a cataplasm suitable.
7. Describe the disease known as "housemaid's knee," and enumerate the modes of treatment suggested for it.
8. A patient labouring under acute gonorrhœa is attacked with retention of urine; what will you do for him?
9. What are the diagnostic symptoms by which a hydrocele of the tunica vaginalis may be distinguished from a scrotal hernia?
10. Suppose that you have to deal with a case of simple fracture of the femur in a young person, and about the middle of the bone, describe how you will treat the case.
11. What are the early symptoms of caries of the spine in the dorsal region? What the treatment?
12. What are the directions given in the Pharmacopœia for making a cathartic and turpentine enema?

BOTANY.—PROFESSOR MELVILLE, M.D.

1. Describe in technical terms the plants 1, 2.
 2. Describe the reproductive organs and mode of development of the Lycopodiaceæ.
- PROFESSOR GREENE, B.A.
3. Define Umbelliferae. Name any other British plants having their flowers disposed in umbels.
 4. Explain, with the aid of diagrams, the terms (a) valvate, (b) imbricate, and (c) contorted, as applied to the calyx and corolla.

PROFESSOR WYVILLE THOMSON, LL.D.

5. Give the characters of the Salanaceæ, and state the properties of any economic or medicinal plants belonging to the order.
6. Describe the reproductive organs in Ferns, and the mode of reproduction and development in the group.

PHYSIOLOGY.—PROFESSOR CORBETT, M.D.

1. Describe minutely the structure of simple mucous

membrane; then give a brief account of the extent and office of the gastro-pulmonary and genito-urinary mucous membranes.

2. Describe Volkmann's Hæmodromometer and the mode of applying it.

PROFESSOR REDFERN, M.D.

2. What conditions are essential for active gastric digestion? Describe in detail how you would secure the artificial digestion of flesh in an experiment. What evidence is there that digestion of albuminous matters can take place in the small and large intestines?

4. State from what sources the chloride of sodium, the sulphates, and the phosphates of the urinary secretion are derived, and how this is ascertained.

PROFESSOR CLELAND, M.D.

5. Describe the anatomical and physiological peculiarities of the yellow spot of Sommering, as compared with the rest of the retina.

6. Describe the history of the allantois, and formation of the urinary bladder.

CHEMISTRY.—PROFESSOR ANDREWS.

1. What are the tests for lime and magnesia, and how would you apply them to the analysis of a fusible calculus?

2. State in symbols the reactions that occur in the preparation of sulphuretted hydrogen from sulphide of iron, and also from sulphide of antimony; state also the composition by weight and by volume of this gas, and how it may be analysed.

3. What is the average composition of expired air, and how would you analyse it?

4. Give an account of the acetic acid fermentation, and of the chemical changes which accompany it?

PROFESSOR BLYTH.

5. How would you ascertain the neutrality of the salt of a bibasic acid? Give examples by formulæ of neutral and basic salts of a bibasic acid.

6. How is arsenuretted hydrogen prepared? How would you distinguish it from the corresponding compound of antimony?

7. What are the chief sources of bromine? Give the mode of preparing it, its properties and the compounds it forms with oxygen and with hydrogen.

8. By what means is albumen in urine detected. What precautions in some cases are necessary for success in detecting it?

PROFESSOR ROWNY.

9. Give the method of preparing calomel; state its composition and properties.

10. State the laws of combination by weight and volume.

11. What is meant by isomorphism? Give some examples of isomorphous bodies.

12. Mention the principal sources from whence chloride of sodium is obtained, and state the uses to which this salt is applied.

ZOOLOGY.—PROF. MELVILLE, M.D.

Vertebrata.

1. Give a description of the reproductive system of the Kangaroo.

2. Describe the peculiarities of the skeleton in the Plagiostomi.

Invertebrata.

3. Give a sketch of the morphology of the Hydrozoa.

4. Describe the structure of the organs of circulation and respiration in the Crustacea.

PROF. GREENE, B.A.

Vertebrata.

5. What families of hoofed quadrupeds occur on the American continent? Mention any facts touching their distribution elsewhere which may seem particularly worthy of notice.

6. Define the Crocodilia, distinguishing this group from the true Lizards.

Invertebrata.

7. Explain the growth of the shell in the spiral Gastropods, and show how far, when injured, reparation of its substance may take place.

8. How, irrespective of the greater number of their paired appendages, do Myriapoda differ from true Insects and Arachnida?

PROF. WYVILLE THOMSON, L.L.D.

Vertebrata.

9. Describe the eye of an Owl.

10. Describe the peculiarities of the skeleton of the Duck-mole (*Ornithorhynchus*).

Invertebrata.

11. Name and refer to their positions in the zoological series, some of the principal human internal parasites.

12. Describe the mechanism of respiration in *Echinus*.

SUPPLEMENTAL CHARTER TO THE QUEEN'S UNIVERSITY.

MEETING OF THE SENATE.

At two o'clock on Saturday the Senate of the Queen's University met at the Castle, for the purpose of discussing the propriety of accepting the Supplemental Charter which had been granted to the University by the late Government. The members present were:—The Right Hon. the Earl of Rosse, Chancellor of the University of Dublin; the Right Hon. Francis Blackburn, Lord Chancellor of Ireland and Vice-Chancellor of the University of Dublin; the Right Hon. Maziere Brady, ex-Lord Chancellor of Ireland and Vice-Chancellor of the Queen's University; the Chief Baron of the Court of Exchequer; the Chief Justice of the Court of Common Pleas; the Rev. P. Shuldham Henry, D.D., President of the Queen's College, Belfast; Sir Robert Kane, F.R.S., President, Queen's College, Cork; Edward Berwick, Esq., B.A., President, Queen's College, Galway; Sir D. J. Corrigan, Bart., M.D.; Major-General Sir Thomas A. Larcom, Under-Secretary: James Gibson, Esq., M.A., Barrister-at-law; Robert Adams, Esq., M.D.; Sir Robert Peel, late Chief Secretary for Ireland; Right Rev. Dr. Fitzgerald, Lord Bishop of Killaloe; the Earl of Dunraven; Lord Clermont; Lord Talbot de Malahide; the Right Hon. William Monsell, M.P.; Mr. Justice O'Hagan, and Professor Sullivan. The Secretary, G. Johnstone Stoney, Esq., M.A., was also in attendance. The meeting was strictly private, but the result of the deliberations of the Senate, which continued upwards of three hours was, we understand, that they accepted the Supplemental Charter by a majority of eleven to nine.

The following is the result of the division:—

For the acceptance of the Charter—The Right Hon. Maziere Brady, Chief Justice Monahan, Lord Chief Baron, Right Hon. Mr. Justice O'Hagan, Lord Talbot de Malahide, Lord Dunraven, Lord Clermont, Right Hon. W. Monsell, M.P.; Sir D. J. Corrigan, Professor Sullivan, and James Gibson, Bart.—eleven.

Against—Right Hon. the Earl of Rosse, Right Hon. the Lord Chancellor, Rev. Shuldham Henry, Sir Robert Kane, Sir Robert Peel, Lord Bishop of Killaloe, Thomas A. Shillington, Robert Adams, M.D.; and Edward Berwick, Esq.—nine.

CURIOSITIES OF MEDICAL LITERATURE.

EDITORIAL AMENITIES.—The *Medical Mirror* publishes the following thunderbolt from the pen of a Fenian doctor. We presume our editorial *confrère* has placed himself under the wing of the "Saxon" police, or made his arrangements for a Continental tour. The Brazilian packet is overdue:—

TO THE EDITOR OF THE MEDICAL MIRROR.

Campinos, Provincia de San Paulo, Brazil.

SIR,—Thinking from an advertisement I saw, that the *Medical Mirror* might give some insight as to medical opinion in England, which a physician in any country cannot wholly ignore, I ordered it from my bookseller in Rio de Janeiro, and lately received the Nos. of January, February, and March of this year. Now, at page 156 (March No.), I see that with a daring any coward who has a secure hiding-place may show, you insult the Irish prisoners (political) of the English tyrant, daring to recommend the application to them of ignominious corporal torture. Now, as I cannot get hold of you to order two or three Capangas to give you the sound cow-hiding you deserve for your insolence, I will at least beg you to consider yourself morally insulted by me in any and the grossest way you can imagine. Your stupidity doubtless renders you ignorant of the rights of Irishmen; and you probably think that Ireland is part of England, as Sussex or Kent. God made Ireland a free and independ-

dent country! Man's wickedness has made Ireland England's slave. It is proper to Saxon brutality to insult and gibe and sneer at a crushed slave. Morally, these victims of English brute force whom you cowardly insult are infinitely superior to their English tyrants, and in God's own time their wrongs will be avenged.

Wishing you as much civilization and moral and Christian feeling as a Protestant Saxon can acquire, I am, Sir, your obedient servant,

RICHARD GUMBLETON DAUNT, M.D., Edin.,
Norman Irish Noble and Brazilian Citizen.

16th August, 1866.

THE CHANGE OF TYPE QUESTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—If Dr. Henry Kennedy will refer to the article on "Change of Type," and to my former letter, he will see that no gauntlet was thrown down by me, but that, being simply astounded at the misstatements of the facts of medical history, I demanded an explanation, for which I still wait.

The question of change of type can never be obsolete or a thing of the past so long as its weakest side has so distinguished a supporter as Dr. Kennedy; still, if he will only bring forward a few facts in favour of his views, it will certainly be a most interesting novelty in the controversy, and I shall have no objection in that case to tell him what I think of them, and to sign my own name instead of as at present,

A DISBELIEVER IN CHANGE OF TYPE.

COUNTY COURT, NEWCASTLE-ON-TYNE.

A SCOTT GELL v. WM. HINDMARSH.

MR. STEAVENSON for plaintiff, and Mr. Robinson for defendant. Plaintiff, who is a surgeon at Ayeliff, sued the defendant, a labourer at the same place, for £3 8s. 6d., the amount of account for attendance upon, and medicine supplied to, defendant and his wife. Mr. Steavenson contended that as plaintiff was only a surgeon, and not an apothecary, he could not recover for either attendance or medicine. Defendant's wife had been suffering from inflammation of the bowels, and, in answer to his Honour, plaintiff said he had had to apply mustard and other blisters, which he considered part of his surgical duties.

His Honour thought that it was rather a strange doctrine, that if a surgeon performed an operation and gave medicine in order bring his patient into a proper state, he was not to be allowed to recover for it.

Mr. Steavenson submitted that there were three distinct branches of the profession—a physician, a surgeon, and an apothecary—and if a surgeon practise medicine without being an apothecary, then he is not entitled to recover for it. If a surgeon was allowed to practise medicine, and recover for it, then what was the use of becoming a licentiate of the Apothecaries' Hall?

His Honour: If a gentleman is registered as a surgeon, and medical science is incidental to the application of his surgical duty, he is entitled as incidental, and as part of his claim to recover.

Evidence was given on the part of defendant that plaintiff had refused to attend his wife when requested, had gone to the house at eleven o'clock instead of six one evening, and had ultimately refused to attend at all, in consequence, as he stated, of defendant's family being insolent to him.

His Honour considered that after a doctor had undertaken a case he was compelled to attend it until he effected a cure or was dismissed by the person requiring him, or give up the case on some reasonable grounds. He considered that by neglecting his patient the plaintiff had forfeited his right to any claim for attendance, for it was of the utmost importance that medical gentlemen should understand their responsibility.

The judgment would, therefore, be for defendant.

THE now annual St. Bartholomew dinner took place on Monday last at the Albion Tavern, immediately after the brilliant address delivered by Mr. Savory to inaugurate the opening of the session. The number present at this entertainment was unusually large, and under the very able presidency of Dr. Jeaffreson the success of the evening was unequivocal. The treasurer, the chaplain, and most of the Medical staff were present.

Notices to Correspondents.

A.B.—The length of time necessary for a woman to attend the Rotunda Hospital, in order to obtain the Diploma of Midwife, is six months; the fee is, for an intern, £20, for which she is boarded, and an extern pays £10.

M. J. B.—The notice is inserted.

R. A.—The subject shall receive attention.

X. Y., Liverpool.—The case is not related with sufficient clearness to enable us to give a decided opinion.

Communications, &c., received from—Dr. Ogle, Dr. Fincham, Mr. Hulke, the Pathological Society, &c. &c.

Appointments.

LONDON.

HOWELLS, T., M.B., C.M., M.R.C.S.E., has been appointed House-Surgeon to the Westminster General Dispensary, Gerrard-street, Soho, vice P. J. Simpson, M.R.C.S.E., appointed Apothecary to the Middlesex County Lunatic Asylum, Colney-hatch.

PROVINCIAL.

BROUGHTON, H. T., M.R.C.S.E., has been appointed Resident Medical Officer to the Infirmary and Dispensary, Bradford, Yorkshire.

EVANS, O., M.R.C.S.E., has been appointed House-Surgeon to the Royal Berkshire Hospital, Reading.

MERCER, N. G., M.D., has been appointed a Junior Medical Officer of the Lancaster County Lunatic Asylum.

BIRCH, J. P., M.R.C.S.E., has been appointed Medical Officer for the Tallylyn District of the Dolgelly Union.

COOKSON, A. N., M.R.C.S.E., has been appointed Assistant-Surgeon to the Stockport Infirmary, vice Carter, resigned.

DOUGLAS, G. C., M.R.C.S.E., has been appointed Medical Officer for District No. 3 of the Brackley Union, Northamptonshire, vice G. A. Knott, M.R.C.S.E., resigned.

DUKE, R., M.R.C.S.E., has been appointed Medical Officer for District No. 7 of the Battle Union, Sussex, vice H. B. Smith, M.R.C.S.E., resigned.

GAFFRITH, M.R.C.S.E., has been appointed Medical Officer for the Mallwyd District of the Dolgelly Union.

LOCKING, M.R.C.S.E., has been appointed Certifying Factory Surgeon, Hull, vice R. Hardy, M.R.C.S.E., deceased.

MCCLURE, A. A., L.R.C.P.Ed., has been appointed Medical Officer for the Tottington No. 2 District of the Bolton Union Lancashire, vice J. Carruthers, M.D., resigned.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on Tuesday, Oct. 2nd, the following Members of the College were duly admitted Fellows of the same:—

Hicks, John Braxton, M.D. Lond., St. Thomas's-street.
Latham, Peter Wallwork, M.D. Cantab, Cambridge.

At the same meeting, the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College:—

Beigel, Hermann, M.D. Berlin, Finsbury-square.
Lomas, William, M.D. St. Andrews, Harley-street.
Waring, Edward John, M.D. St. Andrews, Talbot-villas, Westbourne-park.

The following Extra-Licentiate was also admitted a Member of the College:—

Forbes, John, Addison-road, Kensington.

THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—At a meeting of this Corporation, held on the 1st inst., the following office-bearers were elected for the ensuing year, viz.:—

John Gibson Fleming, M.D., *President*.
Andrew Anderson, M.D., *Visitor*.
John Coates, M.D., *Treasurer*.
George Rainy, M.D., *Honorary Librarian*.
James Dunlop, M.D., *Vaccinator*.

COUNCILLORS.

The President, *ex-officio*.
The Visitor, *ex-officio*.
Wm. Weir, M.D.

BOARD OF EXAMINERS.

James Adams, M.D.
George Buchanan, M.D.
Andrew Anderson, M.D.
Thomas Watson, M.D.
William Lyon, M.D.

EXAMINERS IN ARTS.

Professor Ramsay.
L. Hill, LL.D., and William H. Hill, *Clerks*.
Alexander Duncan, B.A., *Librarian and Secretary*.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on September 27th:—

Baker, Benjamin, Framlingham, Suffolk.
Beckett, Francis Mears, Hitchin, Herts.
Davidson, Thomas, Forres, Morayshire, N.B.

The following gentlemen also on the same day passed their first examination:—

James Howard, Manchester School of Medicine; Frederic Rainbow, St. Thomas's Hospital; Geo. Arthur Woods, Liverpool Royal Infirmary.

MEDICAL CLUB.—A preliminary meeting of the members of the above club was held at the house of Mr. Propert, New Cavendish-street, on Tuesday, October 2nd. Present.—Mr. Propert in the chair; Dr. Butler, Woolwich, Mr. Laurence, Dr. Wilson, Iles Watford, Dr. Chavallier, Ipswich; Mr. Read, Dr. McEwen, Chester; Dr. Webster, Northampton; Mr. Whitfield, Kensington; Dr. Weber, and Dr. Lory Marsh; several gentlemen left before the meeting was concluded whose names did not transpire. A considerable increase in the number of members was announced and a satisfactory report of the progress of the club since the previous meeting was presented. A copy of the proposed rules was read, and considerable discussion ensued, especially with reference to the future designation of the club. It was ultimately decided to adhere to the title "Medical Club," until the general meeting at which it would be competent to substitute any other that might be then agreed upon. Amongst the names suggested were the following:—The Brodie, the Sydenham, the Hunterian, and the Harveian. A letter was read from Sir Wm. Fergusson, expressing his pleasure to preside at a general meeting to be held in the Hanover-square Rooms on Thursday, November 8th, at two p.m., to take into consideration the best means to adopt to secure the successful carrying out of the club.

NEW FORM OF SWINDLE.—A man named John Jackson has been brought before the magistrates at Bradford on a charge of falsely representing himself to be a sanitary inspector, and in that character levying black mail from various householders. He was committed to take his trial for fraud.

On Monday week an Act of Parliament came into force for the better prevention of disease at military and naval stations. Hospitals are to be provided, and visiting surgeons appointed. The expenses to be defrayed by Parliament.

The return of the state of pauperism for London shows an increase of 14 per cent., the number being somewhat over 90,000 in July, 1865, but 103,000 in July, 1866.

CHARCOAL PEGS FOR ACTUAL CAUTERY.—These are lighted and burn like a cigar, the end being somewhat pointed. They should be applied in a direct horizontal line, because pressure sideways would break the point. The composition is as follows:—Powdered charcoal, 300 grains; nitrate of potash, 22 grains; gum tragacanth, 75 grains; water, 360 grains. Mix into a mass, and roll it into the shape of ordinary lead-pencil, about three inches long. Very few ashes are yielded, and when any form, they may be blown away, the current of air thus keeping up combustion.

A QUARANTINE of fifteen days has been imposed upon all vessels arriving at Malta from Dublin, and of ten days upon those from Tunis.

THE WATER SUPPLY OF THE EAST-END OF LONDON.—We are glad to see that the authorities of Bethnal-green and Whitechapel are bestirring themselves for the purpose of obtaining from the East London Company a purer and better supply of water. A meeting was held on Thursday, September 27, at Bethnal-green; the chair was taken by the rector of the parish, the Rev. S. Hansard. Resolutions were proposed and seconded by Drs. Burgess, Sarvis, Liddle, and Ma. Gladding. An East London Water Supply Association was inaugurated, which is to act in concert with the Mesropolitan Association, whose object is to compel water companies to furnish a constant instead of intermitting supply of water, and to provide an improved system of filtration.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS—LONDON.

HARE.—On the 19th inst., at Brook-street, Hanover-square, the wife of C. J. Hare, M.D., of a daughter.
SHEWAN.—On the 24th inst., at Kensington-gardens-square, the wife of A. Shewan, Esq., Deputy Inspector-General of Hospitals, of a daughter.
USSHER.—On the 24th inst., at Craven-terrace, East-hill, Wandsworth, the wife of Henry Usher, M.B., of a son.
JONES.—On the 17th inst., at Clapham-rise, the wife of S. Jones, M.B., F.R.C.S.E., of St. Thomas's-street, of a son.
PLAYFAIR.—On the 18th inst., at Scarborough, the wife of Dr. W. S. Playfair, of Curzon-street, May-fair, prematurely, of a son.
MAY.—On the 18th inst., at Fletcher House, Tottenham, the wife of Emanuel May, M.R.C.S.E., of a daughter.
LINDSAY.—On the 19th inst., at Hanwell, the wife of J. Murray Lindsay M.D., of a son.
BRAND.—On September 30, at Thicket-road, Penge, the wife of S. C. Brand, M.R.C.S.E., of a son.
EDMONDS.—On September 26, at 27, St. Augustine's-road, Camden Town, the wife of H. Edmonds, M.D., Staff-Surgeon R.N., of a daughter.
EDMONDS.—On September 26, at 4, Fitzroy-square, the wife of James Edmonds, M.D., of a son.
HARLEY.—On the 22nd ult., at Upper Berkeley-street, Portman-square, the wife of John Harley, M.D., of a daughter.
MOSELEY.—On October 1, at 11, Upper Wesbourne-terrace, Hyde-park, the wife of B. E. Moseley, of a son.

PROVINCIAL.

ASHBY.—On September 30, at Lutterworth, the wife of J. F. Ashby, M.R.C.S.E., of a daughter.
BLAKE.—On September 28, at Pevensey, the wife of E. H. Blake, M.D., of a daughter.
FITZGERALD.—On September 26, at Folkestone, the wife of E. C. Fitzgerald, M.D., of a son.
HAMMOND.—On September 28, at Ipswich, the wife of C. W. Hammond, M.D., of a son.
HOWELL.—On September 24, at Blackmeadows, Llantillio, Cressenny, Abergavenny, the wife of J. M. Howell, M.R.C.S.E., of a son.
MARTIN.—On September 27, at Victoria House, Weston-super-Mare, the wife of E. Martin, M.R.C.S.E., of a son.
BANKS.—On the 17th ult., at Riseley, Higham Ferrers, the wife of P. H. Banks, M.R.C.S., &c., of a daughter.

IRELAND.

GLEESON.—September 28, at Hill House, Athlone, the wife of Edward M. Gleeson, Esq., of M.B.Lond., of a son.
FAIR.—October 5th, at Ardvarna, Oughterard, county Galway, the wife of Campbell Fair, Esq., M.R.C.S.E., L.K.Q.C.P., of a son.
HADDEN.—October 6, at Clonakilly, the wife of Henry R. Hadden, M.D., F.R.C.S.I., of a daughter.

MARRIAGES—LONDON.

SHUTTLEWORTH-SMITH.—On September 27, at St. Stephen's Church, Bayswater, R. Shuttleworth, M.R.C.S.E., of Kensal-green, to Louisa Birtha Moyle, youngest daughter of the late J. W. Smith, Esq., Surgeon, of Finsbury-square.
JOHNSON-SANDILANDS.—On October 3, at St. George's, Hanover-square, E. Johnson, L.R.C.P. and L.R.C.S. Edin., to Anna Letitia, second daughter of Mrs. Sandilands, of 56, Belsize-park, Hampstead.

PROVINCIAL.

GOODWIN-SMITH.—On October 1, at St. George's Church, Llandudno, R. D. Goodwin of Ashbourne, Derbyshire, Staff-Surgeon 2nd Administrative Battalion D. R. V., to Elizabeth, second daughter of the late Rev. B. Smith of Drax, Yorkshire.
MAXWELL-HODGSON.—On September 27, at St. George's Church, Worcester, C. R. Maxwell, M.D., of Springfield Lodge, Britannia-square, to Jane, eldest daughter of the late Joseph Hodgson, Esq., of Spital-square, London.
RYLEY-GWENNAP.—On September 27, at the parish church of Alveley, J. B. Ryley, M.R.C.S.E., to Sarah Louisa, only child of the late T. Gwennap, Esq., of London.
WHITE-POWELL.—On October 6, Frederick Augustus White, Esq., S.I. Constabulary, youngest son of the late Matthew Esmonde White, Esq., M.D., county Wicklow, to Annie Winston, eldest daughter of Abraham Powell, Esq., county Sligo.

SCOTLAND.

ORPHOOT-HENDERSON.—On September 27, at St. Paul's, Newton Abbott, P. Orphoot, M.D., of Edinburgh, to Mary Juliana, youngest daughter of the late Rear-Admiral T. Henderson, of Bellevue Dawlish.

DEATHS—PROVINCIAL.

HARRIS.—On the 22nd July, at Sydney, Samuel Harris, Surgeon, aged 52, formerly of Fenchurch-street, city, and eldest surviving son of Charles Harris, Esq., of Lansdowne-place, Brighton.
FORDE, F. P., M.R.C.S.E., of Hemingborough, Yorkshire, on September 15, aged 45.
MORLEY, THOMAS, L.R.C.P. Edin., of Oldham, on September 20.
PETCH, E., L.S.A., of Alma-square, Scarborough, on September 16, aged 65.
ATKINSON.—On the 25th ult., at South View, Hounslow, A. R. Atkinson, M.D., late of the Bengal Medical Service, aged 43.
HARRISON.—On the 25th ult., at Cheltenham, T. D. Harrison, Esq., late of the Madras Medical Service.
FRING.—On the 28th ult., F. B. Fring, M.R.C.S.E., of Grassington, Yorkshire, aged 54.

SCOTLAND.

WALKER.—On the 28th ult., G. Walker, M.D., of Bonnington-place, Edinburgh.

IRELAND.

POWELL.—On the 27th ult., at Cork, Thos. Powell, L.R.C.S.I., of Enniskeen, county Cork, aged 81.
HALLIDAY, J., M.D. Glas., of Belfast, on the 11th inst.
HARPER, JOHN, M.D., Surgeon 35th Reg. N.I., at Lullutpore, India, on August 5, aged 41.
LEET, JOHN KNOX, M.D. Dublin (Surgeon Cape Mounted Riflemen), at Wellington-road, Dublin, on September 19.

BOOKS RECEIVED.

The Harveian Oration for 1866.
 Osteology for Students. By A. T. Norton.
 Cancer: A New Method of Treatment. By W. H. Broadbent, M.D. London: John Churchill and Sons.
 Army Medical Department, Statistical, Sanitary, and Medical Reports. Volume VI. London: Her Majesty's Stationary Office.
 Sanitary Measures and their Results. By Thomas Shapten, M.D. Exeter: Wm. Clifford, High-street.
 Messrs. Churchill and Sons Red Letter List.
 Clinical Lectures and Reports, The London Hospital, vol. iii. London: John Churchill and Sons.
 Guy's Hospital Reports, vol. xiii. London: John Churchill and Sons.
 St. Bartholomew's Hospital Reports, vol. ii. London: Longmans, Green, and Co.

Late Publications in Medicine & Science,

(From the Publishers' Circular.)

Bartholow (Roberts)—On Spermatorrhoea: its Causes, &c. 12mo (New York, 1866) pp. 112, London, 4s. 6d.
Furman (G.)—Medical Register, City of New York, for Year commencing June, 1866. 18mo. (New York, 1866) pp. 306, London, 10s.
Letterman (Jonathan)—Medical Recollections of the Army of the Potomac. Svo. (New York, 1866) pp. 194, London, 10s.
Natural History Transactions of Northumberland and Durham. Vol. 1, Part 2, pp. 138, 3 plates. Svo. 3s. 6d. (Williams & N.)
Newman (E.)—Dictionary of British Birds. 8vo. cloth, 12s. (Whit-taker).
Noad (Henry M.)—The Inductorium, or Induction Coil: being a Popular Explanation of the Electrical Principles on which it is constructed. 2nd edit. 12mo. pp. 110, cloth, 3s. (Churchill)
Sansom (Arthur Ernest)—The Arrest and Prevention of Cholera: being a Guide to the Antiseptic Treatment, with new Observations on Causation. 12mo. pp. 130, cloth, 2s. 6d. (Churchill).
Tabular View of Characteristic British Fossils, stratigraphically arranged. Royal 8vo. sewed, 3s.
English Cyclopædia—Arts and Sciences. Vol 2. 4to. cloth, 12s. (Bradbury).
Harley (George)—Diabetes: its Various Forms and Different Treatments. Post 8vo. pp. 76, cloth, 2s. 6d. (Walton).
Jackson's (R. E. S.) Note Book of Materia Medica. Crown 8vo. cloth, 10s. 6d. (Hardwick).
Macleod (Alexander Charles)—Acholæ: comprising Jaundice, Diarrhoea, Dysentery, and Cholera, with a Preliminary Dissertation on Bile, the Biliary Function, and the Action of Cholagogues. Post 8vo. pp. 240, cloth, 5s. 6d. (Churchill).
Maury (M. F.)—The Physical Geography of the Sea and its Meteorology. 12th edit. Post 8vo. cloth, 5s. (Low).
Althaus (J.)—On the Value of Galvanism in the Treatment of Paralysis, &c. 4th edit. 12mo. cloths 3s. 6d. (Trübner).
 A new work entitled Sound is preparing for publication, consisting of the Course of Six Lectures on Sound delivered in 1866, at the Royal Institution of Great Britain, by John Tyndall, LL.D., F.R.S., &c., Professor of Natural Philosophy in the Royal Institution and in the Royal School of Mines.
 The third volume of Prof. Owen's Comparative Anatomy and Physiology is nearly ready, and will complete the work, as originally announced, in three volumes.
 A new elementary work entitled Outlines of Physiology, by John Marshall, F.R.C.S., Lecturer on Anatomy in the Science and Art Department, South Kensington, is nearly ready, in 1 vol.
Keane (David)—The Nuisances Removal and Diseases Prevention Act. 5th edit. 12mo. pp. 180, cloth, 5s. (Shaw & S.).
 What is Best to be Done about the Cholera! 2d. per dozen; or 1s 4d. per 100 (Macintosh).
Power (P. B.)—The Cholera; What then! with the Instructions issued by the Board of Health. 1d.; or 25 for 1s. 4d. (Macintosh).
 Important Advice concerning the Cholera. 2d.; or 25 for 6d. (Macintosh).
 The Cholera is now Come: Are you Prepared for it? A few Words of Direction and Advice. By a Physician. 1d.; or 25 for 1s. 4d. (Macintosh).
Lankester (Edwin)—Cholera: What it Is, and How to Prevent It. 12mo. pp. 94, sewed, 6d. (Routledge).

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING OCTOBER 6TH, 1866.

By J. H. STEWARD, Strand and Cornhill, London.

Oct. 1866.	Barometer reading reduced to 32 degrees.	Thermometer.		Dry bulb.	Wet bulb.	Wind.			Remarks.
		Max.	Min.			Direction.	Force.	Rain.	
1	30.020	60	54	58	55	N	—	—	Fine.
2	30.010	62	54	55	52	N	—	—	Dull.
3	30.020	60	54	60	58	E	—	—	Dull.
4	30.016	61	56	58	57	N	—	—	Dull.
5	30.080	58	55	56	53.05	N	—	—	Dull.
6	30.046	60	54	51	50	N	—	—	Dull.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

OPENING OF THE ENGLISH
MEDICAL SCHOOLS.

INTRODUCTORY LECTURE,

DELIVERED AT

ST. GEORGE'S HOSPITAL.

By Dr. J. W. OGLE.

(Continued from page 354.)

EMPIRICISM has been characterised as "causation inferred from casual conjunction, without any presumption arising from known properties of the supposed agent;" and it cannot be gainsayed, that a very large proportion of our usage of medicines has resulted from intelligent observation of their action on the human body, purposely contrived, but entirely apart, from their previously known properties. Of the exact action, or mode of action, of very many remedies, we have no certain knowledge, and even when we have such knowledge, the action which we intend is not necessarily and invariably warranted by the phenomena of the diseased condition which we seek to subvert; and you may find two physicians taking the same view of the character and origin of a given case, their diagnosis being correct and identical, not only counselling the use of different remedies or different quantities of the same remedy with similar intention, but also recommending treatment with different intentions. To quote one instance from hygienic medicine at the present moment we have one set of what may be termed experts recommending the chlorides as the best possible disinfectant, whilst by another they are considered a delusion and a snare. In fact, if Galen were now living, he would no doubt issue a new edition of his now lost book, "De empiricarum contradictis." Our modern method of practice is essentially eclectic, and whilst in former times one or other system, empiric, dogmatic, and methodistic, or their modifications, have prevailed. We cannot be said to enjoy any positive system at all. Our mode of procedure is founded on the disintegration of former arrangements of thought and the wreck of old-world systems, just as, by way of illustration, our present English history or language are made up of elements from the Saxon, the Danish, the Norman, &c.; or as many of our ancient cities and churches were constructed of the *débris* of material still more ancient and belonging to worn-out types.

"Opinion in good men," has been well said to be "but knowledge in the making." As respects our practice, we are assuredly in the opinionative and by no means certain or positive stage. We neither consider nor act on the principle that most diseases arise from inflammation (whatever that really is) of the stomach and consequently apply leeches to the epigastrium, nor when we have puerperal fever or plenritis or another it is to deal with, do we of necessity, swayed by the humoralist theories of Galen, take blood, vampire-like, from the arm "pleno rivo, ad deliquium animi;" nor inundate the body with the indispensable and infallible mercury; nor when we have pneumonia to treat, do we, as followers of another theory, keep the patient in a state of intoxication. We do not, as disciples of the Paris school, everlastingly bleed, purge, and evacuate; nor with that of Montpellier, invariably give tonics and cordials. We do not, arguing deductively, treat disease either on homœopathic or allopathic principles; nor do we, on what is aptly termed the expectant

principle, absolutely do nothing for our patient after the doctrine of Mephistopheles, who taught Faust that medical practice "was easy to be caught, you study through the great and the little world, and let things go on in the end as it pleases God. He who avails himself of the passing moment, he is the proper man."

No doubt, what Sydenham recommended in the Fourth Section of his "Methodus Medendi," speaking of fevers, was correct. He advised us to permit nature to do her own work, seeing that we are only required to regulate her when she is exorbitant, and fortify her when she is too weak. What we have to try to find out by symptoms is the direction which nature is taking, and then attempt not to confront but to support and follow her, to essay the restoration of unity of function and structure; for all organic action is an effort at self preservation. Were this more our habit, or more within our reach, we should not be so much guided as we are by fashion. A few years ago iodide of potassium was given by us in almost every form of disease, now the bromide has taken its place.

Does not all this show that we are greatly in want of exact knowledge, not only of the mode of action, but as to what the action is of agents on diseased conditions. Every year, however (and especially is progress in this direction made in Germany as shown by the important investigations of men like Du Bois Reymond, Helmholtz, &c.), we are in connection with our widening knowledge of physics, the "root of the sciences and arts," gaining more precise information, by means of rigid experiment, in this matter. Probably our researches as regards the actions of medicines will be much assisted by the more extended use of the hypodermic method of administering remedies and by increased careful and well-directed experiments on the lower animals. I may here mention the recent highly interesting experiments with the spectrum analysis of Dr. Bence Jones, but lately one of the physicians of this hospital, demonstrating the extreme rapidity with which certain substances, when taken into the system, are diffused probably throughout every part of the whole body. We are aware that certain poisonous agents introduced into the system, such as that of malaria, for example, have a special affinity for and operate through certain parts or textures rather than through others; also, that certain remedies act in the same preferential manner. May not, then, such experiments as those with the spectrum assist in widening the boundaries of our knowledge on such questions?

Perhaps it is vain to expect much real progress in the exact knowledge of the agency of remedies in disease until our chemistry of animal tissues is more certain and advanced, for organic chemistry is still in its infancy; and until we are also in possession of more intimate acquaintance with the action of various agents in states of health, and their discrepancies of effect, according to age, climate, &c., also with the antagonistic effect which many of them exercise upon each other when exhibited simultaneously and with the manner and degree in which the presence of disease modifies their action. To take a solitary instance, how much is our beneficial application of galvanism in practice crippled by the fact of our scanty converseance with its action on healthy persons. In support of the statement that organic chemistry is still but very young and imperfectly developed, I may mention the fact of Chevreul, a French chemist, having quite recently found the existence of no less than twenty-nine distinct elements, separable by chemical reaction in that very ordinary substance called mutton suet. Possibly it also contains, in accordance with the researches of Dr. Bence Jones, a thirtieth substance, viz., the animal quinine-like material.

This result of Chevreul's is akin to that obtained by the destructive distillation of coal which yields no less than fifty-one simple and complex bodies, acid, neutral, and basic, as reported by the Chemical Jury of the last International Exhibition.

May I not here take the opportunity of commenting on the short-sightedness and obtuseness of our British Medical

Council which sets its face against the allotment of even a fragment of its not inconsiderable increase towards elucidation of the physiological action of remedies—a question which might well fall within the functions of our College of Physicians, or Royal Medical and Chirurgical Society to take in hand.

The practice of medicine and surgery are removed from the sphere of empiricism in proportion as they rest upon the principles or science of medicine, that is, upon pathology. I will now pass on to say a few words regarding the latter.

Some there are who have no hesitation in ranking pathology as a complete science in juxtaposition and on a par in scientific attributes with those strictly called sciences with which we are so familiar. As it appears to us, it is, however, still unripe, and as long as so much and so great variety in disease exist, so long must pathology remain as an imperfect science. Even physiology is in many points defective as a true science, the criterion of which is acknowledged to be the tracing in the production of an event, an invariable sequence of causative phenomena. Much more is this the case with pathology which is, so to say, as before remarked, a perversion of physiology, and towards the determination of which so many disturbing elements coincide. Still, of course, we enjoy and inherit from our predecessors most accurate knowledge for our guidance on many points, and are in possession of numbers of indisputable general truths and laws, much more than is the case with the politician, the geologist, or the psychologist; and we may gratefully recall the numerous advances which of late years have been made in pathology—such, for example, as those on the subject of embolism, albuminuria, entozoa, the various kinds of blood poisoning, the conditions of the blood in rheumatism and gout, and though not so recently developed, of reflex nervous diseases, along with many others. We possess in pathology facts as certain, as foundational for superstructure, as the chemical composition of water, the atomic theory, and that on latent heat. Nevertheless, it cannot be said that we are able to anticipate the forms which disease will assume by means of our physiological knowledge, just as I before said, we could not reason out any proper mode of treatment from the ascertained forms of disease. On the contrary, we are in many cases only enabled to conjecture the nature of many varieties of disease by watching the effects of our remedies.

I have perhaps now said enough to excite the suspicion of want of faith both as to the practice and theory of my own profession, and shall probably be considered as sceptical in the powers of medicine as if I had boasted of curing chorea without medicines, or acute rheumatic fever with mint water, forgetting the parts which rest and warmth, and proper food and air, play in the adjustment of all morbid states; and I shall be probably thought to hold the opinion of Voltaire, that the physician is one who puts drugs of which he knows nothing into bodies, of which he knows less; or of Rabelais, who observed, "Happy is the doctor who is called in when the disease is declining." The object which I have, however, had in view in being so explicit regarding the shortcomings of both our practice and principles has not been the discredit of our calling. Far from it. We ought surely to realise our ignorance and weakness as well as our wisdom and strength, and in every sense to obey the commands of the Delphic oracle, to know ourselves. I have thought it right to point out what appears to be certain deficiencies in our methods, as well with the intention of discouraging false expectation, which those fresh to the studies might entertain of their position and character, as of indicating how much still require to be investigated into, of stimulating inquiry, and of pointing out that treasures of medical discovery are open to all comers, and that any individual of those present may, if he will give his mind to the subject, glean many opportunities of doing good service by interrogating nature and adding to the common stock of knowledge, bringing to bear on his observations and guided

thereto by that theorising or imaginative or instinctive spirit (call it what you will), which alone enables the mind to turn observation to good account and prove fruitful. There is also one fact connected with our studies which should be borne in mind—viz., that our profession is such that almost every one of its members, however situated in life, remembering that "most poor matters point to rich ends," and carefully watching in a proper spirit the phenomena which lie about his path, will have opportunities of discovering germs of fresh knowledge capable of development. It is also an acknowledged fact that whatever adumbrations, or surmises, or assurances may exist on any subject as a result of the sagacity and insight of forerunners, those who build on foundations laid by others and complete the structure, obtain the reward; for, as Professor Owen has remarked, "he alone discovers who proves, who converts a speculation into a positive conclusion." For a truth, to be operative or available, it must not only be anticipated, but be demonstrated to the world. Thus, it was to Laennec that we owe our real knowledge of auscultation, though it was to some extent forestated in this matter by Aretæus and Hippocrates and Harvey; and Harvey is the discoverer of the blood circulation, in spite of the approaches to it made by such observers as Reyna, Bruno, Leruetus, Cæsalpin, and Harvey's own teacher, Fabricius. Thus, also, although Hewson's doctrine of central particles foreshadowed that of the "cell nucleus" of our day, his name is not associated with it.

Again, for the newly-accepted theory of the interchange or indestructibility of "forces," the capital scientific achievements of the present century, a preparation was made by Leslie at the beginning of the century, who consolidated, as Buckle says, the great idea of light and heat being identical; and also, I would suggest, by Sir Humphrey Davy, who discovered the laws of the connection between electrical affections of bodies and their chemical powers; but the praise of its full discovery was reserved for others.

Borrowing illustrations from a different region of thoughts, the demonstrator of a theory has the same merit which Raphael obtained, who, though copying the figures of Massaccio, made them his own in his celebrated cartoons and "bettered them," or which has even been conceded to Dante's "Inferno," though originated by his witnessing the acting of the mystery of "Adamo."

I will now proceed to make some observations upon the form into which your work will be thrown in this place; and first, as regards the LECTURES which will occupy a good portion of your time.

Had you been entering at an hospital very many years ago (at a time when degrees at the Universities were granted on the recommendation of three Masters of Arts), you might have found that little or no attendance on medical lectures in London was required at your hands, you would have met with little or no system of teaching in the wards of the hospital; you would have been very much left to yourselves to scrape together, as you well could, such knowledge as the requirements of the various examining boards might have necessitated, and but slight interest would have been taken in you by the authorities. At a period less remote, the number of lectures, of attendance upon which you would have had to procure certificates, would have been so numerous that your time would have been almost entirely passed in the various classrooms; but scanty interval would have been left you for the conflicting practical part of your studies, and your minds would have been confused by the minuteness and multiplicity of subjects taught, or perhaps only wearily attempted to be taught, by those who were little gifted with the faculty of imparting knowledge.

At the present time, a reaction having occurred, I am not quite sure that as regards lectures you have not too few demands made upon you. It is not improbable that in former times, when the body of our profession was, doubtless, not so well recruited as it has been of late, when, from deficient special educational advantages and general

cultivation, students were less competent to read with benefit to themselves, and followed up subjects without the aid of others, it is not improbable, I say, that lectures and demonstrations were more required than they are now, when the imparting of knowledge and instruction generally have become less didactic, and the student is left more to his books, and observation at the bedside and in the post-mortem room is more encouraged and provided for.

At the same time the opposite extreme of error must not be fallen into—that lectures are of second-rate importance or useless. I lay stress on this, for I have some reason for thinking that there is a tendency to fall into this mistake. There are many, doubtless, who, from their knowing how to work, from their methodical habits (possibly the result of greater scope and increased solidity of preliminary knowledge and education now required), from their perseverance of character and realization of existing advantages, may read well and instruct themselves from books, supplementing considerably the lectures which they hear; but these are surely the exceptions, and I feel convinced that in the case of the majority of us, oral teaching and demonstration to the ear, and especially to the eye, whether it be in connection with physical, or theological, or philosophical truth, is incontrovertibly the best means of communicating knowledge, and that we require the distinct personal contact of teachers, and the apt and lively illustration so necessary in giving clearness and precision to statements. If, then, our lectures are diminished in number, the utmost exertions must be made by all to avail ourselves of those which are given, especially of those which are catechetical, and take the form of examinations. Again, a vast number who are very ready and willing to work, and are very industrious when duty is thrown into their hands, become neglectful and inattentive when left to themselves, and even drift away into positive idleness, and all the hydra-headed mischief which issues therefrom.

I say, then, stick closely to your lectures, and afterwards read up their subjects in the various works recommended by your lecturers on their specialties. A good plan is for two students to associate themselves together, and habitually to read and question each other at different stages of progress.

Hogarth remarked that they also confine their studies to the works of the dead, and never hope to live themselves. Therefore, concurrently, and in relation with lectures, and with reading what has been done and said by predecessors, must be combined the watching and study of what happens in the hospital ward and out-patient rooms.

In my opinion this ought to proceed *pari passu* with the lectures, from the very first entrance of the student to the hospital. The outer aspect and diagnosis of disease have mainly to be studied through our organs of sense, and these have to undergo that special training which frequent and continued practice alone can confer. I would then have the student, instead of lounging about the passages or idling and gossiping in the library, to the disturbance of readers, begin by attending the out-patients' practice (especially in the surgical department), wherein physical examination can be learned and practised in abundance, and with facility. Soon after that he should begin to frequent the wards—at first with one or other of the house physicians and surgeons, the dressers, and clerks or registrar at their early visit, not waiting for this frequenting of the wards until any large number of lectures have been attended. Let him on every conceivable point ask questions freely, thinking it no trouble to his seniors, who are indeed always ready and desirous to give any help to those whom they see in earnest about their work. He will soon find how the ear, the touch, and especially the eye have to be called in for assistance in physical examination; and habit, that "memory of the body," as Hunter called it, will soon render all things easy to him. Obstacles will vanish as you become familiarised with your duties on the old principle of "omne ignotum pro magnifico." After a time the

swimmer discards his bladder and begins to act alone, so you will, ere long, begin to examine for yourselves.

You cannot be too much in the wards and in the accident and casualty rooms, provided you enter with your eyes open, bodily and mental; and when you arrive at regular attendance in the wards you ought not to miss a single case that you can help, and I believe you will do well abundantly to take notes, and place on record every circumstance and idea that strike your eye and mind. Although the meaning and importance may not at the time be patent to you, yet the fact which is truly such is not without its signification, and will ultimately find its place, just as the wise artist who makes his frequent momentary sketches, reserves them and treasures them up as a means of fixing temporary impressions for future use.

What is called a common-place book, if well indexed, is a most needful invention, and its use has the recommendation of some of our best thinkers and observers. Then, again, dissection will claim much attention at your hands, and I would strongly urge each of you to procure as much opportunity of this as is possible, for by nothing so much as by methodical dissection, the repeated going over the parts of the body with the scalpel, as with a pencil line upon line, is that knowledge of its structure obtained which is imperatively necessary for every one of us, whether he be surgeon or physician. In addition to the anatomical knowledge obtained by dissection, the surgeon will gain by its practice much of the dexterity in the use of the knife, which is indispensable to him. To many it will at first, for various reasons, appear most naturally (and properly so indeed) very unpleasant—even loathsome; probably to all it will be a trial of patience and perseverance, but conformable to that law of our being, according to which voluntary actions are rendered easier by repetition, this disagreeable duty will in time be more comfortably performed. Only let it be done, as should also be the inspections in the post-mortem room, in a spirit of thoughtfulness and reverence, as mindful of the solemn lessons which the presence of the Angel of Death cannot fail to teach to the well-regulated mind.

A few words I wish to speak to the junior students on some points less professional than the above, but still not quite foreign to his proper interests.

I believe one of the earliest duties as well in importance as in time, that will engage you, coming now, as doubtless in many cases you do, for the first occasion, to form an integral part of this busy human time, and to share in the benefits, but also in the disadvantages and the allurements of a London life, will be the proper choice of friends and companions. Being thrown into close contact with those of whom you can have had no previous knowledge, you will frequently be placed in situations wherein the weight of your character and moral ballast will be tested more than they have ever been before; and upon a right or a wrong step in this particular at this period of your course, the whole tenor of your future life, not only your professional status, but your well-being as men, may absolutely depend. An error in this matter may thus not only prove foolish but disastrous.

Your own good sense and Christian feeling will at once dictate to the necessity of care upon this point. As much as you can for the present, I would say, select your friends from those who, with yourselves, are frequenting the hospital, and take care that they are students whose conduct and habits of thought are such as intelligence, manly uprightness, and purity shall approve.

As respects the general temper and tone of mind which you must import to your work, first of all, I would say, be of good courage. You will at the onset most likely be perplexed by the strangeness of the work, the multiplicity of subjects demanding close attention, and the apparent hopelessness of coping with them; but practice makes perfect, and ere long the misty atmosphere will clear for you, and the relation of the various parts of your work will emerge. Entertain a sober and just confidence in, and appreciation of, the faculties with which you are

endowed, and that proper self-respect, which is equally removed from vain self-assertion, as from craven timidity. If possible, take things easily, but this can only be done by ordering your work regularly, so as to economise time; above all things, by being prepared to meet your examinations when they are due. Use up all your scraps of time diligently, and whatever you do, do it heartily, with the will, with the whole man. In no class of studies are punctuality, perseverance, and determination, rewarded more than in ours. In none is devotion to a single object or purpose more requested. Be of a searching spirit; and take care that there exist among your books some "rugged veterans," as Charles Lamb called them, which you are not afraid to mark and annotate freely. By this means you will be able to fix important passages in the memory, and qualified readily to revert to interesting and more noteworthy parts of your reading. In addition to system in your studies, seek to invigorate attention by variety; this being as requisite to the mind, as change of attitude by relieving the muscles is to the body; and strive to cultivate the power of rivetting your thoughts on what is immediately in hand. This will strengthen powers of remembrance, and give you the alacrity and versatility which will be of such great service in your future profession. Especially take care to study that a proper amount of sleep and time for meals be secured. Amusements and recreation you must have. See that they are healthy, gentlemanly, and free from any species of coarseness. Our characters are not only indicated, but are also much formed, in return, by our amusements; and we all must take care that our refinements and elevation of mind result both from our amusements and our duties. Among the former I would suggest a study of the "History of the Metropolis," in which much are gathered. Every street and corner, and almost every building, has its story and some interesting association connected with it; and such a study will not only supply you with materials of thought for unemployed hours, and prove highly instructive, but furnish you with an interest in your London life which will be enduring.

In conclusion, may I be allowed a word or two to those present, who, having passed necessary examinations, or being on the point of so doing, are about to put off, "in scathed bark," upon the ocean of their future life. All such I would dissuade from undue haste in deciding future plans. We are all nature's pupils; you and I, and every member here present, from the commencement of our professional study to the last day of our practice, and those who are perpetual pupils here will do well to keep about the hospital as long as possible. Of course, in many cases circumstances render it imperative that as soon as qualified you should address yourselves to the duties of your calling, but this is not so with many. The interval between the acquisition of the diploma and the settling down in life, anxiety being removed, is a good opportunity for leisurely going over the ground which necessity has hitherto compelled you to travel across somewhat quietly, and to correct many a wrong impression. I may here advert to the stores of knowledge which by permission of the Medical School Committee may be obtained by any of you from our Pathological Museum, illustrated, as it so remarkable is, by its neatly-printed catalogue, of which a copy rests on this table; and from our registers and post-mortem books, kept, I believe, more accurately and systematically than in any other existing hospital, either at home or abroad. This interval also affords to many the opportunity (one which the trammels of future life may not again permit) of foreign travels, visiting hospitals, and practice of other lands, seeing men and manners, and thus enlarging the bounds of experience in a way which nothing else does so effectually.

Whether you can manage to stay working about the hospital or to visit foreign scenes or are compelled at once to strike into the practical business of life, remember to keep bright and un tarnished the honour of the Alma Mater to which you belong. Seek to attain an abiding realization

of the responsibilities affixed to your position and your calling. You are entering a profession than which none is more varied in character, none more interesting in detail, you will become a member of a most Cosmopolitan Fraternity, and unlike the lawyer whose craft is confined to Westminster, your skill will be called upon and avail you wherever you may go, and like one of some religious order, you will have to go wherever your services may be required. There is no nook or corner among the habitations of men in which you may best find your vocation laid. You may have to spend your life in the colonies, to enter the services of the army or the navy, to sail with the emigrants, or voyage with the scientific adventurer. It may be yours to obey the summons of royalty, you are certain to frequent the cottage of the peasant and the artisan. You will have to be all to all men, to minister to the learned and the ignorant, the gentle and the simple, the open handed and the cheat, the haughty and the affable, the liberal minded and the prejudiced; "to rock the cradle of declining age," and to usher mortals into the world. You will be often censured when you least deserve it, and praised when it is not your due, by a public, which is undoubtedly, and for the most part, grateful, but at whose hands you may, on the contrary, experience the most infamous and litigious treatment, ignorant of the feelings which prompted a wise man of old to observe that nothing but universal friendship could sufficiently repay the benefits conferred by the physicians. In this manner, whilst there is no profession superior to ours in numbers, there is none more conversant with all human interests, and in a position, close and frequent contact with the privacy of men's lives and families, to influence and mould them for good, and to add to the prayers of civilization by diffusing a knowledge of, and encouraging a taste for the study of natural laws. But also no other profession more demands of its members clearness of conception, correct and cautious judgment, ready command of knowledge, exactness in so-called trivialities, moral sense and courage, even honour and nobility of mind under difficulties and emergencies; and there is no profession in which earnestness and enthusiasm, along with constancy and evenness of temper, meet more freely with their deserts.

Such being the character and opportunities of our profession, is it not correct to say that we ought to entertain the deepest sense of our responsibilities, seeing to what extent sacredness of life and reputation, and the happiness of our fellow men are committed into our keeping. What the great Hunter, our Hunter, thought of this responsibility may be gathered from the opinion which he held, that the surgeons, when about to operate, ought never to approach his patient without humiliation.

One word more, and I am done.

There is one thing, which as much as possible must be the foundation of all our intercourse with man and of all our application of this knowledge of laws and principles and result of experience for their good, and that is sympathy with the suffering in mind or body. A patient under the pressure of a fatal malady, tormented with bitterness of feeling, that though his physician was most skilful, yet he did him no good as he had not the faculty of consoling him.

Hippocrates in his definition of the duties of the physician, remarks that he ought not to undertake such diseases as are incurable. We hold no doctrine of that kind. As it seems to me this constituted a main difference between the heathen and the Christian physician; for as we are superior to our heathen predecessors in the possession of hospitals for the sick and dying, so, following a Divine Master, we look upon our powers of affording mental comforts to the afflicted as one of our highest duties and greatest privileges.

Let us, as students of this hospital, not do despite to the memory of men like Matthew Baillie, for example (one of our predecessors at St. George's), who, in the details of medical life, having a firm grasp of knowledge, scientific, and literary, and being one of the most successful and

remarkable physicians which this or any other country has ever produced, never lost hold amidst all his labours and studies of the golden thread of Christian sympathy towards those among whom duty called him. Let us always bear in heart and mind the ever memorable words "*inas much* as ye have done it unto one of the least of these, ye have done it unto me."

Original Communications.

THE RINDERPEST OF THE PRESENT TIME, AND THE CATTLE PLAGUES OF PAST AGES, IN THESE ISLANDS, AND ON THE CONTINENT.

By THOMAS MORE MADDEN, M.D., M.R.I.A.,

LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; MEMBER OF THE ROYAL COLLEGE OF SURGEONS, ENGLAND; LICENTIATE OF THE FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW; AUTHOR OF "CHANGE OF CLIMATE IN PURSUIT OF HEALTH," "THE CLIMATE OF MALAGA," "OBSERVATIONS ON INSANITY AND CRIMINAL RESPONSIBILITY," ETC., ETC.

(Concluded from page 374.)

PART V.

THE CONNECTION BETWEEN EPIZOOTIC AND EPIDEMIC DISEASES.

THOSE who have had occasion to study the history of the great epidemics which at various epochs have desolated almost every country, must have observed that it is generally recorded that these outbreaks of pestilence amongst the human race have been preceded or accompanied by epizootics among the lower animals. Thus, in his account of the epidemic which ravaged the Grecian army during the siege of Troy, Homer points out that the contagion was first developed in the lower animals—

"On mules and dogs the infection first began,
And last the vengeful arrows fixed in man."
(*Popes, Iliad, i. 50.*)

Livy, too, speaking of the epidemic fever which raged in Rome, in the Roman year 576, stated that the disease was first observed in cattle before it attacked mankind,—
"Pestilentia, quæ priori anno in boves ingruerat, eo vertebat in hominum morbos." (Livy, Lib. xli. 21.)

In the foregoing citations from the early Irish and Anglo-Saxon Chronicles, I have already shown how constantly the connection between cattle plague and some succeeding epidemic pestilence was observed, and consequently I need not here again refer to these annals. I shall, therefore, pass at once to the fourteenth century, so memorable in the history of epidemic plagues, when the "Black death" repeatedly swept through Christendom, and in its irresistible progress reduced the thickest centres of population to all but uninhabited solitudes. And at this time we find that the relationship of epidemic to epizootic disease was well illustrated. Every outbreak of the "Black death" being preceded or immediately succeeded by the appearance of a murrain or plague of a similar type among cattle. This was the case in England, in the year 1348-49, when, as Dr Hecker has observed—"The plague which then seemed to be the sole disease, was soon accompanied by a fatal murrain among cattle. Wandering about without herdsmen, they fell by thousands; and, as has likewise been observed in Africa, the birds and beasts of prey are said not to have touched them." ("Hecker's Epidemics of the Middle Ages," p. 28.) A century later the sweating sickness was also accompanied by murrain in England.

In his "Account of the Plague in London" in 1665, Dr. Hodges states that:—"On the year before the late pestilential sickness, there was a very great mortality among the cattle from a very wet autumn, whereby their carcasses

were sold among the ordinary people at a very mean price; and a great deal of putrid humours in all likelihood produced from thence. And this, in the opinion of many, was the source of our last calamities; and many knowing persons ascribe the pestilence to this origin, as the morbid disposition which such a feeding must needs subject the people, could not but facilitate both the infection and progress of that fatal destroyer." (P. 59.)

In another part of the same work, Dr. Hodges says:—"Moreover, in this regard we may consider the frequent mortalities amongst cattle which forego an infection amongst mankind; for these creatures living for the most part in the open air, not only are more influenced by it when tainted, but are also hurt by the infectious venom which gathers upon the herbage; as, likewise, they are more liable on other accounts to feel its first approaches, because its freest progress is in open places." (*Loimologia, p. 142.*)

In one of the pamphlets on the cattle plagues of the last century, entitled, "An Essay concerning the Pestilential Contagion occasioned by the Distemper now Raging among the Cattle," by Iater, London, 1748, there is a very curious reference to a supposed connection between that epizootic, and what was then called "pestilential sore throat," which seems to have resembled what we now term diphtheria so closely as to leave little doubt they are the same disease. Another writer of that time, Dr. Short, describing some cases of this disease, in 1743, just before the outbreak of cattle plague, says:—"On looking into their mouths, the tonsils, velum pendulum, and uvula were seen covered with a thick white slough which reached but a very little beyond these parts towards the roof. They had a long, rattling, deep inspiration, with a sound as from a metal tube, a livid countenance and . . . a difficult motion of the thorax. But was most remarkable, they spit large pieces of the lining of their trachea an inch and a half or two inches long and as thick as a shilling." ("Short's History of the Air." Lond. 1749, vol. ii., p. 307.) No one that reads this passage can admit that diphtheria is a new form of disease. It is significant that diphtheria was prevalent during the time of the cattle plague in this year, and the attention of the Medical Society was directed to it by Dr. Belcher, who, in his paper on "Diphtheria," alluded to "Iater's" pamphlet.

Observations made in Germany, in India and in this country during the great epidemics of cholera since 1832, show that, coincident with the epidemic cholera in man, the lower animals were affected by an epizootic disease of a similar character. This was extended to animals of every kind, but was more especially observed in the domesticated animals, such as dogs, cats, horses, and cattle; in a word, was of most frequent occurrence in the animals most exposed to the same contagion which produced the epidemic in man.

From these histories of the evident connection between epidemics and epizootics in former times it was not very difficult to foresee the probability of this being again shown by the occurrence of some epidemic on the cessation of the prevailing epizootic. Accordingly, in this essay, which was written early in May, and placed in the printer's hands in June last, although since unavoidably delayed till now, I ventured to predict that the "epidemic constitution," in which the cattle plague had originated and had developed itself, would now, as on former occasions, extend its influence from the lower animals to mankind, and signs of what was termed by the older physicians the "epidemic constitution, or morbid tendency of the season" (words which, I may remark, do not appear to me superseded by any of the more euphonious modern phrases by which a similar idea is still conveyed) were not wanting, even in Ireland, where the visitation of cattle plague was very slight. Some months before any case of cholera was observed in Dublin diphtheria had been unusually prevalent; cases of fever assumed a peculiarly asthenic or low type, the prevalence of puerperal fever led to the closing, for a time, of the

Lying-in Hospital. Such were the precursory symptoms of a "epidemic constitution," or "contamination of the atmosphere," before epidemic cholera made its appearance in Dublin on the 29th of July, 1866, having been imported from England. The outbreak of epidemic cholera in London in the commencement of July and the fearful mortality it occasioned for a time in East London, was, I think, but another illustration of the law that there is some connection, however occult it may be, between pestilences which attack the lower animals and those that invade the human race, and that whenever an epizootic rages we may anticipate that it will probably be followed by an epidemic. Not that it can be imagined that cholera was in any way occasioned by the preceding rinderpest, but simply that both were developed and spread by the "epidemic constitution of the atmosphere" which remained after the cattle plague having exhausted its virulence, was declining; and in which state of the air any zymotic poison would have developed and diffused itself. In this case the zymotic agent was cholera, then slowly advancing on its irresistible progress westwards, but which was probably brought into England by the "epidemic constitution" already spoken of sooner than it would otherwise have been.

In conclusion, the chief point I have endeavoured to prove in this essay is that there is a very close connection between epizootic and epidemic diseases, and that when either form of pestilence appears in any place, we may ere long expect the other to follow. Had this law been more generally acknowledged and acted upon by the adoption of suitable sanitary precautions and some efficient system of quarantine immediately after the first appearance of cattle plague in England, in June, 1865, it is, I think, possible that the mortality occasioned during the present autumn both here and in England might have been at least largely diminished.

THE FORCEPS IN CRANIOTOMY.

By JOHN F. MACEVERS, M.D.,
PHYSICIAN TO THE CORK FEVER HOSPITAL.

THE case of craniotomy published in a late number of the MEDICAL PRESS AND CIRCULAR, in which my name is mentioned by Dr. O'Flynn as having suggested the mode of delivery with ordinary forceps, induces me to make a few observations in connection with the subject. In 1856 I was called to a case of midwifery in which the head was impacted for twenty-four hours, forcible and almost constant pains having taken place during that period without any progress to the labour. The woman's strength failing, I proceeded to deliver with the forceps, and, having introduced the second blade of that instrument with some difficulty, I was unable to accomplish my object, although I used all justifiable force for the purpose. I then determined on perforation, and proceeded to perform that operation in the following manner, assisted by an intelligent medical student, Mr. Wm. Roche, now Dr. Roche, surgeon to H.M.S. *Black Prince*:—The forceps being still in the uterus, I allowed the blades a little freedom by unlocking the handles; the perforator was then introduced, guided by the fingers of the left hand, and the cranium entered without any difficulty. After a portion of the cranial contents had escaped, I locked the forceps and delivered with the greatest ease.

The mother recovered without a bad symptom, and has since borne children.

I thought until lately that this simple mode of delivery, after perforation, originated with myself, and I mentioned it to several practitioners who were of the same opinion, and were determined to give it a trial when opportunity offered. The publication of Dr. O'Flynn's case, however, directed my attention to the writings of obstetricians on the subject of craniotomy, and amongst them I find only two authors who allude to this mode of delivery after perforation,

Ashwell, Burns, Bedford, Churchill, Collins, Denman, Gooch, Murphy, Meadows, Meigs, Maunsell, McClintock and Hardy, Johnston and Sinclair, Ryan, Ramsbottom, Simpson, and several other writers whom I have consulted, are silent on this mode of delivery, whilst nearly all speak of the dangers attending the use of the crotchet and the craniotomy forceps, and recommend the forceps or vectis to be used *before* resorting to perforation.

Gooch, in speaking of the crotchet, says: "You must take great care that it does not slip during the process of extraction, for if it does it may produce a frightful laceration. It is a diabolical instrument, even in the hands of the best practitioners it is a dangerous one."

Meigs (a good American authority) says:—"I have had occasion to feel with many other practitioners how dangerous an instrument is the sharp crotchet."

In Simpson's works by Priestley and Storer, they say: "We have long been convinced that the great peril, not merely of injury but of death to the mother from this operation, arises, in a great measure, from the head being so altered in its presentation, and hence necessarily so increased in its diameters by the mode and place in which the crotchet is fixed, while the cranium is at last torn, as it were, through the pelvic passages by pure physical force alone."

As I said before, nearly all writers on midwifery advocate the use of the forceps before resorting to the *dernier resort* of perforation.

Burns says:—"Where the dimensions and circumstances of the case are barely such as to warrant a belief that the head must be opened, an attempt ought, nevertheless, be made to introduce and act with the vectis or forceps."

Davis says:—"I may be permitted to recommend, as an essential preliminary measure, a very cautious trial of the long forceps;" and that such has been the practice in this country is clearly proved by the numerous cases of craniotomy published by Johnston and Sinclair, as having occurred at the Rotunda Lying-in Hospital in Dublin, for in almost every case of perforation arising from disproportion or malformation recorded by these gentlemen, the forceps were introduced in the first instance, and delivery after perforation effected with the crotchet, and in many cases with considerable difficulty.

Dr. Sinclair, speaking of the practice at the Rotunda Hospital, says:—"We never perforated without first trying to extract the fœtus with the forceps."

Blundel and Rigby, amongst British practitioners, appear to have been the only authors who allude to this mode of delivery. The former, in his "Lectures on Craniotomy," published nearly twenty years ago in the *Lancet*, observes:—"If the contraction of the pelvis be slight and craniotomy be required, those who are in the habit of using the long forceps will probably have first made trial of this most powerful instrument before they have recourse to the destruction of the child; and if it so happen that the forceps are still applied at a time when craniotomy is proposed, it will be better still to leave the instrument on the cranium, as its operation may afterwards tend to facilitate both the operation itself and the subsequent extraction of the fœtus."

Rigby, in his excellent little book, observes:—"On several occasions, when the craniotomy forceps and crotchet have failed to move the head, the midwifery forceps have been applied, and the delivery easily and quickly accomplished." He says also—"By this means the head is equally grasped and compressed, the soft parts to a considerable extent are protected by the blades, and the whole mass brought down exactly in the position in which it presented."

It is also due to a countryman of ours—Dr. Powell, of Enniskean—(*Dublin Quarterly Journal*, Feb. 1864) to state that he advocates the use of forceps after perforation; and shows clearly the great advantages it possesses over the crotchet. The crotchet, as it has been admitted by the best authorities, will slip in the most experienced hands, and may do mischief to the soft parts of the

mother. The best craniotomy forceps, when well applied, will not slip, but it may forcibly tear away pieces of bone, which may do mischief also; whilst the ordinary forceps, grasping the entire head, will aid the tractive force of the operator more efficiently than any other instrument. Every practitioner who has used the forceps must acknowledge the facility with which he is enabled to alter the direction of his tractive force without the slightest risk to the mother; but not so with the crotchet, and not so with craniotomy forceps. In cases of craniotomy, where the forceps is capable of being previously introduced, it must be evident that the obstruction to delivery must be very slight, otherwise the forceps could not be introduced; therefore, in these cases, I would avoid the thorough breaking-up, and sometimes scooping out, of the brain, resorted to by some practitioners; delivery will best be effected with the forceps by giving exit to a moderate share of the cranial contents.

I maintain, then, that in all cases where the forceps has been introduced, and has failed to deliver, perforation having been subsequently determined on, the forceps should be allowed to remain on the head of the child whilst perforation is being performed, as delivery will then be most easily accomplished.

Dr. Griffith, of London, in a late number of the PRESS AND CIRCULAR, takes exception to this proceeding, on the ground that the presence of the forceps must necessarily interfere with the operation. Dr. O'Flynn's case, and mine given in this paper, clearly prove the contrary. In our cases the forceps offered no impediment to the perfectly safe use of the perforator; in fact, the operation can be performed with as little difficulty as if the forceps were not in the uterus. When the perforator is being introduced, of course cases will arise (happily not of frequent occurrence in this country) where, owing to extreme deformity of pelvis, as in the celebrated cases of Osborne and Meigs, the ordinary forceps will be of no avail; and then the formidable array of embryospastics, such as the osteotomist, the cephalotribe, &c., must be resorted to; but, as I have shown that in the great majority of cases requiring craniotomy, the use of the ordinary forceps in the first instance has been recommended by the best authorities, and from my own experience has been always resorted to, I again maintain that perforation can easily be accomplished whilst the forceps is on the head of the child, and delivery can then be best effected by the aid of this safe and simple instrument.

Hospital Reports.

ST. MARY'S HOSPITAL.

(Surgical Cases under the care of Mr. HAYNES WALTON.)

CASE 1.—SCIRRHUS.

THE Winter Session in the operative department in this institution was commenced on Wednesday, the 3rd of October, in the operating theatre, by Mr. Haynes Walton. The first operation was for the removal of a small scirrhous tumour from the mammary region of a female. The tumour was rapidly dissected out, and Mr. Walton made the following remarks:—

"This patient, Gentlemen, had hard cancer of the breast. It is just two years since she came under my care. She was then suffering much pain in the breast and the arm, and the cancer was growing. I removed the entire breast in this hospital. Things went on well, and the wound soon healed. My patient returned to her usual avocation with comfort and unimpaired health till some weeks ago, when pain in the region of the breast induced her to examine the part, and she discovered a little tumour which you have just seen me remove. This is a little cancerous mass. I have cut it in two in order that you may observe the raw potato-like look of it, and squeezed

from it that juice which is so characteristic of cancer." The specimen was passed round for the examination of the class. He continued:—"The tumour you see was developed just above the cicatrix of the last operation. Do not suppose, Gentlemen, that this operation was undertaken to cure cancer. That cannot be done under the present state of our knowledge. I undertake only to release the woman from pain and prolong life. I have explained this to her friends. She will ultimately die of cancer of some form or other, most probably from the development of it in some internal organ. If the first operation had not been performed, ulceration of the breast would soon have followed, and the poor woman would not probably have lived till now, and if she had lived, see what her sufferings must have been. What I have done to-day, is in accordance with the same principles under which the first operation was effected, to relieve suffering and still longer to prolong life. Several years ago I was called to see a lady with an ulcerated cancer of the breast; being worn out with pain, and being emaciated, she had taken to her bed and procured rest only by strong opiates. I removed the whole of the cancerous mass. The patient's health improved, and in six months her health was restored, and she had full enjoyment of life. Five years after that, the absorbent glands in the axilla became cancerous and very painful; I removed five of them, health was again restored, and lasted for four years, when the lady died after a short illness, supposed to be produced by the development of internal cancer."

CASE 2.—AMPUTATION OF FOOT.

The next case was that of amputation of the foot above the ankle. The patient, a young man, sprained his ankle, acute inflammation followed, abscesses succeeded. The tarsus and ankle-joint became carious, and for six years the sufferer had been from hospital to hospital. The condition of the parts was this, considerable swelling and induration of the ankle-joint and tarsus, so that all the natural form of this part of the foot was lost. Ulceration of the integument in several spots, and many sinuses which led to diseased bone. Mr. Walton remarked that in all cases of amputation of the extremities, the operation should be done as low down as possible, in consequence of the less injury inflicted the lower it was done, and the less risk to life. A patient had a better chance when toes were amputated than when a metatarsus; better when a metatarsus was removed than when the amputation was at the ankle-joint; better in the latter than amputation in the leg, and so on up to the trunk, and these were facts not to be lost sight of. In the present instance it was imperative to amputate in the leg. A dissection was made of the amputated part, which was exhibited, Mr. Walton at the same time offering some pathological observations.

CASE 3.—HYDROCELE.

His last operation was that of a hydrocele. We quote some of the words which fell from Mr. Walton as conveying all that need be expressed:—"The injection, Gentlemen, which I shall use for the radical cure is a solution of sulphate of zinc, of the strength of three grains to the ounce. Of course there are many astringents and stimulating drugs which would be quite as potent as the zinc, but I have no knowledge of them, and as the zinc answers every purpose I stick to it. It is rather an old-fashioned remedy. Several years ago the tincture of iodine supplanted the sulphate of zinc. It was then the fashion to use the tincture of iodine as a local application for scores of affections, and after that it was employed to inject sinuses and suppurating cavities, and the tunica vaginalis for hydrocele. Being a new remedy for this latter affection, it was very much puffed, and said to be the most infallible of all injections that had been used.

"It is true iodine does answer, but it is by no means infallible, and according to my experience, we get more failures with it than with the zinc, which nearly always

succeeds. The zinc injection, I must tell you, excites more vascular action than the iodine and gives more pain, but the greater certainty of cure, is more than a set-off in favour of the zinc.

"The manner in which the injection is used, is as follows:—After the hydrocele fluid is withdrawn, the injection should be thrown in with a syringe through a trochar, and kept in the tunica vaginalis till there is pain in the loins and groins, which usually comes on in four or five minutes. Then the fluid ought to be let out."

Mr. Walton directed the patient to have an opiate injection per rectum, if much pain should supervene. Also, that the scrotum should be well supported by a pillow or some cushion placed between the legs. He mentioned that "after this operation there was sometimes retention of urine, the catheter being required; therefore, this is a point not to be lost sight of."

GENERAL MILITARY HOSPITAL,

PHENIX PARK, DUBLIN.

COMPLICATED CASE OF PURPURA HÆMORRHAGICA.

(Under care of Dr. HOGAN, Staff Assistant-Surgeon.)

LANCE CORPORAL W. B., 60th Rifles, ætat 23, of scrofulous diathesis, and the subject of repeated attacks of chronic rheumatism, was admitted into the General Military Hospital, Dublin, on the 20th December, 1865, suffering from tertiary syphilis, with necrosis of the left portion of the frontal bone, which, to about the size of a shilling, was denuded of integument, the surrounding parts being exquisitely tender on pressure. He complained of occasional vertigo, and of severe pains in the joints at night, but never suffered from fits of any kind. He was given hydriodate of potash in grain doses in bark.

On the 20th of January, 1866, he was transferred to my care, being then exceedingly emaciated and anæmic, and presenting the necrosed osseous surface as above described. He had the appearance of a phthisical patient, having a flattened chest, with increased depth of the four superior intercostal spaces, high temperature of skin, and quick small pulse, 102 per minute, with cough and purulent nummular expectoration. The two inferior thirds of the thorax expanded and arched forwards on inspiration, while the upper third remained fixed. The sternum and sternal end of right clavicle were thickened from syphilitic periosteal deposit, and there was well-marked dulness over both pulmonary apices, while the stethoscope revealed cavernous respiration, bronchophony and gargouillement on both sides. He was put on a liberal diet with porter and wine, and was given a drachm of the syrup of the triple phosphates of iron, quinine, and strychnia, in half an ounce of oleum morrhue three times a day. As he complained of great thirst he was allowed oranges to suck.

On the 7th February, the patient became prostrated, though there was no symptom of hectic fever, and he suffered from slight œdema of both ankles. The heart was carefully examined, but except that it appeared more exposed to the anterior wall of chest, from the shrunken condition of the pulmonary tissues, it presented no abnormal character. His urine was found to be not albuminous. Both legs were lightly bandaged, and the œdema disappeared on the 15th. On the 17th of the same month he complained of insomnia, pains in the legs, great thirst, and exquisite sensitiveness of the skin (the slightest touch giving him pain). His tongue was furred, pulse 115, and purpuric spots the one-fifth of an inch in diameter, not affected by pressure, appeared on both legs, and three days subsequently over the trunk and arms, but upon these parts they were not so well marked as upon the lower extremities. He suffers from anorexia and nausea,

and has copious sanguineous expectoration. The pyrexial signs have subsided.

21st. Large purpuric patches over the scapulæ, sacrum, calves of legs, elbows, have formed by the coalescing of the spots. The knuckles of the left hand from a trivial injury, are ecchymosed and bleed profusely.

23rd. He has been unable to keep anything on his stomach for the last fourteen hours, but vomits copiously of a dark, greenish opaque fluid, speckled with jet black corpuscles. He suffers also from hæmatemesis. Ordered a sinapism to epigastrium and some powders composed of bismuth, opium, chalk, and soda.

24th. The vomiting and purging have ceased and the purpuric spots are disappearing, while the patches increase in size and in depth of colour. He is exceedingly weak and restless, and suffers from aphonia. To have brandy and egg-flip with the port wine.

26th. The black vomit and hæmatemesis with tormina and tympanitic abdomen have recurred. The patient complains of cold, and there is a great decrease in the temperature of the body, which presents a general bluish appearance. To take gr. x. tinct. ferri. perchloridi every fourth hour, and an opiate at bed-time; hot jars to the feet.

28th. Has slept well, and is better; the vomiting has ceased, and the diarrhoea has much diminished; does not complain of pain, and he has regained his voice.

March 1st. He had not slept during the night, but felt strong and sat up in bed in good spirits, being in a talkative mood. At seven A.M. he asked for a drink, and then fell off apparently asleep. On his demand being attended to by the orderly he was found to be dead.

Post-mortem appearances twenty-nine hours after death.—Rigor mortis well marked; the purpuric condition of skin is as before death; subcutaneous tissues are congested.

Nervous system.—The arachnoid is dotted over with purpuric spots, and is thickened and opaque in several places; subarachnoid spaces filled with serum; the pia mater is congested and ecchymotic in three different situations; brain substance is in an anæmic condition; the ventricles are distended with serum, while the choroid plexus are engorged.

Circulatory system.—Pericardium covered with spots; heart atrophied; valves stained by sanguineous imbibition; no sub-endocardial hæmorrhage.

Respiratory system.—Vocal chords thickened and roughened; both lungs infiltrated with tubercle; large vomica in right pulmonary apex; large quantity of uncoagulated blood in left pleural cavity; left pleura thickened, opaque, and adherent at apex.

Primæ Viæ.—Serous coat of stomach spotted with purpuric dots; mucous coat much corrugated, thickened, roughened, and ecchymotic, and stained black (no abrasion) near pylorus; small intestine spotted; ileum stained with deep-coloured purpuric patches and thinned; large intestine normal.

Liver is very much enlarged, and presents all the characteristics of amyloid degeneration, being abnormally heavy and solid, smooth and well-defined in outline, of a pale waxy colour, and capable of being readily cut into very fine translucent sections, which, when examined microscopically, presented a number of sago like transparencies, while the hepatic cells and vessels are ill-defined. It also gives the peculiar deep violet red colour when acted upon by Dr. Aitken's solution of iodine.

Spleen slightly enlarged, of a dark chocolate colour, much congested and softened.

Kidneys were normal in size, shape, and outline; the cortical positions are congested, while the pyramidal are anæmic. They give but a faint reaction when treated with the iodine solution.

Dr. Hogad regrets that, being ordered to Colchester Camp in medical charge of troops, he was unable to complete the examination of this interesting case with all the minuteness of detail which it deserved.

THE CHOLERA WARDS OF THE HOSPITALS OF LONDON.

UNIVERSITY COLLEGE HOSPITAL.

SINCE the epidemic began to occupy a larger area, and especially towards the northern districts, other hospitals have succeeded the London in becoming centres of help. At University College Hospital four large wards have been appropriated to cholera cases. Into these 84 patients have been admitted since the beginning of September, 60 being cases of cholera, and 24 diarrhoea. Up to the 12th, 30 deaths had occurred. Dr. Ringer and Dr. Fox have treated most of them. In some of the cases no drugs were administered, but this method does not seem to have found as much favour as we had anticipated. Yet it will have, we doubt not, a fair trial. Water, iced water, and iced saline water, have been allowed as drinks. The injections into the veins have been tried in two cases, but both ended fatally. The fluid employed was twelve grains of carbonate of soda to a pint of water at 104 Fahr. Kino, sinaba cednon, and other astringents have been employed, as well as sulphuric acid. In some cases starch enemata were prescribed.

MIDDLESEX HOSPITAL.

OUT of five cases which have been treated by Dr. Greenhow, with small doses of calomel, four have recovered. This is certainly a great success, and we understand that in the two previous epidemics, the same physician found this plan, if not equally useful, more uniformly successful, than any other. A case has been treated at this hospital by venous injections, but this also terminated fatally. It was under Dr. Murchison's care. The fluid employed was—

Sodii chlor. ℥iss.
Potass chlor. ℥ss.
Sodæ phosphatis gr. x.
Sodæ bicarb. gr. v. Aq. oij.

The temperature of the liquid was only about 100 Fahr. at the commencement of the operation and as this occupied more than half an hour, it would then have fallen some degrees. Thus fluids above and below, as well as at the same temperature as the blood, have been injected on different occasions. In the case named, the usual marked improvement followed the injection at first; but before the operation was over the patient had begun to relapse.

In reference to the time occupied, we may repeat what we stated a few weeks ago—viz., that at the London Hospital, where the injections have been most tried, experience seemed to show that those cases did best in which not more than a quarter of an hour was occupied in the operation.

We may further take the opportunity of adding that hitherto the injections seem only to have been tried in the very worst cases, so that the recoveries under this treatment, though not numerous may after all prove more encouraging than a hasty glance at mere numbers might indicate.

There are, too, a number of details respecting the operation itself which ought not to be omitted in any comparative estimate of its value.

DISTRICT CHOLERA HOSPITAL.

CASES have come under the care of both Dr. Woodman and Dr. Heckford, in which the rose rash of which so much has been said has been very well marked, and cases too in which no opium had been given, and in which therefore there could be no pretence for assigning its appearance to the influence of that drug. One case was treated with chloroform, another with quinine, a third with champhor. It is not improbable that in one of them, at least, calomel had been exhibited before the patient was brought to the hospital.

The rash is usually raised, and in patches, more or less

distinct. There is little or no itching or smarting. It appears from the sixth to the twelfth day, subsides mostly in about three days, and is followed by desquamation. The urine is albuminous during the continuance of the rash, and sometimes after desquamation. Under the microscope it is seen to be charged with tube casts and epithelial cells. These symptoms seem to corroborate the notion of some observers as to the analogy of cholera with the exanthemata, and when we add that angina has been observed to accompany the disease and glandular enlargements to follow, we may be prepared to give more attention to some of the pathological records that point in the same direction.

THE CHOLERA.

LONDON.

THE warnings which we last week placed on record were early repeated by the general press, and received the same confirmation from the official returns as on several previous occasions. The deaths in the London districts during the fortieth week of the year, which ended on Saturday, October 8, were 1,344, equal to 109 in excess of the estimated average (corrected for increase of population), which is 1,235. Of these deaths 182 were caused by cholera, and 69 by diarrhoea, as against 177 by cholera, and 67 by diarrhoea in the preceding week. It will be at once remarked that the increase is mainly in the more serious disease, and when we add that the disposition to spread has also become more manifest, so that the whole of the London districts now suffer from the epidemic to a greater extent than a few weeks ago, we have said sufficient to enforce the suggestions made in our recent numbers. With these facts before us we cannot avoid some regret that the Registrar-General has ceased to publish daily returns.

The public requires to be constantly warned of its danger, and local boards are too apt to fall back into the apathy from which fear has aroused them for a short time. The medical officers of health have long enough had to contend alone against the indifference of those boards, and nothing short of a panic has sufficed to enforce the advice of professed sanitarians. Before the excitement passes away is the only opportunity for health officers to gain a hearing. If daily returns seem too frequent, we think the Registrar might well afford us an epitome twice a week; or if this be not conceded, we trust at least that the newspapers will be supplied with a statement of the number of deaths occurring daily in each district.

The following shows the distribution of the disease during the week:—

	West.	N.W.	Central.	East.	South.
Cholera . .	16	37	31	50	48
Diarrhoea . .	8	8	18	17	18

Of other zymotic diseases there were 31 deaths from small-pox; 29 from measles; 57 from scarlatina; 13 from diphtheria; 23 from whooping cough, and 44 from typhus.

The annual rate of mortality fell 1 in London in the week; rose 2 in Edinburgh, and fell 6 in Dublin.

The exact figures were as follows in London and the twelve towns, several have been reported during the week:—In the month of September, 1865, the deaths from diarrhoea in Wigan were 9; from all causes, 67. In September, 1866, the total mortality was more than double—viz., 140; the deaths from diarrhoea numbered 23, from cholera and choleraic diarrhoea, 29, or a total of 52 from the two diseases, as against 9 in the same month of last

year. The last weekly return issued gave 10 deaths from cholera, 4 from choleraic diarrhœa, and 5 from diarrhœa, or a total of 19, being an increase of one-third over the previous week.

MANCHESTER.

Only 4 deaths from cholera were reported during the week in Manchester and Salford. In the previous week, as we have already recorded, there were 14.

DUBLIN.

In Dublin, happily, the returns show a decrease in the number of deaths, which were 81 as against 98 in the previous week; but the disease, nevertheless, exhibits a tendency to spread towards the southern suburbs. It remains to be seen whether this decline will be sustained. If so, Dublin will have experienced but a light visitation, the weekly deaths from cholera having been in the following order—41, 52, 55, 65, 98, and 81.

An influential committee has been formed, under the auspices of the Lord Mayor, to organize relief for families, and which, we trust, may be as servicable as the similar committee in London has been. It was stated by Dr. Burke at this meeting that the Dispensary Physicians had always rendered most valuable services; that more than 3,000 cases of diarrhœa had been treated by these gentlemen at all hours of the day and night, and that between 300 and 400 deaths from cholera had occurred. Dr. Mapother, the Medical Officer of Health, reports some distressing cases that had come under his personal notice.

LIVERPOOL.

From 116 deaths from cholera in the preceding week, we have to report a decline to 99, fully justifying the encouragement we offered in our last report. This decline has been gradual, as will be seen from the following figures for the last eight months—157, 146, 225, 145, 182, 159, 116, and 99. This decided decrease has admitted of the closing of the cholera sheds, and the dismissal of about half the medical staff and house-visitors. Whether the last step is not hasty may be doubted, considering that the mortality of Liverpool, apart from cholera, has long been excessive; and its death-rate is now to London as 41 to 23. How much wiser would it be to continue the utmost exertions until the mortality of the borough cease to be a danger to the country!

THE CONTINENT.

From a number of contradictory reports we may perhaps gather that the disease has not, on the whole, diminished, but rather progressed, although it has left some towns to attack others. From northern Italy the accounts are favourable. In Venice, out of 71 cases, 35 proved fatal. In Trieste about eight cases a day were occurring during the first week of the month. The total number of deaths from the beginning of the epidemic there to October 2nd was 621. On the same date Genoa had four cases, of which three proved fatal, but this was more a fatal day than usual. From Naples the accounts are still anything but reassuring. Four of five thousand persons have probably perished from the epidemic in Naples. The mortality has been at a terrible ratio, about 75 per cent. of the attacks. In the first week of October there were still from 60 to 90 cases a day, and from 60 to 70 deaths. Moreover, the suburbs hitherto exempt have been invaded. Even Castellamane and Sorrento, to which the citizens had fled to evade the plague, are now suffer-

ing severely. It is to be hoped that the lesson now being learned by the Neapolitans may not be so speedily forgotten as others of years past. The recent political events in Palermo have been followed by an outbreak of the disease. It first appeared among the troops, but there are reasons to fear that it may largely affect the whole city.

Reviews.

ON EPIDEMIC DIARRHŒA AND CHOLERA: their Nature and Treatment. By GEORGE JOHNSON, M.D. Lond., Physician to King's College Hospital. Pp. 32. London: Hardwicke.

ON THE NATURE OF CHOLERA, as a Guide to Treatment. By WILLIAM SEDGWICK, M.R.C.S. and L.S.A., Surgeon to the St. Marylebone Provident Dispensary. Second Issue, with a new Section on Treatment. Pp. 200. London: Walton and Maberly. 1866.

ON THE TREATMENT OF ASIATIC CHOLERA. By ARCHIBALD BILLING, M.D., A.M., F.R.S. New Edition, Revised. Pp. 14. London: Churchill and Sons. 1866.

A SIMPLE EXPLANATION OF CHOLERA: and a Rational Mode of Treating it. By YON, M.D. Pp. 16. London: Renshaw. 1866.

ON CHOLERA: its Nature and Treatment. Being the Debate in the Harveian Medical Society of London. Edited by Dr. C. DRYSDALE, Honorary Secretary of the Society. Pp. 34. London: Hardwicke. 1866.

WE have grouped these works together in order to economize space, and we may remark of them collectively that they present the most varied opinions as to the nature and the treatment of the disease which has again reached our country. Nothing, in fact, more clearly proves the mysterious character of the malady than the conflicting views entertained by those who have witnessed its ravages, and the unsatisfactory results of treatment are perhaps equally manifest from the variety of remedial plans recommended for adoption.

Dr. George Johnson is well known both to the medical and general public as the strenuous and persevering advocate of what is called the eliminative treatment. His present pamphlet consists of the reprint of a Review of his work entitled "Notes on Cholera," published in the *Saturday Review*, and of the reprint of an article of his own published in the pages of a contemporary medical journal. The review, as may be supposed, is eulogistic of the author's views, and is stated to be written by a physician of the greatest authority and eminence. Dr. Johnson's own paper is a brief recapitulation of the theory he entertains as to the nature of cholera, and as to the efficacy of his eliminative treatment, in which castor oil still holds a place, although not so prominently as heretofore in Dr. Johnson's writings; and it will perhaps surprise some practitioners to learn that he recommends *venesection* as beneficial, although only when there is rapid breathing, with a feeling of impending suffocation.

Mr. Sedgwick fixes upon the semilunar ganglia, the solar plexus, and the adjoining portions of the sympathetic nervous system as the probable seats of disease in the primary symptoms of cholera, and his chief reliance, in treating the malady, is upon *venesection*. Agreeing, as he does, in some measure, with Dr. George Johnson, in believing that there is great congestion of the venous system in cholera, he believes that relief will follow from this mode of depletion, and he combats the arguments of those who maintain that the debility of the patients contra-indicates the measure. He adduces a considerable amount of evidence in favour of the plan he recommends, most of the cases so treated having occurred in India, and he himself has tried the remedy, as he states, in India, with considerable success. Still, we

must observe that the evidence is not very strong as to the remedial powers of the lancet in cholera, and we doubt whether Mr. Sedgwick's arguments will induce many practitioners to resort to its use.

Dr. Billing is well entitled to be heard as to the treatment of cholera, for he has witnessed several epidemics of the disease, and his opinions are matured by reflection and experience. He regards cholera as a species of fever, the cold stage of which is the ordinary cholera, and the hot stage is the subsequent febrile reaction, known as consecutive fever. As he entertains this view, the treatment he recommends for cholera is that adapted for fever, and consists in the administration of saline aperients and tartar emetic, and he adduces a few cases in which this plan has been followed by success. We fear, however, that the recent experience at the London Hospital, of which Dr. Billing was formerly one of the physicians, has not proved the efficacy of this or any other particular method of treatment.

Yod, M.D. (which is of course a pseudonym), regards cholera as a blood poison and he conceives that the evacuations are designed by nature to eliminate the poison from the system. It is, therefore, the duty of the practitioner to assist nature in her work, and the best way of doing so is, according to the writer, to give plenty of water in order to wash away the morbid matter, and restore the fluid carried off in the evacuations.

The pamphlet on cholera which stands last on our list, is a reprint of a debate on the subject in the Harveian Society, and it has already appeared in our columns. It is a most able *résumé* of all that is known on the subject, and is edited by Dr. Drysdale, the indefatigable Honorary Secretary to the Society.

CHOLERA NON-CONTAGIOUS: and the Absurdity of Quarantine Regulations Demonstrated. By EDWIN HEARNE, M.D. Lond., &c. Second Edition. London: Simpkin and Co. Southampton: T. Gutch.

THE object of this pamphlet is expressed with sufficient precision in the title. At the present moment when the doctrine of contagion seems to have found fresh support in so many quarters, it requires a considerable amount of courage to come forward as the champion of the opposite view. With the decision of one fully convinced of the truth of his opinions, Dr. Hearne boldly calls quarantine absurd, and, in addition to his own experience at Southampton, cites that of numerous other equally able and independent observers in various localities. Those who were present at the debate which followed the paper on cholera read by Dr. Tilbury Fox at the Harveian Society last year, are well aware that many hesitate to ascribe to the disease any contagious property, and from what we gather from those who have had to treat it in the several London hospitals during the present epidemic, we think that the theory of contagion has not made so much progress amongst these gentlemen as it has in the press. Indeed, we know that several of our leading practical physicians repudiate the notion in private, although they do not feel inclined to enter the arena of controversy on the subject.

We, therefore, welcome the pamphlet under notice as affording a protest against a too hasty adoption of the notion that has recently been most in favour. It fairly warns contagionists against accepting as proofs what are only evidences of the possibility, or, if they will, the probability of the truth of their theory; while it directs attention to certain other evidences which would seem to point in the other direction. We are not anxious to reopen the whole question, although few can lay claim to a greater importance, nor, in the interest of humanity, should a re-examination of the facts be neglected.

Dr. Hearne has strong opinions, and expresses them in vigor-

ous language. We commend his work to his opponents. At the same time, we should be glad to see the facts offered by contagionists subjected to the sifting process by such a writer as Dr. Hearne. He might confer good service, for example, by a scrutiny of the report of the International Sanitary Commission. But for such an examination, the fluency of the advocate ought to be laid aside for the terseness of the judge. The author of "Cholera Non-Contagious" would probably feel more at ease as a partisan; even in the capacity he might usefully employ his undoubted talents.

CHOLERA: What it is, and how to Prevent it. By EDWIN LANKESTER, M.D., F.R.S. London: Routledge and Sons.

THIS is a popular sixpenny hand-book prepared by the energetic coroner, who is also medical officer of health for St. James's district, and editor or writer in several periodicals. As such its most important part relates to prevention. Dr. Lankester believes in contagion. He considers that cholera owes its origin and extension to a poison secreted in the alimentary canal, and declares that all who have anything to do with it "should act as though it were the most contagious of diseases." He would have every case of diarrhoea treated as cholera when the latter is epidemic. We are surprised to have to say that his chapter on disinfectants is very defective. The whole book bears marks of the extreme haste with which it has been written. Many sentences are involved and obscure, and some statements made us pause in reading. The author is not likely to gain in reputation by a volume so loosely put together. He confesses, indeed, that his object is not to instruct the medical student; and this is perhaps a fair preface to a description of the disease in these words:—"The havoc of the tornado in a tropical forest gives but a faint image of the effects of this poison when once it has gained access to the wonderful mechanism of the human frame." We agree with the author that the tornado gives but a faint image of cholera; but as a comfort he adds the following paragraph, whatever it may mean:—

"The intense interest excited in the mind of the scientific inquirer, is the guarantee that as long as this disease shall be a scourge to mankind, so long will there be intense, minute, and anxious research into the nature of that chain of causes which results in the wonderful and disastrous effects of this disease upon the human body."

This, which is a fair specimen, will be probably more appreciated by the public than the profession, and perhaps as the author advises a medical man to be sent for at once by any one suffering even from diarrhoea, we need not be too critical as to his rules for treatment. He recommends the patient to go to bed, and take a dose of opium. His dose is, "a third of a grain of opium after every liquid evacuation." He adds, "half the dose for an adult should be given to children under ten years of age, and from a drop to two drops of laudanum for children under five years of age." We should strongly condemn the public being advised to administer opiates to children in this manner. In fact, it might lead to making Dr. Lankester's personal acquaintance at an inquest in his office as coroner. Laudanum should not be given to infants without the sanction of a medical man.

CHOLERA: Its Cause, Pathology, and Cure. By J. PIDDUCK, M.D. London: Hardwicke.

THE author may at least lay claim to the praise due to brevity, for he disposes of the cause, pathology, and cure of cholera in a pamphlet of twelve pages. He says it must be primarily traced to a Divine visitation—the "mysterious poison must come directly from God." As to treatment, he is thoroughly practical. He considers "it is safer to do

nothing than to injudiciously interfere and stop the diarrhoea. He therefore condemns astringents and opiates, and asserts that rational treatment consists in—1, diluting the poison; 2, assisting the natural efforts to expel it; 3, subduing febrile symptoms; 4, allaying irritation. The evacuant recommended is a salt-emetic. This may be followed by a pill of a grain of calomel and three of rhubarb, and a dose of castor-oil. Against consecutive fever, salt, bicarb. soda and chlor. potass, combined as in Stevens's saline. Dr. Pidduck says that "the primary effect of the salt-emetic is to stop the serous evacuations," and relates two cases in support of his views. The pamphlet is so brief, though clearly enough expressed, that it will no doubt be read by those into whose hands it may fall.

THE HUMAN BLIGHT AND THE CATTLE BLIGHT. London: Longmans.

This is an anonymous pamphlet in which the author asserts that a *blight* of insects causes cattle plague and cholera. The insects destroy the mucous membrane of the alimentary canal. The antidote needed is something that will destroy the insects and their eggs. Tar-water has this power. The author says he is not a medical man. Had he been so, whatever his views, we hope he would have learned to offer arguments in place of mere assertions.

JOURNAL OF SOCIAL SCIENCE.

The last number contains some comments on the Sanitary Act, 1866, by Mr. W. H. Rumsey, written with especial reference to the administrative machinery constituted by former enactments, and suggestions for its improvement in a future consolidation of these statutes.

Among the lighter articles is a paper on ladies' dress, and as it is evidently from the pen of a well-known lady, we trust it may meet with the consideration due to it. Men have so long found the utter futility of resisting the fashion that it is time a female pen came to the rescue.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 17, 1866.

THE PROGRESS OF CHOLERA.

It would be most gratifying to us to be able to announce, as we hoped to do, that the insidious enemy which has been visiting our land had taken its departure from our shores, but we fear that it would be premature in us at present to presume to congratulate ourselves upon any such deliverance. It is true that in the eastern districts of the metropolis, where the disease has hitherto prevailed to a fearful extent, there is now a marked diminution in the number of cases, but unhappily many of the other districts of London are suffering from the invasion of the pestilence, while in the English provinces fresh outbreaks are almost daily recorded. Indeed so far from the returns exhibiting a tendency towards the disappearance of cholera, we actually find that the number of cases now reported in one week exceeds the number of those occurring in a corresponding week of the month of September, so that the disease may actually be said to be on the increase.

On analysing the returns, also, the results are by no means reassuring as to the subsidence of cholera, for we find that the increased mortality occurs in those districts which have hitherto escaped. We know that when the disease was at its height in the east of London, nearly all the other districts were unattacked, or at any rate the death-rate was insignificant, but now the deaths in the eastern and in other parts of London are equalised, and though not at present numerous, they sufficiently indicate the continuance of the existence of the cholera poison among our population, and forbid us to indulge in any very sanguine hopes that we have seen the last of the disease.

It would be quite idle to suppose that the approach of winter and the consequent prospect of cold weather will necessarily exterminate the seeds of the cholera miasm, for although it has happened in several previous epidemics that the chief outbreaks in this country have occurred in the summer or autumn, and have declined as the year advanced, yet even in England, and in London, the disease has frequently manifested itself in the depth of winter, even while the snow was lying on the ground, and in other countries, as in France, it has raged with deadly virulence throughout the winter, and even such cold climates as Russia have been no proof against its ravages. Nor can it be said that abundant rains will invariably cause the entire cessation of the epidemic, although this kind of agency really seems to exercise a certain controlling influence, for the experience of the August and September of the present year forbid us to place implicit reliance upon such a meteorological condition of the atmosphere as a sanitary safeguard. What the mortality of cholera in the season just passed might have been if the weather had been dry and sultry it is, of course, impossible to determine; but we know perfectly well that it has pursued its course in spite of the existence of rains more abundant and continuous than any known for a long period.

It is therefore, with some surprise, and, we may add, dissatisfaction, that we find the daily returns of cholera discontinued by the Registrar-General. If indeed we could convince ourselves that the late visitation had so aroused the energies of the local authorities as to induce them to take in all instances the necessary sanitary precautions, we might possibly cease to agitate the subject, and we might deprecate the continued publication of daily reports as calculated to inspire unnecessary alarm. But such sanitary activity by no means exists, and while the well-to-do classes have forsaken the capital and betaken themselves to the retirement or the amusements of the country, those who are left to watch over the health of the community are well satisfied to repose in the fancied security which is imparted by the silence of the authorities as to the existence of danger. Hence sanitary improvements, if begun at all, are discontinued or neglected, and if not yet commenced, there is very little probability of their being even proposed. The experience

lately gained as to the action of local boards is pretty much the same as it has ever been—namely, that when disease actually breaks out there is a show of zeal, and useful measures are adopted, but as long as the danger appears only in the distance, very few steps, or perhaps none, are taken to guard against it. It is only by a daily appeal to people's reason, or it may be, even to their fears, that sanitary reform has any chance of being effected, and we therefore regard the discontinuance of the daily reports of the progress of cholera as a most serious discouragement to the labours of those who are conscientiously devoting themselves to the hygienic improvement of our population.

Since the above was written, a paragraph has appeared in the papers, stating that the discontinuance of the daily reports has not been ordered by the Lords of the Council, and it would seem that the Registrar-General has himself taken the step. We may add that the clerks in the Registrar-General's office have received no increase of pay for the extra duties they have performed during the last two months, and this may be the reason why their labours have lately been abridged.

THE SUPPLEMENTAL CHARTER OF THE QUEEN'S UNIVERSITY.

THE events of last week, both at Senate and Convocation, are likely to exercise a most important influence on education in Ireland and on medical teaching even more than other branches. To recapitulate the facts.—The Queen's University has hitherto given degrees in medicine for £5 to any candidate *who had attended three months* in the Colleges of Belfast, Galway, or Cork—In spite of very great inducements in the shape of scholarships and prizes, the demand for these degrees was comparatively small and the University languished—On the recommendation of the late government, her Majesty executed a Supplemental Charter assimilating the institution to the London University, and admitting all comers to examination without the necessity of a residence at a Queen's College. This new Charter met with the most unflinching opposition from the friends and dependents of the local colleges and generally from the "hot" Protestant party, who viewed with displeasure the admission of the Catholic University to a participation in the University degrees.

Last week the Senate met for the second time to determine the acceptance or rejection of the New Charter, in the presumption, apparently, that they were competent to decline the express act of the Queen. The Old Charter and Queen's College interest was represented by Sir ROBERT PEEL and Lord Chancellor BLACKBURNE, and the New Charter and freedom of education by Ex-Chancellor BRADY, Sir DOMINIC CORRIGAN, and Mr. MONSELL. The details of the sitting did not meet the public ear, but rumour says that the warmth of discussion almost reached the last and most cogent personal appeal, and the debate terminated in a

division of eleven ayes—*i.e.*, for the New Charter—and nine noes. Three days subsequently the first Convocation of the Graduates met for the purpose of electing a member of the Senate from their number and discussing the New Charter. The Queen's College and Old Charter party was represented, as we understand, by no less than forty-five professors, valiant, of course, in defence of their hearths and homes, and almost an equal number of Protestant clergy, not, as may be imagined, favourable to the incursion of the Catholic University in their preserves. This party supported Mr. ROSS for the Senate, while the New Charter, rank and file, voted for Dr. MAPOTHER.

The conclusion was easily anticipated, the Old Queen's College party triumphant, their candidate in a large majority, and the New Charter scouted indignantly. The result of these meetings is, of course, at present a matter of conjecture.

We believe that the disclaimer of the Convocation will have little weight with the Government, and that the New Charter will be carried out in its entirety. It would, indeed, have been a matter for surprise if the Convocation, so largely composed of Professors voting for themselves, and clergymen for their religion, had arrived at any other determination. On the other hand, the present Government are not bound to the acts of their predecessors, and are naturally inclined more to the Conservatism of Belfast than the Liberalism of Dublin. Yet we hardly think they will recommend the reversal of her Majesty's Act. Lawyer's opinions, worth exactly the fee paid for them, have been obtained adverse to the validity of the New Charter, and at present the matter awaits the decision of the Lord Lieutenant.

THE M.D. (HONORIS CAUSA) OF THE QUEEN'S UNIVERSITY.

AT the Meeting of Convocation, which will be found fully reported in our columns to day, Dr. O'FLYNN asked the Vice-Chancellor whether a degree of Doctor of Medicine had been conferred on a gentleman who had never passed any examination, and had never gone through any medical course whatever? The Vice-Chancellor replied, that he could not answer the question, and that a notice of motion must be given previously to the question being brought forward. Fortunately for the profession, the press requires no notice of motion, and we take leave to amplify and repeat the question.

Is it true that the degree of Doctor of Medicine (Honoris Causa) was conferred at the last commencements of the University on Professor J. R. GREENE of Cork, and is it true that the medical qualifications of that gentleman are solely such as are derivable from a scanty experience of the practice of pharmacy? Furthermore, we beg to inquire whether the degree was conferred with any ulterior object, and whether it is the intention of Professor GREENE to compete for a

vacancy, for which a Doctorate of Medicine is an essential qualification? It is needless for us to say that we fully recognize the distinction which Professor GREENE has attained by his studies in Zoology and Comparative Anatomy, and notably by his "Manual of the Cœlenterata;" but we must decline the assumption that these attainments can entitle him to honours in medicine. We recommend very seriously to the Medical Council the consideration whether they can permit the establishment of this precedent—a most dangerous one for the profession.

We can hardly credit the current report that it is Professor GREENE's intention to offer himself as a candidate for the Professorship of Botany in the University of Dublin, inasmuch as by Act of Parliament the Professor holding that Chair must be Clinical Physician to Sir Patrick Dun's Hospital, and deliver Clinical Lectures to the students of the School of Physic.

Notes on Current Topics.

THE SOCIAL SCIENCE CONGRESS AND THE SICK POOR IN WORKHOUSES.

THE condition of the sick poor in the English, and especially the metropolitan workhouses, has formed the topic of discussion at the recent meeting of the Social Science Congress. In a paper on the subject by Mr. S. W. North, the writer exposed the defects of the existing system in the most forcible terms, and laid the blame principally upon the Poor-law Board, which had the power to ameliorate the condition of the sick poor, but had entirely neglected to do so. In fact, the paper might have been a reprint of the articles which we ourselves have written on the ill-treatment of the sick poor, so exactly do the sentiments and statements of the author coincide with our own. In the debate which followed the reading of the paper, the speakers, in the main, admitted the truth of the complaints so often made and reiterated against the working of the system, and they agreed that the medical officers of the workhouses ought to have a more honourable position than they at present occupy. But Sir Walter Stirling threw out a suggestion which we never heard made before—namely, that the medical officers should attend the sick poor in workhouses gratuitously, and that they should even pay for the honour of holding such appointments! Sir Walter must surely have intended to be facetious in this proposition, but for our own part, we think that if he intended it as a joke, it was a very heavy one.

THE REGISTRATION OF MEDICAL STUDENTS.

It may not be generally known that the Medical Council has passed a resolution to the effect that all medical students shall register their names, the medical school to which they have entered, their attendance on lectures, and the date and place where they passed their preliminary examination. This registration is ordered to take place at the office of the Medical Council, Soho-square, London, or at one of the other offices of the Council in Scotland, Ireland, or the English provinces, and this inscription is intended to supersede the necessity of registering

at any of the colleges or other corporate bodies. Nevertheless, the College of Surgeons of England, and the Society of Apothecaries of London, still require the students to register at the College and the Hall respectively, thus causing what appears to be an unnecessary waste of time in doing at three places what might and ought to be done only at one. The worst feature of the business is, that the Medical Council seems to have no power of enforcing its own regulations, and thus the Register, which should contain a list of all the Medical Students of Great Britain and Ireland, is quite imperfect. It must also be added that while the Registration at the College and Hall in London is efficiently performed, that at the office of the Medical Council is necessarily inefficient, not from the want of zeal or activity on the part of the subordinate officers, but from their inadequate payment and the onerous nature of their duties. The amiable and estimable Registrar has probably other matters to attend to than to give daily and hourly attendance at the office, and his duties devolve upon the two gentlemen who have long and ably discharged the routine functions of his post, but on whom the extra duties of the registration of students are somewhat unfairly super-imposed, especially as no increase of salary has been awarded to them.

EARTH-CLOSETS V. WATER-CLOSETS.

THE proposal recently made by Dr. Thos. Hawksley to substitute earth-closets for water-closets in such a city as London was sure to provoke both opposition and ridicule. Accordingly, we are not surprised at the amount of correspondence on the subject that has been admitted to the columns of the daily papers at this dull season of the year. The invention of the Rev. Mr. Moule, by which dry earth is substituted for water, has been found to serve admirably in country districts, and is likely to be sufficiently profitable to secure extensive application.

But the idea of adopting a similar method in large cities is at first quite startling. Dr. Hawksley proposes a relay of metal pails: the contractor to take away the full and leave empty ones every morning. We do not hesitate to call this system impracticable. Apart from the engineering difficulty of bringing into London 400 acres of land and taking it away into the country again, a difficulty of which, perhaps, too much has been made, we feel that the method could not be carried out in an inoffensive manner. It would be necessary, for instance, to provide other means for the disposal of the fluids. Now, with a large experience of London servants we venture to assert that they would never obey instructions on this point. Besides which, the amount of soil they would constantly contrive to spill would become a terrible nuisance. One of the greatest difficulties in large town-houses is to get servants to keep the dust-bin constantly emptied, and to persuade them not to make it the receptacle of animal and vegetable refuse. Now, under a system which would, in effect, be the storing of fæces in a dust-pail for twenty-four hours, we should look for a tenfold aggravation of the carelessness and filth of domestic servants. They would never understand the principles of disinfection, nor would they believe that the slops might not be added to the solids, nor that dry manure was less offensive than wet. We think, therefore, that our present arrangements are preferable to Dr. Hawksley's plan.

SOCIAL SCIENCE CONGRESS.

IN our last number, printed as it was during the sitting of the Congress, we could only report some of the most striking passages of the opening addresses. Of the numerous able papers read, and discussions thereby elicited, we can now only give abstracts of a few of the most important:—

Lord BROUGHAM, after the eulogies on deceased members, reported in our last, and other introductory observations, reminded the meeting that the report of the commission for inquiry into the great subject of capital punishment had been printed, that it is most important from the great body of information it contains, both on this and other countries, that it offered an almost solitary exception to the blank of the late session, for the material recommendation of the report against public executions has been adopted by Parliament after a somewhat warm opposition in the upper house. He referred to defects in the law of evidence which still remain not only without remedy, but without any real defence: the exclusion of parties in cases before the Divorce Court and other courts, who know most of the facts. This no longer exists in civil suits, but in criminal cases we still shut out one party while he hear the other. The consequences, he said, of excluding the accused party had often been shown, and petitions to Parliament strongly expressed them. A person is charged with an offence, when he could at once explain all the circumstances, and show his entire innocence, and that the whole prosecution is a malicious proceeding, but his mouth is shut while his accuser is heard. The French course of proceeding in this respect is to be carefully avoided; indeed, it was always proposed that with us the examination of the person accused, should only be taken upon his voluntarily tendering himself, and being willing to undergo the sifting of a cross-examination. Another deficiency of the late session was, the not passing an act to amend the optional clause in the County Courts Act. The importance of the jurisdiction of these courts has long been admitted. The number of suits they determine is prodigious. The optional clause requires the previous consent of both parties, and, as the one would refuse what the other proposed, merely because he proposed it, the clause has had very little effect, if any, in extending the jurisdiction to other cases in kind and in amount; whereas if the suitor could begin for a larger amount, and for other objects it is certain, that the great facilities afforded by the local courts would induce the defendant to acquiesce, and a very material increase is thus withheld from that most valuable jurisdiction by the delay to make this obvious improvement. But, though the last session has been lamentably unfruitful of measures, he observed, the Commons have issued important commissions for inquiry into the scandalous scenes of corruption which too many of the late elections have displayed. He said that no question could be raised, although we see it attempted, as to the gross criminality of the parties, both the candidates and their agents, and the voters; nor is there the least common sense in the allegation, that the voters cannot be made to regard selling a trust, which a vote is, for money, as criminal. They must be made to regard it as such by the infliction of severe punishment; the candidates and their agents must also be punished. It is certain that bribery can only be stopped by sending those who give and those who receive bribes to the treadmill like other offenders. He then referred to the late improvement in our county and borough gaols, and attributed the greater part, if not the whole, of the diminution of crime during the last half-year. He thought the result of this act should encourage the Legislature to pass other useful laws; and spoke of a plan suggested by the great Duke and himself for facilitating the private bill business in Parliament, which in its exhausting and harassing effect upon the members now interferes so much with public measures. His Lordship proceeded to remark that the friends of social science have reason to congratulate the public on the great achievement of the conductors of the Atlantic cable. They have finally succeeded, after the failure of last year, in this extraordinary and most important undertaking, and the Atlantic no longer offers an obstacle to direct and instantaneous communication with the Western world, and in a few hours accounts can come from New York to London and Paris. Then he spoke of the evils of intemperance, and remarked that one sees with astonishment and indignation,

in cases before magistrates, intoxication urged in extenuation of offences, whereas it is a gross aggravation. No magistrate is entitled to suffer one such word to be uttered before him on the part of the accused. Any magistrate is bound to stop the party or his advocate the instant he begins this, and to tell him—that if intoxicated he must suffer a punishment more severe. It is undeniable that a most wholesome effect would be produced by the general impression being made that drunkenness, though by law it may not be liable to punishment, except by small pecuniary penalty, yet makes offences to which it has given rise more severely punishable. He concluded his address by a reference to the progress of co-operation, which is shown by the great increase of business. The traders have joined in giving those under them the incalculable benefits of reduced hours of work; and in the great towns, as well as in London, the half-time rule seems established on Saturdays, to the great benefit of the men both physically and morally. Co-operation, he says, is due to the people—not to the Government or the Legislature. So are the institutions founded and conducted by private individuals though licensed by Government. He referred to the Refuge of Female Convicts, the Carlisle Refuge in Ireland, the proceedings under Lady G. Fullerton for the Roman Catholics, and for the Protestants under Miss Twining, both which are highly approved by that great philanthropist, our much respected colleague, Commissioner Hill. If, he says, in bringing his remarks to a close, so great have been the disappointments at home, have we anything to console us when we turn our eyes abroad? We cannot, he says, pronounce anything with certainty on the state of the Continent as to what may be the distribution of dominion or the continuance of peace. He glances at the principal European powers, and thinks there is no doubt that the cause of progress is in a hopeful condition—that there is a general tendency towards free institutions—that the Protestant interest has gained considerably. In France, he says, there is so strong an opposition to the Imperial Government, and so general a desire of material prosperity, that there seems good ground for a belief in greater freedom of discussion being given to public bodies, and even in some relaxation of the laws respecting the press also. Great sacrifices have been made for the termination of hostilities. The Emperor's conduct to prevent their continuance has been highly meritorious, and at length a general peace is concluded. Yes, peace is restored on the Continent, and all friends of social science must heartily rejoice.

Shortly after the conclusion of his Lordship's address the Sections commenced their meetings. The subject in Section C was "Repression of Crime." Mr. R. C. Hanbury, M.P., read an address. The particular question discussed was—"Is it desirable to carry out life sentences to the utmost, and, if so, in what cases and under what forms of discipline?"

Mr. M. D. HILL read a special paper on the subject, of which the following is the substance:—

"Capital punishment, though retained in our criminal code, will probably be reserved for culprits convicted of deliberate murder. If so, the convicts to whom imprisonment for life will be applicable may be ranged in two classes—1. Such as, by ferocity of disposition, or in gusts of uncontrolled passion, have inflicted death, or serious, permanent, and irremediable injury on the objects of their attack; and in this class will be included convicts guilty of murder in the highest degree, if reprieved by the Crown. 2. Convicts whom repeated convictions after punishment for felony—or grave misdemeanours like perjury, the obtaining money or goods on false pretences, or the wilful uttering of base coin—show to be incorrigible. The protection of the public demands that convicts condemned to imprisonment for life should be sent to a gaol specially erected to receive them, from which escape should be made absolutely impossible, and from which discharge should be made so difficult that it could rarely occur. Thus I contemplate that the vast majority of convicts sentenced to perpetual imprisonment will change their gaol only for their grave. Such an inexorable fate, when it became known, would have, I believe, all the deterrent effect which punishment is competent to produce; unless, indeed, the treatment of the prisoner were made such as to excite the envy of poor labourers at large. For myself I do not think this a very probable event, even if we were to recur, as we never shall do, to the false indulgence now happily eradicated from our prison discipline. Confinement

to one spot, with more or less of isolation, with severe restrictions upon correspondence, and exclusion from knowledge of what is passing in the world beyond the walls, would be, in all ranks of life, save to persons very exceptionally constituted, felt to be a hardship all but intolerable. But when to these privations you add abstinence from alcoholic beverages of every kind, and from tobacco, you present a state of things to the minds of those likely to yield to the temptations which consign men to prison nearly as repulsive as can well be imagined. Indeed, such a regimen, when combined with long hours of labour, plank beds, and no more time for sleep than nature requires, would form a system of treatment so depressing to the mind of the criminal that, if he were rendered hopeless of mitigating its severity by good conduct, appalling consequences might be expected. His life might be shortened by despair, even if he were not driven to suicide. We are thus forced upon a problem not easy to solve—viz., how to inspire the criminal with hope, without, by the relaxation of this object of harsh discipline, leading those who might be tempted to follow his example in crime to underrate the misery of his lot. When the prisoner knows that his confinement must come to an end, either because his term of imprisonment will expire or because he is in course of working himself out of prison by industry and good conduct, the danger of reducing him to despair is obviously lessened; and, with prisoners of ordinary temperament, unless the expected return to liberty is placed at too great a distance, such danger calls for no special attention. But in cases of imprisonment for life, in which the number of discharges is insignificant, the hope of return to society cannot have a practical operation. Our expedients for exciting hope are limited, therefore, to affording the criminal opportunities of bettering his condition in the gaol itself. And, for the reasons to which I have adverted, even that amelioration must be slow in progress, and must lead to nothing which persons at large would not consider a miserable state of life. As he is not to ascend to any great height, and yet, as it is important that his rise, though slow, should be, unless from his own fault, continuous (or, at least, stationary only for short intervals), it is evident that at the commencement of his incarceration, he must be placed in a very low condition indeed. The class of prisoners who have deprived a fellow-creature of life, or diminished its comfort and enjoyment by the infliction of grave personal injury, should, I think, for a period more or less considerable, be placed in irons, heavy at first, as heavy, indeed, as nature can support; yet to be promptly lightened by good conduct until, at last, they are reduced to one ring, and even that one may eventually be withdrawn. This infliction of irons to be superadded to all the visitations undergone by convicts in penal servitude, which visitations may be also multiplied and increased in severity in the earlier stages. To these earlier stages the prisoner is to be sent back in cases of misconduct, and then left to work himself up again. Although, as I have shown, when the prisoner is shut out from all but the mere possibility of regaining his liberty, the means of inspiring him with hope are reduced to narrow limits, yet it must not be forgotten that some facilities for appropriate treatment of prisoners for life arise out of the very absence of all necessity for so training the convict in prison as to endow him (when that is possible) with such a capacity for self-government as shall enable him to maintain a self-supporting position on his return to society. When such a return is to be provided for, it is found essential to success that it should be kept in view from a very early stage of the punishment. No fair opportunity must be lost of giving the convict some power over his own actions, beginning with very slight relaxations of control, but approaching by the time of his discharge to a state differing comparatively little from that which he will enjoy when he finds himself on the outside of the prison gates, with his ticket-of-leave in his hand. As regards prisoners for life, however, relaxations from strict and minute control need not begin until a later period, and should never extend so far as to place the criminal in a position similar to that which Sir Walter Crofton calls his "intermediate stage" in penal servitude. On the other hand, as it is not essential that he should form such habits of industry as will enable him to hold his place in the struggle undergone by a free labourer, indulgence may, after a term of years, be afforded by a diminution of his hours of toil. I scarcely need say that care must be taken to make all prisoners for life not only acquainted with the rules by which,

if they persevere in industry and good conduct, they will gradually mitigate for themselves the hardships of their lot, but they must also be enabled to see that such of their fellow-convicts as have earned the indulgences to which I have referred are in the full enjoyment of them. As to the second class of prisoners for life—viz., incorrigible offenders against the rights of property, they ought not, I think, to be subjected to the hardship and degradation of irons, but in all other respects I would recommend that the differences of treatment between them and the prisoners of the first class should be but slight.

Sir W. CROFTON, C.B., remarked that the system of sending convicts to Western Australia would soon be brought to an end; and therefore the question for discussion was opportune. Consideration would soon have to be given to the revision of the treatment of our life sentences. What stared us in the face now, was the fact that for the future we should have to detain our life-sentenced convicts at home, and it should be insisted, at any rate, that the liberation of such criminals should henceforth be the exception instead of the rule.

He referred to the opinions of Captain Knight, Miss Carpenter, Mr. Neate, M.P., and Colonel Henderson, on this subject, and stated the conclusions at which he (Sir W. Crofton) had arrived. They were as follows:—

First, that from information received from the Continent, and from experience obtained in Ireland, it appears to be quite possible to detain convicts under life sentences for indefinite periods, and as the time is now arrived when we can no longer send this class of persons to Western Australia, it is most opportune their special treatment should receive immediate consideration. Secondly, that in the opinion of those practically acquainted with the subject it is necessary that prisoners so sentenced should be detained in special prisons, because as long as they are in ordinary prisons they will consider themselves as certain to receive their liberty, whereas it is most important that the criminal should feel, and that the public should know, that henceforth liberty will no longer be the rule, but quite the exception, that such punishments should be inflicted as banishments for life, because with the hope of liberty thus cut off it would be, in the opinion of practical persons, extremely difficult, if not quite impossible, to preserve discipline in the ordinary convict prisons, because with so strong a stimulus as hope of liberty being cut off it will be necessary to preserve a distinct treatment. Thirdly, if possible, both for the effect upon the public mind and other reasons, it is desirable that punishments for life should be carried out in some island near our own coasts. Fourthly, there is no special reason to believe from the experience that has been afforded by recent improvements in prison discipline that a special system of treatment should be devised, which under firm but humane administration would, while preserving the motive power to exertion and hope of amelioration of condition under detention, be unable altogether to dispense with the stimulus so fatal to society, as holding out to such grave offenders any prospect of their liberation. He hoped some resolutions would be passed to this effect.

Mr. CHAMBERS, M.P. (Common Serjeant of London), said he had listened to the proposals that had been made with intense pain, and his objections to the entire suggestions were so numerous that he hardly knew where to begin. The plan which had been submitted proceeded upon tacit assumptions of various kinds that were not proved, and that might or might not be true. It could not be denied that the whole object of that plan had been to bring us up to a state in which we should inflict more cruel punishments than we already inflicted (no). He repeated the assertion. A life sentence which was to be carried out as a life sentence, and in which the element of hope, if not altogether eliminated, was so feeble that it would have no practical effect, was assuredly a more cruel one than any we had had hitherto in operation in this country (hear). He was greatly afraid from the tone of the public press, and from the tone so far of the present discussion, that we were accustoming ourselves—the most humane among us—to quiet anticipation of a state of things in England which we had read of in history and had mourned over. It might be that it was actually necessary to keep prisoners in gaol all their lives without hope of remission, but there was no ground really to assume that the state of crime in this country was an absolute disgrace to us in the civilized world. He did not believe that there was an atom of truth in the assumption.

The discussion was carried on by the following gentlemen:—Lord R. Montague, Major Cartwright, Sir E. Wilmot, Dr. Mary Walker (of New York); Rt. Hon. J. Napier, Lord Teignmouth, and others; and after a lengthened debate, two resolutions were unanimously adopted. The first, recognizing that the treatment of life-prisoners should be revised, and urging that steps be taken to insure liberation being the exception, and not as heretofore the rule; the second, declaring it to be absolutely necessary to institute a separate prison for life-sentenced convicts, where a special treatment could be carried out.

WHAT IS THE DUTY OF THE MOTHER COUNTRY AS REGARDS THE PROTECTION OF INFERIOR RACES IN HER COLONIES AND DEPENDENCIES?

The papers read were by Mr. R. N. Fowler, Mr. C. S. Roundell, and Mr. John Gorrie, the two latter having been prepared by request. Sir V. Surtees presided, in the absence of Mr. Dudley Field. Mr. Fowler's paper was on "The Treatment of Inferior Races by Great Britain" (referring to the gradual extinction taking place in the Hudson's Bay Territory of the Indian aborigines, the British possessions in South Africa, and the Maories in New Zealand). He concluded by saying that England had not shone in her treatment of subject races, and that the Emperor of the French, in his wise and just protection of the Arabs of Algeria, had set us an honourable example which it was to our disgrace we had not imitated. It was well worthy this Association's inquiry if something could not be done to secure the rights and privileges of the natives of our different colonies. Their lands should be respected, and, when required for colonization, acquired by purchase or on fair terms, proper officers should be appointed to look after their interests and to protect them in the enjoyment of their rights. Above all, every facility should be given to those devoted men who strove to bring them to the paths of Christianity and civilization. In reference to the Hudson's Bay Company's territories, it was suggested that the charter should be withdrawn, and the aborigines placed under the protection of Canada.

Mr. ROUNDELL read a very able paper. The portion of it directed to the condemnation of recent events in Jamaica, called forth applause; and his inquiry into the question how far the negro is capable of civilization was listened to with much interest.

THE PREVENTION OF INFANTICIDE.

The discussion was opened by Dr. Lankester, Coroner for the Central District of Middlesex, who stated that he would confine his remarks to the murder of children newly-born, though the murder of children who had lived for a few weeks or months, or even for a year, was not uncommon. In 1863 he had held 84 inquests on newly-born children; in 1864, 100; and in 1865, 114. That included all cases of death, whether caused by natural causes or otherwise. In 1863, however, 53 verdicts of wilful murder were returned in such cases; in 1864, 56 verdicts; and in 1865, 61 verdicts. Thus, in three years, in his district alone, 170 verdicts of wilful murder had been returned. He did not think that 70 was too high a number to fix as the yearly number of cases of wilful murders occurring in Central Middlesex which came under his cognizance. Then came the question whether that included all cases of wilful murder. When it was remembered that the cases that came before the Coroner's Court were only those that had been clumsily put away—thrown into some neighbouring street or pond—it had always appeared to him that a very large number of infants were successfully put away and concealed. It was not improbable that for every body discovered another was successfully concealed. Adopting that calculation he had endeavoured to show to what extent the crime of infanticide prevailed in this country. His figures had been questioned, and he himself abused for his calculations, and he had been quite disgusted with a paragraph which never ought to have appeared in a respectable paper, entitled "Coroner's Arithmetic" (hear, hear). His figures might, perhaps, be too high or too low, but his theories ought not to be laughed at upon that account (cheers). His calculation was that in England and Wales there could not be fewer than 1,000 cases of infanticide annually. He had no system of prevention to bring forward, but he might be allowed to suggest that the attention of moralists and philanthropists should be drawn to the fearful picture of immorality which that crime brought before them. Young women should be taught

the sinfulness of unchastity, and such a change in the law as would compel fathers more generally to support their illegitimate children, should take place. That would remove one great temptation to infanticide, and would help to save the lives of both mothers and children. And with regard to saving the life of the mother, he thought it could be shown that that was a most important point; for a very large proportion of mothers who had borne those murdered children had lost their lives in the attempt to conceal their shame and crime. He calculated that one mother in six of those who concealed the birth of their infants lost their lives in doing so. In the majority of cases these mothers were domestic servants, sleeping by themselves, and in almost all cases they had no one with them in the hour of nature's peril. Among the remedies proposed one was for the establishment of institutions where women who had been seduced might be taken care of and kept during their confinement. He believed that institutions of that character were capable of doing a certain amount of good, and that they were deserving of support. In conclusion, Dr. Lankester expressed his approval of the conclusions arrived at upon the subject by the Royal Commission on Capital Punishment.

A paper on the same subject by Mr. SAFFORD was next read. It contained a very elaborate statement of the law both in past ages and in the present time upon the subject, and proposed that charitable institutions to receive illegitimate children should be founded, and empowered to compel both parents to contribute to their support.

Mr. ASPLAND and Mr. BRACEBRIDGE addressed the section upon the subject of Dr. Lankester's paper, and in doing so referred in complimentary terms to the labours of its author.

Sir EARDLEY WILMOT agreed that Dr. Lankester deserved the highest credit for the time and attention which he had paid to that question. He did not, however, agree with all the conclusions arrived at by him, and especially with his estimate that for every child whose murder had been discovered, another had been successfully concealed. His own opinion was that they should consider whether the time had not arrived when, considering the state of society and of law reform, they should make the crime of seduction—for it was a most heinous crime—subject to legal procedure, and the offender liable to the penalties of misdemeanour (loud applause).

Dr. MARY WALKER, of New York, a female physician of eleven years' experience, thought that one great cause of infanticide was that virtuous women did not sympathize sufficiently with their fallen sisters. Instead of debarring women who had sinned from honourable society, the men who had caused them to sin should be shut out from the company of virtuous and respectable women (applause).

The Rev. HENRY SOLLY suggested that where a man and woman came together the act should be considered as equivalent to marriage, and if the man were married previously he should be prosecuted for bigamy. At present, in the eye of the law, it was the consummation of the marriage, and not the performance of a mere ceremony before the clergyman or registrar, that constituted marriage.

Miss Gough, the Rev. W. Kaye, and other persons continued the discussion.

Mr. T. CHAMBERS, M.P., thought that the proposal of Mr. Solly would cause the greatest incentive to sin that they could possibly conceive. No boy at home from Eton or Harrow but would be liable to become the victim of some wicked and designing woman (applause). His own opinion was that the woman should be taught that as society was at present constituted all the shame and suffering would have to be borne by herself. He advocated the adoption of more stringent measures in law for the punishment of infanticide.

Dr. LANKESTER, in replying on the discussion, said that he had traced the crime of infanticide to domestic servants. It was in those districts of London where the largest number of servants were kept that the greatest number of child murders were committed; and he thought that the cause was to a great extent the distance maintained in families between mistresses and servants. He appealed to the women of England to cleanse their own households of this great crime, and they could do so by maintaining that superintendence of one woman over another by which the crime could be most effectually prevented. It had been proved that when the condition of a woman was once known she never murdered her child.

THE POLLUTION OF RIVERS.

A special question for discussion in the Health Department was, "How can the pollution of rivers by the refuse and sewage of towns be best prevented?"

Dr. STEVENSON MACADAM, of Edinburgh, read a paper which he had prepared on the subject by request of the Council. He stated, that although the observations he would make would be of a general nature, the opinions he expressed were derived mainly from observation made on three Scotch rivers—the Leven, contaminated by public works; the Water of Leith, contaminated by public works at the upper parts, and by town sewage at the lower parts; and the North Esk, influenced by discharges from public works and by sewage alternately. The pollution was principally derived from mining pursuits, manufacturing operations, and house sewage; and the great question to be considered was how the pollution could be prevented. Irrespective of the question of the health of the neighbourhood, there was the appearance of the stream itself. A good deal was said on the previous day as to the influence of smoke on the atmosphere and on the animal spirits of people, and he believed the appearance of a stream had similar results. He did not see how mining operations could be withdrawn, but they were not of so much importance. With regard to manufacturing discharges, he would say generally, that all practical means for the arrestment of the pollution should be employed. It was a question how far some rivers should be given up for manufacturing interests, it always being a condition that the operations and discharges should not be prejudicial to the health of the neighbourhood. In regard to the utilization of sewage, Dr. Macadam contended that the most successful system was that of irrigation, and detailed the manner in which this had been employed at the Craigentenny meadows, near Edinburgh, where even in a monetary point of view, it had prospered. Whether, however, the system paid or not, irrigation ought to be compulsory in all inland towns. As to seaboard towns, the discharges ought at once to be drained into the sea. With respect to the disposal of the sewage, he believed that local authorities generally were anxious to promote the welfare of the people (hear, hear), but they required direction. They were frequently hindered in their good work by the constituency they represented, and they required to be nerved to action by the pressure of a superior authority. The sewage question would be best worked by a local authority controlled by a Royal Commission or Government Inspector. His decided opinion was that sanitary measures should be compulsory and not optional (applause). In discussing this question he had refrained from any remarks respecting the state of the Medlock, the Irk, and the Irwell, but these streams did not appear to him to be pure water (laughter and applause). He would leave the application of the question to Manchester to be dealt with by those who were more conversant with the district.

Papers on the same subject were read by Mr. John Newton, C.E., who strongly advocated the irrigation system; by Dr. Thomas Hawsley, who proposed to make it illegal to discharge any offensive matter into our sewers, and to substitute earth-closets for water-closets in all houses; and by Mr. S. Clement Trapp, C.E., who expressed himself decidedly opposed to water-closets, unless in connection with irrigation.

The discussion was commenced by Lord Robert Montague, who contended that the question under consideration lay at the root of the whole matter of sanitary reform. There was no Act of Parliament, no legislation which deserved the name of sanitary legislation unless it provided for the purification of rivers. We had as much a common right to pure water as we had to pure air, and he believed that impure water did much more injury to the constitution than impure air. In most mines not only was it easy, but it was a source of gain, to separate the polluting source of the water before it was turned into the river. In manufactures, it was equally easy to prevent a pollution of rivers. If this were not the case, the difficulty would have been rather a staggering one, as anything that would interfere with the vast productions of such a place as Manchester should be deeply considered before it was undertaken; but even in that case the lives of men were of more value than all the wealth of Manchester (hear, hear). But even in the most difficult manufactures, such as gas-works, bleach-works, and paper-works, it would be a source of gain and not of injury to the manufacturer to be compelled any longer to pollute rivers. Dr. Macadam had pro-

posed that some rivers should be given over to the manufacturer, but he could not conceive that such partial legislation would for a moment be listened to. As to the question of sewage, he believed that there was only one means of freeing rivers from that pollution. Various schemes had been tried. The sewage had been sent into the air, but that did not do; water had been tried, but it did not succeed; land must now be tried, and that he felt certain would do. (Applause). In regard to Mr. Hawsley's plan for earth-closets, he wanted to know where the earth would come from? (Hear, hear.) Mr. Bateman, the eminent engineer, had calculated that it would require to supply London with the necessary earth for these earth-closets every year 400 acres of ground six feet deep. Where was that amount of soil to be got? (Hear, hear.) He thought that was a "stumper" to the whole plan. His lordship concluded by moving that it be an instruction to the council, "That, while it is necessary to remove as speedily as possible excreta and refuse from houses, it is advisable to procure compulsory legislation against the pollution of rivers by refuse or the sewage of towns." (Applause.)

Mr. RAWLINSON remarked that, although it was well known that rivers were now polluted to a fearful extent, there were some things attributed to that pollution which it was just as well to clear away. All the ills that flesh is heir to were said to spring from this pollution, but, although a foul river was an intolerable nuisance, yet it must be remembered that it was an advance in civilization (hear, hear), and that we must start from the point that had been reached and advance farther. When the rivers were pure in this country there were no sanitary regulations in our towns, and the plague, sweating sickness, and black death prevailed. Sanitary improvement had swept away that type of disease. Now we had cholera, typhus, and other forms of fever, but it was unfair to contend that the pollution of rivers created these diseases. The discharge of effete matter into running water was a very great improvement on the ash-midden and the cesspool crowded in upon the cottage (hear). Manchester had been searched by men competent to arrive at a correct conclusion with the view of ascertaining whether the most severe types of disease affecting the health of the population could be attributed to foul rivers, and they were bound to come to a contrary conclusion. Although rivers were very foul, they did not work all those evils that were laid to their charge. In 1859, when the Thames was so foul that Parliament sat with closed windows, the Registrar-General knew that the rate of mortality was small (hear). He was happy to find that some of the manufacturers of Yorkshire were, without compulsion, doing many things to perfect their sanitary arrangements. The washings of wool, which used to pollute rivers in the most obnoxious form, could be so treated as to take out the soap soils and to make the water by no means injurious. When in Leeds lately he was surprised to find—and the Section, no doubt, would be surprised to hear—that the town was not only the great centre of the cloth trade, but that the tan trade was larger in Leeds than in any other town in the empire, no fewer than 2,700,000 hides being tanned in the course of the year. He was glad to say that some of the principal tanners in Leeds were beginning to utilize the pollution arising from the tanning process, and were finding it to succeed remarkably well. The Royal Commission to inquire into the pollution of rivers, of which he was a member, commenced their labours on the 15th of this month. He could only say that the subject would have his best and closest attention. The result of their report when laid before Parliament would come under the attention of such gentlemen as he saw before him—the members for Manchester and Carlisle; and he sincerely hoped that the question would receive some practical solution. They might rest perfectly satisfied that Parliament would not enact any compulsory measure which should destroy trade or which should be burdensome or injurious to the community, but that they would carry such a measure as should be for the benefit of the whole people, and, if possible, to the injury of none (loud applause).

Dr. ELLIOT, of Carlisle, seconded the resolution proposed by Lord Robert Montague, which, after some further discussion, was adopted.

DWELLINGS FOR THE WORKING CLASSES.

In Section A of the Department of Economy and Trade (presided over by Mr. E. Potter, M.P., and Sir James Kay Shuttleworth), a special question was raised as to what

measures, legislative and other, should be adopted in order to supply better dwellings for the working classes. On this subject various papers were read, including one by Mr. Barron Emmanuel, and one by Mr. T. Worthington. The former gentleman, in addressing himself to the practical part of the question, proposed to convert the existing railway arches into workmen's dwellings, whenever the process could be conveniently carried out, and he further suggested that in future railway Acts such a construction of viaducts should be necessitated as would admit of their being used for the like purpose. He was quite sure that such a provision as this would pay a large percentage to the railway companies who might think proper to embark in the investment. Mr. WORTHINGTON, in his paper, passed in review the various efforts which have been made, from time to time, by individuals and by societies for the erection of model dwellings or the renovation of existing property. In treating of those efforts, he alluded especially to what had been done in the metropolis, in Yorkshire, and in France; and the conclusion he arrived at was, that the proper course to be adopted was to incite the working men to combined efforts (under the Act of Parliament introduced last session by Mr. Torrens, M.P. for Finsbury), aided by loans from the Public Loan Commissioners, to erect dwellings for themselves.

In the course of the discussions which afterwards took place on these papers and those of Miss Octavia Hill and Mr. Thomas Beggs,

Mr. TORRENS, M.P., made some observations in explanation and support of his bill. He stated that it was not necessary for him to plead the cause of that bill as if it were a new bill; but he was there to defend the measure in its essential principles. In reference to the measure which had been brought forward by this association, he took the opportunity of stating that the promoters of his bill were not wedded to any particular forms or modes of carrying out the desired object. All they desired was that the Legislature should do the best they could under all the circumstances. If any man or any society had a better or more comprehensive scheme than his own, let it by all means be produced, and he would support it to the utmost of his power. The objection he took to the bill of the society was that it left the people, whom it was intended to serve, to voluntary speculation. He did not wish to disparage enterprise or benevolence, but he and his supporters contended that the proper system to be adopted was a compulsory, not a voluntary one. His bill would compel all local authorities to hold themselves responsible for the existence of fever nests, and for the omission to pull down decayed tenements and rebuild them, with the aid of such powers as the Legislature would be enabled to bestow.

Mr. E. CHADWICK and Sir CHRISTOPHER RAWLINSON addressed themselves more particularly to the commercial part of the question, the former contending that a great deal of the cost of modern dwellings owed itself to the fixed building regulations, and to the settled habits of architects in the formation of their designs. He was fully assured that by the adoption of an improved mode of construction, such buildings as those which had been erected by Alderman Waterlow would yield a profit amounting to 7 per cent. instead of 5 per cent.

CONVOCATION OF THE QUEEN'S UNIVERSITY.

A MEETING of Convocation of the Queen's University in Ireland was held on Friday last in Dublin Castle, to elect a member to the Senate, to discuss the Supplemental Charter and other subjects, and to declare their opinions thereon.

The following members of the Senate attended:—

Right Hon. Maziere Brady, Vice-Chancellor, who presided; Chief Justice Monahan, Chief Baron Pigot, Right Hon. Justice O'Hagan, Sir Robert Kane, President, Cork College; Rev. Dr. Henry, President, Belfast College; Edward Berwick, President, Galway College; Sir Dominic J. Corrigan, Bart., M.D.; Professor Sullivan, Catholic University.

There was a large attendance of professors and graduates, including—R. Adams, M.D.; Dr. Seeds, Professor Barr, Q.C.C.; Professor D'Arcy Thompson, Galway; Professor King, do.; Professor Rowney, do.; Dr. Burke,

Lord James Butler, Professor Stevelly, LL.D.; Professor Curtis, LL.D.; Professor M'Cosh, LL.D.; Professor Redfern, Queen's College, Galway; Professor Rushton, M.A.; Professor Clelland, M.D.; Professors Bensbach, M.D.; Brown, M.D.; Allman, LL.D.; Harkness, F.R.S.; Bayley, M.A.; Romer, M.A.; Meisner, Ph.D.; Wyville Thompson, LL.D.; James Thompson, C.E.; Ryall, LL.D.; Vice-President, Q.C.C.; Andrews, M.D., Vice-President, Q.C.B.; Mills, M.A.; James Nelson, M.A.; Dr. Edward Mapother, Daniel Ross, M.A.; John M'Lean, barrister; Professor Jack, M.A.; Rev. J. P. Reichell, D.D.; William Lupton, M.A. barrister; Andrew Cummins, M.A.; Professor MacDonald, LL.D.; Professor Moffatt, LL.D.; Professor Nesbitt, M.A.; Professor Campion, M.A.; Professor Barry, M.A.; J. Johnstone Stoney, M.A., F.R.S.

The Vice-Chancellor said that this was the first meeting of Convocation assembled under the provisions of the Queen's Charter to the University, granted in the twenty-eighth year of her reign. He would just very briefly, from that document, mention what the powers of the body he saw assembled around him were. That charter provided that the Convocation should consist of certain persons—the Chancellor, Vice-Chancellor, senators, registrar, graduates for the time being, and graduates of two years' standing. The Senate, under the provisions of the 23rd section of that charter, appointed that day for the meeting, and had obtained permission to assemble in that hall. The Convocation was now convened for the purpose, as far as the Legislature required them, of carrying out different matters they were empowered to deal with under that charter. The first and most important matter to be disposed of would be the filling up of the vacancy made in the number of the Senate by the decease of the late Lord Monteagle. Having said that the Convocation had power to elect a senator, he should mention, in the original charter that was the only power which Convocation was authorized to exercise without the special warrant of her Majesty under her hand. The other matters, and the most important ones, were not to be dealt with by the Convocation without her Majesty's special leave. This restriction was contained in the 23rd section of the charter—"That no meeting shall be held unless for the election of members of the Senate, unless under the sign manual of the Queen." His Excellency the Lord Lieutenant applied to her Majesty for permission to allow the Convocation to fulfil this other part of its functions, and accordingly her Majesty's letter had been sent, under which they were competent to deal with the matters which the charter empowered them to take into their consideration. In addition to the election of a senator, the Convocation, as ancillary to the election had certain powers which required no authority from her Majesty, that might be decided on that occasion. It was provided that Convocation should have the power to decide whether in such case the holder of an *ad eundem* or honorary degree should be entitled to vote or become a member of such Convocation. That power of discussion was conferred upon the Convocation, but it meant no more than discussing and declaring an opinion. They could decide no question that might arise, and determine no resolution upon any subject whatsoever. It was open to discuss any proposition to be made within the limits of discussion, and simply to pronounce an opinion. Beyond that the charter conferred no power. He believed he had now mentioned all the matters that might bear upon their assembling. There were other things and matters which would, no doubt, be discussed, but he hoped if any discussion would arise, it would be treated in a way that became an enlightened body, and that there would be no acrimonious feeling or language which might be calculated to give offence. There was one intention that should animate all, and that was not only for the benefit of the University, but for the general benefit of education in this country (applause).

Mr. Stoney read the Royal Warrant calling the Convocation, of which the following is an extract:—

"And, whereas, it has been represented to us that it is expedient to enable Convocation to discuss forthwith certain questions relating to the said University, and to disclose opinion of Convocation thereon, our will and pleasure therefore is, that after the 1st day of October, 1866, Convocation shall exercise all the power, and enjoy all the privileges on it by our aforesaid charter without further diminution or postponement; and we hereby accordingly signify by this, our warrant, that after the said 1st day of October meetings of the Convocation of the University may be convened and held for any purpose in our said charter in that behalf mentioned, whereof we herein thought fit to give you this notice, that due attendance be paid to our pleasure herein accordingly, and so we bid you hearty farewell."

ELECTION OF A MEMBER OF THE SENATE.

The Vice-Chancellor said he hoped harmony, good feeling, and good humour, would mark the next business, which was the election of a member of the Senate to fill the vacancy in that body created by the death of Lord Monteagle. First of all they should determine how the voting would be taken, though probably the meeting was large enough to hold it a sufficient representation of the Convocation, they would have to decide whether absent members would be given the opportunity of voting.

Dr. M'Cray, Belfast, said he was aware that several gentlemen came there to make long speeches (laughter). Some might be anxious to hear these speeches, but he and many others would prefer not (laughter). If possible he would like to have the voting first and the speeches afterwards, but as that could not be done he would move that each speaker be limited to five minutes (no, no, and hear, hear).

Dr. Whittaker, Belfast, seconded the resolution.

Dr. Davys proposed as an amendment that each speaker be limited to twelve minutes (laughter).

The Vice-Chancellor observed that if notice had not been given of the motion it could scarcely be entertained.

Dr. M'Cray said he thought Convocation had the power to regulate its order of business.

The Vice-Chancellor said he did not want to throw any obstacle in the way of deciding whether the speeches were to be limited to five minutes or twelve minutes, if gentlemen thought it worth while dividing upon it. He then put the resolution and declared the "noes" had it.

Dr. M'Cray—I ask a poll (oh, and laughter.)

The Vice-Chancellor—You will defeat your own object. It is a matter of taste with gentlemen how long they will occupy in addressing the meeting (hear, hear.)

Mr. Munroe, barrister-at-law, said he had great pleasure in moving that Mr. James Ross be selected as representative of Convocation on the Senate (hear, hear, and applause). He need not conceal from himself that the contest on this occasion would lie between Mr. Ross and Dr. Mapother, and in selecting a person to represent them on the Senate, he thought they should consider the academical standing of the respective candidates.

The Vice-Chancellor said he supposed he might presume it was not proposed the votes should be taken by proxy (hear, hear).

Mr. Munroe resumed—He said Mr. Ross had graduated in arts with the highest honours, and he went through a legal training in the University and took the diploma of law. He was selected to assist Dr. Hancock as secretary to the Endowed Schools Commission. Such was the distinction which he obtained in that capacity that he was selected to act as secretary to the Queen's Colleges Commission. He might now, without meaning any disrespect, ask who was Dr. Mapother, Mr. Ross's opponent? Dr. Mapother was a friend of his (Mr. Munroe's), and was, he believed, an honourable, intelligent, and straightforward gentleman (hear, hear)—but who was Dr. Mapother academically speaking? He was, no doubt, an able man in his profession, but he was almost unconnected with the University. He believed that Dr. Mapother had put forward his claims, not on academical grounds, but on the ground that there was not a sufficient medical representa-

tion on the Senate. He was sure that there was no gentlemen present who would wish that that was so, but if there were no higher interests at stake than that of their being a sufficient medical representation on the Senate, he would say, let Dr. Mapother be elected, but there were higher interests at stake (cries of "No, no"). He might be wrong, but the voting would show it. Medical men should not be allowed to deceive themselves. As long as they were represented by such men as Sir Dominic Corrigan and Dr. Adams, their interests were well represented; but the great question involved here was one which would come before them in another form, namely, whether they would approve or disapprove of the new charter. Mr. Munroe concluded by proposing that Mr. Ross be elected to the vacant place on the Senate.

Dr. Cummins seconded the motion, and in doing so advanced Mr. Ross's claims on the University academically, and otherwise, and said that he did not know a more liberal-minded gentleman. Dr. Mapother was, he believed, an estimable gentleman, and at a future day he hoped to see him in the Senate, but he now asked them to send a gentleman who was better qualified to represent them, and one who would be able to speak with an authority that Dr. Mapother could not assume in matters of education and the principles that rule and govern academic institutions (applause).

Dr. O'Flynn then proposed that Dr. E. D. Mapother be elected a member of the Senate of the Queen's University, in the room of the late Lord Monteagle (applause). He said that Dr. Mapother was a distinguished member of the medical profession, and a graduate of the Queen's University in Ireland, and had also been for years intimately connected with the education of the youth of Ireland (applause).

He did not wish to say anything against the claims put forward by Mr. Ross; but he believed that no more competent man could be selected than Dr. Mapother, who had by his scientific writings, established for himself, a reputation all over Europe (hear, hear). He had devoted much of his time in studying all the important scientific subjects of the day, and the result of his labours in that respect alone was a sufficient guarantee of his fitness to represent the graduates of that University (hear, hear.)

After some further observations, Dr. O'Flynn concluded by proposing Dr. E. D. Mapother as a fit and proper person to be elected a Senator of the Queen's University in Ireland.

Mr. Charles Duggan said he felt much pleasure in seconding the nomination of Dr. Mapother. Dr. Mapother's antecedents were not perhaps known in the books or public documents. His honours should be looked for in a different career. Not only was he recognised for his scientific attainments, giving him a world-wide reputation, but he had rendered distinguished services to medical and surgical science in Dublin. With his name was mixed up the question of the Supplemental Charter. With one or two exceptions, he (Mr. Duggan) was the oldest graduate present, and was connected with the national system of education for twelve years as inspector of national schools. He asked the graduates present to support Dr. Mapother and return him to the Senate, for in his hands the interests of mixed education would not suffer.

Mr. O'Donnell proposed that the voting should be adjourned for two months, in order that the vote of every graduate might be taken. For instance, there were many in India and China (laughter, and cries of "question").

A Graduate—Will the votes be confined exclusively to graduates of this University? (cries of divide, divide.)

The Vice-Chancellor—All members of Convocation have the right to vote.

A Graduate—We have sufficient confidence in each other to go to a division without wasting time by recording the names (no, and cries of divide).

It was then decided the members of Convocation should divide, the supporters of Mr. Ross to go to the right, and the supporters of Dr. Mapother to the left.

THE DIVISION.

Messrs. Munroe and Cummins were then appointed tellers for Mr. Ross, and Dr. O'Flynn and Mr. Duggan for Dr. Mapother.

The Vice-Chancellor—The tellers report to me that according to the result of the division the numbers are—

For Mr. Ross	...	...	127
„ Dr. Mapother	...	46	(loud cheering).

I therefore declare Mr. Ross to be elected a senator of the University for the three next ensuing years (prolonged applause).

Dr. Davis said it seemed to be the opinion of the vast majority of the graduates of the Queen's University that the professors should abstain from voting on such occasions as the present (cries of hear, and hisses).

The Vice-Chancellor said he could not put a motion to the meeting controlling the powers of any individual.

Dr. O'Flynn asked if a degree of doctor in medicine had been conferred on a gentleman who had never passed any examination and had never gone through any medical course whatever (hear, hear).

The Vice-Chancellor said he could not answer that question.

Dr. O'Flynn—May I ask, is it possible to bring the matter under the notice of the Convocation?

Vice-Chancellor—That is entirely in the discretion of the individual.

Dr. O'Flynn—How is to be done?

Vice-Chancellor—There must be a notice of motion.

THE SUPPLEMENTAL CHARTER.

Sir Robert Kane then rose and said; I believe that notice has been given of the following motion, which I am about to move: "Resolved: That in the opinion of Convocation the acceptance of the Supplemental Charter of 1866 is inexpedient."

Mr. Wilson, Clerk of Convocation, in reply to the Vice-Chancellor, stated that the notice of motion had been served on the 4th October on the Chancellor (Earl of Clarendon), the Vice-Chancellor, and the Secretary of the University.

Sir Robert Kane said that owing to the peculiar position in which the question lay with regard to the University it rendered it incumbent on him to declare his own opinion, and the course which had been taken upon the supplemental charter (hear, hear.) The supplemental charter had been brought forward by the late Government for the purpose of extending the benefits of University education generally to the members of the religious communion to which he had the honour to belong, and had been, he might venture to say, put forward as a measure of that liberal and progressive policy with which, although he had never taken a very prominent part in politics, he had the honour of being identified. He was compelled, however, although most unwillingly, to declare his painful and solemn conviction that the tendency would be to injure education (hear, and applause). He begged leave to explain why it was that he had formed those views. In the first instance, the manner in which that supplemental charter had been brought forward had, he believed, divested it of that authority (applause) which should accompany an act of the Crown and of a responsible Ministry, and bring to the country such a degree of moral weight as would secure its acceptance by all (applause). The supplemental charter proposed to assimilate the system of education to that of the London University. He believed that it would be injurious to education, and that it had been injurious in the case of the London University (hear, hear). Had it not been for the character of the country, and for the firmness of the Senate of the London University, the standard of qualification among the candidates for its degrees would have been considerably lowered, thereby entailing a very serious injury to the cause of education in England (applause). The favourable circumstances of the sister kingdom have enabled the authorities of the London University to with-

stand the immense pressure put on them, to lower the qualification and to maintain the standard. With regard to the relative merits of the College and of the London University system, with respect to the qualifications for degrees, it was only necessary to refer to the very last reports of the London University and see what had been effected by the admission of any candidate into them who presented themselves for degrees with only a limitation of some formal description, and compare that with what had been done under the requirements of that University system which required the system of college education. He found that all the matriculations in the London University—the total number of those who possessed qualifications reached an average of forty-six per cent. of those who applied; and if they compared that with the numbers which the Vice-Chancellor had read out in his admirable address at the meeting the previous day, it would be found that the proportion of admissions into the Queen's University were enormously greater (hear). In the London University there was a difference made in the returns, according to those students who came up from colleges that had been affiliated. Of those 34 per cent. were rejected, while the number of those rejected who came up without that assistance, of college training, amounted to 70 per cent (hear, hear). By the latest official returns of the London University, this profound distinction drawn between the system of indiscriminate admission, as was introduced by Mr. Fortescue in Parliament as the *beau ideal* of the system of the Dublin University, was easily seen. They had 70 per cent. of those who presented themselves for degrees found to be incompetent. Now, what were the results that were indicated at the last meeting of this University for the conferring of degrees? The Vice-Chancellor stated that for the degrees of Doctors of Medicine in this University after the examinations, the sincerity and truthfulness of which he need not observe, of the number of candidates who presented themselves, 82 per cent. obtained their degree. For the first examination in medicine 17 per cent. obtained their degree. Of Masters of Art all those who presented themselves were found suitably qualified, and in Bachelors of Art 90 per cent. were found fit (hear). On the other hand they had a contrast, in the London University, between those students who passed from college establishments, and the students who passed indiscriminately, according to an arrangement of the Government. Similarly he believed it would be found, with regard to the University in Dublin, that there existed, with respect to the admission and rejection for degrees, a profound distinction between the class of students who, residing scattered through the country, presented themselves for the examinations which were held in the University, as possessing qualifications for degrees, and those *bona fide* students, on the other hand, who resided either in Dublin or the College itself, and devoted themselves studiously and assiduously to their studies. Such were the relative positions, with regard to the qualifications, as to the degree of proficiency the students obtained under the one and the other. But the mere advantage of academic association had even a high bearing on the intellectual acquirements. In the system of indiscriminate admission there was a tendency to degenerate that instruction with mere grinding, rendering the training of the students altogether destitute of that discipline which was so valuable at another time of life, after studentship, and he believed he had one of the highest authorities on educational matters in support of that as to the moral and intellectual acquirements in preparing men for the world. The assimilation of that University with the London University in its present form he considered would be a direct injury to the cause of education, and would lead to the thorough and rapid degradation of that University, and to its rejection ultimately by the people of this country. And he believed that the acceptance of the charter by that Convocation, or by the authorities of the University, would be considered very unacceptable indeed (hear).

There was nothing more absolutely necessary than that the provisions of the charter should be so expressed, so that no second opinion could be formed on it. He believed that there could be no doubt as to the meaning of the charter. The late Chief Secretary had declared that the object of the Government was to assimilate this University to the London University, and he based his recommendations on that University acquiring the great privilege of returning a Member of Parliament. This was the very express ground that it was proposed to confer a representation on the London University. No one was more anxious than he to have the University properly represented, but he would be slow to purchase even that on such a great sacrifice as placing that University on the same footing as the London University (applause). Therefore the interpretation he had heard given in that room of the Supplemental Charter, that although formally bringing them to the condition of the London University, it would not be acted on in that spirit, but only so far as regarded the Catholic University and Magee College, Derry, and he would not hesitate to say that when that subject would be brought forward he would warmly advocate the admission of both (hear, hear). His grounds of objection he now repeated, first that the constitution of the London University, as it now stood, was in itself the centre of an education which it would be well for them to avoid; on the other hand, the second interpretation of the charter which attempted to throw open to Roman Catholics the means of obtaining an University degree by a side wind (hear, hear). On those grounds he opposed the passing of the supplemental charter. Sir Robert Kane concluded by moving the resolution, and resumed his seat amid applause.

Mr. Porter, M.A., in seconding the resolution, said—The Queen's University as at present was established with religious equality, and where there was religious equality there was equity. The best proof of this was the great success which had attended it. The question was whether it had so far been a success or a failure. It had been a decided success (hear, hear). He was not now going to trouble them with statistics with which they had sufficiently been dosed, but he would merely refer them to the fact. This country was comparatively small and comparatively poor, yet the Queen's University in Ireland and the united system of education had been an undeniable success, and that success instead of declining had been growing and developing to the present time (hear, hear.) The number of candidates presenting themselves for degrees, according to the returns, were annually increasing. If such were the case, if the system was improving and growing and approved of, why should it be suddenly struck down by a supplemental charter that has no evidence or occasion for intermeddling with it? (hear, hear.) They had enough of charters and enough of changes. If they had been let alone they would have still more fully developed the system. They had had two charters already and they were quite sufficient, and he was further of opinion that there was no occasion for further intermeddling. If the Queen's University became an institution solely for the purpose of conferring degrees upon all comers, he would fain hope that it would continue to be supported. He believed that the high standard of the Queen's University would be lowered, and that the standard of degrees would be lowered (hear, hear). Mr. Porter after some further observations, read a letter from Sir George Grey to the late Lord Lieutenant, on the subject of united education, and concluded by observing that the present system was the best in this country, and he trusted the Convocation would do everything in its power to maintain and uphold that system (applause).

Mr. Peter M'Cauley moved the following amendment to the motion of Sir R. Kane: "That we approve of that portion of the charter which recognises the affiliation of properly organized colleges, but object to the principle of admitting to degrees persons not educated in some such institution." The resolution rejecting the reception of the

supplemental charter had been proposed by Sir R. Kane, a gentleman who stated he was a member of the Catholic Church, but he (Mr. M'Cauley) could not help thinking he was an unworthy member of that church (loud cries of "Retract," and considerable interruption).

The Vice-Chancellor—I won't allow any personal remarks to be made of such a nature.

A Graduate (in an emphatic tone)—I do hope Mr. Vice-Chancellor, you will not allow such personal observations to be made.

Mr. M'Cauley again essayed to speak, and was met with loud cries of "Retract."

The Vice-Chancellor—I must ask you to retract ("Retract").

Mr. M'Cauley—Will you allow me to do so?

Several of the graduates in an imperative tone, demanded a retraction.

Mr. M'Cauley said, if they willed, he would withdraw the expression and say that Sir R. Kane was a worthy member of the Catholic religion, and let the statement go forth to the country that he was such. He professed to be disinterested in bringing forward the resolution, and while he was speaking in reference to the supplemental charter of 1864 he (Mr. M'Cauley) almost believed he was listening to some funeral dirge (oh!) He wanted to convey to the meeting that the supplemental charter of 1864 was subversive of the mixed system of education in Ireland. He (Mr. M'Cauley) contended it was not subversive of the mixed system of education. It was not his principle to confer degrees on all comers, but he contended that degrees should be conferred on all gentlemen who had passed a regular curriculum, and that having passed that curriculum they were entitled to degrees from the Queen's University. The friends of non-sectarian education had not had it all their own way, for from the establishment of the Queen's Colleges they had met with a manly and upright opposition from those who could not agree in the system of the Queen's Colleges. He would not say whether they were right or wrong, but they came forward as a class—as a majority of the population of Ireland, to say they could not in conscience support the Queen's University, but if allowed to be educated by themselves they would be satisfied to take a degree (laughter). He felt much pleasure in proposing the amendment.

Dr. Davys seconded the amendment. He considered it was only just to the rising generation of Ireland to grant the supplemental charter. It was a mistake to suppose that the growth of the University would be nipped by the granting of so small a concession (hear, hear).

"A SCENE."

Mr. R. O'Donnell, Barrister-at-Law, said he rose, as a Protestant, to support the motion of Sir R. Kane. He did so because he conceived the present movement to interfere with the Queen's Colleges was a movement of the clerical party of all sects and denominations (cries of question, and considerable interruption). Who, he asked, were urging on those changes in the system of education in Ireland (question)? Was it not the bigots of the Catholic University and the Magee College?

[Here a scene of considerable confusion and interruption ensued. Some members of the senate and several of the graduates rose, and a continuous cry of "retract" was kept up for several minutes.]

A Graduate—I demand that that gentleman will retract that observation, which is insulting (cries of retract).

Mr. O'Donnell—Was it not the bigots who destroyed the system in Prussia? I ask is it not the bigots here (great interruption and cries of "retract, retract").

The Vice-Chancellor asked to have order preserved. It was almost impossible to control such general observations which grated harshly on some gentlemen's ears and perhaps pleased others.

Mr. O'Donnell again essayed to speak, and read from a document in his hand some reference to education in

Prussia, amidst great interruption, several gentlemen shouting at the top of their voices, "retract."

Dr. O'Flynn—The gentleman is making uncalled for and insulting observations.

Mr. O'Donnell—The King of Prussia—(Cries of "retract").

The Vice-Chancellor—I cannot interfere with general observations.

Dr. O'Flynn and other gentlemen warmly protested against Mr. O'Donnell using such language.

Mr. O'Donnell having persisted in making his statement that it was the attempt of bigots to interfere with the system of education.

Several of the graduates, headed by Dr. O'Flynn and Dr. Mapother, rose in a body and hurriedly left the hall. After they had left,

Mr. O'Donnell continued to say that under influence of a bigoted Prussian King and bigoted clergy a sound system of education had been marred in Prussia.

Sir R. Kane said those observations were utterly irrelevant. It was plain from the gentleman's observations that he knew nothing whatever about education in Prussia. He seemed not to know what he was saying.

Mr. O'Donnell said that observation was insulting.

Mr. O'Donnell again essayed to address the assembly, but was assailed by cries of "divide, divide." He declared that this was stifling discussion, and that they were afraid of the truth. Mr. O'Donnell went on to read an extract which he held in his hand in reference to education in Prussia, in which it was stated that the highest point to be attained by education was submission to clerical influence. Hatred of science was carried to an extreme point, physics were expressly proscribed (cries of "divide, divide").

Several gentlemen here rose, and insisted upon Mr. O'Donnell resuming his seat.

The Vice-Chancellor said he could not stop discussion so long as there was nothing personal in it.

Mr. O'Donnell said the best proof that he could possibly give of the extent of evil which this system had done was the evil which had been done to Prussia. The greatest system of metaphysics had been excluded from the course of the Queen's University by one of their professors (cries of "divide, divide," and interruption). When the system of united education was first introduced into this country they had men the representatives of all churches coming with their scowling bigotry upon it (renewed cries of "divide"). The works of Mill and Huxley were excluded now by the professors (cries of "divide").

Mr. Mills protested against the time of the Convocation being further occupied by Mr. O'Donnell. There were six medical gentlemen who must return to Belfast that evening and they were anxious to give their vote upon the question (cries of "divide").

Mr. O'Donnell—Blame my interrupters for that (interruption).

The Vice-Chancellor said he could not stop any gentleman who was speaking on the subject so long as his expressions were within order.

Professor Barry—Am I to understand by that rule that it is quite in order to call the King of Prussia a bigot (laughter).

The Vice-Chancellor—I don't know anything about the King of Prussia. He is no member of Convocation here (laughter and applause).

Mr. Berwick—I do not think it is right to listen to a gentleman who has not opened his mouth for an instant without insulting one Church or other (turning to Mr. O'Donnell). If you had shame, sir, you would sit down.

Mr. O'Donnell—My interrupters are more ungentlemanly than I am (cries of "sit down," and great interruption).

Dr. M'Crea was understood to say that many of the graduates endorsed Mr. O'Donnell's opinions; but that that gentleman had expressed himself rather too warmly (cries of "divide").

Mr. O'Donnell said he thought it was quite possible he had expressed himself too warmly by the feeling he saw manifested. But his argument was this, that they should not admit into the constitution of this University any one religious party; he did not care what religion, because they were all the same in his opinion (laughter and hear).

Dr. Magrane said that he concurred with the substance of what Mr. O'Donnell had said, and opposed the charter on the same grounds.

The Vice-Chancellor stated that he would put the amendment first.

Mr. Robb asked the chairman could the amendment be passed, inasmuch as the alleged facts in it were not true.

The Vice-Chancellor said that in his speech Sir Robert Kane had alluded to the matters mentioned in the amendment, and were merely, he supposed, presumptive on the interpretation put on them by Sir R. Kane. He then put the amendment, to which only one "aye" responded, and on the original motion being put, it passed unanimously.

The Vice-Chancellor dropped a remark that the members of the Senate had agreed not to take part in the proceedings of that day.

Sir R. Kane said he should set himself right. It was said that it would have been better for the Senate not to interfere in the election of the Senator, but, that with regard to the proceedings upon the charter, every Senator was perfectly at liberty to take whatever course he pleased. He felt that from the part he had taken in the organization of the colleges, and with the most eminent members of the Old Church, that it would not be in accordance with his duty if he shrunk from the position the graduates of the University wished him to take.

Sir Dominic Corrigan then rose and said that he wished to make a remark. His recollection of what occurred at the meeting of the senate was that it was distinctly agreed and understood, though no resolution was arrived at, that no Senator was to take any part in the proceedings, but to attend and hear the opinions of the Convocation expressed, and he was never more surprised than when Sir Robert Kane introduced the subject that day.

The proceedings were then brought to a close.

MEDICAL POOR-LAW INSPECTORSHIP.

We find that in the list given in our last issue of supposed candidates for the office of Poor-law Inspector, the name of an important candidate was omitted—namely, Dr. Morgan D. O'Connell, F.R.C.S., of Kilmallock, in the county Limerick, medical officer of that union workhouse, and of the Kilmallock dispensary district.

If the selection be made, as we think in justice it ought to be made from the ranks of the poor-law medical officers, we think Dr. O'Connell possesses qualifications which cannot fail to point him out as an eligible candidate.

He has discharged the duties of dispensary medical officer in the Kilmallock District under the old and new systems for upwards of twenty-nine years, besides filling the office of workhouse medical officer since the commencement of the poor-law in 1839, and also of medical attendant to the Constabulary Force in that district for the same period.

Dr. O'Connell has written some valuable reports on cholera, famine fever, ophthalmia, and "over-crowding," in reference to his own union, which were always received with approval and thanks by the Chief of the poor-law department.

Previously to his holding dispensary or workhouse appointments, Dr. O'Connell served with distinction in the British Auxiliary Legion in Spain as staff-surgeon, for which service he received from General Sir de Lacy Evans the order of St. Ferdinand for gallant conduct in the field in attending on the wounded, and for meritorious conduct generally; and he has in his possession, from that distinguished officer, and from Dr. Callender, late inspector-general of hospitals in Spain, and several others, the highest testimonials as to his ability and zeal.

Notices to Correspondents.

THE increase of Correspondence with our Editors renders it impossible to communicate with correspondents by private note. In future, except in matters of a private nature, all letters will be replied to in this column.

Cymro.—There is no Professorship of the kind in London, and we believe the office has been abolished in Edinburgh and Dublin. Military Surgery is now systematically taught at the Army Medical School at Netley. As answers to the other questions, we reply collectively that our Journal is published simultaneously in London, Edinburgh, and Dublin, in each of which cities we have an Editorial Staff.

Galwegius.—The Session in Ireland commences on the 1st of November, but if you prefer idleness to study you can postpone your entrance till the 25th.

X.L.—First and third Monday in the month at four.

Studens.—Your leading article is declined. We cannot "go in" for wholesale diploma trading.

Lusus Nature.—The deformity is hardly rare enough to be worth exhibiting, several specimens exist in the Museum of the Royal College of Surgeons.

Sphygmograph.—The instrument is expensive. Both it and Dr. Foster's work can be had of Fannin and Co.

D. R.—Thanks for the information. We depend on our Subscribers for such details as are beyond our own reach.

Editor Richmond Medical Journal.—We shall have pleasure in assisting you. You will receive a private note.

Dr. Nicolls, Longford.—Letter and report next week.

Dr. Wilson.—The cost of the Medical Directory is 8s. 6d. to subscribers, or 10s. 6d. if paid after January 31.

Adolescens.—We cannot give the name of our correspondent.

Scriptor.—The article reads very like nonsense. The Poor-law Commissioners have no such power.

Letters and communications have been received from—Dr. Seaton Reid, Belfast; Dr. Ffolliott, Kilworth (enclosure); Dr. McGusty, Slane (enclosure); Dr. Hornblow, Shipstow-on-Stour; Dr. Foster, Birmingham; Dr. Ogle, London; C. R. C. Tichborne, Esq., Dublin; Dr. Seymour, Carlow, (enclosure); Dr. Russell, Fermoy (enclosure); Dr. Massy, Ravensdale (enclosure); Dr. Cleary, Collon; Dr. Woods, Parsonstown (enclosure); Dr. Leeper, Loughall (enclosure); Dr. Shanley, Strokestown (enclosure); the Medico-Chirurgical Society; Dr. Philips, Mr. R. K. Barker, Mr. Humphreys, Mr. W. Tobin, &c.

We are requested to state that the letter on "Field Hospitals of the Prussian Army," published in a late issue of the MEDICAL PRESS AND CIRCULAR was written by Dr. H. R. Swanzy, who attached his name in full to it.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

LONDON.—BIRTHS.

HILL—On October 4, at 60, George-street, Portman-square, the wife of F. A. Hill, M.R.C.S.E., of a daughter.
ADAMS—On the 6th October, at 1, Ottoman-villas, St. James's-road, Croydon the wife of R. Adams, M.D., of a son.
MOSLEY—On the 1st inst., at Upper Westbourne-terrace, Hyde-park, the wife of B. E. Mosley, M.R.C.S.E., of a son.
BARCLAY—On the 2nd inst., at Bruton-street, Berkeley-square, the wife of Dr. Barclay, of a son.
KEMPSTER—On the 9th inst., at Oak House, Battersea, the wife of W. H. Kempster, M.R.C.S.E., of a son.

MARRIAGES.

COOPER—DAILEY.—On September 29, at St. Matthias, Stoke, Newington, V. M. Cooper, M.R.C.S.E., of Bow, to Emma, third daughter of John Dailey, Esq., of Manchester.

DEATHS.

FREEMAN, J. H., M.R.C.S.E., at 361, Mile-end-road, on October 3, in his 54th year.
MURDOCH, WILLIAM, M.D., Paris (Medical Officer of Health to the Parish of St. Mary, Rotherhithe), on October 9, in his 61st year.

MARRIAGES—PROVINCIAL.

WORTHINGTON—JACKSON.—On the 3rd inst., at Pennybridge, J. V. Worthington, L.R.C.P., L.R.C.S.Ed., &c., of Garston, near Liverpool, to Annie, third daughter of Thomas Jackson, Esq., of Arrad, Lancashire.
ALLEN—WILDMAN.—On the 4th inst., at Holy Ascension Church, Settle, Dr. Bryan H. Allen, of Hastings, to Susanna, eldest daughter of the late John Wildman, Esq., of Settle, Yorkshire.—No cards.
HORNE—CLEVEE.—On Oct. 2, at Chelsey, Berks, E. Horne, M.R.C.S.E., to Maria, second daughter of H. Cleve, Esq., of Greenhill.
DALZEL—VIALL.—At St. John's, Notting-hill, Mr. W. F. B. Dalzel, M.D., Surgeon, Bengal Army, eldest son of Mr. W. J. Dalzel, Esq., late R.A., to Maria P., third daughter of the late Mr. T. Viall, of Calcutta, 10th inst.

DEATHS.

GORDON.—On September 27, at Primrose-hill, Hulme, Manchester, J. C. Gordon, M.R.C.S.E., in his 59th year.
POWER.—On Oct. 5, at Maidstone, James Joseph Power, L.R.C.P.Lond., aged 59.
PRING.—On September 23, F. B. Pring, M.R.C.S.E., of Grassington, Yorkshire, aged 54.
JAMES.—On the 8th ult., Wm. James, M.R.C.S.E., of Newport, Monmouthshire.
AYTON.—On the 30th ult., at Devizes, J. Ayton, M.D.
RADCLIFFE.—On the 1st inst., at Eastbourne, Sussex, Henry John Radcliffe, M.R.C.S.E., aged 57.
KING.—On the 4th inst., at Bishop's-terrace, Bridlington Quay, Id. Margaret, infant daughter of Dr. Kelburne King, of Hull.

IRELAND.—BIRTHS.

FAIR.—On the 5th October, at Arduarna, Oughterard, county Galway, the wife of Campbell Fair, M.R.C.S.E., of a son.
MOORE.—On October 8, at 97, Stephen's-green, Dublin, the wife of Charles Frederick Moore, M.D., F.R.C.S.L., of a daughter.

MARRIAGE.

RAYMOND—RICHARDSON.—October 1, in Dublin, Samuel Stephen Raymond, M.D., J.P., to Mary, widow of Alfred Goodlatte Richardson, Esq., J.P., of Rathbeg, King's County.

DEATH.

MADDEN.—October 10, at Sandycove, at a very advanced age, William Madden, sen., Esq. (of 9, Blackhall-street), Governor of Apothecaries' Hall.

SCOTLAND.—BIRTHS.

MEIKLE.—On September 29, at Loch Head, near Aberdeen, the wife of T. H. Meikle, M.D., of a daughter.

DEATHS.

MACCONECHY.—On October 3, at 20, at Eton-place, Hellhead, Glasgow, James Macconechy, M.D., aged 70.
WALKER.—On September 23, G. Walker, M.D., of Bonington-place, Edinburgh.
WYLLIE.—On the 2nd inst., D. R. Wyllie, L.F.P. & S.Glas., of Montrose-street, Glasgow.

BOOK RECEIVED.

Sanitary Reform. London: Trübner and Co.

Appointments.

LONDON.

HOWELLS, T., M.B., M.R.C.S.E., has been appointed House-Surgeon to the Westminster General Dispensary, Gerard-street, Soho.

PROVINCIAL.

AXFORD, W. H., M.B. Lond., has been appointed Medical Officer to the Bridgewater Infirmary.
COOKSON, A. N., M.R.C.S.E., has been appointed Assistant House-Surgeon to the Stockport Infirmary.
DONKIN, ARTHUR SCOTT, M.D. Edin., M.D. Durham (Dipl.), L.R.C.S. Edin., Lect. on Forensic Med. to the University of Durham Coll. of Med., Newcastle, has been appointed a Physician to the Sunderland Infirmary and Dispensary.
EDWARDS, H. N., M.R.C.S.E., has been appointed House-Surgeon to the Shrewsbury Dispensary, vice H. Fenton, M.R.C.S.E., resigned.
F. MANSER, M.R.C.S.E., has been appointed House-Surgeon to the Tunbridge Wells Infirmary, vice Mr. R. Davy, resigned.
MR. H. J. PRITCHARD has been appointed Assistant to the House-Surgeon of the Huddersfield and Upper Agbrigg Infirmary, vice Mr. Wm. C. Bland, resigned.

SCOTCH.

BROWN, D. DYER, M.A., M.D., has been appointed Assistant-Professor of Materia Medica in the University of Aberdeen.
INNES, J., L.F.P. & S. Glas., has been elected Surgeon to the Blockairn Iron Works, Glasgow, vice Hugh Rae, L.F.P. & S. Glas., deceased.
MCCARRON, J., L.F.P. & S. Glas., has been elected Vice-President of the Glasgow Faculty of Medicine for the ensuing year.
THOMSON, H., M.D., has been elected President of the Glasgow Faculty of Medicine for the ensuing year.
WOLSTON, W. T. P., M.B., late Resident Physician of the University Clinical Wards, Edinburgh Royal Infirmary, has been appointed Resident Medical Officer of the Royal Hospital for Sick Children, Edinburgh, vice Dr. G. Moffatt, now at the Sick Children's Hospital, Manchester.

Vacancies.

ENGLAND.

Darnley Union.—Workhouse; salary £50 per annum.
Skipton Union.—Kettlewell District; area 29,490; population 141,141; salary £8 per annum. Grassington District; area 24,442; population 2664; salary £12 per annum.
Dr. Barnes has, owing to his increasing Professional engagements, resigned the appointment of Medical Officer of Health for Shoreditch. The vacancy will take place at Christmas next, as Dr. Barnes did not think it right to retire during the prevalence of the cholera epidemic.
Brixton &c. Dispensary.—Resident Medical Officer.
Bridgewater Union Workhouse.—Medical Officer.
Islington Dispensary.—Surgeon, vice Mr. Summerhayes, resigned.
Middlesex Hospital.—Medical and Surgical Registrars.
Nottingham General Hospital.—Resident House-Surgeon.
Shepton Mallet Union (4th District).—Medical Officer.
St. Mary's Hospital, Manchester.—Assistant House-Surgeon.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

ON MELANOSIS OF THE LUNGS,
AND
OTHER LUNG DISEASES ARISING FROM
INHALATION OF DUST.By F. OPPERT, M.D.,
PHYSICIAN TO THE CITY DISPENSARY.

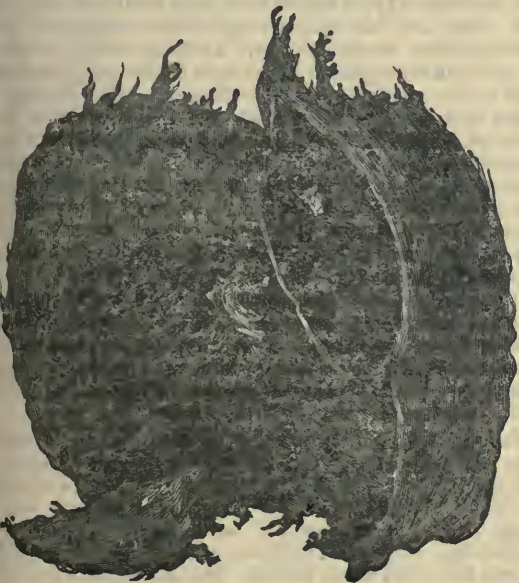
(Continued from page 364.)

360 Traube (*Deutsche Klinike*, 49, 50) throws the weight of an important case into the scale of those who considered the blackness of the lungs caused by coal. A man whose business was to pack charcoal in baskets, was under Traube's care, and had black expectoration. In this case Traube found the same charcoal particles whose appearance differed from pigment. And as the patient died of tuberculosis, the post-mortem was made and the lungs found black, and the charcoal particles in the alveoles of the lungs. This patient had a dusky-coloured skin during life; and in a very recent case the coal particles were even found by Traube in the tissue.

Forster (*Handb. d. Oprel. Path.*, 1863), and Friedreich (*Arch. Arch.*, 1864), hold as yet up the theory of no coal entering from without.

Langtung, from Austria, published a case, 1865, in *mid's Jahrb.*, whom he had considered, a few years before death, as suffering from Addison's disease; although a chemical examination proved the black matter to be coal, yet the author thought this was secreted from the blood.

I have had twice occasion to examine coal miners' lungs brought to me by Drs. Goodsir and Whitley, one specimen only five days after death. I found the black colour produced by a black granular mass, which could be divided by pressure into very minute granules, having sharp or blunt edges, but always very irregular. On this mass nitric or sulphuric acid acted as little as it did on pulverized coal. The only way to solve the part which was soluble was by boiling it for a continued time in a strong solution of caustic potash, but then part was left undissolved, which was quite different from coal. The tissue of the lungs contained the most of the black deposit, but it was not missed in any other part. This is one of the specimens.



The literature pretty well demonstrates that on the nature of the black deposit there have been different opinions. The earlier observers did not know much about the formation of pigment, which is better known through Virchow's researches and discoveries; they had no doubt that the black matter in the coal miners lungs was of extraneous origin and real coal. They often found the whole lungs of the miners intensely black, and were naturally led to think this owing to the inhalation of coal-dust. When it was found that coal-dust and black pigment could hardly be distinguished by chemical and microscopical examinations, many thought it more natural to consider the black deposit of internal origin, especially as in some cases the patient had had nothing to do with coal-mines. But in recent times it has been clearly proved that dust-particles, which can only have entered the lungs from without, such as silica or indigo, or tobacco, or iron ochre, are deposited in the tissue of the lungs not only in the bronchi, and we may prognose, on that account, the same to be the case with coal-dust.

There is another great difference between former times and now—viz., that the black lung disease in miners is much rarer now than it was. The mines, especially in Scotland, were badly or not at all ventilated thirty years ago, and it is very gratifying here to state, that it was chiefly owing to the exertions and complaints of the medical men whose works I mentioned above that this was changed, and an Act of Parliament passed by which certain regulations were enforced. I recently visited some mines—for instance, those near Nottingham, and found the disease in question hardly known.

As it is not yet proved that the blackness of a coal-miner's lung is caused by coal-dust exclusively, we may examine the opinions of those who think so, and of those who believe that it is caused more or less by pigment. It is stated by the first that coal-dust must accumulate in the lungs of the miners as the air is charged with coal particles, and they are obliged to breathe long and deep, that the sharp-edged particles must find their way into the tissue. The coal particles are found in the bronchial glands, being brought there by the lymphatic vessels in the same way as in the case of Dr. Hoppe and Pohl, in Greisswald, where a patient had his abscesses dressed with coal-powder, and this was afterwards found in the lymphatic vessels and glands. The expectoration of the miners out of work is often quite black, containing the same black matter as found in oil-soot.

On the other hand, it is stated that it is unlikely that coal particles get into the ends of the bronchial ramifications, as these are not continued in straight but in much broken lines, and as the ciliated epithelial cells of the lungs remove all the dust particles very quick, and all foreign bodies are driven from the lungs by coughing. I may as well add that the action of the elastic fibres of the smaller bronchi and air vesicles is very powerful, as demonstrated by asthma, where they are in morbid contraction. Further, it seems strange that coal particles are not found in the blood, whereas pigment circulates with it, so Frerichs for instance, found in ague (Frerichs on *melanæmia Zeitschr für Klin. Medicin.*, 1855, Baud vi. Heft. v., p. 321.) Tigris sul pigmento nella mibza, nel figalo e net sangue. *Gaz. Med. Tosc.*, 1855, No. 31, p. 2557.

There is further the specific gravity, which mostly has been found more in accordance with the supposition of an organic matter being present in the lungs. Brockmann invariably found that the black lungs did not sink. I found so in two specimens, Guillot found the lungs sinking in fluid, but the specimens he examined were tuberculous lungs. This certainly might be soon cleared up by medical men engaged in coal mines.

But there is a third thing probable, that the coal particles are found in miners' lungs, and the blackness yet in some manner owing to pigment. The presence of the coal dust is a reason of augmentation of the pigment, as it leads to congestion. In the spleen congestion leads to blood extravasation, and the blood is transformed into

melanotic matter. This then circulates in the blood passing to the liver, where Frerich observed it in the smaller capillaries microscopically, and even with the simple lens in the larger capillary vessels. This melanotic matter, if present in small amount in the blood, gives the skin of the patient an ashy hue, but if it accumulates in larger patches it is the cause of discolouring it to a remarkable extent. The same has been observed in coal-miners' disease.

In the lungs congestion always leads to pigment formation. It is not necessary that there should be extravasation as in the spleen, which has not the elasticity of the respiratory organs; in that case we might have hæmoptysis, or at least sputa tinged with blood, and this has not been observed in the cases above-mentioned (except Guillot's). But the pulmonary capillaries become loaded with blood, the hæmatin becomes intracapillary free and forms the black matter. It is even quite possible that the pigment when accumulating forms obstonitious as the accumulated bile pigment forms in rare cases in the kidneys.¹

Besides, it might be asked by those who think the blackness to a great degree owing to pigment, how the lungs of stone masons, quarry men, knife grinders, and others, show the same black colour if it is not pigment?

There are some cases mentioned in medical literature, such as Begbie's and Barthelmes's, where it is really difficult to prognose otherwise than that pigment caused the blackness, as the inhaled dust was mill-dust, which is not black. There have been others, such as Cruveilhier's, where the patient, a female, most likely had nothing to do with coal.

At any rate, how much we ever may be satisfied that coal-miners' lungs are coloured black by coal, we cannot deny that in other trades, where dust is inhaled and the lungs are affected and get black, this may possibly be caused by pigment.

Supposing we had to follow the course of single coal particles, I should think it to be as follows:—They first get into the larger bronchi, and later into the smaller. Here they find the epithelial cells, which they enter and fill, as proved by Traube (so far as regards charcoal particles), later yet they get into the thin walls of the air-vesicles, through the walls which are now at parts unprotected by epithelial cells, afterwards into the intervening tissue, and as fresh particles follow, they accumulate here, as Virchow found, whereas they are sooner eliminated from the other parts; at last they get into the elastic trabicular, which resist the most. That they lie in the tissue for years, which seemed to me before very unlikely, I have no doubt is a fact, when they find their way back in the same manner, and are expectorated long after the person has given up his occupation, they then colour the sputum black (as in the case of Leshman Hall).

The accumulation of the particles leads at last to the formation of cavities sometimes of enormous size; but in general this is rare. The specimens in the museums are the most exquisite. At the present time they must be even rarer, as the ventilation is better. Bronchitic tasis may be confounded with them, the more as the walls in both cases are covered with a black smooth membrane; this, therefore, must be carefully removed.

The progress of the morbid changes depends upon circumstances. Especially, I have to mention that there are different classes of mixtures, and that some are more endangered than others. There are those who blast the rock by mixing powder when new galleries are made. There are the bolers or hewers, who work with a pickaxe lying on the side or sitting doubled up. The third class

are the fillers or putters, who have easier work and move about especially where horses are used. The first are most in danger, the last the least.

Another difference exists as to the holidays. Even now the miners work in some Scotch mines ten days, and then have three holidays, and have to work for nine or ten hours a day. I was told in Basford, near Nottingham, that they have at present two or three holidays per week. In the Harg mines they worked till lately eight hours per day, or five days of the week, now they have mostly three free days.

The miners in metallurgic mines have not exactly to do with coals, but they nevertheless inhale soot from the oil lamps. Soot being smoother than coal particles may possibly rarer cause cavities. During the last ten years the disease has been observed in the mines between Glasgow and Edinburgh, in some of Belgium, near Bochum, in Westphalia (after a communication of Dr. Klostermen), in the brown coal-mines near Halle, in the Gruneberg mines (S. Casper, *Wochenschr.*, Bd. x., H. 2) in the Harg mountain, where there are only metallurgic mines.

Of other trades, the blacksmiths come next. I had several under my care—one, a foreman in an engine-factory, had a remarkable black expectoration for a time, which he got rid of by taking a holiday and using expectorants besides. Traube had a similar case in the Berlin Charité, a man Ferbitz, who, I think, died there. I had some others whose cases I did not take particular notice of at the time. Their lungs may be expected to be black should they spit black when not engaged in their business. I found in the Registrar-General's report, published in the London morning papers of June 6, 1866, the death mentioned of a blacksmith (forty-seven years) of melanosis of the lungs (six months).

In aged people the lungs have been found black after death (Guillot, Virchow); but I do not know a reliable case where these had black expectoration during life. In their case we may reasonably suppose that pigment is the cause of the blackness, when they had nothing to do with coal during life.

Chimney-sweepers, metal-workers, coal-burners, china-scourers, china-workers, millers, brass-founders, are occasionally mentioned as having black expectoration. I had a tincase-maker (23) lately at the City Dispensary, who spat black, and by inquiring I found that he worked near a charcoal fire, by which the irons they use were heated, and the workshop was full of dust. He had asthma, as by the physical examination I found present compound normal vesicular breathing everywhere; slight dry and moist râles in the lower lobes. Spirometric capacity, 2950 cub. cent. (height, 168 cent.; circumference 75; mobility, 4½); it should have been 3300 cub. cent.

A large class of sufferers from dust inhalations are knife-grinders, needle-pointers. In their case it has been proved that stone grist or silica enters the lungs. Marshal Hall had a great many cases in Sheffield. Dr. Greenhow found microscopically only a few siliceous particles in the tissue of a razor-grinder; but Dr. Peacock and others extracted a remarkable amount of silica from the lungs by incision and distillation. The change in the lung tissue had this similarity with coal-miners' lung, that there were dense bands pervading the tissue, the colour black, but not so intensive, but how it could be even so without the pigment augmented to an abnormal extent, I cannot see.

The danger to the lungs in different trades where dust is inhaled must be the greater the more the pulverized matter is like stone or silica; consequently those miners who blast suffer the most, because the pulverized rock enters their lungs, which already contain coal-dust in more or less masses.

Indigo dust has been found in the lungs of indigo workmen (Friedrich), and tobacco of tobacco manufacturers; but the most remarkable case is that observed by Professor Zeuker, of Erlangen, where iron ochre was found in the lungs of a young woman (31) who was engaged in paper colouring. He calls it siderosis. The whole lungs had colour like a red brick, and the iron ochre particles were

¹ Frerich's "Diseases of the Liver," p. 102. The bile pigment is pre-eminently distinct in the straight tubules of the pyramids, the calibre of which becomes blocked up with hard coal-like masses. It might be imagined that such a deposit would greatly interfere with the secreting function of the kidneys, and observation proves that it really does so. This coal-like, hard brittle mass, is like the material of black gall-stones, either dissolves in caustic potash slowly and incompletely, or is quite insoluble.

seen even by the simple lens. The epithelial cells were filled with such particles, and the intra-lobular tissue contained them in great number. The bronchial glands were coloured red as well (*Tagelb. d. Natur forscherverf.*, 1866). This case has been made by Zeuker the subject of a most elaborate paper, wherein the whole matter is treated with great clearness and thought.

The diseases caused by inhalation of Scheele's green by artificial flower-makers, which caused such painful sensation a few years ago, belong also to the class of inhalation diseases, as the noxious matter is first introduced into the lungs; but there is this difference, that the noxious matter being a strong poison it soon affects the whole constitution. I hope that this disease belongs to the past. Melanotic cancer has nothing to do with the subject which engages our attention, as it has nothing in common with it but the colour, which is caused by pigment, or more likely coal deposited into its tissue; otherwise it belongs to that large family of tumours, which are only the symptoms of a certain blood dyscrasia, leading invariably to a fatal end.

There has been a controversy as to the melanotic and tuberculous process excluding each other. Brockmann observed that miners, even of phthisical parents, suffered from miners' disease without tubercles, and when he found tubercles he considered them only as accidental. The fact is, that both diseases have their seat in the upper lobes of the lungs, and that they meet there sometimes. In some cases, as Guillot observed, especially in aged people, excessive pigment formation puts a stop to the progress of tuberculous disease by the pigment obliterating the small capillaries which tend the tubercles. Tuberculosis often favours the formation of pigment, as the lungs of consumptive patients are mostly found very black.

If a coal-miner, whose lungs are more or less pervaded by coal particles, is attacked by tuberculosis, I should think that he must sooner succumb to the new disease, which finds the lungs already weakened and in abnormal condition.

The most constant lung disease found in combination with coal-miners' black lungs is emphysema; in knife-grinders I suppose it is less frequent, and of the other diseases caused by dust inhalation are not a sufficient number of cases known. It is quite easy to understand that the bronchitis of which they suffer for years leads to emphysema.

Pneumonia (mostly interstitial) I suppose to be the more frequent the heavier the dust is which was inhaled. It is comparatively rare with coal-miners; I only know of one case communicated to me by Dr. Biefel, where the sputa (*casts*) proved the pneumonia during life. They had a black colour, were fibrinous, and had a phase in conformity with the bronchial ramifications.

Pleuritic exudation is not so rare in melanotic patients, and the black particles in the fluid, which formerly were considered to be pigment, we should now hold to be real coal.

At present this seems to me the right standing point—that we should not separate the different diseases caused by inhalation of dust particles. Recent observations have demonstrated that dust enters all parts of the lungs when inhaled for months and years, and that they are the cause of a disease which is very similar in its symptoms, although some difference exists, based upon the nature of the noxious matter. Melanosis caused by the inhalation of oil-soot may be the mildest form of the inhalation diseases, it may as a disease *per se* rarely now lead to death, but it does so certainly. Some inhalation diseases I may have overlooked, and not named; I am sure there will soon be some more mentioned in medical literature. Some I have mentioned will not be many more times observed. At least I trust that they will soon prohibit paper colouring by iron ochre in Germany.

SYMPTOMS OF MELANOSIS AND SIMILAR INHALATION DISEASES.

The symptoms of these diseases are trifling in the beginning, so that they mostly are overlooked by the patient.

Slight indigestion, uneasiness of the chest, may in most cases exist for many years before they complain; gradually, however, dyspnoea troubles them more, and in the later stages the dyspnoea is of very alarming nature. It is in general so constant, that you always hear mentioned the miners' asthma, the grinders' asthma, &c. A slight cough with some mucous expectoration is early present, but occasionally the colour of the sputum becomes black, and in the more serious cases it has that remarkable appearance of black ink, and is sometimes expectorated in considerable quantities when cavities are formed. Microscopically we find the coal particles which are inhaled, or whatever other dust may be the noxious matter. Blood has been exceedingly rarely observed, and elastic tissue only in cases where tuberculosis was present as well. The fibrinous ramificated sputa (bronchial casts) we might expect to find under favourable circumstances by close observation. Fever is in general not present—on the contrary, the pulse is usually slow and weak; it is on account of supervening inflammation that heat and frequency of the pulse show themselves.

A dusky hue of the skin has been frequently observed (recently by Traube), and mental depression, hypochondriac mood is rarely absent.

The physical examination has not found, as yet, the amount of attention it ought to have. Undoubtedly it is not in accordance with the importance of the disease. The percussion found is usually rather louder and more extended than in the normal condition; slight râles, dry and moist, are found at different places, but the breathing in general of the vesicular type.

All this is changed by complications with pleuritis, pneumonia, &c. If the ictus cordis is essentially diminished is not yet known. The spirometric experiment shows the capacity of the lungs reduced.

The prognosis depends partly on the nature of the inhaled noxious matter, partly on the circumstances of life in which the patient is.

As for diagnosis, I mention that the disease might be confounded with Addison's disease on account of the colour of the skin.

The treatment has to be divided into preventive and curative.

As for coal-miners, the principal thing is ventilation. This may be done by fans, funnels, as on board ship, by exhaust-pumps and bellows, and by fires. The last are the best, and I found them in the best ventilated mines; they are in Durham and Nottinghamshire, only there is a considerable difference in the results. In some mines, where the air was good in the mains, the remoter galleries participated less in the beneficial effect of ventilation, and the air contained less oxygen and more sulphuretted hydrogen. I am quite sure that in many places the fires are too small—for instance, in Derbyshire. It is also important that the double-doors and deal partitions should be placed judiciously. Workshops should as well be ventilated; knife-grinders should have ventilating fans. It is further important that the operatives in all these trades should have sufficient holidays. In some cases a mechanical contrivance may be invented to keep the dust from the lungs. The ordinary respirators may be of service in some cases.

If a patient applies for advice, and we find out the nature of his disease, we must counsel him to leave off his noxious occupation at once; by this he will be more benefited than by anything else. Although I have not had much occasion to try remedies, I should think that expectorants will do good mostly, and a tonic regimen will certainly do no harm. Complications of the lung diseases, with inflammation or congestion in the abdominal organs, have to be treated according to the present state of science.

Change of air and habits under circumstances of his whole life may sometimes save the patient.

In order to further our knowledge of the disease and the treatment thereof, it would be desirable to have numerous cases and histories from medical men attending coal-miners, needle-pointers, &c. A better light might be shed on much that is doubtful if they put down their

observations regularly, following up more important cases from the commencement to the end, not omitting the post-mortem. The physical examination of the lungs, that of the sputa and urine, ought not to be neglected, and all intercurrent diseases, especially pneumonia, taken note of. By this it might, for instance, at the post-mortem be accounted for why parts of the lungs show an abnormal specific gravity, the case-book relating several attacks of inflammation. It ought to be stated, also, if the liver and spleen have contained black deposit in excess, in accordance with the hypochondric propensities observed during life.

The tissue of the lungs might be more minutely examined by the microscope in order to find out if the melanotic matter is more present in the tissue or in the mucous membrane, and the solubility of this matter might be tested thoroughly by concentrated solutions of caustic potash. The examinations for iron by hydrochloric, and silica by hydrofluoric acid, &c., in an interesting specimen, would be gladly undertaken by competent authorities.

All other particulars, as ventilation, number of holidays, mode of life, ought to be specified in the cases.

In conclusion, I once more draw the attention of the reader to the state and condition of the British miner, who is instrumental in bringing to day the yearly amount of 68,000,000 tons of coals, which constitute a considerable part of the wealth of this kingdom, but who lives a life full of care and bare of joy, and born to a cruel fate, dies at last a cruel death. Not able, in most cases, to think for himself, drudging along his dreary path of existence, he wants commiserating friends to take up his cause. Wherever medical men are in a position to befriend him, to ameliorate his condition in general, I wish and hope they may do so by all means. And those who profess to take an interest in all matters of hygiene and public health, I wish may visit the mines and miners, to look after the ventilation of the first, and the mode of life of the latter, and consider in what better way they may be protected from disease.

REMARKS ON

CONGENITAL AND OTHER ABNORMALITIES IN THE SKELETON OF THE UPPER EXTREMITY.

By ALEXANDER MACALISTER, L.R.C.S.I., &c.

DEMONSTRATOR OF ANATOMY, ROYAL COLLEGE OF SURGEONS.

THE occasional varieties found in the component parts of the upper extremity in man are invested with a very great degree of interest when we take into consideration the many forms in which that appendage is developed in any of the vertebrate classes—mammals, birds, reptiles, or fish, as in accordance with the observation of Meckel, human anomalies always, or, at least generally, agree with the regular arrangement of parts in lower animals; and though the bony structures are less liable to exhibit these adventitious gradations of form than are the other and softer tissues, yet we do find in the human upper limb, and that not very seldom, departures from the usual dispositions of these parts. One of these, the supra-condyloid process of the humerus, has been carefully investigated and thoroughly described by Professor Struthers¹ of Aberdeen, and others, have been noticed by various anatomists, though few with such minuteness and accuracy. A good many of these abnormalities, unconnected with disease or accident, have come under my notice in the dissecting-room of the Royal College of Surgeons, and these I have made the basis of the following remarks, on the most interesting and important deviations in arrangement of the skeleton of the upper limbs.

Of the scapula, besides slighter variations in shape and size, in gibbosity or straightness of outline, I have found a few interesting peculiarities. An exaggeration of development in the tubercle of Retzius, I have twice seen occurring to an extent resembling the normal state in the elephant, or not unlike the prominent spur in many non-clavicular rodents. A spur often exists at the origin of the *teres major*, projecting outwards from the axillary costa.

The conversion of the supra-scapular notch into an osseous foramen is a variety commonly met with; obviously the result of the ossification of the ligament which normally bridges it over; to this the nerve and artery usually retain their normal relations. Humphreys¹ has recorded an instance in which this osseous foramen co-existed with a perfect notch, but does not relate the position of the vessels and nerve with regard to it. The complete obliteration of the notch I have seen exemplified in a small but strongly-marked scapula from the celebrated cave Uamh-Fraing, in the Island of Eigg. In several other instances of this kind, examined in a recent state, the supra-scapular ligament was either completely undeveloped or else arose from the middle of the superior costa, and was inserted into the root of the coracoid process. One of these instances, in which the notch was obliterated, had two separate fibrous bands, one over the other; beneath the lower passed the supra-scapular nerve, and under the upper ran the corresponding artery.

The presence of a detached piece of bone of a triangular quadrilateral or ovate outline, intercalated between the acromial end of the clavicle and the spine of the scapula, I have ascertained in a good many instances. In general this was symmetrically developed on both sides and in one shoulder joint, a subject of chronic rheumatic arthritis, this formed the roof of the glenoid cavity, and was eburnated on its under surface, to correspond with the polished porcellaneous deposit on the humeral head underneath. The occasional existence of this separate fragment was noticed by Sömmering² and Meckel.³ Its nature is easily understood, as it arises from a want of osseous union, sometimes between the terminal and basal ossific nuclei of the acromion, or more commonly between the basal nucleus and the spine, as in order of time the two acromial centres usually coalesce before they unite with the spine of the scapula. In the former case the intercalary segment is narrow, and somewhat quadrilateral, in the latter it is broad and triangular. Usually the normal acromio-clavicular articulation is perfect between the detached fragment and the clavicle, while the former is united to the scapular spine by a layer of cartilage, or according to Humphreys, by a fibrous tissue. Weber,⁴ however, has recorded that he saw one example in which the separated portion of the acromion articulated by a regular capsular ligament with the spine of the scapula, and thus led to a very marked increase in the freedom of motion in this situation. A rarer malformation consists in the arrest of development either in the centre of the supra-spinous or infra-spinous fossæ, more frequently the latter, causing an irregular small deficiency, closed by membrane, or else a permanently cartilaginous posterior border may remain, as we find in some ruminants and pachyderms. The former condition, as far as I can ascertain from examination, appears to arise from a central arrest of development in the course of ossification, although Humphreys⁵ has given it as his opinion that it is the result of an excessive degree of that modelling absorption, by which the centre of the blade is thinned as its edges thicken.

Complete deficiency of the scapula has been reported in some fœtuses without upper extremities, but even when the arms are wanting the scapula is often present, and

¹ Humphreys on the Human Skeleton, p. 367.

² De Corp, Human, Fabric, vol. i., p. 317.

³ Manuel d'Anatomie, tome i., p. 705.

⁴ Encyclopédie Anatomique, tome ii., p. 132.

⁵ Humphreys's, loc. cit., p. 367.

¹ Struthers' Anatomical and Physiological Observations, Edinburgh, p. 3-202.

Otto has found the glenoid cavity in these cases to be replaced by a tubercle. An instance is reported by Höchstadter,¹ in which this bone was cleft.

Of irregularities in development of the clavicle I have seen few worthy of note. Varieties of curve, lateral want of symmetry, irregularities of length, &c., are extremely common. A facet for articulation with the cartilage of the first rib, near its sternal extremity, is not unfrequently seen, reminding us of the state of this bone in the megatherium, where it apparently was united to the cartilage of the first rib, and fell short of the sternum. In cases where this facet exists a regular synovial membrane is interposed, and a slight capsule frequently present. It is much more rare to find a facet on the under surface of the outer third, where it rests upon the coracoid process. This condition I have never seen, but it is described by Knox.² A spur occasionally exists in place of the usual slight conoid tubercle, but this is but an exaggeration of the normal appearance, and I have known an osseous epiphysary crust to exist on both the acromial as well as the sternal extremity of the bone. The existence of a medullary canal has been the subject of difference of opinion. Cloquet mentions the presence of such in extreme old age, while Todd describes a cylindrical canal as constantly to be seen. In general, I have found it impossible to demonstrate the existence of a definite canal with an endosteal lining, although there are always large and communicating interspaces in the central loose cancellous tissue of the bone. Once or twice, however, I have made out distinctly the existence of this space, as a distinct canal, in middle-aged subjects. Complete absence of the clavicles has been found in monsters, in whom the upper extremities were absent. Cases of this kind are recorded by Otto,³ and Henkel⁴ has seen this anomaly even when the upper extremities were developed. A curious variety has been recorded by Martin,⁵ in which the acromial extremity of this bone was deficient, and a thin expanded process of the acromion scapular took its place. Prochaska⁶ has mentioned a somewhat similar case, in which the place of the absent portion of bone was supplied by a ligament; and Otto⁷ has related some instances in which the sternal extremity was suppressed. On the subject of this bone we have an admirable memoir by Professor Struthers, to which I would refer for further information concerning it.

Of the long bones of the limb there are few varieties on record, and still fewer have come within the range of my observation. The supra-condyloid process and ligament so carefully described by Prof. Struthers (*loc. cit. antea*), I have seen about four times, always symmetrical in cases where the two arms were submitted to my examination. I have seen it several times in detached bones, and varying considerably in length; its co-existence with a high bifurcation of the brachial artery has been already noticed, and every information respecting it is to be obtained from the author above quoted.

A perforation between the coronoid and the olecranal fossæ of the humerus, as in some of the quadrumania and carnivora, I have also seen, and this Meckel describes as more frequent in Papuans and Negroes than in Europeans. My friend Dr. Gavin of Boston, U.S., has informed me that he has seen it existing in a large number of the humeri of North American Indians, dug up in an ancient camp on Long Island, a fact likewise noticed and described by Dr. Jackson of Boston. Otto has recorded a case of absence of the bicipital groove. Rokitansky⁸ mentions

the complete deficiency of this bone. A case of this kind is mentioned likewise by Dumeril,¹ in which the hand articulated directly with the scapula. In another example, when the forearm was absent, this bone became thin at its lower end and ended in two processes.² Flachsland³ reports another instance of malformation, in which the hand was directly articulated to the lower end of the humerus, the forearm bones being abortive, and a similar case is referred to by Palletta.⁴ In some cases of congenital luxations the capitulum is described as being either deficient or rudimentary.

Of the radius cases have been described of complete or partial deficiency. When the former state occurs Weidemann⁵ remarks that the thumb and its carpal and metacarpal bones are also wanting. Cruveilhier has related an example of deficiency of the lower half of the bone. Mr. Adams, in Todd's Cyclopædia, has described and figured an instance of congenital luxation of the elbow, in which the tubercle of this bone rests in the lesser sigmoid cavity of the ulna, and the neck is prolonged backwards twice its natural length; in fact, to the level of the summit of the olecranon.

Complete deficiency of the ulna is likewise recorded,⁶ but more interesting anomalies are mentioned in relation to it. Chenval⁷ has described the existence of a bony nodule in the tendon of the triceps situated above the point of the olecranon. This is similar to the arrangement in *Pipa Americana*, where such a tubercle normally exists; a similar instance is referred to by Rosenmüller,⁸ and, if we take the patella as the homotype of the olecranon, this may remind us of the second patella in the ostrich. A corresponding sesamoid development has been described by Sömmering⁹ as existing above the coronoid process of this bone.

The carpal bones I have found to be the seat of many varieties in number, size, and articulations. I have at present an interesting group of nine bones removed from a large hand in the dissecting-room during the past session; of these the scaphoid exhibits the signs of chronic arthritic disease, and has an extremely small radial facet, a sharp rough tubercle, and a deep hollow for the magnum with acute margins. The lunar bone has but a shallow concavity for the magnum, a rough facet for the cuneiform, and an eburnated surface for the unciform; it also is modified slightly by chronic rheumatic arthritis; the pisiform is quite typical; the cuneiform is large and irregular, having its normal three facets; the trapezium is very large, with a prominent spur for the external lateral ligament, and a prominent and broad facet for the second metacarpal bone. The os magnum, very wide from before backwards, has on its lower end but two facets nearly equal in size, one for the second, the other for the third metacarpal; the head is smaller proportionally than natural, and is to a considerable extent eburnated. The trapezoid is perfectly normal, and the unciform exhibits a very small porcellanous surface where it rests on the lunar bone; the supplementary bone is of a triangular shape, and is placed on the back and upper part of the head of the magnum between it and the scaphoid; it has one small and three large surfaces, one somewhat quadrilateral, which articulates with the radius entering into the wrist-joint, another rough and cancellous, which was joined to

¹ Dumeril, Bulletin de la Société Philomath, vol. iii., p. 122.

² Bonn. Thesis de oss. Morb. Hov. Amsterdam, 1783, p. 120.

³ Flachsland, Observ. Anatomic Pathol. Rastad, 1800, p. 44, and Hesselbach Beschreib. der path. præparat, zu Wirzburg, p. 13, No. 71, 72.

⁴ Exercitationes Pathologicæ, 1, p. 139.

⁵ Isenflamm and Rosenmüller's Beiträge zur Zergliederungsunst, vol. 1, part 6, p. 42.

⁶ Rokitansky, Pathol. Anat., vol. iii., p. 264.

⁷ Observ. Botan. Medic. Basil, 1765, p. 4-928.

⁸ Dissert de sing et rar oss variet, p. 62.

⁹ De Fabric Corp. Human, vol. i., p. 327.

¹ Höchstadter De Spina Binda. Altdorf, 1703.

² Cloquet's Anatomy, translated by Knox, p. 126.

³ Otto, Pathological Anatomy, p. 217.

⁴ Henkel, Neue Bemerkung, 1st, Sammlung, p. 60.

⁵ Roux, Journal de Medecin, tome 23, p. 458.

⁶ Prochaska, Disquisitiones, Anat. Physiol. Organ, tab. 8.

⁷ Otto, loc. cit., p. 217.

⁸ Rokitansky, Path. Anat., vol. iii., p. 269.

the lunar, a third for the scaphoid, and a fourth very small for the os magnum.

Examples of this additional bone have been recorded by Otto and Sandifort. Meckel has described a ninth bone between the cuneiform and the os magnum.¹ Dr. Smith,² in his work on "Fractures and Dislocations," records an example in which the lunar bone was divided into two parts.

Among animals we find in the carpus of the orang outang an intermediate bone described by Vrolik³ as placed between the scaphoid, lunar, magnum, trapezium and trapezoid; this ossicle, however, does not correspond to the example given above, but is evidently of a different type. It is remarked by Vrolik that it is undeveloped in the carpus of the chimpanzee, but well marked in that of the orang. An instance of diminution of number in these bones is recorded by Jourdain⁴ in a carpus of a negro in the museum of the Jardin des Plantes, with seven bones, the lunar and cuneiform being fused in both hands, and a similar instance is described by Heusinger.⁵ Cruveilhier gives a case in which the trapezium was confounded with the trapezoid and scaphoid. The variations in the number of articular facets are not uncommon. The lunar and unciform, which generally meet, may not unfrequently be separated, and I have seen five articular facets on the trapezoid bone; in fact, minute differences in configuration may be detected in at least one out of every three series of carpal bones. In other animals they are also liable to vary. Otto quotes an instance in which the carpus of a horse consisted of ten instead of six bones, and others would doubtless be found, if sought for carefully. Deficiency of the trapezium and scaphoid has been described in some instances of abortive radius, and the pisiform has, I believe, been absent in some few instances.

In cases of the not uncommon anomaly of six fingers a supernumerary metacarpal may exist.⁶ I have seen this in the hand of a living man of about forty years of age, where it existed on the ulnar side of both hands, and was probably articulated to the unciform bone, but was much shorter than any of the normal metacarpals. Occasionally the metacarpal of the thumb has been absent, and more rarely that of the middle finger.

Variations of the phalanges have been described by deficiency, or perhaps coalescence, the second and third being fused together, more particularly in the little finger. I have seen this more commonly in the toes, but have not met with an example in the hand. A still rarer case is recorded by Columbus,⁷ where a supernumerary phalanx existed in the fingers—rare, because except in cetacea and birds the number of phalanges rarely exceeds three; in the former group, however, they sometimes amount to five, six, or seven, and in the latter vary from one to five.

¹ Meckel, Handbuch der Anatomie, vol. i., p. 220.

² Smith, Fractures and Dislocations, p. 252.

³ Recherches d'Anatomie Comparée sur le Chimpanze.

⁴ Encyclopædie Anatomique, vol. ii., p. 139.

⁵ Heusinger Zeitschrift für Physiologie, vol. iii., p. 330.

⁶ Salzmänn, Dec. Observat. Anatom. Argentor, 1725, p. 3.

⁷ Columbus, De Re Anatomica, p. 485.

ON OZONE

IN ITS RELATIONS TO ANIMAL CHARCOAL.

By T. W. TOBIN.

(Concluded from page 361.)

THE accepted theory of ozone among chemists is as of an active state of oxygen, and like the elementary principles of electricity, it is never generated otherwise than accompanied by a corresponding or induced quantity of another opposing element, *antozone*; although opposite and unlike in their nature, evincing properties positive and negative, yet having a strong mutual affinity for each other, they combine and become neutral when opportunity offers;

and, in fine, bearing out their semblance to electric phenomena still more intimately, they may be again isolated, as just shown, by—1st, chemical decomposition; 2nd, structural arrangement, as in magneto-electricity; and 3rd, by re-combination and disturbance of form, as in frictional electricity. The Franklinian theory as to the actual presence or absence of a single principle, or the more recently accepted notion of the compound constitution of a subtle fluid here also equally applies; and the question arises, do there exist two distinctive elements—ozone, antozone? Or are their effects attributable to the intensity and relaxation of a simple primary principle? By evaporation certain liquids may be ozonized, and the law applies equally to many others beside water, and ether. In the last experiment we generated an amount of the active element—ozone—and may reasonably anticipate a corresponding absence of this, or an induced proportion of its coeval principle; let, therefore, the same experiment be repeated in the following manner:—Place in a boiling flask an ounce of distilled water, as before; some test-paper must then be prepared as follows a sheet of ordinary writing paper is to be saturated with the alcoholic test-liquid of gum guaiacum and quickly dried over the flame of a spirit lamp, the colour of the paper should assume a light green tint. A strip of this paper is to be inserted into the neck of the flask, and the whole placed on a sand bath and moderately heated up to the boiling point, ebullition may be continued, care being taken not to wet the test-paper. The contents of the vessel will be in the following condition, as the test-paper will show: the vapour is absent of ozone, or, in other words, the presence of antozone is indicated by becoming discoloured or deprived of the amount of oxygen it previously held in combination; the water on cooling as before would indicate the presence of ozone, but they have been but mechanically separated, and by quickly shaking the contents the opposing principles will combine, and testing the same when cool a very dissimilar effect will be apparent from that previously described, little or no ozone being present. In condensing the vapour gives up the antozone and neutralises the excess of ozone in the liquid from which it was derived; in the presence of the atmosphere it however behaves otherwise, ozonizing the oxygen therein in condensing, it yields a large amount of nascent oxygen, evident to the test-paper described.

The fact may be still further verified. Four ounces of distilled water, unboiled as before, is to be prepared by adding one drachm of the test fluid, the gum of which will be precipitated and render the solution of an opalescent tinge; two similar quantities of this compound solution are to be placed in two similar test tubes, to about a quarter fill the same, one is to be corked, allowing a small vent aperture for expansion; the other, as previous, should have a strip of green test paper inserted at its mouth and otherwise left free for evaporation; both are now to be placed in a sand bath and gently heated; they will gradually, but decidedly, be observed to change from white to blue, of deeper intensity as they reach a certain temperature, about the boiling point, they may then be stopped. The colour is indicative of an excess of ozone in both. The test paper shows an absence of ozone in the vapour of one, but in the other instance both vapour and liquid are confined; and if each bear opposite properties, by commingling them, a neutral result must inevitably ensue. Such we find to be the case; but in order that the experiment may be satisfactory, the stoppered tube should be allowed to cool, or be artificially cooled by a stream of water, and in that state shaken to condense the vapour in the liquid. Comparing this with the other, although not devoid of colour, it will be little indicative of free oxygen, the quantity lost by evaporation through the vent aperture or otherwise. But further to prove that the gum is not structurally altered, it may be deprived of all the oxygen it contains by a deoxidizing agent, sulphuretted hydrogen. As an incidental observation, it may be noted how large a quantity of sulphuretted hydrogen is required to deprive the gum of its oxygen when oxydized by ozone.

Water, then, in itself, may give rise to ozone, and inductively to antozone; why it is that certain liquids evaporating should become ozonized—why they should suffer partial decomposition, for it is only those substances which contain oxygen—in combination with another opposite element, that are capable of so doing, cannot be said with any amount of certainty. Oxygen is materially heavier, denser, than hydrogen, in the ratio of 8 to 1. When in combination the action of heat in a lesser form, such as to raise it to 212°, is as of a partial disturbance of its constitution; the effect of this is, that the hydrogen probably absorbs and becomes satisfied with heat in one-eighth the time necessary for accomplishing the same effect on the oxygen, it becomes, during the full accomplishment of this process on the oxygen, partially volatilized. Hence in the vapour is found the hydrogen or antozone principle, in the water the ozone. Under microscopic examination the decomposition of water by voltaic electricity presents an appearance confirmatory of this theory, the gasses being freed much in the same manner as here described.

It may be observed, if heat be continued beyond the boiling point in the last experiment, much of the ozone will be expelled again; so it is when, by constant evaporation, a liquid becomes saturated with ozone, much is again discharged into the atmosphere.

In this wonderful generative agent—viz., evaporation is the vast supply of ozone maintained in nature. In the evaporation consequent upon rainfall, that constantly saturates the face of the earth, and from the condensation of the vapour generated therefrom, is animal and vegetable organism nourished and sustained. Organized substances in generation and decay in health and disease require ozone for their development—in the one case, for the cellular secretions and constructing the animal tissue; in the other, for the full and speedy oxidization of the germ of decomposition. The combinations, moreover, ozone effects with healthy organism in the part of food is striking, and worthy of observation. The gluten of wheat, milk, potato, and many other essential articles of nutrition are abundantly impregnated with free ozone, as may be detected by tincture of gum guaiacum (Braude). Truly, we may observe, that this is another instance of an all-wise Providence for the sustenance of our being. What is more bountifully supplied us than water? What a more faithful minister to our wants? But in it we also possess a tender guardian, gently abstracting from its bosom the very essence of life; and still more gently, day by day, feeding the tender plant, and satisfying the thirsty forest with their daily wants—breathing to us the very spirit of life—and even then its mission is not expended; it is finally ordained to enshrine, as in a pall, the deadly putrefaction, fatal and yet co-existent with such grandeur.

The active energy of ozone in the atmosphere may be directly observed in many ways in its prejudicial behaviour to artificial and manufactured products. Metallic substances, iron more especially, quickly becomes oxidized if alternately exposed to water and the atmosphere, owing to the generation of ozone. Water boiled in iron vessels is known speedily to destroy such by continued rusting; the decay of stonework and timber may be equally attributable to the same cause. In the natural purification of water, evaporation and the generation of ozone thereby is prominently manifest; the soil through which the water percolates consisting of an absorbent material and possessing no actual ozonizing properties, simply brings the liquid into more intimate contact with the air and promotes evaporation. On this principle the old systems of artificial filtration through gravel and sand, and other finely divided substances, owe their virtue. From the foregoing remarks it is evident, also, that by boiling water containing organic impurity much becomes oxidized by ozone; but neither instance will bear comparison with the effects produced by animal charcoal.

Animal charcoal, or bone black, consists of carbon and phosphate of lime principally, but also in conjunction with

many minor substances, of which carbonate of lime is the most prominent. To be of good quality it should present a dullish cast, and not suffer any loss from organic matter by exposure to a red heat in a closed retort. On ignition a purely white residue should remain; if clayey matter or metallic oxides be present they will be conspicuous on the surface after ignition, and the charcoal has in all probability been previously employed for filtering purposes. The proportion of actual carbon present in the average quality of animal charcoal is about 20 per cent. (Stenhouse), the remaining per centage consisting chiefly of phosphates of lime and magnesia. Newly burned charcoal is remarkable for its great absorbent power, both for gases and liquids. If a test glass be filled with water, a large quantity of fresh burned charcoal may be cautiously added to its contents without overflowing it.

In a freshly prepared condition animal charcoal is but a feeble ozonizer, not even bearing comparison with many other less important substances; but the curious and remarkable property of its ozonizing power is its increase of capacity by constant use. This may be achieved by being in contact for years with water containing large quantities of soluble organic matter. The material after such treatment presents a different appearance to new charcoal, being of a dead gray cast, much lighter in colour than when new, and it is entirely free from any surface powder that always attends new charcoal, and renders the liquid black on washing.

When investigating this property it occurred to me that the same power existed equally in both old and new charcoal, but from the circumstance of new charcoal being invariably covered with a thin fine powder, the pores on its surface were impaired; or that from this or other cause it was prevented from absorbing the test-liquid into its cells, and consequently calling a less area of surface into operation as an ozonizing agent. To ascertain the correctness of this view I submitted equal quantities of new and old charcoal (by old I mean such as has been used for several years as a filtering medium) to distilled water and spirits of wine alternately for over a fortnight, taking precaution finally to thoroughly wash both samples in water. They were then dried at ordinary temperature and tested for their ozonizing capacity. The new I found to bear but very poor comparison with the old for ozonizing power.

The next point of interest to ascertain was, as to which of the constituent elements composing the charcoal the property owed its origin first, neither phosphate of lime, carbonate of lime, nor carbon, whether in the form of wood charcoal, graphite or other slate, is capable of ozonizing to any extent whatever, wood charcoal, however, taking slight exception to the rule. In substance, therefore, the constituents are inert. Samples of good ozonizing animal charcoal, such as just described as old, were treated as follows:—1st, to incuigation to expel the carbonaceous and volatile matter, leaving the phosphate of lime and earthy salts; 2nd, by digestion with hydrochloric acid to abstract the calcigenous phosphates and carbonates; and finally, another sample was pulverized as finely as possible in a pestle and mortar. On testing each residue the results showed their capacity, when compared with the original intact substance, was considerably impaired for ozone. Any material alteration, moreover, in form or substance, causes a proportionate lessening of its power, and even the accumulation of suspended organic matter arrested in the process of filtration, or of gum and resin on the surface, eventually determines a cessation of this property.

But the affinity to which this is attributable: it consists of that of the second order necessary for chemical combination as first set forth, and the condition governing its action is, that the substance possess a surface mechanically fitted for the reception and retention of oxygen. The oxygen thus situated seems to evince all the energy of combination, but lacking that force necessary for the constitution of a new form. The action of this induced

oxygen lies only in proximity to the surface of the charcoal, or other ozonible substance to which it owes its origin; for the purpose of calling its energy into play, actual contact is indispensable. This is illustrated very strikingly in the ensuing curious experiment.¹ If coarsely powdered animal charcoal be intimately mixed with small portions of phosphorous, the great oxidizing power of the charcoal quickly determines the combustion of the phosphorous; again, should an accidental scrap of iron find its way into charcoal used as a filtering medium, an occurrence not uncommon, the metal becomes soon covered with a thick coating of oxide which eventually cements charcoal and iron into a conglomerate mass.

Oxide of iron in itself is an ozonizing substance; thus it is, that iron being a less oxidizable metal than zinc, becomes converted into dust on exposure to the atmosphere in a considerably shorter period of time than the latter metal, simply from the fact that the oxide regenerates ozone, and hence, continuously supplies the combining oxygen to the compound. Most acids are ozonizing bodies, that is, possess the power of generating ozone; thus by this means they determine the oxidation of the base with which they combine. Zinc and iron are slowly oxidizable in water, if devoid of acid; but in the presence of sulphuric or nitric acid, owing to the ozonizing effect of such on the oxygen of the water speedily determines the oxidation of the metal and forms a secondary compound salt.

Substances capable of ozonizing, as a rule, may be artificially produced by certain substances containing oxygen as an element, and capable of having such expelled by heat or other agency, without otherwise altering or destroying their structural arrangement. In organic and other natural products this property is also often met with to a considerable degree.

Animal charcoal is of the class of substances in question, by depriving the organic substance in the process of burning of its combined oxygen, it becomes thus permanently ozonizable. This process of burning in practice is rarely if ever achieved in the first instance. Sugar refiners and others using this charcoal find that after the second or third burning the substance is considerably improved in its filtering power for this reason. In the use of animal charcoal for filtering impure water great caution is requisite in its proper selection and adaptation. If badly-burned charcoal be chosen it will probably give rise to a numerous series of failures. A species of putrefaction of the uncharred organic remains is almost certain to set up in the locality of the defective parts, and soon, by spreading, contaminate the whole of the charcoal, together with any substance in contact with it. We find instances occur that water, after having been in contact with this substance, becomes actually less pure from the introduction of this extraneous matter. Such qualities of charcoal are actually useless for all practical application, and on the evidence of the tests before mentioned should be scrupulously rejected.

The treatment of animal charcoal by reburning, solely for this reason, is beneficial; for all others it is depreciatory to its virtue. The ozonizing capacity has been shown previously to exist in the combined substance, that each elementary constituent was incapable of exercising this property, and hence we may reason, in proportion, that the balanced constituents are varied from their natural combination, so would the ozonizing power be impoverished. Washing with dilute muriatic acid and reburning have been much used in the revivification of expended charcoal. The preference is now given almost entirely in favour of the latter, but in practice they are both after a certain time incapable of effecting their purpose, and the charcoal becomes useless. In theory the failure is attributable to similar though opposite causes. By the treatment with the muriatic acid, the organic matter that may be present on the surface of the charcoal is loosened, and the phosphate of lime and earthy salts by being super-

ficially destroyed leaves a partially renewed surface of the charcoal for ozonic action. The carbon, however, is left in excess. In reburning the organic matter is charred, and part of the carbon of it, together with that of the charcoal, is volatilized. A new surface is here again exposed, but the phosphates and earthy salts are in excess, and the residual charcoal from the organic matter is introduced as a foreign element on the surface of the renewed charcoal, hence in course of time the excesses of these extraneously introduced substances determines the cessation of the normal virtue of the charcoal. Much waste and a great amount of labour is therefore expended in these fruitless restorations of old charcoal and freeing it from impurities.

By certain of the experiments herein enumerated animal charcoal has been shown by constant use to become improved. After a continued action on soluble organic matter for years the ozonizing power has been stated to have been increased. How great, then, the fallacy of submitting such to renewal, if by that process the standard of its ozonizing capacity be reduced to its original condition, or still worse, lessened, as above shown.

The defect of used charcoal has been sought for in the wrong direction. If the impurity consists of calcinable matter, such as suspended clayey substance, chalk, &c., burning is ineffective; if, on the other hand, from organic substance, other known chemical means for its extraction should have been resorted to, and thus the acquired impurity abstracted, leaving the charcoal improved by the process of its action, and literally imperishable.

Hospital Reports.

MIDDLESEX HOSPITAL.

WE have already noticed five cases that came under the care of Dr. Greenhow, and one under that of Dr. Murchison. Since the commencement of the epidemic only twelve other cases have been admitted, the majority in a state of collapse; six of the cases have died, and one remains under treatment; three of the patients were in the eighth month of pregnancy, but neither miscarried; one died; at the post-mortem, the fœtus was healthy.

UNIVERSITY COLLEGE HOSPITAL.

SINCE our last report seven new cases have been admitted to the cholera wards, making a total of 91. The more recent cases seem to have been of a milder type. The *Simaba Cedron*, named last week as a drug employed, has been repeated, but does not seem to have given much satisfaction. Dr. Fox has found the Botany Bay kino effectual in restraining diarrhoea. This drug, also called Australian red gum, is given in doses of twenty grains, with mucilage. It will probably come into vogue as an astringent. We may therefore say that it is the product of the *Eucalyptus Resinifera*, and is described in the recent work on materia medica of Dr. Scoresby-Jackson. The resident medical officer of this hospital (Dr. Richards) has made an appeal on behalf of the orphans of the district, to which we are glad to see the committee at the Mansion House subscribing. It is well to be prepared by such prompt action; but we think, so far as our own observation goes, that the neighbourhood of this hospital is not so likely to become a centre of infection as some others, and indeed Dr. Richards does not describe a worse condition than we are accustomed daily to see.

At GUY'S HOSPITAL several severe cases have lately been admitted, and in one or two instances death has been very rapid.

At the BELLEISLE HOSPITAL SHIP only one death has occurred since our last returns, though we hear that diarrhoea is on the increase on the river. The excellent

¹Transactions of the Royal Institution, vol. i.

arrangements of the Seamen's Hospital Society will, however, probably prove sufficient to hold it in check.

At the BETHNAL-GREEN TEMPORARY HOSPITAL 335 cases were admitted between August 20 and October 14. Of these no less than 223 were decided cases of cholera. About the usual rate of mortality has marked the disease in this institution. Dr. Sutton, who has charge of the hospital, has observed a rather larger proportion than is common of cases that have passed sanguineous motions. One such patient is now convalescent, so that the symptom must not be regarded as invariably the precursor of a fatal issue.

Proceedings of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, OCT. 15TH, 1866.

Dr. J. C. HARE, President.

THE PRESIDENT, on taking the chair, referred to the past session of the Society as one of the most useful and interesting that had been known. Papers in every department of Medicine and Surgery had been read and discussed. The ensuing session promised to be as fruitful of good works, for already they had papers in hand of great interest, and promises of others not less valuable. He then referred to the labours of medical practitioners with respect to the treatment and prevention of cholera, and felt proud in the fact that a predecessor of his in that chair, the late Dr. Snow, had done so much for elucidating the difficult question of the predisposing cause of that formidable disease. Dr. Hare then drew a parallel between the epidemics of old times and those of recent occurrence, and showed by statistics that the diseases of modern times, which were of an epidemic character, were infinitely less fatal with respect to numbers than those of the sixteenth and seventeenth centuries.

CANCER OF THE PETROUS PORTION OF THE TEMPORAL BONE.

Mr. HINTON exhibited the petrous portion of the temporal bone of a woman who had died with cancer of the breast. The case was only interesting as affording a pathological specimen of the extent to which cancer could affect an osseous structure.

THE LATE DR. SNOW.

On the motion of Mr. P. Marshall, seconded by Mr. de Méric and supported by Dr. Camps and Mr. J. F. Clarke, a resolution was unanimously carried, authorising the President and Council, in the name of the Society, to support the application of Dr. Snow's sisters for a pension from the Civil List.

Dr. ANDREW CLARK read a paper

ON THE TREATMENT OF UNABSORBED PNEUMONIC DEPOSITS.

He began by defining the conditions of which he spoke, and showed that, though not uncommon, they were often overlooked. He then proceeded to discuss the signs and symptoms by which the presence of these deposits was to be recognised, and the difficulties incident to a correct diagnosis. The destiny of the deposits was next passed in review: he said they were absorbed; or they became contracted, hard, and tantamount to lumps of yellow tubercle; or they broke up into cavities, the case being then clinically undistinguishable from ordinary phthisis; or they issued in rare cases in the development of cancerous disease. Dr. Clark next told the history of thirteen cases which had been purposely left without treatment, in order to illustrate the natural history of the deposits, and show the relative proportions in which they became absorbed, indurated, or broken up into cavities. In these thirteen cases the deposits disappeared within five months in four; remained little altered at the end of two years in six; and went on to softening and fatal destruction of

lung within little more than a year in three. The author then considered the conditions which hastened or hindered recovery, and pointed out their bearing upon treatment. He next discussed whether, above this natural treatment, art possessed other resources by which the number of recoveries might be increased and that of untoward issues diminished; and he said that he was able by his experiments to answer the question in the affirmative. His experiments were conducted exclusively on men, and all were placed as nearly as possible under the same hygienic rules. The objects of these rules were to raise the general health to its highest point, to promote the thorough moulting of the textures, and to foster the physiological conditions favourable to active absorption and excretion. The patients were ordered to sponge every evening with tepid water; to take daily three substantial meals, in which meat, bread, milk, and eggs formed the leading constituents; to consume in the course of the day, from three to four pints of fluid, of which one should be malt; to have plenty of outdoor exercise, fresh air, and recreation; to exercise the lungs frequently by means of deep inspirations; to clothe warmly; to avoid hot crowded rooms, damp places, draughts of cold air, and worry of every kind. With these directions, common to all, the cases were treated on three different plans—the mercurial, the acid tonic, and the alkaline tonic. The mercurial plan consisted of counter-irritation and bringing the patient slowly under the influence of mercury by means of grey powder and ipecacuan; the acid tonic plan in giving quinine, or quinine and iron, with acids; the alkaline tonic plan, first, in the administration of bark, iodide of potassium, bicarbonate of potassium, and ammonia till the urine became alkaline, when this mixture was replaced by five-drop doses of the arseniate of soda; and second, in the inhalation twice a day of sprays of weak solutions of bicarbonate, chlorate, or nitrate of potash. When there was irritability of stomach, bromide of potassium replaced the iodide; and when there was anæmia calumba or quassia was substituted for bark, and five to ten grains of citrate of iron added to each dose. The author then contrasted the statistical results of the thirteen cases left to themselves with sixteen cases treated on the mercurial plan, seventeen on the tonic, and nineteen on the alkaline, and drew from them the following among other conclusions:—That art might be made of real service to nature in the recovery of these cases; that the mercurial plan was by far the worst, and the alkaline plan decidedly the best, method of treating them. The author explained the reserve with which we should adopt rules of treatment based upon mere statistical returns, and pointed out how important an element in the confirmation of their accuracy was the moral conviction of the practitioner begotten by multitudes of impressions, and growing up through multitudes of corrections and limitations. He concluded by saying that, as art had proved to be of real help to nature in the removal of pneumonic deposits, it was our duty, so long as the extent to which that help might go remained uncertain, to endeavour to determine it by therapeutical experiment.

In the discussion which ensued, Dr. Palfrey, Dr. Camps, Dr. Symes Thompson, Dr. Sansom, Dr. Broadbent, Mr. Hinton, Dr. Routh, Mr. Barnes, and Dr. Hare took part.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, OCT. 16TH, 1866.

Dr. PEACOCK, President.

THE new session of the above Society was opened this evening. The President, in his opening address, referred with great satisfaction to the flourishing state of the Society: in reputation, in numbers, in scientific activity, and in funds, it has hitherto had a career of progressive prosperity; and Dr. Peacock's period of office has been one of unbroken success. The new volume of Transactions is the largest and the richest volume yet published, and may challenge comparison with any other similar record in existence.

Dr. T. K. SMITH, of New York, exhibited many fine Photographs of Gunshot Fractures from the late American war.

THE PRESIDENT exhibited a specimen of Perforation of the Appendix Vermiformis in a child who died of peritonitis, with fecal abscess. There was nothing in the appendix itself to account for the abscess, but in the cæcum was a small

piece of woody matter (probably an almond-shell) and a female tricocephalus.

The PRESIDENT also showed a specimen of Disease of the Mitral Valve from a female who died soon after parturition. The heart was of large size; there was recent peritonitis; and the chordæ tendinæ of the mitral valve were torn through, so that the anterior flap passed freely into the auricle, and the opening of the valve was larger than usual. The left ventricle was large, as is common in cases of enlargement of the mitral orifice.

Mr. BRUCE brought forward a series of Gunshot Fractures, collected from the military hospitals at Dresden, to illustrate the kinds of fracture produced by the bullets used by various armies. The specimens comprised several examples of fracture, which were interesting in themselves, besides illustrating the effects of the various kinds of projectile.

Mr. DE MORGAN communicated the sequel of a case in which he had removed a recurrent Encephaloid Tumour from the orbit, the patient having remained in perfect health for about a year and a quarter, when symptoms of recurrence of the disease in the lower part of the spine took place, and he died in a few weeks. There were no cerebral symptoms, except loss of power of vision in one part of the sound eye. After death a tumour was found springing from the divided optic nerve, passing backwards, and involving the chiasma and a portion of the opposite optic nerve. The condition of the orbit operated on was peculiar, as many of the natural foramina were obliterated. There were several cancerous tumours in the spinal column, one of which ensheathed the spinal cord close to its extremity, whilst others surrounded the nerves of the cauda equina, but did not spring from the nerves. Mr. De Morgan remarked upon the support this case gives to a view which he holds upon the spread of cancer—viz., that it spreads by the mere dissemination of the cancer-matter, not by any cancerous tendency in the constitution. Had the tumour here been thoroughly removed at an earlier period the recurrence of the disease might, perhaps, have been obviated.

Mr. J. Z. LAURENCE brought forward a tumour of a malignant nature from the choroid. The eye had been lost from an old injury, and was removed as useless, with no idea that any tumour existed. The specimen was referred to Dr. W. Fox and Mr. Hulke.

Mr. LAURENCE also showed another Eyeball which he had removed as being disorganized.

Mr. MOORE exhibited a Cancerous Gland, which had been injected with acetic acid after the manner recommended by Dr. Broadbent. Mr. Moore stated that he had adopted this plan in several tumours, which have now disappeared. In the present case a cancerous tumour of the lip had been allowed to proceed to a great extent before removal. Then the disease recurred in a gland below the jaw. This was injected with acetic acid (one part to three parts of water); but much swelling followed, and the injection seemed to have failed. The parts were freely removed. The swelling was found to be due to the growth of a second gland, which had not been touched by the injection. Their condition was strikingly different. The injected gland was pulpy and withered, and showed hardly a trace of cancer-cells; while in the gland which had not been injected the cancer-cells were very numerous and well characterized.

Mr. POWER spoke of the great benefit derived from the treatment of cancer by Dr. Broadbent's method.

Dr. BROADBENT also stated that his further experience continued to be very favourable to the method which he had recommended. The tumour disappears without any process of sloughing. If sloughing be very undesirable, it is better to use a weaker acid.

Dr. MURCHISON brought forward a case of Addison's Disease from a patient of Dr. Bantock, the symptoms of which he related. They were of the usual kind, except that there was pus in the urine. On post-mortem examination there was found a deposit of tubercle beneath the lining membrane of the ureter, and the kidney was slightly dilated. No other tubercle was found, but the viscera were not minutely examined. The condition of the supra-renal capsules was that usual in Addison's disease.

Dr. MURCHISON also showed a specimen from a patient who had a large tumour in the abdomen, which was believed to be ovarian. The patient became much worn, a great secretion of pus appeared in the motions, and the tumour became resonant. After death the tumour (which was really connected with the ovary) was found to have burst freely

into the rectum. The kidneys were in a fatty condition and enlarged, and the spleen was of a well-marked waxy or amyloid degenerative character. Dr. Murchison referred to the interesting fact that two organs should display these two different kinds of degeneration.

Mr. ERNEST HART exhibited a Fibro-plastic (Melanotic) Tumour of the Eyeball, which he had removed from a middle-aged man, who had lost his sight in consequence of a chance blow on the eye from the parasol of a lady desiring to stop the omnibus of which he was conductor. After a rheumatic attack the eyeball suppurated, and it became a great disfigurement to him. The anterior part of the eyeball was removed, and an artificial eye was fitted. Then a black growth sprang from the stump, not accompanied by pain. The remains of the globe were removed, and the tumour was found to be of a fibro-plastic nature. The histological characters of the tumour were shown and described.

Dr. WILSON FOX brought forward some of the less usual lesions found in cholera patients—viz., punctiform extravasations of blood under the mucous membrane of the intestines (and some in the stomach), when the stools contained blood; large masses of extravasation in the colon; diphtheritic sloughing of the mucous membrane of the intestine; ulceration of the mucous membrane without hæmorrhage; tubercular ulceration, with tubercle in the surrounding glands, in a cholera patient who died in pregnancy, some of which were found to be cicatrising, and without any contraction of the intestine; enlargement of solitary glands in the stomach and intestines; and other preparations showing the microscopic characters of the disease.

CHOLERA.

A STILL further increase in the number of deaths from cholera is once more the burden of our report. In the forty-first week of the year ending Saturday, the 13th inst., 207 deaths from cholera, and 47 from diarrhœa, making a total of 254 from the two forms, were registered in the metropolitan districts. This, then, is the third week in which the epidemic has seemed to gain ground. Nothing could more aptly enforce the warnings that we have all along been giving.

The total mortality of the week was 1353, an excess over the estimated average, corrected for increase of population, of 131. The deaths were distributed in the districts as follows:—38 in the West; 41 in the North; 44 in the Central; 82 in the East; and 49 in the South districts. If we take the population into account, the mortality is lowest in the South and North, and highest in the Central and East districts. There are not wanting some encouraging facts in reference to the epidemic. It is true that for six weeks the deaths have been successively 289, 292, 248, 244, 251, and 254. But in the epidemic of 1854 the corresponding weeks were far more fatal. The actual numbers were 2326, 1781, 1474, 919, 509, and 351. In the epidemic of 1854, the deaths during this period thus reached the number of 7360, while in the present year they have only been 1578. Had we suffered in proportion to our larger population as severely as in 1854, there would have been 8929 deaths. The gain is clearly 7351 lives, and if we may attribute this gain to our sanitary measures, it is a triumph worth recording, as a stimulus to fresh effort and a promise that we shall yet be able to render the dreaded pest comparatively innocuous. Nevertheless, we cannot disguise from ourselves that the subsidence has been so gradual this year that it would appear as if a less violent outbreak than that of 1854, so far as intensity is concerned, was likely to prove a more enduring one. Though it cannot be maintained that the disease is less intense in individual cases, yet it has affected a smaller number of persons. Taking every point into consideration, we maintain that there is even now grave cause for uneasiness, and while all our health officers are energetically at work, we fear our sanitary authorities are relapsing into their wonted carelessness. For this reason

we are glad that the Registrar-General has resumed the publication of the daily returns, on the discontinuance of which we commented last week. It is well for the public not to be suffered to lose sight of the fact that the epidemic still levies its daily contributions in the districts of London. On Sunday and Monday, the 14th and 15th, there were 42 deaths from cholera, and 9 from diarrhœa. On Tuesday the numbers were 30, and 7 on Wednesday.

The annual rate of mortality has been 23 per 1000 in London, 24 in Edinburgh, 38 in Dublin. The mean temperature of the air for the week was 52·4 Fahr., which is 0·8 above the average for the same week in fifty years, as determined by Mr. Glashier. The range during the week was 30·4 degrees; the highest having been 66, and the lowest 35·6. For five days the wind blew from the N.E. and E.N.E. One day from the S.W.

THE RIVER.

The Seaman's Hospital Society continues its invaluable labours. Two cases have been sent to Guy's Hospital by the visitors. Cases of diarrhœa continue to occur on vessels lying in the Pool, particularly in the south side of the river, in the neighbourhood of Dockhead, Bermondsey, and Horsley-down stairs. A dépôt for dustbin refuse exists near the former locality, and this is shipped off leisurely in barges, sending forth steaming odours far and wide. Another nuisance of this kind exists on the north side of the Thames, about midway between the Tunnel Pier and the entrance to the London Docks. It is greatly to be regretted that no action is taken in these matters by the authorities of those parishes in which these foci of disease exist. Another week will probably elapse before this refuse is cleared away. Means should be provided for its more direct removal out of districts so densely populated as those on the banks of the river. The *Belleisle* Hospital still continues ready for active service, and the *Dreadnought* authorities have resolved that her working staff shall remain intact until the epidemic has actually passed away.

EDINBURGH.

A few isolated cases of cholera have occurred here in the course of the summer and autumn, and about three weeks ago a group of four fatal cases were reported from an outlying quarter of the town. During the last fortnight the attacks have been more frequent, and have occurred almost exclusively in the crowded districts of the old town; and last week, for the first time, the cholera hospital, long held in readiness, had to be opened. In the last week ten cases were reported and six deaths, following upon thirteen cases in the previous week and seven deaths. In some instances the type of the disease has been very severe, the illness lasting only two or three hours. In the course of the week the hospital has been visited by Bishop Morrell, Mr. Montgomery, and other clergymen of the Scottish Episcopal Church, while the Rev. Messrs. Rigg and Corbett have attended upon the Roman Catholic patients. Six or eight fatal cases have occurred during the week in Leith, and cases are also reported from Musselburgh and other adjacent places.

NORTH-EAST SEAPORTS.

Several cases continue to occur at these places, most of them very severe and of short duration. At North and South Shields choleraic diarrhœa continues epidemic. On Monday, the 15th, the weather, which had been dull and foggy, became clear, keen, and bracing.

THE CONTINENT.

Southern Italy is still the chief sufferer. At Palermo there is an increase, and although a somewhat less number is reported from Naples, the disease has appeared in Catania, Massa, and other elevated localities.

Reviews.

CONTRIBUTIONS TO MEDICINE AND MIDWIFERY.
By THOMAS EDWARD BEATTY, M.D., M.R.I.A., &c.,
President of the King and Queen's College of Physicians
in Ireland, &c. &c. Dublin: Fannin and Co. Pp. 651.
8vo. 1866.

WE have read this book through with pleasure; and we confidently affirm that since the publication of the late Professor Montgomery's well-known work "On the Symptoms and Signs of Pregnancy," scarcely any treatise has appeared on subjects of this kind which at all can compare with these "Contributions" of Dr. Beatty. It has every element in its favour; the result of a long professional experience, the curious interest attached to several of the subjects of discussion, the good plain English in which it is written, and the admirable "get-up" of the volume, as a specimen of Dublin typography, will, to all human certainty, obtain and secure for it the position of a standard professional work.

Not the least part of the interest attached to this volume arises from the fact that it consists of papers on a diversity of subjects connected with medicine, some written by the President's father, the late Dr. John Beatty, but for the most part contributed by the President himself at various times during his professional career to our medical periodicals, and to the "Cyclopædia of Practical Medicine."

In the preface Dr. Beatty says of his "Contributions:—"

"Some of these treat of subjects with which I confess I would wish to have my name associated—those, for instance, on the Forceps, Ergot of Rye, Chloroform, Cancer of the Uterus, and Abdominal Aneurism. With the forceps I have an hereditary connexion, for it will be perceived by the reader who honours these pages with a perusal that I have introduced an account of the part taken by my father, the late Dr. John Beatty, in restoring this valuable instrument to its proper position in this country."

The limited space at our disposal prevents our supplying anything like an analytical review of Dr. Beatty's work, and we must only content ourselves with giving the reader a general idea of the nature of its contents, leaving him to peruse the whole, or any particular paper, at his leisure. Chapter I. contains the "Observations on the Use of Instruments in cases of difficult and protracted labour," read by the late Dr. John Beatty before the Association of the College of Physicians in 1829. Chapter II. contains two other papers, one entitled "Observations on a Species of Premature Labour, to which Pregnant Women are not unfrequently liable," by the late Dr. Joseph Clarke, and the other "A Letter from Dr. Beatty" (read 1821), respecting Dr. Clarke's observations. Chapter III. contains a series of statistics from the reports of the South-Eastern Lying-in Hospital. Chapter IV. gives cases illustrative of the use of the forceps in obstetric practice. Chapter V. treats of the means of preventing uterine hæmorrhage after delivery, and on the influence of ergot of rye on the fœtus in utero. Chapter VI. discusses the use of chloroform in midwifery, in conjunction with ergot of rye and *per se*. Chapter VII. deals with purulent effusions into the joints, &c., in puerperal women. Chapter VIII. details a case of pregnancy, complicated with a tumour occupying nearly the entire pelvis. Chapter IX. treats of "a Rare and hitherto Unnoticed Form of Death in Cancer of the Uterus." Chapters X. and XI. respectively treat of retroflexion of the uterus and calculus in the female bladder, and Chapter XII. is devoted to the important question of Frottement in Peritonitis. Chapter XIII. gives a rare case, only one other case being known, of inversion of the urinary bladder through the urethra, with large prolapsus of the rectum in a female child; and Chapter XIV. gives Dr. Beatty's well-known essay on the "Diagnosis of Abdominal Aneurism," first published in 1830, and referred to by Dr.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, OCTOBER 24, 1866.

THE PROGRESS OF CHOLERA.

WHATEVER may have been the reasons which induced the Registrar-General to discontinue the publication of the daily returns of the cases of cholera, we find, with satisfaction, that those returns have been resumed, and the results, while they show that the epidemic is not raging violently in Great Britain at the present moment, fully justify the remarks we made last week as to the necessity of furnishing ample particulars as to the number of cases and the localities where they occur. That the disease has not yet disappeared is sufficiently evident from the fact that the last weekly return indicated a mortality of 254 (207 from cholera and 47 from diarrhoea) by the existing epidemic in the metropolis, while in the previous week the mortality was 251, thus showing a small increase. Of the cases recorded during the past week, 38 occurred in the west districts, 41 in the north, 44 in the central, 82 in the east, and 49 in the south districts; thus again confirming our remarks as to the more general diffusion of the choleraic poison among the different districts, and its partial disappearance from the east district, which was, in the first instance, more especially and extensively attacked.

Although it cannot yet be alleged that we have got rid of our unwelcome visitor, still considerable consolation may be derived from the reflection that the general health of the population is good, and the mortality very little in excess of the estimate. It would appear, therefore, that if cholera could be exterminated, the mortality of the present season would be actually below the average.

It is also a subject of some gratification to compare the mortality from cholera in the present year with that which was recorded in former visitations. The deaths in London since the first week in September, 1866, have been 1578; but in the corresponding six weeks of the year 1854, the deaths from cholera and diarrhoea were 7360. The weekly number of deaths for the last six weeks in London from epidemic cholera and diarrhoea has been respectively, 289, 292, 248, 244, 251, 254; while in the corresponding weeks of 1854 the numbers were, 2326, 1781, 1474, 919, 509, and 351. The Report of the Registrar-General says that "at the cholera rates of 1854 the deaths in the last six weeks (of 1866) corrected for increase of population, would have been 8929; the deaths have been 1578. Here are 7351 lives saved."

The Report goes on to state that these results are encouraging, but it recommends that incessant attention should still be given to the disinfection of sewage of towns on the Thames and the Lea, above the intake of

Stokes, who states that to Dr. Beatty is due "our knowledge of the diagnosis of this affection." But it is not only to the general physician and to the obstetrician that Dr. Beatty's work will prove interesting. At one time he was Professor of Medical Jurisprudence in the Royal College of Surgeons of Ireland, and, accordingly, the medical jurist, especially the curious and antiquarian medical jurist, will here find valuable papers on his special science, originally contributed to the "Cyclopædia of Practical Medicine," and now revised in accordance with changes in the law. We find a chapter on rape, one on impotence, one on doubtful sex, and one on persons found drowned.

All these are worth not mere perusal, but *study*, and remembering that Dr. Beatty was formerly President of the Royal College of Surgeons, we are not surprised to find among the "contributions" in this book, an Essay on Operation for the cure of Dysmenorrhœa, and on Plastic Operations on the Female Genito-Urinary Organs. Two addresses delivered at different times before the Dublin Obstetrical Society, and an address delivered at the opening of the Winter Session at the City of Dublin Hospital, in 1865, complete this volume, which has also a good index and table of contents.

From the preface we learn that Professor Macnamara, so well known as the Editor of the Sixth Edition of "Neligan's Medicines," has superintended the passage of the work through the press; of him the writer of the book observes—"He has devoted an amount of care and labour upon this volume, without which it would have been impossible for me to have completed the task." Are we asked to give special prominence to what we consider the best parts of Dr. Beatty's work? If so, we may draw the attention of the obstetrician to Chapters I. and II., containing Dr. John Beatty's papers; and to Chapter IV., containing cases illustrative of the use of the forceps. To those who specially study diseases of women, Chapter IX.—"On a Rare and hitherto Unnoticed Form of Death in Cancer of the Uterus"—cannot fail to prove instructive, illustrated as it is by a first-class coloured engraving.

The physician proper (if we may coin a title) should read Chapter XIV., "On Aneurism of the Abdominal Aorta." Apart from the originality of Dr. Beatty's remarks, the thrilling interest attached to this narrative of an amount of human suffering and patience which has seldom been equalled, cannot fail to strike a cord in every heart. The attention of the medical jurist may be advantageously given to the contents of Chapters XV. on impotence; XVI. on rape; XVII. on doubtful sex, and XVIII. on persons found drowned. It is but common justice to say that in these chapters there is much learning and no pedantry.

From what we have already written, it is needless to observe that we heartily commend Dr. Beatty's work to the profession; and while we wish him long life, we cannot but think that long after he has been gathered to his fathers, his "Contributions to Medicine and Midwifery" will be consulted by the practical physician and the obstetrician, and will be quoted by the advocate and the medical jurist.

TO CONTRIBUTORS.

COMPLAINTS occasionally reach us from contributors that corrections made by them in proofs have not been duly inserted in their papers. This is owing to the fact that the contributors in question do not return their proofs until the sheets have been printed. Corrected proofs should reach the printer by Saturday evening, or by Monday morning at latest. Last week some proofs did not reach us until Tuesday night.

the London Water Companies, and it suggests that the engineers should devise some plan for the effectual filtration of the London waters.

We believe that it is not at all unreasonable to suppose that the epidemic of the present year has been in great measure kept in check by the vigilant exertions of the Medical Officers in each district, and the report of the Registrar-General affirms as the result of experience that the destruction of the cholera poison is scarcely ever effected in bad districts unless when it is carried out under the eyes of medical visitors, while in the absence of such supervision the premonitory diarrhœa is too often neglected, and the danger of the whole metropolis is thus indefinitely protracted.

The fact is that, even at the risk of raising a parrot-cry, we must diligently recommend the continuance of the adoption of preventive measures as the best remedial agents yet known for the extirpation of cholera. Shallow thinkers and superficial writers have thought proper to reproach the Medical Profession because it cannot proclaim an infallible cure for all known diseases, entirely overlooking the fact that it is the province of quackery, not of legitimate medicine, to boast of the efficacy of specifics. For some maladies to which the human frame is subject science has not yet discovered an unfailing remedy, and cholera may, for the present at least, be admitted to be among the number. But neither has Medicine discovered a remedy for small-pox, although the ravages of that disease have been most materially diminished, and its mortality immeasurably reduced, by the practice of vaccination. So, it is fair to suppose that the mortality of cholera may be, and has been controlled and diminished by careful attention to those sanitary laws which the experience of the past and present epidemics has served to establish; and although the services rendered by Medicine may be often powerless in the presence of fully-developed attacks of the malady, yet its province in removing the germs of disease or in combating the early symptoms is even more beneficially manifested than it would be in wielding the armamentarium of the *Materia Medica* in the case of patients struck down by imbibing a pernicious dose of the mysterious and fatal poison. Whatever the poison of cholera may be, it is certainly robbed of its malignity by dilution, or perhaps neutralized altogether by segregation of patients, and the processes of disinfection, and these and other measures can be carried out only by the labours of the members of the Medical Profession, to whom the community must look up as their best friends and advisers in the hour of danger.

CLASS EXAMINATIONS AT THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

WE beg to direct attention to an important announcement concerning the Irish College of Physicians, which will be found in our advertising columns. It refers to the system of holding professional examinations by

classes, in contrast to the time-honoured plan of holding a special examination for each student.

It is scarcely necessary for us to urge on students, and on those who have the guidance of their professional training, the great advantages and the practical importance of taking examinations by halves; or, in other words, of so dividing the periods of study allotted to various subjects, that, when finally qualified, the young practitioner may be well informed on all branches of his profession.

As a general rule, this is impossible if there be but one final examination, at which everything must be answered, and for which a most exhausting and exciting preparation is demanded. Hence the current of medical opinion has now fairly set in in the direction of what may be called in university phraseology, applied to medicine, "the great go, and the little go."

To some extent allied to this is the system of periodic Class Examinations, now held at intervals both at the College of Physicians and at the College of Surgeons in Ireland.

These being held at stated intervals, and being occasions on which any number of qualified students may come up for examination together, we have no doubt of their ultimate success as an institution.

Meanwhile we may urge on students that they derive other advantages from this system, of which such as are able ought to avail themselves without delay. It gives them an immediate object to read for, and so induces, what is much wanted, a *system* of reading; and it anticipates the two years' idleness which heretofore has been the rule with those who relied on hard work during the last nine months of their course, as a sufficient preparation for one severe examination, and for the anxious duties of medical practice.

MATERIA MEDICA MUSEUM IN THE MEDICAL SCHOOL OF TRINITY COLLEGE, DUBLIN.

WE have much pleasure in calling the attention of the profession, and of intending students of the School of Physic in Ireland, to the excellent and complete museum which has been put up in the Trinity College Medical School during the past summer.

The collection is not only extensive, but, what is of more value, it is well selected, and admirably and tastefully arranged. The Board of Trinity College having placed a sufficient sum of money at the disposal of Dr. Aquilla Smith, King's Professor of *Materia Medica* and Pharmacy, that gentleman purchased specimens of the best kind, and himself arranged the entire—in fact, *made* the museum—which is in every way creditable to him, to the liberality of the Board, and to the good order and usefulness of the School of Physic.

Notes on Current Topics.

THE QUEEN ON THE PUBLIC HEALTH.

IT is not often that the doings of royalty come within the province of the medical journalist, so that we seize the opportunity of directing attention to her Majesty's late public act at Aberdeen. It is fitting that a first appearance before her people in a public capacity, since the great sorrow that has caused her Majesty's retirement, should be one calculated

to give all the influence and support of royalty to the progress of sanitary works.

On Tuesday, the 16th, the new Waterworks of Aberdeen were publicly opened by the Queen in person. These works convey to the city the third supply of water that has become necessary during the present century. In 1806 the supply was 60,000 gals.; it has been since increased to 1,000,000. The works opened by her Majesty can bring 6,000,000 gallons daily, by means of gravitation, from the river Dee.

The plans of this stupendous undertaking were by Mr. James Simpson, C.E., of London, and the works have been executed by Mr. E. Gibb, under the superintendence of Mr. R. Anderson, C.E.

The description of the opening ceremony, the Queen's weather, which shone again upon her Majesty, and the enthusiastic reception offered by her loyal people, are none of them suitable topics for our columns. But we may place upon record the words in which the Queen replied to the address presented to her. Speaking in public for the first time in her official capacity since the death of the Prince Consort, her Majesty said:—

"I thank you for your dutiful address, and am very sensible of this fresh mark of the loyal attachment of my neighbours, the people of Aberdeen. I have felt that at a time when the attention of the country has been so anxiously directed to the state of the public health, it was right that I should make an exertion to testify my sense of the importance of a work so well calculated as this to promote the health and comfort of your ancient city."

Let the words be echoed through the length and breadth of the land.

HOW CHOLERA COMES ON BOARD OUR MERCHANT VESSELS.

At a meeting of the Sanitary Committee of the Corporation of Dublin, on the 9th inst., a report was submitted on the case of the ship *Olive*, which had sailed from Liverpool on the Friday previous, and the captain and mate of which had died of cholera in the Mater Misericordiae Hospital shortly after her arrival. The water of the ship had been analyzed by Professor Cameron, and resembled common ditch-water. It abounded in animal and vegetable life, many of the animal forms being visible to the naked eye. Both the victims had drunk freely of this water. It may, therefore, be worth while to record its qualities with more precision:—

"Cyclops quadricornis could easily be seen darting about with great velocity in search of their prey, the smaller animals contained in the impure water. One imperial pint of this water was found to contain 1.25 grains of organic matter, or at the rate of ten grains per gallon. By way of contrast, I may mention that the Thames water at London Bridge contains less than three grains of organic matter per gallon. Ships are the great carriers of the virus of the epidemic diseases of foreign origin. These maladies invariably make their first appearance at seaport towns. It would, therefore, be a matter of great importance to induce or compel the owners of vessels to pay more attention to the quality of the water supplied to their ships. It is a disgrace to some person that the water stored in the *Olive* should be of such quality, since the vessel came straight from Liverpool to Dublin."

THE PRIVY COUNCIL'S INQUIRY INTO THE EPIDEMIC.

It was announced some weeks ago that a sum of money would be granted to Mr. Simon, to enable him to institute a full scientific investigation into the recent outbreak of cholera in the metropolis, and the names of some very

competent men were freely mentioned as likely to take part in the inquiry. A little later we heard that so munificent a sum as £500 would be allotted towards the expense of a thorough scrutiny into the origin of an epidemic which has slain so many thousands of human beings. Of course these were of much less value than cattle—hence the thousands lavished on the cattle plague inquiry, and the trifle offered to the doctors to investigate cholera. But will even this be done? The last we hear of the matter is that Mr. J. N. Radcliffe has been instructed to prepare a report on the subject. Mr. Radcliffe will, we doubt not, discharge this duty with the ability and care he has before exhibited in similar labours, but were we not promised a commission? Mr. Radcliffe would be an excellent member of a commission but others ought to be associated with him. Surely a few hundreds could be spared for such a purpose.

POOR-LAW GUARDIANS AND THEIR MEDICAL OFFICERS.

THE practical result of the humane exertions made by many of the Poor-law Medical Officers of Workhouses to improve the condition of the sick poor has been the proposal of measures which will necessitate the resignation of many of those gentlemen. It will be recollected that among the deficiencies complained of in the present management of the sick poor in the workhouses was the want of Resident Medical Officers to attend day and night upon the patients, and none have passed the necessity of supplying this want more than the Poor-law Medical Officers themselves. The Guardians, therefore, while pretending to accede to the general feeling on this subject have in certain instances hit upon an ingenious plan to benefit the sick poor, and at the same time to procure the removal of the present Poor-law Medical Officers who have themselves been appointed Resident Medical Officers. The consequence is that the surgeons so appointed must relinquish their private practice and reside in the workhouse, or they must resign their Poor-law appointments. The scheme is most amusing for its simplicity, and we have been informed that Dr. Rogers, of the Strand Union, is one of the first victims on whom its efficacy is to be tried. The question has been actually proposed to the Guardians, but has not yet been carried.

THE THAMES PURIFICATION ACT, 1866.

THIS Act, passed in the late Session, has just been printed and provides for the purification of the river Thames by the diversion therefrom of the sewage of Oxford, Reading, Kingston, Richmond, Twickenham, Isleworth, and Brentford, and for the collection and utilization of the sewage, and for other purposes. The preamble recites that, under existing arrangements, the sewage of towns situate on the river Thames above the metropolis is carried into the river, and thereby the waters of the river are polluted and the health and comfort of the inhabitants of the valley of the river below those towns and of the metropolis are affected. Furthermore, it declares that it would be of great local and public advantage if sewage were diverted from the river, and that it is expedient that several corporations and other governing bodies of the several towns upon and in the neighbourhood of the river should be empowered to enter into contracts and agreements for the disposal of the sewage of the towns. That the sewage, if diverted from the river and collected, might be utilized and purified

cation might be utilized for the fertilization of land by irrigation or otherwise. That the persons in the Act named, and others, are willing to undertake at their own expense the diversion from the river of the sewage of the towns mentioned on being incorporated and enabled to collect the sewage and utilize it, and for that purpose to construct conduits, reservoirs, and works. The position of the conduit, pipe, or main which is intended to convey the water under and across the Thames at Richmond is to be defined upon a plan to be approved by the Conservators of the river before the works are commenced, and the works in the river and adjoining are to be done and performed to the satisfaction of the engineer of the Conservators, and the conduit, pipe, or main is to be laid at such a depth in the bed of the river as will allow of the ground or soil over the conduit or main to be dredged to the depth of 16 feet under high water, Trinity standard, and the traffic on the river is not to be interrupted more than may be absolutely necessary for the performance of the works. Special clauses have been framed for the protection of the Great Western and London and South-Western Railways. There are likewise provisions in the Act for the protection of waterworks. The conduit, reservoirs, and the works authorised by the Act are to be constructed and kept so as not to be or to create a nuisance, or to be injurious to health. Nothing in the Act is to exonerate the parties carrying it out from an indictment, action, or other proceeding for a nuisance, or for damages caused from the operation or want of repair of any of their works.

LET US PROGRESS.

CERTAINLY. Why should we yield to absurd prejudices about modesty and all that sort of thing? Or why submit to extinct conventionalities of dress, unworthy of the character of a "go-a-head," free, and independent people? How much more edifying than the everlasting crinolines and long clothes was the smart figure of Dr. Mary Walker, at the Social Science Congress, in bloomer costume, with black unmentionables, fitting tight at the ankle, and a medal for American war service, decorating the exuberant rotundity of her manly breast. And how preferable to the obsolete prudery of the daughter of that slow old coach, John Bull, the out-spoken sentiments of Dr. Mary, who suggested that there need be no such thing as infanticide if people were not so ridiculous as to regard the loss of female virtue as a social stain. Down with all husbands! Are we not women and brothers? Let's liquor up!!!

POOLE DEFENCE FUND.

THE monthly meeting of the Committee was held on Saturday week—the chair being occupied by Dr. Johnston, of the Cork Military Prison, in the unavoidable absence of both President and Vice-President.

After the transaction of much routine business, the "Poole Defence Fund" was entered on, and considerable gratification expressed at the manly response made by the profession to the *principle* involved in the appeal.

It was arranged (by desire) that the subscription list be not yet closed, and a hope expressed that those gentlemen, whose names are recorded as promised contributors, would send in their subscriptions to the Honorary Secretaries with as little delay as convenient.

CARBOLIC ACID AND STREET DISINFECTION.

WE see that the Corporation is now using carbolic acid in the streets of Dublin. We hope that this, in conjunction with the other means adopted—viz., better supervision of nuisances, &c., will prove successful in eradicating the epidemic. So much has been written within the last four or five months by Mr. Tichborne, in the pages of this journal, upon the use of carbolic acid as an antiseptic, that it would be superfluous to enter into its properties here. It should be borne in mind, however, that it is not a deodorizer, but an antiseptic in the strictest sense of the term, and in this respect it is said to be the most powerful one known.

Correspondence.

A NEW APPARATUS FOR FRACTURES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly allot me a small space in the columns of your periodical to bring before the notice of my professional brethren a new description of apparatus to obviate bandaging in fractures of the humerus, and (for I see no reason why the same principle should not be equally serviceable) in fractures of some of the other long bones. I recommend this cylindrical splint with great confidence, possessing, as it really does, the following advantages over the present fashioned splints and bandages, in the application and re-application of which oftentimes much pain is given, and, as too frequently happens, the fractured ends of the bone are disturbed, and sometimes again displaced, and occasionally union completely prevented by this unnecessary interference. Firstly, it is more easily applied; secondly, it gives no pain, as bandages frequently do, from contraction, when wetted, or when, after setting, the arm swells; thirdly, it is a great saving of time to the surgeon; fourthly, it retains the fractured extremities of the bone in the closest apposition; and, fifthly, when once properly applied, it requires no further attention on the part of the surgeon, except regulation of the pressure by means of the thumb-screws, until complete consolidation is effected. Of course I am now speaking of simple fractures, but even in cases of compound fracture (in which perhaps the cylinder would be alone required), I cannot see that there would be any necessity for removing the apparatus, the only thing needed then being an oval or circular opening made in it, corresponding to the site of the wound, which could then be watched and dressed without at all disturbing the injured bone.

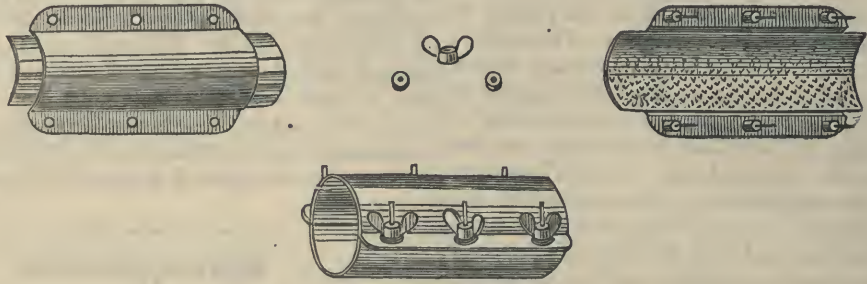
Having used this apparatus in only one case, in which it more than realised my expectation, I present it to my readers for what it is worth. It is of such simple construction, so easily applied, and affords a saving of so much time to the surgeon, in addition to its other merits, that I think it well worthy a further trial, and I shall be glad to learn from any one adopting it the result of their experience.

William Horton, of Shirley Heath, aged 67, a man of weak intellect and of feeble constitution, slipped down on some loose stones on the 5th day of August last, and sustained an oblique fracture through the lower third of the shaft of the left humerus. I applied this apparatus in the manner stated below, and although the arm, forearm, and hand were much swollen, and in considerable pain, as soon as the splint was applied and the pressure properly regulated by the thumb-screws immediate relief was given, and the pain decreased as the swelling subsided, the splint being proportionately tightened.

From its first application on the 5th of August till the

10th of September the splint was never removed, or, consequently, the fractured bone disturbed, and upon examining the arm this day (thirty-six days after the accident), I found

the union perfectly consolidated. My patient also expressed himself as feeling able to move and use that hand and arm almost as well as the other. The splint I use is figured below.



It is made of two pieces of thin copper metal japanned, and measuring, longitudinally, eight inches. Each piece is moulded upon a wooden roller, three and a half inches in diameter, into a half cylinder, leaving a flank three-fourths of an inch wide on each side, and into one of these pieces three brass thumb-screws are fixed into each flank, and holes made in the counter-flank to receive the screws, so that when fixed together they form a complete cylinder three and a half inches in diameter. Over each screw, and between the plates, are several thick india-rubber rings to equalise the pressure, and the way I adjust it is this:—Having reduced the fracture, I, firstly, apply two thin and unusually wide common hinge-splints, well padded with sheet cotton wool, the one extending from the great tuberosity to the external condyle, the other from the margin of the axilla to the internal condyle. I then apply separately each half of the cylinder upon the wooden splints, and bring them together by turning the thumb-screws. The arm will then be found to be almost surrounded by splint, and the fractured bone immovable. Care should be taken that the wooden hinge splints extends an inch, or nearly so, both above and below the cylinder. The forearm and hand must be well supported in a sling, and directions given the patient to slacken the screws should the arm swell and become painful. In conclusion, I would direct attention to one of the most important advantages of my improvement, which is, that, when properly applied, there can be no pressure on the blood vessels in and about the triangular space at the bend of the arm.—Believe me, Sir, yours faithfully,

EDWARD SUTTON PAGE, L.F.P.S.Glasg., Lic. in Mid.
Solihull, Warwickshire, Oct. 10, 1866.

EDUCATED WIDWIVES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I send you my report of the Hospitals of the Longford Union for the last year. You will see in the latter part of it that I have directed the attention of the guardians to the necessity of having intelligent educated midwives in the different dispensary districts. I was induced to do so in consequence of having heard of two women dying undelivered in this neighbourhood a few days previous, owing to the ignorant old women in attendance as midwives not having given warning in time to have medical assistance; in fact, the great majority of those acting as midwives in this and the neighbouring counties are so thoroughly ignorant that they are quite incapable of distinguishing between natural and complicated labour—hence the great loss of women and children in childbed. Since the date of my report there have been two more women lost in childbed. After they had been ill some days doctors were called in, but the poor creatures were

so worn out by long suffering and hæmorrhage, that they died soon after delivery.

Alas! this is no new or transitory occurrence. Such cases as I have now mentioned have been occurring since I got charge of the hospitals of this union, over twenty-five years. In two or three of my annual reports (which appeared in the *MEDICAL PRESS*) I urged the guardians and others having influence over the poor to try and induce poor women to come into hospital, where they would have the advantage of the constant attention of a competent nurse, and timely surgical assistance, if necessary. During the last year all the lying-in women confined in hospital made good and rapid recoveries, and there was but one stillborn child.

It may be asked, where are educated midwives to be had? From all parts of the country, if they will be received as pupils in the metropolitan hospitals on moderate terms. Though the law of the land authorises Grand Juries to present for the expenses of educating midwives, it is very rarely done, except, in the thrifty North of Ireland, where their intelligence and humanity equal their industry and frugality; there they generously provide competent midwives for the poor. As it is not probable that the humanity of the North will extend westward and southward with the rapidity of the cholera or rinderpest, it would be well if the governors and committees of the Rotunda, the Coombe, Steevens', and other hospitals having lying-in wards would make some reduction in the scale of pupilage fees in favour of intelligent well-conducted poor women, recommended by medical men, clergymen, and magistrates, as proper trustworthy persons, not likely to abuse the advantages conferred on them.

I have no doubt but that splendid institution, the Rotunda Hospital, the first and best of the kind in Europe, will, in the spirit of its founder, the great and immortal Moss, be the first to open its portals to disseminate through the country the incalculable blessing of well-educated and enlightened midwives.

God grant that this may meet the eye of some benevolent medical man, a governor of some lying-in hospital, or a member of the Queen's Institute for Providing Employment for Educated Women. Now that it has become fashionable for ladies to attend the male wards of surgical hospitals, perhaps some of them would extend their kind hands to their poor sisters through the country, when enduring that severest of trials, the pangs of labour.

An appeal from the Queen's Institute would be likely to be attended with success.—I am, dear Sir, your very obedient,

S. NICOLLS, M.D.

Longford, 14th October, 1866.

"MEDICAL REPORT.

"MY LORDS AND GENTLEMEN,—I beg to submit to you my report for the year ended 29th ult., which, I am glad, shows this establishment is in a satisfactory condition.

" FEVER HOSPITAL.

" Remained, 0; admitted—interns, 10, externs, 41; 51—of whom 43 recovered, 6 died, and 2 remained. Of the deaths, one was a girl, aged 10 years, who, when recovering from fever, was attacked with pneumonia, of which she died; one was a girl, aged 18 years, she was recovering from fever when diarrhœa set in, of which she died; one was a woman, aged 33, a wandering mendicant, brought in speechless and unconscious; she died thirty-six hours after her admission. There were also three men of very intemperate habits; one was suffering from hectic and diarrhœa, the result of a chronic abscess; one was a rambling tinker, speechless and unconscious when admitted; another a pensioner, in delirium tremens, of which he died; so that, in reality, there were but two deaths from fever, and those were unconscious and speechless, and died shortly after their admission. I continue the non-alcoholic treatment, which for the last eighteen years I have found most successful.

" INFIRMARY.

" Remained, 60; admitted—interns, 491, externs, 272; 823—recovered, 737; died, 45; remaining, 41; 823. Of the deaths, 13 were children not exceeding three years, and 8 between three years and sixty years, 24 were sixty years and upwards. Of the cases treated in the infirmary many were serious surgical and midwifery, which all made good recoveries. I beg again most respectfully to direct your attention to the great necessity of having duly-educated midwives in the different dispensary districts. I frequently hear of women and children being lost through the ignorance of the ordinary midwives.—I am, my Lords and Gentlemen, your most obedient,

" S. NICOLLS, M.D., Medical Officer.

" To the Chairman and Guardians of the Longford Union.

" October 10, 1886."

OZONE AS A SANITARY AGENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your journal of May 2nd, 1886, you make allusion to some of Dr. Richardson's recent discoveries in the following words: "An ozonized ether when injected into an apartment in the form of spray, renders the atmosphere pure, and the presence of the ozone can be demonstrated by Schönbein's test papers."

Will you kindly allow me, through the medium of your widely circulated journal, the opportunity of claiming priority over Dr. Richardson, not only in the above-named simple and efficient method of rendering the atmosphere of an apartment pure, but also in the more general application of ozonized ether to sanitary purposes.

I rest my claim to priority on the following extract from a paper written by me on the physiological effects of ozone, which Dr. Neild, Professor of Forensic Medicine, at the Melbourne University, did me the honour to read before the Medical Society of Victoria at their November meeting. This paper was published in December, 1865, in the *Australian Medical Journal*, a copy of which I forwarded to Dr. Richardson within a few days of its issue. The following is the extract:—

"By the September mail I sent a short paper to the *Lancet*, on the application of ozone to sanitary purposes, in which I recommended the use of ozone, artificially generated by ether, for the purpose of giving to hospitals, factories, &c., the normal amount of atmospheric ozone, about one ten thousandth part. I believe its use might be made the means of preventing pyæmia, hospital gangrene, and other consequences of impure air. I think it would be specially serviceable in lying-in establishments. Sheets, bedding, clothing, lint, carded cotton, bandages, paper, and many other substances may be ozonized, and thus rendered active disinfectants by sprinkling a few drops of ozonized ether over them.

"Before I ozonize a patient's room, I always ascertain the necessity for doing so by the use of the permanganate of potash test, first recommended, I believe, by Dr. Angus Smith. By this means the relative purity of the atmosphere can be readily obtained. The use of one of Rimmel's rafraichisseurs I have found to answer the purpose very well,

when I have been anxious to rapidly diffuse ozonized ether through the atmosphere of a room."

The paper I refer to as having been sent to the *Lancet* by the September mail, though acknowledged on the 25th of November, was not published till the 3rd of February.—I am, Sir, your obedient servant,

JOHN DAF, M.D.

Geelong, Victoria, July, 1886.

ON THE PROPHYLAXIS OF ASIATIC CHOLERA BY MEANS OF DILUTE SULPHURIC ACID.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am kindly favoured with copy from the *Philadelphia Reporter* of remarks on my introduction of dilute sulphuric acid as a prophylactic in cholera. After I had placed the inmates of the Belfast District Asylum, numbering at the time, I believe, nearly four hundred souls, under the sulphuric acid regimen, no further cases of the malady ensued. All the current cases of diarrhœa did well. None of them passed into algid cholera. My intention now is to show, and, so far as the above remarkable circumstance can be taken in proof, to prove that Asiatic cholera, in the vast majority of instances, or possibly in all instances, may be arrested during the period of incubation, and before diarrhœa even has set in, by the exhibition, once or twice daily, of a drachm or half a drachm of the dilute sulphuric acid in a draught of plain or peppermint water. If the proposition which I here set forth be correct, or even proximately correct—namely, the Asiatic cholera may be invariably arrested while as yet in the hatching or incubation period, its importance is momentous in the extreme. I myself am assured that, coupled with ordinary sanitary observances, dilute sulphuric acid has this power. Few out of India can have had a larger experience of Asiatic cholera than I have had. I consider that I am in a position, if any one be so, to urge this matter upon the attention of the profession. And I entreat, most earnestly, every one, who may be afforded an opportunity, to put the matter to the test. The exhibition of the dilute acid is attended with no risk or inconveniences whatever. It is calculated to inspire the utmost confidence. And I firmly believe, in virtue of the unity of life and organisation, that, literally and truly, it places in our hands the power of rescuing millions.—Yours, &c.,

HENRY MACCORMAC, M.D.

THE CONTAGIOUSNESS OF CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The following facts, in my mind, are quite conclusive on the question of the infectiousness or contagiousness of cholera:—

I was called out at nine o'clock A.M. on Sunday, 7th Oct., to visit a young woman in my district who was attacked with cholera at 6:30 A.M. I found her with all the symptoms well developed, and immediately gave her medicine which I carry about me in cholera epidemics. Her infant, aged about seven months, was in the same bed with her, and was, as I was afterwards informed, suckled by her as long as she had milk in her breasts. Before I left the house the family directed my attention to her little boy, aged two years and ten months, who had diarrhœa for some days. He appeared to be very unwell, and was getting that peculiar expression of countenance designated "Facies Cholericæ." I ordered him to be wrapped in warm blankets, put to bed, and to have a little brandy occasionally, and mother and son to take the medicines prescribed as directed. At my second visit (one o'clock P.M.) I found them both much worse, and far advanced in the stage of collapse. They both died at 3:30 P.M., in two hours after my second visit.

The infant, who sucked this young woman, and was in the same bed with her during her illness, has been and is at the present time in good health.

As this case needs no comment, I will leave it to my medical brethren to draw their own conclusions, and remain, dear Sir, yours,

GEORGE BRASSINGTON, L.K.Q.C.P. & F.R.C.S.I.,
Medical Officer, Rathmines.

18th October, 1866.

THE ELEMENTS OF MUTTON SUET.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have read with much surprise a statement in the second part of Dr. Ogle's Lecture, contained in your number of October 17, to the effect that Chevreul, a French chemist, has recently found the existence of no less than *twenty-nine distinct elements in mutton suet*. In the ninth edition of Fownes's "Manual," published in 1863, p. 115, a list of sixty-four elements is given. Will Dr. Ogle kindly inform us which of these sixty-four constitute the twenty-nine occurring in suet? The discovery is so remarkable that it is more probably due to Dr. Ogle than to Chevreul.—Faithfully yours,

A CHEMICAL STUDENT.

SUCTION OPERATIONS FOR CATARACT.

TO THE EDITOR OF THE BRITISH MEDICAL JOURNAL.

SIR,—The letters of Messrs. H. Greenway and W. P. Swain, in the last number of the *Journal*, headed "Recent Improvements in Surgery," remind me that "suction-instruments" (of a kind) for the "removal of cataracts" have been for generations in use, though not, perhaps, in Great Britain, nor in Europe.

The Cingalese (native) surgeons have been in the habit, from time immemorial, of employing suction by the mouth in the removal of cataracts, hard and soft.

The mode of operating—as described to me some twenty years since by a native practitioner then residing near Colombo—is this:—The patient being placed in the semi-recumbent posture on a couch or sofa, the surgeon, standing at the head, rests, simply, the cutting part of the knife—which is of a rude triangular shape, becoming broader and broader as it reaches what may be called the apex of the instrument—on the cornea, and (strange though it seems) directly in front of the pupil. The mere weight of the knife opens the anterior chamber; when, on the escape of the aqueous fluid, the operator applies his mouth over the eye and sucks up the cataract.

I may add that medical practitioners (Cingalese) called now and then at the Colombo General Dispensary, to witness my own operations for cataract—performed, as they were, in the ordinary way—with the view only of comparing with them their own modes of manipulation and extraction of the opaque lens—or, what is the same thing, their own not recent but old-fashioned practice.

Apropos to this matter, permit me to quote these words from the admirable address delivered, a few weeks since, at Edinburgh, before the Medico-Psychological Association, by Dr. W. A. F. Browne:—"The study of the literature of medicine has become absolutely imperative, were it for nothing else than to prevent re-discoveries, and the prosecution of inquiries long since exhausted."—I am, &c.,

JAS. GEO. DAVEY, M.D.

Northwoods, near Bristol, Oct. 8th, 1866.

Medical Obituary Notices.

THE LATE WM. MADDEN, Esq., M.D., GOVERNOR OF THE APOTHECARIES' HALL OF IRELAND.

WE last week briefly announced the sudden decease, at the advanced age of 81 years, of the above estimable gentleman, at the time of his death probably the oldest medical practitioner in Dublin. Dr. Madden was, we believe, the last survivor of those medical students who attended the lectures of the late Sir Philip Crampton in the school established by him at the rear of his house in Dawson-street. He obtained the licence of the Apothecaries' Hall in 1812, and was subsequently for upwards of forty-seven years a member of the Court of Examiners of that body, having on five or six different occasions been elected to the office of governor, to which he was for the last time chosen on the 1st of August in the present year. By his professional brethren and the public he was highly respected, and during a great portion of his life he enjoyed an extensive practice.

Dr. Madden was remarkable for energy and activity in every department of life. He was for fifty-two years a member of the congregation now meeting for worship in the Presbyterian Church on Ormond-quay, and was foremost in every good work undertaken in connection therewith. In his charities he was liberal and unostentatious; many a family in deep distress has had a comfortable meal sent home to them, and never known the source whence their wants were supplied. His funeral was largely attended, and on the route from his residence in Blackhall-street to Mount Jerome Cemetery it stopped at the church just mentioned, where an address was delivered by the Rev. Mr. Black to a large assemblage, composed of members of several denominations of Christians. On this occasion the pulpit, galleries, &c., were draped in black, and the orphan children, so long the objects of the tender care of him whose removal they now bewailed, were clad in deep mourning. Well did the minister choose for the theme of the address above referred to, and from which some of the foregoing particulars are taken, the words: "Blessed are the dead which die in the Lord, for they rest from their labours and their works do follow them."

DEATH OF DR. GLASCOTT RICHARD SYMES.

IT is our sad duty to record the death of Dr. Glascott Richard Symes, which took place at his residence in Dublin on Wednesday, October 10, of rheumatic fever, at the early age of twenty-nine. In him the Irish School of Surgery has lost one of the most promising and talented of her younger sons; the kindness and generosity of his disposition endeared him to all who came in contact with him, while his high intellectual attainments, coupled with untiring zeal and love for the real work of his profession, soon marked him for a prominent position in its ranks.

Educated in Trinity College, Dublin, he laid a solid foundation for his future success, having obtained a Moderatorship in Experimental Physics. As a student in medicine, he was distinguished for great ability and unwearied application, which won from him the gold medal of the Pathological Society, for an elaborate and practical essay on the diseases of the breast. Shortly after he obtained his qualification, Dr. Symes was appointed Resident Surgeon to the Adelaide Hospital. On the establishment of the Medical School at Dr. Steevens' Hospital, where he had received his practical education, he was nominated Curator of the Museum and Anatomical Demonstrator, which office he discharged with the highest efficiency, until the post of Resident Surgeon falling vacant, he was promoted thereto, and subse-

UNIVERSITY OF ABERDEEN.—Drs. David Fiddes, Wm. Henderson, and Wm. Keith have been elected Examiners for Graduation in Medicine for 1866-7; and Dr. David D. Brown has been appointed Assistant to the Professor of Materia Medica and Medical Jurisprudence.

quently was elected Assistant-Surgeon to the hospital and Lecturer on Practical Anatomy in its Medical School. As a teacher Dr. Symes was respected and beloved by his pupils to whom he communicated his ideas in a clear forcible and pleasing style. As an hospital surgeon he entered on his work with all the ardour and enthusiasm of a fresh and vigorous mind engaged in the pursuit of a profession to which he was devotedly attached. His contributions to the literature of surgery, consisting chiefly of clinical reports, proved him to be a bold and intrepid, yet a thoughtful surgeon. As a reviewer, he was keenly critical and searching, but the natural gentleness and amiability of his disposition rendered his criticism free from any approach to harshness or invective. Dr. Symes was the inventor of a simple but ingenious instrument for opening tonsillitic abscess, and a splint of much value in the treatment of complicated fractures of the leg. He has left a wife and three children to mourn his irreparable loss—a loss which will be participated by his sorrowing friends, his pupils, and his colleagues.

MEAT PRESERVATION.

A NEW process of salting has lately been introduced by a Mr. Williams, long resident in South America, which promises admirable results. Instead of the clumsy old method of cutting the flesh into slices, he drives brine with great force through the circulatory system, forcing out the blood before it. In ten minutes an ox can be thus salted, the brine so thoroughly penetrating every capillary of the carcass that "a few seconds suffice for the brine to infuse the whole body; when by cutting the ear or hoof of the animal a stream of a clear pure brine untainted by a single particle of blood will naturally be seen to flow." So says her Majesty's Consul, Mr. Ford, in his report to Lord Clarendon. The advantage of this process is that none of the nourishing qualities of the meat are carried away by the salt. Large quantities of this beef have been introduced into Liverpool, and met with an instant sale.

But there can be little doubt that even the best salted meat will receive no universal welcome from Britons. We are not living in a permanent state of siege, and therefore will not put up with siege provisions. It is therefore with lively interest that we are informed that prime South American beef and mutton is now brought uncooked in joints, as cut from the animal. How this can be accomplished, considering that it has to traverse 6000 miles of ocean, or to cross the line, seems a puzzle. The dinner in the City the other day, at which the guests were regaled upon the first meat so imported into this country, afforded a satisfactory proof that the problem of preservation is now in the way of being solved. The dishes were excellent, and if there was any perceptible flavour which puzzled the critical taste, it was ascribable to the fact that the tins in which the meat was packed were lined with pine wood, which imparted a slightly resinous taste to it. Poplar wood, we are informed, which is quite tasteless, will in future be substituted. The method by which the meat is preserved in its fresh state is simply the abstraction of the oxygen from the tin case in which it is hermetically sealed. This is done in a very ingenious manner. The oxygen is driven out by water, which is poured into the tin from below, and pushes the air before it through an aperture at the top. At the moment it is all expelled the water is drawn off again, and a non-oxidizable gas, the nature of which is a secret, follows and fills the canister, which is then soldered down. As long as the canister remains intact, the meat remains perfectly fresh, and, what is of great consequence, it remains so for a longer time after it has been opened than fresh beef will keep in this country. The meat can be dressed in any manner, exactly as we dress home-grown beef and mutton. The value of this principle of arresting putrefaction has long been recognised and indeed put in practice. We bring salmon and lobsters from Norway packed in ice, and the preserved cooked meats supplied to the navy are defended against decomposition by the withdrawal of oxygen from the packing-cases; but Messrs. Sloper and Paris, who have patented the South American process, are

the first to show the practicability of moving the undressed carcass from one side of the globe to the other without in the least deteriorating its quality. If we can do this with beef and mutton, we can do it with every other kind of flesh. Wallachia and Moldavia, where flocks and herds roam in vast quantities, may be drawn upon for our home supply; in short, wherever there is abundance of animal life and water carriage is at hand, there we may look for our supplies. England has long ceased to depend upon our own fields for grain crops, and she must go afield for her meat supply. What butcher would have believed a dozen years ago that Holland would send us joints of beef and mutton to market? But they may be seen at Newgate Market any morning, and when the temperature is moderately low they bear the voyage very well; the prices ranging from 5d. to 7d. per pound.

Notices to Correspondents.

A Chemical Student.—The letter is inserted.

The Pharmaceutical Society of Great Britain.—The list is inserted.

Mr. Maxwell.—If possible in our next.

Communications received:—Obituaries of Drs. Snow and Barlow. We hope to publish them in our next.

Dr. Scott, Aghnacloy.—We regret that we do not represent your opinions on the question. We are anxious to give a full hearing to every side, and our columns are open to you.

Medical News.

THE QUEEN'S UNIVERSITY IN IRELAND.—At the annual public meeting of the Queen's University in Ireland to confer degrees, the following degrees, diplomas, and certificates were conferred:—

The Degree of M.D.

Third Class—George Gray, Belfast.

Unclassed—John Albert Anderson, Belfast; Henry Schofield Baldwin, Galway and Belfast; Thomas Carmichael, Belfast; Thompson R. Clarke, Galway; Thomas St. John Clerke, Cork; William Collins, Cork; James Conolly, B.A., Galway; John Kelly Conway, Galway; John Snow Allen Cunningham, Galway; George McBride Davis, Belfast; James Reid Dickson, Belfast; George J. Gibson, Cork; Anthony Gorham, Galway; Joseph Reay Greene, Honoris Causa; Alexander Heron, B.A., Belfast; John F. Hodges, M.D., Honoris Causa; David Johnston, Belfast; Robert Peel McAlevy, Belfast; Frederick McClement, Belfast; John McCaulay, Belfast; Newenham Maher, Galway; Hickman Morgan, Cork; Andrew Mullan, M.A., Belfast and Cork; Edwin Field Nelson, Belfast; John O'Connor, Cork; William Arthur O'Connor, Cork; Daniel O'Connor, Cork; Samuel Parke, Belfast; Robert Vincent Power, B.A., Cork; James Hutton Ritchie, Belfast; John Ralph Ross, B.A., Galway and Belfast; James Edwd. Saunderson, B.A., Galway; William Sharpe, Belfast and Galway; William Stephens, Galway; William Thornley Stoker, Galway; Edmund Townsend, B.A., Cork; William Henry Warren, Galway; George Vesey Wood, Galway, Cork, and Belfast; William Wylie, Belfast; Alexander Young, Belfast.

For the Degree of M.Ch.

Thompson R. Clarke, Galway; William Collins, Cork; George J. Gibson, Cork; George McBride Davis, Belfast; Barry Delaney, M.D., Cork; Alex. Filson, B.A., M.D., Belfast; G. Gray, Belfast; John Kennedy, M.D., Belfast; Henry Lupton, M.D., Galway; John Wilson McCloy, M.D., Belfast; Edward Louis McSheehy, M.D., Cork; Pierce Mansfield, B.A., M.D., Cork; John W. Mulligan, M.D., Belfast; John O'Connor, Cork; Wm. Arthur O'Connor, Cork; James J. Louis Rattan, M.D., Cork; James Hutton Ritchie, Belfast; James Edward Saunderson, M.D., Galway; Edmund Townsend, B.A., Cork; George Vesey Wood, M.D., Galway, Cork, and Belfast.

First University Examination in Medicine.

Second Class—Thomas W. Charles, Belfast.

Third Class—William F. Newsam, Cork; Gordon Price, Belfast; William Price, Belfast; William H. Saunderson, M.A., Galway.

Unclassed—Isaac Henry Anderson, Belfast; Mark Edward Anthony, Cork; John Barry, Cork.

Unclassed—William Fuller Bennett, Cork; John Stewart Boyd, Belfast and Galway; Thomas Carmichael, Cork; James Chatterton, Cork; Robert Delacour Corbett, Cork; William Scott Core, Belfast; Timothy Crowley, Cork; John Snow Allen Cunningham, Galway; Francis A. Davy, Galway; Eugene Victor De Meric, Galway; William Dobbin, Belfast; John Donovan, Cork; Humphrey John Donovan, B.A., Cork; John Dundee, Belfast; Alexander William Duke, Galway; James Dundee, Belfast; James William Fisher, Cork; Edmund Maur Fitzgerald, Cork; John Francis Fitzpatrick, Cork; Robert Gage Fleming, Belfast; Michael Uppington Greany, Cork; Eugene Hamilton, Cork; George Percival Hadley, Belfast; Charles Sidney Heap, Cork; Alexander Heron, Belfast; Matthew Horgan, Cork; Robert Hunter, Belfast; John Jennings, Cork; Leslie Jones, Cork; Hugh Joseph Kean, Cork; Christopher William Keays, Cork;

Joseph Lindsay, B.A., Belfast; Terence J. A. Lynam, Galway; Frederick Lyons, Cork; Thomas Lumsden, Cork; Michael Mahon, Galway; Timothy Brown MacAuliffe, Cork; Charles McConaghey, Galway; William McConaghey, Galway; David McKee, Belfast; John Malone, Galway; Patrick Martin, Cork; John W. Martin, Galway; John N. Nason, Cork; Richard O'Brien, Cork; Jas. J. O'Brien, Cork; Daniel O'Connor, Cork; Thomas Pegum, Cork; Charles Gore Purcell, Cork; William Robinson, Cork; John Ralph Ross, Galway; Francis Roche, Cork; Richard Ryan, Cork; James Hutton Ritchie, Belfast; Thomas Henry Sandford, Cork; John Sisk, Cork; William Stephens, Galway; John C. Sugars, Galway; Geo. William Thompson, Belfast; James Trimble, Belfast; Alexander Trousdell, Cork; Michael Francis Ward, Galway; Alexander Young, Belfast.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such at a meeting of the Council on the 11th inst. :—

Collins, John Hammett, Jumalpole, East Indies; diploma of membership dated July 26, 1839.

Cumming, Robert Butterfield, M.D. St. Andrews, Malpas, Cheshire; June 16, 1835.

Hallsorth, Samuel Marsden, Atherstone, Warwickshire; October 2, 1840.

APOTHECARIES' HALL OF LONDON.—The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise, on Oct. 4th :—

Smith, Henry, Blackrod, Chorley, Lancashire.

The following gentlemen also on the same day passed their first examination :—

Anderson, William, St. Thomas's Hospital.

Fawsitt, Thomas, Manchester Hospital.

Prior, Richard Henry, King's College Hospital.

Waller, Arthur, St. Thomas's Hospital.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—On St. Luke's Day, the 18th instant, the annual stated meeting took place, agreeably to the provisions of the Charter of 1692. The following officers were elected for the ensuing year :—

President—William Stokes.

Vice-President—William Moore.

Censors.

William Moore.

Wensley Bond Jennings.

Thomas Waugh Belcher.

Samuel Gordon.

Treasurer—Henry Law Dwyer.

Registrar—Lombe Atthill.

Honorary Librarian—Thomas Waugh Belcher.

Librarian on Sir P. Dun's Foundation—Hugh James Fennell.

Representative on the General Medical Council—Aquila Smith.

Professor of Midwifery—Edward Burrows Sinclair.

Professor of Medical Jurisprudence—Robert Travers.

Examiners in Midwifery—John Ringland, George Johnston.

Examiners in Arts—John Ringland, Thomas Waugh Belcher, Arthur

Wynne Foot.

Agent to College Estates—Richard Uniacke Roberts.

At the same meeting the following gentlemen, Licentiates of the College, were duly elected Fellows :—

Henry Edward Eastlake (of London), M.A., Phil. Doc.

Henry Haswell Head (of Dublin), M.D., Edin.

The Honorary Fellowship was conferred on the following :—

A. Trousseau, Professor of Clinical Medicine, Paris.

Sir Thomas Watson, Bart., M.D., and sometime Fellow of St. John's College, Cambridge; President of the Royal College of Physicians of London.

Alexander Tweedie, M.D., Edin., Fellow of the Royal College of Physicians of London.

DEATH OF M. ROSTAN.—M. Rostan, Honorary Professor to the Faculty of Medicine of Paris, one of the celebrities of French scientific medicine, has just died of diabetes at the age of 77. He always exhibited a remarkable affection for the medical students, and this trait was exhibited remarkably by the fact that when he felt his end approaching he removed from his own house to the neighbourhood of the schools. "He could not bear," he often repeated, "that his dear pupils should be obliged to go so far in order to follow him to his last abode."

A COMMITTEE of the Lords of Her Majesty's Most Honourable Privy Council sat a few days ago at the Council Chamber, Whitehall, on the subject of the Cattle Plague. The lords present were the Right Hon. Spencer Walpole, and the Right Hon. H. Corry. Mr. Helps and Colonel Harness attended the committee.

THE Commissioners of the Metropolitan Police of Dublin report, that the number of houses in that city which are destitute of those appliances and means of cleanliness on which the health of the inmates depends is 1648.

At the last Old Bailey sessions, Dr. Juler prosecuted two youths for attempting to extort money by an odious accusation against him, and they were convicted and received a sentence of seven years' penal servitude. Last week a warrant was applied for and granted against the doctor for perjury. He got information of this, and absconded.

THE CONTAGIOUS DISEASES PREVENTION ACT, 1866.—The Lords Commissioners of the Admiralty and the Secretary of State for War have appointed Dr. Peter Leonard to be Inspector of Certified Hospitals under the above-mentioned Act. Notice is hereby given that William H. Sloggett, Esq., Staff Surgeon, R.N., appointed Visiting Surgeon under the provisions of the Contagious Diseases Act of 1866, notice of whose appointment appeared in the *Gazette* of the 2nd of this month, has been appointed Visiting Surgeon at Plymouth and Devonport, and not Devonport only, as formerly notified.

LABELLING BOTTLES.—A "Travelled Parson" writes : In some parts of Germany every bottle containing poison is labelled with a death's head and cross bones, as black as printer's ink can paint them. Every parcel of poisonous medicine sent to a patient has a similar label over the address. Pray help me to urge upon our chemists and druggists the adoption of this very simple method, which is plainly within the comprehension of the dullest boy that ever handled a pestle and mortar.

PRISON PUNISHMENTS.—Dr. M'Donnell, the Medical Superintendent of Mountjoy Government Convict Prison, in his report on the past year expresses his regret that public opinion has of late set so strongly against corporal punishment. The result is that prison punishments are awarded, which tend to develop scrofulous diseases, from which the criminal class suffer so greatly, and which occasion so large a proportion of the mortality in our convict prisons. Restricted exercise, insufficient clothing, and curtailed diet are all of them objectionable as punishments for prison offences. A high scale of diet, Dr. M'Donnell reports, is not necessary for convicts; the great majority of them do not so feel the degradation of their position as to be depressed by it and to require the counter action of additional food, and the few who do take it much to heart, so as to get out of health, do not ask for more food, and could not digest it if they got it. The scale of diet should, of course, be as economical as is compatible with the maintenance of health, but then a diet punishment is inadmissible, and it gives a kind of triumph to the offender if he is taken off punishment by order of the medical officer. Curtailed diet, tells quickly on those who are still growing, and also on the elderly. After some days a low degree of fever begins, with considerable thirst. Experienced offenders, however, do not drink, they merely dip the tongue in water. They do not allow themselves to drink water freely until the period of punishment is nearly up: then they take water copiously. Handcuffs make a severe punishment, and the general health does not suffer much. The dark cell, according to Dr. M'Donnell's report, is now rarely or ever used; but when it was he did not find that it produced the terrible effects attributed to it.

COCHINEAL.—The imports of cochineal from the 1st of January to the 1st of September last amounted to 4662 bags of Honduras, 870 bags of Mexican, and 6460 bags Tenerife, making a total of 11,992 bags; the deliveries to 3928 bags of Honduras, 809 bags of Mexican, and 7852 bags of Tenerife, making a total of 12,589 bags; and the stock in hand to 2687 bags of Honduras, 666 bags of Mexican, and 1709 bags of Tenerife, making a total of 5062 bags. The imports to the same period last year amounted to a total of 8535 bags, the deliveries to 10,664 bags, and the stock on hand to 4939 bags.

HYDROPHOBIA.—EXTRAORDINARY CASE.---At an inquest held on the 5th instant, at Bradwell, Bucks, on the body of a child who died from hydrophobia, a witness stated :—"I saw the deceased child after it was bitten by the dog, which was about nine weeks back, and was requested by the father of the child to give her some of the liver of the dog, and he was to get some from the dog, which had been killed and buried. I accordingly went to the house—it was either the day after the child was bitten or the next day. The mother cut off a piece of the liver, weighing about an

ounce or an ounce and a half. I frizzed it before the fire on a fork, for a few minutes, till it was well cooked and fried up, and then gave it to the child, with some bread. She ate it freely, about two mouthfuls, and had some tea after it." The grandfather and parents of the child were anxious for the liver to be given, thinking it would prevent the bite of the mad dog taking effect, as formerly an uncle of the child had escaped hydrophobia after having been bitten, and having taken some of the liver of the dog which bit him. In that case, it is stated, the carcass of the dog had been in the water nine days before the liver was taken out.

Appointments.

LONDON.

DR. MACKINTOSH has been appointed Surgeon for the Western District of the Chelsea, Brompton, and Belgrave Dispensary, Sloane-square, vice J. Starling, L.R.C.P.L., resigned.

MR. W. POWELL has been appointed House-Surgeon to the Charing-cross Hospital, vice Mr. Airey, resigned.

PROVINCIAL.

MANSER, F., M.R.C.S.E., has been appointed House-Surgeon to the Tunbridge Wells Infirmary.

MR. G. RAINE, of Guy's Hospital, has been appointed House-Surgeon and Dispenser to the West Ham, Stratford, and South Essex Dispensary, vice Adams, resigned, on receiving an appointment at the London Hospital.

T. REYNOLDS, M.R.C.S.E., has been appointed Medical Officer for the West Drayton District of the Uxbridge Union, vice R. King, M.R.C.S.E.

AMOS INGHAM, M.D., has been appointed Certifying Factory Surgeon for Haworth, Yorkshire, vice E. S. Hall, M.R.C.S.E., deceased.

J. F. JONES, L.F.P. & S. Glas., has been appointed Medical Officer for the Llanegrynny District of the Dolgelly Union.

R. L. JORDISON, M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Hornchurch District of the Romford Union, vice J. J. M'Aldin, M.D., resigned.

J. S. WALKER, M.D., has been appointed Medical Officer of Health for Hanley, Staffordshire, vice J. Scott, M.R.C.S.E., deceased.

R. WILMOTT, M.R.C.S.E., has been appointed Medical Officer for the Colne Union, Wilts, vice J. D. Bishop, M.R.C.S.E., resigned.

J. A. BRIGHT, M.R.C.S.E., L.S.A., has been appointed Surgeon to the County of Somerset Constabulary Force. Mr. Bright has also been appointed Public Vaccinator and Poor-law Medical Officer to the 3rd District of the Wells Union.

H. W. COLEMAN has been appointed Assistant Resident Medical Officer to the Leeds General Infirmary, vice Mr. L. Hirst, resigned.

H. V. GARMAN, M.R.C.S.E., has been appointed Medical Officer for the North District of the Poplar Union, vice W. T. G. Woodforde, M.D., resigned.

J. F. HENDERSON, M.D., has been appointed Medical Officer for the Kirkby Stephen District and the Workhouse of the East Ward Union, Westmoreland, vice W. D. Blades, M.R.C.S.E., resigned.

IRELAND.

R. SHAW, L.R.C.S.I., has been appointed House-Surgeon and Apothecary to the Westmoreland Lock Hospital, Dublin, vice B. F. M'Dowell, M.B., appointed Visiting Surgeon.

P. HENDRICK, L.R.C.S.I., has been elected Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Kilmakevogue Dispensary District of the Waterford Union, vice J. D. Kelly, L.R.C.P.Ed., resigned.

W. STEWART, M.D., has been appointed Medical Officer for the Portadown Dispensary District of the Lurgan Union.

SCOTLAND.

WOLSTON, W. T. P., M.B., has been appointed Resident Medical Officer of the Royal Hospital for Sick Children at Edinburgh.

J. A. LOTHIAN, M.D., has been appointed Medical Officer for District No. 7 of the City Parish of Glasgow, vice P. Morrison, M.D., resigned, and since deceased.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

LONDON—BIRTHS.

BARCLAY—Oct. 2, Bruton-street, Berkeley-square, the wife of Dr. Barclay, of a son.

BROWN—On Oct. 11, at Hampstead, the wife of Dr. Gossett Brown, of a daughter.

GOULLET—On Sept. 26, at The Firs, New Wimbledon, the wife of Dr. Goulet, of a son.

KEMPSTER—On Oct. 9, at Oak House, Battersea, the wife of W. H. Kempster, M.R.S.E., of a son.

MARRIAGE.

COLES—HANKS.—On October 13, at St. Luke's, Cheltenham, W. S. Coles, M.D., Surgeon-Major, Bombay Army, to Emma, only daughter of the late John Hanks, Esq., of Cold Aston, Gloucestershire.

DEATHS.

WALNE.—On the 3rd inst., at Guildford-street, Russell-square, after a short illness, D. Henry Walne, F.R.C.S.E., Consulting Surgeon to the German Hospital, and Vice-President of the Society for the Relief of Widows and Orphans of Medical Men.

BARLOW.—On October 13, at Longton Lodge, Sydenham, G. H. Barlow, M.D., aged 60.

Merrion Baths & Ladies' Bathing Place.

Hot, Vapour, Douche, Sitz, Wet Sheet or Dry Blanket Sweating Baths. These Baths are beautifully situate, close to the Railway station and the nearest pure sea water to Dublin, therefore an invaluable retreat for the convalescent. Baths of every Kind always ready.

T. H. BENSON, PROPRIETOR.

P.S.—Busses ply daily every hour to and from Dublin and Merrion.

Cow-Pock Institution, 45, Upper Sackville-Street, DUBLIN (1804).

Patron—His Excellency the Lord Lieutenant.

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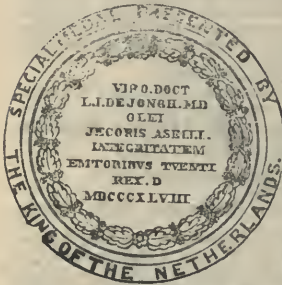
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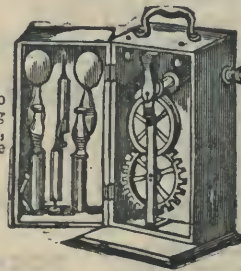
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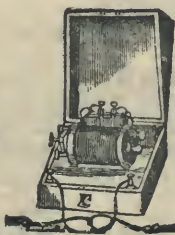
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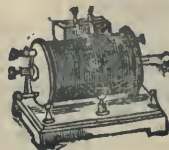


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CASE OF
ALBUMENOID URÆMIC CONVULSIONS ON
EIGHTH DAY AFTER DELIVERY:
RECOVERY.By THOMAS TELFORD, M.D., L.R.C.S.I. & E.
ASSISTANT-PHYSICIAN, ROTUNDA HOSPITAL.

MARGARET GIBNEY, aged 38, was admitted to the Dublin Lying-in Hospital on September 6th in labour of her third child. I was called to see her immediately, in consequence of the very debilitated condition she was in. Her general appearance conveyed the idea of great anæmia and extreme exhaustion; her face, hands, and lower extremities were enormously œdematous, pitting on pressure, and her breathing laboured. She was also suffering from severe diarrhœa of an extremely offensive nature, so much so, that we were obliged to use disinfectants very freely before we could make any further examination of her case. The surface of the body was cold; the pulse very slow and weak, only 54 in the minute; the heart's action irregular, and her strength very much diminished. Notwithstanding all this the uterine action was strong and regular. She was ordered four ounces of wine immediately, a mustard plaster applied over the heart, and warmth to the extremities. On making an examination, the labia were found to be œdematous and distended to the size of a fœtal head; she was in the second stage of labour, the head presenting. On consultation, immediate delivery was decided on, as we were in dread either that she would have an attack of convulsions or die undelivered. The fœtal heart was next carefully sought for, but could not be heard. However, as the head was low down, and there being plenty of room, we determined to deliver her with the forceps. The urine was drawn off, and delivery accomplished with the greatest ease. The child, a female, was alive and quite healthy; thus showing that the fact of not hearing the fœtal heart is not positive proof of the child's death, unless it has been audible at some previous part of the labour. The placenta was expelled in five minutes, and as there was no hæmorrhage the binder was applied. External warmth was kept up, and she was ordered some more wine, a full anodyne, and beef-tea diet. On questioning her as to her previous history, she told me that she had not had a child for the last thirteen years, though she had an abortion some eighteen months since; that she had enjoyed good health till the last eight months, when she perceived the swelling of her extremities. Though not an habitual drunkard she has committed excesses whenever an opportunity presented, and has been exposed to a great deal of poverty and hardship, earning her living chiefly as a charwoman. She had no medical treatment before admission.

September 7th. Has rallied considerably since yesterday; the œdema of face considerably increased; heart's action quieter, respiration more tranquil, and the pulse 64, and of good volume. To continue her wine and beef-tea diet. On the addition of heat and nitric acid to a portion of her urine, it became converted almost into a solid mass.

9th. The breasts are full and distended with milk; œdema still continues undiminished. Ordered half-drachm doses of the compound powder of jalap every

second day, to have imperial as a drink, and this mixture:

℞ Tinct. mur. ferri, ʒiij.
Infusi quassia, ʒij. M.

ʒi. three times a day. To continue wine and beef-tea.

On the sixth day she had chop diet, and seemed to be going on steadily to convalescence, the œdema having considerably diminished.

14th (eighth day). At six A.M. she had an attack of convulsions, of which we had all along been apprehensive; the fits were very severe and prolonged, consciousness not being established between them. She was immediately ordered a turpentine and fœtid enema, and mustard stupes to the legs. At nine A.M., the fits continuing, the enema and stuping were repeated, the top of the head blistered with vesicating collodion, a bladder of ice applied to the forehead, and she was ordered four ounces of wine and an ounce of the following mixture every four hours:—

℞ Ar. spt. ammonia, ʒij.
Etheris chlorici, ʒiij.
Spt. etheris nitrosi, ʒiij.
Aquæ ad. ʒvii. M.

The pulse at this time was 100. During the day the fits returned at varying intervals, the longest being five hours. At the evening visit she was lying in a semi-unconscious state, from which she was roused with great difficulty; the pulse 120. As the blister had only partially risen on the head, the collodion was reapplied, and the other treatment continued.

Her case now seemed a hopeless one, and our prognosis was anything but favourable. At half-past ten she had a very severe fit, during which she lacerated her tongue very much. The fits now became very quick in succession, and her pulse rose to 130. The stuping to the legs was repeated, and the blistering fluid applied to the upper portion of the spine. She was ordered to have more wine during the night.

16th. Passed a very restless night, continually tossing about the bed, but had no return of the convulsions; pulse 116; wine and beef-tea diet. In the evening she was extremely restless we were induced to give her a draught containing half a drachm of solution of muriate of morphia, with half a drachm of chloric ether in an ounce of water. This produced the desired effect, and she passed a pretty quiet night.

17th. Appears much better; the pulse has fallen to 92, and her mind is clearer. On the following day (18th) the powders of comp. jalap were repeated, imperial given as a drink, and her iron mixture renewed; the œdema of the extremities considerably diminished; her legs were well rubbed and then bandaged with flannel; the urine still contained a considerable quantity of albumen. From this time her convalescence was steady and rapid. She left hospital on the 27th day of September, just three weeks after delivery. We would have wished her to remain longer, as the urine was still albuminous, but her private arrangements prevented her.

I would not have gone so minutely into this case but that I consider it one of extreme interest, when we remember the debilitated condition in which this patient was admitted (any one who saw her, thinking she would not live more than a few hours); the steady convalescence which she made for some time; the late period at which the convulsions came on, their frequency—there being eleven fits—and the favourable result; we must allow this to be a remarkable case. The plan of treatment adopted after the accession of convulsions was altogether stimulating and nutritive, the idea of any depletion being altogether discarded, owing to the patient's previous state.

The causes of convulsions have been classified according to the condition of the blood, into the hyperæmic, anæmic, and toxæmic. We, however, often find those conditions more or less combined, and, if we bear this in mind, I think our treatment will be attended with more success. Toxæmia may be associated with either a hyperæmic or anæmic condition; in the first case depending more on the

effects of pressure producing a congested condition of the kidney leading to albuminuria and consequent uræmia; in the second more frequently depending on organic disease of the kidney. Hence, the difference in the treatment of uræmic convulsions; for while in the one case depletion is beneficial, in the other it is positively injurious.

ON CRANIOTOMY.

By G. de GORRQUER GRIFFITH,

PHYSICIAN TO THE HOSPITAL FOR WOMEN AND CHILDREN, PIMLICO; PHYSICIAN-ACCOCHEUR TO THE SAVIOUR'S MATERNITY; SOME TIME HOUSE-SURGEON AT THE HOME FOR DISEASES OF WOMEN.

IN your number for September 12th, 1866, I published two cases of craniotomy; in the paper I took exception to some observations made by Dr. O'Flynn in his article on the same subject.

Dr. O'Flynn has replied to my exceptions, and to his reply I now make answer.

I would first say that I trust I have not given annoyance or offence by my strictures or queries, since my object was not to annoy or offend, but to obtain more complete ventilation for the subject, and to elicit from Dr. O'Flynn further particulars about his method of performing craniotomy. My remarks were altogether based upon an ardent desire to learn, and were not made in a carping spirit, or with the view to cause to be undervalued Dr. O'Flynn's abilities and talents. Life is too short to spend it in mere verbiage and quarrels, instead of devoting every effort to the more complete learning of that profession in which each has been placed, and in it doing—as far as in him lies—his entire duty.

I am sorry that Dr. O'Flynn does "not attach so much importance to the use of chloroform in midwifery practice as Dr. Griffith seems to do"—and does; because thereby he is an immense loser.

Within eighteen months I have attended, in the course of my private practice, about 220 midwifery cases; in many used chloroform; and in not one single instance have I cause to regret having so done, but on the contrary have every cause—under Divine blessing—to congratulate myself on the attendant success.

Dr. O'Flynn states: "The cases published by Dr. Griffith are not calculated to alter his opinion on the subject of chloroform." I think Dr. O'Flynn can urge no objection whatever to the advantage gained by having administered the drug in the second case which I have reported; nor could he possibly deny that a still *greater* advantage had been obtained in the case of the first-mentioned patient, had he stood by her bedside.

She had been in labour for some days. She had been the subject of convulsions for at least two days preceding my visit; she had been insensible for some time before I saw her; the pains had all but ceased; a very, very little uterine contraction taking place at long intervals, and having as their only effect the inducing of a convulsion; the head of the fœtus locked in the ring of the pelvis, and the patient reduced so low that I feared she might die undelivered. Though insensible, yet when pinched she showed that she experienced pain.

The medical men who were in attendance had, I believe, done everything for her but bled her, given her chloroform, and delivered her.

When I was first summoned the patient was so low that to draw blood would have been—humanly speaking—to have at once extinguished the life feebly struggling to exist—so low that, as I have mentioned in my paper, I had to order the patient to be freely supplied with stimulants—so low that, "having roused the flagging energies," then, and then only, I caused the chloroform to be administered, then, and only then, "I performed craniotomy"—so low, that I had to wait till "the flagging energies" were aroused.

Surely Dr. O'Flynn knows that when a strong woman has been in strong labour for some time, even without the concomitant of convulsions, and that these labour pains have proved ineffective to expel the child, and have ceased, or all but ceased, the patient is nearly worn out, nature nearly exhausted.

I repeat that when I had the chloroform administered the patient was insensible; but though she lay in this state she was thrown into convulsions by the feeblest uterine contractions, by mere vaginal examinations, and felt pain when she was pinched. Undoubtedly, Dr. O'Flynn, would not in this case have bled? Have bled? When the warm fluid was already becoming cold with the ice-chill of death!

Would he not rather say with me that chloroform should have been given earlier, and the patient delivered sooner? Assuredly he would! I have known patients in convulsions to be bled, aye till almost no blood has been left, and the last death struggle to be a convulsive seizure; and Dr. O'Flynn, too, knows that convulsive patients have been bled, bled, purged, purged, blistered and lowered, and yet withal die—I will not say of the treatment, but that they have died uncured by *such* treatment, have died *while under* such treatment, the convulsions having persisted up to the last hour of life.

In the case of my patient the convulsions were *immediately* stopped as soon as she was fully anæsthetized, nor did they return after delivery; but she had to be fully anæsthetized before the operation could be commenced, because the moment the fingers entered the vagina a convulsion supervened, the legs and thighs were forcibly straightened, and kept closely and tightly together so as to hinder the introduction of the instruments, much more the working with them. This difficulty could be overcome only by the agency of the chloroform, or by brute force—physical strength; and few men would like to pass the perforator into the vagina of a patient whose movements, while she was in the unconscious state I have described, depended for their control upon the steady, even, physical, force used by nurses, or even by medical men fully alive to the dangers of the operation, particularly when the patient could be anæsthetized, for the time rendered wholly insensible to all pain or anguish, and so deprived of voluntary muscular power as to offer no resistance to any manipulation. The object in giving chloroform in such cases should be not only to take away the voluntary muscular power or resistance from the voluntary muscles, but likewise the involuntary or reflex action of these same muscles.

Would it not be very difficult for Dr. O'Flynn, to operate when the patient's thighs and legs were rigidly straightened in the convulsive spasm, the thighs tightly drawn together, and the patient, in addition, every now and then moving herself uneasily in the bed?

I know that Dr. O'Flynn will meet my query by saying, "You should pause when the convulsion supervened." I would remind him that, had I done so, I should never have (without the aid of chloroform) been able to have operated, since the moment any attempt was made even to examine (much more to operate), until the patient was wholly anæsthetized, the convulsions immediately commenced. Had I paused each time a convulsion set in, my patient would have died *undelivered*.

Though I have already, I think, answered Dr. O'Flynn's query—"Why administer the drug to a person in a state of insensibility?"—I would ask him has he never seen a person insensible or unconscious from any cause, yet capable of being roused by even much less painful manipulation than is necessary in craniotomy, to such a degree as to render it extremely difficult and hazardous to perform such an operation as the one under discussion?

The records of my hospital can prove that insensibility (in the ordinary acceptance of the word) and anæsthesia from chloroform are widely different, and indeed every accoucheur of experience knows that the unconsciousness

of convulsions and the anæsthesia of chloroform are wholly different states. Moreover, I contend that Dr. O'Flynn does not answer his own question when he says, "As well might Dr. Griffith give opium to a woman in sound sleep." Surely there is a vast difference between sound sleep and the narcotism resulting from the use of opium.

Dr. O'Flynn mistakes me when he states, "Dr. Griffith tells us that *all* the fatal signs pointed to cephalic mischief," since I have told nothing of the kind. *My words are:*—"All the fatal signs pointed to cephalic mischief, and to disturbance of the entire nervous system." How different from what I am represented to have written!

Dr. O'Flynn is an old enough practitioner to know that it needs not "profuse hæmorrhage" to lower the system to the condition in which I found the patient, and that nervous exhaustion, coupled with shock, or even not so conjoined, will occasion such a state of extreme prostration as will contra-indicate bloodletting either "from the arm" or by "a few leeches to the temples."

Moreover, my remark is made to demonstrate the fact that the fatal result occurred "from cephalic mischief and from the disturbance of the entire nervous system," and not from any want of skill in the performance of the operation. I would also remind Dr. O'Flynn that our patients in London do not bear well depletory measures even in such instances as this before us, and that this patient had been freely purged and blistered without any good effect, but that chloroform alone stayed the convulsions, and arrested the involuntary action or spasm of the voluntary muscles, occasioned by reflecting irritation.

Out of the number of cases I have attended (about 220 confinements within about eighteen months) I have used chloroform pretty freely, but in not one instance with any bad effect; on the contrary, with the happiest possible results. Nor do I agree with Dr. O'Flynn that we should withhold the drug where there is distension of the cerebral vessels, nor indeed where there is a tendency to congestion, since by checking the convulsion we prevent or arrest the congestion; and if the congestion should have decidedly commenced, we relieve it by staying that spasm of the muscles which originates the congestion. Any lowering effect which the chloroform inhalation may have on the heart and arterial circulation generally may be obviated by adopting the plan which I have advised in my first paper—namely, to give stimulants *before* resorting to the anæsthetic.

I do not know why Dr. O'Flynn states, that the convulsions of my patient *resulted* "from congestion of the brain," and that "the apoplectic state had *produced* the convulsive spasms," which were so rapidly relieved by the inhalation, when the convulsions, as I have reported distinctly, depended on the uterine irritation, and as distinctly *preceded* any head symptoms, or the symptoms of general nervous prostration. It is certainly, to say the least of it, a strange and rather cool way to arrive or jump at a conclusion. "We may conclude, &c. &c.," says the doctor, and he certainly does conclude, but altogether wrongly. I have yet to learn that apoplexy and congestion of the brain was the cause of the convulsions in the case which I have brought forward, and Dr. O'Flynn's rather strange assertion *in the face of* what I published has failed to convince me. I repeat that it was the uterine excitement, not "congestion of the brain," nor any "apoplectic state," produced the convulsions, the congestion of the brain and the apoplectic state, if such at all existed, which I very much doubt, being the resultants of the long-continued convulsions. I contend, from the experience of others, and from my own amongst my own cases, as well as amongst those of others, that had the convulsions been arrested in the commencement by that agent which Dr. O'Flynn does not sufficiently value, and had the patient been delivered earlier, I should "not have to record the premature death of a young wife in her first confinement."

I would draw Dr. O'Flynn's attention to the distinction

which I made (intentionally) in my original paper between "want of consciousness" and "the insensibility to pain." The passage to which I refer occurs in the following paragraph:—"From Dr. O'Flynn's words I gather that he does not employ chloroform in such an operation. If he did the patient could not be dispirited, or, indeed, know aught of suffering; and if he would adopt the plan mentioned in the body of my paper—namely, to give stimulants before employing the anæsthetic, he will find an immense advantage gained, inasmuch as he will be able to keep his patient for hours under the influence of the drug without there being any further need for administering stimulants, *since the want of consciousness, the insensibility to pain, and the rest obtained by the chloroform, do away with the necessity for them.*" In this I have distinctly stated what I know from actual experience, that the two states, "want of consciousness," in the usual acceptance of the word, and "insensibility to pain" are widely distinct.

In answer to Dr. O'Flynn's strictures on my second case, I must first take strong objection to the manner in which he writes, and by which he impugns the truthfulness of my narrative. I am unable to state not the "*how* the pelvis became so contracted, and the sacrum so prominent during the widowhood," for it is self-evident "*how*" the contraction arose—viz., from the incurvation of the sacro-lumbar or vertebral angle, this incurvation of the sacral promontory (I did not write of the entire sacrum, as Dr. O'Flynn has it), being the immediate cause. But I am unable to state the why "the pelvis, &c.," if it be not that the deformity is due to those changes which take place at the period of life to which the patient has attained. Unless we accept this as the cause of the incurvation I am unable to assign any other. For the word "*how*," I imagine Dr. O'Flynn intended to write "*why*."

Again, I must object to Dr. O'Flynn's writing that I stated "*all* the difficulty in this case arose from the projection of the sacral promontory!" inasmuch as I distinctly have it, that an obstacle other than the projection of the promontory presented itself to my attempt at turning (and that, too, though the patient was completely anæsthetized) that other being the tight cincturing of the fœtus by the uterus. Of course this latter did not call for craniotomy, but then it *was* another difficulty in the case. If Dr. O'Flynn would "look up" the literature of the subject, I think he would not find it so difficult to understand how a woman, whose pelvis was so deformed, as that described by Dr. Griffith, could "pass through twelve confinements without requiring medical assistance in some of them." I would simply remind Dr. O'Flynn of the present age of the patient, the time of life at which her other children were born; that she had given birth to them in quick succession, and at a time of life when the bones were more yielding and the joints more capable of allowing separation; and that it is not at all unlikely that, during her widowhood, the bones—after the rapid and frequent strains upon their capabilities of being separated—had settled themselves down into a narrower calibre, partly as a consequence of the rapid and frequent strains upon them, and partly on account of their tendency to increased ossification, and in their narrowed compass had become rigidly ossified. I would note that this is by no means the first case I have attended in which a woman has, with no difficulty whatever, nay, more, with ease, given birth to children, has remained for some years without child-bearing, has again commenced, and has then experienced no little difficulty, and needed medical assistance.

Dr. O'Flynn is again wrong when he writes, "*Whatever* caused the difficulty in this case," since it is obvious from my language that "the cause of the difficulty" I experienced was the narrowing of the pelvis in its antero-posterior diameter, owing to incurvation of the sacro-vertebral angle; and I imagine that Dr. O'Flynn means "whatever caused"—not "the difficulty"—but this incurvation of the lumbo-sacral angle.

I also agree with Dr. O'Flynn in "freely admitting

that Dr. Griffith was justified in doing the operation;" but I do *not* agree with him that it was a case in which the mode of delivery suggested by Dr. O'Flynn would have proved successful; since the density and unyielding nature of the cranial bones would have proved one obstacle, and the prominence of the sacral promontory another; and, besides, the forceps, the perforator, and the hand to guide the latter, would have engaged too much space. I am a little surprised, and yet I am not at all surprised when I review the entire tenor of Dr. O'Flynn's article, that Dr. O'Flynn should dogmatically assert "I have no doubt, &c., &c." My reason for breaking up the parietal bone first was that I might work with greater safety to my patient, and greater ease to myself; and I contend that had I pursued Dr. O'Flynn's method, it would *not* at all have answered, since the cranial bones would not have collapsed sufficiently to allow the head to pass through. I found it unsafe and very difficult to work upon the os frontis with the perforator; moreover, I wished by breaking up the parietal, when I had partly broken up the frontal, to rectify the position of the head with the view of drawing it through the narrowed brim in a smaller and more favourable diameter than the one presenting; and when I found that even in this rectified position I could not abstract the head, and that, too, having to my help the leverage and power which the craniotomy forceps gives, I patiently broke up the entire skull. There was no small difficulty in withdrawing the thorax, but as it moulded itself to the deformity, gentle, steady, patient, traction overcame the impediment.

I widely differ—very widely, indeed—from Dr. O'Flynn in the opinion that "protracted puerperal pain is not necessarily connected with diseased action, and leaves no bad effects after it has passed away."

I maintain that puerperal pain, prolonged too much, becomes in itself "diseased action," leads to and excites other diseased actions, creates immediate bad effects, and does "leave behind it bad effects"—not, it may be, in all cases, but certainly in the majority. Dr. O'Flynn will excuse my quoting the word "protracted" from the sentence preceding that which forms the remainder of my quotation, inasmuch as he and I are speaking of the use of chloroform—not in simple, but in very difficult and protracted labours; difficult as regards the patient and accoucheur; protracted as regards time, and the strength and energies of the sufferer. I have, therefore, carried on the word "protracted," since it belongs to the sentence I have quoted.

I operated on a patient *once* without chloroform, and she bore it so badly that I resolved never again—there being no valid objection to the employment of the drug—to undertake an obstetric operation without the aid of this most valuable agent. I cannot join in the words of Dr. O'Flynn, that "my experience teaches me that most women bear operations with wonderful fortitude and resignation," inasmuch as I have no similar experience, since I invariably use chloroform in order to prevent my patient knowing aught of her suffering through mental and physical pain, and to keep her from being "dispirited and exhausted," or even have the opportunity of becoming so, and that she may not require—to relieve this dispiriting and exhaustion—"to be plied with stimulants."

"I would rather see her dispirited" (and exhausted) from the operation, &c., "than comatose" from the chloroform, is the idea conveyed by the language of Dr. O'Flynn. He seems to consider me guilty of the "premature death of a young wife in her first confinement," and that it was the chloroform which I had caused to be administered to her that made her "comatose." I am a little surprised at this misunderstanding of my case, and yet I am not at all surprised when I review the entire tenor of Dr. O'Flynn's paper. He evidently forgot that the patient was insensible for some time before I was called in, that I did not write that she fell into coma during or even immediately after the administration of the chloroform: on the contrary, I stated what were the *facts* of the case,

"she bore it admirably," the "effects passed away," and she returned to the condition in which she was before the agent had been employed—viz., to an unconscious and insensible state—but not into a comatose; that she awoke, true, for a brief period, to consciousness, to reason, and to the power of recognition; that she again lapsed into insensibility, *after which*—not after the employment of the chloroform—coma supervened, such coma as in a number of instances precedes death), and she died comatose. I maintain that, humanly speaking, had the anæsthetic been earlier used—and *not* discarded, I will not say as Dr. O'Flynn would have advised, supposing he had seen the patient and reviewed her case in his mind—the result might have been other than I have recorded.

But of all the patients whom I have attended, and I have performed almost all the operations required in the obstetric art (except the Cæsarean section and division of the symphysis pubis), and some of them many times, I have not, thank God, lost one case, nor had one make a bad recovery, because I have ever acted promptly though not quickly, patiently though not tardily, not allowing the patient to become dispirited, nor to be run down with fatigue and nervous exhaustion. I agree with Dr. O'Flynn and the authorities he cites that the crotchet or hook is a very inefficient instrument; but then we have the craniotomy forceps—the instrument with which I finished the extraction of the head in one instance, in the other using the short forceps. This latter plan I prefer to Dr. O'Flynn's method, but having had no experience in his mode of operation, I can only theorise that it would be no easy matter to apply the forceps if the head engaged the entire ring of the pelvis, or to operate when the forceps, the hand, and the perforator were all at the same time in the vagina, more especially if the head lay high up, and required the long forceps.

Of this I am quite satisfied, that Dr. O'Flynn's method was not at all applicable in the case of my patient, nor in any similar instance where the head was so high up, the cranial bones so densely ossified, and not admitting of the overlapping or riding which ordinarily obtains, and where the mother was so deformed.

In Dr. O'Flynn's case of J. L., I apprehend that the diminution in the capacity of the pelvis was by no means great, and was perhaps trifling.

I am at issue with Dr. O'Flynn when he advises that, if after perforating once and after having withdrawn the perforator, the bones should so overlap each other that the opening is again closed, we should endeavour, despite the difficulties in the way, to introduce the crotchet. I much prefer reintroducing the perforator, and re-perforating, but when the bones have once been properly, *i.e.*, sufficiently broken up by the perforator, this difficulty cannot obtain. When using the perforator to enlarge the opening it has made in the cranium, we must bear in mind the extent of the narrowing of the pelvic diameter, the size of the head (as we may be able to form an opinion by careful examination), the relative sizes of the pelvis and the head, and make the enlargement proportionate to the respective sizes, that is, correlatively.

By remembering this rule we obviate the necessity for reintroduction of the perforator, or for any fumbling with the crotchet about the "closed opening." You will pardon the paradoxical expression, "closed opening."

Dr. O'Flynn says, "the forceps is less liable to lose its hold, and less likely to lacerate the soft parts." Of course from the connection of these two sentences the writer means, when the forceps *slip*, which they may do, as he shows in his paper, "they are less likely to lacerate the soft parts of the mother."

With ordinary care in using the crotchet and blunt hook, by guiding these instruments with the left hand while we are also guiding them by the right as well as making traction upon them with the same hand, we can, even should they slip, prevent the soft parts being injured, the points of the instruments coming into contact with the left or protecting hand of the operator, and not with the mother's

structures. When using the forceps and applying that force necessary for extraction through a deformed pelvis, if the instrument slip, which it may do, "when the head is opened, yields readily to pressure and becomes elongated," should there have been "let out much cerebral matter," there being then "no resisting medium," the vagina, rectum, or bladder, as the instrument comes away with a click, may be seriously bruised, cut, or otherwise injured, or the perinæum severely cut through or lacerated, as I have known to occur.

It is true that these mishaps may be prevented if the operator be seated, and have the elbow of the traction hand fixed firmly against the corresponding sides of his body.

How are we to know when we have let out sufficient cerebral matter; and, as the head elongates is not the "closed opening" (supposing we have perforated at the most depending part of the presenting head); the most depending part of the elongation, the very apex of the angle of the elongation, and as we draw upon the forceps, compress and elongate the head, will not more cerebral matter escape, so that the greater the elongation the greater the escape of brain substance, till the head becoming narrower than the curve of the blades, they "slip off having no resisting medium," the bones having "collapsed?"

I think it would be a most terrible thing for the child to be born alive, and that "it is" not "trifling," more especially when I know that it need never be "compared with the suffering that women are compelled to endure under the ordinary modes of delivery," inasmuch as women are not "compelled" to endure, unless the medical attendant refuse to administer the anæsthetic; inasmuch as women should not be called upon "to endure suffering," when that "suffering" may all be prevented.

Since writing most of the above, I have read a paper (in the MEDICAL PRESS AND CIRCULAR for October 3, 1866), entitled "Telford on Puerperal Fever," in which the author cites the case of a woman (Breen) who "had a convulsive fit, and died three or four minutes after the attack"—I presume in a state of coma. Death was "ascribed to primary apoplexy, with extensive effusion of blood, or to embolism." There was "made a very careful examination of the body; the membranes (of brain) presented no unusual congestion; there was no effusion of any kind; the substance of the brain was healthy throughout." "A woman named Butler was confined of her first child on the 23rd; labour natural; on the 24th she had a convulsion. She was ordered a turpentine enema, mustard stupes to the legs, and cold to the head. As consciousness did not return, and the pulse being full and strong, she was bled from the arm to twelve ounces, the head shaved, and painted with vesicating collodion; powders of calomel, and James's powder, were placed on the back of the tongue, and mercurial inunction employed. The mercurials, though steadily persevered in, produced no effect on the system. She continued in a comatose condition, with contracted pupils and stertorous breathing; died on the 26th, two days after her first attack, never having regained consciousness."

Here everything that skill and experience could suggest was employed, yet the woman died. Surely, Dr. O'Flynn would not say in this case—"I must here observe that if Drs. Denham and Telford had taken (more) blood from the arm, or applied a few leeches to the temples, they may not have to record the premature death of a young wife in her first confinement?" No chloroform had been used in this instance. "All the fatal signs pointed to cephalic mischief, and to disturbance of the entire nervous system," as in my case. No chloroform had been used. The patient died. Surely, Dr. O'Flynn would not accuse Drs. Denham and Telford of the death of their patient!

"On examination the brain and membranes were found quite healthy," but then there was, I apprehend, "disturbance of the entire nervous system" manifested towards

the close by prostration, and those other symptoms which make the case resemble that I have put on record, and to which I was called towards the termination. The symptoms in Telford's case were dependent on "the uterus being in a perfect state of gangrene." This produced "all the fatal signs which pointed to cephalic mischief, and to disturbance of the entire nervous system," owing "to some specific poisoning of the blood."

These cases I have quoted because they bear materially on the case of the patient whose death Dr. O'Flynn seems to lay at my door.

P.S.—I should have forwarded this before, but was hindered by not being able to snatch sufficient time from my other professional labours.

9 Lupus-street, St. George's-square, London, S.W.,
October, 1866.

A SELECTION OF CASES FROM
THE UNPUBLISHED MSS. OF F. McEVOY, M.D.,
BALBRIGGAN, COUNTY DUBLIN.

By EDWARD WM. ADRIEN, M.B.C.S., L.K.Q.C.P.I.

(Continued from page 300.)

CASE OF TETANUS ELEVEN DAYS AFTER LABOUR—DEATH
RESULTING ON THE FOURTEENTH DAY AND THIRD DAY
AFTER THE APPEARANCE OF THE TETANUS.

Case 3.—Mrs. D., a fine healthy young woman, aged 27 years, was confined of her first child on the 12th of January, 1864. She informed me that she felt so well two days before I was sent for that she got up on the eighth day after her confinement, contrary to the wish of her nurse, who is attached to the dispensary, and a woman in whom I have the greatest confidence. She stayed up the greater part of that day, and after going to bed and sleeping for some time she awoke with a start, and found that she had caught cold, having, as she described, a creak in her neck and pains in her bones. She got up again next day and was much better until three or four o'clock in the evening, when she felt as if her head became too heavy for her to hold up, and was obliged to go to bed again.

On the 23rd I was sent for, and on my arrival she complained of having had very little sleep the night before in consequence of frightful dreams, but expressed herself much better since the perspiration came on, and seemed rather annoyed at my being sent for. I found her bathed in a profuse perspiration, complaining of stiffness in the back of her neck, slight sore throat, and pains in the bones; pulse 90; made water freely; bowels well opened, having taken a dose of castor oil the night before, and got a purgative enema. No tenderness over the abdomen or region of the womb, which could scarcely be felt; examination per vaginam could detect nothing, as the parts had nearly resumed their natural character, neither was there any laceration of the perineum or soft parts, for which I examined most minutely. The nurse informed me that she was only eight hours in labour, that the presentation was natural, and that the child and the secundines came away nearly together, that the discharge since was good but not abundant up to the eighth day, when it assumed a watery appearance, and totally ceased on the ninth day. When her husband came to register the child, he told me she complained of sore nipples, for which I sent her an astringent lotion. When I saw her I ordered her a diaphoretic mixture, anodyne draught, and camphor liniment. I left and called again in the evening.

On my arrival in four hours afterwards, she could not open her mouth, and had to get the nurse to support her head. I then ordered a blister to be placed along her spine, and one grain of calomel and opium to be taken every second hour.

24th. No better; pulse 110; bowels well opened during the night; perspiring profusely; breathing rather oppressed; complained much of stiffness in the muscles of

the back of the neck. She has just had the first spasm whilst I was examining her (per vaginam); I could detect no laceration whatever. I ordered her:—

Tinct. opii, 60 m.

Tinct. belladonna, 20 m. Misce.

In three draughts, one to be taken every six hours.

25th. Much the same as on my last visit; pulse 90; spasm not so severe or frequent as during the night; perspiration still continues; she refused to take any more liquids (and from this time forward all medicine was obliged to be given by enemata), as she considered they caused the spasm to return; breathing hurried; tetanic appearance of countenance very well marked; bowels opened, and made water freely.

I requested her friends to call in my neighbour, Dr. O'Reilly, who, although he brought nearly fifty years' practical experience to my aid, could not devise anything but what had been done. Hourly the tetanic spasms became more intense, frequent, and general, until, in spite of calomel, opium, chloroform, blisters to the spine, tobacco enemata, and in short everything we could think of, she died on the night of the 26th, just fourteen days after her confinement, and three days after the first appearance of the tetanic spasm.

Balbriggan, October 18th, 1866.

ULSTER MEDICAL SOCIETY.

CASES OF ASIATIC CHOLERA.

By Professor J. SEATON REID, M.D.,

PHYSICIAN TO THE BELFAST UNION HOSPITAL.

MR. PRESIDENT AND GENTLEMEN,—You are aware that several medical men have agreed with me in stating that cases of Asiatic cholera had been seen by us in Belfast, and I have thought my placing before you some information regarding these cases might be interesting, the more especially as one of them had struggled successfully against the disease in my hospital, and thus afforded an opportunity of noting particularly the course of his disease. I shall notice the cases in the order of their occurrence, premising that the three first cases resided very near each other, but that no intercourse could be traced:—

Case 1.—On the morning of the 10th of August I was requested by Dr. Murray, of Ballymacarrett, to see a dispensary patient, called Thomas O'Neill, aged 45, who had left Huddersfield on the 6th, in which town another Irish labourer, called Heard, died of cholera on the 12th. O'Neill spent the greater part of the 6th in Liverpool, where cholera was epidemic, arrived in Belfast on the 7th, but made no complaint of illness till diarrhœa set in at right P.M. of the 9th, followed by vomiting at two A.M. of the 10th, and by cramps at four. I saw him at nine; his eyes were sunken; the pupils half dilated, with a dark areola around the lids; his tongue cold, and voice husky and feeble; the hands were cold, blue, dry and shrivelled, as were also his feet; his pulse was barely perceptible, and the respirations hurried and noisy. The evacuations had all been thrown out.

We saw him again about one in the afternoon. He was then pulseless, less sensible, colder, and more livid, unable to open his mouth perfectly; there had been no more vomiting or purging, and the catheter found no urine. He died at two, about eighteen hours after he took ill.

The body was interred immediately, the house white-washed, and the clothing destroyed.

Case 2.—On the morning of the 12th, Dr. Murray asked me to see Edward McGowan, aged 40, living in Keenan's-court, a few yards from the house near Quinn's-entry, in which O'Neill had died. This man was attacked with diarrhœa at ten P.M. on the 11th of August, followed by vomiting at two A.M. of the 12th, and by cramps at

four, and Dr. Murray found him in a state of collapse at five. I saw him between seven and eight o'clock, when he was very blue, cold and pulseless, and he died about nine. All the evacuations had been thrown away in this case also.

Case 3.—When Dr. Murray was returning from McGowan's he was asked to see James McGowan, aged 27, living in No. 71, Short Strand-street, and believing him to be ill with cholera, requested future evacuations to be preserved. It happened that when I was looking for Edward McGowan's residence, I was taken to James' house, who was not related to Edward. James' bowels had acted at nine A.M. and four P.M. of the 11th, and he felt nauseated in the afternoon. He had taken during the day only one glass of whisky. He went to bed at nine, began to vomit about one A.M. of the 12th, and diarrhœa set in at once with profuse and very frequent evacuations. No urine was passed after three o'clock, and the cramps set in about eight. Through Dr. Murray's foresight, I was enabled to see an evacuation, which was almost colourless and distinctly "rice-water" in appearance. He consented to enter the cholera ward of my hospital, and was removed there in the recumbent posture about nine o'clock.

On admission his pulse was 120 and feeble; his nose and tongue were cold; his voice husky and feeble, and his hands, limbs, and scrotum livid and cold; his eyes sunken and surrounded by a dark areola, and his pupils half dilated.

He was placed in a warm bath for twenty minutes at 103 F., which gave him great relief, and was well rubbed with hot towels on leaving it; then clothed in a long flannel shirt, and had his arms enclosed in long ribbed woollen gauntlets, vessels of hot water placed in his bed, and large sinapisms applied along the entire spine and over his epigastrium. He expressed himself often as being greatly relieved by the warm bath, which also improved the temperature of his body and tongue, and gave volume to his pulse.

He got at once ten grains of calomel and three of opium, and was directed to take ten grains of calomel every hour for four doses.

Positive orders were given that in addition to the calomel, he was to be allowed to take nothing into his stomach except a tablespoonful of water every half hour, because I had so repeatedly found such directions beneficial in allaying the vomiting of English cholera, and of the Relapsing Synocha fever, that I invariably endeavour to enforce them when treating Asiatic cholera.

My wishes were most efficiently carried out by my assistants, Drs. Farelle and Lindsay, and the patient willingly co-operated.

No vomiting took place till four in the afternoon, so that the medicine had remained on an absorbing surface for seven hours.

A report of his condition was taken every two hours during the day and night by my very intelligent assistants. I shall not trespass on your time by reading them in detail, but confine myself to placing before you a condensed summary of them as entered by myself in my morning and evening reports:—

I learned at nine in the evening that he had vomited a greenish fluid repeatedly between four and six o'clock, that at the latter hour his pulse was barely perceptible, and his hands cold and livid. These symptoms of increased collapse appeared to have been benefited by the use of small quantities of hot whisky punch, for I found his pulse 126, and of fair strength, his nose, tongue, feet, and hands warm and dry. The bowels had not acted since admission; he had passed no urine, and the catheter found none. He complained much of thirst and of his continued restlessness, and had suffered much from cramps.

He had now taken six of the ten-grain doses of calomel. He was directed to take ten grains every two hours for two doses, and then every four hours; to have large sinapisms over the epigastrium and the entire length of the

spine, and to take half an ounce of whisky in an ounce of milk every two hours, and if restless at one in the morning, to get two grains of opium.

At nine in the morning of the 13th his pulse was 126, feeble; his tongue, nose, and body warm and dry; his lower gums were coming under the influence of the mercury; he had vomited ten times during the previous twelve hours; had passed no urine, nor had his bowels acted.

The calomel powders were continued every four hours, and a drachm of blue ointment rubbed every four hours into each arm-pit, and iced whey given in small quantities as a drink.

At noon the bowels had acted three times, and there was bile in the evacuations. At six in the evening his pulse was weaker; his hands and feet cold and livid; he had vomited repeatedly a bright green fluid of acid reaction, and he was very listless and tossing much about.

At nine in the evening his pulse was 122, and feebler than in the morning; the bowels had not acted since noon; he had passed no urine, and the catheter again got none.

A blister was applied over the epigastrium, and he got some calcined magnesia in mint water; the inunction was continued, and a drachm of blue ointment, rubbed up with two ounces of olive oil, was injected into the rectum. The calomel, of which he had now taken 120 grains, was discontinued.

On the morning of the 14th his pulse was 114, feeble; and his hands, feet, and body colder, although his tongue and face were warmer; the bowels had not acted again, nor had he passed any urine; he had vomited a yellow fluid eight or ten times during the night; he was more drowsy, though still intelligent; his gums more under the influence of mercury, and his voice still choleraic.

At noon I found his pulse fuller and stronger, and his colour improved; he had only vomited twice; the bowels had not acted, nor had he passed any urine, although asked to do so. Every precaution had been taken to obtain any that passed when the bowels were acting, or at other times.

Believing that reaction had now really set in and that everything depended on a restoration of the urinary secretion, he was directed to take two drachms of the very efficient diuretic mixture* of the hospital every half hour in iced whey, and to have a large sinapism over his loins.

I need not say how gratified we all were to find at nine in the evening that after a suppression of the secretion of urine for eighty-four hours, he had passed one ounce about an hour before, having then used about eight ounces of the diuretic mixture. The urine was coagulable by heat and nitric acid, and became a dark or purplish colour on the addition of the acid. Professor Parkes states that this peculiar pigmentary discoloration on the addition of acids, the nature of which is not yet decided, is present with the first urine passed in all cases of Asiatic cholera, and that, in fact, it is the best diagnostic mark of the existence of the disease in doubtful cases.†

His bowels had acted twice; he had vomited a yellow fluid five times; his pulse was 110, and feeble.

The inunction was continued, and the mercurial enema repeated; a large sinapism kept on the loins till the skin was returned, and the body well rubbed with dry cloths every two hours.

On the morning of the 15th the pulse had fallen to 80, and was full and strong, and the temperature everywhere good; the respirations were now counted for the first time, and found to be 14; he had vomited eleven times, and had hiccup for several hours. The mercurial enema was returned without any fæces, and he was unable to pass any urine.

A pint of tepid water was thrown into the rectum,

where it remained for half an hour, and then passed off with fully a pint more of semi-fluid bilious matter, but unaccompanied with any urine.

At nine in the evening his pulse and respirations were the same, and his temperature everywhere good; he had slept much during the day and was very drowsy; he had vomited eight times, but retained several spoonfuls of bread and milk; the bowels had acted twice, and at half-past five he passed two ounces of urine of a sp. gr. of 1.015, acid, and slightly coagulable.

In the hope of re-establishing thoroughly the renal secretions, four ounces of whisky and eight ounces of the diuretic mixture were directed to be taken during the next twelve hours in a quart of iced whey, and some lemon juice given after his magnesia mixture, in the hope of checking the vomiting.

On the morning of the 16th his pulse was 84, full and strong, and the respirations 16; his tongue dry, his gums sorer; he had vomited nine times; taken his diuretic mixture, and retained a fair amount of his bread and milk; he had passed 13 oz. of urine during the night, neutral in its reaction, and of sp. gr. 1.014, slightly coagulable, and fætid when heated. The bowels had acted twice, evacuations viscid bile and some blood. Being still much oppressed, a blister ten by four was applied to the nape of the neck for four hours, and followed by a hot poultice.

At nine in the evening his pulse was 88, and respirations 16; the bowels had acted three times, first evacuation pure blood, the second composed of bile and blood, and the third less bloody. He had secreted seven oz. of urine, which was alkaline, sp. gr. 1.015, and with a trace of albumen. Believing that the blood indicated a congested condition of the intestinal tract, he was directed to take half an ounce of castor oil during the night.

On the morning of the 17th his pulse was 90, and respirations 18; the evacuations from the bowels were bloody and scanty, but he had passed 30 oz. of urine during the night, which was alkaline, sp. gr. 1.015, and free from albumen, but fearfully fætid on being heated. On this day the vomiting ceased and did not return, and the evacuations from the bowels ceased to be bloody.

On the 18th I found that, notwithstanding the secretion of 63 oz. of urine during the previous twenty-four hours, his pulse was only 86, and his respirations barely 16. He had passed one yellow evacuation free from blood, and complained of being drowsy; his pupils were dilated and there was some muttering delirium.

A blister was applied over the forehead, and he was directed to take twelve forced inspirations every half hour, with the object of dilating the lungs to their fullest extent, and thereby purifying the blood. I decided also on establishing a freer secretion from the intestinal surface by the daily administration of castor oil.

On the 19th his pulse was 88, his respirations 16. The bowels had acted five times, without any blood, and he secreted 105 oz. of urine during the previous twenty-four hours, acid, of sp. gr. 1.010, and not coagulable. He was more sensible; his memory improved, and he was free from delirium; his tongue moister and cleaner. The blister rose well, and Professor Cuming very kindly ascertained for me that the serum of the blistered surface contained a larger proportion of urea than recent experiments have shown to be always present in the blood.

The forced inspirations, castor oil, and diuretic mixture were continued, and he had fowl broth, with a large amount of parsley in it.

On the 20th his pulse was 86; the respirations 18; the bowels had acted five times, evacuations fluid and bilious; he had passed 95 oz. of urine in twenty-four hours, acid, and of sp. gr. 1.010, and faintly coagulable; but his tongue had again become dry, and there was some delirium. In addition to the other treatment he was now directed to take 2 oz. of green tea during the next twenty-four hours, infused in a quart of water.

On the 21st his pulse was 80, and the respirations 18; the bowels had acted five times, and the evacuations were very

* Composed of the bicarb. soda, acetate of potash, liquor potasse, tartaric, citric, and acetic acids, and oil of juniper in water.

† Parkes on the urine, p. 307.

yellow; he had passed 111 oz. of urine during twenty-four hours, sp. gr. 1.014, acid. There was no delirium; he felt better, and his intelligence was improved. His castor oil, green tea, diuretic mixture, and forced inspirations, were continued.

On the 22nd the pulse was 84, the respirations 19; the bowels had acted four times; he had passed 120 oz. of urine during the previous twenty-four hours, acid, and sp. gr. 1.010. Same treatment continued.

On the 23rd his pulse was 89, respirations 16; bowels had acted four times; the urine amounted to 102½ oz., acid, sp. gr. 1.013; his intelligence had improved much, and his tongue was clean and moist all over. No change in treatment, except that he was allowed to leave bed.

On the 24th his pulse and respirations were about the same; his bowels had acted six times, and he had passed 125 oz. of urine, and was declared convalescent.

Case 4.—This patient was a female, called Sinclair, aged 38, who was admitted into hospital from Hudson's-entry, at seven P.M. of the 17th August. She stated that she had been attacked with diarrhoea at five A.M. of the 15th, followed by vomiting at nine, and that cramps were associated with these symptoms on the forenoon of the 17th. She had been seen by the dispensary medical officer, Dr. Rea, about two, who directed her removal to hospital. On arrival she said that her bowels had been very loose during the day till about five o'clock, that she had vomited four times, and had the toes separated from each other by the cramps. She was pulseless at the wrists, her tongue was cold, her nose cold and livid, and her voice feeble. Her eyes were sunken and surrounded by a dark areola, and the pupils rather dilated.

She was placed in a warm bath, which for a time improved the heat of the body, and made her tongue warm. On leaving the bath she got ten grains of calomel and three of opium; had sinapisms applied along the entire spine and over the epigastrium, and was clothed in a long flannel chemise, and ribbed woollen gauntlets over her arms, dry friction applied to the extremities, and pans filled with hot water placed in her bed.

At nine P.M. she was still pulseless; the hands, arms, body, and feet were warmer, but the face, the nose, the tongue, and the breath were cold; she had retained three ten-grain doses of calomel, the two last of course without opium; she had not vomited, nor had the bowels acted.

Ten grains of calomel were directed to be given every four hours, and a teaspoonful of whisky with a table-spoonful of iced whey every half hour.

At eleven P.M. she passed a scanty evacuation, of the consistency of gruel and a pale drab colour, but no urine.

On the 18th she remained pulseless, with her hands cold, livid, shrunken, and sodden, and her feet warm. Her tongue and breath were cold; she had neither vomited nor passed urine since admission, nor did the catheter get any; the pupils were rather contracted; her intelligence perfect; the areola continued around the eyelids, and she had suffered severely from cramps in her legs during the night.

The treatment was continued.

At noon she was still pulseless, but less intelligent; she had a slight convulsion before her death, which took place about four.

This patient was seen in the hospital by Drs. Murney and Johnstone, who agreed with me that it was a case of Asiatic cholera.

Case 5.—I was requested by Dr. Porter to visit one of his dispensary patients about noon on the 11th of September, whom he believed to be suffering under Asiatic cholera.

He lived at No. 6, Bow-street, Belfast, was called Patrick Wilson, and aged 50. I learned from the very accurate and minute notes taken by Dr. Porter, that he had been attacked with diarrhoea at two in the morning, followed by vomiting at eight, and soon afterwards by cramps. When I saw him his voice was husky and feeble; his tongue and breath cold; pulse barely perceptible, and

his eyes sunken, with a dark areola around the lids; his hands were cold, blue, and shrivelled, and the cramps very severe.

I had no hesitation in ageing with Drs. Porter and Henry Johnstone that this man was suffering under Asiatic cholera. I recommended his removal to hospital, as he was lying on straw in the corner of a room in which there was no fire. He consented to go; but when his friends saw the kind of conveyance sent to remove him in, they would not allow him to enter it.

Dr. Porter attended to him most sedulously, and did everything in his power to promote his recovery. Various attempts at rallying took place, but in the evening he was found pulseless, colder and more livid, and less sensible; and he died about one in the morning of the 12th, twenty-three hours after he took ill. At one of Dr. Porter's visits he saw a distinct "rice-water" evacuation. He passed no urine after eleven A.M. of the 11th. Nine hours after death Dr. Porter found his hands, wrists, and face of a bluish colour; his ankles and parts of his legs purple, with some blue spots on his toes, and his chest still warm.

Case 6.—Since the foregoing histories were read before the Medical Society, a woman called Rose McCullough, aged 40, was admitted to hospital at 7 P.M. of the 9th October; she had been drinking for several days before the 5th, when diarrhoea and vomiting commenced. On admission her skin was cold, as also her tongue, eyes sunken, with a dark areola, pulse 126. She stated that she had felt pains in the calves of her legs and hands; but as she did not call them cramps, and the symptoms being less intense than in other cases, I did not pronounce her at first to have Asiatic cholera, and after giving her a warm bath, I administered the medicines used in Case 3, but less frequently. The bowels had become quiet, but the vomiting was very frequent.

The catheter obtained half a drachm of urine, which on being examined on the morning of the 10th was found to be acid, not coagulable, but gave with heat and nitric acid a distinct brownish colour. This discoloration alarmed me, as Parkes' opinion of its diagnostic value, already quoted, had been supported by Case 3.

I shall not detail the reports taken every two hours, but limit my notice of this case to stating that the symptoms became gradually more intense, till she died in unmistakable collapse at one o'clock of the 11th. Rigor mortis occurred in fifty minutes. The vomiting had continued most distressing. The bowels acted only three times after admission, and then scantily. The secretion of urine was also very scanty, the catheter never obtaining more than three drachms, which was found coagulable on every occasion but the first, acid in its reactions, and gave always a dark or purplish discoloration with nitric acid and heat.

I am so impressed with the importance of this discoloration of the urine, that I trespass on your space with a very brief notice of some other cases, which corroborate the opinions of Professor Parkes and Dr. Warburton Begbie of its diagnostic value.

Case 7.—A boy called Peter Carty, aged 8, was admitted into my hospital at midnight of the 14th October, from the same locality in which McCullough had lived, but no intercourse was traced. I saw him about an hour after admission, and found him pulseless, cold, livid, and with all the symptoms of collapse, after sixteen hours' vomiting, diarrhoea, and cramps. The catheter got no urine till about noon of the 15th, when a few drops were obtained, which being placed on white paper was found acid, and gave a distinct purple colour with nitric acid.

He passed into the stage of consecutive fever. The urine was tested on every occasion it was obtained by the catheter, or passed by himself, and was invariably found coagulable and giving discolorations varying from pink to dark purple. The urinary secretion was restored to the extent of eight ounces daily, and a profuse discharge also of bile; still he became gradually less sensible and died.

Anne Downey, aged 54, who had suffered from renal dropsy, was sent into hospital in consequence of having had vomiting and diarrhœa for two days, without cramps, but with great failure of the heart's action; ultimately becoming pulseless and cold, death taking place twenty-nine hours after admission.

Dr. Warburton Begbie, in his paper in the *Edinburgh Journal of Medicine* for November, 1849, states, "that he had examined the urine in cases of diarrhœa, and so-called choleroïd diarrhœa; and had never found albumen, epithelium, and bile in such cases," bile being at that time considered to be the cause of this discoloration of the urine.

In Downey's case her urine was examined, and found acid, albuminous; but no discoloration followed the tests applied in the other cases. This case was not returned as one of Asiatic cholera, as I believe that renal disease was the cause of her death. Rigor mortis had not commenced at the end of two hours.

HÆMORRHŒA.

"SEROSEA EPIDEMICA."

SYMPTOMS AND TREATMENT OF.

By J. LENEY, Surgeon, Bray.

THIS disease, known by the following names—viz., Asiatic cholera, pestilential cholera, pestilential asphyxia, spasmodic cholera, Indian cholera, epidemic cholera, nervous cholera, &c., is decidedly an epidemic passive serous hæmorrhage, as the name I propose indicates.

I look on this disease not only as epidemic, but also contagious, and propagable to a certain extent from concurrent and aiding causes, unhealthy constitutions of the air, intemperance, poverty, and insufficient clothing, numbers crowded in close and unhealthy located dwellings; the blood being thus deprived of its vivifying principles, a predisposition arising from great fatigue and mental depression, or to persons more especially labouring under chronic dyspepsia, diarrhœa, or dysentery. To those so circumstanced a small amount of the poison inhaled from the atmosphere, or arising from the body of a patient labouring under the malady, is capable of producing the disease in a mild or grave form, proportionate to the constitutional vigour of the individual at the time. In the years 1831 and 1832 the miasma lighted on this district as a poisonous cloud, infecting all predisposed simultaneously. Antecedent to the year 1849, I had doubts as to this disease being infectious; but in April of that year the first case that occurred in this neighbourhood was that of a woman, aged 66 years, Catherine Doyle; she died after twenty-four hours' illness. Mary Neil, who lived in a cabin at a little distance, was in the cabin of Catherine Doyle soon after the death of the latter; she instantly felt a sense of nausea, became faintish, and vomited. This woman died of hæmorrhœa in its most aggravated form after an illness of thirteen hours. William Neil, aged 13 years, son of Mary Neil, who had suffered from dysentery for the past three days, was seized half an hour before his mother's death with the disease in all its intensity, and died after an illness of thirty hours. Mary Neil, sister of William Neil, aged 17 years, who slept in the bed in which her mother and brother died, sickened on the day of her brother's death, and died in sixteen hours. These cases, furnished by me to the late Dr. Graves, were published by him in the *Dublin Quarterly Journal*, as strongly conclusive of the infectious type of the malady. John Neil (husband of Mary Neil), and three younger children, being sent to the poor-house when the mother took ill, escaped the malady.

The pestilence did not reappear in Bray till August of same year, when I saw still more marked instances, if possible, of the contagious character of the disease. Then I had an opportunity of seeing persons struck down nearly inanimate by the concentrated infectious effluvia escaping from the bodies of the sick confined in close rooms, and death following in a few hours. A strong proof of the infectious character of the disease is this: bring a person from an uninfected district into the room of a patient labouring under hæmorrhœa (unconscious of the disease the man labours under), immediately he remarks the sickly odour, complains of oppression of the chest and nausea; now show him the patient, tell him it is cholera. Observe him now, "how pale he glares," more than probable he is seized with the pestilence in its most hopeless form, but some will say that was the effects of fright; no, fright may cause syncope, or micturition, or relaxation of the sphincter ani and its consequences, but certainly not hæmorrhœa had the man not previously inhaled the morbid poison.

Further, observe now the persons arriving from Liverpool with the "zume" in them. This leavened on their arrival, and communicated to their attendants.

Hospital Reports.

SPECIAL REPORT

ON THE

TREATMENT OF CHOLERA BY VENOUS INJECTIONS.

I.

ORIGIN AND HISTORY OF VENOUS INJECTIONS AND TRANSFUSIONS.

EVER since the great discovery of Harvey, men's minds seem to have recurred at intervals to the possibility of introducing medicinal substances directly into the circulating fluid, as well as of renewing it by the transfusion of fresh blood into the veins; and indeed we may date the *idea* still further back, for classical authors tell us of Medea restoring youth to Æson by drawing away from his veins his old blood, and refilling them with the juices of certain plants. But for all practical purposes we may commence the history of venous injections and transfusion with Harvey's discovery, which demonstrated the possibility of performing these operations, and even showed the manner of carrying them out. It is singular that everywhere the injection of medicinal substances into the veins preceded what may be thought the more natural process of the transfusion of blood, and that, as will be seen in the sequel, these substances were often of the most inappropriate nature, the only wonder to modern inquirers being that so many cases escaped death from the remedy.

The first record of actual venous injections we have been able to trace, was that of a German sportsman, who as a mere amusement injected wine and brandy into the veins of his dogs. These animals suffered no evil consequences after they had slept off the effects of the alcohol thus cruelly forced upon them. Nevertheless, the experiment, though undertaken as an amusement, resulted in proving an important physiological fact. We find transfusion proposed by Potter as early as 1638, but the proposal was not carried out.

In 1656 Sir Christopher Wren injected into the veins of a dog a solution of opium in sherry wine. The experiment was made in the presence of Boyle, who relates that after a certain stupor the animal perfectly recovered. Some time afterwards, Boyle injected the crocus antimonii into the veins of a criminal, and he recommended a trial

of cordials, antidotes, and diuretics in this manner, considering that potent drugs were inadmissible. A little later, Clarke employed milk, beer, whey, and broth. He also tried to introduce blood in this manner, but without success.

In 1666 Dr. Lower successfully effected the transfusion of the blood of one dog into the circulation of another, by connecting the cervical artery of one directly with the jugular vein of the other. At the same time he allowed the blood of the receiving dog to escape in proportion to the quantity transfused, and continued the experiment until the animal had lost and replaced a quantity of blood equal to his own weight. At the conclusion of the operation the dog jumped down from the table and behaved in every respect as if well, nor did he exhibit afterwards any symptom of having suffered.

From what has preceded, it appears that our own countrymen were the pioneers who first placed this method on a sound foundation. It was not long, however, before the French took up the question, for in 1667 M. Denis successfully transfused small quantities of the blood of calves and lambs into the veins of five human beings. Then began a virulent controversy; some of the opponents of Denis asserted that one of the persons who had submitted to the operation died, and legal proceedings were commenced against the successful Denis, but he not only defeated his enemies by his defence, but afterwards received the appointment of physician to the King. It was, however, decreed that the operation should not be performed without the sanction of a member of one of the Great Faculties. Denis transfused the blood of animals into the veins of several diseased persons, and witnessed the wonderful effects that immediately followed. In one case, at the solicitation of friends, after the relapse so often witnessed, he repeated the operation which had previously produced an amendment lasting twenty-four hours. The second time it only gave twelve hours further improvement.

From this time transfusion seems to have been utterly neglected in France, and as to injections, only such substances were employed as could only inevitably bring about a fatal result; yet the intense interest that had been excited was not altogether lost through the opposition that transfusion encountered at Paris, and the neglect by which this hostility was succeeded. In our own country the subject still occupied attention, and numerous experiments were made upon animals to determine the effect of medicinal substances introduced into the circulating fluid. These experiments proved that opium in small quantities, diluted alcohol, salt, sugar, and even vinegar, might be thus introduced without evil consequences—that certain drugs thus employed gave rise to their usual effects when taken into the stomach, while not a few substances were rapidly fatal. Among these were undiluted alcohol, camphorated spirits, tincture of hellebore, salt-petre, sal-ammoniac, alum, olive-oil, &c.

In 1667, Dr. King injected into the veins of one Coga, a Cambridge student, reported to be mentally deficient, and who volunteered for the purpose, nearly twelve ounces of calf's blood. The operation having given rise to no evil effects, and equally having failed to affect his mental powers, was again resorted to after an interval of three weeks, and with the same results.

At this period Germany was equally interested in the matter, and the following year Major passed some liquid into the veins of a patient who recovered. Next in order in Germany come the experiments of Elsholz, who proceeded much more carefully, and was very successful. He relates three cases in which he introduced from half an ounce to an ounce of medicinal liquids into the veins of his patients, who afterwards recovered. Whether the *post hoc* in these cases fairly represents the *propter hoc*, we do not feel called upon to decide. Suffice it to record that this experimenter recommended the employment of the method to introduce stimulants into the system for syncope. He also suggested injecting refrigerants for

fever, and conjectured that apoplexy, hysteria, and consumption afforded proper subjects for a trial.

Garman recommended transfusion after profuse hæmorrhage; he also proposed injecting a few drops of wine into the umbilical vein of still-born infants. He tried this experiment on a puppy, which recovered.

Fabricius introduced eight grains of scammony, in three drachms of tincture of guaiacum, into the veins of a soldier suffering from secondary symptoms. The remedy produced vomiting, after which the patient recovered. Other cases were injected with similar success by Fabricius, including epilepsy, apoplexy, and rheumatic gout.

About this period some most extraordinary ideas prevailed as to the effects likely to be produced by this agent. We have already hinted that it was half expected to improve the mental condition of one patient. There were not wanting writers who thought that kings might have wisdom imparted through their veins. Kauffmann told of a "sheep's melancholy" having occurred in some patients into whom he had injected sheep's blood, and even Elsholz proposed the transfusion of a little of the blood of the husband into the wife's veins, and a reciprocity on the part of the wife; in fact, a mutual exchange of a few ounces of blood as a cure and preventive of matrimonial jars.

However much it may be regretted that no such hope of a panacea, physical and moral, remains to humanity, it is scarcely to be wondered at that the effects of a remedy endowed with such surprising powers should have given rise to conjectures and beliefs, which, after all, were only in accordance with the ideas of the times.

Next in order come the experiments of Purmann, who, in 1670, had *aqua cochlearia* injected into his own veins for a skin disease. He fainted during the process, and afterwards suffered from suppuration of the vein, but that he still had faith in the method is proved by his submitting to it at a later period for ague and dysentery of long standing. On this occasion he used the *aqua cardui benedicti*, and he recovered in a few days without any ill effects. After this he injected small quantities of alcohol, ammonia, and vegetable infusions into the veins of three epileptics. Each case was successful.

In 1691 Müller having injected mercury into the veins of animals found points of suppuration around the metallic globules in the lungs. The same result was noticed by Dr. Haighton in 1799, and at a more recent date by Cruveilhier.

Italy claims the honour of having employed this method in numerous physiological investigations. Baglivi found that the injection of cold water produced rigors. He also discovered the fatal effects of air being admitted into the circulation.

In 1721 the plague was communicated from man to dogs by injecting the contents of a gall bladder into the veins in the course of some experiments respecting the state of the bile in that disease.

In 1778 Regnandot described a case of leprosy which he believed he had cured by venous injections of senna and guaiacum suspended in mucilage.

In 1785 Fuller proposed injection for restoring persons from drowning. This idea was followed up by Meckel, who to induce reaction by vomiting, injected two grains of tartar-emetic in a case of attempted suicide by drowning.

Valisnieri a little later relates the cure of a viper bite, in which the symptoms were desperate, by an injection of a teaspoonful of hartshorn.

In 1776 the production of vomiting by this means saved the life of a man who was dying from the impaction of a piece of meat in the œsophagus. Kohler, who had seen the effects of venous injections in some experiments of Lieberkühn's, having been called to this case, injected six grains of tartar-emetic into the veins. After a time the meat was rejected by violent vomiting, and the man recovered.

In 1784 a military surgeon of Potsdam, named Balck, who seems to have heard of Kohler's success, carried out the same plan. Being unable to dislodge a large piece of

flesh from his patient by the probang or other means, when he considered the man to be dying, Surgeon Balck opened the right median cephalic vein and injected a solution of tartar-emetie. This occasioned the speedy expulsion of the meat by violent vomiting, which continued afterwards, and for which ether and laudanum were given. The man speedily recovered from the weakness induced. A couple of years later the same surgeon had the good fortune by the same means to save the life of a woman imperilled in a similar manner.

In 1796 Knopf was equally successful in similar circumstances; his being thus the fourth recorded case of this nature.

In 1816 a fifth case of this kind was equally successful under Græfe, of Berlin.

By the period to which we have now arrived in this brief sketch of the history of the method, more rational views had begun to prevail than those noticed in a former digression from the strict chronology of facts. Thus we have next to record that Hemman looked upon those medicines only as adapted for the purpose which are readily miscible with the blood, and cause no sensible change in its appearance. This is so rational a notion that we feel surprised it had not been previously insisted on.

Hemman, acting upon this idea, injected into the veins of an epileptic girl a solution of musk in water. The catamenia, previously suppressed, reappeared and the girl recovered. On another occasion he injected a carefully prepared and thrice filtered infusion of bark, to which a minute quantity of spirit of ammonia had been added, in the case of a man in a hopeless condition, on the twelfth day of typhus. Three ounces of the fluid were injected; after about half an hour some colour returned to the face, the pulse rose, and the skin became bedewed with perspiration. Three hours afterwards the coma passed off, and the patient took some wine. Then came a relapse; the pulse fell; the skin again became dry, and restlessness, and then delirium ensued. The relapse continued the next day, but Hemman, encouraged by the effects of his former injection, persevered. This time he used the "essential salt of quinia," dissolving one drachm in four ounces of distilled water, and, after repeated filtration, adding fifteen grains of carbonate of ammonia. Of this he succeeded in injecting three ounces, having previously allowed four ounces of blood to escape from the vein. An hour afterwards the pulse had risen; then free perspiration came on. The same night offensive diarrhoea took place; but from this time the patient continued to improve; nothing except a trifling suppuration at the bend of the elbow having occurred during convalescence.

Before the close of the century a drachm of infusion of tobacco had been injected by Lynn into the veins of a horse affected by tetanus. It was thought to give relief, but the horse died before it was repeated. Besides this, Viborg, of Copenhagen, made a number of useful experiments respecting the production of vomiting and perspirations in animals in which these are not easily excited.

Moreover, Darwin had suggested transfusion in stricture of the esophagus, but this was not carried out.

Early in the present century Ortel, of Leipsic, was engaged on the subject, and employed camphor triturated with mucilage, both of them very inappropriate substances, and likely to cause mechanical obstruction in the circulation. Nevertheless, some patients recovered from both disease and remedy.

A considerable number of patients in the Charité Hospital at Berlin were treated by this method by Drs. Hufeland and Horn without a single fatal result, but we have not met with any details of the cases.

MM. Percy and Laurent, in an article on this subject in the *Dictionnaire des Sciences Médicales*, state that of eight cases of tetanus injected by them five completely recovered, and that at a time when to save any one in this disease was the exception. The substances injected comprised wine, bark, digitalis, stramonium, and valerian.

In 1820 a girl was successfully treated for epileptic apoplexy by tartar-emetie, injected by Krahe of Berlin.

Majendie next took up with the method, and injected a quart of tepid water in a case of hydrophobia. The injection was followed by a complete state of calm, which lasted a week, and although the patient afterwards died, such relief as this could not but stimulate to further trial. It showed the safety of a large injection of liquid at the temperature of the blood. Henceforth it only remained to learn that fluids of different densities could not safely be brought in contact with the blood globules. Some other efforts were unsuccessfully made to arrest hydrophobia in this manner by Froriep and Gaspard, the former of whom used an infusion of belladonna.

M. Coindet injected poppy juice in a case of hysterical trismus, and M. Meplain tartar-emetie, as a vermifuge in a case of convulsions. Both patients did well, although the propriety of resorting to venous injections, in such instances, will scarcely be admitted.

This brings us to the well-known labours of Dr. James Blundell, of Guy's Hospital, on the subject of transfusion, whose success in rescuing a woman from flooding gave a fresh impetus to this method, and enabled others who followed him to snatch similar successes. Transfusion had, indeed, before this been tried at Guy's, by Dr. Chalmers, but with only a very brief benefit, the case selected having been schirrus of the pylorus, and, therefore, one in which it can scarcely be considered justifiable.

We have now traced the history of venous injections down to the period when a new impulse was given to this mode of treatment by the proposal to try it in the collapse stage of cholera.

Those who may desire to investigate the earlier history in a more systematic manner will find many interesting particulars in the writings of Dieffenbach, Scheel, Birch, and the authors we have already cited. An admirable and learned sketch of this part of the subject was also given by Dr. Little, of the London Hospital, in his oration before the Hunterian Society in 1852, to which, indeed, we are indebted for some of the facts above mentioned.

The labours of this physician will, however, demand prominent mention in the succeeding portions of our report.

CORK-STREET FEVER HOSPITAL.

TYPHUS FEVER, WITH ENTERIC SYMPTOMS TERMINATING IN CHOLERA: RECOVERY.

By THOMAS WRIGLEY GRIMSHAW, M.B.,

ONE OF THE PHYSICIANS TO THE HOSPITAL; LECTURER ON MATERIA
MEDICA IN STEEVENS' HOSPITAL.

DURING the months of August and September of this year a number of cases were admitted into Cork-street Hospital, where choleraic diarrhoea occurred as a complication of typhus; in fact, the typhus in many cases seemed to have the malignant symptoms of cholera added to its own. Several of these cases occurred under the care of my colleagues, Drs. Kennedy and Mason, especially the former. The number of cases of enteric fever, or of typhus fever with enteric symptoms, such as are familiar to your readers through the paper of Dr. Kennedy, which appeared in THE MEDICAL PRESS AND CIRCULAR of June 20th, 1866, was much greater than usual. The following case, however, is of rare interest, as it exhibited well marked typhus with enteric symptoms, and finally became a case of well marked cholera, with all the symptoms of that disease:—

John Reddy, aged 15 years; admitted into hospital on September 21st, the tenth day of his illness. His father died of cholera on the 20th (this fact was not ascertained by me for several days after the boy's admission, nor was it known to the patient himself until his recovery); densely maculated.

22nd. First seen on this the eleventh day of the disease; maculae very numerous and dark; complains much of his head; bowels regular, but had been confined; temperature 104° ; respiration 46; pulse 120, with the character usually found in some typhus cases at this stage of the disease (see fig. 1):—

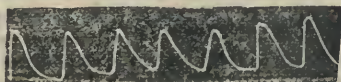


Fig. 1.

Ordered two leeches to each temple, infusion of tea,* three ounces every three hours.

22nd day. Says he is better; headache gone; spots same state; temperature $104^{\circ}5$; respiration 24; pulse 90, but not of the character usually found in typhus at this stage of the disease (see fig. 2). Continue infusion of tea.



Fig. 2.

13th day. Worse; diarrhoea, characteristic of enteric fever; pain and gurgling on pressure in the right iliac region; no pain elsewhere; no rose spots can be discerned; temperature 103° ; respiration 26; pulse 108, of the same form as yesterday (see fig. 2). Ordered dilute sulphuric acid, to be added to the infusion of tea.

14th day. Spots less distinct; symptoms of cholera, vomiting, purging, cramps in legs, hollow eyes, and sunken countenance; temperature $99^{\circ}5$; respiration 34; pulse 90, distinct, but of higher tension than yesterday (see fig. 3).



Fig. 3.

Ordered infusion of tea as before, beef-tea, wine ten ounces, whisky two ounces; sinapism to epigastrium; lead and opium pills, eight grains every three hours; infusion of mint with hydrocyanic acid, 30 minims to eight ounces, an ounce to be taken every third hour until vomiting ceases; hot jars to feet.

15th day. Cholera symptoms continue; temperature 97 ; respiration 36; pulse 84; high tension (see fig. 4).



Fig. 4.

Continue same treatment as yesterday, whisky four ounces in punch as before.

16th day. Collapsed; diarrhoea and vomiting have ceased; breath cold to hand held before the patient's lips; temperature of breath 73° , temperature of ward being 60° ; spots same as yesterday; temperature 96 ; respiration 24; pulse 60, of much the same character as yesterday (see sphygmogram, fig. 5).



Fig. 5.

Ordered infusion of tea to be taken hot; calomel and opium pills; whisky six ounces in hot punch; extra blankets and hot jars.

17th day. Same state as yesterday; spots fading; temperature 96° ; respiration 30; breath slightly warm; pulse 84, of same form as yesterday (see sphygmogram, fig. 5); bowels not moved since yesterday; no urine passed. Ordered tea, wine, and punch as before; stop pills; calomel five grains.

18th day. Worse; pulse not to be felt at wrist; no

* The infusion of tea is made by infusing three ounces of tea in one pint of cold water for twenty-four hours.

sphygmogram could be taken; respiration regular; breath cold again; parotid gland swollen; appears to complain of head and stiffness in neck; passed urine. By Dr. Kennedy's advice leeches were applied behind the ears, and a small blister to the nape of the neck; ten grains of camphor were given to procure sleep; whisky, wine, and tea, as before.

19th day. Better; breath warm; parotid swelling increased in size; hypopyon and commencing ulceration of both corneae; respiration quick and irregular; temperature 100° ; pulse 120, irregular (see fig. 6). Speaks



Fig. 6.

and tries to put out his tongue. Same treatment as yesterday, except calomel; eyes to be washed with milk and water.

October 1st, 20th day. As I was going off hospital duty, the patient was transferred to the care of Dr. Mason. Much better; corneae much the same state; speaks well; temperature 100° ; respiration 30; pulse 120; sphygmogram of nearly natural form (see fig. 7). Continue same treatment.



Fig. 7.

21st day. Decidedly better; pus found in parotid swelling; ulceration of corneae healing; temperature 100° ; respiration 24; pulse 90, similar in form to yesterday (see sphygmogram, fig. 7); whisky four ounces, other treatment same as before.

22nd day. Rapidly improving; respiration 24; temperature $99^{\circ}5$; pulse 90, of natural form (see fig. 8).

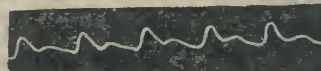


Fig. 8.

From this date the patient rapidly improved; the abscess in the parotid burst on October 5th, and the patient was considered convalescent on October 8th.

27th day. The range of temperature in this case, given in the annexed diagram, fig. 9, is remarkable, varying

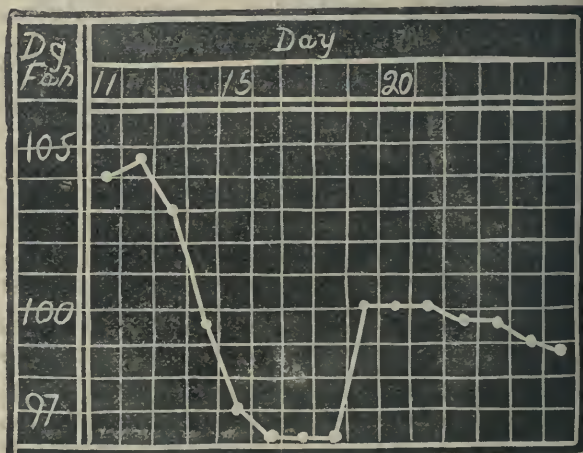


Fig. 9.

from $104^{\circ}5$ on the 12th day to 96° on the 16th day, and again rising to 100° on the 19th day, from which it fell to natural by very slow degrees, through a considerable period. The temperature towards the end of the cure seems to have been kept up by the irritation of the parotid abscess, and an unhealed blister on the epigastrium.

MATER MISERICORDIÆ HOSPITAL.

CLINICAL REPORT.

By Dr. HAYDEN.

CEREBRO-SPINAL ARACHNITIS.

Case 1.—Anne A., a delicate looking child, aged 13 years, was admitted into hospital, June 25, 1866. Nine weeks previously she had been suddenly taken ill with acute pain in the head and left side of the neck, and extending to the arm and leg of the same side; these parts were tender on pressure; there was bilious vomiting; and from the outset of the attack partial loss of consciousness; she was leeches and blistered by her medical attendant, by whom, it would seem, the nature of the disease was identified. When two years old, according to the report of the mother, the patient suffered sudden impairment of vision in the right eye, consequent on fright; the pupil of that eye at the date of admittance was contracted and fixed, as if by adhesion of the iris to the lens; it was likewise somewhat hazy, and there was partial convergent strabismus and imperfect vision on the same side; the patient was weak, suffering from diarrhoea and occasional sickness of stomach; there was great emaciation, total loss of appetite; quick and feeble pulse; the cutaneous surface, especially over the angles of extension of the joints, was remarkably rough and desquamating; tongue coated at the edges, and denuded of epithelium and red along the centre; muscular pains were complained of in the left arm and leg, which were greatly wasted and acutely sensitive to pressure; there was occasional pain in the head. The case was reported to me as having been one of gastric fever with great wasting and consecutive debility; the patient was put upon mild bitter tonics and astringents, liquid diet, and a moderate allowance of wine; under this treatment she seemed to have made some progress when, on my morning visit to the hospital, Saturday, July 7, I found her partially unconscious, the left pupil slightly dilated and imperfectly sensible to light; severe pain was complained of in the head and neck; a blister was directed to be applied to the nape of the neck and the blistered surface to be dressed with mercurial ointment; hydrarg. c. creta and James's powder, of each one grain and a half, to be given every second hour, alternating with a dessert spoonful of wine. On the following day, July 8, the patient was totally unconscious, the left pupil widely dilated and insensible; pulse 144; skin hot; deglutition unaffected, powders to be continued and ʒi. of mercurial ointment to be rubbed into the axillæ morning and evening.

July 9th. Patient is much improved, can now recognise those around her and answer questions coherently; pulse 138; left pupil normal; treatment continued.

July 10th. Pulse 126, slight convergent strabismus of both eyes; left pupil somewhat dilated; patient's mind is not quite collected, and she cannot answer intelligibly questions relating to her condition; vomiting occurred once this morning, the ejecta consisting only of the food taken; there is slight diarrhoea; head to be shaved and blistered, and afterwards dressed with mercurial ointment; powders to be stopped, and wine and nutriment continued.

July 12th. Pulse 124; left pupil dilated; right pupil examined with a magnifying glass is seen to be irregular by adhesion of the iris to the lens, which is slightly opaque.

July 16th. Progressing favourably; appetite and sleep good; tongue clean; no pain in head or limbs; left pupil still slightly dilated; continue.

July 17th. Vomited once this morning; pulse 114; left pupil less dilated; gums red and swollen, and teeth dark; "tooth-line" on inner surface of left cheek; stop mercurial inunction; otherwise continue.

July 20th. Pulse 102, of good volume; appetite improved; to take one-and-a-half gr. sulph. quinine three times daily; six oz. of wine, and chicken for dinner.

July 21st. Stomach sickened last night; bowels confined; to have castor oil draught.

July 29th. Since last report patient has progressed most satisfactorily; pulse is now 96; tongue clean; left pupil normal; appetite improved; stomach no longer irritable; no pain in the head or extremities; is discharged to-day restored in all respects save as regards strength.

I have reported this case in detail, as it appears in my notes taken from day to day, because I believe it presents a typical example of cerebro-spinal arachnitis, of a sub-acute form, followed by relapse eleven weeks after the primary attack; affording very little hope of ultimate recovery, and reducing the patient to a degree of emaciation seldom witnessed.

The most characteristic features of the case were the muscular pains, chiefly in the legs; the rough and scabrous condition of the integuments; the tetanic fixation and partial retraction of the head and neck; dilatation of the pupil not fixed by adhesion; partial loss of consciousness, dry, red and crusted tongue, and irritable stomach.

It was, no doubt, the presence of the two last mentioned symptoms that led the child's friends to regard the disease as gastric fever. The synechia in the right eye was the result of iritis; and although I failed to obtain a history of syphilis in the parents, I am disposed to regard the iritis as due to a syphilitic taint by hereditary transmission, owing to the general defect of growth and nutrition which the child exhibited, and the absence of a history of acute inflammation in the eye. If this view be correct an interesting question arises—namely, whether the meningeal inflammation was not of a similar character, and due to the same cause?

Case 2.—Christopher Byrne, aged 30, a labourer employed in repairing the road in the neighbourhood of Blackrock was admitted into hospital Feb. 2nd, 1865. A day or two previously, whilst engaged at his work, he was suddenly attacked with pain in the back and limbs, rigors, and sickness of stomach. At the date of admittance he was only partially conscious, being able with great difficulty to answer questions relating to his illness; the pupils were widely dilated; convergent strabismus of the right eye; face pallid; pulse quick and feeble; partial paralysis of motion with hyperæsthesia and muscular rigidity of the upper and lower extremities; head somewhat retracted, and superior spinal muscles rigid; he was dry cupped and blistered along the spine, and put upon mercury, rapidly administered, both by the mouth and by inunction; the head was shaved and blistered and subsequently dressed with mercurial ointment. On the night of the 4th he was attacked with tetanic symptoms, and on the following morning I found him unconscious; the head and neck retracted and fixed, and the upper and lower extremities rigidly flexed; he was incapable of answering questions, continually uttered the most piteous cries, and died in convulsions in the afternoon.

On post-mortem examination the arachnoid at the base of the brain was found opaque and thickened, especially in the *locus perforatus anticus and medius*, and in the floor of the fourth ventricle; some lymph was effused into the meshes of the *pia mater* in the circle of Willis, and along the course of the basilar artery; there was general vascularity of the brain, and some clear serum in the lateral ventricles; the spinal cord was removed in its entirety; the membranes were in a similar state of vascularity, and about the centre of the dorsal portion the spinal cord was softened, and of the consistence and colour of thick cream.

Case 3.—Eliza M'E., aged 9 years, a native of Blackrock, admitted into hospital September 15th, 1866. A month previous to this date she was exposed to cold by sitting for an hour upon a stone, and on returning home was attacked by rigors, sickness of stomach, and pyrexia; severe pains in the arms and legs set in soon afterwards; the child's mother regarded the attack as gastric fever, but took no medical advice till she brought the patient to the hospital a month subse-

quently; her condition was then as follows:—There was severe pain in the head; dilation of pupils; hot, dry, and rough skin; quick and feeble pulse; red and dry tongue; epigastric tenderness and irritability of stomach. On the following day (16th) she had a very severe rigor which lasted four hours, and during which the posterior cervical muscles were rigidly contracted and the head fixed; the arms and legs were flexed and immovable. On the 17th the tetanic symptoms had subsided, but the stomach continued to reject everything taken.

The treatment consisted in leeching, blistering, and mercury, at first in the form of grey, combined with antimonial powder, and subsequently the bichloride; the head was shaved and pustulated with tartar-emic ointment; the irritability of stomach was allayed by means of small doses of morphia in solution combined with liquor of bismuth, and a blister to the epigastrium, and the patient supported upon milk and lime-water in equal proportions for several days. After a month's residence in hospital, and a slow convalescence, the patient was discharged restored to perfect health.

There can be no doubt that in the past, and likewise in the current year there has been a predisposition to, and to some extent an epidemic visitation of, cerebro-spinal meningitis; some cases of this disease have been reported by Dr. Lyons in this journal, and in the course of the last session of the Pathological Society of Dublin that gentleman exhibited a very interesting morbid specimen illustrative of the pathological changes effected by it. If my memory serves me rightly these changes were nearly identical with those detailed in the report of my second and only fatal case. I believe the proper treatment consists in counter-irritation and rapid administration of mercury.

In the late Dr. Mayne's well-known article on the subject (*Dublin Journal*, August 1, 1846), the characteristic features of the epidemic visitation of that year are graphically sketched, as manifested in Belfast, Dublin, and Bray, the symptoms were sudden seizure with pain in abdomen, vomiting, often purging and collapse; reaction quickly followed, accompanied with retraction of the neck; rigidity of the spine and limbs; the surface was hot; pulse 120 and 140; stomach irritable, and pain in epigastrium; occasionally violent convulsions, or coma with constant moaning occurred, and ultimately complete coma with paralysis of sphincters and slow pulse; the mortality was very considerable, death taking place usually within a period from the commencement of the attack varying from forty-eight hours to four days. Pain in the head and strabismus were occasionally noticed; cutaneous sensibility was in some cases exalted; whilst in others it was blunted, and irregular or coloured respiration, in the absence of thoracic disease, was a notable though not a constant feature of the epidemic. The post-mortem appearances were opacity of the arachnoid at the base of the brain and in the spinal canal without exudation; engorgement of the vessels of the *pia mater*, and effusion of a greenish or yellowish lymph in the subarachnoid spaces and meeting the roots of the cerebral and spinal nerves; no unusual vascularity, induration, or softening of the brain or spinal cord, and no effusion into the ventricles. In some cases there was sero-purulent effusion into the *theca vertebralis*, and not at the base of the brain.

The subjects of the disease were usually boys under twelve years. I have given a summary of the epidemic of 1846, as described by Dr. Mayne, in order to fix attention upon the features by which the recent partial visitation has differed from it; of the three cases which I have given the patients were in two instances females; in two of these strabismus was manifested; and in the only fatal case effusion into the cerebral ventricles and softening of a portion of the spinal cord were discovered. In all other respects the symptoms and structural alterations were similar to those described by Dr. Mayne.

The beneficial action of mercury and counter-irritation is illustrated in the two successful cases, and finally, the danger of confounding this disease with gastric fever, owing

to the irritability of stomach, epigastric tenderness, and peculiar state of the tongue which are common to both, is exemplified in cases one and three, in which, it would seem, the mistake had been actually made at a time when the diagnosis was of vital consequence and well directed treatment most likely to be efficacious.

Proceedings of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, OCT. 3RD, 1866.

Dr. BARNES, President.

Mr. JAMES KEITH GROSJEAN was admitted a Fellow, and Professor Rizzoli, of Bologna, an Honorary Fellow, of the Society.

Mr. NEWTON exhibited three preserved specimens, which he presented to the Society.

Dr. BRAXTON HICKS showed a Cephalotribe of his own design. It was lighter in construction than any yet made, and possessed power equal to those of larger size now in use on the Continent.

The Report on Dr. Wynn Williams' case of "Cyst Removed from the Abdomen," and exhibited at the Society in June last, was read.

Dr. BRUNTON showed a Placenta which he had removed a few days before from a healthy primiparous young woman. It contained in its centre a round tumour about the size of a small egg. The specimen was referred to two Fellows for examination and a report upon the tumour.

Dr. SMUTS gave the history of a curious case of Prolapsed Placenta, in which, after the greater part of the placenta remaining outside the ulva for more than forty-eight hours, it retracted within the uterus beyond the reach of the finger, and was expelled immediately after the birth of a healthy living child.

Mr. MITCHELL read a paper on

A CASE OF EARLY AND ENTIRELY DETACHED PLACENTA IN LABOUR, PRODUCING INTERNAL AND CONCEALED HÆMORRHAGE, OF WHICH THE PATIENT DIED SOON AFTER DELIVERY.

The patient, who was in the ninth month of gestation, was early one morning awoke by a most unusually violent and protracted spasm in the abdomen, so severe that she became alarmed. This pain was followed by a discharge of blood from the vagina, which although not very great, continued more or less up to the time of the birth of a still-born child. She never rallied, and died shortly after delivery. A large, firm clot, the size of a child's head, had passed from the uterus just before death. Mr. Mitchell considered it as one of those very rare cases where the placenta was suddenly and, no doubt, entirely cast from the uterus by the violent spasm of that organ.

Mr. ROBERT DUNN gave the particulars of a

FATAL CASE OF CONCEALED ACCIDENTAL HÆMORRHAGE, OCCURRING AT THE EIGHTH MONTH.

Mrs. C—, suffering from a severe cold, experienced while in bed, after a violent fit of coughing, strange and unusual sensations about her womb, and became faint. From this she recovered, and remained well for three or four days, when Mr. Mitchell was sent for. On his seeing her, she was cold, exhausted, and faint, with a weak and feeble pulse. From this state she rallied, but was seized with labour a few hours later. The liquor amnii escaped early, and with it a large clot of blood. She became faint, and complained of the want of breath. The os uteri being dilated to only the size of a half-crown, and the pains inefficient, stimulants, beef-tea, and ergot were administered, and Dr. Robert Lee's opinion was sought for. The patient, however, rapidly got weaker, and expired before the consultation had concluded. The post-mortem inspection revealed a child of eight months lying in the normal position in the womb. The placenta was found to be completely detached and quite

loose, resting upon a large mass of coagulated blood, not less than a quart, in the fundus of the uterus.

Dr. GREENHALGH agreed with Messrs. Dunn and Mitchell that fatal accidental hæmorrhage was of rare occurrence, never having met with a case until within the last few weeks, when he was applied to by a teacher of midwifery to see Mrs. —, between thirty and forty years of age, the mother of many children, who had reached the end of the eighth month of her pregnancy. Dr. Greenhalgh found the patient blanched, cold, and almost pulseless, without the slightest evidence of uterine action. Stimulants and nourishment were given freely, but without signs of rallying. Eight ounces of blood were transfused, after which she expired. Although no time was lost in performing the Cæsarean section, a dead child was extracted. The circumference of the placenta was adherent, except about two inches of its upper part, through which a portion of clot was protruding. Nearly the whole of the centre of the placenta was detached, and between it and the uterus was a large coagulum, weighing from one and a half to two pounds. The uterus was remarkably blanched and flaccid.

Dr. BRUNTON stated that he had met with a similar case about the full period of gestation. His patient was collapsed and nearly pulseless, and in a state of intense suffering. There were no labour pains, but one continuous pain of an intense stretchy character. He found the os uteri dilated to the size of a florin, and the membranes tensely stretched, as during a labour pain; but there was no relaxation of them, as in the interval between true labour pains. There was no discharge of blood at all until the membranes were ruptured, and then an immense gush of bloody fluid came away, rapidly followed by the head and body of the child, and then came three large clots of blood, each as large as a child's head. The placenta was healthy and cup-shaped on the uterine surface, caused, doubtless, by pressure of retained blood. The patient recovered. Dr. Brunton maintained that the chief diagnostic symptoms of accidental concealed hæmorrhage were—1st, the sudden collapse and fainting, with continuance of this state; and 2ndly, the intense continuous stretching pain, and the tense state of the membranes, also continuous.

Dr. GRAILY HEWITT attached much importance to the presence of a painful feeling of stretching or dilatation in the abdomen as a sign of hæmorrhage within the uterus, but from facts which had fallen under his own notice, and which he mentioned, it was not a symptom which was invariably observed, and consequently could not be considered as reliable. It might be absent, and yet with the uterus possibly containing a large quantity of blood. Together with other signs, great prostration and pallidity of surface, the sensation alluded to had, however, much positive diagnostic value.

ON A NEW MODE OF TREATING EPITHELIAL CANCER OF THE CERVIX UTERI AND ITS CAVITY.

By C. H. F. ROUTH, M.D.

The author, after referring to the able papers of Mr. Moore on Cancer, said that the use of bromine as a local agent was first suggested to him by his colleague, Dr. Wynn Williams. Dr. Routh then related two cases admitted under his care at the Samaritan Hospital. In the first, the patient was thin, pale, and haggard, losing blood continually. There was a mass of fungoid epithelial growths, taking their origin from the os uteri, and about the size of an egg. The actual cautery was used to check the bleeding, and after the slough had come away a solution of bromine—five minims, to fifty of spirits of wine—was used. A piece of lint, the anterior surface of which was well saturated with the solution, was applied to the uterine diseased surface, and kept *in situ* by pledgets of lint. After forty-eight hours it was removed, and the part dressed at night with a poultice of lint dipped in warm water, and during the day warm douches were applied. In about a week a slough came away and left a large healthy granulating surface. Tannin with glycerine was applied, and used daily. The patient also took internally the iodide of arsenic with extract of conium. After a period of ten weeks she was fat, hearty, and well coloured; but as she occasionally lost a drop of blood, Dr. Routh carefully examined the internal surface of the uterus, and found about a quarter of its lining membrane affected with epithelioma. She left the hospital for some weeks, and on being readmitted a piece of wood about the size of the uterine cavity was prepared, and covered with cotton: the

upper part was dipped in a saturated solution of carbonate of soda, the lower in the bromine solution, and it was passed up and left within the uterus. Two or three further applications of bromine with glycerine were necessary, and the patient left the hospital with a moveable healthy uterus.

In the second case there was a large carcinomatous mass, about the size of an orange, attached to the os, which appeared to be large cauliflower excrescences, breaking down readily and bleeding at the slightest touch. On the 20th January the mass was removed by the wire écraseur, and a few days afterwards the spirituous solution of bromine was applied. She took internally the iodide of arsenic and conium, and was treated in the same manner as the first case. She left the hospital on April 2nd, with a movable uterus covered with healthy mucous membrane, and looking herself fat and hearty.

The author remarked that he was quite aware that two cases afford an insufficient criterion as to the value of any remedy, and that time had not been allowed to prove that the cures were lasting. Notwithstanding these objections, he thought, at the same time, there were some considerations which made an early publication of these cases desirable. The author concluded by drawing attention to the care necessary in mixing the bromine with the spirits, which should be done very gradually, to avoid an explosion. He hoped others would try the agent he now brought forward, and give the results of their experience. He believed it to be a potent and useful remedy, and likely to prove of service, if not in the cure absolutely, at least in the arrest of the progress of cancer.

Dr. WYNN WILLIAMS said that he had applied solutions of bromine, in varying degrees of strength, in cancerous growths, where there has been any breach of surface, for some nine or ten years; and for the last two or three years to this disease when attacking the uterus, with the effect of destroying the cancerous mass, and causing its removal by sloughing. The first patient on whom he used it was a man suffering from epithelial cancer which had commenced in the lower lip, the soft parts having been almost entirely removed; and wherever he was able to apply the solution of bromine the wound healed, until the whole external surface of it, extending, he might say, almost from ear to ear, had skinned over. The patient, however, ultimately died from extension of the disease to the neighbouring glands. Dr. Williams considered the beneficial effects of bromine were not confined to its corrosive or escharotic action only, but it acted also as a most powerful disinfectant, its good effects in this way being of great service. He had seen patients with that peculiar cachectic, emaciated aspect so common in those suffering from open cancer rapidly improve in appearance soon after using bromine applications. He had found that in almost every case in which he had been able to apply bromine directly to the cancerous growth it had been followed by most beneficial results. He had frequently prescribed bromide of iron internally whilst applying the bromine externally, but thought its effect very problematical.

Dr. ROGERS said he believed some of the previous speakers were labouring under an erroneous impression that the paper by Dr. Routh and the remarks of Dr. W. Williams tended to establish a new "specific for cancer." All that was desired to be made known was the fact that in some cases of epithelial cancer of the cervix uteri the bromine had proved a most energetic and valuable escharotic, destroying vascular growths, arresting hæmorrhage and the prostration resulting from it, and checking all fœtid and foul discharges. Healthy granulations followed its application, and the parts appeared free from disease. How long such improved state would continue could not at present be predicted. This was certain, that a most marked improvement took place locally and constitutionally. The patients would soon have died had not the disease been arrested; now they appeared restored to health and strength again. Of course, where the bromine could not be applied to the whole of the diseased parts the mischief could not be arrested, and the disease proceeded on its fatal course. Bromine, like other powerful caustics, required great care and all the precautions mentioned by the author in its use. From its not being properly guarded, he (Dr. Rogers) had known mischief to arise, which ought to have been prevented. He had used it himself, and had assisted the author with all his cases; and great credit was due to Dr. Routh for the skill, care, and perseverance exhibited by him.

Dr. ROUTH, in reply, said he had frequently seen cases of

extirpation of cancerous growths by the knife or éraseur, but they almost invariably recurred. The plan proposed did more, or supplemented what knives and éraseurs could not do; and he must say he never saw change so rapid from one of marked cachexia to robust health as under the bromine treatment. It was because he had thought this so remarkable that he wished others to try it also for themselves. If the agent was what he believed, the profession would soon acknowledge it. Herein he only followed the general rule of medical men, which differed so much from that of quacks, to make known at once any remedy for the good of all, and not to keep it secret. Great harm, he believed, had been done to the treatment of this affection in our schools and elsewhere by invariably speaking of cancer as incurable. Now he believed opinion was changing, and some began to believe a cure might be found. He did not say that bromine was certainly such a remedy, but at any rate it was the most powerful palliative he had met with. To see a woman dying by inches before you, and carrying about her an odour completing her misery, was a severe trial. If bromine could stop this only for six months it was surely to be received with thankfulness. Future experience, however, might prove its powers to be even greater than this.

ON THE MECHANISM AND MANAGEMENT OF DELIVERY IN CASES OF DOUBLE MONSTROSITY.

By W. S. PLAYFAIR, M.D., M.R.C.P.

The author pointed out that, although numerous instances of double monstrosity were recorded in various publications, and specimens were met with in all our museums, little reference was made to the mechanism of delivery in any of our standard works on Obstetrics. As the cases were likely to give rise to very formidable difficulties in practice, the object of the paper was to arrive at a clear understanding as to the means by which Nature attempted delivery, with the view of arriving at some definite conclusions as to the proper management of cases of the kind. Details were collected from various sources of thirty-one cases, in which the labour was more or less accurately described. These histories were analyzed under their respective classes, and practical deductions were arrived at as to the proper course to be pursued with the view of rendering the most efficient assistance.

Reviews.

THE PHYSIOLOGICAL ANATOMY AND PHYSIOLOGY OF MAN. By ROBERT B. TODD, WILLIAM BOWMAN, and LIONEL S. BEALE, Fellows of the Royal Society, former and present Professors of Physiology and of General and Morbid Anatomy in King's College, London. A New Edition, by the last-named author. Part I. London: Longmans. 1866.

TODD and Bowman's Physiology is now almost a thing of the past, so rapid are the changes exhibited by the ever shifting scenes of physiological and histological science, but the book will always be welcome in consequence of the known ability of its writers, and the original views which it has unfolded. Of the two first-named authors one is removed from the sphere of his earthly labours, and the other has abandoned the sphere of abstract science for more practical pursuits, and the preparation of the new edition has therefore fallen to Dr. Lionel Beale, the present accomplished Professor of Physiology in King's College, who assisted in the composition of the concluding part of the former work. To those who know Dr. Beale's zeal for physiological science, and are acquainted with his multitudinous labours in that department, it is only necessary to mention his name as a guarantee for the excellence of the present edition, which will of course be brought up to the standard of the present day. The part now published consists of the Introduction, the First Chapter, on structure, and the Second Chapter, on chemical composition, and it is said to be complete in itself; but it is to be hoped that the succeeding parts will be regularly supplied, as the value of such a book to students, for whom it is especially

intended, mainly depends upon its being brought out at stated intervals, and upon its being completed within such a period as may prevent one part from being at discord with another, owing to the development of new theories, or the progress of discovery.

ON INHALATION, AS A MEANS OF LOCAL TREATMENT OF THE ORGANS OF RESPIRATION, BY ATOMIZED FLUIDS AND GASES. By HERMANN BEIGEL, M.D., Assistant-Physician to the Metropolitan Free Hospital. Pp. 200. London: Hardwicke. 1866.

THE object of this work is to show the efficacy of the inhalation of atomized fluids in several diseases of the respiratory tract. Dr. Beigel does not assert that in such cases success will always follow the process he recommends, but he desires to prove that a cure can be often effected by this method, which, in suitable subjects, he regards as preferable to all other kinds of treatment. The book is divided into two parts, the first of which is devoted to the subject of inhalation in general, the history of the invention, the description of the instruments employed in the treatment, the medicines used for the purpose, and the effects they produce; and the second part is on inhalation applied to special diseases. Among these are diseases of the larynx and trachea, as laryngeal hyperæsthesia, œdema glottidis, laryngitis, croup, and diphtheria, and diseases of the bronchi and lungs, as bronchitis, asthma, emphysema, hæmoptysis, phthisis, gangrene of the lungs, and hooping-cough. The historical part contains a very able summary of the successive steps by which the process of the inhalation of atomized fluids has become established as a therapeutical agent, and some very good plates are given illustrative of the apparatus employed and the methods of using it. The second part contains the details of a number of cases in which the process of inhalation has been successfully employed. Dr. Beigel writes like a scholar, and his English displays but few foreign idioms; and the book is very well got up, the paper, the type, and the illustrations being alike good.

MEDICAL DIAGNOSIS, WITH SPECIAL REFERENCE TO PRACTICAL MEDICINE. A Guide to the Knowledge and Discrimination of Diseases. By J. M. DA COSTA, M.D. Second Edition. Revised. Philadelphia: J. B. Lippincott and Co. 1866. Pp. 784. 8vo.

IN THE MEDICAL PRESS for the 1st November, 1865, we inserted a review of the first edition of this work (which had made its appearance in 1864), particularly noting in it a defect common to all works of its class—an attempt at the complete isolation of diseases, and, in too many instances, an undue dependence on merely physical diagnosis. Further, the attention of the reader was called to another want—the little notice taken by Dr. Da Costa of the complications of diseases, and of the co-existence of various morbid states in the same or in different organs.

Despite of these and other defects, this work has gone through a second edition in a very short time, and it now comes before us with the addition of ninety pages of new matter, and twenty-two wood-cuts "mainly on subjects which in the former edition were briefly touched upon." New matter has been largely incorporated in various parts of the work; but the chief additions will be found in the Chapters on Diseases of the Brain, of the Larynx, of the Blood, on the Urine, and on Parasites, and in the Section on Abdominal Enlargement.

Medical subjects of more recent interest are adverted to and explained; for example, pp. 153-159 are occupied with an account of Laryngoscopes and Laryngoscopy, and wood-cuts are given in illustration of the letter-press. Again, on page 39, we find an account of the Sphygmograph, and an illustrative wood-cut. On page 44 we have a wood-cut of a

Thermometer for clinical use, with remarks on its application to the diagnosis of disease. This part of the new edition we consider far too meager, and not at all in proportion to the importance of the subject. Further, the *Æsthiometer* is figured, and its use explained on pp. 56-58. On the whole, we consider that there is a great improvement in this second edition, although we do not think any possible addition or alteration can obviate defects which are necessarily connected with a book of this kind. Everything of value in it can be, or ought to be, found in our standard books on the theory and practice of physic; and the advanced student or junior practitioner who is obliged to resort to a work on medical diagnosis for the discrimination of most of the diseases here treated of, must be much in the same position as the physician who closely adheres to prescriptions taken from "Pareira's *Selecta e Prescriptis*," or the parson who always preaches another man's sermons instead of his own. The meagerness of many of the portions of this second edition cannot fail to strike the reader. On p. 125 we find mention of tetanus, and the entire of Dr. Da Costa's observations on it are comprised in about three and a half pages; on the other hand, an entire section—pages 289-357—is very properly devoted to diseases of the heart. Equally extended, in proportion to other parts of the work, is Chapter XI., on Fevers, Dr. Da Costa's observations on this most important subject comprising no less than sixty-seven pages.

Chapter XII., on Diseases of the Skin, is very scanty. Here, as every practical man knows, diagnosis is frequently difficult, always important, and the varieties are legion. Yet, only about twelve and a half pages are devoted to this very important division. The Diagnosis of Poisons, in Chapter XIII., is still more scanty, and moreover almost useless. No one who wants to know anything about poisons will neglect to consult some work on that subject, or on medical jurisprudence, in preference to a book of the kind now under notice. The concluding portion of the book is enriched with woodcuts of various parasites; for example, the *Trichina* in recent human muscle, the *Trichina Spiralis*, and others. To sum up: we are of opinion that this edition is a considerable improvement on its predecessor; and to readers who will bear in mind the defects necessarily inherent in a work on Medical Diagnosis, we can commend Dr. Da Costa's work. Its style is simple and unpretentious, and its English will bear critical examination. We know of no better book in our language on Medical Diagnosis.

London Medical Press & Circular.

"*SALUS POPULI SUPREMA LEX.*"

WEDNESDAY, OCTOBER 31, 1866.

A TALE OF SCANDAL AT THE MIDDLESEX HOSPITAL.

THE Managers and Medical Officers of our Hospitals, Asylums, and Dispensaries are often placed in very difficult positions when dealing with offences, real or alleged, occurring in the institutions placed under their superintendence. It is not to be supposed, while human nature remains as it is, that scandals will not arise in establishments where a large number of persons, male and female, are collected together, or that faults, errors, and crimes, common enough in the outer world, will be entirely absent within the walls of buildings devoted to

the reception of the sick and the infirm. All that can be expected is, that when charges of misconduct are made against the officials of such institutions, they should be promptly made the subjects of careful investigation, and the offenders punished if the charges are proved. But the question then arises as to the course which ought to be pursued when charges are made which are found to be groundless, but which, nevertheless, by the mere fact that they are deliberately preferred and persisted in, are injurious to the character and reputation of a Medical charity.

The Committee and the Medical Officers of the Middlesex Hospital have lately been placed in a dilemma similar to that we have just alluded to, and the consequence has been a trial at the Central Criminal Court. We may at once state that, notwithstanding the results of the trial, the authorities of the Hospital are free from suspicion, and the course they have pursued is even creditable to their management of the officials under their control.

It appears that during the month of July, in the present year, a patient in one of the wards of the Hospital made a complaint to Mr. SHAW, the Senior Surgeon, of some impropriety of conduct which was alleged to have taken place in the ward one night between another patient and one of the female nurses, and which the informant declared he had witnessed. The accusation was exceedingly improbable on the face of it, for independently of the unblemished moral character of the nurse impeached, the patient who was charged with this act of immorality was proved to be suffering at the time from a severe and painful injury to the knee, received at the famous charge of Balaclava, and subsequently aggravated by a kick from a horse, and which injury necessitated the patient's absolute rest and the confinement of the knee in bandages and a cradle. The charge of immorality, however, having been made, and duly reduced to writing and signed by the informant, was very properly investigated by the House Committee, who decided that it was groundless, and they retained the nurse in her situation.

If matters had rested here the public would have heard nothing of the story, but the authorities determined to prosecute the person who made the accusation, and after a preliminary examination before a magistrate, he was put on his trial at the Central Criminal Court for libel. After a long investigation, the jury came to a decision which, although affirming the publication of the libel on the part of the prisoner, was tantamount to a verdict of acquittal; for they held that although the charges were false, yet that the prisoner when he made them believed them to be true; and, moreover, that he had not published them except to the authorities of the Hospital, and for the purpose of procuring an investigation. The jury, in fact, held that the statement made was what is technically called a "privileged communication."

We should remark that the counsel for the prisoner

endeavoured, though in very bad taste and without doing any good to his client, to cast reflections on the management of the Hospital, by referring to alleged irregularities on other occasions. For so doing he was very properly rebuked by the judge, who observed that not only were his insinuations entirely destitute of foundation, but the circumstances alluded to had no connection with the case.

The only question which arises on a view of the facts is, whether the authorities of the Hospital were justified in instituting a prosecution, or whether the better plan would not have been to let the matter drop after it had undergone a thorough and impartial investigation. We think, however, that they may have considered themselves justified in taking the course they did, because, had they acted otherwise, it might have been whispered about that they were bolstering up the misconduct of their servants, and that, after all, the accusation might be true. They therefore boldly came forward and subjected themselves and the whole management of the Hospital to a thorough scrutiny, and although the prisoner was acquitted on the grounds we have mentioned, and the officers of the Hospital are now liable to a civil action, yet there cannot be any doubt that the character of the institution has been vindicated, notwithstanding the unjust and unfounded aspersions cast upon it by the prisoner's counsel, in the exercise of that forensic liberty which too often runs into licentiousness, and is too rarely checked by the Bench.

THE SCHOOL OF PHYSIC IN IRELAND.

Of the many institutions connected with our profession none is of greater importance at present than the Corporation or College called "the School of Physic in Ireland." We therefore propose to make some practical observations regarding it, because a large number of the best class of our students are deeply concerned in its good management, and also because there is a great want of information regarding its constitution and government, as well as respecting its general management.

We purpose, then, to give a short historical account of the origin of, and legislative enactments about, this Corporation; and to follow this up by giving our views regarding the professional and clinical arrangements of the school, as it is at present constituted. We may state generally that any facts here quoted are given on what is considered to be a good authority in such matters.*

In the time of KING CHARLES I. the state of physick in Ireland was deplorable in the extreme. To remedy this the King issued his letter promising a Charter to a College of Physicians; but owing to the troublous state of the times the Royal intention was not

carried into effect. Towards the close of the Cromwellian period, Dr. STEARNE, then a Senior Fellow of Trinity College, Dublin, and Regius Professor of Physic there, founded in Dublin a Medical College, long after known as Trinity Hall. On the restoration of the Monarchy this foundation was confirmed, and before the death of STEARNE it became developed by Charter of CHARLES II. into "the College of Physicians in Dublin." Of this College STEARNE was President for life, and we have ample evidence that medical education, such as it then was, and particularly practical anatomy, was studied there with an ardour which many difficulties did not suffice to overcome.

Among the successors of Dr. STEARNE in the presidential chair was Dr. DUN, afterwards Sir PATRICK. In his time Trinity Hall was abandoned; a new Charter was obtained for what is now termed "The King and Queen's College of Physicians in Ireland" (because it was granted by WILLIAM and MARY); and that medical education was at a low ebb is evident from his bequeathing, by his celebrated will and deed, his property to endow one or two Professors in the College of Physicians in Dublin. At first only one Professor was chosen; and owing to lengthened Chancery litigation between him and Lady DUN, who survived her husband, nothing useful came of Sir PATRICK's intentions for many years. Several Acts of Parliament were passed respecting DUN's will and DUN's Professor or Professors during the eighteenth century. The chief effect of these was to increase the number of Professors on his foundation, so as to make between them and the University of Dublin Professors a complete staff, capable of giving a full medical education to students, who otherwise should resort to foreign schools for professional instruction.

As medical ideas progressed, it was found that clinical lectures were necessary, and it was proposed to devote part of the proceeds of DUN's estates, which had now become valuable, to establish and maintain an hospital for this purpose. Owing to some flaws in the Acts of Parliament already referred to, the Professors were enabled to protest successfully against this project for some time; but at length, in the year 1800, the Irish Parliament passed the Statute ever since known as the School of Physic Act. By this Act the School of Physic consists of the Professors of Practice of Medicine, Institutes of Medicine, and *Materia Medica* and Pharmacy, on the foundation of Sir P. DUN; of the University Professors of Anatomy and Chirurgery, Chemistry, and Botany; and of such Students (who need not necessarily be Students in Arts) as shall have matriculated with the Registrar of Trinity College, Dublin.

An hospital, to be called Sir PATRICK DUN's, was directed to be founded and supported for the clinical instruction of these students out of DUN's estates, which were to be, for the most part, appropriated to this purpose; and which, with the exception of salaries of small amount to be paid to DUN's Professors, to his librarian, and to defray other minor fixed charges, were directed to be

* Records of the King and Queen's College of Physicians in Ireland; including a Memoir of Sir Patrick Dun, a Memoir of Dr. Stearne, the Register of the College for 1866, the two Charters, and other important Documents concerning the Profession of Physic in Ireland. Compiled by T. W. Belcher, M.D. Dublin, &c., Fellow and Censor, &c., of the College. Dublin, 8vo, Hodges, Smith and Co. 1866.

totally diverted from the object intended by him to the support of an hospital which he never contemplated. The Professors before mentioned were appointed Clinical Teachers in this hospital, and its internal management was committed to a Board consisting of the Visitors and chief Officers of the College of Physicians, and the Provost of Trinity College, all for the time being; and twelve other persons to be elected by the *ex-officio* Governors from among the subscribers to the building and maintenance of the Hospital. The Professors on DUN's foundation were to be governed by the College of Physicians, which were to be practically their electors, while the University Professors were to be appointed and governed by the Board of Trinity College, which also supported them, as far as their fixed salaries were concerned. The last provision of the Act respecting Sir P. DUN's Hospital came into operation in 1814, when it was opened for the reception of patients and for clinical instruction. Since then all candidates for the degree of M.B. in the University of Dublin have been required to attend its clinique, and, until recently, to put in three-fourths of their anni medici in the School of Physic. About twelve months ago surgical cases were for the first time treated in the Hospital, which is now a recognised medico-surgical institution. We hope to pursue this subject in our next.

THE M.D. HONORIS CAUSA OF THE QUEEN'S UNIVERSITY.

THE queries which we lately administered have received a silent consent. It is true that Professor GREENE of Cork has received the M.D. Honoris Causa from the Senate of the Queen's University, not having the remotest pretension to a knowledge of medicine. The explanation offered is as follows:—When the late Dr. HARVEY was candidate for the Chair of Botany in the University it came out that he had not the essential M.D., nor the information to get it. The Board of Trinity College, determined that he should be the Professor, gave him the M.D. Honoris Causa. This gave rise to much complaint on the part of the other candidates, who naturally regarded it as a declaration in favour of Dr. HARVEY. It was then determined that the mistake should not be repeated. The Senate of the Queen's University have, however, followed the mischievous precedent, and under much more inopportune circumstances. Now-a-days a degree Honoris Causa is something more than a title, for it confers on the holder a right to practise and to be recognized as an educated medical man—to give evidence on medical subjects in courts of law, and to hold medical appointments. Accepting Professor GREENE's guarantee not to practise, we have no reason to know that he may not be called upon to appear as a witness, with or against his will, to give evidence on matters of which he is confessedly ignorant, or that he may not think himself justified in accepting some appointment requiring medical knowledge, or

hitherto occupied by a *bona fide* member of our profession. The General Medical Council should look to the establishment of such a precedent, and should finally put a *veto* on its repetition.

CHOLERA.

IN the forty-second week of the year ending Saturday, October 22, of which the Registrar-General's returns appeared simultaneously with our last number, we have to chronicle a diminished number of deaths from the epidemic. The total number of deaths registered in London during the week was 1464, being an excess of 237 over the average number, corrected for increase of population. The deaths from cholera were 144, from diarrhœa 55, making a total from these two forms of disease of 199, a number which does not equal the excess in the mortality. This excess is, however, partially accounted for by an increase in the number of deaths from bronchitis—the first intimation that winter has already commenced, and that the diseases of that season will now for some months present themselves prominently in the weekly returns. The deaths from cholera and diarrhœa for the last seven weeks have been respectively 289, 292, 248, 244, 251, 254, and, as stated above, last week 199. On Sunday and Monday, the 21st and 22nd, 20 deaths from cholera and 4 from diarrhœa were registered in the metropolitan districts. On Tuesday there were 19 deaths from cholera, and 7 from diarrhœa. On Wednesday, the figures fell to 12 and 6 respectively; and on Thursday they were 12 and 8.

The deaths have continued to be distributed over the whole metropolitan area. The annual rate of mortality during the week was 25 per 1000 in London; 30 in Edinburgh, and 45 in Dublin.

LIVERPOOL.

Here the epidemic continues to decline. The deaths, during the last three weeks, have been, respectively, 99, 53, and 38. There is yet, therefore, a hope that the disease may this time be held in check by vigorous sanitary measures.

THE TYNE.

Last week we reported an outbreak at North and South Shields, and other Tyneside towns. We regret to announce an increase of cases. Several deaths have been reported also at Newcastle, and at Sunderland-on-Wear. Up to the 25th, we were informed that 60 deaths had been recorded at North Shields, and that diarrhœa was very prevalent. There appears reason to believe that contaminated water will once more be found to be the cause of the outbreak. Numerous cases occur in a circumscribed district. Coble Dene is the centre of the plague, while parts that suffered most in previous epidemics altogether escape. It would appear that this part is more or less supplied by a well, below the level of a mine, whence the filth of men and animals could easily percolate; moreover, some surface-draining is admitted to the reservoir. The parts supplied by the main source of the North Shields Water Company are escaping. It falls then upon this company to say why they should derive any part of their supply from the doubtful well to which we have alluded. At South Shields, the public health is in a far better condition, although, being situated on the lower side of the river, it might have been conjectured that the opposite condition would obtain. South Shields fortunately possesses a fine supply of water, derived from the magnesian limestone strata of the county of Durham.

EDINBURGH.

Up to the 22nd inst., 39 cases had been admitted to the Cholera Hospital since the opening of that institution on the 9th. Of these 27 had terminated fatally, and 7 recoveries were reported. A good deal of diarrhœa prevailed all over the city, some of the best situated districts suffering as much as those in less favourable sanitary condition.

DUBLIN.

We regret to announce a serious increase in the epidemic in the Irish capital. The deaths, which had been in the two previous weeks 81 and 98, last week rose to 118, and it has been asserted that other deaths have taken place and not been registered. There can be no doubt that much requires to be done in the way of sanitary improvement. What are the Town Council about that they do not commence by cleansing the Liffey, instituting house-to-house visitation, engaging an army of scavengers, carrying lime-wash into the dirty dwellings of the poor, and securing the services of a good number of medical officers?

THE CONTINENT.

GERMANY.—Up to the 22nd instant, 8139 cases had been reported in Berlin, of which 5330 ended fatally. It is asserted that at present only about six new cases occur daily, of which, on the average, three die. Some official returns have been published in Vienna, from which it would appear that upwards of 200,000 persons have been attacked by the epidemic in the empire of Austria since the commencement of July. The deaths on the average were about 50 per cent. In Vienna alone there have been 3242 deaths. In Hungary the attacks have been more than 49,000 in number; the deaths 21,556. In Moravia 27,624 had died out of 67,192 persons attacked. The pestilence throughout Germany is now declining rapidly.

FRANCE AND ITALY.—The obstinate resistance of the French authorities to the publication of statistics renders it impossible to estimate the exact truth. We learn from private sources that the epidemic still shows itself along the Mediterranean coast. In Southern Italy and Sicily though the cases are not numerous, they occur in new districts, and many towns of the kingdom have had a few cases. We have heard of several deaths at Rome, and a few cases at Florence.

Notes on Current Topics.

CRUELTY TO LUNATICS.

DURING the week two warders of the Surrey County Asylum have been charged at the Central Criminal Court by the visiting justices with "unlawfully striking, wounding, and ill-treating" one of the patients. We have no intention of analyzing the evidence on this occasion. Both men were found guilty, but the jury recommended them to mercy, in consideration of their position being one in which they might be tempted by the violence of the lunatic to strike a blow.

The Recorder, taking into consideration this recommendation, sentenced them to two months' imprisonment with hard labour. It cannot be too widely known that the law is ample to protect the insane from violence and ill-usage. The humane system, thanks to the untiring

perseverance of medical men, is now completely established. A keeper guilty of cruelty must expect severe punishment, and happily there is no want of disposition on the part of the authorities to enforce the law.

This case, however, affords us the opportunity to point out that strong men, and warders need be strong, selected from the class whence most of them are taken, are under great temptation in cases of violent lunatics to employ their strength too readily. They have not the same faith in, nor the ability to carry out, a mental control, as better educated men. For this reason we would gladly see the medical element increased. Were half a dozen young medical men added for a while to each of our asylums, while greatly benefiting the institutions by infusing a higher tone in the attendants, they would acquire for themselves so much valuable experience and information that, we doubt not, many as soon as they have passed their examinations would gladly become clinical assistants for a few months, without salary. The plan has, we believe, been partially tried at Bethlem, but on a very small scale. If it were difficult to obtain qualified practitioners, which indeed we can scarcely imagine, advanced students might be admitted. This is the way to diffuse the best knowledge of mental diseases throughout the profession, and the presence of a few such gentlemen would, we feel sure, strengthen the hands of the resident physician in protecting the patients under his care.

THE LONDON MEDICAL SOCIETIES.

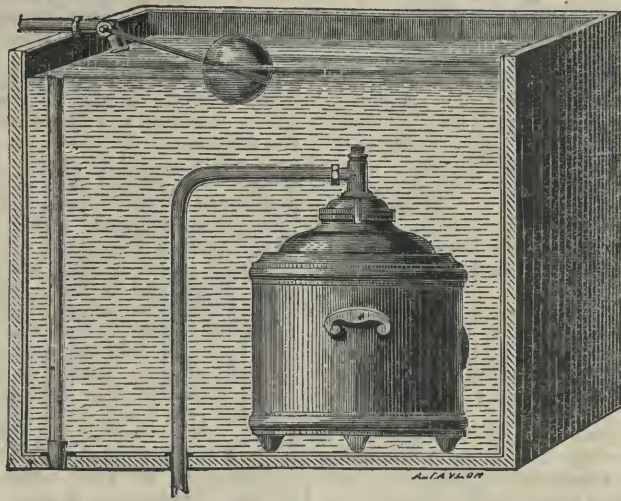
CONCURRENTLY with the new life infused into the profession by the opening of the winter session at the schools, the Medical Societies have commenced their periodical meetings. From what we hear, a number of capital papers will be brought forward, and the session will prove by no means a barren one. Nevertheless, there is evidently a want of new blood in more than one. New members ought to be obtained, and some of these should become office-bearers. Each society should be a nucleus of work in its department, and thus a great deal of progress ought to be made. When we compare the results of our societies with those of similar continental institutions, we confess that we are not altogether satisfied. The MEDICAL PRESS AND CIRCULAR has always given cordial support to the societies, and will continue to do so. Let the latter, however, remember that brief papers, eliciting good discussions, are of the utmost importance. Discussions are in fact the life of societies. For elaborate essays the printing press is the more natural medium. We cordially wish a brilliant session to all our societies.

A LATE APPOINTMENT IN THE ARMY.

A CORRESPONDENT draws our attention to the fact that an individual who was formerly an assistant-surgeon in the army, but who was lately a witness on the trial of one Hunter, and professionally attended some of that person's patients, has been again admitted to the service. We beg to endorse our correspondent's inquiry as to whether this appointment meets with the concurrence of the Director-General? Further, we should like to know whether, before reaching the eminence from which he may serenely look down on such small things, this official would have liked to have had thrust upon him, as a brother officer, a practitioner who had in any manner, direct or indirect, been associated with Hunter or his advertisements?

NEW INVENTIONS.

At such a time as the present, when epidemic cholera warns us to adopt additional precautionary measures against the propagation and spread of disease, it becomes our duty, both collectively and individually, to guard against its direful incursions: we therefore observe with satisfaction an invention calculated to faithfully guard the threshold of our dwellings against the intrusions of an important contamination in an alimentary substance—the water we drink. Although not our



pany, between the entrance of Somerset House and King's College, in the Strand. In addition to this, it also embodies the necessary requirements to ensure its constant action and easy application to existing circumstances.

The accompanying diagram will serve to illustrate the mode of application better than we could afford space to describe; suffice it to say, that the system is easily applicable to any existing house-cistern, at a moderate expenditure, and thenceforth, from the period of its adoption, every drop of water drawn from that cistern is necessarily purified from organic matter on the moment previous to usage; thus, again, any fresh taint or vapidity, liable to generate by the accumulation of filtered water, is here avoided.

Other systems of filtration may prove efficient in their action, as experience teaches us; but the inconvenience

intention to recommend any particular form of apparatus or description of article for so important an object, at the same time, in the use and application of one substance there can arise but little controversy. Such is animal charcoal. The remarkable properties of this substance, as an oxidizer, are foreign to nearly every other known body: or, if present, are practically useless. Based, then, on this, a sure foundation seems to be the cistern filter manufactured by the Water Purifying Com-

experienced in the slow progress made by them in the operation of purification, be it even one pint of water, much more in replenishing the culinary utensils with water for consumption, necessarily precludes their general adoption. But still more, many do positive harm in arresting any suspended organic matter the water might contain, and by exposing such to the continued passage of the subsequent water passed through, offers every opportunity for its ultimate re-solution. Such may render the water bright, nay, more sparkling, by the generation of carbonic acid, arising from the excess of organic matter, but, it is needless to add, is prejudicial to health. These objections seem to be entirely overcome in the filter alluded to, and we can only add, from practical experience, that we have found those facts fully borne out in practice.

Correspondence.

ON THE PRESENT SYSTEM
OF
MEDICAL EDUCATION AND EXAMINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the hope that some of the gentlemen to whom has been confided the pleasing task of introducing to their studies new students of medicine, would have proposed the adoption of a better mode of medical examination and education than that at present in existence, I have deferred laying my views on the question before the profession. Now that the introductory lectures have been delivered, and that by their silence on this subject the lecturers seem to have tacitly acknowledged the present system to be incapable of improvement, I would be backward in what I consider my duty to the profession were I not to show up the evils which beset the system, and to propose such means as I think would remedy the defects.

No more fitting opportunity could have been found than that which so many gentlemen had within their reach during the past few days of proposing innovations in medical education and examination.

Why did not those gentlemen avail themselves of the opportunity? Was it that they considered the system perfect, incapable of improvement? Was it that they saw the inutilty of proposing any change, lest their words should be but wasted breath? Was it that they feared to speak out their minds, lest by so doing they should bring down on them the odium of the boards to whom is entrusted the management of education and examination?

I, for one, deny the perfection of the system, and I am fearless of the censure of any individual or of any community.

It may be that the propositions which I am about to make will be disregarded—that the views which I shall express will not be entertained—and that even the truths which I shall mention will be denied. It will be said—"Who is this that would teach us how to teach, and how to test knowledge?" He is one who has thought on the subject, who has suffered from the evils of it, and who will at least expose those evils, show how they may be remedied, and who confides the agitation for the adoption of the remedies to honest-minded men—men who are lovers of their profession, who are zealous of its advancement, who would have it a profession to which to belong would be a matter of pride, and a life-long boast—men who, educated themselves, would have for their co-labourers well-educated, skilful, and competent persons.

I have thought best to consider the subject under three heads, viz:—

1. Preliminary Education.
2. Professional Education.
3. Professional Examination.

Without further preface we will proceed to consider what is, and what ought to be,

PRELIMINARY EDUCATION.

By the term "Preliminary Education" I mean such education as is imparted before entering on college courses, in schools, and by private teachers. English in all its branches, Latin, Greek, and French Literature, and Mathematics, form the usual school curriculum. I have nothing to say against this; it is necessary for a gentleman to be acquainted with the literature of his own country, to study man's divisions of the globe: a knowledge of Greek and Latin is desirable, but, in good truth, I cannot see any great advantages accruing from school education in the dead languages to pupils who are not intended for one of the learned professions, more especially as all this knowledge is in after-life forgotten. Mathematics is, of course, a necessary study.

But has the schoolboy so much to learn that the introduction of the natural and experimental sciences into the list of his studies would be impossible? Are the sciences of so little value, practically, that to study them would be time lost? Nay, no occupation in life, be it ever so humble, ever so low, there is none in which a knowledge of science will not be of incalculable use. Alas! the old idea, which has left our ancient universities, until lately, mere repositories of the literature of bygone days, has not yet been eradicated from our schools. Crush it out, and at once. Look at the achievements of science! The world begirt with a wire—the carrier of our thoughts—the carriage of the thought as rapid as thought itself! Time defied! Distance outdone! Consider what science may yet achieve. No one can, with justice, say that science is not necessary for everyone, at least as necessary as an acquaintance with Latin and Greek.

Now, you will ask what advantage would accrue from school education in science to the intending student of medicine? Those subjects are presented to him which will form the studies of his college days. From his school experience of them he will be able to form an idea as to his aptness for the more intricate study of them hereafter, and thus he can judge also whether he is fitted for a profession which is based on those sciences, for many students enrol themselves as candidates for the medical profession thinking it of easy attainment. Moreover if, after school study of the sciences, he should still wish to enter on the arduous studies of that profession, he would not step for the first time on the threshold of his college ignorant of the very rudiments, of the very alphabet of science, but anticipating the difficulties which attend the study of it, and having overcome many of the more abstruse problems, *he would know how to prosecute his studies profitably.* Such are a few of the advantages of school education in science. I will conclude this part of my subject by proposing as the proper sciences for school teaching the following:—

Natural Philosophy,
Botany and Zoology,
Physiology, and
Chemistry.

PROFESSIONAL EDUCATION.

Under this heading I will first consider whether the universal system of imparting information by lectures is admissible. This method of teaching may have been very well for the students of bygone days, when they commenced their professional education at a more mature age than they do at present. They now enter college mere *boys*, fresh from school. Surely you will not deny that it is exceedingly pernicious to entrust to those young school-boys their own education at college. They come into a lecture-room, and while the professor is expounding the mysteries of science in eloquent terms, the great majority of the students are busily engaged in transmitting their names to posterity by the simple process of carving them on the seats in their immediate neighbourhood. If after lecture you ask, say twenty of them, the bare subject of the discourse, the great probability is that one of the twenty will give a correct answer.

Very few of those young students spend their evenings in study; they say to themselves, "time enough." Time enough! when you are expected to learn well about twenty abstruse and difficult sciences in four years! *Four* years, did I say; should I not rather say *two* years? for does not an *amicus medicus* consist of only six months? Very few students devote their vacations to study. Hence you have twenty-four months to study twenty sciences! Not five weeks to learn a science!

Young fellows fresh from school, no matter how anxious to learn, cannot do so profitably under the present system. It is useless to tell them to take notes of lectures—they cannot do so. While taking down a point which strikes them as important, they lose, perhaps, far more useful, practical, and important parts of the lecture, and the result is, a jumbled idea of the lecture, which is more pernicious than a total ignorance of it. It is useless to tell them to follow their lectures in their text-book; the lectures seldom or never agree with text-books, either in style, matter, or mode of arrangement. How much more judicious it would be to establish *examination classes* in lieu of those lectures! If each professor were to adopt a class-book, and to mark out certain portions of that book to be read by the student in

the evenings, and to be examined on by him the next lecture day, what advantages would accrue? If the student showed evident signs of not having studied his task, I would institute a fine, or some punishment which would ensure study on the part of the student. After the examination the professor might indulge in any remarks on the subject which he considered necessary, in order that the students might entertain no false impressions. Now, would not this system be pregnant with advantages to the students and to the profession? The students would be obliged to study, and could not fail to receive lasting impressions of their studies. They would, moreover, get into the habit of expressing their ideas in good and explanatory language; and lastly, that abominable system of "grinding," to which so many students now resort, and which is the curse of the profession, would be done away with. I have yet a few other suggestions to make before I leave this subject. I would advise that each professor should give out to his class a portion of study to be worked up during the vacations; that he should hold examinations in those subjects on the coming back of the students, and that to those students who do not show that they have profitably studied during the vacations, the certificate of attendance on the course be not given. I have now to speak of instruction in the dissecting-room. I would divide the students here into different classes, according to the parts under dissection. I would hold weekly examinations of each class, making each student demonstrate before the class a particular part; thus the student would be compelled to dissect properly, and to study the parts as he comes to them, and thus, also, he would gain confidence in his anatomical knowledge, which would be of use to him all the days of his life. The majority of students use the dissecting-room as a smoking club or a gossiping resort. Dissecting, as at present practised, is merely a cutting up of the subject without any study.

Now, about hospital attendance. I would insist on a total revolution of the present system. I would not have my students a set of "perambulating machines." I would adopt "compulsory clerkships." Each student should have a few cases on which to report, &c. On lecture days I would compare the reports on similar cases, and make such remarks as I should think explanatory and useful. Lastly, I would deliver my clinical lectures at the bedside.

I come now to consider

PROFESSIONAL EXAMINATIONS.

What is the meaning of rejecting a candidate on *all* subjects if he has passed in *any*? Why should he be referred back to those subjects which the examiners have passed him in? Would it not be possible and advisable to institute individual or separate examinations, examinations on individual subjects, to be passed by the student at such a time as he thinks himself prepared?

When a student has many subjects to prepare at the same time he rarely will study any of them perfectly. The proverb concerning multiplicity of irons in the fire is as applicable to a medical student as it is to any other individual. Again, I would ask is it possible to judge of a student's knowledge of a subject by asking him a dozen (sometimes six) questions thereon? Lastly, I put it to you whether it is fair to judge of a student's knowledge by *viva voce* examination? I think that every one of an honest unbiassed mind will agree with me—1st, in proposing the rejection of a student only on those subjects which he has failed to satisfy his examiners in; 2ndly, in advocating the adoption of individual examinations; 3rdly, in proposing to give a greater number of questions; and, lastly, in insisting that *viva voce* examinations be used only to ascertain the *practical* knowledge of the candidate, as in an anatomical demonstration, a chemical analysis, diagnostic examinations of patients, &c. I have yet one other proposition to make—viz., the establishment of national examining boards. Let there be in England, in Scotland, and in Ireland a separate examining board for granting Medical and Surgical Degrees. Let this board be open to all students. It would be a bold thing to propose the abolishment of the separate examining bodies now in force, and yet what a vast amount of good would result from such a measure. No more petty rivalry, no more jealousies or bickerings—a united profession, a cemented brotherhood.

I have done now; and I confess that I entertain but little hope that my voice will be heard. Still, I have the consolation of knowing that I have performed a duty which was

imposed on me, inasmuch as there was not to be found another who would advocate the good cause. I have worked for the good of science, consequently for the welfare of mankind, and therefore for the honour of God.—I am, Sir, yours faithfully,
M. I., M.Ch.

NOTE UPON COMMERCIAL CARBOLIC ACID FOR DISINFECTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Crude or liquid carbolic acid is a definite hydrate having a certain composition. It may be considered practically to be as good an antiseptic as pure and crystalline carbolic acid. There is one point, however, in connection with this substance which is of some importance. The commercial article frequently contains a considerable quantity of sulphuretted hydrogen, the ultimate product from the distillation of the pyrites in the coal. The introduction of this gas into miasmatic localities cannot be a desirable addition, and it should be a *sine qua non* with manufacturers that they would supply it free from this contamination. Another very good reason for this is the fact that the absence of this gaseous product can be easily insured. There is very little sulphuretted hydrogen retained by the carbolic acid itself, but it is principally contained in the small quantity of water mechanically mixed with that liquid. A stream of sulphurous acid gas passed through the crude carbolic acid for a few minutes will effectually remove any traces of sulphuretted hydrogen. It should smell distinctly of the sulphurous acid, as the presence of an excess of this acid will add to its antiseptic properties, and will not add one farthing per gallon to the cost. We would feel inclined to condemn any carbolic acid intended to be used for disinfection which blackened acetate of lead paper on holding it over the orifice of the vessel that contained it. For purifying small quantities a little of the liquid sulphurous acid of the British Pharmacopœia may be used.

C. R. C. TICHBORNE, F.C.S., &c.

THE MEDICAL CLUB.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have observed with considerable interest the notices that have from time to time appeared in your journal respecting the proposal to establish a medical club, and, as I have had unusual experience in similar institutions, I hope a few hints may not be unkindly received by those who are interested in the undertaking:—First of all, to ensure success, confidence must be felt by all inclined to join it, and this, I am happy to think, can scarcely fail to be the feeling of the profession with the name of Mr. Probert as Treasurer. But you are aware, Sir, that all medical men are not necessarily possessed of business tact, nor indeed need I scruple to say that only very few of our leading men are remarkable for that talent, editors, of course, with due deference, excepted. It is for this reason I would urge upon the promoters at first, and the members afterwards, to elect on their committee gentlemen who would really take an active part in the management, as well as some whose professional renown will shed a lustre over the whole body.

The question of a name for the club has already caused some discussion, and is not yet decided. But one thing, to my mind, is clear—viz., that however the name may imply that the club is chiefly a professional one, yet it ought not, in fact, to be so *exclusively*. We ought not to exclude from our club a certain number of gentlemen not actually members of our profession. Indeed, it may be a question whether we ought not to encourage them by offering peculiar facilities. Medicine is happily, in the present day, wedded to science, and to exclude scientific men from a medical club would appear too much like seeking a divorce.

There are many great names that would add much to the influence of the club would they consent to be enrolled, but who are not medical men. We ought to cultivate the brotherhood of all labourers in any branch of science. I would go further and open the doors to the literary world, perhaps even to every *educated gentleman*.

Well, Sir, when the name and the constitution are both settled, the first practical step will come—procuring a house and making a start. To utter a warning on this point is my chief object. All I need say is, do not be too ambitious!

I have seen half a dozen clubs collapse through rushing into too great expenses at first. Several of them might have been most flourishing had they been content to “first creep and then run.”

Now, Sir, use your influence in this direction. Urge upon this new society, that it may become the representative of the highest and noblest portion of the profession—if willing to grow *by degrees*. As soon as 200 members are enrolled a start, *in a small way*, ought to be made. A young man taking apartments before burdening himself with a house, is the example to follow. As soon as the club is seen to be in good working order many candidates will apply for admission, and, as the club grows, the entrance fee should rise, and the difficulty of getting elected increase, until to belong to it is considered a great honour and experienced to be a great convenience.—I am, Sir,

AN INTENDING MEMBER.

October, 1866.

IMPROVED FLAP AMPUTATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I do not know whether the following plan of amputating above the knee is known to the profession or not. I have never seen it performed or described before, but I have often thought of it as an improvement, and lately practised it, with, what I consider, good effect.

It is a mode of forming the anterior flap, which better ensures its being of the proper size, and renders the operation both more easy and more rapid in execution than transfixion.

Standing as usual on the left hand side of the limb to be removed I grasp the thigh, placing my left thumb and middle finger on the two points which I wish to mark as the angles of the flaps, I then raise the soft parts thus grasped as much as possible from the bone, and applying the heel of the long transfixion knife to the front of the limb, and at the point which is to form the extremity of the anterior flap, I, with one stroke, divide all the parts in front of the bone as high up as my finger and thumb, which continue to grasp the flap as it is formed. The knife is then drawn through from right to left until its point clears the left side of the bone, under which it is then slipped and pushed on from left to right until it appears at the opposite side of the limb, when another stroke completes the formation of the posterior flap; the severance of the limb is then concluded as usual.

The peculiarity consists in the formation of the anterior flap by cutting from without, or from the skin to the bone, instead of the contrary.

Having recently tried it I can speak with confidence of its results, the limb having been severed well within thirty seconds, and the flaps fitting as if they had been measured.—I am, Sir, your obedient servant,

HENRY THOMPSON, M.D.,
Surgeon to the Tyrone Infirmary.

Omagh, October 26, 1866.

SMITH'S TEST FOR OZONE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I observe that Dr. Day, of Geelong, Victoria, in a letter of his on “Ozone as a Sanitary Agent,” which appeared in your number of the 24th inst., says that he has been in the habit of determining the state of purity of the sick room by means of the permanganates air-test recommended by Dr. Angus Smith. It would, I am sure, be of great use to the profession if Dr. Day would be good enough to describe the “Smith's air-test” employed by him, for that instrument has hitherto been a mystery in this country, notwithstanding that the results obtained from it, according to Dr. R. Angus Smith, have been so freely quoted by writers on sanitary subjects.—Yours obediently,

TEST.

London, Oct. 27, 1866.

P.S.—Perhaps you, Mr. Editor, can say where Smith's test can be procured, also whether you have ever seen it or known any person who had seen or used it?

Dr. BUCKLAND states that Chichester is more liable to earthquakes than any other place in the kingdom, in consequence of its being on the continuation of the Isle of Wight formation.

THE TRADE IN PHILANTHROPY.

THE Association for the Elimination of Benefits from Ill Winds has in a marked degree retarded the development of public benevolence in respect of the victims of the cholera epidemic in Dublin, and those who have seen their opportunity to push their own cause in the present misfortunes of the poor are turning the occasion to account by a vigorous inflation of the existing panic and their own philanthropic trumpet. Notably has the chance been improved by the authorities of Sir Patrick Dun's Hospital, who have scarcely permitted an issue of the daily papers to appear without a sensational picture of the horrors of the malady, a pseudo-scientific lecture, or a virtuously indignant declaration against the Poor-law authorities from the pen of their Secretary, the Reverend Professor Haughton. No doubt the line adopted by that gentleman has received the full concurrence of the Board of the Hospital, and, if so, it appears to us that it combines with singular infelicity a derogation of the dignity of the University of which Professor Haughton is Fellow and Medical Registrar, and of the Hospital to which he is Secretary. A misapprehension which seems to have taken hold of that gentleman's mind is, that national gratitude is the just reward to the staff of Sir Patrick Dun's Hospital, for the resignation with which they have immolated themselves on the shrine of the public good. He seems to vastly over-estimate (and to desire that the subscribing public should over-estimate) the very common discharge of duty which every physician undertakes, and which it would be a gross dereliction for an hospital specially intended for infectious diseases to refuse. The Physicians and Surgeons of the Meath, Mater Misericordiæ, and the Hardwicke Hospitals have done as much or more than those of Sir Patrick Dun's, and yet they have not considered it necessary to air their magnanimity through their respective secretaries; and it would be an insult to the Medical Officers of other Hospitals to think that, had circumstances permitted, they would have for an instant hesitated to vie with the staff of Sir Patrick Dun's in any good work.

The monetary result of all this agitation has been utilised by a meeting organised in Trinity College to persuade the Fellows and Graduates of the University into contributing towards the funds of the Hospital. We are not aware whether the audience at that meeting were fully aware of the fact that Sir Patrick Dun's Hospital has received, or will receive from the Poor-law Guardians a fair payment for every case admitted from a certain district, and that the Hospital is therefore little, if any, the poorer of the demand on its resources, which the public is now asked to meet.

Not the least objectionable feature of the whole proceeding is that the occasion has been made use of to transfer from the City of Dublin Hospital to Sir Patrick Dun's the grant hitherto made by the city for its maintenance. This institution, in common with

every other Hospital in Dublin not provided with special fever wards, was obliged, in justice to its other patients, to refuse admission to cholera cases, and yet it has been attempted to isolate it from all institutions under similar circumstances, and place its revenues to the credit of institutions not one whit more deserving of public confidence.

The Board of Sir PATRICK DUN's has spent the last two months "thanking God that they are not as other men are." We respectfully suggest that their time may be judiciously employed in a revision of the very indiscreet newspaper effusions of their Secretary, who, in our opinion, has not made a judicious change from the elucidation of the sciences, which his great talents have adorned, to the pursuit of newspaper celebrity, either in the departments of artistic hangmanship or clerico-medical agitation.

OBITUARY NOTICE.

THE LATE DR. BARLOW.

AT Longton Lodge, Sydenham, on October 13, George Hilario Barlow, M.D., aged 60. So runs the brief notice that another of our veterans has been called away from the sphere he so long filled and adorned. Dr. Barlow has been Physician to Guy's Hospital for twenty-three years, and was well known to all the busy practitioners of London, especially perhaps those of the Southern suburbs. As a teacher he was esteemed by many who could fully appreciate the absence of dogmatism which especially characterized him. Full of learning and experience, it was necessary for those who would make the most of his conversation to endeavour to place themselves on a level with him, or, if that could not be done, patiently learn from his well-stored mind the many aspects of the case. He was destitute of that showy tact and positiveness which is often mistaken for precise information. Thus, while many might be more successful in gaining the confidence of the public, few men could be selected whose general bearing and extensive knowledge offered a better example of what a physician should be. He was some years editor of "Guy's Hospital Reports," in which are many of his most valuable contributions to medicine. His "Manual of the Practice of Medicine" (one of Churchill's series) has long been in the hands of a large proportion of the profession.

BELFAST QUARTER SESSIONS.

(Before J. H. OTWAY, Esq., Q.C.)
(From the *Northern Whig* of October 25.)

HIS Worship took his seat in Court shortly after ten o'clock and resumed the business of the Quarter Sessions.

H. H. Bottomley, Esq., Sub-Sheriff, was present during the day.

THE EXPENSES OF MEDICAL MEN.

At the sitting of the Court,

Mr. Seeds called attention to the fact that several medical gentlemen, who had been in Court since the opening of the sessions, had only got one guinea for expenses, which was quite inadequate.

His Worship—It is a very great hardship, and may more or less interfere with the course of justice.

Mr. Seeds said that, in the case of Dr. Rea, who was a dispensary officer, he had been obliged to procure a substitute, and his expenses would not more than half pay that substitute

His Worship—I recommend that gentleman to memorial the Government, and call attention to the subject.

Mr. Birney, Sessional Crown Prosecutor, said he had got a circular from Government, and he could not give more. If he had the power, he would gladly do so.

Mr. McLean said a better arrangement might be made with regard to the attendance of medical witnesses by sending a policeman for them when their presence was required.

Mr. Rea said the Castle had no power to curtail the expenses. The docket was signed by the Clerk of the Peace, and they had no right to send these circulars to Mr. Birney at all. The power was unlimited, and it was very dangerous to allow the Castle to have anything to do with it. His Worship could make an order with regard to expenses.

His Worship said, if the Act were referred to under which he had the power, he would gladly exercise it.

Mr. Birney—I cannot disobey the directions I have received.

The Clerk of the Peace (Mr. W. C. Cunningham)—It is the Court grants the expenses, but it is upon the prayer of the prosecutor.

Mr. Rea—These Castle circulars should be disregarded.

Dr. Rea—We'll adopt your Worship's suggestion, and send a memorial to the Castle.

His Worship—Don't say I recommended you.

Mr. Rea—You may use my name, as I am no great favourite at the Castle. (Laughter.)

Notices to Correspondents.

Kappa.—Thanks for your note, for which we may find room.

B.—We saw the article alluded to. It is beneath notice.

Dr. G.—The "description" you send is not adapted for our columns.

S. A. T.—The Scotch and Irish schools do not open till November 2. The only reason we did not publish other introductory addresses, was want of space. We gave eight pages extra matter for two weeks in order to publish all we did. No other journal has given so full an account.

A New Subscriber will find all he mentions in our columns.

The Harveian Society of London.—The notice has been received.

Mr. H. S.—The offer is declined with thanks.

A Subscriber must be in error, as we are not aware that there is any cure for the affection in question, except by a surgical operation.

Dr. M.—The subject has been already fully discussed in our columns.

A Fellow.—We shall be glad to receive the communication alluded to.

Dr. Seaton Reid.—We regret that the late hour at which the addition to your communication came to hand prevented us from inserting it.

Dr. Harrison Gargrave, Leeds.—Your correction has been by mistake made in the address of another subscriber for the last two issues. We will have it remedied.

Dr. Griffiths.—Your communication is inserted, but we think nothing can be gained by a continuance of the controversy.

Dr. Kidd.—No notice whatever can be taken of articles or communications, unless sent in the usual course to the Editor of the English department, 20, King-William Street, Strand.

Lex.—Our correspondent has not afforded us an opportunity of estimating the value of his opinion by letting us know his name. We regret that editors are not of the chameleon complexion, to please all parties. We have had an all-powerful motive, which *Lex* seems to think too preposterous, the desire to maintain the education of our profession by discountenancing obsolete monopolies, which are as injurious to the institution in which they exist as to the general tone of the profession.

Communications, &c., from Messrs. Bedford Brothers; Dr. Mitchell. London, Dr. Kidd.

"Subscriber".—The salaries vary, but may be estimated to be equal in value to about £150 ashore. You will obtain full information by writing to the agents in Liverpool. We cannot recommend such appointments to gentlemen intending hereafter to enter private practice in England.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows, held on October 17th, the following gentlemen were reported by the examiners to have passed the primary examination for the licence:—

Charles Holte, B. B. Allen, William Anderson, Albert Henry Baines, James Wm. Barry, John Batley, Frederick Henry Blenkinsop, Clement Dukes, Branford Edwards, Alfred Henry Garrod, James Frederick Goodhart, Saltern George Littlejohn.

APOTHECARIES' HALL OF LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on October 18th:—

De Morgan, Edward, Adelaide-road, N.W.
Kinsey, Robert Henry, Thurlow-road, Hampstead.
Mickleth, Arthur George, Buntingford, Herts.

The following gentlemen also on the same day passed their first examination:—

Burford Norman, Guy's Hospital; J. A. Bevan, do.; J. B. Saundry, do.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—Names of Candidates who passed the Major Examination as Pharmaceutical Chemists, on the 17th October, 1866:—

Heald, Benjamin, Sleaford.	Price, William, Birmingham.
Jones, Rowland P., Llanrwst.	Skinner, Thomas, Cirencester.
Martindale, William, Carlisle.	Wallwork, Joseph, Tyldesley.
Pratt, Joseph, Stratford-on-Avon.	Wilson, John Henry, Driffield.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—The following gentlemen obtained the Licence to practise Medicine in the months of July, August, and September, 1866:—

Anderson, Despard, Carlow.	Hewitt, David B., Dublin.
Archdall, Gordon, Bundoran.	Hyde, Henry, London.
Bastable, Daniel, Kanturk.	Ireland, Richard, Galway.
Beatty, John G., Dublin.	M'Swiney, John (B.N.), Walmer.
Begge, Joseph T., do.	Morgan, Jerome, Rathgar.
Benson, John H., do.	Neary, Bernard, Dublin.
Bolster, Thomas, Mallow.	Olden, D. L., Dungarvan.
Brown, Anthony, Boyle.	O'Reilly, D., Ranelagh.
Carey, Richard, Newtownbarry.	O'Reilly, Thomas, Kilkenny.
Carre, Fenwick, Inver.	Pendleton, R. W., Trim.
Dunne, George, Delgany.	Ratigan, Alfred, Rostrevor.
Fair, Campbell, Oughterard.	Ridley, James, Tullamore.
Fitzgerald, Richard, Dublin.	Rougham, Geo., Ballinrobe.
Harding, W. T., 2 Batt. 19th Regt.	Watson, Chris., Dublin.
Healy, Michael, Askeaton.	

The following gentlemen obtained the Midwifery Diploma during the same period:—

Anderson Despard.	Olden, Dominic Lynch.
Beatty, John Guinness.	O'Reardon, Daniel.
Brown, Anthony Lennon.	O'Reilly, Thomas.
Carey, Richard Brown.	Pendleton, Richard W.
Carre, Fenwick.	Ratigan, Alfred Henry.
Cuppige, Thomas, Lurgan.	Saunderson, James, Edenderry.
Dunne, Richard Newman.	Watson, Christopher.
Fair, Campbell.	

AN Inquest was lately held on the body of a German governess, who died suddenly at Pimlico. On post-mortem examination a hydatid containing the ova of tapeworm was found on the right hemisphere of the brain about the size of a small nut. The cavities of the brain contained six ounces of serum, and six or seven hydatids were found in the fourth ventricle.

THE adage that "too much of a good thing is good for nothing" has been painfully illustrated in the death of Dr. Thomas Hall, Inspector-General of Hospitals. It came out at the inquest which was held on the body of the deceased that he had suffered much from gout and had been in the habit of taking Deville's anti-gout mixture to allay the pain of that disease. Deville's mixture is sold in bottles, accompanied with precise directions as to the quantity to be taken at a dose. Dr. Hall in his agony swallowed *thirty-six doses in one*, and died almost immediately.

RETIREMENT OF DR. DUNCAN FROM THE ADELAIDE HOSPITAL, DUBLIN.—At the meeting of the committee on Tuesday, 23rd October, 1866, it was resolved unanimously—That the committee of the Adelaide Hospital cannot allow Dr. Duncan's official connection with it to terminate without the expression of their grateful sense of the services he has rendered to the institution. They are aware that by his liberal contributions to its building and support, by his constant and successful efforts to increase the number of its friends, by his judicious counsels in seasons of difficulty, and by the exercise of his professional skill as one of its physicians, Dr. Duncan may be said to have done more than any other individual in placing the Adelaide Hospital in its present prosperous condition. While the committee now record their regret that they can no longer number him among the medical officers of the institution, they have the pleasure of knowing that his interest in the welfare of the hospital will continue unabated, and that they can always reckon upon his counsel and aid in any time of need.

THE UNIVERSITY OF CAMBRIDGE.—The Professor of Anatomy commenced his course of lectures on Human Anatomy and Physiology, on Tuesday, October, 23, at one P.M., which will be continued on Tuesdays, Thursdays, and Saturdays at the same hour. These lectures will be suitable to students of natural science, as well as to medical students. The demonstrations and the instruction in practical anatomy will be conducted in the old Anatomical Schools, and will be continued in the Christmas vacation. There will be microscopical demonstrations on alternate Mondays during term, at seven P.M., in the old Anatomical Museum, commencing on the 29th inst.

WHAT is the bent of the following, which appears in the *Dublin General Advertiser*:—"Doctors and Surgeons in high practice throughout the United Kingdom may, by conferring a real public benefit, materially increase their incomes; confidential. Address Mr. D. * * * *"

It is with regret we have to announce the death of Inspector-General of Hospitals, Dr. J. C. Carter, half-pay. The melancholy event occurred early on Saturday morning. Dr. Carter was a most zealous and efficient medical officer, and ably superintended the medical department during the years 1854-55, when, owing to the numerous embarkations of troops for the Crimea, his duties were of the most onerous description. He is deeply regretted not only by his brother officers but also by a large circle of acquaintances, being much esteemed for his many amiable qualities.

The celebrated Japanese traveller, Dr. von Siebold, died at Munich on the 18th instant, of typhus, at the age of seventy-one. He has left a rare collection of manuscripts.

FRENCH PHARMACOPOEIA.—The last issue of the French Pharmacopœia appeared in 1837; a new edition has just been prepared, the result of the labours of an Imperial Commission during the last three years. In addition to the changes rendered necessary by the progress of science, the *Journal of the Society of Arts* says the formulæ have been drawn up as far as possible in accordance with those of neighbouring countries, and an appendix has been added, containing foreign formulæ of recognised value. The new edition is therefore regarded by its authors as the first approach towards that grand desideratum, a universal pharmacopœia. In this age of rapid travelling, says the commission, chemists may be called upon to make up the prescriptions of medical men residing at great distances, and, therefore, local pharmacopœias have had their day; nothing but one recognised by all the scientific world is worthy of the time; but, in order to produce such a work, the concurrence of various governments is as necessary as for the generalization of money, weights, and measures. In the meantime France takes the first step on the road, and it is hoped that her endeavours will not be repulsed, and that the world will be endowed with another element of public health and security; it is hoped, amongst other things, that other nations will not persist in their special doses in the case of medicines containing active and dangerous poisons, such diversity in practice creating unnecessary perils for invalids, a preparation bearing the same name, being in one place too weak and ineffective, and in another too strong and dangerous.

DURING the past year only two candidates were examined for the dental diploma of the London College of Surgeons, both of whom passed.

THE SANITARY IMPROVEMENT OF EDINBURGH.—At a special meeting of the Town Council held on October 1, it was agreed, by a majority of 22 to 12, to proceed with the scheme of sanitary improvement promoted by Lord Provost Chambers. The scheme involves an expenditure of about £200,000, which it is proposed to raise by an assessment of 2d. in the pound continued for 20 years. The improvements proposed include the clearing out of old properties in some of the more densely crowded localities, and the opening up of other portions by cutting new streets through them. It also includes the formation of a wide street to the north of the University, by which the Museum of Science and Art, recently inaugurated by his Royal Highness the Duke of Edinburgh, will be thrown open to better view. The division in the Council took place on the question whether the plans should be proceeded with at once, or should lie over till after

the November elections. A portion of the dissentients tabled a protest against being held personally liable for any steps taken. At a very full meeting of the Merchant Company, it was unanimously resolved to support the Lord Provost in his scheme.

DR. DAY, LATE OF ST. ANDREWS.—The numerous professional and other friends of Dr. Day, late Professor of Medicine at the University of St. Andrews, will be glad to learn that, although still disabled from ordinary medical work, he has so far benefited by the genial air of Torquay as to be able to take charge of one or two young lady patients, for whom a residence in Devonshire may be desirable, and who would be received into his own family.

On Friday, at the meeting of the Chémico-Agricultural Society of Ulster, in Belfast, Dr. Hodges exhibited a large mass of heavy solid substance, taken from the stomach of a horse which had died from inflammation. It weighed seven pounds, and was almost round, resembling in shape a great cannon ball, and on examination it was found to be composed principally of phosphate of magnesia and the hairs on the husks of oats. This large stone, as it may be called, was the cause of the horse's death.

IMPROVED DWELLINGS FOR THE POOR.—The Liverpool Town Council adopted a recommendation of the Health Committee to borrow the sum of £13,000 from the Public Loan Commissioners, to be expended in the erection of dwellings for the working classes on land belonging to the Corporation in the overcrowded districts, where the density of the population is greater than that in any other town, not excluding the east-end of London.

It is proposed to establish in Lancashire an asylum for idiots and imbeciles belonging to the seven northern counties (including Cheshire). It is alleged that there are upwards of 13,000 cases in these counties, and there is no asylum into which they can be admitted.

COMPARISON OF THE RIGHT AND LEFT CLAVICLES.—Dr. Wyman, alluding to the want of symmetry in the two clavicles, laid before the Boston Medical Society the measurements and weights which he had made in nine pairs. Of these the maximum length was 6.40 inches, and the minimum 5.35 inches; the maximum weight 30.700 grammes, and the minimum 10.240. The right clavicle was longest in one pair, and the left in five pairs, the clavicles being of equal length in three. The right clavicle was heaviest in five pairs, the left in three.—*Boston Journal*, July 19.

LONDON SEWAGE.—The Reclamation Company, now actively engaged on the north side of the Thames, has already tested the value of the metropolitan sewage, and contemplates its regular and systematic utilisation on a farm which the company is about to purchase. Early in April last a plot of waste land at Barking Creek, devoid of surface soil, was covered with common sand, brought from Mapping, near Shoeburyness, to the extent of two feet thick, on which was sown grass seed. The surface was then well irrigated with ordinary London sewage from the northern outfall. This has been repeated once or twice. The effects of this manufacture of green meat—for such, indeed, it may be most justly considered—has been the production of three crops; one cut in June and July, at the rate of sixteen tons per acre; a second of eight tons; and a third now growing, and almost ready for the scythe.—*Sunday Gazette*.

THE HUNTERIAN MUSEUM.—From the last annual report of the Council of the Royal College of Surgeons, it appears that Parliament having voted £42,500 for the purchase of the extraordinary collection formed by John Hunter, and towards the erection of suitable buildings for its display and preservation, the large sum of £61,000 had been supplied from the College funds up to 1847, when, further enlargement of the building having become necessary by the continued increase of the collection, the Council of the College in that year purchased the extensive premises of Mr. Alderman Copeland in Portugal street, formerly the site and part of Ben Jonson's theatre, for the sum of £16,000, and in 1852 proceeded to the erection of the eastern museum at an expense of £25,000, Parliament granting £15,000 in aid thereof. The re-arrangement of the specimens

was completed, and the additional portion of the building opened to visitors in 1855, since which time considerable and most valuable specimens have been added by purchase and donation. Mr. Flower, the indefatigable Conservator of the Museum, has for some time past been exploring the osteological stores which have been accumulating for many years in the subterranean apartments of the College, which are now gradually yielding up their treasures to enrich the Museum. Amongst the particularly valuable additions from this source which appear to have escaped the attention of previous Conservators, is the skeleton of that rare and probably extinct bird the great auk (*Alca impennis*), of which only three other skeletons are known to exist in Europe, and none so perfect as the specimen lately added to the collection. Some of the bones of this valuable Hunterian specimen were already catalogued in the collection, but without any reference to the remainder being in the possession of the College, until the examination of the boxes in the store-room during the present year brought to light all the others required to complete the skeleton, with a few unimportant exceptions. It is the eggs of this bird which at recent sales by auction of objects of natural history have realized upwards of £30 each; there are half a dozen in the Hunterian collection. Another interesting addition is a skeleton of the awantibo (*Arctocebus calabarensis*), a lemuroid animal from Old Calabar, presented by Mr. A. Murray, and at present the only skeleton of the genus known to exist. The skeleton of another very rare animal, allied to the last mentioned, but presenting several remarkable peculiarities of conformation, the aye-aye (*Cheiromys madagascarensis*), has been added during the past year by purchase. An interesting discovery was made in the latter part of last year, in the Island of Mauritius, relating to that remarkable bird the dodo (*Didus ineptus*), once an inhabitant of that island, but extinct for nearly two centuries. The head and foot were the only parts previously known, and these presented such anomalous characters that much speculation existed among naturalists as to the structure of the other portions of the skeleton. For many years numerous searches have been carried on in various parts of the island to endeavour to find further remains of this once frequent inhabitant, but hitherto in vain. The curiosity felt upon the subject was at last gratified by the discovery, while draining a marsh, of many bones of numerous individuals undoubtedly of this species. As a portion of these were sent to this country and offered for sale, the College was enabled to secure, at a moderate cost, some of the most characteristic bones. The late Mr. Gordon Cumming's collection has been put under contribution, and some interesting specimens added to the Hunterian collection.

SURGICAL ACCIDENTS IN FACTORIES.---In the Reports of Inspectors of Factories for the six months ended April 30th, 1866, 2576 accidents from machinery are recorded; of these twenty-eight were fatal, and six of the fatal cases were children. Thirty children also suffered amputation of part of right hand, and twenty amputation of part of left hand. Sixteen got fractured limbs and bones of trunk; thirty-two, fracture of hand or foot; and sixteen, injuries to head and face.

SLAUGHTER-HOUSES AND RAILWAY CONVEYANCE.---One of the local Acts passed in the late session has been printed. It provides for the erection of a central railway station at Ryde, and of slaughter-houses for cattle by the company, and the imposition of tolls. In the event of metropolitan slaughter-houses being removed by an Act in the next session, others will be built out of town, with increased facilities for sending the meat to the London markets.

SEVERAL PERSONS POISONED BY NORWEGIAN SHELL-FISH.---The *Glasgow Daily Herald* gives the following particulars of the deaths of two ladies and a gentleman, supposed to be caused from eating shell-fish:—"Mr. Forbes, on his return this week from Manchester, brought some Norwegian crab shell-fish, and on Wednesday evening had a few friends to supper, when they all partook of them. On Tuesday morning they were all seized with choleraic symptoms. Mr. Bain about two P.M. feeling himself getting worse, proceeded to the hospital in Parliament-road; but, although everything was done that skill could suggest, he died on Friday night at a quarter to twelve. Mrs. Darling and Mrs. Merry had the prompt services of several able medical gentlemen; but

they have both succumbed, Mrs. Darling having expired at eleven o'clock on Thursday night, and Mrs. Merry at nine on Friday morning. Mr. and Mrs. Forbes, and Messrs. Darling and Merry, according to our latest intelligence, having been only slightly affected, are all recovering. The symptoms, the appearances, and the suddenness of the three sad deaths are all believed to be choleraic, but attributable not to the locality, but to something poisonous in the Norwegian shell-fish, of which, as we have stated, they had all partaken."

SALE OF DISEASED MEAT IN DUBLIN.---The Hon. J. P. Vereker, formerly Lord Mayor of Dublin, writes as follows:—"It is not possible for all the exertions of the Lord Mayor and his officers to prevent diseased meat being sold so long as Dublin contains 180 licensed slaughter-houses! Surely it is obvious that the greatest sanitary requirement for Dublin is a public slaughter-house, where all beasts used as human food will be slaughtered and dressed in the presence of a competent inspector. Thus not only will the circulation of diseased meat be altogether put an end to, but 180 houses (I might almost call them plague-houses), situated in the most crowded parts of the city, will be closed. Such a slaughter-house will require enormous sewerage accommodation, and in my opinion no scheme for purifying the Liffey and improving the city sewage will ever be perfect unless undertaken in connection with the establishment of a clean, well-ventilated public slaughter-house. Till a public slaughter-house is erected the great sewage question can never be satisfactorily disposed of. I do not believe the citizens have any adequate conception of the quantity of diseased meat now selling in Dublin. At one of the last meetings of the Public Health Committee, Professor Cameron, the city analyst, produced a disgusting piece of meat cut from the soundest part of half the carcass of a bullock seized by the police. I asked where the other moiety of the beast was, and was informed that it had escaped the vigilance of the police, and was doubtless sold as food to the poor!"

An old stable, with 100 infants in the horse-troughs and hay cribs, is rather a novelty, but is to be seen in the locality of Union-street, Borough-road, London. The work has been undertaken by the Rev. George Aldington, who has secured an old stable to form a nursery, and has fitted it up for taking care of the young children of women who are obliged to go out to char or work away from home.

ONE of the latest additions to the Museum of the Royal College of Surgeons is a perfect skeleton of the Great Auk—a supposed extinct bird—of which only three other examples are known to exist in Europe. This skeleton, which has been recovered from the accumulations of many years, deposited in the cellars of the Museum, is in better condition than the others. Skeletons of the Awantibo, a lemuroid animal, and of the Aye-Aye, have been added to the collection during the past year.

THE Metropolitan Sanitary Commission gives some interesting facts about drainage. For every inch of depth of water drained off which would otherwise pass into the air as vapour, we are told as much heat is saved per acre as would raise 11,000 cubic feet of air one degree in temperature. The dew point, too, is raised; hence less mist and dampness (as we all know) is more uncomfortable than cold. A farmer, says the Parliamentary report on drainage, was asked the effect of some new draining: "All I know is," replied he, "that before it was done I never could go out at night without a great coat, and now I never put one on. It just makes the difference of a coat to me." A doctor took one of the Sanitary Commissioners to a hill overlooking his district. "There," said he, "wherever you see those patches of white mist I have frequent illness; and if there's a cess-pool or other nuisance as well, I can reckon on typhus every now and then. Outside the mists I am rarely wanted." Damp, it seems, gives double energy to ill odours of all kinds. What a pity everybody cannot live on a hill-side with a good gravel subsoil.

DR. OGLE'S FORMULA FOR CHLORODYNE.---Chloroform, fʒvi.; Chloric Ether, fʒi.; Tinct. Capsici, fʒss.; Oil of Peppermint, gtt. ii.; Morphia Mur, Grains 8; Hydrocyanic Acid, xij. (Schuls); Perchloric Acid, gr. xx.; Tinct. Cannabis Indica, fʒi.; Treacle, ʒi.

A COMPANY has been formed for the purpose of laying street tramways through Dublin on a gauge of rails of 5 feet 3 inches, "being equivalent to that upon Irish railways, and better than the narrow gauge of 4 feet 8½ inches in operation in England." The Town Council do not oppose the scheme, and it is presumed that the commissioner appointed by the Board of Works to inquire into its merits will, under the circumstances, report in its favour. The first line proposed will pass right through the city, from Merrion-square, and along the South Quays to the Phoenix Park.

A DINNER has been given in Paris consisting entirely of smoked, salted, and pressed Brazilian beef. M. Payen, member of the Academy of Science, M. Berthoude, of the *Patrie*, and M. Jouslin, of the *Evénement*, were amongst the ten jurors empaneled to test the merits of the meat, which was served up in the shape of soup and bouilli, beef à la mode, and sausages. A unanimous verdict was pronounced in favour of Brazil as a beef-supplying ally of France.

THE POOR-LAW MEDICAL INSPECTORSHIP.—Dr. Kidd, of Ballymena, is a candidate for appointment to a vacancy in the above office. We have the pleasure of stating that, at a meeting of the Board of Guardians of Ballymena Union, held on Thursday last, it was unanimously resolved that his claims to the appointment be cordially supported by an official representation to the Poor-law Commissioners; and that, in the opinion of the Guardians, he is in all respects well qualified to discharge the important duties of a Medical Inspector with credit to himself, satisfaction to the country, and advantage to the public service.—*Ballymena Observer*. [We are much gratified to quote the above paragraph. Dr. Kidd is believed by all who know him to be a most suitable and competent person to fill the office alluded to, which is soon expected to be vacant. Owing to the length of time he has been engaged in the Poor-law service, his claim is considered to be very strong, as he is a well-tried officer, and thoroughly acquainted with the working of the system. We understand that Dr. Kidd has been strongly recommended by Lord Antrim, Colonel Adair, and many others in high position, who are well acquainted with his qualifications and fitness for the appointment. We have also heard that a strong memorial from his medical brethren, numerous signed, has been transmitted to the Poor-law Commissioners praying for his appointment.—Ed. B. N. L.]

THAT disgraceful because entirely preventible disease called scurvy appears to proceed without let or hindrance among the seamen of our mercantile marine. No less than six large vessels have entered the port of London during the past ten days with cases of scurvy on board, and we are informed that some of these cases are of the worst description. As long as filthy mixtures miscalled lime-juice are shipped for the use of crews, and, even if good juice be put on board, no attention is paid to its proper preservation or regular distribution, it is certain that this disease will prevail.

THE Glasgow correspondent of the *Scotsman* says: "Dr. Moore, who attended Mrs. Darling and Mrs. Merry, gives it as his opinion that those ladies died of cholera, and Mr. Bain's case has been reported at the Sanitary-office as one of choleraic diarrhoea. Dr. Gairdner, who was called in at Ibrox-terrace, will not take it upon him to say whether the deceased ladies died from cholera traceable to no particular cause, or whether the deaths have resulted from the eating of the crabs. The latter supposition seems strongly supported by the coincidence of so many persons being seized who had been members of the same supper party. Mrs. Forbes has also been ill, but we understand is recovering."

MIXED VAPOURS.—Two cases of death from mixed vapours of ether and chloroform are referred to in the *Observer* newspaper. Hitherto it was believed that the mixed vapours were harmless.

The *Association Journal*, or *British Medical*, loses the services of Dr. Markham as editor, and a committee has been sitting to appoint a new occupant for the editorial chair. Dr. Murchison, it is said, is one of the favourites; Dr. Richardson and Dr. B. W. Foster are also mentioned as candidates. Dr. Kidd is another candidate, resting his claim on a long service of gratuitous hospital reports, on "Gleanings" from the London hospitals, and a promise of Sir Charles Hastings.

THE LAW OF CORONERS' INQUESTS IN ENGLAND.

A correspondent of the *Medical Times and Gazette* asks:—(1.) Where an inquest ought legally to be held—whether in the house or room where the deceased person lies, or in a house or "Coroner's Court," possibly some considerable distance away, or whether it may be held at one or the other, at the option of the Coroner? (2.) Whether a Coroner can compel a House-Surgeon to leave his hospital duties and attend such "Coroner's Court" for the purpose of giving evidence? and (3.) Whether, if it is compulsory, a House-Surgeon is not entitled to a fee (as other practitioners are) for such attendance?

*. (1.) By the statute *de Officio Coronationis*, 2 Edw. I., st. 2, "the coroner, upon information, shall go to the place where any be slain or suddenly dead or wounded; and shall forthwith command four of the next towns, or five or six, to appear before him in such a place, and when they are come thither, the coroner, upon the oath of them, shall inquire in this manner—that is, to wit, if it concerns a man slain, whether they know where the person was slain, whether it were in any house, field, bed, tavern, or company, and if any and who were there." It is not, however, necessary that the inquisition should be taken at the place where the body lies, provided it is taken within the same jurisdiction; and the coroner may adjourn the jury from one place to another, provided that the real place at which the inquest is held be stated in the inquisition. The inquest may be held in the room or house where the body lies, or in any other house within the jurisdiction; and wherever it is held that would be the "coroner's court." (2 and 3.) The fifth clause of the Medical Witnesses Act enacts—"V. Provided also, and be it further enacted, that when any inquest shall be holden on the body of any person who has died in any public hospital or infirmary, or in any building or place belonging thereto, or used for the reception of the patients thereof, or who has died in any county or other lunatic asylum, or in any public infirmary or other public medical institution, whether the same be supported by endowments or by voluntary subscriptions, then and in such case nothing herein contained shall be construed to entitle the medical officer whose duty it may have been to attend the deceased person as a medical officer of such institution as aforesaid to the fees or remuneration herein provided." But, in any other case, a "House-Surgeon" stands precisely on the same footing, with regard to fees and liability to be summoned by the coroner, as any other Medical Practitioner.

Late Publications in Medicine & Science,

(From the Publishers' Circular.)

- Cassell's Popular Natural History. With coloured Plates. Vol. 3. Birds. Royal 8vo, cloth, 10s. 6d.—Cassell.
- Crichton (A. W.)—A Naturalist's Ramble to the Orcades. 12mo, pp. 136, cloth, 4s.—Van Voorst.
- Frankland (Edward)—Lecture Notes for Chemical Students, embracing Mineral and Organic Chemistry. Post 8vo, pp. 440, cloth, 12s.—Van Voorst.
- Maunder (Samuel)—The Scientific and Literary Treasury. New edit. thoroughly revised and in great part rewritten, with upwards of 1000 new Articles. By James Yate Johnson. 12mo, pp. 820, cloth, 10s. 6d.—Longmans.
- Murray (William)—A Treatise on Emotional Disorders of the Sympathetic System of Nerves. Post 8vo, pp. 128, cloth, 3s. 6d.—Churchill.
- Musket (William Boyd)—A Practical Treatise on Apoplexy (Cerebral Hæmorrhage); its Pathology, Diagnosis, Therapeutics, and Prophylaxis; with an Essay on (so-called) Nervous Apoplexy, on Congestion of the Brain, and Serous Effusion. 8vo, pp. 198, cl. 7s.—Churchill.
- Parkinson (S.)—A Treatise on Optics. 2nd edit. revised. Post 8vo, pp. 320, cloth, 10s. 6d.—Macmillan.
- Popular Science Review. Vol. 5. 8vo, cloth, 12s.—Hardwicke.
- Stewart (Balfour)—An Elementary Treatise on Heat. 12mo, pp. 410, cloth, 7s. 6d.—Macmillan.
- In the medical literature we have a work on Diseases of the Stomach, by S. Habershon; a Treatise on the Emotional Disorders of the Sympathetic System of Nerves, by William Murray; Osteology, a Concise Description of the Human Skeleton, by A. T. Norton, with atlas and plates; a second volume of Reports of St. Bartholomew's Hospital Lectures, edited by Dr. Edwards and Mr. Callender; and a Treatise on Malignant Cholera, its Origin, Pathology, &c., by Edward Crisp.
- Messrs. Lovell, Reeve, and Co. have in the press a work by the Author of "Episodes of Insect Life," entitled "Live Coals, or Faces from the Fire," also "The Reasoning Power in Animals," by the Rev. J. S. Watson.—"Meteors, Acrolites, and Falling Stars," by Dr. Phipson.—"The Edible Mollusks of Britain," by Mr. S. Lovell.—"British Butterflies and Moths," by H. T. Stainton.—"British Seaweeds," by S. V. Gray, and "British Grasses," by M. Pluec.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Will you kindly inform me, through your columns, as to what prospect of promotion a young man now entering the Army Medical Services has? It is reported as being very bad.—Your obedient servant,

PATERFAMILIAS.

September 15, 1886.

[Promotion in the Army Medical Department is, and has been for some considerable time, at a dead stand still. It will be seen, by reference to this month's *Army List*, that there are now no less than thirty assistant-surgeons who have completed twelve years' service.—Ed. M. P. AND C.]

BOOKS &c. RECEIVED.

- Madras Quarterly Journal of Science. London: Robert Hardwicke, Piccadilly.
Belgravia. Edited by M. E. Braddon. London: Ward, Lock and Tyler.
Clinical Histories with Comments. By Dr. Henry Day. London: Churchill and Sons.
Flint on the Diseases of the Respiratory Organs. Second Edition. Philadelphia.
Canniff's Manual of the Principles of Surgery. Philadelphia.
A Practical Treatise on Fractures and Dislocations. By Dr. F. H. Hastings. Third Edition. Philadelphia.
Dr. Edwin Lee on Animal Magnetism. London: Longman. 1866.

Appointments.

LONDON.

- H. ANNOTT, M.R.C.S.E., has been appointed Surgical Registrar to the Middlesex Hospital.
W. CAYLEY, M.D., M.R.C.P.L., has been appointed Medical Registrar to the Middlesex Hospital.
J. CLARKE, M.D., M.R.C.P.L., has been appointed Obstetric Physician to St. George's Hospital, and Lecturer on Midwifery, vice Robt. Lee, M.D., resigned.
G. A. KENTON, L.R.C.P.L., has been appointed Assistant to the Obstetric Physician, St. George's Hospital, vice Barker resigned.

PROVINCIAL.

- J. M. TAYLOR, M.D., has been appointed House-Surgeon to the North Staffordshire Infirmary, Etruria, Stoke-upon-Trent, vice Wm. D. Spanton, M.R.C.S.E., resigned.
E. S. ROBERTS, M.R.C.S.E., has been appointed Superintendent of Quarantine on the River Humber, vice R. Hardy, M.R.C.S.E., deceased. Mr. Roberts has also been appointed Medical Officer to the Hull Board of Health.
G. SANKEY, M.R.C.S.E., has been appointed Surgeon to the West Kent General Hospital, vice Mr. F. Fry, resigned.
Mr. T. W. DANBY (first in the Natural Sciences tripos, 1864) has been appointed Superintendent of the Laboratory and Lecturer in Geology and Mineralogy; Mr. J. B. Bradbury has been appointed Lecturer in Comparative Anatomy and Physiology at Downing College.
H. M. COCKERTON, M.R.C.S.E., has been appointed Surgeon to the County Gaol, Montgomery, vice J. P. Wilding, M.R.C.S.E., resigned.
I. DE ZOUCHIE, M.D., has been appointed a Resident Medical Officer at the Workhouse, Liverpool.
T. G. HORDER, M.R.C.S.E., has been appointed House-Surgeon and Local Secretary to the National Sanatorium, Bournemouth, vice W. J. Wane, M.R.C.S.E., resigned.
J. L. JARVIS, M.R.C.S.E., has been appointed Surgeon to the Village Hospital, Capel Surrey.
G. BROWN, M.D., has been appointed Medical Officer for District No. 2 of the Colchester Union, vice D. P. Morris, M.R.C.S.E., resigned.
C. J. GOVERNTON, L.R.C.P.Ed., has been appointed Medical Officer and Public Vaccinator for the Herguldy District and the Workhouse of the Knighton Union, Radnorshire, vice H. Warren, M.R.C.S.E., deceased.
J. C. DUKE, M.R.C.S.E., has been appointed Medical Officer for the Lewisham District and the Workhouse of the Lewisham Union, vice H. Stott, M.R.C.S.E., resigned.
A. HAMILTON, L.R.C.P.Ed., has been appointed House-Surgeon to the District Infirmary, Ashton-under-Lyne, vice J. H. Armstrong, M.R.C.S.E., resigned.
W. A. HARVEY, M.B., has been appointed Medical Officer and Public Vaccinator for District No. 30 of the Langport Union, Somersetshire, and Registrar of Births, &c., for the South Petherton District of the Yeovil Union, vice W. Harvey M.R.C.S.E., deceased.
R. MILLER, L.R.C.P.Ed., has been appointed Medical Officer for the Town District of the Merthyr Tydfil Union, vice T. J. Dyke, M.R.C.S.E., resigned.

SCOTCH.

- JAMES BUCHANAN, A.M., M.B., and C.M., Glasgow, has been appointed Assistant-Physician to the Perth District Asylum, Murthly.
G. S. SMITH, L.R.C.S.Ed., late Resident Medical Officer of the Royal Hospital for Sick Children, Edinburgh, has been appointed Resident Medical Superintendent of the Cholera Hospital, Forrest-road, Edinburgh.

IRELAND.

- A. HOBSON, M.D., has been elected Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Broadway Dispensary District of the Wexford Union, vice P. S. Waddy, M.D., deceased.
Dr. EASTLAKE has been elected a Fellow of the King and Queen's College of Physicians, Dublin.

Vacancies.

POOR-LAW MEDICAL VACANCIES.

- Bridgwater Union Workhouse; salary £54 per annum.
Yarmouth District, Isle of Wight Union; salary £85 per annum.
Lambeth Parish, Seventh District; salary £75 per annum.
Steyning Union, Second District; area 12,641; population 2799; salary £56 per annum.
Uppingham Union, Hallaton District; area 7836; population 1174; salary £22 10s. per annum.
Wigan Union, Hindley District; area 6517; population 17,654; salary £50 per annum.
Caistor Union, Tealby District; area 14,044; population 1956; salary £24 per annum.
Cardigan Union, third district; area 38,413; population 5806; salary £40 per annum.

Christchurch Union, Eastern district; area 14,311; population 4321; salary £70 per annum.
Henley Union, Nettleden District; area 8084; population 1976; salary £80 per annum.

APPOINTMENTS.

- Calne Union.—Robert Wilmot, M.R.C.S.E., L.S.A., for the Union.
Easingwold Union.—James W. Smith, M.R.C.S.E., L.R.C.P., to the Coxwold District.
Halifax Union.—Francis E. Macaulay, M.R.C.S.E., L.S.A., to the Ovenden District.
Thirsk Union.—James W. Smith, L.R.C.P., M.R.C.S.E., to the Kilburn District.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

LONDON—BIRTHS.

- SWALLOW.—On October 19, at 61, Kennington Park-road, the wife of J. D. Swallow, M.D., of a daughter.
WORLEY.—On October 15, at New North-road, Hoxton, the wife of W. C. Worley, L.R.C.P., of a daughter.
MOULD.—On Oct. 14, at 1, Onslow-crescent, Brompton, the wife of J. T. Mould, F.R.C.S., of a daughter.
SMALL.—On Oct. 11, at 26, Colville-square, Bayswater, the wife of Dr. D. N. Small, late of her Majesty's Indian Army, of a son.
WORLEY.—On the 15th inst., at New North-road, Hoxton, the wife of W. C. Worley, L.R.C.P., of a daughter.

MARRIAGE.

- LEWIS—GREENE.—On October 20, at St. Mark's, Hamilton-terrace, F. Lewis, M.R.C.S., of 27, Dorset-place, Dorset-square, to Ellen Quarrill, stepdaughter of Henry Greene, of Greville-place, Kilburn Priory, and King William-street, London-bridge.

DEATHS.

- EVANS.—On October 22, at Gloucester-place, Portman-square, G. Evans, M.R.C.S.E. (late of H.E.I.C.S., Bengal), in his 69th year.
WARTER.—On October 20, at West Tarrington Vicarage, near Worthing, J. S. Warter, M.D. Edin., M.R.C.P. Lond., of 41, Queen Anne-street, Cavendish-square, in his 27th year.
HALT.—On October 10, at Northumberland-court, Strand, T. Halt, M.D., Inspector-General of Hospitals.

PROVINCIAL—BIRTHS.

- BULL.—On October 21, at Hereford, the wife of Dr. Bull, of a daughter.
CHALDECOTT.—On October 18, at Beomond, Chertsey, the wife of T. A. Chaldecott, M.D., of a son.
SMALE.—On October 18, at 59, Piccadilly, Manchester, the wife of H. C. Smale, L.D.S., R.C.S.E., of a son.
GOULLET.—On the 26th inst., at New Wimbledon, Surrey, the wife of Arthur Goulet, L.R.C.P.L., of a son.
LEDWARD.—On the 20th inst., at York-street, Cheetham, Manchester, the wife of R. W. Ledward, M.D., of a daughter.
BEARD.—On October 14, at 64, Grand Parade, Brighton, the wife of Dr. C. J. Beard, of a daughter.
BREAKEY.—On October 12, at Sheerness, the wife of Dr. John Breakey, R.N., of a daughter.
KING.—On October 3, at 4, Bishop's-terrace, Bridlington-quay, the wife of K. King, M.D., of a daughter.
GRIEVE.—On the 8th inst., at Howden, Yorkshire, the wife of R. Grieve, M.D., of a daughter.

MARRIAGES.

- COOKSON—LLOYD.—On October 17, at St. Mary's, Stafford, S. Cookson, M.D., to Maria, youngest daughter of E. Lloyd, of Stafford.
READ—LAWRIE.—On October 16, at Trinity Chapel, Ravensbourne Park, Lewisham, C. Read, M.R.C.S.E., of Tillingham, Essex, to Margaret, youngest daughter of James Lawrie, Esq., of 17, Rutland Park-villas, Perry-hill, Sydenham.
STILLWELL—MOREL.—On October 18, at St. Michael and All Angels', Paddington, G. J. Stillwell, M.D., of Moorcroft, Uxbridge, to Emily, eldest daughter of the late T. Morel, Esq., of Notting-hill.
ADAMS—BEADON.—On the 23rd inst., at West Monkton, Mr. J. D. Adams, M.D., of Martock, to Annabella, second daughter of Captain Beadon, R.N., of Creechbarrow, Somerset.
ALLAN—MUNRO.—On the 17th inst., at Edinburgh, Mr. A. Allan, M.D., Assistant-Surgeon, 17th Foot, to Margaret B., eldest daughter, of Mr. W. Munro, of Swordale, Ross-shire.

DEATHS.

- MUNK.—On the 22nd inst., at Finsbury-square, Florence Munk, daughter of Mr. W. Munk, M.D., F.S.A., F.R.C.P., aged 22.
HOUGHTON.—On the 18th inst., at Thornhill-villas, Radipole, near Weymouth, Mr. W. Houghton, Surgeon R.N., aged 61.
DUCHESE.—On October 22, at Brighton, R. Duchese, M.D. St. And., of Clifton Lodge, Woodford, in his 41st year.
MORGAN.—On October 28, C. R. Morgan, M.R.C.S.E., of Barnstaple, Devon.
SNOOTER.—On October 18, Charles Shooter, M.R.C.S.E., L.S.A., of Scarborough, late of Altrincham, Cheshire, aged 31.
SPARROW.—On October 19, at Dover House, Southsea, R. P. Sparrow, M.D., R.N., aged 46.
POWER.—On the 5th inst., at Maidstone, Dr. J. J. Power, aged 59.
MORGAN.—On the 28th ult., at Barnstaple, Devon, C. R. Morgan, M.R.C.S.E.
AYTON.—On September 30, at Devizes, J. Ayton, M.D.
SARGENT.—On the 21st instant, at Porchester-terrace, Hyde Park, Margaret P. Sargent, daughter of Mr. T. Sargent, aged 19 years.
SSTON-KARR.—On the 18th ult., on the river, near Calcutta, Virginia S. Seton-Karr, aged 4 months.

SMITH.—On the 20th instant, at the Parsonage, St. George's, Camberwell, Mary W., daughter of Rev. P. Smith, aged 21 years.
 WARTER.—On the 25th instant, at Queen Anne-street, Cavendish-square, London, Mr. J. S. Warter, M.D. and M.R.C.P., of West Tarring Vicarage, near Worthing, aged 26 years.
 BROWN.—On the 6th ult., at Anarkullee, Lahore, Punjab, the wife of Mr. B. Brown, M.D.

SCOTLAND—MARRIAGES.

MIDDLETON—BLAIR.—On Oct. 9, at 14, John-street, Edinburgh, J. Middleton, M.D., of Greenwich Hospital, to Janet, eldest daughter of the late John Blair, Esq., of Edinburgh.
 DICKSON—INGLIS.—On Oct. 10, at Edinburgh, Dr. Frank D. Dickson, of Buxton, Derbyshire, to Isabel Catherine, third daughter of A. Inglis, M.D., of Edinburgh.

SCOTLAND—DEATHS.

ALLAN—MUNRO.—On October 17, at Edinburgh, A. Allan, M.D., Assistant-Surgeon, 17th Regiment to Margaret Birt, eldest daughter of W. Munro, Esq., of Swordale, Ross-shire.
 WYLIE.—On October 2, at Montrose-street, Glasgow, D. R. Wylie, L.F.P. and S. Glasgow.
 HOLT.—On the 7th inst., at Glasgow, J. Holt, L.R.C.S.Ed., Surgeon R.N.

IRELAND—BIRTH.

VERDON.—October 22, at 3, Alexandra-terrace, Clontarf, the wife of Dr. Verdon, of a son.

IRELAND—DEATHS.

HUTCHINSON.—September 12th, at Jubbulpore, Central India, of fever, Coote F. Hutchinson, Esq., L.R.C.I.S., and L.K.Q.C.P.I., Staff-Assistant Surgeon 23rd Rgt. (Royal Welsh Fusiliers), youngest son of the late Wm. Hutchinson, Esq., M.D., of Carrick-on-Shannon, aged 28 years.
 QUINLAN.—On the 19th inst., at the Royal Military Hospital, Phoenix-Park, Dublin, Thomas Quinlan, M.D., Assistant-Surgeon 1st Dragoon Guards, aged 32.
 FALLON.—On the 19th inst., at Athlone, Dr. M. Fallon, aged 66.
 CARTER.—On the 28th inst., at Wellington-road, Dublin, J. C. Carter, M.D., Inspector-General of Hospitals.
 HELSE.—On the 9th inst., at Kinnitty, (King's County, Wm. Helse, M.D., aged 84.
 M'CARNEY.—October 18, at Kenmare, county Kerry, Timotheus M'Carthy, Esq., M.D., J.P.

BIRTHS and DEATHS registered and METEOROLOGY during the Week ending Saturday, October 20, 1866, in the following large Towns :—

Boroughs, &c.	Estimated population in middle of the year 1866.	Persons in an Acre. (1866.)	Deaths.		Temperature of Air (Fahr.)		Rain Fall.			
			Births Registered during the week ending Oct. 20.	Corrected Average Weekly Number.	Highest during the Week.	Lowest during the Week.	In Inches.	Tons per Acre.		
London.	3047536	39.3	1964	1400	1464	63.5	33.0	49.6	0.85	86
Bristol.	163680	34.9	97	73	79	65.2	34.0	49.9	0.47	47
Birmingham.	835798	42.9	279	163	127	64.5	31.2	47.9	0.69	70
Liverpool.	454337	34.8	352	281	237	63.5	40.8	51.2	0.60	61
Manchester.	358855	50.0	235	203	200	66.9	30.2	47.5	0.53	54
Salford.	112904	21.8	69	67	53	65.6	31.8	48.9	0.57	58
Sheffield.	218257	9.6	151	115	83	61.4	32.4	46.3	0.89	90
Leeds.	228187	10.6	173	116	114	65.0	27.5	46.6	0.86	87
Hull.	105239	29.5	100	49	54	...	...	...	...	...
Newcastle-on-Tyne	122277	22.9	79	65	79	60.0	38.0	48.7	0.25	25
Edinburgh.	175123	39.6	122	84	102	61.7	36.0	48.6	0.10	10
Glasgow.	432263	85.4	287	252	224	61.8	36.1	47.6	0.98	99
Dublin.	318437	32.7	110	156	274	63.8	28.5	51.7	0.24	24
Total of 13 large Towns.	6122594	34.4	4018	3014	3180	66.8	28.5	48.7	0.59	60
Vienna.	(1863) 5600000	...	...	...	...	...	...	49.1	...	...

METEOROLOGICAL REPORT FOR THE WEEK ENDING OCTOBER 27TH, 1866.

By J. H. STEWARD, Optician, 406, Strand, and 54, Cornhill, London.

Oct. 1866.	Barometer reading reduced to 32 degrees.	Thermometer.		Dry bulb.	Wet bulb.	Wind.		Rain.	Remarks.
		Max.	Min.			Direction.	Force.		
22	29.90	60	50	60	63	S	—	0.29	Showery.
23	30.20	57	42	55	53	S	—	—	Fine.
24	29.90	54	49	53	53.05	SW	—	—	Dull.
25	29.66	60	46.05	48	48.05	NW	—	0.59	Showery.
26	29.95	53	44	47	48.05	NE	—	—	Dull.
27	30.08	52	35	39	39	N	—	—	Dull.

PROVIDENT LIFE OFFICE.

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Number of Policy.	Date of Policy.	Annual Premium.		Sum Insured.	Amount with Bonus Additions.	
		£	s. d.		£	£ s. d.
4718	1823	194	15 10	5000	10632	14 2
3924	1821	165	4 2	5000	10164	19 0
4937	1824	205	13 4	4000	9637	2 2
5795	1825	157	1 8	5000	9253	5 10
2027	1816	122	13 4	4000	8576	11 2
3944	1821	49	15 10	1000	2498	7 6
788	1808	29	18 4	1000	2327	13 5

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Dr Martin, Portlaw	£0 10 0
Dr. H. G. Croly, Dublin	0 10 0
Medicus, Lucan	0 5 0
Dr. Scully, jun., Clonmel	0 5 0
Dr. Power, Cork	0 5 0

CHARLES ARMSTRONG, Hon. Secretary.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

AN ADDRESS,
INTRODUCTORY TO THE COURSE OF
CLINICAL INSTRUCTION

DELIVERED AT THE
RICHMOND HOSPITAL.
1st November, 1866.

By JOHN HAMILTON,
SURGEON TO THE RICHMOND HOSPITAL.

In an address, introductory to the course of Clinical Lectures to be delivered, either in this theatre, or at the bedside, it will be expected that some observations should be made as to the opportunities students will here possess of learning the most essential part of that knowledge which is to qualify them for the future practice of medicine and surgery—viz., disease and its treatment; and, also, as to the best way of studying, and turning those opportunities to advantage. The duty of the physician and surgeon in a large institution like this consists not merely in ministering to the sick; but he has another and scarcely less important vocation—viz., that of teaching his art to those who are to be the future guardians of the public health, to whom may be entrusted the lives of our soldiers and sailors, in the camp, the battle-field, or on the deep; or to carry the healing art to every part of the world—to every distant colony where the British flag floats.

How important that the teaching should be of the best; how sacred the duty to instil right principles in the mind of the student! But it is not every one that has the gift of teaching; a good physician or surgeon may yet be unable to convey the knowledge, on which his excellence depends, to others. I may be permitted to say, in all truth, we have no such incompetent teacher on our staff. It is unnecessary for me to dwell on the merits of my colleagues; their names and reputations are known far beyond the limits of these walls. All of them have been, or still are, Professors or Lecturers in universities or schools—accustomed, therefore, to the systematic instruction of youth; practised in the demonstration of the facts, and in the exposition of the theories on which the modern science of the profession rests. Full of well-arranged knowledge, abounding in experience, they will prove sure guides to the student through the devious and obscure paths which must be trod ere the desired goal is reached—skilled pilots to steer the unsteady bark of inexperience by the shoals and rocks and troubled waters of doubt and difficulty to the clear calm haven of truth. In no other profession is this more necessary. Loss of time and the results of misplaced labour invariably follow a false move in the early career of the student.

When you consider that these hospitals contain more than three hundred beds, you will understand what a field for exertion, what a treasury of facts is open to your use. But they are the materials only; to utilize them much labour will be required from yourselves. Of what avail is a large library to a man who cares not for reading? What gratification a feast of good things to one who has no appetite? What is steam but the vapour of boiling water, unless its force is concentrated and properly applied? What is a block of the whitest marble but mere stone, unless the well-directed chisel calls forth the animated bust? What the glittering treasures of the mine, unless man's labour delves deep below the surface and brings them to the light? So these three hundred beds are of little use to the idle and inattentive. What interest or value have they to them? No object in nature

or in art has any abiding interest or value unless well and closely studied. How intense becomes the interest, as the microscope unfolds the minute structure of objects to the observer, even in the meanest creature! Look at the wondrous mechanism in this anchor-like claw, to keep its hold in the flesh, of one of the minutest enemies of man, or the careful way in which these spiracles, invisible to the naked eye, are defended by bunches of hair. How precious to the anatomist that second sight which enables him to search out the very origin of structures! What reflections are excited in the mind by the last vital act revealed to us in the blood globules invariably arranging themselves into the same definite shapes. We turn our thoughts almost instinctively to the Great Artificer, whose wisdom is as wonderful to contemplate in one of those specks of creation, as in the vast fiery sun, or the rolling orbs which sparkle innumerable in the "unmeasured firmament" at night. The physicians and surgeons hope soon to afford the students at these hospitals the advantage of investigating by means of the microscope the ultimate changes which disease produces in the tissues. They expect to do this in the best manner, by having attached to their staff, as Microscopical Demonstrator of Pathology, Dr. Purser, a gentleman whose talents and indefatigable scientific research must lead him at no distant day to the highest eminence in his profession.

The two qualities most essential to form a superior physician or surgeon are observation and judgment; if to these is added invention, there is little more to desire. But invention, unless checked by judgment, is a dangerous quality, apt to lead astray, and to turn from directness and simplicity in treatment to complicated essays of doubtful novelty. I was sent for some years ago to see a case of fracture and dislocation of the ankle-joint. The accident had happened to the woman the evening before, and the leg had been put up by the surgeon who had seen her in a fracture apparatus of his own invention—a most ingenious piece of mechanism, but most complicated, with arrangements contrived to lengthen, shorten, turn in, and turn out, as required. It was too ingenious, however, to be comfortable, and she had spent a most wretched night of pain, so he and I agreed that we would try the ordinary side splints, which afforded immediate relief. You recollect, no doubt, Hogarth's delineation, in "Marriage a la mode," of a complicated machine for drawing a cork. It is, however, only against the misuse of invention that we should guard, and against overlooking the obvious and simple for the complicated. The use of well-applied invention is of inestimable value. To well-directed invention we owe the ophthalmoscope, with which Mr. Wilson takes such pains to make the students conversant; the laryngoscope, the endoscope, rendered so efficient by the improvements of my friend and former pupil, Dr. Cruise. To the same power we are indebted for Mr. Holt's valuable instrument for the treatment of stricture, and for Mr. Richardson's refrigerator for deadening the pain in superficial operations. For such really valuable inventions we have every right to be grateful.

But of observation it may be truly said, that without it no man can practise our profession with advantage to himself or to others. None can attain to eminence without a large share of it. Like other gifts, some men are endowed with a greater measure of this faculty than others. The late Sir Philip Crampton had singular powers of observation. He told me that early in his practice a gentleman of great mercantile eminence in the city consulted him for a considerable swelling of the side of the face. He had been with most of the first surgeons of that day, but all means for his relief had been unsuccessful. Sir Philip, in a bright light, carefully examined the inside of the cheek. The only thing he observed was a small white object, like a thread, sticking out. He seized this with a forceps, and drew out a small herring bone which had got fixed in the salivary duct, blocked it up, and by obstructing the flow of the saliva had caused its accumulation in the parotid gland, and the swelling of the cheek.

How many had previously overlooked this little thread? I assisted him on one occasion in tying the femoral artery. It is usual at the time of the operation for the surgeon to examine carefully the line of the artery before he cuts down on it. I observed that Sir Philip omitted this proceeding, which often has the appearance of hesitation, and that he cut down on it at once. On mentioning this to him, he told me that when he had examined the part the previous day he had observed a small mole to be situated exactly over the position of the artery. He took this as his guide at the operation, and decision and rapidity were the result. The shepherd who can distinguish each separate sheep in the flock can only do so by repeated attentive observation. When in England last summer, Lord Leonfield's huntsman showed me a very fine pack of hounds. They appeared to me an inextricable moving mass of yelping, black, brown, and white dogs. Not so to the huntsman, who called out the choicest dogs for my inspection, selecting each without the slightest difficulty from the apparently entangled mass. Careful observation enables the Indian to follow a trail, from the flattening of a leaf or the slightest derangement of a twig, which the European would be unable to perceive. This sharpened perception was not obtained without much previous labour.

Why should not you, for nobler motives, cultivate carefully this important faculty of observation, and look with keen and thoughtful eyes on the phenomena of disease, its colours, dimensions, and varied forms, so as to detect things apparently similar from those to which they are really unlike? Your object is a very high one—so to work now as to fit you for the position of one able to relieve pain, remove disease, and ward off death—to enable you to imitate, at a humble distance, the steps on earth of our Divine Master, in ministering to the sick, the poor, and the afflicted. For these sacred duties now is the time to prepare. It is indeed with pleasure I am enabled to say that we have amongst us students who have proved themselves worthy of the profession they have adopted. In the Medical Hospitals the conduct of the resident pupils has been such as to deserve the highest praise. Mr. Carroll, in the zealous discharge of his duty, contracted fever; Messrs. Clarke, Fausset, and Henry have been so indefatigable in their attendance on the poor patients affected with cholera that it is the intention of the Physicians and Surgeons to lay their exemplary conduct before the Board of Governors, requesting them to give an expression to these gentlemen of their estimation of such conduct. Mr. Henry had an attack of cholera in consequence of his exertions and communion with the patients, and Mr. Clarke and Mr. Fausset sat up three nights and days in the cholera wards, undeterred by the horror of the disease or the fear of infection, giving up the pleasures natural to their age for such sad scenes, not for reward, but solely actuated by the determination to do their duty. Who can despair for the Medical School of Ireland when we have such youths as these?

To return to the necessity of observation: In one of Mrs. Barbauld's "Evenings at Home" is a story of two boys, who took the same walk. One observed nothing and found the walk very dull; the other said he never took a pleasanter walk, for he had seen and gathered flowers, observed many kinds of birds, insects, and reptiles, their various habits, occupations, and dwellings—so many things, in short, that he was anxious to take the same walk again. The story is called "Eyes or no Eyes, or the Art of Seeing." Does not this apply to many going round our wards? They see little or nothing, and feel it very dull, no doubt. Their eyes indeed are open, but their sense is shut. But to the student who looks carefully at each case, studies its nature, watches its progress and the effect of treatment, what interest does an hospital afford? You will find that what you observe carefully will retain its place in the memory, and possess an enduring interest and utility, which lightly looked at will, like a cloud that is passed, leave no trace of its existence. Crabbe says very truly—

"It is the soul that sees; the outward eyes
Present the object, but the mind describes."

You can look at an object but not perceive it. The careless impression on the retina conveys no more an image to the mind than the picture to the canvas on which it is painted. While on the other hand thoughtful observation fills the mind with images and facts, which the judgment will arrange and deduce from, and memory fall back on, as a storehouse of valuable experience. No way is so conducive to make observation valuable as taking written notes of the cases. Every student should have a case-book; he cannot begin too early to use it. Writing down what is before you sharpens inquiry, renders it accurate, and impresses the object. Youth is the time for such studies; impressions then received remain permanently.

Among the aids which these hospitals further afford, I cannot help laying much stress on our Museum—a monument of the unwearied labour and talent of my friend and colleague, Professor Smith, to whom the advancement of pathology in this city owes so much, or our magnificent collection of plates, where the vivid pencil of our respected artist, Mr. Conolly, presents the effects of disease with the force of reality.

In studying disease at the bedside and in examining the patients, considerable restrictions are put on the pupils abroad, particularly in Prussia. With us there are no such restrictions. We trust to the gentlemanly feeling and kind-heartedness of our students, and we scarcely ever have reason to repent our confidence. To the advanced students I would recommend the utmost tenderness to the poor patients, and the most careful consideration for their feelings. Some of the diseases admitted here are necessarily fatal, such as malignant tumours or extensive injuries engaging vital organs, limbs so shattered that amputation is unavoidable. The terrible truth that a limb must be lost, or that the disease must ere long lead to a fatal conclusion, cannot be too carefully told; but to do this suddenly and without preparation falls like a heavy blow, under which the poor sufferer staggers, and there is wild lamentation and woe. The student will, therefore, see how needful it is to be reserved, and talk, as little as possible, in such severe cases, before the patient.

To the older students, who are, in fact, soon about to leave us and take their position in the ranks of the profession, with new cares and new responsibilities, I cannot appeal too strongly to prepare and train themselves for the important change. The regulation of their conduct to the sick should occupy a large share of their thoughts. The young surgeon will find in his intercourse with his patients how closely his look, his word, his manner will be regarded. It is only the experienced can tell how deeply a discouraging look, a harsh manner, or thoughtless expression sink into their minds. I should be sorry to imply that manner should be the substitute for more sterling qualities, but the want of real kindness and consideration will check the advance of the highest professional attainments.

An ever-recurring duty of the physician will be to relieve anxiety, lessen grief, and lighten terror, and to combat the baneful effects of these passions on the body. Though this is no time to enter on this subject, yet the effects of the passions of the mind on the body, in deranging its functions and producing disease, or influencing its progress, is a subject of the greatest interest, but one entirely neglected by us as teachers. Yet how powerful is this influence; how marked the changes produced by the joyous or depressing passions on the human frame! Who witnesses these passions in all their violence more frequently than the medical man?—The wild joy of the mother who receives in her arms the beloved child rescued from some dangerous accident; or the bitter, all-absorbing grief, the stunned gloomy despair of her who watches the little pale face never more to be lighted up with its former happy smile. In one case how the cheek flushes, the heart palpitates, the body glows with pleasurable excitement, and every function feels a healthful stimulus; while in the other, the depressing influence on the nervous system, particularly the sympathetic portion, enfeebles the

heart's action, and every organ feels the effect of the imperfect supply of blood, exhibited by the pale face, deranged digestion, emaciation, and muscular debility. Whether sorrow arises from the pangs of despised love, disappointed expectations, sudden losses, the death of dear friends or beloved relations, the beneficial effects are nearly the same; and the physician will be anxiously expected to sympathise with the cause and remedy its consequences.

Since the last Introductory Lecture was given in this theatre, we have lost a most distinguished member of our staff, the late Dr. Hutton. It would be impossible for any one to be more universally popular, more regarded by his friends or by his professional brethren. The reason, no doubt, was the truthfulness and purity of his mind. Perfect fairness was a marked feature in Dr. Hutton's character—he gave to every one his due; if he differed in opinion, he said so at once, and gave his reasons clearly and simply. Though gentle in manner, he was firm and decided, and having carefully made up his mind, action promptly followed. As a surgeon his knowledge was deep and extensive, and he was familiar with all home and foreign practice. As he became early attached to this institution, he brought a large experience to the consideration of any case of difficulty or emergency. As an operator he could not be surpassed—bold and rapid where required; or light, delicate, and cautious, fertile in resources, and perfectly self-possessed. So richly endowed, he yet never exhibited the least self-conceit. The loss of his valuable voice in the consultation room is deeply felt by his colleagues. Though his invention of the catgut conducting catheter for strictures, and the application of compression in cases of aneurism, prove him to have possessed the high quality of originality, yet his distaste to writing was such that his merits in this respect were not as widely known as they would have otherwise been. He had also, particularly of late years, an equal dislike to lecturing, but at the bedside his clinical observations were most valuable, the fruit of a well-stored mind and great experience. Such was the character of that pure-minded man and excellent surgeon that we have lost—but yet not altogether lost. "The good men do, lives after them." And many of his pupils here, or scattered about in many regions, still look back to his example as the guide of their conduct, and his teaching as their means of doing good. Though he is gone, the inheritance of his high professional and moral qualities yet lives, for still "The actions of the just smell sweet, and blossom in the dust."

But it is time, Gentlemen, that I should bring these observations to a close. I have told you how much you have to do, and how short the time to do it in. Work, therefore, while it is day. Let the young student now first appearing among us begin at once. The knowledge obtained here will not be the only valuable fruit of your studies. As at school, education does not consist in the mere learning grammar, or Greek, or Latin, but also in that training which habituates the mind to application, and that steady industry, which, quite as much as the information he gains, will fit the boy for the serious duties of the man: so the careful study of disease now will fit you to grapple with the difficulties and responsibilities of your future professional life. Many of you will have scarcely left this hospital when these cares and duties will begin. Every medical man is a student all his life; each case requires to be studied on its own peculiarities. The experience gained here and the habits of observation will render this study light. Dr. Swanzy, a few months ago, was a pupil here, and my resident. Directly he got his degree he went to Germany, and volunteered in the Prussian Army Medical Service, and served during the recent war, having had the care of the many sick, for cholera abounded, and the still more numerous wounded, after the battle of Königgratz and other great engagements. IN THE MEDICAL PRESS AND CIRCULAR for October 3rd is a clear and interesting account by him of the admirable arrangements of the Prussian Medical Staff for the care of

the wounded. I feel happy that one so recently a pupil should have so soon assumed such a position, and have carried the principles and practice learned here to so early and so good a use; and I am confident that the familiarity he obtained in this hospital, while resident, with every kind of accident and sudden emergency qualified him to take his place with the best of the young Prussian surgeons, and to uphold the character of the surgery of his native land. It is not too much to say that the Irish School of Medicine stands high in the opinion of the world, as a practical school especially. This high reputation is due to the labours of the great physicians and surgeons who have preceded us, and to many of those who now hold deservedly prominent positions in our city. From your ranks, Gentlemen, we look for a succession of labourers in this field of honour, and for the future maintenance of the fame of the Irish School of Medicine at home and in distant lands. When we are gone you will succeed us.

"Like leaves on trees, the race of man is found:—
Now green in air, now withering on the ground
Another race the previous race supplies—
They fall successive, and successive rise."

For future honour and success you must lay the foundation now. The few short years of your student's life will have soon passed away. If profitably passed, with what pleasure you will look back on them! How grateful the memory of well-spent days, and the consciousness of well-stored minds! I hope such feelings will be experienced by many of those I now address. As the traveller on the summit of some lofty hill feels the glow of pride and pleasure at difficulties overcome and dangers passed, and regards the rugged road he has manfully trodden, and which has brought him nearer heaven, and opened to his view the wide expanse of plains, and woods, and winding rivers, so will the contemplation of past labours be sweet—labours which have opened to your view the wide domains of science—the wondrous living frame of man, with the restless, thoughtful brain, and the busy heart, which ceaseless throbs during the allotted three score years and ten, and never knows an instant's repose—enabling you to trace out the secret ravages of disease, and those marvellous processes of repair, which assume all the characters of reason, and evince the most consummate skill.

I have often thought: that the students at an hospital resembled a regiment going to battle: At the early part of the season, as at the beginning of the march, all is eagerness to get on; nothing seen but energy and a determination to advance; after a time the timid and weak drop behind—then the idle yield to their indisposition to work and straggle away; and still farther on, the ranks are thinned by the real hardships of the way and by disease, so that at the end a small but devoted band alone remains to do battle for life and independence.

I hope, Gentlemen, that the idle stragglers, and still more, those lost to us by disease, will be few, and that we shall have many to work with us to the end. Be honest in your intentions, faithful in their fulfilment. Be true to yourselves, and true to those who have sent you here—who have made many sacrifices for you, and to whom your success in the profession you have chosen is the one cherished object of their life.

CHOLERA.

By THOMAS MEE DALDY, M.D., M.R.C.P.Eng.

(Read before the Hunterian Society, at the London Institution, October 10, 1866.)

My object, Sir, in presenting this imperfect communication to the Society is not to furnish anything novel in reference to the treatment of cholera.

On the other hand, I assume that every one here present will acknowledge that we are all anxiously in search of the appropriate treatment to be adopted in our contention with the collapsed stage of the disease.

But the success of that search must seriously depend on the track through which it is followed up, and the chief question which I would propose for your consideration is, "Have we a sequent series of data through which, by dint of persevering, step-by-step investigation, we are likely to arrive at the elucidation of this obscure disease? Or must we fall back (as we have so often been compelled to do before) on its analogy to other diseases for the pursuit of its appropriate treatment?"

In the study of the history of medicine no incident is more striking than the obstructive influence which the inappropriate use of names, or nouns intended to express a fixed series of phenomena, has exerted on its progress. The word "cholera" adds one more to the many instances in which the advancement of medical knowledge has laboured under the heavy obstacles which result from an ill-conceived nomenclature; but for that unfortunate appellative men would have been originally induced to study the disease which it is intended to designate on far wider and broader principles than a term having reference only to derangement of the biliary and chylo-poietic systems could compass. They would have been led to exert their sagacity towards the unravelling of the mysterious phenomena of the disease, not in the direction of mere chylo-poietic derangement, tethering their minds in their search after remedies to what was calculated to redress the stomachic, the biliary, or the intestinal defect; but they would have sought in, so to speak, a more catholic spirit for remedies which could be addressed to the organization as a whole; endeavouring to embrace in their inquiry that ill-understood ganglionic and sympathetic nervous system on which the unknown poisons seem to produce so direct and so powerful an influence as through it to disturb and derange the function of each organ of the body dependent upon it for its destined work, and from this class of organs can we exempt any, great or small, whose appointed duty is that of secretion?

I suspect that this subject will elude the grasp of the morbid anatomist, who will admit nothing in the elucidation of the disease but that which is palpable to the senses, or to be arrived at by a very limited deduction from what may be touched or seen. He must (cautiously, it is true,) pass into the region of the impalpable and the unseen, and appeal to the analogies which the observation of other diseases will supply to him from his daily experience.

Nor is it clear to me that the production of many of the symptoms which cholera presents by actual disease of the abdominal viscera and mechanical obstruction in the intestinal tube, so lucidly brought before the Society at its last meeting by our esteemed member, Dr. Barlow, will help us in our quest of remedies; except inasmuch as they furnish other evidence of the power which local disease also possesses of so influencing the ganglionic nervous system as to engender similar symptoms. I think that we shall best pursue our object by investigating cholera as a disease, *per se*, engendered without any apparent local cause.

The term was adopted in reference to the disease of the present century, because it presented some symptoms in common with that to which Hippocrates, Galen, Celsus, Sydenham, Heberden, Fordyce, and others had applied the term "cholera," or "cholera morbus;" but I think a careful inquiry will show that the malady which they intended to designate wanted some of the characteristic features of that with which we are now, and have been, within our own generation, striving. The first step in our inquiry should, it seems to me, be the careful consideration of its *newness* within our own time; whether within the present century we have had to contend with and attempt to unravel a form of illness unknown to our ancestors.

The year 1822 furnishes a good start-point for this investigation, because in that year Mons. Fergus summarised in the *Dictionnaire Medicale* (then in the course of publication by the leading French physicians) the current knowledge of France on this subject; and at the same

time our own highly-gifted countryman, Dr. Mason Good, also published, with his wonted care and elegance of style, an epitome of what was known in England. He not only furnished us with a digest of the knowledge and opinions of the ancient authors and those of England during the three previous centuries, but he had access to the whisperings which were then arriving from our Indian medical authorities of the army (through the kindness of Sir James M'Gregor), before and after the great outburst of the disease at the Delta of the Ganges, in the year 1817. Moreover, he had the advantage of the friendship of Sir Henry Hallford and all the leading physicians of his day, whom he scrupulously consulted on every article which he wrote in his "Study of Medicine," with which each possessed any special familiarity.

In his article (1822) Mons. Fergus adopts Galen's definition of cholera, quoted by Bianchi, "because it enunciates the special characteristics of the disease without any speculation as to its primary or proximate cause:"—"Cholera is an acute affection with frequent bilious vomitings, oft repeated alvine dejections, contraction of the limbs and coldness of the extremities, the pulse becomes more feeble and less distinct?" He admits, at the same time, that if he is to be tied down to the etymology of the word, he must include several diseases which are essentially distinct; and after enumerating the hepatic and chylo-poietic diseases which would thus be included in the term, he says—"Do we know, indeed, that these phenomena do not often depend upon some action derived from the cerebral nervous system?" He says, also, that the nosologists of the time were contending whether it was an inflammatory or nervous disease—quotes Cullen as arranging it under the head of spasms; but he especially cites Pinel (who, he remarks, has done so much towards referring all general disorders to some local affection), who recognized cholera as a fever, and denominated it "la fièvre meningo-gastrique," although many contemporary physicians, and amongst them Broussais and Geoffroy, considered it "une plegmasie gastrique."

Mason Good, at the same period, writes—"We dare not say that it is an epidemic of modern origin, since it is distinctly described by Boutius, and is supposed by some writers, though without sufficient authority, to be glanced at by several Greek physicians, and even by Celsus; but we may at least assert that it has of late years assumed an activity, fatality, and extent of range that it does not seem, from any history which has descended to us, to have possessed in earlier times. And that cannot be contemplated without horror; on which account it has been compared by Mr. Orton (Madras, 1820,) to the sweating sickness and various other pestilences that with great fury and mortality ravaged the world at former periods."

I cannot trace in the writings of Hippocrates or the ancients, nor even in those of modern authors until the present century, any account of colourless stools or suppression of urine. Mons. Fergus, when treating of cases which proved fatal in twenty-four hours, and when he designates it "une maladie funeste," speaks always of "les vomissements bilieux," and frequent alvine dejections, without any special reference to the colour of the latter.

So does Mason Good, in allusion to all previous writers, until he arrives at the history of the disease as it occurred in India, and was described by Mr. Curtis in 1807; and even then he tried to explain away the significance of a symptom which could not have escaped the notice of such acute observers as Hippocrates, or such careful inquirers as Sydenham, Fordyce, Heberden, and Cullen, if it had existed in their experience. He says—"Mr. Curtis, whose history was published in 1807, regarded it at that time as a new disease, and finding no name for it in the nosological classifications, proposed from its leading symptoms to call it 'Cholera Spasmodica;' and as a better name could not be invented, it is thus denominated in the present work." To justify the use of the term even in the face of colourless stools (for here we meet with the first glimmering of their presence), Mason Good says:—"From

the absence of yellow bile, or, perhaps, bile of any kind, by which the disorder is peculiarly distinguished, some of the writers in India have objected to the term 'cholera,' as conceiving that it necessarily imparts a redundancy of this fluid, and that, too, of its natural colour and other qualities; yet, as I have already had occasion to show that there is no such necessity whatever imposed upon the term, but merely an understanding that the bile is morbidly affected in its secretion either in quantity or quality of any kind, there is no reason for changing the term on this ground."

My object in these quotations is to show that we really have witnessed in this century a new disease: a disease differing from the Indian Mordishee, corrupted by the French into "Mort de chien;" or the disease previously denominated "Cholera or Cholera Morbus;" that it occurred sporadically, as described by Mr. Curtis in 1807; that it broke out more markedly in Bombay under the name of the Bombay fever, in the description of which it is so often asserted that they "died in the cold stage;" and that it culminated in a pestilence at the Delta of the Ganges in 1817. I wish to show that this culmination manifested itself in the most intense form of ague. I will not travel over the old ground, so familiar to us all, of its wanderings, its capricious selection of places for the exercise of its virulence, the rapidity of its destruction of life, as in the cases of sentinels found dead at their posts, the tailor at Benares dying as he sat at work, &c.; but I allude to it for the purpose of comparison with the only mode of death parallel to it. You will observe that the jungle of Jessore, in which this outbreak originated, possessed at that time, if not now, all the elements necessary to the formation of the most intense miasmatic poison. Doubtless at the deltas of the Nile, the Rhone, the Mississippi, and other rivers, cases of rapid death frequently occur at certain seasons and under certain atmospheric conditions; but the most marked parallel for our present purpose is the sudden death produced by the miasm of the Pontine marshes before people learned the great danger of quitting Rome by the Appian way in the autumn of the year. You all know that when the debris has been swept down from the Appenines into these marshes in November and December, and the unhappy combination of unusual heat and moisture lend their aid to the decomposition of the dead vegetable matter, the shepherds hasten away with their flocks, no one dare ride through the marsh even in the day-time without taking every precaution, such as closing the carriage-windows, &c., but that to do so at night is looked on as certain and sudden death.

Here, then, I think that we find an association between the most intense form of fever which we know and cholera, as regards the production of almost sudden death; or, as Mason Good expresses it, "like the effect produced on the animal frame by a stroke of lightning, a violent blow on the stomach, or any other accident that occasions instant death, by a total and immediate discharge of the vital energy."

It is necessary to view the disease (ague) from this extreme point of view, in order to acquire a type of so perplexing a malady with which we can compare the modifications of it which have passed under our notice in the four epidemics of this century. It is, surely, a new disease, of which the pathognomonic signs, as far as my research goes, were first enunciated in this country by my friends Dr. Cobb and Dr. Little, who were appointed by the Governors of the London Hospital Commissioners to inquire into its nature at the outbreak of the disease in Sunderland in the year 1831. They reported that colourless vomiting, rice-water stools, and suppression of urine were the features of the disease, distinctive from, or rather added to, those existing in what had been previously called "cholera morbus."

My friend Dr. Billing was the physician who first distinctly recognized it as ague, using, as he so wisely does, the term ague as typical of fever, whatsoever its kind; and I cannot conceive under what head it can be noso-

logically classed, unless it be that form of disease which our imperfect knowledge compels us to call "fever."

Let us start out from this point, and consider not what fever is, but the phenomena which we witness in that which we call "fever," and their similarity to the phenomena evinced in cholera. The mode of attack in either may be sudden chilliness and almost momentary prostration, or it may be *malaise* and lassitude, or, as Dr. Goodeve expresses it, "I don't know what it is, but I must knock off work." In fever we witness an abatement of the function of the secreting organs; the salivary, gastric, and intestinal glands, as well as the kidneys, secrete their several products languidly and imperfectly; the liver secretes its bile, either redundantly (as in some forms of fever) for a time, or of an altered nature, or the secretion is entirely suppressed, and the function of the brain is feebly performed, if not disordered.

In cholera the function of every secreting organ is completely arrested. The salivary, gastric, and intestinal glands give up work, for the flux from the intestines is a mere exudation from the mucous surface of the water of the blood in direct consequence of arrested circulation, carrying with it some saline matter and a small portion of the earthy salts; the liver secretes no bile, the kidneys no urine, the heart comes to a stand-still, and its right side is choked, because, although not a secreting organ, it is an actively contracting organ, and its contractile function, like the secreting function of the other organs, is arrested. The brain, however, which is neither a secreting organ (in the ordinary sense of the term), nor a contractile organ, seems to retain its integrity of function even in this living death. It is true that in some instances the brain is overwhelmed by uræmic poisoning; but these cases are exceptional. So that the analogy between cholera and fever holds good as regards all the functions of organic life, the only difference being that in what we call fever, independent of structural lesion, the functions of all the organs are interfered with, but in cholera they are absolutely arrested.

This truly does not apply to the brain, and I would use this fact as an argument in proof of the action of the poison of cholera, whatever it be, influencing mainly the ganglionic nervous system. There is no evidence that the brain is dependent upon the ganglionic nervous system for the performance of its functions at all, but it is physiologically manifest that the secreting organs are, and the reason for the involvement of the brain in ordinary fever would seem to be that it is supplied, as all the organs are, with a poisoned or devitalized blood, capable of deteriorating the working power of each organ, but not possessing an intensity sufficient to positively arrest the functions of organic life, as in cholera.

To carry the comparison on to the morbid anatomy of the disease, I need not ask you to travel with me through the lucidly minute details of Parkes and Goodeve, because the points of it which bear upon my purpose admit of being briefly summed up.

The choked right side of the heart accounts for the fullness of the great trunks of the liver, the vascular and oedematous condition of the mucous membrane of the small intestines, the prominence of the agminated, but more especially of the solitary glands, the venous congestion of the peritoneum, the ecchymoses under it as well as beneath the pleura and pericardium—these are the direct results of mechanical impediment, which impediment may also, perhaps, account for the prominence of the glandular structure of the intestine; still the latter condition bears a curious resemblance to the morbid anatomy of fever.

But the cause of this state of the right side of the heart and the frequent absence of blood in the smaller arteries of the lungs demands our more patient consideration. It has been assumed that the bloodless condition of lung (not constant, by the by), depends on spasm of the minute arteries which will not allow the blood to reach the pulmonary veins. I do not see the necessity for this assumption. In the first place, it is not in accordance with our

common observation that spasm in muscles or arterial coats should persist to the period of death. Secondly, if the influence of the poison on the ganglionic nervous system be sufficiently severe to annihilate the functions of other organs, why should not the heart, which is so dependent on its ganglia, for its contractibility be influenced in the same way? And thirdly, if it were so, the right side of the heart which is endowed with the lesser nerve supply would be the more embarrassed of the two, and allow itself to be passively distended by the inflow from the cavæ.

I fear to weary the Society, Sir, with more minute details of the morbid anatomy, but, doubtless, they will be elicited in the course of our conversation afterwards.

If we trace, in its more general aspect, the affinity between cholera and fever, we may find many instances like the following, related to me by my friend Dr. Wm. Story:—The ship *Rinaldo* left Calcutta about the 8th of May, 1865, with 500 coolies. Of these forty were affected with cholera, but the authorities would not allow them to be landed. They were compelled to sail, and in the interval between quitting Calcutta and reaching blue water they all died. From the time of reaching the blue water, however, no fresh case of cholera occurred, but almost every one of the remaining coolies was attacked with fever, and 170 of them were thrown overboard.

In more minute detail the resemblance between cholera and fever, according to a report made by the authority of the Editor of the *Lancet*, on the 1st of last September. The reporter says, in reference to a visit which he has paid to the London hospitals:—"We remarked several cases which had the roseolar rash, and some who were then in a state of complete desquamation, presenting, indeed, the appearance of convalescents from scarlatina."

I dare not venture on the abstruse question of atmospheric predisposition, but unhesitatingly assert that for many months before the outbreak of cholera in 1848, 1854, and 1866, and during its prevalence, there existed a peculiar maladive state, which was expressed by the maladive act as marked ague, remittent fever, periodic neuralgia, and the culminating act being cholera; even at this moment this may be observed by those who will take the pains to notice it.

Well, then, Sir, if we may assume, even for the sake of argument, that this analogy between fever and cholera exists, what should be our line of search for its appropriate treatment? The notion of an eliminative treatment is very tempting, because, if true, it offers an easy solution of the difficulty. We may say, from analogy, that the pustules of small-pox are a means adopted by nature for the elimination of the poison from the system; it may be so, but we do not anoint the unaffected parts with tartar-emetie ointment to produce other pustules for her aid in the elimination. We may say that the sweat of ague is eliminative, and we have all witnessed it to an extent equivalent in the quantity of fluid ejected to the flux of cholera, but we do not when we find a man's bed-clothes, feather-bed, mattress, and bed-sacking, so sodden that the fluid may drop through them on the floor; we do not give that man sudorifics to aid nature's eliminative efforts, we leave her to do her own work in her own way. Or, if we give anything, we administer quinine even in that stage for the purpose of making an impression on his ganglionic nervous system.

So in cholera I am not aware that there is any tangible ground for supposing the fluid of this passive exudation (which in a close cavity you would call dropsy) carries with it poisonous elements derived from the blood, except it be the observation in stools *passed during life*, of fine granular cells, some large, some resembling pus-cells. But there is no evidence of the quality of their contents, and it seems highly improbable that an œdematous mucous membrane could secrete from the blood an *existing poison*; more especially as a very small quantity of scaly epithelium is found. But this subject of elimination by castor oil is one to which I particularly wish to direct the attention of the Society.

I believe that we are more likely to find our remedy in those agents which will stimulate the organic nervous system to renewed action. And of these the fever remedy proposed by Dr. Billing, *i.e.*, antimony used on the contra-stimulant plan of *Rassori* and *Tommasini** with or without the addition of sulphate of magnesia, the mineral acids, chlorate of potash, quinine, bark, effervescing medicines, very often mist. rubra (or do nothing), because these are all essentially fever medicines, each to be adapted to the individual case by the sagacity of the practitioner.

The time has gone by for the search after the philosopher's stone. We must strive more and more to render the practice of physic rational.

* It is not easy to convey the idea of a contra-stimulant (or, as I would express it, "exciter of secretion"), except by an illustrative case. In March last I saw the wife of a celebrated surgeon, aged forty-six, who was after a prolonged shiver in a state similar to that which occurs in concussion of the brain. My prognosis was probable fever, and if fever, typhus. The only hope of escape seemed to me sweating, but on my visit twelve hours afterwards I found that what I can almost certainly depend upon as a sudorific had failed me; the insensibility was deepened, and when roused she saw everything red. The only remaining chance seemed to be this contra-stimulant use of tartar-emetie. She was ordered to take the one-sixteenth part of a grain every half hour until she sweated. At my visit, fifteen hours after, I learned that after the fifth dose she burst out into a profuse sweat, which had lasted five hours. I found her pulse reduced from 130 to 76, the brain condition had subsided, and from that moment my difficulty was over. She convalesced rapidly.

TREATMENT OF TYPHUS FEVER BY TEA; WITH CASES.

By THOMAS WRIGLEY GRIMSHAW, M.B.,

ONE OF THE PHYSICIANS TO CORK-STREET HOSPITAL; LECTURER ON MATERIA MEDICA IN STEEVENS' HOSPITAL.

TEA has been frequently employed in the treatment of fever, chiefly as a stimulant to rouse patients labouring under comatose conditions. Dr. Perceval, in 1818, employed tea for the purpose just mentioned. Dr. Clutterbuck, Dr. Green, and Dr. Nolan have also used it in a similar way; and Dr. Kennedy at present orders tea as an extra article of diet to his patients in Cork-street Hospital. Dr. Parkes has also recommended extract of coffee with a like object. Dr. Parkes found that doses of extract of coffee given to fever patients considerably increase the amount of urea excreted in the twenty-four hours. The experiments of Böecker and Lehmann have shown that tea and coffee tend to diminish the amount of waste of nitrogenous tissue, which at first sight seems to be a contrary result to that obtained by Dr. Parkes. The fact appears to be that tea and coffee tend not only to diminish the amount of waste of nitrogenous tissue, but also to assist the elimination of the urea already formed by the nitrogenous waste. The result of these observations by Perceval, Graves, Virchow, Parkes, and Lehmann, is that tea and coffee appear to contain many of the qualities required for the treatment of continued fever, especially typhus, the great characteristic of which is the rapid waste of nitrogenous tissue, and some of the most prominent dangers of which appear to be produced by the accumulation of effete nitrogenous particles in the blood. The stimulant properties of tea must not be overlooked when considering its use in treating fever. It might be thought that the power which tea possesses of producing wakefulness might be an objection to its use in typhus, but from this I have experienced no inconvenience, except, perhaps, in Case 24. I have not been able to ascertain any instance in which tea has been relied upon as a single remedy in the treatment of fever. I have therefore thought tea well worth a trial as a single agent, and in combination with other agents, in the treatment of fever. The following cases show the result of this treatment in thirty-one cases of typhus and one of typhoid fever:

Case 1.—Ann M.—aged 50 years; ten days ill before admission; admitted September 20th; maculated. The case followed the usual course to recovery, the spots having disappeared on September 26th. Two ounces of wine

were given on the 24th, 25th, and 26th, more to please the patient than from any expected benefit. The highest temperature was attained on the 21st and 22nd, when it reached 103° Fahr. The case was treated all through, until the temperature fell to 98, by two-ounce doses of infusion of tea every three hours.*

Case 2.—Ann McC., aged 3 years; five days ill before admission; admitted September 19th; no spots; treated with one-ounce doses of infusion of tea every three hours. The highest temperature, 102°·5, was reached on September 20th (sixth day). The patient was convalescent on September 26th.

Case 3.—Mary P., aged 15; eight days ill before admission; maculated; admitted September 7th. The spots followed their usual course until the 16th, when they had gone. The highest temperature, 104°·5, was reached on September 13th. This case, which was rather a severe one, was treated with two-ounce doses of infusion of tea every three hours; and was transferred to Dr. Mason in a state of convalescence on October 1st.

Case 4.—Bridget E., aged 30; ten days ill before admission; admitted September 10th; maculated. This case, which was complicated with bronchitis, was treated in the same way as the last, with the infusion of tea. The highest temperature was reached on September 12th (eleventh day), and the patient was convalescent on September 23rd (twenty-second day).

Case 5.—Bridget L., aged 10 years; admitted September 18th; typhus, without spots; brother and sister also had typhus. The highest temperature was reached on September 22nd (tenth day), and the patient was convalescent on September 27th (fifteenth day). The patient was treated with two-ounce doses of infusion of tea every three hours.

Case 6.—William C., aged 13 years; ten days ill before admission; admitted September 18th; no spots. The highest temperature was reached on September 20th (thirteenth day). The case was complicated with diarrhœa, which was checked by the addition of sulphuric acid and the infusion of tea, which was administered in two-ounce doses every three hours, as usual in the cases I have treated with tea. The patient was convalescent on September 24th (seventeenth day).

Case 7.—Luke B., aged 14 years; five days ill before admission; admitted September 14th, with mottling of the skin, which afterwards followed the usual course of the typhus eruption. This case was a severe one for a patient of the age, the thermometer showing the unusually (in my experience) high temperature of 105°. On September 18th (ninth day), there were head symptoms, which were relieved by leeches. The case was treated with the infusion of tea in three-ounce doses every three hours. The patient was convalescent on September 27th (eighteenth day).

Case 8.—Jas. D., aged 17 years; eight days ill before admission; maculated; admitted September 11th. The temperature in this case was not noted. The patient had an unsatisfactory convalescence by September 20th (seventeenth day), but since had a slight relapse. He was treated with the infusion of tea in the usual doses.

Case 9.—John H., aged 12 years; eight days ill before admission; admitted September 25th; maculated. This case appeared to have been ill longer than stated (eight days). He was treated with the tea infusion, and was transferred convalescent to Dr. Mason on October 1st.

Case 10.—William H., brother of the last patient, aged 14 years; eight days ill before admission; admitted September 24th; maculated. This case also appeared to be ill longer than stated (eight days). Treated with infusion of tea; convalescent on September 29th.

Case 11.—Robert McC., aged 13 years; eight days ill before admission; maculated; sister ill with typhus admitted September 18th. The highest temperature was

reached on September 21st (tenth day), and the patient was convalescent on September 28th (seventeenth day). Treatment—Infusion of tea, two ounces every three hours. Diarrhœa occurred on the twelfth day, which was checked by the addition of sulphuric acid to the tea.

Case 12.—Matthew M., aged 10 years; three days ill before admission; admitted September 10th; highest temperature, 103°, on September 13th (fifth day); convalescent, September 20th (twelfth day). No spots were seen in this case, but a faint mottling of the skin was observed on the eighth day. Treatment—Infusion of tea, one ounce every three hours.

Case 13.—Matthew D., aged 48; seven days ill before admission; admitted September 13th; maculated; son also ill with typhus. The highest temperature, 103°·5, was reached on September 15th (ninth day); and the patient was convalescent on the seventeenth day. This case was complicated with bronchitis, which required treatment by blisters to the chest, back and front. The case was treated with infusion of tea, two ounces every three hours.

Case 14.—Felix McC., aged 22; three days ill before admission; admitted August 28th; maculated. No notes of temperature were taken in this case. Convalescent on September 8th. The patient was treated with tea, except on the first two days after admission, when he was treated with nitro-muriatic acid.

Case 15.—Thos. B., aged 10 years; six days ill before admission; admitted September 1st; maculated. Highest temperature 104°, September 5th (tenth day). Convalescent on 17th day. Treatment—Infusion of tea, two ounces every three hours. This was a severe case for a boy of his age, and was complicated with bronchitis, which required the application of a blister to the chest.

Case 16.—Jane F., aged 15 years; eight days ill before admission; admitted September 12th; maculated. Highest temperature, 104°·25, on September 13th (eighth day). Convalescent on September 28th (fifteenth day). Treatment—Infusion of tea, two ounces every three hours. This case was of a very severe type, the high temperature and dense spots lasting for several days.

Case 17.—John B., aged 19; five days ill before admission; admitted September 5th; maculated. Highest temperature, 104°, was reached on sixth day, and again on the eighth. Convalescent on fourteenth day. Treatment—Infusion of tea, two ounces every four hours.

Case 18.—Mary K., aged 16; five days ill before admission; admitted September 6th; maculated. This was an ordinary and not severe case of typhus. No notes were taken of temperature. The patient was probably more than five days ill before admission, perhaps six or eight days. She was convalescent on September 10th. Treated by infusion of tea.

Case 19.—Thomas R., aged 15 years; four days ill before admission; admitted September 3rd; maculated. Highest temperature, 104°, reached on seventh day. Convalescent on fifteenth day. Treatment—Three ounces of infusion of tea every three hours. This was a very severe case, the spots being dense and dark.

Case 20.—Patrick D., aged 15 years; one day ill before admission; admitted September 13th; maculated on fifth day. Highest temperature eighth day. Convalescent on sixteenth day. This boy's father was in the same ward with typhus (see Case 12). The typhus was complicated with pneumonia on the eighth day. The case was treated with three-ounce doses of infusion of tea by the hour, until the pneumonia appeared on the eighth day (the spots also fading on the same day), when the patient was placed on a mixture containing turpentine. Convalescence took place on the sixteenth day.

Case 21.—Thomas C., aged 11; eight days ill before admission; admitted September 24th. This case was treated with infusion of tea, two ounces every three hours, and was handed on recovery to Dr. Mason, on October 1st. The case was convalescent by the 5th of October.

(To be continued.)

*The infusion of tea is made by infusing three ounces of tea in one pint of cold water for twenty-four hours.

Hospital Reports.

SPECIAL REPORT ON THE TREATMENT OF CHOLERA BY VENOUS INJECTIONS.

II. THE EPIDEMIC OF 1832.

(Continued from page 437.)

To Dr. O'Shaughnessy belongs the distinction of having first proposed to combat the collapse stage of cholera by means of venous injections, although the credit of actually carrying out the suggestion was reserved for Dr. Latta of Edinburgh. The idea of Dr. O'Shaughnessy seems to have been that the dark blood of cholera might be decarbonized by conveying to it a salt containing a large proportion of oxygen. Such a salt is chlorate of potash, and he proposed to inject a solution of this into the veins, being encouraged in his suggestion by the history of what had already been done in this way in other diseases, and of which we have already published a *resumé*. We should also add that Dr. O'Shaughnessy further proposed the use of alcohol in this manner.

Dr. Latta, when he put this idea into practice employed a solution of common salt and carbonate of soda, as representing the saline ingredients of which the blood had been deprived during the vomiting and purging, so that the theory by which he was encouraged to adopt the proceeding differed essentially from that of its proposer, Dr. O'Shaughnessy. One seems to have intended to supply the blood with *oxygen*, the other with *salines*. Be this as it may, Dr. Latta having opened a vein of a cholera patient injected large quantities of this saline fluid; for the relief given was so far beyond all his hopes that the operator was, not unnaturally, induced to continue his injection and repeat his operations, until in a few hours many pints of the solution had been introduced into the patient's circulating system. In nearly every case in which the treatment was tried the most extraordinary relief was obtained, but, alas! in too large a majority the amendment did not prove lasting. Nevertheless, five cases of profound collapse recovered out of fifteen injected by Dr. Latta—a proportion which at least warranted others in trying the plan. Nor was it long before other practitioners had other successes to record, some being rewarded with a much larger proportion of recoveries. Thus we gather that Dr. Murphy had two recoveries and one death. Dr. Tweedie had one case of recovery in four. Dr. Craigie of Edinburgh had one death and one recovery. Dr. Girdwood reported four recoveries and three deaths. Mr. Arthur of Shadwell, more successful than all, had thirteen recoveries and only five deaths.

We may here pause to remark that, in 1832, cholera was scarcely as strictly defined as now, and that the differences in the severity of the cases may possibly account for the varying success obtained. A new disease imperfectly recognized, met by a new remedy diversely applied, might naturally lead to very different results.

Dr. Little was, we believe, the first to add alcohol to the saline fluid injected. This he tried in the hope of rendering the reaction more lasting, a hope he had the pleasure of speedily realizing. The attention of this gentleman had been strongly directed to cholera by his having been appointed by the Committee of the London Hospital to accompany Dr. F. Cobbe (late senior physician to the hospital) to Newcastle, where the disease was raging violently. They remained there throughout the epidemic, actively engaged in rendering such relief as art could sup-

ply, and in their joint report (which we regret to say is now out of print) they first pointed out those essential symptoms of arrest of function, which distinguish true cholera.

On returning to London Dr. Little availed himself of the opportunity of continuing his labours presented by the outbreak in the East of London, and especially in the neighbourhood of the London Hospital—for it is a fact worthy of note that the very spots where cholera most raged in 1832, have furnished the most cases in the present year. It was in these localities, in the homes of the poor sufferers, that he first tried venous injections of saline fluids, to which a small quantity of alcohol had been added.

The success attained was not equal to that obtained by some other practitioners; but, taking into account the many disadvantages under which they were performed, we are inclined to regard these cases as most important. Dr. Little having kindly allowed us to peruse his MSS. notes, taken by the bedside at the time, we consider they form so essential a link in the chain of progress of the remedy that we have requested permission to use them. Our request having been kindly complied with, we proceed to detail the cases in the very words of the author:—

ASIATIC CHOLERA; COLLAPSE; FIVE SEPARATE SALINE VENOUS INJECTIONS DURING THE LAST TWENTY HOURS OF LIFE; TOTAL QUANTITY INJECTED 210 OUNCES; DEATH.

Case 1.—John Tennant, æt. 24, 1, New Nicholl-street, Bethnal-green, when seen by Dr. Venables, to whom I am indebted for the earlier portion of the history of the case, presented on June 15, 1832, at ten A.M., the following appearance:—"Cadaverous look; eyes sunken; slight lividity of nails of hands and feet; general coldness; great thirst and burning pain at stomach; urine absent since last night; pulse small, thready, and very weak; very copious vomiting and purging of a gruel-like matter." When I first saw him at half-past six P.M., said he was a fish-porter, lived hard, by which I suppose he meant that he fared badly; stated that his bowels were relieved once on the 13th inst., but that he had been previously subject to occasional bowel complaints. Yesterday morning he had profuse diarrhœa, followed at six p.m. by gruel-like vomitings, and at midnight by cramps. His condition has become aggravated since morning; pulse imperceptible after having been out of bed to stool, but after being some minutes recumbent, it was felt frequent and very weak; tongue and breath cold; thirst, diarrhœa, and vomiting have continued. Continue Stevens' saline treatment in use since the morning.

Quarter to ten P.M. No improvement in his condition; pulse from 104 to 110; thighs *feel* cold to the hand of the examiner, but the thermometric temperature of other parts of the body is not so low as the hand would indicate. Thus, under the tongue it is 95° F., in the axilla 93°, *meatus externus* 93°, palms of the hands 79°.

Half hour past midnight. Vomiting and diarrhœa continue; feels worse; feet of more venous hue; hands and forearms of dusky brown hue; pulse 118, a mere thread, indistinct; intense thirst; a solution of sodæ mur. ℥i.; sodæ carbon. ℥j.; potassæ chloratis, gr. vi.; water, ℥xl. was made, of which fifty ounces were cautiously injected into the basilic vein of right arm. After twenty ounces had been injected, he expressed himself better, but had more pain in abdomen. The pulse had fallen to 104, and was fuller and regular. During the continuance of the injection he complained of uneasiness in the chest, though there was no alteration of breathing. This was quickly followed by severe rigor, and he complained of cold. He vomited during the injection. It was now thought proper to discontinue the process. The pulse at this time was 98, fuller and steady; wine ℥j.

* It is worthy of remark here that Dr. Little completely anticipated the thermometric observations to which so much importance has recently been attached. —Ed. *Hospital Reports*.

An hour later—*i.e.*, half-past one A.M., Saturday, June 16th, complains of much pain in the abdomen, but says he feels quite strong; countenance very much improved; eyes less sunken, and he converses more freely; pulse remains 98, fuller. The coldness has been succeeded by a sensation of warmth; no stool since commencement of injection; pulv. opii. gr. ij, placed on the tongue.

Half-past two A.M. Has vomited slightly, so as probably to have rejected the powder.

Five A.M. Pulse only occasionally perceptible; no vomiting, but two dark dejections have been passed involuntarily; has been delirious and very restless; is universally cold; reinjection resolved upon, ingredients as before. The tube was introduced into the same vein; the operation was discontinued after twelve ounces had been introduced, in consequence of slight extravasation of fluid in cellular tissue around the vein, produced as was supposed by laceration of the vessel by the too sharp point of the injecting tube, and the friends not permitting us to open another vein. The small quantity injected benefited him; he expressed himself better, that he felt warmer; the colour of his lips improved; the pulse, also was more distinct.

Quarter to seven A.M. His friends, observing him to be sinking, allowed us to open a vein in the opposite arm; the pulse 120, very weak; in other respects as bad as ever.

Sixty-four ounces of solution containing the same ingredients as before were slowly injected, the patient during the whole time complaining of no uneasiness except on one occasion, which depended on the circumstance of the fluid being too warm (our thermometer was broken just before). The pulse fell to 90, and was full. Without further enumerating symptoms, suffice it to say, he was much improved, and felt so.

Ten A.M. Has been delirious and very restless; at present is almost insensible; lies supine, throwing his arms about. When loudly questioned, says he feels quite strong; has no pain, but points to his head. The former dusky lividity of face and lips has yielded to a bright red hue; eyes half closed and suffused; conjunctiva injected; pulse varies from 100 to 125, weak; has had no evacuations of any kind; warmth of upper part of body.

Wine, ʒj.

Six leeches to the forehead.

Noon. Pulseless and again collapsed.

Half-past two P.M. Entered the room, finding his relations weeping, himself pulseless and moribund. As a last resource proposed to inject again, which was consented to. The fluid (ingredients as before) was introduced at the left cephalic vein as at the last time to the amount of fifty-one ounces, with astonishing benefit. His pulse returned, he replied to questions, asked for drink; after a time there was a perceptible difference in the temperature of the skin. We left him without hopes of his ultimate recovery, requesting his friends to give him occasionally a small quantity of brandy and water. We returned at half-past seven P.M., found him pulseless, insensible, cold, and with more blueness than ever, indeed as marked as in any case I have seen for some time past. I was again induced to inject, not with any confident hope of success, but felt justified by the circumstance of his having been so frequently relieved by the operation, and from the belief of myself and Mr. Bennett, who assisted me, and who assiduously watched the case, that he was indebted to the injection alone for the last eighteen hours of his existence. The tube was inserted into the left media basalic, and the same kind of fluid used as before. On commencing to inject he struggled and spoke, but ere thirty to forty ounces were introduced, respiration became laboured and hurried. The operation was discontinued, and within a quarter of an hour he died. The only explanation of the struggles during the injection, if caused at all by the process, is that the fluid was too quickly introduced.

MALIGNANT CHOLERA; COLLAPSE; ONE INJECTION OF FORTY-EIGHT OUNCES ABOUT EIGHTEEN HOURS AFTER SEIZURE; SOLUTION OF SALINE INGREDIENTS USED STRONGER; DEATH THREE HOURS AFTERWARDS.

Case 2—June 17th, 1832, seven P.M., Mrs. —, aged 40, now looking 60. Her friends state that she had diarrhœa and vomiting this morning at six A.M., which have continued, with cramps at intervals, until now. She says that while alone she fainted, and with difficulty arose. Stools and vomited matters rice-water-like. Imperceptible pulse and other marked symptoms of epidemic Indian cholera present. Continue Stevens' saline treatment.

Ten P.M.: Is now almost insensible; shows few signs of life; respiration laboured; pulse at carotid 160; vomiting and diarrhœa ceased. After the injection of forty-eight ounces of the following solution:—

Sodæ muriatis ʒij.

Sodæ carb. ʒij.

Potass. chloratis gr. xiv.

Aquæ ʒlx.

The pulse was felt at the wrist (120), though previously imperceptible there.

June 18, one A.M. Pulse weak at wrist, but rapid; distinctly coupted at temporal artery 160; legs and thighs hot and moist; respiration deep, and about twenty in the minute; hands thought to be a little warmer; insensible; died twenty minutes after this note was taken.

MALIGNANT CHOLERA; COLLAPSE; INJECTION OF THIRTY-FIVE OUNCES OF SALINE FLUID AT TEMPERATURE 115° F., NINETEEN HOURS AFTER COMMENCEMENT OF THE ATTACK; SECOND INJECTION FIVE HOURS LATER; DEATH.

Case 3.—June 19th, 1832, six P.M. Edward Tanant, aged 12, complains only of excessive thirst; his mother states that at eleven P.M. last night, he was attacked with vomiting and purging, and with some pains in limbs (cramps?); the pulse has now been imperceptible two or three hours at the wrist; eyes sunken; feet inkish and colder than natural; temperature of room 78° F.; body clammy; sometimes replies to questions but with difficulty; pulse at carotid 160; after injection of thirty-five ounces at temperature F. 115, of

Sodæ muriatis, ʒj.

Sodæ carb., ʒi.

Potass. chloratis, gr. vii.

Aquæ, ʒxl.

The pulse returned at wrist 130, but although he improved during the operation, so as to express himself easier, he is now, at a quarter to seven P.M., apparently no better; the lips being very blue.

Brandy, ʒj.

Ice ad libitum.

Nine P.M. Feels better; pulse 120 at wrist, full and strong; profuse warm sweat; feet warmer; tongue moist and clean; thirst; no evacuations. Continue weak brandy and water. Since two P.M. has taken calomel gr. i., Cayenne gr. i. every hour, with half a grain of opium occasionally.

Half-past eleven P.M. Pulse about 140, weak; disposed to insensibility; no evacuations; trunk warm; perspiration ceased; face again more choleraic. Second injection of * ounces of the same solution as before. The pulse again became full and comparatively strong; he was delirious occasionally; during the injection he became brighter and lively; complained of uneasiness, which caused me to desist, after which he relapsed into a state of stupor, yet swallowed willingly some brandy and water; the pulse continuing 135, full and strong.

June 20th, two A.M. Pulse 140-50, weak; still profuse sweat; nurse reports his having had a convulsive fit;

* The number has not been filled in in the MSS. note-book.—Ed. Report.

there are now spasmodic twitchings of eye-lids and facial muscles. Died at half-past three A.M.

MALIGNANT CHOLERA; EIGHTY OUNCES SALINE INJECTION INTO VEINS ABOUT TEN HOURS AFTER OCCURRENCE OF URGENT SYMPTOMS; DEATH FOUR OR FIVE HOURS AFTERWARDS.

Case 4.—June 20th, midnight, visited—Dawson, aged 63, Bethnal-green, reported to have had diarrhoea in the morning, followed by severe symptoms at half-past one P.M. He is now in complete collapse and has been pulseless for hours; still vomits and purges; is disposed to sleep or is exhausted, lying quiet for some minutes, then suddenly calls out in a husky voice; profuse sweat, much blueness; cautiously injected 80 ounces of Dr. Lewins' solution, in proportion as he continued to revive. The improvement in him was greater than in any case previously witnessed by me. During the injection his pulse became full, his voice strong and clear; he spoke freely, and expressed himself better; the vomiting continued, and in half-an-hour afterwards again flagged in strength. Cataplasms were applied. Death at five A.M. The gentleman left in charge of the case did not repeat the injection.

MALIGNANT CHOLERA; ONE VENOUS INJECTION FIVE HOURS AFTER OCCURRENCE OF URGENT SYMPTOMS; DEATH TWO HOURS AFTERWARDS.

Case 5.—June 21st, 1832, one P.M. Saw Mrs. Day, 33, Brick-lane, reported to have had diarrhoea yesterday; urgent symptoms this morning; pulseless one hour; temperature under tongue 83°; skin clammy, no blueness; eyes sunken; injected forty ounces; pulse restored though not strong. She said she was better, but there did not appear much improvement; stimulants were freely given; again pulseless one hour and a-half after injection. Died at half-past three P.M.

CHOLERA COLLAPSE; INJECTION OF FORTY OUNCES OF SALINE FLUID EIGHT HOURS AFTER COMMENCEMENT OF URGENT SYMPTOMS; TWO HOURS LATER, SECOND INJECTION THIRTY OUNCES WITH ADDITION OF TWO DRACHMS OF ALCOHOL.

Case 6.—June 22nd, 1832, eleven A.M. Saw Mrs. Bowles, aged 35, living at 99, Brick-lane. Has had diarrhoea upwards of a week; severe symptoms set in at half-past three this morning; pulseless an hour or two; head seems clear; purging and vomiting continue; coldness, no blueness; injected forty ounces of Dr. Lewins' solution (see journals of the period); the pulse returned; she said she no longer saw double, that her head was clearer; the intense thirst continued; stimulants were freely given; cataplasms employed; immediately after the injection she had a severe rigor and appeared moribund.

Half-past one P.M. Rigor has ceased; pulse continues, although weak; skin feels somewhat warmer; slight diarrhoea. Ordered copious warm gruel enema with salt, brandy in effervescing mixture.

Half-past two P.M. Pulse extinct; has been complaining of intense oppression and pain at the chest, afterwards of pain in the loins; breathing 60 in the minute; sinking fast. Injected thirty ounces of same fluid as before, with the addition of two drachms of alcohol; the pulse returned full and strong, and she appeared intoxicated. This improvement continued only a short time. Death at three-quarters to four P.M.

In furnishing the writer of this report with the above extracts from his note-book of 1832, Dr. Little remarked that reperusal of these old notes reminded him that he assisted at injection of salines in one case in Ratcliffe or Shadwell, which recovered. He also assisted at injection of another case (fatal) in Aldgate, one of the ingredients used being quinine. He mentioned these cases, because in former publications he had spoken of having injected, or having assisted to inject, only six cases altogether in 1832, six cases only being recorded in his own note-book of that period.

ADELAIDE HOSPITAL, DUBLIN.

STRICTURE OF THE URETHRA.

FORCED DILATATION; NO BLOOD LOST; MARKED IMPROVEMENT.

(Under the care of Mr. B. WILLS RICHARDSON.)

Mr. RICHARDSON stated that before he made any observations on the case, he would first read the report of it by Mr. Alexander Duke:—

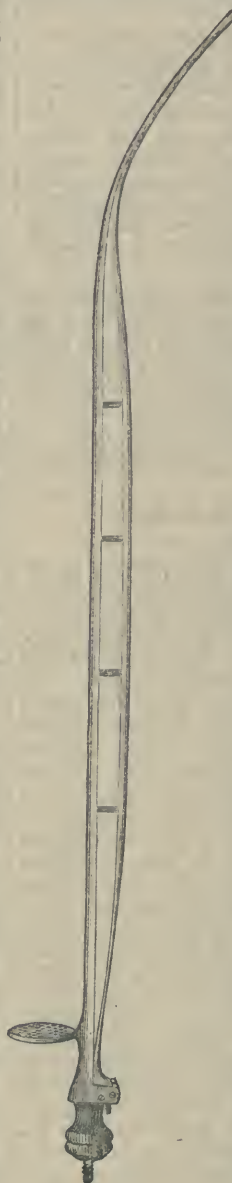
"J. J—, aged 44, a private tutor, was admitted into the Adelaide Hospital on the 12th of July, 1866, to be treated for stricture of the urethra, and vesical irritation apparently consequent thereon.

"He mentioned that he contracted gonorrhœa about seven years ago, which he allowed to run its own course. Two years after the first appearance of the discharge, the stream of urine commenced perceptibly to diminish in calibre, and he began to suffer from irritability of bladder, with incontinence of urine. The latter symptoms became aggravated six or eight months before his admission into hospital, and the stream of urine was reduced to a very small size.

"After he had been in the hospital a few days, and had taken some warm baths, Mr. Richardson made an exploratory examination of the urethra, and ascertained that the canal was very much narrowed in two situations—(1) about a couple of inches from the orifice, and (2) at the bulb. Both the strictures seemed to be of an obstinate and intractable nature, for the process of dilating them with the bougie up to No. 4 size of Weiss' gauge was rather tedious, so much so that Mr. Richardson determined to stretch them according to Luxmoor's principle—i.e., by forcible dilatation. This method of treatment having been explained to the patient, he, after a little hesitation, wished it should be tried."

The instrument I used in this case was not Perrève's, so frequently and so successfully employed by Mr. Holt, and now so familiar to the profession, but the instrument of Lyons, in which the two steel blades or bars are separated by means of a screw, and not by the conical forcer, as in Mr. Holt's urethral dilator. Mr. Henry Thompson uses an instrument somewhat similar to that of Lyons', and which has some advantages over it, particularly when there is but one stricture in the canal.

In Mr. Thompson's instrument, the blades are united throughout four inches of the shaft, and, as in Lyons' dilator, by turning a handle containing a screw, are slowly and gradually made to diverge at a given spot, "forming a spindle-shaped figure three



Lyons' Dilator (Lüer).

or four inches in length, and a third or half an inch in diameter." This instrument being constructed to allow the blades only to separate to the distance just mentioned, I do not consider so suitable when there are more strictures than one, and therefore I used Lyons' dilator, the blades of which can be divaricated nearly their whole length. The patient having two strictures some distance from each other, both could, at the same time, be forcibly stretched with Lyons' instrument, and I therefore preferred using it.

The stretching of strictures with the screw dilator requiring some minutes for its performance, chloroform ought to be used. It was suggested to the patient, but he declined it.

The intention in slowly separating the blades of the dilator is, as Mr. Thompson expresses it, "to overstretch the morbid tissues as much, and to rupture them as little as possible, in order to destroy, or, at all events, to greatly impair the natural tendency of the stricture to contract."

The after-treatment of this case differed from Mr. Thompson's in respect to the introduction of the catheter after the distension was effected. I postponed doing so until four days after the operation, when Nos. 8, 10, and 12 bougies could be passed with facility. A larger bougie than No. 12 was not used, as the patient has naturally a narrow urethra. Metallic bougie No. 12 was passed from time to time, and on the last occasion, a fortnight intervened between it and the previous passing of the instrument, when it was found that no recontraction had taken place, which was most satisfactory, considering that the prior treatment of the patient by vital dilatation had been wholly unsuccessful, the strictures becoming in a few hours after the passing of the bougie as narrow as they had been before it.

Lyons' dilator is one, comparatively speaking, easy of introduction, and may be made of very small size, and, with ordinary care, to work without risk of breaking. I have one of the smaller sized screw dilators, also of Luër's make, the size of which at the point is only a full No. 1 of Weiss' gauge, and less than this for two inches backwards, when it gradually increases to No. 3 of same gauge, which size it maintains to the handle.

I do not wish it to be understood that I advocate forcible dilatation to the exclusion of other methods of treating urethral narrowing. I, however, think it should be conceded that forcible dilatation is a valuable auxiliary in certain obstinate cases of stricture, which, from their resistance to dilatation by the vital process, render the latter exceedingly tedious, and particularly in strictures situated in the anterior portion of the urethra. Moreover, as far as this case goes, it supports the opinion that forcible dilatation diminishes the tendency of stricture to recontraction.

Reviews.

THE MEDICAL OFFICER'S VADE MECUM, or POOR-LAW SURGEON'S GUIDE: containing the Regulations at present in force relating to the Relief of the Poor in Sickness, and the Appointment, Qualifications, Duties, and Remuneration of Union Medical Officers in England and Wales: with a note on Vaccination and Public Vaccinators. To which is added an Appendix, containing, *inter alia*, all the "Medical Acts;" also a copious Index. By NUGENT CHARLES WALSH, Esq., of the Poor-law Board, Barrister-at-Law. Pp. 196. London: Renshaw. 1866.

The above title-page is so copious that we are relieved from the necessity of indicating the different heads under which Mr. Walsh has arranged the materials of this very useful manual, and an analysis on our part is the less called for, as many if not most of the subjects introduced have been frequently discussed in our pages. Too many of our readers, also, have been made acquainted, by painful experience as

Poor-law Medical Officers, with the numerous and often vexatious Rules, Orders, and Regulations of the Poor-law Board, and have, no doubt, wished most heartily that many of them were abolished altogether. Still, there are many members of our profession entering upon the thorny duties of Poor-law Surgeons, and others already occupying that position, to whom Mr. Walsh's book will be very acceptable, as containing a great amount of information which is actually necessary for their guidance, and a perusal of his pages may perhaps save many of them from falling into mistakes on legal and technical points. Mr. Walsh's style is clear and precise, and the various duties and responsibilities of the Poor-law Medical Officers are so definitely laid down that they can hardly go wrong if they trust themselves to his guidance.

THE POPULAR SCIENCE REVIEW. Edited by HENRY LAWSON, M.D. October, 1866. London: Hardwicke.

The present number of this excellent periodical contains, as its frontispiece, a photographic engraving of Baron Liebig, and the letter-press embraces contributions from many distinguished cultivators of Natural Science. An article which will be extensively read, as referring to a recent memorable achievement, is that on the Electric Principles of the Atlantic Telegraph, in which the writer, Professor G. C. Foster, of University College, London, explains in popular language, and illustrates by well-executed engravings, the mechanism of the wire which now connects the two worlds, and the theory by which its operation is explained. But there are many other articles of great merit, among which is one on the Movements of the Diatomaceæ, by E. Ray Lankester; one on the Bone Caverns of Gibraltar, Malta, and Sicily, by Mr. A. L. Adams, and one on Modern Views of Denudation, by Mr. E. Hull. The number contains also a series of reviews, and a scientific summary of recent discoveries and theories, and the whole of the contents fully maintain the high reputation which the journal has acquired.

CHART OF MEDICINAL PREPARATIONS. Compiled by H. MACNAUGHTEN JONES, M.D.

A VERY useful chart for every Medical man—Doctor, Apothecary, or Student. It gives, in a simple form, the strength, composition, and dose of every preparation in the Pharmacopœia. If Dr. Jones will add to his next edition a short note of the incompatibles of each preparation, it will be complete.

MEMOIR OF SIR PATRICK DUN (Knt.), M.D., M.P., Physician-General to the Army, and some time President of the College of Physicians; including his Will, his Deed for constituting a Professor of Physic; and other important Records concerning the Profession of Physic in Ireland, never before published. By T. W. BELCHER, M.D., Dublin; B.M. and M.A., Oxon and Dublin; Fellow, Censor, Examiner, and Hon. Librarian, King and Queen's College of Physicians in Ireland, &c. Second Edition. Revised and Enlarged. Printed and Published by authority of the College. Dublin: Hodges, Smith, and Co. 1866. 8vo. Pp. 80.

In the Memoir above described, we gladly hail another important contribution, from the able pen of Dr. Belcher, to the history of the Medical Profession in Ireland. As the author himself observes, the present essay may be looked upon as continuing the history of the College of Physicians from the death of its founder, Dr. Stearne, to the present time. Most of our readers are, no doubt, familiar with the record of the life and times of the last-named philanthropist, for which also we are indebted to Dr. Belcher's untiring zeal and industry, and to which the present work may be considered as a sequel. We rejoice, too, that

a more extended notice than those previously published by Prof. Osborne and Sir Wm. Wilde, of a distinguished physician, to whom the medical profession and the cause of medical education in Ireland are so deeply indebted, has now seen the light. This notice contains "several original and important public documents not hitherto printed, as well as private letters of Sir Patrick and Lady Dun, and other interesting matters."

"The subject of the present memoir was born in Aberdeen in January, 1642. His father, Charles Dun, (itser (or dyer), was a burgess of Aberdeen, and Patrick was his second son by his second wife, Katherine Burnet. This branch of the family of Dun had been then long settled in Aberdeen, and belonged to the ancient stock of Dun of Dun, or of that ilk, near Montrose. Charles Dun was one of the nephews of Dr. Patrick Dun, Principal of Marischal College, and the munificent endower of Aberdeen Grammar School, where his name is to this day held in great respect; and where his portrait (by Jamieson), presented by his representative, Archdeacon Bisset, may be seen."—P. 15.

The early part of Dun's life seems to be buried in obscurity; the first notice of him occurring in a letter written from Dublin Castle by Sir John Hill in 1676, in which he is spoken of as "one Dr. Dun, an Aberdeensman, who is Physician to the State and to my Lord Lieut." Within a year or two from the date of the letter referred to, he was chosen a Fellow, and on the 24th of June, 1681, he was for the first time elected President of the College of Physicians, which office he continued to hold, as it would seem, until St. Luke's Day (18th October), 1687. To the same position he was re-elected in 1690, 1691, and 1692, and on 15th December in the last-mentioned year, he was nominated the first President under the charter of William and Mary, being also re-elected in 1693, 1696, 1698, and 1706. From the Catalogue of Oxford Graduates, 1772, it would appear that Dun was a graduate of Dublin, and incorporated thence with Oxford. In 1692 he entered the Irish House of Commons, having been elected both for the Manor of Mullingar, in the county of Westmeath, and for the borough of Killileagh, in the county of Down. He elected to sit for the latter, and was again chosen member for Mullingar in 1695 and 1703. In 1696 he was knighted by the Lords Justices of Ireland; and on the 25th of March, 1705, he was appointed Physician-General of the Army.

We have thus briefly indicated a career full of success, and it is pleasing to reflect that the fortunate recipient of so much good was not ungrateful to the land of his adoption, to which he owed his prosperity. The splendid hospital which is called by his name, and the Professorship of Physic founded by him, remain as lasting memorials of his philanthropy, his liberality, his love of his profession, and his enlightened views. The funds bequeathed by him have provided alike for the wants of the poor, in their hour of special trial and of sickness, and for the education of the young aspirants to the professional success he had himself attained.

Dr. Belcher has done well in aiding to spread more widely the memory of so distinguished a member of our profession and such a single-minded benefactor of his race; and to his essay we must refer our readers for many interesting details and valuable historical documents connected with the brilliant and exemplary career of Sir Patrick Dun.

CHILDREN'S HOSPITAL AT BRISTOL.—A new Hospital for Sick Children and the Outdoor Treatment of Women has been inaugurated at Bristol. The following form the Medical Staff:—Drs. J. Symonds and J. Beddoe (Consulting Physicians); Messrs. Chas. Greig and W. Ormerod (Consulting Surgeons); Dr. W. G. Carter (Physician); Messrs. T. G. L'Enardi Baretti, C. Steele, and Dr. E. Williams (Surgeons). The Resident Medical Officer is Mr. H. T. Hetling. A building known as Fort-house, Royal Fort, St. Michael's-hill, formerly the residence of Reynolds, the philanthropist, has been purchased and converted to the use of the institution at a cost of upwards of £1200.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 7, 1866.

A PROSECUTION UNDER THE MEDICAL ACT.

A FEW days ago a case was tried at the Police Court in Greenwich presenting some very great points of interest to the Medical Profession, although the particulars occupy only a rather obscure corner in the columns of the leading English journal, the *Times*.

It appears that a Mr. DENNY, of Rotherhithe, has been falsely representing himself to be, and practising, as a Surgeon, thus rendering himself liable to a fine of £20. The case was very distinctly proved, the defendant having announced himself as a Surgeon on his door-plate, and having actually attended patients and received payment for his attendance. He even went so far as to propose to Mr. MURDOCH, a qualified member of the Profession residing in the same locality, that the latter should make a post-mortem examination, for a Coroner's inquest, of one of DENNY's patients, and that the two *should divide the fee*, DENNY being, of course, unable to appear in the Coroner's Court as a witness. This proposition was at once, and very properly, declined by Mr. MURDOCH, who told DENNY that he would have nothing to do with him.

The defence offered was of the most feeble kind, and turned out unsuccessful. It was to the effect that DENNY was at present attending the lectures at the Middlesex Hospital, and had taken up all but one degree to enable him to practise as a surgeon. Whether this story be true or not, we know not; nor is its truth or falsehood of much consequence, for it obviously does not affect the merits of the case. The magistrate remarked that the defendant had for the last twelve months at least falsely represented himself to be, and had practised as a regularly qualified surgeon, and he therefore inflicted upon him the penalty of £10, with costs. On hearing this decision, we are told in the report that the defendant became much excited, and ventured upon the very improper remark that the effect of the decision would be to make him sell his business to a chemist, or to some other unqualified person, *who would also put forth a plate describing himself as a surgeon*.

Now, this case is not only important in itself, but the evidence adduced points to a great and grievous evil, which is daily and hourly suffered to exist among us, and which is doing extensive mischief, not only to the Profession but to the public. On the one hand, the legally qualified members of our body are unfairly deprived of their legitimate gains by the practice of impudent pretenders; and on the other hand the public, and especially the lower classes, are exposed to the danger of having their health injured and their pockets drained

by persons pretending to be what they are not. The defects of the Medical Act are well known to our readers, and it is scarcely necessary to point out that it was only by the most utter folly and recklessness that the defendant, in the above case, exposed himself to the penalty which was inflicted upon him. The fact seems to be that, in consequence of the immunity so long enjoyed by the quacks and pretenders to medical knowledge, in spite of the provisions of the Medical Act, these gentry have presumed too much upon the forbearance of the Profession and the sluggishness of the law, and have at length boldly thrown off disguise, and, as it were, have defied public and professional opinion.

Offenders of Mr. DENNY's class are unfortunately very numerous at the present day, but they manage their plans so ingeniously as to escape their well-merited punishment. Not only are there very great difficulties of a technical nature to overcome before a conviction can be obtained, even in some of the clearest cases, but the onus of prosecuting the offenders is very unfairly laid upon the members of the Medical Profession, or upon some other private individual, instead of being entrusted to a public prosecutor. In this respect the Government of the country exhibits a culpable neglect of its obvious duty, although it is energetic enough in instituting prosecutions where the rights or emoluments of the several departments at the head of the State are concerned. Suppose that a person, however respectable in other points, were to sell spirits or tobacco without a license, he would be very soon dealt with by the laws of the country; but impostors and pretenders are allowed to ply their unrighteous calling as sham doctors with almost perfect immunity; for, although a law exists for the suppression of this unrighteous traffic, there is no public functionary to put it into execution, and what is worse, there are lawyers and even judges who, instead of looking at the obvious meaning of the statute, exert their ingenuity in enabling delinquents to evade its provisions.

A conviction, however, has now been obtained, and, in the absence of a public prosecutor, we think that Mr. ROGERS and Mr. MURDOCH, surgeons, of Rotherhithe, are entitled to the gratitude of the Medical Profession for instituting the recent prosecution, and we hope that in other districts the same activity may be shown in proving that the Medical Act is not a dead letter. There are plenty of persons now practising illegally who richly deserve the same fate as that which has befallen Mr. DENNY, and we hope that they may be exposed and punished.

THE SCHOOL OF PHYSIC IN IRELAND.—II.

IN our last number we furnished our readers with a summary of the history of the School of Physic Act, and we concluded our observations with remarks on the Hospital of Sir PATRICK DUN, which was completed in 1814. For six years before that time, however, a

small portion of the edifice had been used for clinical purposes on what we should now consider a very mild scale. It was fully developed as a complete medical institution in 1814, and reformed as a Medico-Chirurgical Hospital in 1865.

We have already noticed the three University Professorships which belong to the School of Physic. These were originally Lectureships; in 1785 they became Professorships by Act of Parliament; and such is their legal status at present. The Professor of Anatomy and Chirurgery has, however, for a long time back given up lecturing on Surgery, and this part of the duty has been performed by a separate Professor of Surgery, whose office was instituted by the Board of Trinity College a few years ago. The old office of University Anatomist has also been restored, and his duties may be best described as those of the Senior Demonstrator and Anatomical Lecturer in other schools. It is not our object to introduce personal details into this article; but we cannot refrain from saying that the Professors chosen by the Board of Trinity College have almost invariably been the right men, and therefore their choice has generally met with the full approval of the profession. These Professors, with those on DUN's foundation, are chosen for seven years, but it is usual to re-elect them at the close of each septennial period, so that their offices are virtually tenable for life. At present there is one vacancy—viz., in the Professorship of Botany; and it is of great moment to the well-being of the School of Physic that the future Professor should be a competent clinical teacher, as we hope afterwards to show. On one occasion a gentleman, who was not a medical man by profession, but who was a first-rate botanist, was chosen for this office. The School of Physic Act required that he should be a Doctor in Physic; and this difficulty was overcome by giving him an honorary degree to enable him to compete for the place. Of course this was a mere evasion of the law; the Professor so elected never gave Clinical Lectures, as he was bound to do by Statute, for the best of reasons, because he was not able; and, therefore, he really did not discharge the full duties required of the Professor of Botany by the School of Physic Act. To repeat a blunder of this kind now would prove of serious consequence; for, since the passing of the Medical Act in 1859, any one holding the degree of Doctor of Medicine from a body recognized by the Statute, can be registered and act as a Medical Practitioner. Thus the exercise of the power of granting honorary degrees in medicine becomes of vital consequence to the public; for if such a case as that to which we refer were to occur again—as indeed it did the other day in another University than that of Dublin—a man who has had no medical education at all, but who may be a chemist, or a botanist, or a naturalist, may become an honorary graduate in medicine, and be let loose to practise physic among her Majesty's subjects, or to give medical evidence in her Majesty's Courts of Law.

The other three Professors of the School of Physic appointed by the Statute of Parliament are those of the Institutes of Medicine, of the Practice of Medicine, and of *Materia Medica* and Pharmacy. The mode of election of these officers is curious. The College of Physicians elect, always from their own body, three "Electors," who, with the Regius Professor of Physic in the University of Dublin and the Provost of Trinity College, form the five Electors of the King's Professors. This arrangement leaves the appointment with the College of Physicians, because their three Electors, who form the majority, always vote together; so that the real election is on the question—Who shall be the three Electors?

These Professors are required to give Clinical Lectures in Sir P. DUN'S Hospital, and should any of them be a Fellow of the College of Physicians—and it never has happened otherwise—he vacates his Fellowship by the fact of his election to the Professorship. The same occurs on the election of a Fellow of the College of Physicians to a University Professorship; and these latter Professors also are *ex-officio* Clinical Lecturers at the Hospital.

The College of Physicians has added to the statutable professorships two others:—those of Midwifery, and of Medical Jurisprudence. Neither enjoys any of the funds of DUN'S estates; but as soon as the Hospital can support 100 patients the Professorship of Midwifery becomes a King's Professorship on the same footing as the others. The College of Physicians are trustees not only for the King's Professors, and for the Clinical Hospital, but also for the interest of the Professor of Midwifery, for DUN'S Library, and for other matters to which the surplus funds may be, and in some cases are, applied in accordance with the Statute. As DUN'S Hospital has more than once supported 100 patients, it becomes a nice legal question as to the interests of the Professor of Midwifery; for the Act does not require that the 100 patients should constantly be supported, or that this should be done wholly out of the trust-estates.

The excellencies of the professional system of the School of Physic are, that under it the public have the best possible guarantees for the election and perpetuation of good teachers; that by the income of the Professors consisting partly of fixed salaries, and partly of fees variable with their excellence as teachers, men of standing can be found to take the chairs, and yet when they do take them they have every motive for keeping abreast of the tide of Medical Science. These excellencies are, however, accompanied by drawbacks. Among such may be noted the compulsory vacating of Fellowships on election to the King's or University Professorships.

In the case of the King's Professors this operates on the theory that it would not be equitable to have men who are trustees of the estates at the same time deriving income from them, and voting on the disposal of the money. But this is mere theory; for, as the salaries are fixed by Act of Parliament, no more could be given to any one than his legal right; and as to exercis-

ing influence, by voting or otherwise, the College of Physicians has always ranked its professorial *ex-Fellows* among themselves, just as if they had the right of voting; and inasmuch as these Professors are chosen from among the most influential of the Fellows, it is plain that they retain their influence in the College for all practical purposes, although they cease to be chartered members of it. University Professors lose their Fellowships just that they may be at equal disadvantage with those on DUN'S foundation; and here it is more of the nature of a grievance, because they derive no income from DUN'S estates. Another anomaly is, that Professors who may be Fellows of the College of Surgeons continue to hold their Fellowships. This is as it should be; but the enactment about the College of Physicians' Fellowships ought to be repealed. The idea of the Act was that the King's and University Professors should be on equal terms; and as the latter enjoy respectable fixed salaries, in lieu of which they lecture all students in arts gratis, receiving fees from all others; so the salaries of DUN'S Professors ought to be raised to the amount enjoyed by their University brethren, they lecturing students in arts as the University Professors do. This would be not only just, but equitable, and would serve to atone for some of the injustice done to DUN'S Professors by the School of Physic Act, which confiscated most of their property. Except in the cases of the Professors of Institutes, and Practice of Medicine, and Surgery, clinical teaching should be made separable from the duties of the other Professorships; and where the holders of these latter were unfit, or unwilling, to perform clinical duties, provision should be made for their performance by one or more Clinical Professors specially chosen for the purpose.

It may be, perhaps, objected to reforms of this kind that the School of Physic Act should not be touched, lest the whole system created by it should tumble down. To this, however, it may be replied that it already has been touched by subsequent legislation, and in important particulars too. The clause restricting the College of Physicians from granting leases for more than thirty years has been repealed in part, and they now may, and do, give leases for sixty years, under certain circumstances. Again, the statutable qualifications for Fellowship provided by this Act have been repealed in the present reign; and when it is considered that the entire was drawn up, it is said, by Provost ELLINGTON, afterwards Bishop of Ferns, and Dr. ROBERT PERCEVAL, neither great legal authorities, we shall not be surprised to find that various clauses of it are open to diverse interpretation, and that the whole is based on an incorrect title of a former Act, which it professes to repeal, but which, according to some, is not repealed at all. We refer to those clauses which profess to repeal most of an Act said therein to have been passed in the 21st year of GEO. II., but which really was passed in the fifteenth year of that King. The clauses regarding the maintenance and government of DUN'S Hospital are also

open to controversy; but as we purpose to discuss the Clinical Department of the School of Physic in a future article, we shall reserve our remarks on this part of the Act for that occasion.

CHOLERA.

"A NEW outbreak of cholera at Woolwich." That is the most serious item in our weekly summary of the progress of the epidemic. But for this we should have had to chronicle the most remarkable diminution that has yet occurred in any one week. In the forty-third week of the year, 112 deaths were registered from cholera, and 32 from diarrhœa, giving a total of 144 from both forms of disease, as against 199 in the week preceding. But out of the 112 deaths from cholera no less than 30 occurred in the Woolwich Dock-yard, and the Plumstead sub-districts near the southern out-fall sewer. About the marshy districts of Plumstead, where many cases have occurred, the houses are surrounded by tidal ditches, which not unfrequently find access to the basements of those built at the lowest levels. There were no less than 10 deaths from cholera in Woolwich on the 26th of October. We may here repeat a fact to which we have more than once drawn attention—that Woolwich alone, of all the metropolitan districts, appointed no special Health Officer before cholera became epidemic. The cases that are described by the Medical Officer of Kidbrooke and Charlton were of a severe and rapidly fatal type—the duration being from eight to sixteen hours. Surely it is time the inhabitants insisted on their local authorities taking up the matter in earnest. On the 26th ult. we find out of 22 deaths registered from cholera, no less than 16 took place in the Southern districts, besides 3 from diarrhœa, out of a total of 6 for all London. On the following Monday only 15 deaths from cholera took place in all London, but 12 of these were in the Southern districts, which further had 2 deaths from diarrhœa, out of 5 in the whole metropolis. It is sad, and even alarming, for one district thus to have the power of becoming a new focus of the epidemic, and if the local authorities are indisposed to cope with the emergency, the safety of the kingdom requires that their powers should be transferred to others more competent to wield them.

The annual rate of mortality for the week has been 24 per 1000 in London, 29 in Edinburgh, and 41 in Dublin. At the Royal Observatory, Greenwich, the mean height of the barometer was 29.791 inches. The mean temperature of the air 49.1, which was 0.9 deg. above the average. The mean degree of humidity was 90. The total rain-fall amounted to 1.13 inches.

THE THAMES.

Four cases have been admitted on the *Bellisle* from a brig moored near the Victoria Dock and which had had no communication with Woolwich. No cause has been assigned, though the water (obtained from Plymouth) is suspected.

EDINBURGH.

Out of the first cases received in hospital, as reported in our last, 17 had occurred during the week. Of the 50 cases, 34 had proved fatal, and 11 had recovered, 5 remaining in hospital. In Leith there had been a considerable diminution during the week. In Slateford, a village two miles west of Edinburgh, 12 fatal cases had occurred within six days, all the victims, with one exception, having

resided in one tenement supplied with water from a well which had become affected by percolations from the adjoining stream of the Water of Leith. A coal merchant, his wife and child, his brother and two of his carters, have all died. An hospital had been opened in the village hall under the care of Dr. Balfour, who on hearing of the outbreak hastened to give his services, and Lord Dunfermline had been almost a daily visitor to the hospital. There had only been two recoveries—two cases remaining under treatment at last report. Bonfires were lit in the affected parts of the village for the purpose of agitating and disinfecting the air. Since then there has been a decline in the number of cases. In Musselburgh, and particularly in the Fishherrow section of the town, the epidemic has been very severe, no fewer than 42 cases of cholera and diarrhœa having been reported, with a fatal result in 20 cases. In the fishing village of Buckhaven, on the south coast of Fifeshire, there have been 28 deaths, and on Sunday 12 cases were under treatment. Many of the inhabitants had fled from the presence of the deadly visitor. In a considerable number of the villages of the Lothians and Fifeshire the epidemic has appeared during the autumn, but in no case has its presence been of long duration in Scotland; the disease has hitherto appeared mainly on the east coast.

DUNDEE.

Two cases of Asiatic cholera have been reported in Dundee, and in the large manufacturing village of Lochee, immediately adjoining the town, there has been a terrible outbreak of the epidemic. From Friday to Monday there were 19 deaths from cholera and its attendant diseases. A house-to-house visitation is being made, and every available precaution adopted. At Brechin four deaths from Asiatic cholera were reported during the last week, and the dreaded malady is said to have also appeared in the town of Forfar.

THE NORTH.

Time has only confirmed the supposition that the outbreak at North Shields was due to contaminated water. The cutting off the supply of the suspected water was at once followed by a diminution in the number and fatality of the cases. Yet, within a fortnight, some 100 persons have perished. There are also constantly reported cases in the towns on the Tyne, the Wear, and the Tees. At West Hartlepool, for the last two or three months, occasional cases have occurred, in some instances several members of a family being swept off. On Thursday evening the death of a mother followed close upon that of her son, and hers was the seventh fatal case of cholera which had occurred within a radius of not more than twenty yards. In the previous week there were fatal cases at Seaton Carew, a fashionable village watering place near Hartlepool. Stockton has been visited with several fatal cases. One or two deaths have occurred at Middlesborough. At Darlington there was a case, though it was clearly imported from Shields, in which the wife of a leading tradesman succumbed to the disease. Two other fatal cases had previously been imported into the town from West Hartlepool by persons who had gone to attend on relatives seized with the disease. The disease has never been so capricious in any former outbreak. Within the last three months a town or village has been visited with one or two malignant cases, and nothing more has been heard of the disease for some weeks, when more

isolated attacks recur. Outbreaks occur in places which have always been regarded as having a special immunity from cholera—small agricultural towns and villages. Last week there was a fatal case at Yarm, a small agricultural town in the North Riding, not far from Darlington, and the previous week there had been three fatal cases. Five deaths have occurred at Aiskew, a small village between Richmond and Ripon. At Wolviston, a village in Durham, within the Stockton Union, there have been about twenty deaths from the disease.

Notes on Current Topics.

THE ACQUITTAL OF RISK ALLAH BEY.

RISK ALLAH BEY, who has just been acquitted in Belgium of the charge of murder, is a member of the medical profession. He is a native of Lebanon, and when a young man he came to England and studied medicine, and obtained the diploma of the College of Surgeons of England. In the Crimean war he served in the Turkish army, and when peace was declared he returned to England as Medical Attaché to the Ottoman Embassy, having received from the Sultan the order of the Medjidie and the title of Bey. In 1857 he married a widow with a fortune of £25,000, who died soon afterwards, leaving him £20,000, and the remaining £5000 to a young man, named George Readley, of whose murder Risk Allah was accused. This youth passed as the nephew of the widow, but it is stated that he was her natural son. As he was under age when his mother died, he was made the ward of Risk Allah, and in March, 1865, when he was very nearly 21, he and his guardian were staying at an hotel in Antwerp, and one morning he was found dead in his bed, with a loaded fowling-piece, recently discharged, lying by his side, and a piece of paper on his dressing-table, containing, in his own handwriting, the sentence, "I have done it."

This circumstance, and the fact that deceased had suffered some disappointment in love, seemed to indicate suicide, but there were several other facts which excited suspicion against the Bey, who was entitled to the £5000 if he survived the young man Readley, and who had only a short time before the death of the latter insured the life for £1000. As to the facts of the death itself, they were sufficiently mysterious, for although the wounds were of such a nature as to cause immediate death, the deceased was found lying covered with the bed-clothes, with his hands folded quietly across his breast. On the other hand, it may be urged that it was hardly worth while for the Bey to run the risk of a trial for murder in order to obtain the comparatively small sum of £6000, he having already received £20,000; and again, a surgeon would hardly adopt such a coarse method of murder as to shoot his victim in bed in a public hotel. The whole story, however, was sufficiently strange to justify the Belgian authorities in putting Risk Allah on his trial for murder, and the case will always remain one of the "*causes célèbres*" which the lovers of the marvellous will peruse with interest. Among the incidents of the trial itself, we are informed that the "experts" excited great sensation in court by their energetic mode of giving their evidence, and by their practical demonstrations of the opinions they held. We are told, for instance, that a live sheep was introduced on a bed in court, and was shot in order to show the effect of such a wound as that which caused Readley's death; and that one of the experts actually lay in the bed himself and discharged a gun under the bed-clothes, to show his opinion of the manner in which the suicide was accomplished. We

may add that the experts differed in their opinion as to the method by which the death was caused; some of them believing that it was a case of suicide, but others holding another view.

DR. HASSALL.

THIS well-known member of our profession has just been placed on the Civil Pension List, for his public and scientific services. While congratulating him upon having obtained the recognition of Government, and sincerely regretting to hear that he is suffering from severe illness, we cannot but express our surprise that Dr. Hassall should stand in need of a pension. In any other profession but our own his energy and learning would, assuredly, have secured him a better reward. At the same time we may add that when a contemporary journal, in the course of a flattering article, confesses that but for him its proprietors "might have been materially injured, if not absolutely ruined," we are tempted to ask whether Dr. Hassall could have been adequately remunerated for such important services? Surely if a journal be truly prosperous, contributors of such importance ought not to be left to the cold charity of the Civil List. Of course a journal with a declining circulation might reasonably make some such statement, but in one aspiring to lead opinion, and professing to be a good property, it is strange to read such an account of the liberality of proprietors who "*might have been*" ruined.

HACKNEY WORKHOUSE.

THE master and matron of this house have anticipated any action on the part of the Poor-law Board by sending in their resignations. It will be remembered that they refused to comply with the urgent request of the Medical Officer to admit a poor child in a dying state from cholera, and in spite of an attempt to throw blame on the Surgeon, the investigation clearly proved that they took upon themselves the entire responsibility of ignoring his wishes. It is to be hoped that their successors may act in a different spirit.

INTERNATIONAL MEDICAL CONGRESS.

OUR lively neighbours across the Channel, profiting by the great Exhibition to be held next year, are busy organizing an International Medical Congress, which is to open on the 16th of August, 1867, and last for about a fortnight. This will afford an excellent opportunity for those of our brethren who understand French, and can afford the time, to enjoy a scientific holiday in Paris. We believe that the subjects proposed for discussion are such as to interest many of our readers, and therefore subjoin the programme, merely adding that this does not exclude the introduction of other topics:—

1. Anatomy and pathological physiology of tubercle, including tubercularization in different countries, and its effects on the mortality.
2. Accidents that cause death after operations.
3. Can effective measures be proposed to the Governments, for preventing the propagation of venereal diseases?
4. On the influence of the diet of various countries in producing disease.
5. On the influence of climate, race, and the varying conditions of life on the function of menstruation.
6. On the acclimatization of Europeans in tropical countries.
7. On Entozoa and Entophytes in man. Those who may desire further information can address the Secretary, Dr. Jaccoud, 4, Rue Drouot, Paris.

POOLE DEFENCE FUND.

THE appeal to the profession for the reimbursement of Dr. Poole has met with a cordial response. The list of subscribers will shortly close, and we earnestly trust not without the liquidation of every shilling of the costs incurred.

THE LATE DR. SNOW'S SISTERS.

OUR profession has unfortunately ever been a needy one, notwithstanding the encouragements offered by our October orators. But it is more than usually humiliating that the relatives of a man who had attained such a reputation as the late Dr. Snow, and whose life was passed in the best kind of service to the people, should be compelled by straitened means to solicit aid from the Government. At a time when the epidemic he did so much to elucidate is ravaging our capital we should be guilty of a dereliction of our duty did we omit to urge the claim that has been so modestly put forward on behalf of his sisters. The theory he proposed as to the origin and propagation of cholera is now widely accepted, and even the minority who do not subscribe to his opinions testify to the value of his labours. He was a physician who worked hard throughout his career; he carried out in practice the precept—"Whatsoever thy hand findeth to do, do it with all thy might." He touched no subject on which he did not shed some light, and in all he did or undertook he conferred benefit on the nation. The Government is now asked to place his two sisters on the Civil Pension List. Can the request be refused? Every report of the Registrar-General, pointing to the propagation of cholera by water, is but the fruit of poor Snow's unrequited labours. The Medical Society of London has just passed a resolution to forward in every way the claim of his sisters to the nation's assistance. But this Society is exclusively medical, and medical men are well aware of Snow's merits. It is the public who require to be reminded, and on this account the Health Department of the Social Science Congress has exercised a more powerful influence in passing a similar resolution. The people are not ungrateful, and we therefore feel sure that Government will be applauded for such an act of justice, should they at once gracefully concede the claim. We trust, in our next impression, to be able to report that these two ladies are beyond want. We erect statues to the men who destroy life. Let us not suffer to starve the families of those who save it.

POISONING BY NORWAY LOBSTERS.

The Glasgow correspondent of the *Scotsman* represents the late supposed cases of fatal poisoning by shellfish in that city as veritable cases of cholera, and alleges that the medical gentleman in attendance is of that opinion. We have no doubt that that impression is incorrect, for we have had opportunity of observing a precisely similar case some years since. Five members of the family of a medical man in Dublin partook of some Norway lobsters, which were apparently perfectly fresh and good, and differing in no respect from others which had been eaten from time to time without injurious result. Five hours afterwards every person who had eaten was seized with violent purging and some vomiting, attacking with greatest severity those who had eaten most of the shellfish. Happily there was no fatal result; but as the family partook of no meal together, except luncheon, at which the shellfish was consumed, it is evident that it must have been the cause.

We may remark that the Norway lobster described in the papers as "Norwegian shellfish," is native in our seas, and commonly known in our markets as prawns, and is not necessarily a foreign importation at all.

THE LONDON CHOLERA RELIEF FUND.

THE Committee of this Fund have presented their report, which will be found in another part of our issue. It appears that, within their knowledge, there have been 4396 deaths from cholera, and 646 from diarrhoea. For the relief of the distress, consequent on this mortality, about £40,000 passed through their hands, and their estimate of the total sum

contributed and expended reaches the princely sum of £70,000. This sum amounts to £14 expended for every death in London, and not much less than £1 for every case, six out of seven of which were diarrhoea.

The Cholera Relief Fund in Dublin cannot hope to emulate even its relative proportion of this munificent charity. Let it be remembered, however, that while the relative mortality in Dublin has been greater, the condition of the unfortunate widows and orphans is even worse, and let us hope that few will give grudgingly to so urgent an appeal for help.

THE IRONWORKERS' STRIKE AND THE CHOLERA.

IT would appear that the workmen in the iron trade have taken all their measures and are prepared to wage a desperate war with capital during the winter months. It is not for us to dilate upon the politico-economical aspects of the strike, but we may fairly draw attention to one fact of considerable import to a large number of our professional brethren.

Cholera has not yet left our shores. According to the most recent accounts it has assumed a very threatening appearance in numerous northern towns. It is not at all improbable that the districts where the men are on strike may have to endure the additional calamity of an outbreak of cholera. Are the leaders of the trades-unions prepared to invite the epidemic? They will argue that the men on strike will be supported by the unions as well as by their earnings, but has this ever been the case? We know by experience that strikes bring want in their wake, and that hunger and distress afford food to disease, especially to epidemics. When these calamities are upon them, we know also that the men will turn instinctively to our profession for aid, and our brethren will devotedly labour to alleviate the pain and distress around them. The sufferers will be unable to pay, and thus another item will be added to the huge debt of the people to the medical profession. Nevertheless, it is a hard thing that the doctor, who devotes all his energies to the emergency and often sacrifices his life to the calls of humanity, should be left unrequited—that, as too frequently happens, at his death he should leave his wife and family unprovided for. If the trades-unions support hundreds of men in idleness, they might as well devote part of their funds to the payment of their members' doctors' bills.

We do not suppose our suggestion will be adopted. The doctor is only appreciated at the moment his services are wanted. But we beg to ask the supporters of those strikes, which bring so much misery, what would be the consequence if the medical men united in a similar manner and refused to attend any man on strike until they had received their fee?

THE VACANT SURGEONCY OF DR. STEVENS' HOSPITAL.

THE election to the vacancy caused by the death of Dr. Glascott Symes has been adjourned to the 15th inst. The candidates who presented themselves for this important office were only two—Dr. De Ricci and Dr. O'Grady. The election was not proceeded with, and it was determined to adjourn, with a view to advertising the vacancy.

We believe the explanation of the absence of competition for the appointment is, that it was tacitly understood that the elected surgeon must be prepared to undertake the duty of lecturer in the medical school attached to the hospital. We understand that a section of the Board of Governors, including two learned judges, repudiated this understanding, and insisted on an adjournment, that the office might be thrown open to candidates for the hospital surgeoncy alone.

In addition to those mentioned, two very formidable candidates are now in the field—Mr. Butcher, the President of

the Royal College of Surgeons, well known by his writings to our readers; and Dr. Robert McDonnell, a physiologist of some distinction, and a Fellow of the Royal Society.

THE CHARTER OF THE QUEEN'S UNIVERSITY IN IRELAND.

THE Secretary of the University has received official intimation that proceedings are about to be instituted in Chancery to restrain the Senate from acting on the Supplemental Charter accepted by them at their late meeting.

THE MEDICAL COUNCIL.

A SIGN of activity at length appears in the Medical Council. The Registrar has been directed to erase several names from the Register. The offences for which this punishment has been decreed include felony, perjury, misdemeanour, registration fraudulently obtained, and infamous conduct in a professional respect. Now that the first step has been taken, it remains to be proved whether the Council will see that their decree carries with it the punishment intended, and prevents the delinquents from acting as medical practitioners, or whether they will allow an evasion of the law to make their decision practically of no avail.

THE MANSION HOUSE CHOLERA FUND.

THE Mansion House Cholera Relief Committee, to which we have on several occasions directed attention, has now closed its labours. During the three months in which it has existed, it has powerfully contributed to alleviate the distress caused by the epidemic, and has demonstrated how the large-hearted liberality of the English people can be directed to the noblest purposes by a machinery called into existence in a few days to meet a special emergency.

In the first week after the Lord Mayor made his appeal, about £1000 per day was sent to his Committee; and, in fact, when the disease began to abate, so continuously did the money come in that it seemed probable a large surplus might be left on hand at the close of the epidemic. The Committee has distributed in the best possible manner some £20,000. Half this amount was applied by means of local agency to those districts in which cholera was most prevalent. About £2000 was reserved for convalescents, and £7000 was appropriated for the orphans and widows of those who have died of the disease.

The report of the Committee, agreed to at the final sitting on the 29th ultimo, is a document of such interest in the history of the epidemic, and tells its own tale so clearly, that we cannot do better than append it in full:—

“Early in the month of August it became too evident that there existed great distress and suffering in the cholera-stricken districts of the east and north-east of London. A deputation of gentlemen connected with the city waited on the Lord Mayor and invited his Lordship to place himself at the head of the committee for dispensing a City Cholera Relief Fund. The Lord Mayor gave his warm approval to their proposals, and this committee held its first meeting at the Mansion-house, under his Lordship's presidency, on the 7th of August.

“At that time the great want in the cholera districts was local organization to grapple with the disease. The first care, therefore, of this committee was to create local committees in those districts, not merely for the administration of relief, but also for a house-to-house visitation, and for the application of precautionary and remedial measures. They were also especially anxious that a fund entrusted to them as a cholera fund should not be diverted to purposes of general relief, and to meet these objects they laid down from the first the principle that ‘the funds placed at the disposal of this committee shall be applied only to the prevention of cholera, to the relief of cholera patients and of

sufferers from the effects of that disease, and that all grants shall be administered as far as possible through local committees.’ To this principle the Mansion-house Committee have steadily adhered, and to it they attribute much of the success which has attended the administration of the fund. Of the 92 local committees and institutions with which this committee has been in communication, a large number became committees for cholera purposes, and many were called into existence owing to this determination.

“To these local boards and to hospitals and dispensaries 164 grants have been made, amounting in all to £9121 9s. In every instance the committee required an undertaking that the money should be applied exclusively to cholera purposes, and that a return should be made of the manner in which the grant had been expended. In the distribution of so large a sum to thousands of cases, mistakes must necessarily sometimes be made, even by the most vigilant of local boards; but this committee have reason to believe that the grants were generally well administered, and that the money in the great majority of cases was appropriated to the purposes for which it was given by the public.

“At an early stage of their proceedings the committee took into consideration the claims of orphans, and voted them a sum of £5000, which they subsequently increased to £6570. The course taken was as follows:—In the first instance a return was called for from each local committee of all the children in their district who had been left orphans by the cholera. The returns, which stated all the particulars connected with each child, were submitted to a careful scrutiny, all errors were, as far as possible, corrected, and the whole digested in a tabular form. A selection was then made from the corrected lists; all children were excluded whose parents had been in the habit of receiving parochial relief, as it was felt that for all such orphans provision should be made out of the poor-rates. Children who had relatives able to support them were excluded, also those above the age of 15, and those whose fathers were still living, and were not permanently disabled from work. The next step was to confer with the Metropolitan Relief Association, who had also resolved to set apart £5000 for the relief of orphans. Care had to be taken that no orphan should be relieved out of both funds; and the two committees, having compared their lists, divided the orphans, amounting to over 1260, between them. Since that time others have been added to the list, and in all 710 orphans have been assisted out of the Mansion-house Fund, with a total grant of £6570. A detailed scheme was required from each local committee of the manner in which the money would be applied to the maintenance of each child; and also a written undertaking so to apply it, signed by persons willing and competent to act as trustees. It was not until these schemes had been examined and accepted, and the names of the trustees had been approved, that the grant in each case was finally paid.

“The case of widows left in a state of destitution also engaged the attention of the committee, and £541 was set apart to be distributed in small sums wherever such relief could be of permanent benefit; 277 widows were thus assisted, and with the most beneficial results. In addition to the grants already enumerated, a sum of £2000 was set apart for convalescents. No greater boon can be conferred on the poor in sickness than to aid them in the earlier stages of recovery by giving them the means of removal into a purer air, and maintaining them until strong enough to return to work. It was with much pleasure, therefore, that the committee voted grants to all well-planned undertakings for the relief of cholera convalescents. In addition to the grants of £2000 specifically made for this purpose, considerable sums were employed for the benefit of convalescents by the local boards out of the grants which they had received from this fund.

“The committee have received cholera returns from 56 local committees and from 14 hospitals and dispensaries, but these returns do not include all cases received into the larger hospitals, and are not made up to the present date. The number of persons attacked with cholera is returned at 10,424, and with diarrhoea at 68,975; of those 4396 died from cholera, and 646 from diarrhoea. These returns, however, are almost entirely made up of cases in the east and north-east of London, and convey an inadequate idea of the extent of the epidemic.

“The funds placed at the disposal of this committee and of the Metropolitan Relief Association amounted to a sum

not far short of £40,000, and to this must be added the Cholera Fund of the London Hospital, amounting to many thousands, and the many contributions which flowed through other channels. It is below the mark to say that £70,000 have been contributed to relieve the sufferers from this calamity.

"They cannot conclude their report without calling public attention to those permanent evils which lie at the root of almost all epidemic diseases, and which are not to be cured by temporary expedients. All such efforts are only temporary palliatives, and often draw off public attention from the urgent need for permanent reform. The real evil remains wholly untouched. That evil is to be found in the wretched sanitary and social condition of a vast number of the labouring classes; and especially in the filthy, dilapidated, and overcrowded dwellings, in which many of them are compelled to reside. This miserable condition results partly from public neglect, partly from the unwillingness of landlords to do their duty, and from causes over which the poor themselves have no control; but in some measure also from the ignorance and from the improvident and intemperate habits of too many among the poor. Of all the matters which affect the peace and prosperity of this nation, there is not one more full of danger, or which more urgently needs reformation, than the sanitary and social condition of the poor in London and in our great towns.

"Signed on behalf of the Committee,

"B. S. PHILLIPS, Lord Mayor.

"Mansion-house, October 29."

Correspondence.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was perfectly amazed and astounded on reading in the columns of your journal that the M.D. Honoris Causa, which was awarded to Professor Greene by the Senate of the Queen's University, is confirmed by you—that it is an accomplished fact, a stern reality, upon which there can be no doubt, and about which there can be no misunderstanding.

Such proceedings are perfectly disgraceful to the Senate of the Queen's University, who granted the degree, and to Professor Greene, who did not blush to receive it at their hands. If, Sir, the M.D. Honoris Causa was in reality only an honorary title—if it did not entitle the Professor to practise Medicine and Surgery as a properly qualified medical man, to give evidence in courts of law, and to hold medical appointments—then, sir, these negative qualities might be urged in extenuation or mitigation of such proceedings, or form a kind of apology or excuse for them; but when we find that Professor Greene is entitled by his Honoris Causa degree to every right and privilege that a man who has gone through the proper curriculum at a recognized University has a right to, then, sir, the injustice of granting such a degree becomes glaring in the extreme.

I perfectly agree with you that the Medical Council should take the matter into hands, and if they be powerless with respect to the prevention of the granting of such degrees, they should at least make it known to the several examining boards, in a plain and explicit manner, that they will not receive or recognize such honorary degrees.

By inserting this in your valuable journal you will do me a great favour.—I remain, sincerely yours,

GEORGE WM. THOMPSON.

Castlewilliam, 1st November, 1866.

DR. MARY WALKER visited one of the London hospitals on Saturday week, and was conducted through the establishment. The students were somewhat surprised at her appearance, for it seems that she has not only donned the M.D., but the breeches as well. She wears a low-crowned plain felt hat, a dark plush coat not quite reaching to the knees, and black cloth trousers.

THE LATE POOR-LAW INVESTIGATION AT DONNYBROOK.

THE official verdict of the Poor-law Commissioners on the conduct of Dr. Murdock in this case was read at the meeting of the Board of Guardians of the South Dublin Union on Thursday last. It will be remembered that a charge of neglect was made against Dr. Murdock, on the death of a woman from cholera. Application had been made to that gentleman several times, but the case had not been represented as urgent, and he had given prior attention to another case of cholera within his district, the first not being strictly within his duty at all. The decision of the Commissioners is to all intents a complete acquittal of Dr. Murdock. The Commissioners observe as follows:—

"The circumstances detailed in evidence throw great discredit on the administration of medical relief in the Donnybrook district, and unfortunately at a time when it was most desirable that confidence in the efficiency of the arrangements to meet the invasion of cholera should have been established; and the Committee of Management themselves appear to the Commissioners to be by no means free from blame in the matter, but, on the contrary, to be responsible in some measure for the unhappy series of circumstances which deprived Elizabeth Aspill of the timely aid to which, by law, she was entitled, and which, if rendered in due time, might possibly have preserved her life. As regards Dr. Murdock, it is clear that in strictness he was not bound to attend a case arising out of his district, while there was another medical officer responsible for attending; but unfortunately he did not decline to attend the case; and, according to his own statement, the messenger was given reason to expect that he would do so, and thus it never became known to the husband of the poor woman that he ought to apply to Dr. L'Estrange, who, the Commissioners presume, if applied to would have attended the case immediately. The result has been that a poor woman, suffering in advanced stage of cholera, remained seven hours without receiving medical assistance, although living within a few hundred yards of the dispensary, and although her husband was vainly all that time endeavouring to procure the assistance that it occurred to him to get. The repeated messages delivered at Dr. Murdock's residence showed sufficiently that the case was one of urgency, and if, through his servant's default, whose evidence on the subject was by no means satisfactory, he did not receive all of them, still he should have adopted a more decided course, and either declined going, or have attended with more promptitude."

A censure on Dr. Murdock, because "unfortunately he did not decline to attend the case," is equivalent to a testimony to his earnest desire to go even beyond his duty in the cause of humanity, and is the highest compliment which could be paid to him. We simply ask what expletive would have been sufficiently strong for certain members of the Board of Guardians, if Dr. Murdock had decisively refused to attend the case? We can imagine the feelings of these gentlemen, who used every influence to transfer the blame of the gross neglect of the Dispensary Committee, in omitting to have correct notices posted in the district, to the unfortunate doctor, who, it now appears, was guilty simply of an over-anxiety to do his duty, which it would be well if his masters had emulated.

THE MATRICULATION EXAMINATION OF THE QUEEN'S COLLEGE, GALWAY.

THE following letter appears in the *Freeman's Journal*, signed "A Student, E.S.R." We give it with a view of court-ning a denial and refutation, and that it may stand with our readers *quantum valeat*. The instances are almost incredible:—

"KEEPING UP THE STANDARD.

"TO THE EDITOR OF THE FREEMAN.

"MY DEAR SIR,—As it is so seldom that facts concerning the Queen's College, Galway, are brought before the public,

I hope you will have no objection to insert this letter in your influential journal. I have been, for the past week, present at some of the scholarship examinations held annually in this institution, and although in the very midst of puzzles and conundrums, yet I could not refrain from contrasting the present appearance of that hall with that of years gone past, not that any material change has taken place in the hall itself, but there has indeed in the occupants thereof. Alas! that hall which once contained men of years, education, and ability, is now thrown open to every comer, provided they possess 10s. as college fee, and have heard of the Latin grammar, Greek letters, English parts of speech, and the simple rules of arithmetic. No doubt a few candidates may know a little about the course of matriculation, but the majority of them are wonderfully ignorant. Let me ask then, ought any one be allowed to become a member of any college who would say that the word 'horse' was a 'pronoun,' 'you' an 'interjection,' and that the 'Black Sea' separated France from Spain? I certainly think not, and still, wonderful to be told, they are 'passed' by the examiners here. I know, on private information, that not a single candidate for matriculation in Queen's College, Galway, this session has been rejected. No doubt the examiners are determined to keep up the numbers in this college, being at the same time indifferent as to whether they possess a preliminary education or not. I know very well that the 'entrance' examinations of most colleges are 'shams,' but there is, or at least ought to be, a certain limit."

LEGAL INTELLIGENCE.

HOW THE MEDICAL PROFESSION IS IMPOSED UPON.

At the Marylebone Police Court, Mary Martin, 24, who described herself as a sempstress, living at 4, Ware's-passage, Chalton-street, Somers Town, was charged with attempting to obtain money by false pretences from Dr. Dyce Duckworth, a physician, residing at 70, Wimpole-street, Marylebone. The prisoner was further charged with obtaining 2s. 6d. from Dr. Duckworth under a false and fraudulent pretence.

Prosecutor said that about twelve o'clock the previous night he was aroused by the prisoner coming to his house, and on inquiring her business she stated that her sister had suddenly been seized in labour, and implored him to give her some pecuniary assistance to enable her to convey her to the Queen Charlotte Lying-in Hospital, Marylebone-road. He at once recognized her as a woman who came to him at a similar hour one night in September last, when she told him a story somewhat like the present, but she then stated that her name was Mary Wells, and it was in consequence of what she then told him that he gave her half-a-crown. Subsequently he discovered that the whole of her statements were false, and it was on that account he (on the previous night) called in a police-constable and gave her into custody.

Police-constable 105 D deposed that the prisoner had given a false address.

She was remanded for a week for inquiries to be made.

At Greenwich Police Court, Mr. H. Denny, 314, Rotherhithe-street, Rotherhithe, appeared to a summons charging him with falsely representing himself to be and practising as a surgeon, whereby he had rendered himself liable to a penalty of £20. Mr. Hughes, solicitor, of Woolwich, attended for the prosecution, and Mr. Brookes for the defence. Mr. Hughes, in opening the case, said the proceedings were taken under the 21st and 22nd Victoria, cap. 90, sec. 40, and they had been instituted for the protection of the public. Mr. Rogers, a surgeon, of Rotherhithe, deposed that, having seen a plate at defendant's place of business describing himself as a surgeon and accoucheur, and knowing that he had attended patients, witness wrote to him, saying that he could not allow an unqualified person to practise within 200 yards of his own residence without noticing it. The defendant afterwards called upon him and stated that he was attending patients for a cousin, who was a surgeon, but he did not state where his cousin lived. He pointed out to the defendant that he was doing wrong, when the defendant defied him, saying there was nothing in the Medical Act which could touch him. Mr. W. Murdoch, surgeon, of Ro-

therhithe, said the defendant had been describing himself as a surgeon about twelve months. A short time ago witness was called to attend a man who had met with an accident on board ship. On going on board the vessel he met the defendant attending the case, the man being then dead. The defendant said there would most probably be a post-mortem examination of the body ordered, which witness could make, but that he should expect half the fees. The witness told defendant that, being a qualified man, he could have nothing to do with him. Mr. Hughes here said he would put in the *Medical Directory*, which did not contain defendant's name, and in the absence of proof to the contrary this was to be taken and received as evidence that the defendant was not a qualified person under the Act. Two women were also called as witnesses, one the mother of a child whom the defendant attended in its illness. They deposed that defendant stated that he could not attend without being paid 1s. 6d. for each visit, and the mother of the child said she had paid five such visitation fees at the time of obtaining the medicines. The child, she added, died. Mr. Brookes, for the defence, said the defendant was at present attending the necessary course of lectures at Middlesex Hospital, and had taken up all but one degree which would entitle him to practise as a surgeon. Under these circumstances, he had to ask that his Worship would not consider the case as one of a quack doctor, or as deserving of punishment by way of fine. Mr. Traill said the case was one which the Act of Parliament under which the present proceeding was taken was passed to provide against. It had been proved that defendant had, for at least a period of twelve months, represented himself as a regularly qualified surgeon, and for which he would pay a fine of £10 and costs, being half the full amount. The defendant became excited on hearing the decision, the effect of which would be, he said, that he should sell his business as a chemist to some one who would also put out a plate describing himself as a surgeon. Mr. Traill said the observations of the defendant showed that he had acted unwisely in not imposing the full penalty of £20, and if the fine and costs were not paid on the following day a distress warrant upon his goods for the amount would issue.

THE POOR-LAW IRISH INSPECTORSHIP.

THIS important office has been filled up by the appointment of Mr. Roughan, of Ballinrobe. Not being informed what that gentleman's qualifications for the office may have been, we append his description of himself in the "*Medical Directory*:"—"Roughan, George F., Ballinrobe, county Mayo, L.R.C.S.I., 1842; L.M. Dub. Lying-in Hosp., 1846; Med. Off. Union Workh.; formerly Med. Att. Moycullen, Spiddal, and Outerard Fev. Hosps.; late Insp. Fev. Hosps."

Mr. Roughan is what racing men would call "an outsider," for we have never heard his name mentioned as a candidate, and he is almost unknown either to the profession generally or Poor-law Medical Officers. He is a L.K.Q.C.P., of August last, never wrote a line worth reading—never held an investigation or adjudicated on a case. But he possesses superior qualifications. He is a Roman Catholic in religion, and is said to be of the extremest national politics.

To summarise the facts, he appears to possess every qualification which a medical man elected to such a position ought not to have. To any candidate on the list published in a late issue of our journal, or to others not included in that enumeration, Dr. Roughan bears not the most cursory comparison. Many of these gentlemen being of scientific and literary rank, all of them are well known and respected in the profession. The selection is a theme for our political journals worthy of their notice, for they have ample scope for comment in an appointment which stands badly beside that of Professor Croker King's, the last selection of Sir Robert Peel for a similar post. As soon as the inquiries which we have instituted are completed, we mean to return to this matter; at present it looks like one of the most disgraceful jobs ever perpetrated in Ireland.

THE VOLUNTEER SURGEONS AT BRUSSELS.

THE Surgeons of Volunteer Regiments present at the late meeting at Brussels have, with justice, complained of an insult offered to them by Colonel Lindsay, in omitting to include their names in the lists forwarded to the Belgian Minister for invitation to the dinners and fêtes to which combatant officers were bidden. This is a gratuitous insult, which ought not to be passed over, and Volunteer Surgeons, in the course which they may take, should remember that their services to the volunteer regiments are of a nature such as they may at any time resign, should it be attempted, in spite of their remonstrance, to degrade them in the eyes of their coequal combatant fellow-officers.

THE SUPPLEMENTAL CHARTER OF THE QUEEN'S UNIVERSITY IN IRELAND.

A MEETING of the Committee of the Senate was, we understand, held within the last week to take into further consideration the steps to be taken with reference to the adoption of the Supplemental Charter. The first proposition which came under discussion was that the Queen's University, Trinity College, the Catholic University, and the Magee College, Derry, should for the present be the only Colleges recognized under the new charter, as qualifying for the degrees of the University in affiliation with the Queen's Colleges of Belfast, Galway, and Cork. This proposal having been negatived, it was further moved and carried, that candidates from other educational bodies be admitted, but that they be required to study three years and pass six examinations at the University within that period, while candidates educated at the Queen's Colleges and affiliated bodies should be required only to pass two examinations conducted in each institution by its own examiners. It must be manifest to our readers that this last proposition is simply a prohibition on all students who may be prevented by any circumstances from taking their education in the recognized Colleges. It would be almost as unreasonable to require the extra collegiate candidate to pass sixteen as six examinations, such a requirement being equivalent to disfranchising other educational bodies altogether.

Medical News.

APOTHECARIES' HALL OF LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on October 25th:—

- Bowen, David, Newport, Pembrokeshire.
- Coombs, Rowland Hill, Bedford.
- Cremonini, John, Tottenhall, Staffordshire.
- Denton, Frederic George, Claycross.
- Grime, John, Blackburn, Lancashire.
- Hall, John Henry Wynn, Barking-road, E.
- Heelas, Martin Luther, The Holt, Wokingham, Berks.
- Levick, George, West Ham, Essex.
- Marriott, Osborne Delano, Sevenoaks, Kent.
- Wilkinson, Alfred George, Aston-road, Birmingham.

THE FACULTY OF MEDICINE OF PARIS.—Loud complaints have of late been made touching the inefficient manner in which the professors are discharging their duties. Ill-health and advanced age have disabled several of the eminent men occupying chairs, and the work has mostly been done by substitutes. Resignations have, however, recently come in. M. Trousseau has resigned from pressure of practice, M. Andral from ill-health, and now we find that the well-known M. Piorry has also given up his chair. *L'Union Médicale* states that several other resignations will soon be sent in.

By this mail a contribution to science is forwarded to one of the London societies by Dr. Hector, F.R.S., the Go-

vernment geologist, in the shape of some elaborate drawings, &c., of a portion of a moa's egg, with the bones of the chick in an advanced state of incubation. The egg was found at Otago.

IN some parts of Germany every bottle containing poison is labeled with a death's head and cross bones, and every parcel of poisonous medicine sent to a patient has a similar label over the address.

MR. CORBETT, the Metropolitan Poor-law Inspector, has lately visited Lambeth Workhouse several times, prosecuting inquiries as to the alleged locking up of women. The master and matron of the establishment have tendered their resignation.

ANALYSIS of the water of the several London Water Companies for the month of October, by Professor Frankland, F.R.S., of the Royal College of Chemistry:—

Companies.	Number of Houses supplied in September, 1866.	Average Quantity of Water in Gallons during the Month of September, 1866 (See note.)	Solid Matter in 100,000 parts of the Water.	Organic and Volatile Matter included in Col. 4.	Amount of Oxygen required for oxidation of Organic Matter.	Total Hardness.
Thames.						
Chelsea.	36,463	8,212,800	27.54	0.70	.0834	18.5
West Middlesex	26,147	8,744,436	26.38	0.72	.0730	19.1
Southwark and Vauxhall	73,895	3,801,000	28.11	1.30	.0670	20.0
Grand Junction	25,631	8,861,011	28.97	0.79	.0761	20.2
Lambeth	36,728	9,755,600	28.58	1.70	.0804	20.0
Other Sources.						
Kent	33,162	6,830,229	39.28	1.40	.0082	27.4
New River	112,535	23,923,000	26.56	0.71	.0258	18.5
East London			30.21	1.25	.0425	20.2
Do., filtered through animal charcoal	90,174	20,726,981				
South Essex*	850	209,914	21.71	0.28	.0073	7.1
			38.91	0.98	.0088	25.3

The table may be read thus:—100,000lb. of Chelsea water contained 27.54lb. of solid matter, of which 0.70lb. of organic and other volatile matters was driven off by incineration; 0.0834lb. of oxygen was required to oxidize the organic matter in the said quantity of Chelsea Water. Of the solid matter, 18.5lb. were carbonate of lime, or its equivalent of hardening salts. The fourth column contains the amount of solid matter left on evaporation and desiccation at 120 deg. C.—130 deg. C. (248 deg. F.—266 deg. F.) The results are recorded in 100,000 parts. By moving the decimal point one place to the right the above figures express in milligrams the quantities contained in one kilogram of the several waters. The waters were all free from turbidity when drawn from the companies' mains.

Note.—The water includes the supply for manufactures and for various purposes other than domestic consumption. This return, as compared with that for the previous month, shows an increase of 319 houses, and a decrease of 4,568,793 gallons of water supplied daily.

* The secretary to the South Essex Waterworks Company states:—"We have not extended our mains at present west of Romford."

THE *Times* records the arrival of Miss Shaw Stewart, and eight other lady nurses, at Woolwich, from Nctley, and says that the inmates of the military hospitals prefer the attendance of the male nurses of the Army Hospital Corps. Of the 300 patients now in the Herbert Hospital, nineteen out of twenty have expressed their dislike at having the attendance of these lady nurses thrust upon them, contrary to their desire.

THE precautions taken in the French cholera hospitals to prevent the spread of the disease are of the most minute character. On the death of a patient, for instance, phenic acid is sprinkled all round the bed; in the coffin the body rests on chloride of lime, and the remainder of the space is filled with sawdust impregnated with phenic acid. Lastly, when the coffin is placed in the grave, and the latter partly filled up, a layer of chloride of lime is spread all over, and moistened with a watering pot; the grave is then completely filled up, and chloride of lime again sprinkled upon it.

MISS BURDETT COUTTS is about to establish a great covered market in Bethnal-green. Provisions will be sold there cheaply under strict inspection, so that the sale of unwholesome food will be prevented.

THE quarantine imposed on arrivals from Great Britain at Malta has been reduced from fifteen to ten days.

THE Midland Medical Society of Birmingham has just entered upon its nineteenth session, with the following officers:—President: Mr. J. S. Gamgee. Vice-Presidents: Dr. Wade and Mr. Alfred Baker. Treasurer: Mr. J. Harmar. Hon. Sec.: Dr. Balthazar W. Foster. Hon. Librarian: Mr. E. Mackey. The first ordinary meeting of the Society was held on Wednesday last, October 24th, at the Birmingham Midland Institute, when interesting pathological specimens were exhibited by Mr. Goodall, Dr. Foster, and Mr. Mackey, and an able paper on Cerebro-spinal Meningitis was read by Dr. Wade. The Society meets twice a month, from October to May.

THE judicial statistics for 1865 contain several interesting statements. The total number of summary convictions before magistrates during the year was 312,832. Of these 470 offenders were flogged. In 1864 the number whipped was 443. Assault cases appear to be greatly on the increase. In 1865 the number amounted to 13,834, being an augmentation of 388 over the preceding year. Under the head of Coroners' Inquests, it appears that the number in 1865 amounted to 25,011. Of these no fewer than 8667 were upon children under sixteen years of age, and 11,397 are returned under the head of Accidental Death. There is an addition of 275 to the number of offences against the Game Laws, which were 10,892 during the past year.

DR. DANIEL BRAINARD, Professor of Surgery at the Medical College of Chicago (Illinois), has just been carried off by the cholera on returning from a voyage to France. He is well known by various memoirs on surgical subjects, among others the injection of spina bifida with iodine, and the treatment of ununited fracture by suture of the bones.

CORONERSHIP OF THE CITY OF LONDON.—There is a probability of a vacancy taking place in this office, as Mr. Serjeant Payne, who has held the appointment thirty-seven years, has applied for the retiring pension which the Act of Parliament allows. We understand that a candidate will probably appear in the person of a Graduate in Medicine of the University of London of some standing in the Profession, and who is the author of a work on the Hospitals, &c., of Paris.

SOUTH DUBLIN UNION.—An election of a third medical officer took place last week. Several candidates had applied, but all withdrew except Dr. Joseph Burne (*sic*), son of Mr. John Byrne, T.C., who had up to the present acted as extra medical officer to the Grand Canal-street Dispensary.

ROYAL COLLEGE OF SURGEONS, EDINBURGH.—At the annual meeting of this College, held on Oct. 17th, the following office-bearers were elected for the ensuing year:—President: James Dunsinure, M.D. Treasurer: John Gairdner, M.D. Secretary: James Simson, M.D. Librarian: Archibald Inglis, M.D. President's Council: James S. Combe, M.D., Andrew Wood, M.D., Robert Omond, M.D., Benjamin Bell, James D. Gillespie, M.D., James Spence. Ex. Off.: John Gairdner, M.D. Examiners: James Simson, M.D., Richard Huie, M.D., William Dumbreck, M.D., Archibald Inglis, M.D., Andrew Wood, M.D., Robert Omond, M.D., James Dunsinure, M.D., Peter David Handyside, M.D., James D. Gillespie, M.D., Henry D. Littlejohn, M.D., Patriek H. Watson, M.D., David Wilson, M.D. Assessors to Examiners: James S. Combe, M.D., James Syne, William Brown, James Spence. Conservator of Museum and Registrar of Students' Tickets: William R. Sanders, M.D. Officer: John Dickie.

WHEREAS formerly five children might be counted for each marriage in France, at the commencement of the century that number fell to four; and now each marriage hardly produces three children in the country and two in Paris.

THE MEDICAL DIRECTORY.—Prospectuses have been issued of a "Directory of Homœopathic Practitioners," at the head of which is printed the exact registered title of the "London and Provincial Medical Directory," which Messrs. Churchill have published for twenty-two years. Pending proceedings against the proprietor of the homœopathic work in question, Messrs. Churchill caution advertisers against being misled by the imitation.

BIRTHS and DEATHS registered and METEOROLOGICAL during the Week ending Saturday, October 27, 1866, in the following large Towns:—

Boroughs, &c.	Estimated population in middle of the year 1866.	Persons to an Acre. (1866.)	Births Registered during the week ending Oct. 27.	Corrected Average Weekly Number.	Deaths.			Temperature of Air (Fabr.).	Rain Fall.	
					Registered during the week ending Oct. 27.	Highest during the Week.	Lowest during the Week.			
London.	3067536	39.3	2148	1400	1394	65.1	31.0	49.1	1.13	114
Bristol.	163680	34.9	80	73	62	63.8	39.2	50.3	1.36	140
Birmingham.	335798	42.9	214	163	141	64.0	40.5	50.1	1.05	106
Liverpool.	484337	94.8	358	281	239	62.0	42.8	51.2	0.55	56
Manchester.	358855	80.0	209	203	208	65.3	35.0	49.1	1.25	126
Salford.	112904	21.8	90	57	54	64.6	38.0	49.3	1.30	131
Sheffield.	218257	9.6	183	115	95	59.8	41.1	48.3	1.42	143
Leeds.	228187	10.6	151	116	113	62.5	...	49.5	1.20	121
Hull.	105233	29.5	78	49	47	...	35.7	...	...	...
Newcastle-on-Tyne	122277	22.9	81	65	90	57.0	42.0	48.2	0.72	73
Edinburgh.	175128	39.6	108	84	98	59.7	33.0	48.5	0.50	51
Glasgow.	432265	85.4	362	252	227	59.8	26.0	47.2	1.12	113
Dublin.	318437	32.7	188	156	252	65.9	29.5	47.4	0.50	51
Total of 13 large Towns.	6122894	34.4	4250	3014	3080	65.9	26.0	49.0	1.01	102
Vienna.	(1863) 560000	...	...	...	640	...	...	45.5	...	...

METEOROLOGICAL REPORT FOR THE WEEK ENDING NOVEMBER 3RD, 1866.

By J. H. STEWARD, Optician, 406, Strand, and 54, Cornhill, London.

Oct. 1866.	Barometer reading reduced to 32 degrees.	Thermometer.		Dry bulb.	Wet bulb.	Wind.			Remarks.
		Max.	Min.			Direction.	Force.	Rain.	
29	30.46	52	35	40	38.05	W	—	—	Dull.
30	29.96	57	40	53	49	W	—	—	Showery.
31	30.17	60	41	40	44	NW	—	008	Dull.
1	30.06	58	53	46	45	SW	—	—	Fine.
2	29.86	60	51	54	53	SW	—	—	Showery.
3	29.73	57	51	56	54	SW	—	—	do.

Notices to Correspondents.

Nauta—Latin is very particularly required for the Navy Competitive. If, as you say, you know nothing of it, you cannot acquit yourself creditably in any branch of the profession.

J. M. C.—We fear you have no redress. The matter has been repeatedly represented to the authorities.

Dr. M.—Dr. Armstrong, King-street, Cork, will receive your subscription with thanks.

Mr. Cason.—The notice has been received.

Dr. R. shall receive a private note.

A Sufferer should avoid the whole tribe of quacks, and place himself under the care of a respectable surgeon.

St. Peter's Hospital for Stones in the Bladder and other Urinary Diseases, 54, Berners-street.—The Medical Staff at this Hospital has been re-organised. Mr. T. W. Nunn, Mr. Walter J. Coulson, and Mr. W. F. Teevan, have been appointed surgeons, vice Mr. Armstrong Todd. Assistant-Surgeon: Mr. W. Herbert Scott.

Communications received from Mr. J. P. Cesari, St. Peter's Hospital Mr. Herbert Jackson, Mr. Ruding, &c.

ERRATA.—In Dr. Hayden's paper on "Cerebro-spinal Arachnitis" in our last, p. 440, l. 51, the words coloured respiration should have been laboured respiration, and same p. l. 57, meeting the roots of the spinal nerves should be enveloping.

BOOKS &c. RECEIVED.

Diarrhoea and Cholera: Their Nature, Origin, and Treatment. By John Chapman, M.D. London: Trübner and Co., 60, Paternoster-row.

Pharmaceutical Journal for November. London: John Churchill and Sons.

The Calendar of the Pharmaceutical Society of Great Britain. The Journal of Anatomy and Physiology. No. I., 1866. Macmillan and Co., London and Cambridge.

Late Publications in Medicine & Science,

(From the Publishers' Circular.)

- In Medical Literature we note Clinical Histories, with comments by Henry Day, M.D.; Works on the Cholera, by Charles Shrimpton, Archibald Billing, and others; a New Method of Treatment of Cancer, by W. H. Broadbent; on Exuberant Growths of the Tonsils, by James Carsley; and a volume on Bleeding and Change in Type of Diseases, by W. O. Markham.
- Anderson (Dr. McCall)—Contributions to Dermatology. 8vo, sewed, 8s.—Churchill.
- Beatty (Thomas Edward)—Contributions to Medicine and Midwifery. 8vo.—Dublin, Fanning, pp. 653, cloth, 15s.—Longmans.
- Billing (Archibald)—On the Treatment of Asiatic Cholera. New ditto, 8vo, sewed, 1s.—Churchill.
- Broadbent (W. H.)—Cancer: a New Method of Treatment. 8vo, sewed, 1s. 6d.—Churchill.
- Brown (I. Baker)—On surgical Diseases of Women. 3rd edit., revised and enlarged. 8vo, cloth, 15s.—Hardwicke.
- Chapman (John)—Diarrhoea and Cholera; their Nature, Origin, and treatment through the Agency of the Nervous System. 2nd edit., enlarged. 8vo, pp. 266, cloth, 7s. 6d.—Trübner.
- Crisp (E.)—On Malignant Cholera: its origin, Pathology, &c. 8vo, cloth, 5s.—Hardwicke.
- Gunther (A. C.)—The Record of Zoological Literature. Vol. 2, 8vo, cloth, 30s.—Van Voorst.
- Guy's Hospital Reports. Vol. 12, 3rd Series, 7s. 6d.—Churchill.
- Haversham (T. O.)—On Diseases of the Stomach. Post 8vo, cloth, 5s.—Hardwicke.
- Herschel (Sir John F. W.)—Familiar Lectures on Scientific Subjects. Post 8vo, pp. 518, cloth, 6s.—Strahan.
- Journal of Social Science. Vol. 1, 8vo, cloth, 13s.—Hardwicke.
- London Hospital Reports. Vol. 3, 7s. 6d.—Churchill.
- Markham (W. O.)—Bleeding and change in Type of Diseases. Fcp. 8vo, sewed, 2s. 6d.—Churchill.
- Mechanical Treatment of Cholera. By a Physician. 8vo, sewed, 1s.—Churchill.
- Noad (Henry M.)—The Student's Text-Book of Electricity; with hundred illustrations. Post 8vo, pp. 524, cloth, 12s. 6d.—Lockwood.
- Norton (A. J.)—Osteology: a Concise Description of the Human Skeleton. 8vo, cloth, 7s. 6d.—Hardwicke.
- Orion's Prophetic Guide and Weather Almanac for the Year 1867. 12mo, year of publication. 12mo.—Peterborough, pp. 72, sewed, 6d.—Hittaker.
- Paget (Geo. E.)—The Harveian Oration, 1866. Post 8vo, cloth, 2s.—ell and D.
- Pratt (Anne)—Poisonous, Noxious, and Suspected Plants of our Fields and Woods. Royal 8vo, sewed, 1s.—Christian Knowledge Society.
- St. Bartholomew's Hospital Reports. Edited by Dr. Edwards and R. Callender. Vol. 2, 8vo, cloth, 7s. 6d.—Longmans.
- St. George's Hospital Reports. Vol. 1, 7s. 6d.—Churchill.
- Social Science.—Sessional Papers of the National Association for Promotion of Social Science. Vol. 1, 8vo, cloth, 7s.—Chapman & H.
- Tomlinson (Charles)—Cyclopædia of Useful Arts, Mechanical and Chemical Manufactures, Mining and Engineering. Vol. 3, Appendix. Royal 8vo, pp. 730, cloth, 22s. 6d.—Virtue.
- Ward (T.)—Outline Facts of Chemistry, with Exercises; intended chiefly for Pupils in Government Science Classes. Parts I. and II. 12mo, Manchester, Heywood. Pp. 188, cloth, 2s. 6d.—Simpkin.
- Watson (Spencer)—On Abscess and Tumours of the Orbit. Part I., 8vo, 3s.—Lewis.
- Flint (Austin)—A Practical Treatise on the Physical Exploration of the Chest and Diagnosis of Diseases of Respiratory Organs. Royal 8vo.—Philadelphia, 1866. Pp. 590. London, 21s.
- Hamilton on Fractures and Dislocations. 3rd edit., royal 8vo.—Philadelphia, 1866. Pp. 777, numerous illustrations, 25s.

Appointments.

LONDON.

- ANNETT, H., M.R.C.S.E., has been appointed Surgical Registrar to the Middlesex Hospital.
- BUCE, A., M.B., F.R.C.S., has been appointed Surgeon to the Islington Dispensary.
- VELEY, W., M.D., has been appointed Medical Registrar to the Middlesex Hospital.
- ULSON, W. J., F.R.C.S.E., has been appointed one of the Surgeons to St. Peter's Hospital for Stone.
- ENN, T. W., F.R.C.S.E., has been appointed one of the Surgeons to St. Peter's Hospital for Stone.
- EVAN, W. F., F.R.C.S.E., has been appointed one of the Surgeons to St. Peter's Hospital for Stone.
- ANKART, J., M.B., F.R.C.S.E., has been appointed Surgeon to the Metropolitan Free Hospital, Devonshire-square, vice G. Borlase Childs, F.R.C.S.E., resigned.
- GROTH, L.R.C.P.L., has been appointed Physician to the Islington Dispensary, vice W. H. Witherby, M.D., resigned.
- OCR, ALEX., M.B., F.R.C.S.E., has been appointed Surgeon to the Islington Dispensary, vice H. Summerhayes, M.R.C.S.E., resigned.
- ATER, S., M.R.C.S.E., has been elected Surgeon to the Metropolitan Free Hospital, Devonshire-square, vice J. Hutchinson, F.R.C.S.E., resigned.
- UCKNELL, H. H., M.B., M.R.C.P.L., has been elected Physician to the Royal Infirmary for Diseases of the Chest, City-road, vice J. Althaus, M.D., resigned.

PROVINCIAL.

- MILTON, A., L.R.C.P., Edinburgh, has been appointed House-Surgeon to the District Infirmary, Ashton-under-Lyne.
- ADINE, J. L., M.R.C.S.E., has been appointed Surgeon to the Village Hospital, Capel, Surrey.

- SANKEY, G., M.R.C.S.E., has been appointed Surgeon to the West Kent General Hospital.
- TAYLOR, J., M.D., has been appointed House-Surgeon to the North Staffordshire Infirmary, Etruria, Staffordshire.
- MICKLEY, A. G., M.R.C.S.E., has been appointed Resident Surgeon-Apothecary to the General Hospital, Nottingham, vice Littlewood, resigned.
- LITTLEWOOD, J., M.R.C.S.E., has been appointed Surgeon to the General Hospital, Nottingham, vice W. Wright, F.R.C.S.E., resigned.
- ELLISTON, G. S., M.R.C.S.E., has been appointed House-Surgeon and Secretary to the East Suffolk Hospital, Ipswich, vice Ralph Gooding, B.A., M.R.C.S.E., resigned.
- BARTON, Mr. G. P., has been appointed Medical Officer for the Lymington District of St. Thomas's Union, Devon, vice A. Bennie, L.R.C.P.Ed., resigned.

SCOTLAND.

- M'VAIL, D. C., L.R.C.P.Ed., has been appointed House-Surgeon to the Alanck Infirmary, vice A. J. Main, M.D., resigned.
- MALAN, C. H. W., C.M., has been appointed Medical Assistant in the Crichton Royal Institution, Dumfries, vice H. G. Stewart, M.D., appointed Medical Superintendent of the Newcastle-upon-Tyne Borough Lunatic Asylum.

IRELAND.

- STOKES, W., M.D., has been elected President of the Medical Society of the King and Queen's College of Physicians, Ireland, for 1866-67.
- BROWN, W., L.F.P. and S., Glasgow, has been elected Resident Medical Officer to the Fever Hospital and House of Recovery, Cork-street, Dublin.

Vacancies.

POOR-LAW MEDICAL VACANCIES.

- Burton-upon-Trent Union.—Lullington District; area 2907; population 625; salary £10 per annum.
- Droxford Union.—Droxford and Loberton; area 13,154; population 3330; salary £55 per annum. Workhouse; salary £45 per annum.
- Kirkby Moorside Union.—Union; area 53,631; population 5739; salary £46 per annum. Workhouse; salary £11 per annum.
- Reigate Union.—Area 13,860; population 9817; salary £100 per annum. Workhouse; salary £50 per annum.
- West Ham Union.—The Woodford District; area 2143; population 3458; salary £50 per annum.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.

- FOX.—On October 28, at 12, Pavillion-parade, Brighton, the wife of O. A. Fox, L.D.S., of a daughter.
- HOMFRAY.—On October 26, at Tredegar, Monmouthshire, the wife of C. A. Homfray, M.R.C.S.E., of a son.
- LEDWARD.—On October 20, at York-street, Cheetham, Manchester, the wife of R. W. Ledward, M.D., of a daughter.
- RIDINGS.—On October 21, at Walmer, the wife of G. W. Ridings, Surgeon R.N., of a daughter.
- SEALY.—On October 8, at Spring-hill, Barbadoes, the wife of J. Sealy, M.D., of a son.
- SEYDEWITZ.—On October 22, at 21, Shadwell-road, Upper Holloway, the wife of Dr. Paul von Seydewitz, of a son.
- WARD.—On October 23, at Woolwich, the wife of W. P. Ward, Surgeon, Royal Artillery, prematurely of a son.
- WARDEN.—On Wednesday, October 31st, at 272, Huxley-road, Edgbaston, Birmingham, the wife of Dr. Charles Warden, of a son.

MARRIAGES.

- COMBE—AINSWORTH.—On October 24, at the private chapel of P. Ainsworth, Esq., Smithill's Park, Lancashire, M. Combe, M.D., Surgeon-Major Royal Horse Artillery, to Louisa Sarah, third daughter of the late T. H. Ainsworth, Esq., of Moss Bank.
- DAWSON—CHAPMAN.—On October 27, at St. Margaret's Church, Lee, Smith Houston Dawson, M.D., of No. 5, Carlton-terrace, Kilburn-park, to Rosie Annie, second daughter of Henry Chapman, Esq., of Lee, Kent.
- HALL—NOAKES.—On October 24, at Christchurch, Folkestone, H. J. Hall, L.R.C.P.L., to Eliza, second surviving daughter of Mr. John Noakes, late of Gillhope, Mayfield, Sussex.
- WILSON—HUNTLEY.—On October 29, at Percy Main, near Newcastle, Thomas Wilson, Esq., M.R.C.S.E., of Wallsend, to Sarah Hassall, third daughter of the late Dr. Huntley, of Howdon.

DEATHS.

- BURNETT.—On October 25, at Westbrooke House, Alton, Hants, C. M. Burnett, M.D., aged 60.
- CARTER.—On October 20, at Wellington-road, Dublin, J. C. Carter, M.D., Inspector-General of Hospitals.
- CONQUEST.—On October 24, at The Oaks, Plumstead-common, J. T. Conquest, M.D., F.L.S., (late of Finsbury-square), aged 77.
- CROCKER.—On October 16, in London, Henry Crocker, M.R.C.S.E., of Berbic (formerly Assistant-Surgeon R.N.), aged 42.
- DYER.—On October 23, at Stevenage, Herts, J. F. Dyer, M.R.C.S.E., aged 43.
- MCCARTHY.—On October 18, at Kenmare, county Kerry, Timotheus McCarthy, M.D. Edin., J.P.
- QUINLAN.—On October 19, at the Royal Military Hospital, Phoenix Park, Dublin, Thomas Quinlan, M.D., Assistant-Surgeon 1st Dragoon Guards, aged 32.

PROVIDENT LIFE OFFICE.

LOANS at 5 per cent. Interest, on Life Estates and on Personal Security.

EXAMPLES of BONUSSES added to Policies issued by THE PROVIDENT LIFE OFFICE.

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3924	1821	165 4 2	5000	10164 19 0
4937	1824	205 13 4	4000	9637 2 2
5795	1825	157 1 8	5000	9253 5 10
2027	1816	122 13 4	4000	8576 11 2
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JAMES DUDGEON AND SON, AGENTS,
113, GRAFTON-STREET.

THE ADELAIDE HOSPITAL,
PETER STREET, DUBLIN.

Physicians:

HENRY H. HEAD, M.D., F.C.P., M.R.I.A.
JAMES LITTLE, M.D., L.K.Q.C.P., L.R.C.S.I.

Surgeons:

ALBERT J. WALSH, M.D., F.R.C.S.I., Member of Council, Royal College of Surgeons.
JOHN MORGAN, F.R.C.S.I., Professor of Practical and Descriptive Anatomy, Royal College of Surgeons.
JOHN K. BARTON, M.D., F.R.C.S.I., Lecturer on Surgery, Ledwich School of Medicine.
BENJAMIN WILLS RICHARDSON, F.R.C.S.I., Member of the Court of Examiners in the Royal College of Surgeons, and one of the Hon. Secretaries to the Surgical Society of Ireland.

Assistant Physician:

DAVID B. HEWITT, B.A., T.C.D., L.K.Q.C.P., L.R.C.S.I., Demonstrator R.C.S.

Assistant Surgeon:

ALEXANDER MACALISTER, L.K.Q.C.P., L.R.C.S.I., Demonstrator, R.C.S.

The WINTER SESSION of this Hospital commenced the FIRST MONDAY in OCTOBER. It now contains 100 beds, of which twenty-four are devoted to the Special Diseases of Infants and Children. There is a detached Fever Hospital for the treatment of Contagious Diseases.

CLINICAL INSTRUCTION.—Two Medical and two Surgical Lectures, including Lectures on the Diseases of the Eyes, will be delivered in each week; Bedside Instruction being given daily by both the Physicians and Surgeons. Practical Demonstrations in the use of the Stethoscope, Laryngoscope, and Microscope, as applied to the Diagnosis of Disease, will be given during the Session. Ophthalmoscopic Demonstrations every Saturday morning at 11 o'clock.

DISPENSARY.—There is a numerous-frequented Dispensary attached to the Hospital, which is attended daily by the Physicians and Surgeons.

FEES.—For Nine Months' Hospital Attendance, £8 8s. 0d.; for Six Months' Hospital Attendance, £6 6s. 0d.; for Summer Three Months' Hospital Attendance, £3 3s. 0d.; Perpetual Pupils (paid at entrance), £21.

PRIZES.—Two Medical and two Surgical Prizes will be given at the close of the Session.

Certificates of Attendance upon this Hospital are fully recognized by all the Licensing Bodies of the United Kingdom.

The central position of the Hospital, and its close proximity to the Schools of the Royal College of Surgeons and the Ledwich School, render it peculiarly convenient to Students attending those Institutions.

Further particulars can be obtained from Dr. Little, Secretary to the Medical Board, 24, Lower Baggot-street, or any of the Physicians or Surgeons.

Mater Misericordie Hospital,
ECCLES-STREET, DUBLIN.

SESSION 1866-67.

PHYSICIANS.
Dr. Hughes.
Dr. Hayden.

SURGEONS.
Dr. O'Reilly.
Dr. Ellis.
Dr. Stapleton.
Dr. Cruise.
Dr. Curran.

The Hospital is visited daily at Nine o'clock A.M.

TERMS OF ATTENDANCE:

Nine Months	£S 8 0
Six Winter Months	6 6 0
Three Summer Months	3 3 0

Certificates of attendance upon this Hospital are recognized by the Royal College of Surgeons in Ireland, by the King and Queen's College of Physicians, by the University of Dublin, and by all the Licensing Bodies in the United Kingdom.

For further particulars apply to F. R. Cruise, Honorary Secretary to the Medical Board, 37, Westland-row, or to any of the Medical Officers.

Dr. Steevens' Hospital and Medical COLLEGE, DUBLIN.

Physicians and Surgeons.

C. P. CROKER, M.D.T.C.D., Ex-Pres. R.C.P., M.R.I.A., Consulting Physician.

S. G. WILMOT, Ex-President of the Royal College of Surgeons, Visiting Surgeon.

C. FLEMING, Fellow and Member of the Court of Examiners R.C.S.I., Surgeon to the Richmond Hospital, Visiting Surgeon.

H. FREKE, M.D.T.C.D., F.C.P., M.R.I.A., Physician and Professor of Medicine.

W. M. BUAKE, F.C.P., M.R.C.S., Physician in Ordinary to his Excellency the Lord Lieutenant.

W. COLLES, Ex-President, Royal College of Surgeons, Surgeon and Professor of Surgery.

E. HAMILTON, M.D.T.C.D., F.R.C.S.I., Surgeon and Professor of Anatomy and Physiology.

Surgeon and Professor of Anatomy.

G. ST. G. TYNER, L.R.C.S.I., L.C.P., Resident Surgeon, Demonstrator of Anatomy.

S. L. HARDY, M.D., F.R.C.S.I., M.R.I.A., Physician-Accoucheur and Professor of Midwifery.

E. PERCIVAL WRIGHT, M.D.T.C.D., F.R.C.S.I., Surgeon Attendant to the Ophthalmic Dispensary, Professor of Botany.

J. A. BAKER, F.R.C.S.I., Surgeon-Dentist, Professor of Dental Surgery.

J. ALDRIDGE, M.D., M.R.I.A. Professor of Chemistry and Natural Philosophy.

C. A. CAMERON, M.D., F.C.S.L., Professor of Chemistry.

J. F. POLLACK, M.B.T.C.D., L.R.C.S.I., Professor of Medical Jurisprudence.

T. W. GAINSHAW, M.B.T.C.D., L.R.C.S.I., Professor of Materia Medica.

R. L. SWAN, L.R.C.S.I., L.C.P., Demonstrator of Anatomy and Curator of the Museum.

J. SHORRT, L.R.C.S.I., L.C.P. Demonstrator of Anatomy.

The Hospital contains 250 Beds, with distinct Wards for Fever, Syphilis, Diseases of the Eye, and Diseases of Females; there is also in connexion with the Hospital a Maternity Department, and an extensive Dispensary for Out-Patients.

SYSTEMATIC COURSES OF LECTURES are delivered during the Winter and Summer Sessions on all the subjects required by the College Halls, and the Public Service. These Lectures are given in a commodious Medical School, within the walls of the Hospital, whereby great saving of the students' time is secured, as well as more abundant opportunity of observing accidents and important cases, immediately on their admission.

Students enjoy the advantages of a Reading Room, Museum, and Lending Library.

There is accommodation in the Hospital for two Medical and six Surgical Resident Pupils as Dressers. Fee, £21, including Hospital Certificate.

Comfortable lodgings may also be procured in the vicinity of the Hospital (five minutes' walk from Phoenix-park), of which a Registrar is kept by the Resident Surgeon. Parents and Guardians have thus an opportunity of placing the Pupil under the supervision of one of the Surgeons or the Chaplain of the Hospital. Some of the Lecturers receive Pupils to reside in their families.

SPECIAL PRIVATE CLASSES are held for the preparation of Gentlemen for the Licensing Bodies and Competitive Examinations.

SENIOR, MIDDLE, AND JUNIOR EXHIBITIONS, with Cusack Medals, will be awarded at the end of the Session to those whose answering exhibit general proficiency in every branch of their professional studies.

There will also be Two Prizes for the best reports of the cases which have occurred in the Hospital during the Session.

TWO MIDWIFERY ASSISTANTS are each year (month of November) selected by competitive examination—salary £30 per annum.

THE DISSECTING-ROOMS, which are most spacious and well ventilated were opened on October 1st for Practical Anatomy. The Lecturers and Demonstrators attend unremittingly throughout the day, to assist the student in this most important pursuit.

The Sessional Courses of Lecturers will commence on the First Monday in November.

FEES, each Course—Hospital, £7 7s.; Lectures, £3 3s. Perpetual to both Hospital and School, 75 guineas, payable in two instalments.

Further particulars on application to Dr. Tyner, Resident Surgeon at the Hospital; or to E. Hamilton, M.D., Secretary, 120, Stephen's-green.

Westmoreland Lock Hospital, Dublin
WINTER SESSION, 1866-7.

The usual course of Clinical Instruction will be delivered in the Hospital during the Session.

SURGEONS.

THOMAS BYRNE, A.B.M.B., T.C.D., Fellow and Examiner, Royal College of Surgeons, Ireland.

BENJAMIN F. MACDOWELL, M.B., Trin. Coll., Dublin, L.R.C.S.I. Lecturer on Materia Medica, and Therapeutics, Ledwich School of Medicine, Honorary Physician to the Sailors' Home and Marine School.

Further information upon application to Dr. BYRNE, 187, Great Brunswick-street.

DISEASES OF THE EYE.

DR. JACOB will deliver a full Course of Lectures on the Anatomical Physiology, and Optical Mechanism of the Eye, during the ensuing Session, in the College of Surgeons, and also a separate Course on the Pathology and Diseases, with the Operations required in their Treatment, in the City of Dublin Hospital.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

TREATMENT OF ASIATIC CHOLERA

ON THE
OPIATE OR ANTIDOTAL AND CONSERVATIVE
PLAN.

By WM. BEAMISH, M.D., M.R.C.S.E.,

PHYSICIAN TO THE CORK FEVER HOSPITAL AND COUNTY AND CITY
OF CORK JAILS.

As Asiatic cholera has now come amongst us, and as I find that, notwithstanding the experience we have had, there are still so many conflicting opinions as to its pathology and treatment, and so many going over the beaten track, thereby losing not only time but life by persevering in remedies already tried and found ineffectual—one advocating the eliminating or purgative plan, another emetics, another astringents, another calomel, another the expectant or do-nothing plan, and another the mechanical plan, and none proving satisfactory—having had considerable experience in its treatment, and taken a particular interest in it, and much trouble in recording the results of my treatment in the years 1849 and 1853, when it prevailed here, and as one bedside fact is worth a thousand theoretical observations, I have resolved upon laying aside all private considerations, expressing my views of its nature and treatment, and publishing forty-six cases treated by me in the Cork Fever Hospital, and Hospital of County Cork Jail—thirty-eight on the opiate, or, as I think it might be called, the antidotal or conservative plan, and eight promiscuously, having previously tried all other methods in vain. Out of the thirty-eight I lost but eight (two in hopeless collapse when seen), and out of the eight I lost three (two under saline treatment). I may here mention that I was driven, I may say, to unusually large doses of opium in ordinary diarrhoea and dysentery previous to the outbreak of cholera, finding the usual astringents and ordinary doses perfectly ineffectual. When cholera, therefore, appeared I was naturally led to test its efficacy in of course large doses again.

The fact is, as long as we are at issue as to the nature of cholera, and therefore what the indications of cure are, so long must our treatment in this disease as in all others prove, to say the least, experimental, empirical, and therefore unsatisfactory. The question is—Is cholera a blood poison, or a disease caused by prostration or suspension of the vaso-motor powers? If a blood poison, why should it not be eliminated or carried off by the kidneys as well as by the bowels? Why should nature select one and reject the other? We all know how often nature takes advantage of the kidneys, as a critical outlet in serious diseases.

With regard to the exciting cause of the disease, there are so many conflicting opinions, so many ingenious theories have been advanced, and so much written upon the subject, that time will not permit me to discuss the matter here. I shall, therefore, merely say that I think we may rationally suppose it to be caused by some peculiar atmospheric condition capable of unlimited diffusion, and rendered more active by local or predisposing causes, as miasmata, want of cleanliness and ventilation, overcrowding, &c.; but whatever may be the exciting cause, the brain and great nervous centres, the solar, gastric, and splanchnic plexuses, seem to me to be primarily and principally involved, so far as being deprived of their tone and energy (a remarkable peculiarity in cholera being retention of consciousness to the last), hence headache, vertigo, deafness, noise in ears, and a train of symptoms follow which

constitute the disease. The nerves of circulation and respiration are also implicated.

It may be defined an exhausting disease, in which there is an excessive elimination of disintegrated blood, an inverted state of the system, what should pass off by skin and kidneys passing off by stomach and bowels. The indications or requirements of cure therefore appear to me to be—first, to restore the tone and energy of the brain and nervous system; 2ndly, to check all excretions and determination to internal surface (the cause of præcordial oppression, or, as the patient expresses it, "crushing of the heart," so much complained of); and 3rdly, to promote capillary circulation and cuticular secretion, and counteract effects of vascular depletion.

The desideratum to baffle cholera, therefore, seems to be to discover some medicine that will promptly (FOR TIME IS EVERYTHING) meet these indications, and will be soothing to the mucous membrane, stimulant to the nervous system, astringent, and non-eliminative.

Opium, I assert, answers all these requirements of cure, if given at once, and in doses suitable to the stage of the disease (as quinine is given in ague), and in proportion to the quantity, quality, and frequency of the discharges, and amount of nervous prostration. I know no drug which exercises more, or even as much influence over the nervous or sympathetic system as opium, and therefore (if my view is correct) the only medicine to be relied on in cholera, particularly if aided by the horizontal posture, which for obvious reasons must be rigidly enforced even in the premonitory diarrhoea; also by every means calculated to promote perspiration, so as to reverse the inverted state of the system, as external heat by hot solid substances, viz., bottles or jars of hot water, hot bricks, and hot sandbags placed in the axillæ and between the legs; also hot mustard stupes to feet, and sinapisms over region of heart and pit of stomach. The judicious and moderate use of cordial stimulants spiced, and copious warm, spiced diluents, as whey, toast water, mint tea, soda water, and cold water *ad libitum*, to which I find the addition of a little sweet spirit of nitre renders it not only grateful but useful in tending to skin and kidneys; drinks of the dilute nitro-muriatic or sulphuric acids are also grateful and useful; the patient always craving for "something tart;" a little iced water is also very palatable, and tends to allay the sensation of burning heat in the epigastrium, the incessant thirst and irritability of stomach. Perspiration tends to excite the absorbent system, so that where this is the case less opium is required; also to counteract the possibility of any narcotic effect from the opium, which in itself produces a most extraordinary amount of perspiration, so much so that the nurse-tenders in charge of the cholera patients used to remark "that they were tired of mopping them."

Opium, then, besides allaying pain, promotes warmth, gives energy and tone to the capillary circulation, calms irritation of nervous system, and equalizes the balance of the circulation, and it is "conservative" in its effects, inasmuch as by controlling or checking the losses it sustains the strength, gives time for treatment, counteracts injury to the alimentary canal and shock to the nervous system from too rapid and profuse losses. As fullness in the blood-vessels of the brain is a sure preventive to the use of opium, so is an emptied state of the vessels (as in cholera) an indication for its use, and an anæmic or exsanguinated state of the vessels of the brain disarms the opium of its narcotic property.

The effect produced on the brain and nervous system in cholera is, in my opinion, in many respects similar to that caused by prostration of nervous energy from sudden and excessive loss of blood, as in uterine hæmorrhage, where opium (as is well known to the profession) is one of our most valuable medicines, and the quantity that can be borne without narcotism when the losses are excessive is incredible. In an excellent work lately published on cholera by Dr. MacPherson, the case of "a sickly Indian native" is mentioned, who took 600 drops of laudanum in

one night and recovered; and "a gentleman was saved from impending death by taking 400 drops; it never in the largest quantities produced affections of the head." Not only is it useful in vascular depletion, but in affections of the nervous system, as lockjaw, where two ounces of the tincture is said to have been taken with advantage and without narcotism; also where pain is present, as in passing of renal calculi—in fact, in every affection where it meets a counteracting agent. It is therefore in cholera the antidote, and this is one reason why the doses I have given had no narcotic effect. In cholera, therefore, it is useful not only in checking excessive secretions and vascular depletion, but in counteracting great nervous depression, exciting the animal electricity, and by its stimulant properties correcting the anæmic state of the vessels of the brain, thereby maintaining the equilibrium of the cerebral circulation, and favouring a certain amount of congestion and consequent pressure necessary for healthy cerebral action.

A. T. Thompson says—"In all cases where there is a deficiency of blood in the capillaries, opium is to be preferred to the salts of morphia, its stimulant properties excite the capillaries, which relieves the internal congestion, and brings on sweating as a critical exertion. Combined with aromatics it increases its stimulant effect and lessens its sedative; it increases the energy of the brain and contracts the diameter of the vessels which include the excretory ducts through which the serum passes, and diminishes all the secretions and excretions except the cuticular, which it promotes." Dr. Armstrong in his work on scarlet fever, says with regard to opium—"I cannot better illustrate the effects of this drug in cases where excessive irritation and debility exist without organic lesion than to compare it to the effect which it produces in the last stage of cholera morbus, sometimes snatching patients from the jaws of death. My general experience of the efficacy of this medicine in copious eruptions of blood, fully confirms the commendations which Dr. Stewart has bestowed upon it in uterine hæmorrhage, when the system has been excessively exhausted by loss of blood, or extreme nervous agitation arises. This agitation is often so surprisingly calmed by opium that I have seen patients seemingly in the jaws of death saved by its administration."

Dr. Hughes (assistant-physician to Guy's Hospital) says—"I consider cholera a huge drain from the alimentary canal, which, whether excreted from the anus or merely secreted into the intestines, I believe to be the true cause as well of the collapse as of the diminution or cessation of the secretion of bile and urine. For stopping this drain I have found nothing so effectual as a large dose of solid opium by the mouth, followed by astringents of ammonia and opium in a fluid form, with an enema of starch and full dose of laudanum. If these means are employed early in cholera (and by cholera I mean neither diarrhœa, however profuse on the one hand, nor the collapse of cholera on the other), I believe this will be found generally effectual in checking the disease."

Mr. Brown trusted to opium alone in solid form; Mr. Delany, opium in fluid state (150 drops in brandy). Tweedie and Gassalie found opium more effectual than any other remedy. Orton and Sydenham "opium the sheet anchor, and one dose enough to cure the disease" (see Orton's Essay on Cholera in India). Welshman, opiates and diluents. Jobert, laudanum in seltzer water. Ryan, "full doses of opium to allay disturbance of nervous system, brandy and ammonia to support strength, and full doses of opium to arrest the discharges, the disease being thus easily cured." Tweedie says—"Cholera may be arrested at any period anterior to collapse by efficient doses of opium—the Chinese opium and camphor." Dr. Mahir employed in the Polish army large doses of opium and prussic acid. Dr. James Johnson lauds stimulants and astringents as severally well adapted to the stages of diarrhœa and collapse. "The fit (he says) is readily arrested by opiates, if recent, and the blood not too far deprived of its serous constituents."

I could quote many more eminent authorities in support of my views of the nature and treatment of cholera did time permit me, want of which, together with anxiety that the result of my observations and experience should be made public while the disease is amongst us, must plead my apology for the crude and imperfect manner in which they must therefore appear. In advocating the use of opium, and on reference to the cases I have treated, it will no doubt be remarked that the dose has, in some cases, far exceeded that usually given in the most obstinate cases of ordinary diarrhœa. The fact, however, of the total absence of the usual narcotic effect of a large dose of opium, except in one case (where twelve grains and a half were taken at one dose, with perfect recovery from cholera), proves, I think satisfactorily, the tolerance of this drug, especially when the same dose (short gr. ss.) was given in a similar case without the *least inclination to sleep*; on the contrary, the patient's remark was, when asked how she felt some hours after she had taken it, "I would be quite well now if I had a little sleep," and twenty-five drops of the tincture of opium now had the desired effect. This fact proves how absurd it would be to expect any benefit from such a dose as a grain of the powder or fifteen drops of the tincture in a case of cholera, as has been recommended. It should also inspire confidence in those who believe opium to be the remedy (and I believe the majority of those who have had any experience in the disease are of this opinion), but are afraid to give a suitable or efficient dose. Much better not give it at all, as, under those circumstances, it is not only sure to fail, but to get a valuable remedy into disrepute. With regard to the narcotic effects of opium in cholera, it is necessary it should be borne in mind that patients dying in cholera generally die comatose, or apparently narcotized, and I have, therefore, known instances where those appearances were attributed to an over-dose of opium, where, in some cases, it had not been given at all, and in others where the dose taken could not by possibility have had the effect. The tolerance of the drug may be accounted for in three ways:—1st, by its narcotic properties being counteracted by meeting the poison in the system (by poison, I mean loss of the vital fluid)—in other words, by its being the antidote; 2nd, by the inactivity of the absorbents; and, 3rd, by the exhausted state of the nervous system, which is in itself an antidote to the effects of stimulants, and creates a tolerance of wine and opium, proving, therefore, the utter inutility, nay, serious consequences (as it is time lost) of prescribing even for ordinary diarrhœa (especially when cholera is epidemic) a smaller dose of the tincture than from twenty-five to forty minims for an adult, and for an actual case of Asiatic cholera, with a pulse distinct, a smaller dose than three grains of the powder, with a drachm of the tincture, or about six or seven grains; and in a more aggravated case, short of collapse, a larger dose again, say six grains and a drachm of the tincture, or about nine or ten grains. I have often checked a case of decided cholera in the earlier stage with a drachm of the tincture, or from sixty to one hundred minims. Where vomiting is not very frequent, I prefer giving the medicine in draught; but when it is constant, in pills, as you can see them if rejected, and repeat accordingly, whereas if the fluid is rejected, you are, of course, at sea as to how much is retained, and therefore how much to repeat; and I may here remark that, as in the most fatal cases vomiting does not often occur till near collapse, the treatment should not be the less active. Cramps are also often absent in the most fatal forms, and you may have a case of malignant Asiatic cholera, without either purging or vomiting, "cholera siccæ," the most rapidly fatal form—a proof, I think, of my view of the nature of the disease (nervous paralysis or prostration), as I have originally mentioned. These are, however, fortunately rare and exceptional cases in this country, especially without purging, and occur only, in my opinion, when the shock to the nervous system has been so sudden and so great that there was no power or time

for the system to rally, as in a case of death from a stroke of lightning, or sudden concussion from any cause acting on the great nervous centres. Rapidly fatal cases have been described in India where spasm had been the only symptom; but on post-mortem examination the bowels were found distended with the characteristic fluids. Out of sixty cases described by Dr. Jackson, in his report of cholera in Paris in 1832, there were only two without vomiting and five without cramps, and in the "Medico-Chirurgical Transactions" for 1838, in twenty cases there were two without vomiting or cramps. The following is the form of pills and mixture I prescribe, called anti-cholera pills and mixture:—

℞ Pulv. opii, gr. xxiv.

— capsici, gr. xij., ℥ ut ft., massa c. ext. gentianæ. q. s. et in pilulas, xij. divide. Signr., "anti-cholera pills," from one to five, for a dose for an adult.

℞ Tinct. opii, ℥i.

Ætheris chloric.

Spt. an. mon. aromat. aa. ℥ss.

Mist. camph. ad. ℥viiij. ℥, in partes octo divide.

Signr., "anti-cholera mixture," one part for a dose for an adult.

I have hitherto ordered camphor, in addition to the above pills; but as my chief reliance is on the opium, as a small pill is so desirable, and as camphor adds so much to the bulk, I have omitted it, especially as I usually order the mixture with the pills, which contain some camphor. In the stage of actual collapse (hopeless collapse, as it is often not inaptly called), no drug will have any specific effect, and even if it were absorbed (so far as opium is concerned), it will not be so much indicated, as the losses it were meant to check will have subsided of themselves, the patient will have been drained; at same time I would by no means discard the use of opium, but feel my way with it in smaller doses, repeated according to circumstances, to assist in stimulating the brain and nervous system, and bringing about reaction. We must, however, trust very much to the *vis medicatrix naturæ*; at same time do all in our power, as in the earlier stages, to promote perspiration by external heat, sinapism over pit of stomach (and, if necessary, a small blister, and the surface afterwards sprinkled with morphia), and region of heart, and hot mustard stupes to feet, and give copious warm spiced drinks and stimulants, &c., as I have mentioned, for the earlier stage; and as absorption by the rectum, in this stage especially, is more likely than by the mouth, I would recommend starch and laudanum enemata, with the addition of acet. plumbi, also nutritive enemata.

In regulating the dose of opium for a case of Asiatic cholera it may be some guide if we keep three objects in view—1st, prescribe a dose sufficient to check the discharges (if they exist); 2nd, add to this a dose sufficient to restore the brain and nervous system to their normal state; and, 3rd, add further to these such a portion as will be sufficient to counteract the depleted or emptied state of the vessels. This will account in some measure for the dose being necessarily larger than on ordinary occasions, and why a smaller dose will be sufficient in collapse when the discharges will have ceased. The great secret I find is to hit off a sufficient dose at once, as no repetition will answer so well, and this is important also, as there is too often no time for repetition, and I don't see the use of ordering a medicine to be taken every quarter or half hour (as is so often done), when, in nine cases out of ten, the patient, if he lives to take a second dose, may be even in that short time in hopeless collapse. You must, therefore, hit off such a dose of such a medicine as will be likely to meet the indications in the shortest possible time. Give an ordinary or inefficient dose at first and the patient will assuredly be lost. With regard to infants and children, opium must of course be given with the greatest caution. A case has just occurred in the Cork Fever Hospital: a boy, aged seven years, brought in with serous purging and vomiting, pulseless, no urine, sunk countenance, and choleraic voice; two and a half grains

had the desired effect, and next day reaction set in with a good pulse, hot skin, and he passed urine twenty-four hours after admission. Every powerful agent requires limitation and control, and nothing can be termed a remedy that is not used under appropriate circumstances, nor can any medicine be given at all times innocuously. It is incumbent on me here to guard against the idea that a *large dose constitutes the treatment*; on the contrary it will be perceived by the cases I have treated that the dose varied from two or three grains to ten or twelve (the average I found to be about six grains); it is no "rule of thumb" matter, it requires great discrimination, judgment, and experience, and the dose must be regulated, as I have said before, by the stage of the disease, the degree of nervous prostration, and the character and amount of the losses; extreme cases will require extreme doses. But what I wish to insist on as the result of my observation and experience is, that opium, physiologically and pathologically speaking, is the remedy, but that success does not depend on it alone, but on the combined effects of the horizontal posture, external heat by solid substances, and every means calculated to produce perspiration; and I am confident that if every medical man carried in his pocket a small bottle of laudanum and pills, such as I have mentioned, and administered *on the spot and before sending to hospital*, not only would time (all important) be saved, but the disease (to say the least) would, in my opinion, in nine cases out of ten, be greatly, if not altogether checked, and the patient by the time of arrival at hospital be most probably in a fair way of recovery, and this I often found to be the case.

In the cases I have treated on the opiate plan, the absence of consecutive fever is remarkable, and may, I think, be accounted for by the checking of the discharges.

With regard to "elimination" or assisting nature, as it is called, founded on this occasion, I take for granted, on the very erroneous homeopathic principle of *similia similibus curantur*. I am on all occasions a great advocate for assisting nature, and think that the best way to do so is to use such a remedy as will produce such a state of things as nature would present *when in health*, and this view of assisting nature will, I think, bear out my treatment, as, when the efforts of nature are excessive, and therefore *injurious to health*, they must of course be controled; and here, as in my opinion the use of purgatives in cholera (if generally adopted) would be attended with serious results, I must say a few words.

If the diarrhoea is of a bilious character and attended with pain, and that there is a good pulse and foul tongue, and reason to suspect that it is caused by some offending matter keeping up irritation, and should therefore come off, I would eliminate, so far as one dose of castor-oil, or in preference some mild warm aperient, and even so, I would add a few drops of laudanum, so cautious would I be *during a cholera epidemic* of purgatives, especially saline or drastic. Dr. McIntosh, says, "he has known many destroyed by taking a laxative or emetic, and others fall into a state of collapse, while using saline medicines during prevalence of cholera;" and Dr. Laycock, in the *Medical Gazette*, says, "For my own part, I have such a dread of purgatives in Asiatic cholera that even after the patient is recovered I would allow two or perhaps three days to pass before prescribing even a gentle aperient, for fear of relapse." A case in point has just occurred to myself in hospital: a patient who had recovered from cholera, in whom the serous losses from the bowels had been, as he said, "so frequent he could not count them, before admission;" he got well, and was four days without a motion, when I ventured to give him a mild and warm aperient; the result was, it produced a return of the symptoms, and I had to treat him again in a modified form. He is now well. This I consider an important case, showing how cautious we should be in acting on a mucous surface, already over-acted on, even by gentle means, and in future I would prefer a simple warm-

water enema. In a late number of the *Medical Times and Gazette* I find observations so much in accordance with my views on the subject, that I think I cannot do better than quote them.

Speaking of the "efforts of nature," it says—"Let us see how nature deals best with poison, and how experience teaches us to treat cases in which the 'efforts of nature' may be either inadequate or excessive.

"Let us take the case first of a mineral or vegetable poison—say calomel, arsenic, or elatesium. Either of these substances, in certain quantity, sets up vomiting and purging, by which after a time 'nature eliminates the poison,' and the patient recovers; but let us suppose the dose very large, so that it gets, as we may believe, into the blood, that the vomiting and purging are intense and exhausting, does the physician aim at elimination, pure and simple? Not a bit of it; he seeks to put the patient into a state that shall render him less sensitive to the effects of the poison. He diminishes and controls the efforts of nature, so that a large dose of poison may act like a small one, and on a weak system like a strong one. The stronger the system the less violently does nature react against the poison; and that which will make a weak system act like a strong one is opium. Give repeated doses of calomel till they purge, producing, perhaps, intense tenesmus and bloody stools, and what is the treatment? Opium. Under the influence of this the poison is no more heard of; pain and discharges cease, and we may suppose that the poison eliminates itself quickly without damaging the alimentary canal.

"Let us take the case of poisons of a zymotic order—typhoid or cholera. If a moderate dose be administered to a patient in first-rate health and spirits, how does "nature" act? Why, she may not condescend to notice it. It is on patients exhausted, ill-fed, or already prone to illness, that the poison acts as a specific poison. To produce its full effect, it must provoke certain reactions in the system of the recipient; it must feed on the patient and multiply itself, and it is the weak, ill-fed, nervous, irritable, and exhausted who fall into those reactions and permit that multiplication most readily.

"Suppose, then, a population, breathing air, drinking water, swallowing dust, eating food with unwashed hands, all impregnated with cholera poison, and suffering from incipient bowel disorder. What is the indication? Is it to eliminate? Certainly not, but to recruit the forces, and to resist the action of the poison in the alimentary canal, and for fulfilling these indications the experience of half the world points to 'opium.'"

Dr. McCormac, writing in a late number of THE MEDICAL PRESS AND CIRCULAR, relates the circumstance of a house-to-house visitation in an Irish town. "Do you purge?" was the question asked, and if the answer was "yes," an opium pill was put into the respondent's throat "sans ceremony." The result was successful. The system at large, and the alimentary canal in particular, were soothed, comforted, and rested; the poison was "locked up," but could do no harm; the patient was protected. And this, concurrently with the experience of hundreds of practitioners in the last three cholera epidemics, shows that a soothing astringent and non-eliminative treatment of diarrhœa is a pretty good safeguard against the fully-developed phenomena of cholera.

With regard to "calomel," as it is still spoken of and prescribed, I must offer a few observations; and, first, I do not see how it is indicated, inasmuch as the hepatic function is not suspended. Though bile does not appear in the discharges, the liver is acting, and hence the distended gall bladder, always seen on post-mortem examinations;* the secretion is retained, not suppressed; and the suppression is the effect, not the cause of the disease.

We must first, then, cure the cause. Besides, calomel, though said to be a sedative in \frac{ij} . doses, is more or less an irritant, and those who advocate its use generally give it in small doses—they certainly steal in a little of the opium with it. Even so, calomel, in my opinion, only tends still further to promote a secretion from a membrane already too profuse.

Again, if it is "the specific action" is looked for, we all know how difficult it is to produce that, even when the absorbents are active, in a shorter time than from twenty to forty hours. I find, on reference to the "Fever Hospital Journal," that in the year 1849 a patient recovering from pneumonia, and while under the specific influence of calomel, was attacked, notwithstanding, with cholera; so much for its preventive or curative properties in this disease. Mr. Orton, in his essay upon "Epidemic Cholera in India," says—"Calomel was frequently found at the bottom of the fluid contents of the stomach, and adhering to the mucous membrane." Except in the consecutive fever, then, or in convalescence, I do not see how it is indicated; besides, it will not act until the morbid action is arrested by other means, or by the "vis medicatrix naturæ." I shall say nothing upon the application of "ice to the spine," strychnine, &c., &c., further than that I trust whatever experiments are tried they may be founded on something rational. *Stimulating* liniments or dry mustard rubbed into the spine may be useful.

A few words on Prophylaxis or preventive measures. As nothing predisposes more to an attack of cholera especially than fear (the disease being in my opinion of the nature I have stated), it is most important that the public mind should be impressed with the fact that it is within the reach of the profession when promptly and efficiently treated, and that there need not be so much apprehension in attending upon their sick friends on the scene of contagion, as in my opinion, generally speaking, it is only contagious when predisposed by fear, or from overcrowding and consequent want of proper air and ventilation, or from some depressing or debilitating cause; at all events it is not disseminated, as contagious diseases usually are, under circumstances of free intercourse. There are many proofs of its non-contagious character, which time and space do not permit me to enter upon. I shall merely mention the inefficiency of quarantine regulations in preventing its extension, and the extraordinary immunity from the disease of the nurses and medical attendants in constant contact with it, under the most unfavourable circumstances, compared with that of other contagious diseases. The shortness of the duration of the epidemic is, I think, another proof of its non-contagious nature, and the remarkable immunity of the rich compared with the poor. As preventive means, maintain the tone of the constitution and nervous system as much as possible; avoid everything tending to irritate the digestive system, particularly the abuse of alcoholic stimulants; observe regular hours, and avoid everything tending to fatigue and debilitate the nervous system, and exposure to cold or damp. Therefore, wear warm clothing, and a light flannel or silk belt round the abdomen, the great and rational object being to preserve the capillary circulation, particularly in this quarter, and thereby prevent receding of cuticular excretion to internal parts, and consequent congestion. Silk inside-clothing, as being a non-conductor of electricity, is very valuable, this essential to health being so deficient in cholera. As perspiration is the grand object to be attained in the cure of cholera, so is the preservation of the capillary circulation as a preventive to be preserved.

Diarrhœa (even of a bilious character), if excessive, should be judiciously checked; as, during a cholera epidemic, I have known it when allowed to continue soon run into serous cholera.

The necessity for cleanliness, proper ventilation, and above all things avoiding overcrowding, and the use of pure water, is so obvious and so universally dwelt on, I need only mention the fact; also the free use of disinfectants, added to the excrete, and sprinkled about the rooms—as

* Some pathologists have noticed in such cases a stricture at the mouth of the "ductus communis choledicus," preventing the flow of bile into the intestine, when pressure is made on the gall bladder.

Condy's Fluid, Carbolic Acid, McDougal's Disinfecting Powder, Chloride of Lime, &c. To insure pure water, boil and let it cool for use. Should any object (as of course they will) to these my views as to the nature of Asiatic cholera, the indications of cure or treatment, all I can say is, that both one and the other are the result of personal bedside observation, experience, and no small amount of labour; and that I am not therefore prejudiced in favour of my pathology or treatment of the disease, on any theoretical or fanciful grounds. On the contrary, should any more rational views of its nature and more successful mode of treatment in the same number of cases be shown me, I shall gladly avail myself of both one and the other. As it is, I have the gratification to feel that I have, under God, been enabled to save many lives, which, judging from past events, would have been sacrificed by other or more feeble treatment.

"Who'er thinks a faultless piece to see,
Thinks what ne'er was, nor is, nor e'er shall be."

In 1849, having published my treatment, I received a letter from a lady in Castlemartyr thanking me and begging of me "to continue to send help far and near," and stating that she had made inquiries of a clergyman in Belfast (where the cholera then raged) as to the result of the opiate treatment then adopted there, and that his reply was, that "having been one of the visiting committee of the General Hospital, sometimes passing whole nights there, in consequence of the conduct of the nurses to the patients, he had ample opportunities of judging of the treatment, and that he considered it eminently successful."

I cannot close these observations without recording a case of extremely malignant Asiatic cholera (in addition to the two already alluded to), just now convalescent in Cork Fever Hospital:—

October 25th, 1866, half-past nine o'clock P.M. Patrick Barry, æt. 15, paralyzed from birth at one side; serous purging and vomiting incessant; no pulse; surface livid; eyes sunk; no action from kidneys since the day before admission; vox cholericæ. *Hæbat pil. opii 2 (gr. iv.)*; external heat, spiced drinks and stimulants, mustard stupes, &c.

26th, half-past eight o'clock A.M. No discharge from bowels; vomiting still incessant; no pulse; no urine. *R. Pulv. opii, gr. ij.*; *sinapism epigastrio.*

Two o'clock P.M. No reaction; no purging; vomiting continues. *Hæbat mist. anti-cholericæ, ℥ss. (træ opii, ℥ss.)*

Five o'clock P.M. No pulse; vomiting quarts of serum on getting a teaspoonful of any fluid.

Half-past ten P.M. No discharge; skin icy cold; no pulse.

27th, nine o'clock A.M. No stool; vomited once since last visit; no pulse, but surface a little warmer. *Hæbat træ opii, ℥xx.*

Eleven o'clock A.M. Pulse distinct at 112, and action of heart distinct; surface warm and perspiring; slept a little; no vomiting.

Five o'clock P.M. Pulse 100; skin warm; bears everything on stomach.

Half-past ten P.M. Pulse 100; no discharge.

28th, nine o'clock A.M. Pulse 100, and fair strength; no action of kidneys, yet vomited once; no stool.

R. Spt. æth. nit.

Sp. vin. gal. aa. ʒj.

Aquæ, ʒj.

Ft. haust. stat. sumend.

Two o'clock P.M. No discharge; pulse 100; skin warm; tongue a little parched; a little fulness over pubis; catheter introduced and brought off a pint of urine (four days suppressed); gin, two ounces.

29th, eight o'clock A.M. No vomiting or purging; passed a quantity of urine; pulse 88, and strong; surface and countenance natural; convalescent.

When the primary symptoms in all diseases are made the most important, we shall then learn the advantage of

promptitude and efficient treatment, and the danger of delay and trifling practice, especially in Asiatic cholera.

If a powerful impression be not made at once, little good can be expected, so quickly does the stage of collapse set in; and it is to this fact being lost sight of—this golden opportunity lost—that the fatality may be attributed, rather than to its so-called incurable nature.

In support of my views as to the pathology and treatment of this disease, I beg to append the cases alluded to.

Want of space prevents us from publishing the cases, which shall appear in our next number.

NOTES ON
AFFECTIONS OF THE WOMB,
AND THE

PARTS IN IMMEDIATE RELATION WITH IT.

By G. de GORREQUER GRIFFITH,

PHYSICIAN TO THE FAMILIES OF THE OFFICERS OF MILLBANK PRISON;
PHYSICIAN TO THE HOSPITAL FOR DISEASES PECULIAR TO WOMEN AND CHILDREN; PHYSICIAN-ACCOCHEUR TO ST. SAVIOUR'S MATERNITY.

A CASE IN WHICH LABOUR WAS RENDERED TEDIOUS BY A BAND, FORMED OF THE MUCOUS MEMBRANE OF THE VAGINA, STRETCHING ACROSS THE POSTERIOR HALF OF THAT CANAL, INTERCEPTING THE PASSAGE OF THE CHILD.

Since my appointment to "the Hospital" I have had abundant opportunities of making vaginal and uterine explorations. In the course of these examinations I have rather frequently met with distinct bands formed of the lining membrane of the vagina, and so firm and dense that they make that canal divisible into pouches or pockets. These being arranged, in many instances, in a shelf-like manner, it is easy to understand how they become impediments to the advance of parturition, and cause a very great delay in the birth of the child.

These bands are not always mere projections of the vaginal membrane, or protrusions of the natural rugæ, which have become tough, dense (though not thick), and very slightly inelastic or unyielding, but are sometimes formed by the adjacent parts of the lining membrane becoming adherent together, so that a chamber is made to exist above and below, or between these bands, should there be more than one.

A third way in which these bands—if I may so term them—are formed is probably by the agglutination of the adjacent vaginal walls, or of the adjoining rugæ, the yielding of the plastic material by which the agglutination was effected, the subsequent development of this material into the organised tissue, and the projecting of the vaginal folds united together by it.

In this last case the band would be composed partly of the organised plastic material, and partly of the projecting rugæ or folds.

The term "band" is hardly applicable, not being sufficiently descriptive of the conformation to which I allude, and might be laid aside for the word "shelf," inasmuch as this latter conveys a more correct idea of the malformation.

My colleague, Dr. Oates, has, as well as myself, been not a little surprised at the frequency with which we have found bands or shelves.

I do not remember an instance of their occurring in unmarried women, and for the most part they were met with in women who had borne more than one child. They obtained most usually posteriorly, or laterally, or postero-laterally—that is, extending from the back of the vagina to one or even both sides of the canal, varying, according to size, from half moon shape to that of smaller segments of a circle.

I have no doubt that many of these shelves are the result of ulceration, or abrasion, affecting the cervix uteri,

or the lips of the os uteri, or both, as well as a contiguous portion of the vagina, and that as the ulceration, or abrasion, heals, the parts so contiguous become united, and form the shelf or band.

I can call to mind only one patient in whose person this thin wall or partition existed anteriorly.

Sometimes these bands or shelves exist higher up in the vagina than the level of the os uteri, and here would not perhaps be an obstacle to labour, though as the entire uterus was lifted into the abdominal cavity by the growing fœtus, the os uteri might be drawn up above the band or shelf (as the case would happen to be), and so the barrier to the birth of the child would come to be raised. It is possible that, as the vagina was elongated and stretched in the course of the growth of the child, the band or shelf might be obliterated; but, as the child descended, and the vagina became subjected to the pressure from above of the child's head, the malformation would probably again return, and the impediment to labour be created.

The shelves or bands were, however, most frequently met with either on a level with the os uteri or below it; and, when on a level with the os, were arranged in such a manner that the os could be drawn up above them, leaving them below, and capable of becoming an obstacle to labour.

I shall now proceed to relate a case in which labour was retarded and very much interfered with by one of these bands or shelf-like partitions. The history of the case is as follows:—The patient was a young and strong woman, belonging to the artisan class; she had been, I understood, in very strong labour for some time before I had been called in, and the pains had been so sharp, frequent, and strong, but withal so ineffective to expel the child, that the gentleman who was in attendance had thought it better to remain near her during the two days and nights preceding my visit, and had sent for me because he feared that the child could not be born without the aid of instruments, or the woman delivered unless at the expense of the child's life.

The general condition of the woman augured the necessity for immediate interference, and as the child was still living, the necessity was rendered the more imperative to save its life also.

The pains had become so feeble that the woman scarcely perceived them, and they were wholly insufficient for the birth of the fœtus; the vagina was hot, dry, tender, and swollen, and on passing the finger higher up there was felt a semi-lunar shelf-like curtain, formed by the projection of the vaginal mucous membrane. This I could liken to nothing else better than to the fold of tissues which connect the thumb and first finger together. It was dense, swollen from the turgescence of the blood vessels contained in it, unyielding, except so far as its turgidity could be relieved by steady, continuous pressure by which the blood vessels might be in a measure emptied. It was also dry, and instead of affording a guide to the more easy passage of the head, it was a very serious obstacle to its progression.

At first this swollen, dry, turgid, yet dense substance seemed to be the posterior lip of the os which had come down before the descending head, but on further and more careful examination I satisfied my mind that it was one of those shelf-like projections which had become altered to its present condition by the long-continued expulsive force exercised upon it.

While I was well larding the vagina and this curtain of mucous membrane which I have described, and emptying the engorged blood vessels of the latter by means of the fingers moved from side to side, a slight pain came on, and showed me at once how great had been the barrier to delivery, and how readily such barrier might be removed by proper management.

There was no undue largeness of the head of the child, no unnatural ossification of it, no deformity of the pelvis in any direction, nor, in fact, anything to account for the

delay which had occurred in the delivery, except the resistance offered to the descent of the head by the membranous curtain spread out below it, and against which the head was borne down by the contraction of the uterus.

Having applied my cold hand to the abdomen I found that I could induce uterine action, and, as I considered, sufficient to obtain the birth of the child. I therefore placed my left hand upon the abdomen, and by rubbing it with some degree of force, excited the womb to action. While the left hand was thus engaged, the fingers of the right, introduced into the vagina, were employed in emptying by pressure the turgid vessels which entered into the structure of the membranous shelf, and as soon as a pain came on it was encouraged by renewed and more vigorous friction, at the same time that the tumefaction of the membranous shelf was reduced, and, as the head was borne down by the uterine contraction, the shelf itself, which so long had opposed labour, was shifted, or, perhaps, rather pushed up over the child's head by means of the forefinger.

I now felt quite confident that the labour would be soon terminated, and encouraged my patient by assuring her that one good bearing down pain would release her from her sufferings.

Not waiting to administer ergot, I proceeded with the abdominal friction, the sudden application of cold to the abdomen, and the reducing the size of the membranous curtain; and with the return of the next pain my patient was delivered from all her anguish and her suspense.

There was no difficulty encountered in the removal of the afterbirth. The child was of a natural size, and it was evident that the only cause of delay had been the membranous shelf which I have described.

I would mention that my very first care on seeing the woman was to administer sufficient brandy and cold water to rouse the entire system to action, and to procure a more ready response on the part of the womb to any efforts which we should make to obtain uterine activity.

9, Lupus-street, St. George's-square, Belgravia.

TREATMENT OF TYPHUS FEVER BY TEA; WITH CASES.

By THOMAS WRIGLEY GRIMSHAW, M.B.,

ONE OF THE PHYSICIANS TO CORK-STREET HOSPITAL; LECTURER ON
MATERIA MEDICA IN STEEVENS' HOSPITAL.

(Continued from page 463.)

Case 22.—Bessie T.—, aged 16 years; ten days ill before admission; admitted September 26th; maculated. This case was treated with two-ounce doses of infusion of tea every three hours, and was on the way to recovery when handed over to Dr. Mason on October 1st, after which she was convalescent in a few days.

Case 23.—Eliza Ludlow, aged 20; six days ill before admission; admitted September 17th. Highest temperature, 105°, on September 24th (thirteenth day). Convalescent on nineteenth day. Treatment consisted of infusion of tea, two ounces every three hours, until the thirteenth day, when the patient got suddenly worse, and ten ounces of wine were administered on this and the following day. On the sixteenth day the wine was reduced to eight ounces, and by two ounces each successive day, until the nineteenth day, when the patient was convalescent. The tea was continued along with the wine. The head symptoms were severe on the thirteenth day, and leeches were applied to the temples.

Case 24.—Margaret R.—, a case transferred from Dr. Mason on August 31st, having had rheumatic fever, from which she was convalescent. On the 15th of September she gave symptoms of having typhus, and in a few days the disease with all its character was fully established. Maculæ appeared on the 19th. The patient was treated with infusion of tea, with some sulphuric acid added, as

there was a tendency to diarrhœa. On the 24th eight ounces of wine were given, the case not being improved. The wine was increased to ten ounces on the 28th, after which the patient improved, and the wine was at once reduced by two ounces a day until two ounces were reached, which was continued until after convalescence had taken place. The tea was continued during the whole course of the case.

Case 25.—Mary W—, aged 18; ten days ill before admission; admitted September 25th; densely maculated on admission; became delirious the following day. Tea was administered in this case, but as the wakefulness was very great, the tea had to be discontinued, after which morphia and tartar-emetie were given, leeches and a blister applied to the head, before the patient was quieted. When transferred to Dr. Mason, on October 1st, she was still delirious, but soon became quiet, and is now well.

Case 26.—Mary B—, aged 40; ten days ill before admission; admitted September 12th; maculated. This case appeared to be recovering when admitted, as the spots were fading, and the temperature falling. Owing to the weakness consequent on removal from her home, she was given four ounces of wine, which was continued for two days. She was otherwise treated with two-ounce doses of infusion of tea every three hours. Convalescent on the sixteenth day.

Case 27.—Patrick B—, aged 39; six days ill before admission; admitted September 1st; densely maculated with large dark spots; cold when admitted, but easily warmed by hot jars and blankets; quite stupid, and could not be moved; pulse 90, but very weak. Infusion of tea, three ounces every third hour; wine, eight ounces. The tea was continued until convalescence took place on sixteenth day. The wine was increased to ten ounces on the twelfth day, and then gradually diminished to four ounces when convalescent. This was an unusually severe case of typhus, and at first there were slight hopes of his recovery.

Case 28.—Anthony M—, aged 20; eight days ill before admission; admitted September 3rd; maculated; complaining much of head, to which leeches were immediately applied. The highest temperature, $104^{\circ}5$, was reached on the eighth day. Complicated with some bronchitis. Treatment—Three-ounce doses of infusion of tea every three hours, until the thirteenth day, when four ounces of wine were given, as the case had assumed a very severe aspect, and the pulse became very weak. The wine was gradually increased, until it reached sixteen ounces on the seventeenth day; after the eighteenth day it was diminished. The patient was not convalescent until the twenty-fifth day. This was as severe a case of typhus as I have seen recover.

Case 29.—Mary G—, aged 38; five days ill before admission; admitted September 1st; densely maculated with very large spots. The patient was a very fat woman. Bronchitis became a very urgent complication towards the close of the case, being most so after the typhus symptoms had begun to subside and the spots were fading. This case was treated with tea and wine until the spots had disappeared, after which attention was directed to the bronchitis alone, which was treated with turpentine. Wine was given on the fourteenth day to the amount of eighteen ounces; later on the wine was almost totally replaced by whisky. The highest temperature, $104^{\circ}15$, was reached on the eighteenth day, and the patient was convalescent on the twenty-fourth day, the convalescence of the case having been prolonged by the bronchitis.

Case 30.—John R—, 15 years of age; ten days ill before admission; admitted September 21st; densely maculated; temperature $104^{\circ}5$. Treated at first with infusion of tea; but the patient being seized with cholera on the fourteenth day, it became necessary to add whisky and wine to the treatment; the former was administered in ounce doses made into punch every two hours, the wine was given to the amount of twelve ounces per day. The case, which is detailed in THE MEDICAL PRESS AND

CIRCULAR of October 31, was also complicated with abscess of the left parotid and hypopyon of both eyes.

Case 31.—Laurence F—, aged 34 years; eleven days ill before admission; admitted September 11th; densely maculated with large dark spots; highest temperature on thirteenth day. The patient was convalescent on the twenty-second day. Treated with infusion of tea, three ounces every three hours, wine six ounces, whisky two ounces. This was a severe case, which had been neglected before admission.

Case 32.—Thomas K—, aged 30 years; stated to be five days ill before admission, but probably eight or nine days; admitted September 24th; looked like a patient who had had cholera. Given large quantities of tea, wine, and whisky, without any improvement. Died on October 30th.

Case 33.—Robert M—, aged 30; fourteen days ill before admission; admitted September 21st; a few rose spots on skin, which afterwards increased in number; pain and gurgling on pressure in right iliac region; no diarrhœa; diarrhœa supervened to a very slight extent on the 27th. Treated with infusion of tea, with two ounces of dilute sulphuric acid added to each eight ounces, an ounce every two hours. On the occurrence of diarrhœa, solution of muriate of morphia, thirty minims, was added to the eight ounces of infusion of tea. The patient was convalescent on October 3rd.

It will be seen from the foregoing cases, that twenty-one cases of typhus were successfully treated by tea, without any other internal remedy of importance; and that some of these cases were of a very severe character. Case 1 got a little wine, but not sufficient to be considered as having any effect on the result of the case. Of the remaining cases, Case 23 got ten ounces of wine for a few days, but the quantity was immediately lowered; Case 24 got ten ounces of wine, for one day only, after which it was quickly reduced. In Case 25 the tea was found to disagree, and had to be discontinued; in Case 26 only a small quantity, four ounces of wine daily, was given. Case 27 got ten ounces of wine for one day, but it was also rapidly reduced. Case 28 got large quantities of wine, but this was a remarkably severe case. Thus we have six cases treated with wine and tea both, but in most of these cases only a small quantity of wine was given. Cases 29, 30, 31, and 32 got whisky in addition to the wine and tea, the two former on account of the peculiar condition of the cases; the two latter, on account of complications arising during their progress; but even in Case 30 the wine and whisky given were not in any great quantity. Case 33 is the only case of typhoid I have had an opportunity of trying the tea treatment upon, and, of course, being a single and not very severe case, the results are not sufficient to found any conclusions upon.

On the whole, the cases detailed, although not very numerous, show unusually favourable results in the treatment of fever, only one death having taken place in thirty-three cases. The success attendant upon the treatment is, I think, quite sufficient to justify the further trial of tea as a remedial agent in typhus and allied diseases.

I do not by any means wish to affirm that tea, and tea alone, will be found a "specific for fever," and that all cases can be successfully treated with it as a single remedy, but I believe that many cases can be so treated, although many others will require other remedies of a more powerfully stimulating nature. Tea will also be found to be a valuable adjunct to other remedies, as has already been shown by other observers.

I at first thought of employing caffeine, the active principle of tea and coffee, instead of infusion of tea, but found it too expensive and difficult to procure for use in hospital practice. I believe that a fluid extract of tea, deprived of its astringent matters, will be found the most convenient, and at the same time cheapest mode of administering tea as a therapeutic agent.

E C Z E M A .

If we can proceed on some sure grounds, we who through the whole day are engaged in the regular practice of medicine, the feeling of confidence which accompanies us all along relieves the mind of the largest share of what is called the harass of practice. Now, certainly, of the many disorders which fall within the daily medical treatment of every practitioner, those which arise from faulty or unhealthy quality of the blood are of constant occurrence.

In early life we know that heated states of blood quite short of any disease give rise to feverish attacks, bilious congestion, excitement of the brain, and a variety of the illnesses which we treat in children.

These "attacks" of disorder, as they are often called, appear mostly at the return of changeable damp seasons, or are felt more when the air is oppressive and loaded with moisture, chilly seasons of the year, repelling the perspiration from the skin, and throwing back on the feeble digestive organs the superabundance of the fluids in the circulation and in the blood generally. Now, as far as the period of infancy and childhood extend, this state is always relieved by acting on the various excretory organs freely—the liver, the skin, and the kidneys—or by emetics, as the old treatment was in the days of our ancestors. But also sometimes the nervous system becomes irritated, the excitement of the brain giving rise to spasmodic croup and irritable states of the mind and temper, which are the greater part of the sufferings of this earlier period.

And now, following upon this arrives the time of rapid growth, with a fresh and healthy impulse, youthful expansion of mind, and wider scope for exercise, acting most beneficially, it is said the youth has quite got over these attacks. Ourselves, fully comprehending the origin and principal cause of this class of disorders in children, we are at ease as to the result, and able to lay down a plan of treatment which will have the character of system and progressive advancement, both advantageous to the patient and to ourselves, pleasant from the confidence with which the treatment is carried forward.

But where the internal organs are weak and heated, though not thus oppressed, and eczema decidedly appears on the skin in children, then this class of aperiens which open and act on all the excretory organs is not required or to be made use of only most sparingly, for there is too great exhaustion going on from irritation. The painfully excited heat on the surface, taking down all the strength and power; and this great debility it is also really an object to remove. We cannot, however, act at all on a plan which will heat the blood; we cannot advance to this point. We must meet this difficulty half way, and endeavour to make out a plan of treatment which can supply the full amount of nourishment with the least possible irritation, heat, or excitement of the circulation. The watchful care of good nursing does the most in all cases of irritation, taken in the largest sense, it is a principal blessing and advantage—amply observable by all who are engaged in the treatment of this class of disorders specially. In its measure, indeed, we cannot fail of success, wisely to minister to the mind acted upon through the pressure of the outward natural body. Good nursing is certainly allied to good affections, and the best nursing to the best affections; for to sooth the mind of the sufferer from eczema is most essential always, and to use outward soothing applications, simple in their kind, forms a useful part of the treatment. Now, for a young patient, any one can get fine oatmeal, boil a large handful in water, adding it to each bath. This is a capital application afterwards, and at all other times. Thus, warm at the fire

℞ Hydrag. puecip. albi. ℥iv., sometimes ℥ij.

Ol. olivæ ℥iv.

Ol. verbena ℥j.

To apply on fine linen often.

There may be some advantage from a solution of bi-

borate of soda in elder flower water and glycerine, but the white precipitate liniment has the best effect. For the digestive organs nothing should be given to heat or clog them; as little sugar as can be used generally. Cod liver oil is certainly found in the Hospital for Skin Diseases very useful in this respect, that entering the circulation easily, it decidedly conveys nutriment to the skin, and it certainly fattens the tissues of the skin and of the whole body. If a little cod liver oil and some excellent cream and hot water are all shaken well together in a bottle, they are very good food, and do well for a time, but perhaps after a while the cream and the hot water and some rusks are preferred, but cream is always a capital form of nourishment. Gelatine and calves feet and broth are always light and wholesome food. Indeed, to express all in few words, it is evident that to nourish, while at the same time the blood is made of the least stimulating quality, and formed from food which least excites heat in the circulation, such a plan suited to each particular case affords the most reasonable hope of recovery.

Thus, melted isinglass can easily be put into thin broth, and toasted roll is light and can be made dry like rusk, and is very light of digestion. It is, perhaps, scarcely justifiable to mention food so largely and medicine so little; but it is obvious that the large quantities of stiff arrowroot and milk, and basins of meal and milk, good for stout children, are the continuance of disease in eczema.

M.D.T.C.D.

November, 1866.

Hospital Reports.

SIR PATRICK DUN'S HOSPITAL.

CASE OF LEAD PARALYSIS TREATED BY ELECTRICITY.

(Under the care of Professor BANKS.)

[Reported by Dr. WALTER SMITH.]

WILLIAM SHEFFIELD, aged 56, and married, by trade a house-painter, and a resident in Dublin, was admitted into Sir Patrick Dun's Hospital on the 10th of May, 1866.

At the time of his admission he was found to be labouring under partial paralysis of both upper extremities. It appeared that for the last forty years the patient had been engaged in painting, papering, or colour-grinding, and had colic twice before his present attack. He is a man of large build, and was always of very cleanly habits, at all times paying particular attention to his ablutions.

The first attack of colic took place about twenty-five years ago, and the second about nine or ten years subsequently, since which time he suffered nothing from the effects of the lead working. The right arm is the one principally affected; but the ring finger is affected in a marked manner on both hands. There is not complete drop-wrist and turning in of the hand. About a fortnight before his admission to Sir P. Dun's he had left another hospital, where he had been under treatment for a month, without deriving any benefit from it.

May 12th. Faradisation was applied for the first time to the right upper extremity. The muscles responded freely, and the patient did not complain of pain, even from a tolerably strong current. No medicine was given, except cardiac mixture.

14th. Electricity was applied to both arms, and already the patient considers that in the right limb he has more power over the fingers, but this may be ascribed to his present good spirits, as compared with his previous state of anxiety. As an instance of marked improvement, he can now button his shirt more readily than before.

16th. He can extend the ring-fingers much better, and can lay his hand flat against the wall—a feat he found difficult to accomplish at first. The current being applied

to both arms again, he feels that there is "more substance" in the muscles now.

19th. He is decidedly improved, and writes much better. The muscles of the right thumb, which were considerably atrophied, have now nearly regained their natural bulk and firmness, and he raises his arms with much more vigour; electrification continued; also the cardiac mixture, but no other medicine.

21st. Electrified both limbs again; his writing, which on admission was almost illegible, is now much firmer, and is easily read; he is improving in every respect.

23rd. Electricity continued, with most marked signs of benefit, with the exception of the ring fingers; he can now extend both hands readily; there is increased power in the deltoid muscle; he can write quite well.

25th. Both shoulders are quite strong now, and having for the first time since his admission attempted to shave himself, he accomplished that operation without any mishap; the left arm has recovered its strength, save in the ring finger; the right wrist is still weak, but is otherwise much better; the Faradisation was continued.

28th. Improving steadily.

June 1st. Electricity continued; he was able yesterday for the first time to shave easily with *one* hand; to-day he can hold a basin out straight in his right hand, while a few days ago he could not venture to lift it off the table.

4th. Continued electrification, with marks of progressive improvement.

7th. The electrification was applied for the last time. He has almost completely recovered the use of his fingers, and as he was anxious to go home, he was allowed to leave hospital, with directions to call on the 13th of June to report progress.

13th. He came up to hospital; he is gradually recovering the full use of his hands, and is now able to extend the ring finger of the left hand and keep it on a level with the others. He was cautioned against resuming work too soon; but as his means of livelihood depend on his occupation as a house-painter, he cannot refrain very long.

ST. MARY'S HOSPITAL.

HYDROCELE AND ITS TREATMENT.

By Mr. HAYNES WALTON,

SURGEON TO THE HOSPITAL AND TO THE CENTRAL LONDON
OPHTHALMIC HOSPITAL.

THE following is the summary of a clinical lecture given at St. Mary's Hospital, by Mr. Haynes Walton, in his course of clinical instruction:—

Mr. Walton commenced by telling his class that these lectures should always be strictly clinical, and based on the diseases of patients who had passed under their notice in the hospital. In the present instance he should take the subject of hydrocele, as he had recently operated on a case of this nature, and, as they might remember, he had made frequent remarks on the patient, and promised further detail in a lecture.

He gave a definition of hydrocele as a fluid tumour of the testicle or of the spermatic chord, and proceeded to speak of "Vaginal Hydrocele"—that is, hydrocele of the tunica vaginalis, and divided the varieties of this into the simple and congenital. He gave a sketch on the diagram slate of the several complications of hydrocele; but said that at present he should not go into those, though in a future lecture he would run through them.

He gave an anatomical exposition of the tunica vaginalis and its relation to the testicle, and illustrated what he said by some recent specimens. He showed from some pathological preparations the effect of inflammation on the tunica vaginalis and on the epididymis.

He showed also how it was that the body of the testicle

escaped when these parts were inflamed, namely, because it was surrounded by a dense fibrous covering which put a check to a continuation of the morbid action.

Vaginal hydrocele was decidedly a chronic affection, and the fluid of which consisted of water, albumen, uncoagulable matter, salts, and sometimes cholesterine.

The position of the testicle in hydrocele was one of importance. It was nearly always situated behind, and a little below the centre of the hydrocele, a preparation illustrative of which was exhibited. But there were varieties in the position arising out of adhesion between the tunica vaginalis; out of a multilocular condition of the tunic; and sometimes out of a mal-position of the testicle, by which it is reversed, so that the testicle might also be at the bottom of a hydrocele, at the top of it, on either side, or in front.

He considered the causes of hydrocele to be essentially of an inflammatory nature, having their seat either in the tunica vaginalis, or in the epididymis. He next passed to the physical characters of hydrocele, which he illustrated by a patient whom he brought into the theatre, and dwelt particularly on the difference in diagnosis between a hydrocele and an inguinal hernia. In the former the spermatic chord could nearly always be felt above the hydrocele, except in those rare cases, in which the hydrocele was prolonged close up to the inguinal ring; and there was no impulse given to the tumour in coughing. In hernia the swelling commenced in an opposite direction from above, and was usually largest in that direction; it received an impulse in coughing and did not conceal the testicle, which could always be felt at the bottom, except in congenital hernia. He should not at present, as before intimated, speak of the complication of hernia with hydrocele, but merely pointed out the difference between them. But the most important distinction was to be found in what was called the "light test," the examination of the hydrocele by transmitted light in a dark room, the manner of applying which was there shown. He advised this light test to be applied in all cases of doubt, as it would always give the translucent appearance except where the tunica vaginalis was thickened—a rare occurrence. He thought it better to look through a tube, as a stethoscope, for instance, when using the light.

The distinction between soft cancer, melanosis, and hydrocele was descanted on. He recommended an exploratory puncture to be made where there was doubt; and, he added, if you have doubt as to whether it be a hydrocele or a hernia, do not make a puncture, but a small dissection, as if you were going to operate for a hernia, and then you can do no harm, if a hernia be present.

Next followed the treatment, palliative and radical. The palliative was the mere tapping. The other was the process of exciting inflammation. For infants he recommended a kind of middle course; it was to puncture the hydrocele with a fine instrument, and allow the fluid to infiltrate into the scrotum, as that generally resulted in an easy and speedy cure. He thought this better than making the scrotum sore by any of the various blistering agents. The best plan of drawing away the hydrocele fluid, by tapping, was shown, and the danger of wounding the testicle or the chord was mentioned, and the avoidance of it advised by ascertaining, as far as may be, the position of the testis by touch, as pain was usually produced when it was touched, and by the light test. Respecting the radical cure, he said there were diversities of ways in bringing this about, as few subjects in surgery had received so much attention from remote antiquity to the present time. For years the seton had been applied. The same had been the case in the excision of a portion of the tunica vaginalis; in the use of the tent; the application of escharotics, and lastly the injection. The latter was the modern process, and for this different kinds of irritating substances had been lauded. The latest fashion embraced tincture of iodine, but the fact was, that there was no limit to substances that might be used with effect. He, himself, knew most of the result of the sul-

phate of zinc, which he employed of a strength of four grains to an ounce of water.

The after-treatment consisted almost entirely of rest of the patient; for it was seldom there was an excess of action, but generally the contrary, a want of it.

The treatment of congenital hydrocele was different to the above, in so much as it would endanger life to inject the hydrocele when it communicated with the cavity of the abdomen. It had been doubted whether these were cases of hydrocele at all, but rather supposed to be simple gravitation of fluid from the peritoneum. At all events, the right thing was to apply a truss to the external abdominal ring, the presence of which usually caused adhesions of the sides of the communicating aperture, which was always small; and this had the advantage in addition of preventing a hernia. As the hydrocele usually disappeared when the communication between the testicle and the belly was closed by the sides of the peritoneum adhering, there seemed to be some truth in the supposition about fluid gravitating from the peritoneal sac.

When the hydrocele did not subside under these circumstances, the injection might be used.

(To be continued.)

THE LONDON INFIRMARY FOR EPILEPSY AND PARALYSIS.

(Under the care of Dr. ALTHAUS.)

WITHIN the last few years several observations have been recorded showing that the sentient nerves, arising from the posterior roots of the spinal cord, are not indiscriminately endowed with the capability of conveying all the different kinds of sensation, but that there are special sets of nerves for the perception of pain, of temperature, of pressure, of tickling, of touch, and of locality; and that in certain affections of the nervous centres one or several of these different sets of nerves may have lost their vital properties, while others remain nearly or even quite unaffected. Thus Dr. Althaus has shown, in his paper on progressive locomotor ataxy, that in this disease sensibility to pain and the sense of touch may be diminished or gone, while the sense of temperature may be as acute as ever, and *vice versa*. Some cases of paralysis, which were lately under the care of the same gentleman at the London Infirmary for Epilepsy and Paralysis, point to the conclusion that that which holds good for the sentient nerves is also to a certain extent the case with the *motor nerves, which have to be subdivided into three different sets, as regards their relations to Faradisation, Galvanisation, and volition*. This discovery seems to be not only of pathological importance, but also opens up a prospect of therapeutical progress in cases which have hitherto appeared most intractable.

Jane B—, aged 62, a widow; had a first attack of hemiplegia about four years ago, from which, however, she soon recovered. In March, 1866, she had a second seizure, which was of a more severe character, the patient being unconscious for two days, and being completely paralysed in the left side for two months. At present (July 11th), the face and the leg have recovered—the former completely, the latter to a great extent; but the left arm is entirely useless, as only a very slight swinging movement in the shoulder-joint is possible, while the arm itself, the forearm, hand, and fingers are perfectly immovable. On applying Faradisation to the muscles, it appears that the serratus and the trapezius answer slightly to the stimulus, while all the muscles from the acromion downwards, have completely lost their excitability. Galvanisation of the nerves and muscles of the upper extremity, by a continuous current of from twenty-five to forty-five cells of Daniell's battery, has the same negative result. On the other hand, sensation is scarcely at all diminished, and the paralysed arm is 0°9 F. warmer than its fellow. The bulk of the two arms is almost exactly alike. The patient was put on a course

of iodide of potassium and hypophosphite of lime, under the influence of which her general health greatly improved. After two months, however, there was no change in the motive power of the arm. It was then determined to resort to Faradisation. The muscles even now appeared to be perfectly dormant under the Faradic stimulus, not the slightest contraction being produced by the application of a powerful current, which, however, was very distinctly felt by the patient. But from this time a marked and sudden improvement took place in the mobility of the arm, hand, and fingers, as well as in the response of the muscles to the continuous galvanic current. On October 9th all the muscles answer to the continuous galvanic current, on closing as well as on opening the circuit, yet the interrupted Faradic current even now produces no contraction in the muscles. The patient is now able to dress and feed herself, to do work about the house, &c., and is, at her desire, discharged.

Case 2.—George W—, a cobbler, aged 44; admitted on April 25th, 1866; has for the last ten weeks suffered from paralysis of the right portio dura, which he ascribes to having got wet through, and been exposed to a cold draught in a doorway. He is unable to close his eye, to laugh, or to whistle; the right nostril is "shut up," and he has great difficulty in speaking and swallowing. He complains of headache and occasional attacks of vertigo; otherwise he is in good health. Faradisation produces no contraction in the muscles of the face, even if a strong current be used; while a continuous galvanic current of ten cells of Daniell's battery causes muscular contractions on closing as well as on opening the circuit. This patient got quite well under the influence of the continuous current, and on being discharged, on June 27th, not only was the voluntary power over the facial muscles re-established, but these were also again influenced by Faradisation, entirely in the same manner as the muscles of the healthy side. Thus, in the former case, Faradisation served to restore those motor nerves which obey the orders of volition and of Galvanisation; while, in the latter case, Galvanisation restored those motor nerves which obey the orders of volition and of Faradisation.

A somewhat similar result has been noticed in several cases of lead-palsy, where those motor nerves which obey the orders of Faradisation had entirely lost their power, while the will and Galvanisation continued to exercise a feeble influence on the extensor muscles of the forearm. In these cases the internal use of iodide of potassium, together with Faradisation and Galvanisation combined, produced the desired result.

THE MEDICAL CLUB.

A MEETING was held at Hanover-square Rooms on Thursday, November 8th, with the object of establishing a club in London, for the social intercourse of members of the medical profession, British and foreign, to promote and maintain a mutual interest and fellowship between them, and to cultivate friendly relations with men of art, science, and letters, Sir WILLIAM FERUSSON, Bart., in the chair.

On taking the chair,

Sir WILLIAM FERUSSON stated that he presumed they were all aware of the object of the meeting, as they must have seen the advertisements in the daily papers and journals, and notices which, doubtless, all of them had received, as they were met with the purpose of establishing a club, similar in most respects to those great institutions which formed a peculiar feature of modern civilization. Most men were familiar with the peculiar features of modern clubs. Perhaps the oldest institution of the kind had not reached the age of half a century—he meant those larger buildings and aggregations of men, which constituted the so-called clubs of modern days, not those such as in Dr. Johnson's time, and of a prior date, which were limited to small numbers. He had nothing to say against such small clubs as those referred to, and was aware that many of them flourished vigorously even at the present time; but it was

the object of this meeting to give origin to a club which should, like others, be constituted of many hundreds, and that the prevailing element in it should be, that it would be chiefly constituted by men belonging to the medical profession. As some of the resolutions to be laid before the meeting would show, it was the earnest wish of the promoters of this scheme that men skilled in literature, art, and science at home should be associated in the movement. A proposal like the present was by no means new, for it had often been talked of in bygone years, but nothing had been seriously attempted until the present movement. He had often wondered, whilst clubs of the kind were arising in all directions, and under a great variety of auspices, that no effort had been made in the medical profession to develop such a scheme. Considering that in Her Majesty's dominions and dependencies there might be not less than twenty thousand members of that profession, it seemed to him remarkable that no such effort had been made. There were probably fourteen or fifteen thousand of the profession who were within easy reach of London, many of whom visited the metropolis once or oftener in the course of the year, and might avail themselves of the advantages of such an institution. There were thousands within the circle of London and its immediate neighbourhood who could hardly fail to take interest in it, and yet it seemed to him curious that five hundred or a thousand of these gentlemen had not joined in the formation of one. Looking to the fact that the medical profession was composed of highly educated men—educated in science perhaps beyond any other section of the community, and to the influence that it had in social life, as also the fondness of its members to associate cordially with educated men in other walks. He expressed astonishment that a movement like the present had never taken place before. It was now for the meeting to declare for or against the movement, and, for his own part, he did not see why the utmost cordiality should not prevail. He had a firm impression that out of a profession so large in numbers—some five hundred—one thousand or more would come forward and at once confirm the objects of the present movement. It could not be overlooked that the medical profession, in regard to social habits, stood in a different position to all others. In most of these the time for work as well as for leisure was perfectly known and arranged. A man could tell to a nicety when he was to be engaged and disengaged, but it was a feature with numbers of the medical profession that they held themselves at the call of the public at any minute, day and night. It was a feature in the profession of which we were proud, for we were gratified that our aid and skill should ever be of avail in behalf of our fellow-creatures at a minute's notice. He most cordially entered into this view as of leading interest, when applied to the mass of the profession. In particular, it was incumbent upon those beginning their career of labour, that they should hold themselves thus engaged day and night; but a man at forty-five was in a very different position to a youthful aspirant. Two-and-twenty or thirty years of active labour might make a man feel disposed for some independent relaxation. Then, he might long to associate more cheerily than ever with his contemporaries, many of whom had run a similar course, and the amenities of life might then appear more desirable. The members of the profession had often painful scenes and circumstances before them. They had to witness the distresses arising from bereavements in families, and frequently they could not for a time shake off such dismal impressions. Yet, they had their moments of happiness as well. It was peculiarly their office to be the first to offer congratulations on the arrival of a "little stranger," and often they had it in their power to relieve the anxieties associated with accidents and disease. Notwithstanding the intensity of his occupations, he did not see why a medical man should not have his social moments as well as others in the community. Considering the drudgery (if he might say so without offence) that all had to go through in early life—for example, the trials of the dissecting room and all others—before he could get a diploma or degrees, and looking to his anxieties in early life, he did not see why some social relaxations should not fall to the lot of the members of the profession to which they all belonged. A period might arrive in the life of any one when this might be desired, and such an institution as that about which they were met gave the desired opportunity. Even in the midst of all the anxieties

peculiar to the profession, he had often been pleased and gratified to witness how these might for a time be cast aside when members met in social intercourse. Much more that he might say would come better in association with the resolutions which would now be laid before them, and apologising for thus detaining them, he would now limit himself to the proper functions of the position which he had the honour to fill.

The Chairman then called upon the Honorary Secretary, Dr. Lory Marsh, to read the report, of which the following is a copy:—

The establishment of a club in London, for the social intercourse of members of the medical profession of this and other countries, has at different times engaged a considerable amount of attention. Almost all agree that such a club would be a great convenience; and as it is proposed to include as members gentlemen connected with other scientific societies, a further advantage will accrue by the cultivation of friendly relations with men of art, science, and letters. At present the number of members enrolled is upwards of three hundred, and doubtless many are waiting to see the local habitation of the club settled before joining. In this as in other clubs, the amount of entrance and subscription will be increased so soon as the opening of the club is decided upon; when opened, it is proposed to be worked on the proprietary principle, so that members shall not incur any personal pecuniary liability beyond the amount of their entrance and subscription.

All existing clubs are designed more or less with a view to the special convenience of some particular class of members. None of them, however, afford those conveniences which it is confidently anticipated a club of the nature we now propose to establish will possess. The club would require to be moderately economical. Members should in all cases be allowed to introduce their friends as visitors. Many of the members would reside out of London, and it is desirable they should, if possible, be provided with sleeping accommodation, so that they might find at the club a genial and comfortable home.

As the members would frequently require to meet for the purposes of professional consultation, rooms would be set apart during a portion of the day for that purpose, and separate lockers would be provided for members using the consulting-rooms, where instruments, or apparatuses, &c., might be safely secured, so as to afford all the advantages an independent house could supply at a comparatively trifling cost. Of course the club would supply the ordinary conveniences of such a place of resort. It would possess a reading-room, refreshment-room, and library, &c. These are some of the advantages the promoters propose to accomplish by the establishment of the new club.

The movement has been carried on thus far without incurring any preliminary expenses beyond those necessary for printing, postage, and advertising. A favourable opportunity now offers of opening the club in the neighbourhood of Cavendish-square, and to enable the committee to carry out the necessary arrangements, it is important that gentlemen desirous of joining should send an early intimation of their intention of so doing either to a member of the committee, or to the Hon. Secretary.

The following resolutions were afterwards put to the meeting and adopted.

First—"That in the opinion of this meeting, it is desirable to establish a club in London for the social intercourse of members of the Medical Profession, British and foreign; to promote and maintain a mutual interest and fellowship between them, and to cultivate friendly relations with men of art, science, and letters."

Second—"That the club be called the Medical Club, but that it be competent to elect as members gentlemen connected with literature, science, and art, as well as members of other scientific societies. The election in all cases to be by ballot."

Third—"That a committee be formed, consisting of the following gentlemen, with power to add to their number, viz.—Sir W. Fergusson, Bart., London; Dr. Farquarson, Coldstream Guards; Mr. Clement, M.P., Shrewsbury; Mr. Probert, London; Dr. Bell Fletcher, Birmingham; Mr. Grigg, R.N., Greenwich Hospital; Sir Charles McGrigor, Bart., London—to settle the rules, to determine the amount of the future entrance and subscription, and to take the necessary steps for opening the club as soon as practicable, it being distinctly understood that, previous to their

adoption, the rules shall be revised by counsel, so that members shall not, under any circumstances, be rendered liable to pay more than the amount of their entrance fee and subscription."

Fourth—"That a copy of these resolutions be forwarded to the members of the club, with a request that they will circulate them among their friends."

The proceedings concluded with a vote of thanks to the Chairman, who, in acknowledging it, proposed a vote of thanks to their indefatigable Hon. Secretary, Dr. Lory Marsh, which was also carried by acclamation.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 14, 1866.

THE VISITATION OF EXAMINATIONS.

ANOTHER Medical Session having now fully come into existence, and the attention of hundreds of Medical Students in the three divisions of the British Empire being necessarily fixed upon the ordeals which they must all undergo before they can receive their titles to practise, the efficiency of the different Examining Boards again becomes a question of absorbing interest; and while, perhaps, the minds of some of the aspirants are veering towards those quarters where they think Licences or Diplomas can be most easily procured, it is precisely to those very same quarters that the most jealous scrutiny of the senior and more thoughtful members of our body is directed. It is, in fact, egregiously unfair, especially now when all professional distinctions are levelled by the Medical Act, if the same Diplomas and Licences, which are procured only with great expense and difficulty at some places, should be obtainable on cheap and comparatively easy terms at others. The Medical Act has unquestionably done something to elevate the tone of the examinations in general; but it has hitherto been powerless to compel particular institutions wholly to accommodate their systems of education and examination to the improved condition of medical science and practice in the present day.

It is needless to recapitulate the difficulties encountered by the Medical Council in grappling with the problem thus proposed for its solution, many of the difficulties being intrinsic in the Council itself, most of the members of which are the paid officers, and the thick-and-thin advocates of the very institutions which stand in need of reform. The best course to pursue in the first place is undoubtedly that lately proposed, but not yet sufficiently carried out—namely, to appoint delegates to visit the different Examining Boards while the examinations are in progress, and to report honestly and impartially upon the facts they witness; adding their opinions as to the extent to which each Board discharges the duties entrusted to it, or how far it falls short of the requirements of the Medical Council.

But the Medical Act, while it clearly enjoins this duty upon the Council, has provided no machinery for

carrying it into operation, and, consequently, the Council is obliged to do the work itself as well as it can; and we not only fully understand the objections which have been raised against the efficiency of the present plan, but we can appreciate the feelings of reluctance which have been manifested by some members of the Council to undertake the invidious and often unwelcome duty thus imposed. It is a notorious fact, that the members of the Council are far from being agreed upon any common principle of action, and they differ from one another on almost every conceivable point of detail, although perhaps they may profess to entertain the same general views; and, moreover, it is not too harsh a remark to make, that not only are many of them opposed to one another in consequence of conflicting interests, but a few are actuated by something like personal animosity. But not only do national prejudices and jealousies run high in this select assembly of the Medical Profession, but even the representatives of the same nation are often more violently opposed to each other in their sentiments than they are towards those of a different country. Hence it is almost absurd to expect that a Visitation of Examinations conducted by the Council itself can be efficient, for either there will be a tacit understanding on all sides to conceal the real opinions of the visitors, or the reports will exhibit the personal prejudices or partialities of the reporters. It may fairly be doubted, too, whether all the members of the Council are competent to give authoritative opinions upon the points submitted to their judgment, for, without meaning any offence, we may remark that some of the nominees of the different corporations by no means occupy the same exalted position in professional esteem as that which is accorded to them by their own constituents, and even some of the more distinguished among the number are crotchety and impracticable both in their views and in the methods they propose for advancing them.

In some cases, again, the proposed Visitation of Examinations is either altogether superfluous, or it must necessarily degenerate into a mere farcical formality. We can conceive no possible good to result from sending (as it is proposed to do) Dr. PAGET, of Cambridge, to visit the Medical Examinations at Oxford, and Dr. ACLAND, of Oxford, to visit those at Cambridge; not because we disbelieve in the perfect integrity of either of those gentlemen, but simply because the examinations at both these seats of learning are very efficient, and, what is more, because they closely resemble one another. Let Dr. ACLAND and Dr. PAGET be sent to the Edinburgh or Glasgow University, and let Mr. SYME and Dr. ALLEN THOMSON be sent to Oxford or Cambridge University. In the diversities of education and examination existing in the respective institutions there would arise much material for useful reflection, and, as far as medical education is concerned, perhaps one institution might derive some valuable knowledge from another.

THE SCHOOL OF PHYSIC IN IRELAND.—III.

IN our last number we discussed the professorial arrangements of the School of Physic, and we now proceed to make some remarks on the clinical part of this School.

Sir Patrick Dun's Hospital was intended to be a copy, on a small scale, of the Royal Infirmary of Edinburgh; and hence we find that several of its clinical arrangements are based on that model. The Act of Parliament under which it was founded intended that it should provide accommodation for 100 patients, for whose medical attendance it made no provision. From these patients were to be selected certain cases for clinical observation in the shape of lectures; and these lectures were to be given by the Professors of the School of Physic. The treatment of surgical cases was not contemplated by the Act. Almost immediately after it had been opened, the Board of Governors—of whom more hereafter—had to appoint salaried Physicians in Ordinary to attend the greater part of the patients, leaving the Clinical Wards, which were closed, save during the Medical Session, to the care of the Clinical Professors. These wards, containing the cases selected for clinical purposes, were small, and were designed only for thirty patients.

The Clinical Instruction was at first, and for a long time, only given during the winter six months; but subsequently it was extended to the Summer Session, as at present. In 1865 it was resolved, with the consent of the College of Physicians, to admit surgical cases, and to give instruction in Clinical Surgery. This idea was not new. The teaching of surgery was part of the programme of education directed by Sir PATRICK DUN himself (see his "Memoir," by Dr. Belcher, page 50), in accordance with the then prevailing notion, that it was part of the Science of Medicine—an opinion which is again becoming fashionable; and so early as the year 1824, the late Dr. GRAVES proposed it in connection with this Hospital, but his proposal did not at that time meet with approval. Since then, however, the times are changed; and Sir PATRICK DUN's is now a Medico-Chirurgical Hospital, with a good Medical and Surgical Staff, and with a local situation which, however inconvenient it may have been as a place of meeting for the College of Physicians (who, as they were left DUN's house to meet in, had substituted the hospital for it as its legal representative), yet proved to be just the place for a Medico-Chirurgical Institution. It now became necessary to divide the Clinical Teaching into Medical and Surgical, and this was done by the consent of the Professors themselves. The Surgical portion was undertaken by the Professor of Anatomy, by the Professor of Surgery, who had long been Surgeon to the Hospital, and by the University Anatomist, who was elected Surgeon ex-officio. Instead of the ordinary system of having Resident Pupils, two Resident Medical Scholars were chosen, and the Board of Governors decided that the two Senior Medical Scholars of Trinity College

should in future fill these offices, ex-officio. The present Clinical system, not being that exactly contemplated by the Statute, is accompanied by inherent defects, by reason of which, except by an amended Act, it cannot work well in future. Except the Professors be specially chosen for Clinical merit—a thing not to be expected in all cases—it must fail, except it be supported by the good will of the Professors themselves. The Board of Dun's Hospital have no power over the original Professors, while they have power over the Professor of Surgery and the University Anatomist. The latter officer, it is obvious, may not in future cases be a fit person to be an Hospital Surgeon; he may be a Physician pure and simple, or merely an Anatomist. The same remark applies to the Professor of Anatomy; and on the medical side it applies in a corresponding or analogous degree to the Professors of Chemistry and Botany. Further, unless the Medical Scholars of Trinity College be chosen with a view to clinical usefulness, there can be no security that they will be fitted for the place of Resident Pupil. On the other hand, these ex-officio appointments, which originated with the Board of Governors, can be altered by the same Board; but the Act of Parliament, except by a general consent in partial obsolescence, will prove a dead-lock on the progress of the new system. By this Act, if carried out, Medical Students in general can never resort to Dun's Hospital in large numbers, for each Student who is of two years' standing in Arts in Dublin, Oxford, or Cambridge, must pay twelve guineas for a year's clinical privileges; while all Students in Arts who are under that standing, or the many who are not Students in Arts at all, must pay twenty-nine guineas for the like advantages. The Governors may receive and then return most of these fees, but in such case the College of Physicians, as trustees for the Professorship of Midwifery, are bound to interfere; for the fees thus received must be accounted for in the support of 100 patients, in close connection with which are the reversionary interests of the Professorship of Midwifery, as noticed in our second article.

If then no student in Arts of less than two years' standing can resort to this Hospital without paying twenty-nine guineas per annum, and if he can get recognised hospital instruction elsewhere for twenty guineas less, it follows that he will only go there for the minimum period required for the degree of M.B. Dub.—viz., one year; while other students will not go there at all; and if the Board of T.C.D. did away with compulsory attendance there for intending Graduates in Physic, as it might do since it is not required by the Act, no pupil would attend this Hospital. Hence the Act ought to be repealed as regards these fees. Under the present arrangement further imperfections exist. The Physicians in Ordinary are to be abolished, and the two existing Physicians in Ordinary are only continued to the end of the terms for which they were severally elected, because they were considered to have

vested rights. At present they only act during the autumn recess; but, once their term has expired, who will make the Clinical Professors attend in their stead? They are not required to do so by statute, and although they may attend daily during the Lecturing Session, they cannot be expected to continue their attendance during the time when they have no duties as Clinical Teachers. Nay, further: Any refractory Professor may refuse to attend daily at any time, seeing that he is only bound by statute to give, and paid for giving, two Clinical Lectures each week in his turn. There is no mention whatever in the Act of his being required to attend the sick at all; and though in ordinary cases he might be dismissed if he refused, yet here he cannot, at least for seven years after his election, for the Board of the Hospital neither elect nor control him. Further, if the Board of Trinity College do as they did once before, and elect a mere botanist as Professor of Botany in December next, having first legally qualified him by obtaining for him in the University of Dublin an honorary M.D., or by recognising such a degree obtained elsewhere—if in such case, the other Professors refuse to meet him on equal terms, as they ought, and decline to make any arrangement whereby he may be excused giving Clinical Lectures (as he is bound to do, and must *swear* he will do), then comes a hitch in the system which nothing but a fresh statute can remedy.

We hope to conclude this subject in our next.

THE MEDICAL CLUB.

FROM the success that attended the large and influential meeting of Thursday last, of which a report will be found in another column, we may now look upon the Medical Club as one of our professional institutions. The cordiality with which the speakers accepted the principle that a Professional Club is a desideratum, and would tend to promote the interests of our brethren, not only in London, but throughout England, Ireland, and Scotland, is a guarantee that the proposal will not now be allowed to drop. The simplicity and manliness with which Sir WILLIAM FERGUSSON advocated the claims of his medical brethren to social comforts, and illustrated the superiority of their Society to that of so many other classes, called forth the applause of the meeting and the thanks of succeeding speakers. His speech, in fact, afforded an example of that style of eloquence which consists in saying things appropriate to the occasion in the most natural and unpretending manner. We most cordially support Sir WILLIAM'S views, and offer our congratulations to the Club on having secured so able and influential a President. We are convinced, once established, its members will only wonder how they so long did without it. Politics of all shades, Literature, Art—all have institutions of this kind. Why not Medicine? A very short time ago the clergy established a club for themselves, and that, too, at about the same rate of subscription as that proposed for the Medical

Club. We mention this, because some of the speakers expressed a misgiving lest, on the terms named, it would be impossible to carry out the idea. On this point we must also add that there can be no doubt that, as in all other clubs, after a certain number have joined and the success is insured, the entrance fee and subscriptions will be increased. It is only just that those who found the institution should have the right to limit its numbers and fix the terms on which they will admit others to its benefits. Such a course tends to raise the status of the Club, and makes the privilege of admission considered more valuable. Let the Committee only conduct it in the best possible manner, and we should not be surprised to find the Medical Club as highly valued as the Athenæum. At present great advantages are offered to country members; it therefore particularly concerns such as may wish to join to do so without delay. Indeed, as it was announced on Thursday that more than 350 members had already been elected, we should suppose that at the first general meeting a proposal will be brought forward to raise the contributions of all future candidates. In no club that we are aware of, have more than 500 members been admitted at the original scale.

We believe that the Committee appointed at the meeting, by a judicious exercise of their "power to add to their number," may shortly put forth a list of managers that will be approved at the first general meeting. With Sir WILLIAM FERGUSSON for Chairman, and Mr. PROPERT for Treasurer, the profession in Great Britain and Ireland will not be wanting in confidence.

There are many points we should have been willing to touch, but would rather not take the initiative. Our columns are open to correspondence on the subject.

INAUGURATION OF THE STATUE OF SIR HENRY MARSH.

IN another column will be found an accurate report of this interesting ceremonial, furnished specially for publication in this journal. The speeches of Dr. STOKES and Dr. BANKS will be read with great interest; the latter giving a concise biographical sketch of the deceased physician, while the remarks of Dr. STOKES are especially brilliant on the subjects of the revival of Irish literature and medicine, of the fine arts in connection with our Profession, and of the spirit of modern criticism.

CHOLERA.

IN another column will be found an analysis of the public health during the quarter, founded on the official returns of the Registrar-General for that period. We have from week to week kept our readers *au courant* with the progress of the epidemic, and now that it is rapidly declining may still more briefly detail the chief items of news. In the forty-fourth week of the year, ending on the 3rd inst., 1316 deaths were registered in London. This is an excess of 116 over the estimated number. Only 73 deaths were registered from cholera as against 112 in the previous

week—a considerable decrease. There were, however, 28 deaths from diarrhœa, instead of 32. So that the total decrease in the week was 43, the deaths from the two forms of disease having fallen from 144 to 101. The most important point revealed in reference to these deaths is, that out of the 73 due to cholera, no less than 28 took place in Woolwich Dockyard and Plumstead. We last week directed attention to the outbreak in these localities, and urged upon the authorities the responsibility of their position. The whole history of the epidemic of 1866 has been one stern lesson on the perils of neglecting sanitary precautions.

The annual rate of mortality during the week was 24 per 1000 in London, 36 in Edinburgh, 38 in Dublin, 21 in Bristol, 20 in Birmingham, 37 in Liverpool, 38 in Manchester, 26 in Salford, 30 in Sheffield, 31 in Leeds, 20 in Hull, 38 in Newcastle-upon-Tyne, and 28 in Glasgow.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·843 in. The mean temperature of the air in the week was 49·2 deg., which is 2·7 deg. above the average of the same week in 50 years (as determined by Mr. Glaisher). The range in the week was 25·5 deg. The mean daily range was 12·0 deg. The difference between the mean dew-point temperature and air temperature was 3·4 deg. The mean degree of humidity of the air was 88, complete saturation being represented by 100. The direction of the wind was south-west. There was rain to the amount of 0·20 in. On Tuesday there was a gale of wind, and a pressure of 22·5 lb. on the square foot was recorded. According to a return furnished by the Metropolitan Board of Works the average daily quantity of sewage pumped into the river Thames at the southern outfall works, Crossness, was 44,526,623 gallons, or 202,305 metric tons.

We are happy to be able to add that the daily returns issued since the above week was completed show a continued decrease. Thus on Sunday and Monday together there were only 19 deaths from cholera, and 10 from diarrhœa. Of these one occurred in King's College Hospital, one in Guy's Hospital, and one in the Spitalfields Cholera Hospital. On Tuesday there were only 5 deaths from cholera, and 3 from diarrhœa. One of these took place in the London Hospital, another in Guy's. On Wednesday there were 14 deaths from cholera, and 1 from diarrhœa. On Thursday last there were 7 from cholera and 5 from diarrhœa.

CHARLTON.

The following is a summary of the statements made and the facts brought forward at a recent meeting of the Charlton Local Board:—The locality in which the disease first broke out on the 24th ult. was the Charlton marshes. On the evening of that day cholera suddenly appeared, and fourteen deaths occurred in almost as many hours. One of the members of the board described the conditions under which the insidious ailment had become manifest. The houses were built upon marsh land, which was so much a morass that the structures were positively sometimes moved when the river tide rose and fell. On the previous day a cottage on this ground was noticed apparently out of the perpendicular, and on applying the plummet discovery was made that the wall was swerved eighteen inches from upright. It was at that time high water. At low water the wall was tested again, and was found to have regained its upright position. Some of the

houses were fourteen feet below high water mark, and were surrounded by fœtid tidal ditches. In the vicinity of the place a farmer was accustomed to cover his land with blood, as a manure. A portion of a sewer had fallen there, and one of the streets (where a great proportion of deaths occurred) was broken up some years ago, when the main outfall sewer was constructed, and had not been properly mended since. Since the outbreak the Sanitary Committee met daily; medical visitors were appointed; three dispensaries were opened; the overseers were authorized to supply necessary nourishment and stimulants; the roads, &c., were watered with dilute carbolic acid; and other palliative measures were taken. The landlord had signified his wish in every way to assist the Sanitary Committee.

PILL, NEAR BRISTOL.

Six deaths have occurred in this village, and 25 cases are under treatment. This is scarcely to be wondered at, considering the sanitary condition of the place. There are only two pumps to supply a population of about 1500, and the unfortunate inhabitants are driven to the constant use of brook water, which is impregnated to a considerable extent with sewage. Very few of the houses are provided with privies, the drains are choked up, and the filth escaping from beneath the floors of the houses impregnates the whole atmosphere. Large quantities of excrementitious matter are daily thrown out on the banks of the river, and remain there for hours untouched by the tidal water. There is a public urinal, the whole of the filth from which flows into the cellar of an adjoining house.

THE NORTH.

The disease is declining in North Shields, but we regret to add that small-pox has appeared there. About 130 deaths from cholera and diarrhœa occurred during the month of October. The water suspected has been proved, on analysis, to be unfit for drinking, and a public meeting has been called on the subject. Further cases are reported from South Shields, Sunderland, and other towns. The Potteries district is also threatened—cases having occurred at Stoke-upon-Trent, and, unfortunately, the sanitary state of these towns affords means for the gravest apprehensions. In Derbyshire, also, several deaths have been reported, and some cases amongst the workmen of the Codnor-park Ironworks afford a pointed commentary on the article in last week's MEDICAL PRESS AND CIRCULAR, entitled "The Ironworkers' Strike and the Cholera."

EDINBURGH.

The weekly return shows the following cases of Asiatic cholera:—Attacks, 23; deaths, 14; recovered, 1; under treatment, 8. There were 17 attacks of British cholera and 16½ cases of diarrhœa during the week, but none of these proved fatal. The hospital has now been opened for four weeks, and, although the admissions have not increased, the average is kept up. The following are the numbers:—First week, 22; second week, 19; third week, 18; fourth week, 19. The cases in private practice during the week have been in the poorer districts, and in some cases the sufferers refuse to go to the hospital. The Sanitary Committee try to isolate the cases, and in no district has the disease yet become epidemic, though every quarter of the town has been visited. In Leith about 80 cases of Asiatic cholera have been reported, almost

entirely confined to one district. Of these 35 had ended fatally. The disease shows a decrease of 10 in the last weekly return. There is a falling off in the cases reported from Lochee, the average being now about one a-day. Isolated cases continue to occur at Dundee, Perth, and Aberdeen, also in Dalkeith, Prestonpans, and other towns and villages of the Lothians.

DUBLIN.

Cholera, which has been very prevalent and fatal for some time past in and around Dublin, appears, by the Irish Registrar-General's return for the week ending last Saturday, decidedly on the decrease, as may be seen by the following extract:—

"The deaths registered during the week were 230—115 males and 115 females. In the corresponding week of last year the number was 148. The deaths from cholera registered during the week amounted to 93, showing a decrease of 25 when compared with the number registered during the previous week. Of the 93 deaths from cholera, 13 occurred in the Kingstown district; 1 in Blackrock; 4 in Donnybrook; 1 in Rathmines; and 74 within the municipal boundary of Dublin. The number of deaths registered in Belfast during the week was 49; in Cork, 35; Limerick, 24; Waterford, 3; Galway, 10; Sligo, 6; Londonderry, 3; being at the rate of 21, 19, 25, 5, 21, 15, and 8 per 1000 per annum respectively."

Notes on Current Topics.

A MEDICAL PEERAGE.

THE propriety of recognizing the public services of eminent members of our profession, and at the same time adding strength to the deliberations of the legislative body on medico-sanitary measures, is appreciated more readily anywhere than in Great Britain. We learn from the *Evenement* that the anomaly of a Senate without a single representative of the strongest of the learned professions, or a single member capable of directing its deliberations on matters affecting the public health, has been lately, for the first time, brought under the notice of the Emperor of the French, who expressed his astonishment at the fact, and immediately issued instructions that his Majesty's Physician, Dr. Corneau, should be promoted to a seat in the French Senate. It is hard to comprehend why the French Government should have taken precedence of our own in such a matter. Is it because, we have had no physicians worthy of a peerage or capable of supporting its dignity? Is it because the administration of medical or sanitary affairs, under the direction of lawyers and merchants, is so perfect that no assistance is needed from the class whose special study they are?

THE QUEEN'S UNIVERSITY IN IRELAND.

A MEETING of the Senate of the University was held on last Thursday for further discussion of the Supplemental Charter. We understand that, by a majority of 9 to 6, it was resolved that the proposed alterations in the constitution of the University, in compliance with the new Charter, be proceeded with, and that the new regulations consequent thereon be issued as soon as possible. Proceedings have already been commenced in Chancery to restrain the Senate from carrying out this intention. The following legal opinion from the Attorney-General and Solicitor-General of the late Government has been obtained:—

"The following query was submitted for the joint opinion

of the Right Hon. James A. Lawson, Q.C., and Edward Sullivan, Esq., Q.C.:—

"Is the acceptance of the Supplemental Charter of 1866, by the Senate only of the Queen's University in Ireland, a valid act; or is it, in your opinion, liable to be declared null by any court of law or equity?"

"Will degrees, granted under the authority of the Supplemental Charter of 1866, have all the force intended by that Charter?"

[Copies of the Charter of 1864, and of the Supplemental Charter of 1866, are sent.]

"The following is the joint opinion of the late Attorney-General and Solicitor-General:—

"We are of opinion that the Senate of the Queen's University has power to accept the Supplemental Charter of 1866, and their acceptance of it constitutes a valid act, and we think that no court of law or equity can legally set it aside. We further think that degrees granted under the authority of the Supplemental Charter will have all the force contemplated by that Charter.

"Nov. 7, 1866."

"JAMES A. LAWSON.
"EDWARD SULLIVAN."

THE LATE APPOINTMENT TO THE IRISH POOR-LAW INSPECTORSHIP.

WE refer to the late appointment at present, only to say that the statement as to the appointment of Dr. Roughan is not, as said by the *Dublin Evening Mail*, premature. We have seen a letter from the Commissioners which concludes with these words—"The choice has fallen upon Dr. Roughan of Ballinrobe, who has been appointed accordingly."

SANITARY CONDITION OF INDIAN TOWNS.

THE Bombay Sanitary Commission has undertaken the inspection of some of the towns in that Presidency, with a view of ascertaining what improvements are absolutely necessary. Dr. Leith has reported that numerous measures ought to be undertaken to preserve the water from pollution, prevent to some extent the loading of the atmosphere with pestilential effluvia, and secure other conditions essential to health. It is impossible to detail the actual state of all the towns visited by Dr. Leith, who is President of the Commission, as well as Duputy-Inspector-General of Hospitals. We may, however, take one as an illustration, merely premising the well-worn quotation, *ex uno disce omnes*. The town of Sholapoor, in Poonah, has a population of upwards of 30,000. The houses are the most part built in enclosures fronting towards a street or alley. The dead walls are often of mud, in which a small doorway is the only opening. Inside the door is a yard about 10 or 12 feet square, on the sides of which are the dark rooms or cells in which the people live, with an open verandah before them. The rooms are generally very little ventilated, and lighted by an aperture about a foot square. The yard may communicate with one or more others, or there may be a labyrinthine succession of such courts. The houses within the walls are visited by sweepers at longer or shorter intervals. Drainage there is none, but there are vile and offensive receptacles in the enclosures, consisting in the poorer houses of nothing but a screen wall, behind which there is no vessel, merely the bare ground, which thus becomes saturated with filth. The foul waste water of houses, abutting on a street with a side-gutter, is discharged into that gutter, there to evaporate. When there is no gutter, an unglazed earthen jar is sunk at the side of the lane or street, and a pipe passing through the wall pours the liquid into it. When full, the jar is supposed to be carried away outside the town to be emptied. Some of the wealthier houses have masonry cesspits instead of the

porous jar, and in this, as well as generally in the former case, the contents are baled or thrown out on the neighbouring road, there to be absorbed or to evaporate. Many merely dig a hole at the side of the street for the reception of the liquid refuse; and this more pernicious, absorbing cesspit, gives them less trouble than the jar, as a longer time elapses before it requires to be cleared out. When the time does come for this, the fœtid mud accumulated in it is scattered over the neighbouring ground. Were it not for the dryness of the air, human life could scarcely be maintained under these conditions. In a moist climate such prevalent uncleanness would occasion devastating pestilence. Water is obtained chiefly from the Sideshwur tank, which has been excavated at the south of the town, and which is now protected by the police from washing or bathing; but the ancient custom is still followed of drawing water by standing in it, and scrubbing the water-vessels in it. When the rains cease, the impurities of this tank become concentrated, and in the hot season it dries up. A large quarry hole, Khundoba Tulao, is used for the collection of surface water. This water, which the people consider good, is greatly defiled; and persons were seen bathing and washing their clothes in it while others were drinking or drawing water from it beside them. The municipality has liberally provided a large number of wells, which high-caste people will not use, but which are of service to those who are by other Hindoos considered beyond the pale of social intercourse. The scarcity of good water leads many of the townspeople to seek it in the military cantonment, which adjoins the town. In the sleeping rooms of the gaol Dr. Leith found the allowance to be only seventeen-and-a-half square feet of floor and 201 cubic feet of space, with an inlet for fresh air of sixteen square inches, and an outlet for foul air of two-and-three-quarters square inches only. Yet the municipality of this town has a revenue of 30,000 rupees from the taxation. It is to be hoped some of Dr. Leith's recommendations will at once be adopted.

LEGAL INTELLIGENCE.

IMPORTANT TO THE MEDICAL PROFESSION.

COLEMAN v. THE KILRUSH BOARD OF GUARDIANS.

At the Quarter Sessions at Kilrush, this case was tried before Michael O'Shaughnessy, Esq., Q.C. (Chairman). Dr. William St. John Coleman, of Miltown Malbay, was complainant, and the Kilrush Board of Guardians, defendants.

Dr. Coleman examined by Mr. Henry Reilly—Deposed that on the 11th December last, he had been called in consultation with Dr. Rowan, Medical Officer of the Cragnoek district of the Kilrush Union, in a difficult midwifery case, in which an operation had subsequently to be performed. The patient's house was situated about three or three-and-a-half miles from his residence, and the time occupied in consultation, operation, &c., about three hours; had applied to the guardians for a fee of £2 2s., which was the recognized fee, in consultation; was awarded £1 1s., by the board, but refused to take less than the recognized fee.

By the Chairman.—Had to deliver the woman instrumentally; was offered £1 1s., by the Board, but refused it on the grounds that it was insufficient.

Cross-examined by Mr. Frost (Solicitor to the Board)—Was not present at the Committee, when fee of £1 1s., was adjudged; was not aware that it was unanimous, on the contrary heard that the Chairman, Mr. McMahon, J.P., expressed his opinion that it was no use in offering it as he knew it would not be accepted; did not know that £1 1s. was the fee allowed by the Board, and refused to allow the Board to dictate to his profession, or set a value upon his services personally.

Mr. A. Warren, Clerk of the Board of Guardians, pro-

duced receipts of medical men for £1 1s., paid them on such occasions, and deposed that such was the fee directed by the Board.

Dr. J. F. Rowan stated the services rendered him by Dr. Coleman, and his belief, that the fee demanded was in accordance with the recognized scale.

Dr. Coleman, in answer to the Chairman and Mr. Reilly, said that Dr. Shannon had been paid a similar demand in his (the Ennistymon) Union, for similar services.

Mr. Michael O'Loughlen, barrister, addressed his Worship on the assumption of such authority by the Board, arguing that in such an arbitrary conclusion every profession was concerned. The case under discussion that day might be applied to themselves next day. If members of the Medical Legal Profession—and he regretted there were such men—took less than the recognized fee of their body, they did not bind others thereby, nor arrogate the Boards of Guardians the power to regulate a scale of charges to the different professions. Dr. Coleman deserved much sympathy and credit for his pluck in defending the rights of his profession, and in refusing to be dictated to in respect to the value of his professional services.

His Worship, who said he felt no hesitation whatsoever in the matter, at once gave a decree for the amount claimed, £2 2s.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

OCTOBER, 1866.

THE Quarterly Examinations in General Education were held on the 31st ult. and 1st inst. The answering in general was satisfactory; and in every instance of postponement of the granting of a candidates' certificate, failure was altogether or mainly due to deficiency in Greek and Latin. We subjoin the Examiner's paper in arithmetic for the information and guidance of our young friends:—

ARITHMETIC—DR. MURRAY.

The Candidate will write the result at which he arrives after the word Answer, and furnish the work on the blank paper supplied to him, taking the questions in any order he pleases.

1. The Ex-Chancellor of the Exchequer stated not long ago that he believed there were not thirty Members of the House of Commons who could divide £1330 17s. 6d. by £2 13s. 8d.; will you attempt the feat? Answer.

2. At a recent Irish Election the number polled was stated to be 6284, and the successful one of two candidates was said to have a majority of 554; how many voters did each candidate poll? Answer.

N.B.—Show on your blank paper that in such a constituency, the majority of either candidate could not possibly be an odd number, however it might vary.

3. What is the joint product of the digits from 1 to 0 inclusive? Answer.

4. How many ounces in a cubic foot of water? Answer.

5. In what time will the interest of £997 13s. 4d. amount to £20 18s. 6½d. at 6½ per cent.? Answer.

6. Compute by the rule of Practice the amount of 6 oz. 18 dwts. 20 grs. at 7s. 9d. per oz. Answer.

7. Extract to five places the square root, and to four places the cube root, of 2.5. Answer.

8. Find the greatest common measure of 10,000 and 3775. Answer.

9. Find the least common multiple of the digits from 1 to 9 inclusive. Answer.

10. The square root of $\left\{ \frac{\frac{4}{9}}{\frac{9}{16}} \right\}$ is evident on inspection: in decimal expression, what interminable digit will represent it? Answer.

11. Write the preceding compound fraction, first, as expressing parts of a pound sterling, and next as representative of a portion of a shilling. Answer.

12. If the division implied in Question 1 be carried out in each instance included in eleventh Question, the pecuniary value of the sum of the square roots will be an even amount of shillings and pence; what is it? Answer.

INAUGURATION OF THE STATUE OF THE LATE SIR HENRY MARSH, M.D., BART.

THE interesting ceremony of the inauguration of the statue of the late Sir Henry Marsh, M.D., took place on the 9th inst., at the King and Queen's College of Physicians, Kildare-street, Dublin. It will be within the recollection of our readers that shortly after the death of this distinguished physician a movement was set on foot by a number of his colleagues and former pupils to perpetuate his fame by a suitable memorial, and a committee was formed for the purpose. It is a very gratifying indication of the spirit in which the memory of Sir Henry Marsh is cherished to find that the labours of this committee were by no means arduous, and that in a very short time a sufficient amount was subscribed to defray the cost of the very handsome statue which was decided upon as the best form for the memorial. The ceremony was to inaugurate the statue by presenting it on the part of the subscribers to the King and Queen's College of Physicians, of which he was so eminent a member, and was, on six different occasions, elected to the honourable position of its presidency. The statue, which stands on a pedestal on the left side of the convocation-room, was executed by Mr. Foley, R.A., of London, and the truthfulness of conception and perfection of execution by which it is distinguished furnish another and pleasing proof of the artist's signal ability in a profession of which he has become one of the greatest ornaments. The figure, which is of life-size, draped in the full academic costume of the President, is in the attitude of reasoning—the right hand being raised as if in the act of argumentation, and the left foot advanced about half a step; the left hand reclines gracefully by the side, and holds a college cap in a remarkably unaffected and pleasing position. The head is thrown slightly forward, with an inclination to the right side. The face is singularly well cut; the highly intellectual expression, the quiet determination, as of a thinker deeply in earnest, are delineated with the most exquisite delicacy and finish.

Dr. STOKES, President of the College, occupied the chair, and there were also present the following Fellows:—Dr. Adams, Dr. Atthill, Registrar; Dr. Beatty, ex-President; Dr. Belcher, Censor; Dr. Churchill, Sir Dominic Corrigan, ex-President; Dr. Croker, ex-President; Dr. Cruise, Dr. Duncan, Dr. Dwyer, Treasurer; Dr. Freke, Dr. Gordon, Censor; Dr. Guinness, Dr. Jennings, Censor; Dr. Johnston, Dr. Henry Kennedy, Dr. Lyons, Dr. Mollan, ex-President; Dr. Moore, Vice-President and Censor; Dr. Ringland, Dr. Sinclair, Professor of Midwifery; Professor A. Smith, Honorary Fellow; Professor Banks, Honorary Fellow.

The President (Dr. Stokes) wore the handsome costume of his office, and the Fellows present wore the hoods of their several degrees over their ordinary academic costume.

Among the visitors present were—Sir William Wilde, Dr. Hardy, Dr. McClintock, Dr. McSwiney, Dr. Carroll, Dr. Kidd, Dr. Forrest, Dr. Eustace, Dr. W. D. Moore, Dr. Thornhill, Dr. Madden, Dr. Nalty, Dr. Banks, Dr. Nelson, Dr. Cunningham, Dr. Byrne, Dr. O'Reilly, Dr. Mahon, R.N.; Dr. Owens, Dr. Hayden, Dr. Monks, Dr. H. Sibthorpe, Dr. Nedley, Dr. Hildige, R. Colvill, Esq.; H. C. Whyte, Esq.; —Denny, Esq.; Lord James Butler, C. Stanford, Esq.; H. Lindsay, Esq.; —Wybrants, Esq.; J. Jameson, Esq.; —Lembreck, Esq.; Sir Richard Griffith, C. Otway, Esq.; C. Fleming, Esq.; J. Robinson, Esq.; John E. Naghten, Esq., A.B.; R. Callwell, Esq.; J. R. Garstin, Esq., &c.

The following gentlemen represented the subscribers, for the purpose of presenting the statue:—Lord James Butler, Sir Richard Griffith, General O'Neil, Mr. Lendrick, Mr. Wybrants, Mr. Thornhill, Sir W. Wilde, and Mr. Stanford.

Dr. Banks, King's Professor of Physic, opened the proceedings with the following address:—

Mr. President,—On the part of a large number of the general public, as well as of very many members of our pro-

fession, I am here to-day to present to the King and Queen's College of Physicians in Ireland a gift of no ordinary value—the statue of an eminent physician and a distinguished member of this College, the late Sir Henry Marsh. Attached to him as I was by the closest ties of friendship and affection from my boyhood to the last hour of his earthly existence, it is deeply gratifying to me to find myself an agent in the final act of our proceedings for the perpetuation of his memory. Although his name and his fame, as one of the leading physicians of this city, were before the public for more than a quarter of a century, it may not be out of place on an occasion like this briefly to review the most prominent incidents of his career. The junior members of our profession may derive no small profit by contemplating the life of him who had so borne himself during the allotted period of human life as to be deemed worthy not only of the favour of his Sovereign, but of the highest honour and respect in the power of his countrymen to confer. The lives of physicians are rarely marked by events of startling interest, and so it must be from the nature of their avocations, their habits of life, and modes of thought, even when the highest success and its attendant honours are attained. Sir Henry Marsh was born in the county Galway towards the close of the year 1790. His father was Rector of Loughrea. Of his remote ancestry it is sufficient to say that among them will be found names well known amongst the nobility of rank and intellect. After a successful undergraduate course in Trinity College, he graduated in arts in 1812, and in medicine in 1818; and in the same year he became a licentiate of the King and Queen's College of Physicians. In 1820 he was appointed one of the physicians of Stevens' Hospital, and to this circumstance may be fairly traced the foundation of his great fame as a practical physician. In conjunction with Graves, Cusack, Wilmot, and Jacob, he founded the once celebrated School of Medicine in Park-street, an institution remarkable for having supplied with professors the School of Physic and the Royal College of Surgeons in Ireland. About the same time, aided by the late Dr. Charles Johnson and Dr. Cuming of Armagh, he established an Institution for the Diseases of Children, now situated in Pitt-street. In 1827, on the resignation of the late learned Dr. Whitley Stokes, he was nominated Professor of the Practice of Medicine in the College of Surgeons, an appointment which, however, he resigned in 1832, feeling that the exigencies of large and increasing practice rendered it impossible for him to discharge its duties conscientiously and efficiently. Endowed with remarkable powers of observation, he was prepared to turn to the best advantage the opportunities he enjoyed as physician to Stevens' Hospital, and thus he acquired that large experience and that profound knowledge of disease which caused his opinion to be so frequently sought and so highly prized in cases of doubt and difficulty. The first fruits of his clinical researches may be seen in the "Dublin Hospital Reports," where we find contributions from his pen of great and abiding value. Of the essays published at this period I would especially direct attention to those on the origin of fever, on jaundice, and on spasms of the glottis. In later years, and in the plenitude of his great experience, the all-absorbing duties of extensive practice prevented Sir Henry Marsh from contributing as much as could have been desired, and as he himself wished, to medical science; nevertheless, from time to time he published in the *Dublin Quarterly Journal* and in *THE DUBLIN MEDICAL PRESS* papers of great importance, and lectures replete with sound practical information. Of those who with Marsh co-operated in laying the foundation of the Irish School of Medicine in the "Dublin Hospital Reports," how few remain to enjoy the exalted position to which their labours so well entitle them! Sir Henry Marsh's rise in the estimation of the public and in the confidence of his own profession was rapid, and the eminence once attained was unshaken to the last moment of his life. This circumstance was in a great measure to be attributed to the fact that in all his relations with his brethren his conduct was ever guided by the nicest feeling of delicacy and the strictest sense of honour. The highest distinction in the power of this College to confer having been freely and repeatedly bestowed upon him, he received the honour of Baronetcy in 1859, at the same time with his friend Sir P. Crampton, whose pupil he had formerly been. It may be interesting, in connection with this event, to mention that Sir T. Molyneux, the first physician in Ireland ever raised to the dignity of a Baronet, was a maternal

ancestor of Marsh. Six years have nearly elapsed since, in the apparent enjoyment of perfect bodily health, and in the full vigour of his mental powers, Sir Henry Marsh was suddenly removed from amongst us by the hand of death. Many who are present will remember the painful feeling of regret which pervaded all classes of society in this city when it became generally known that he, who had so often warded off the assaults of disease in others, had himself been stricken down. On those who had the happiness of enjoying the closest intimacy with the deceased, and were within the circle of his chosen friends, the blow fell heavily; they experienced a shock the severity of which no words of mine can adequately express. The genial and hospitable gentleman, the true-hearted friend, and the great physician, was no more. Painful was the feeling that we should for ever miss "the touch of the vanished hand and the sound of the voice that is still." In a few days after the grave had closed over him whose memory we are here to-day to honour, it was arranged that a meeting of his friends should be called, for the purpose of devising some means of manifesting by a permanent memorial the respect in which his memory was held. The meeting was fitly presided over by the late Mr. Cusack, who was his old colleague and life-long friend. The first resolution adopted at this meeting was—"That the high position which Sir Henry Marsh so long held in the estimation of his professional brethren and of the public should be marked by some lasting testimonial of his eminent abilities." It was subsequently agreed upon by the committee that a marble statue, to be placed in the hall of the College of Physicians, would be the most suitable form for the testimonial. This proposal was submitted to a general meeting, and unanimously adopted; the subscribers who had no connection with our profession agreeing with us that the College over which he had so often and so efficiently presided, and with which he was so long and so intimately connected, would be the most appropriate site which could be selected for the statue. It now remains for me to call attention to the admirable manner in which the work entrusted to Mr. Foley has been executed. I speak the opinion of those more competent to judge than I am, when I affirm that the statue of Sir Henry Marsh is one of the most successful efforts of our highly-gifted countryman. In presenting the statue to the College of Physicians, in the name of the subscribers, as I now do, I have no doubt of the value which will be attached to it by those upon whose memories the features of our departed friend are indelibly impressed. The statue will be appreciated for its marvellous likeness; and by those who are to succeed us in this College, and who never looked upon the original, it must be prized for its own intrinsic worth, as a rare specimen of a great sculptor's skill. And now, sir, having performed my allotted work, I must crave your permission to make one additional remark. To myself, and to those who have been associated with me in bringing to a conclusion the duties which we undertook, it is a subject of much gratification that the chair of this College should be at this time occupied by one who, like Sir Henry Marsh, has ever laboured to maintain the honour and dignity of the profession, and to elevate the social and scientific position of medicine in this country.

The President, Dr. Stokes, then replied as follows:—Dr. Banks, and Gentlemen of the Deputation,—It is now my grateful task to offer, on the part of the King and Queen's College of Physicians in Ireland, our thanks for the noble gift you have made to us. In choosing as the proper site for this memorial statue the hall of that College of which he who is gone was so long an honoured member, you have typified his devotion to medicine and to this institution, of which he was once the head, and always the ornament. Ireland does not want for representative men. She can proudly point out many such in arts, in arms, in science, and in literature, in poetry and in oratory; and among the leading men in Irish medicine, Marsh can fitly claim a place. You may rest assured that his statue will be affectionately and carefully preserved by us, and, we trust, by those who will succeed us, not alone on account of its surpassing merit as a work of art, but in memory of an earnest and successful worker in science. The great physician, the true friend, and the thorough Irish gentleman, Sir Henry Marsh, was one of that noble band of men whose labours marked the intellectual uprising of this country after the lapse of nearly a quarter of a century, which followed 1800. It was the time of Brinkley, of Lloyd, of Hamilton, of MacCullagh, and of Butler, of Apjohn, of

Robinson, of Kane, of Petrie, of Todd, of O'Donovan, and O'Curry, of Anster, of Carleton, of Griffin, of Mangan, of Ferguson, and of McCarthy; and in Medicine, of Cheyne, Coles, Carmichael, and Cusack, of Graves, Corrigan, Adams, Jacob, Smith, Beatty, Montgomery, and many more. It was at this period the University received its great impulse, in consequence of the reforms introduced by Provost Lloyd, when the Royal Irish Academy showed signs of a new and vigorous life, in the creation of its museum, by our great countryman, Petrie,—when the Zoological and other scientific bodies were founded—when new schools of medicine and surgery sprang up—when the *Dublin Journal of Medicine* was established, when the *University Magazine* first appeared, and when the great project of the topographical survey of Ireland was organized by Sir Thomas Larcom. It was, in brief, a time when the mind of the country seemed to wake up to a consciousness of its power, and saw the work that was before it. It must be gratifying to this College to see this noble hall, in which we are now assembled, becoming, as it were, the Irish Medical Walhalla, where will be preserved the memorials which, though dead, yet speak of those true soldiers of medicine whose works live after them, and whose ways were worthy. We have the bust of Graves, by Hogan, of that great and philosophic teacher, who founded and built up the fame of the Irish School of Clinical Medicine. We have the bust, in clay, of Sir Dominic Corrigan, Bart., to whose exertions we are indebted for the building in which we are assembled. It is from the hand of the master who fashioned this figure, and we are promised soon a more ambitious and finished work. We have the portraits of Dun, of Percival, of Cheyne, of Brooke, of Mills, of Barry, of Corrigan, and of Mayne; and so we are following in the steps of the Royal College of Physicians in England, on whose walls hang so many noble portraits of the noble fathers of British medicine. Like many other places, Dublin is deficient in monuments of this kind; and even where members of our profession have conferred lasting benefits by founding great institutions for the purposes of charity and science, we miss their monuments. In our great Lying-in Hospital there is a plaster cast of the founder, with the inscription "Miseris solamen instituit." Why should not his statue adorn this hall? So again, at Steevens' Hospital, a simple tablet records the name of the founder and the pious work of his sister; and, to come to ourselves, we have not even a portrait of Stearne, our founder, in the reign of Charles II., and whose history has been so ably worked out by one of our Fellows, the learned Dr. Belcher. But, indeed, few members of our profession have been honoured by statues. The statue of Dr. Lucas, in the Corporation Hall, was erected from political considerations in the last century. Those of John Hunter and the late Dr. Robert Bentley Todd are, like that of Marsh, fitly placed in the scene of their labours, and the only public statue to a physician in these countries is that of Jenner. This was lately removed from Trafalgar-square to a more obscure position. How slowly do our barbaric traditions depart from us! But in time mankind will learn that to save is more excellent than to destroy; and that the great physician, as well as the great soldier, if he has done his duty, is equally entitled to honour. The art of the sculptor has various objects, and, consequently, in its execution the artist is guided by different principles. His work may be intended as a part of a great architectural whole, as in the case of the figures over the portico of the Bank, and the admirable symbolic heads of the river deities of Ireland, which adorn the arches and windows of the Custom House; or it may be for a public statue, in which the figure, if not colossal, is more or less idealized, the accuracy of the likeness, though important, being made subsidiary to the general effect; or the statue may be intended as a portrait of one whom his children and children's children, his friends, his fellows, and their successors, wish to keep in the lasting marble ever before them.

"As when a painter, poring on a face,
Divinely through all hindrance finds the man
Behind it, and so paints him, that his face,
The shape and colour of a mind and life,
Lives for his children, even at its best
And fullest."

This statue, as well as that of Goldsmith, both from the chisel of Mr. Foley, are admirable examples of the latter class. To the observations of Dr. Banks on the merits of the work it would be superfluous to add anything. There are few, if any, works of art, even those of the best Greek

period, to which that kind of criticism which consists in fault-finding may not have room to apply. But, as a great writer has remarked, we should not seek to detect deficiencies and imperfections in works of art until we have learned to recognize and discover their beauties. This power of seeing and feeling the beautiful and true is so rarely met with that the term "criticism" is commonly held to mean depreciation. Those who follow this method are always vain, often ignorant, or imbued, as Winkleman has it, with excess of caution. They appear to have determined to admire nothing, because they believe admiration to be an expression of ignorance, forgetting what Plato says, that admiration is the sentiment of a thinking mind, and one of the avenues which lead to philosophy. I have but to add, that the situation of the statue was chosen by Mr. Foley, and that the pedestal, also designed by him, has been gratefully furnished by the College.

Lord James Butler said he had been requested to propose a vote of thanks to the subscribers and committee, through whose exertions they had been enabled to raise the memorial, presented that day to the King and Queen's College of Physicians, to the late Sir Henry Marsh. His character had been so fully dwelt upon by Dr. Banks, that it was quite unnecessary that he should then refer to it. His fame was known everywhere, and it was such as not to be readily exceeded. Of his fame as a physician it did not so much become him to speak, but he might say, having had the honour of knowing him for many years, it was only exceeded by his hospitality and generosity. He spoke from circumstances within his own knowledge of his extreme kindness of heart, in which he could not have been excelled by any. They were indebted to the committee for having brought their labours to so successful an issue. They were indebted to them also for the selection of the artist, who, in sending that statue to decorate their hall, had sent from his chisel another admirable specimen of art, which made it their pride that he (the artist) should belong to them. In conclusion, he had only to add that in the statue they would all recognise the features of him they had so well known, and which proved how well the committee had carried out the wishes of the subscribers.

General O'Neil said—I feel it a high honour to be called on to second this motion, and I have the utmost pleasure in doing so.

The resolution was carried with enthusiasm.

Sir Dominic Corrigan then rose and said the committee had kindly requested him, as their Chairman, to return thanks for the flattering compliment which had been passed in the form of a resolution for the labour it was alleged they had undertaken in the matter. Before he proceeded further in returning thanks, he might be permitted to say—and he was sure he only echoed the voice that would come from every one present, and only gave expression to the thought that rose to every one's mind—that in the galaxy of names which had been enumerated as reflecting so much light upon science in Ireland, and particularly upon the science of medicine, one name had been omitted—the name of Stokes (applause). The labour which the committee had had to go through was a labour of love, that arose out of a deep feeling of regard for the loss they, in common with the public, had sustained. For any effort they had made they desired no thanks; they were already more than repaid for all they had done. Their proposal was so well received that they had nothing more to do than the merest routine that could fall to the hands of any committee to whom such labour was entrusted. Sir Henry Marsh, their Chairman had well remarked, contributed much to the progress of medicine. That was one way in which they were indebted to him. Another was in his transmitting to those who came after him those properties—the tact, the indescribable relations that bound them to each other—which they could not envelope in books, which they could not even convey in writing, but which were their guides. In the second quality he excelled, and to him they were indebted for the information he gave them, and for the manner in which he transmitted the knowledge he had acquired from those before him. There was a third point, the value of which not only they themselves, but those outside the profession, must know the blessing of: he was one of those who inherited the mantle that came from above, and had transmitted it, he (Sir Dominic) hoped, to some one present in the room—namely, the mantle of kindness and good fellowship, of humanity and charity, of good-will and affection—

qualities which were exhibited in the profession in Dublin to a degree not excelled throughout Europe. For in the profession in no part of Europe, he believed, could those qualities, which tended so much to elevate the profession, be seen in greater perfection than in the city of Dublin. The public were more interested in them than they at first sight might think, for if there were not that community of feeling, that kindness of disposition, that mutual affection existing among their members, there could not be the free interchange of professional knowledge, which tended, not alone to elevate the profession, but very much, indeed, to the benefit of the public and the poor who were entrusted to their care. In those qualities his great example came down to them, and none could do better than remember those moral qualities which he so well observed, and, imitating him, hand them down to those who, in the natural order of things, would succeed them (hear, hear). Sir Dominic concluded by moving that the President do leave the chair.

The Vice-President having been moved to the second chair,

Dr. McClintock moved a vote of thanks to the President for his conduct in the chair.

Sir Richard Griffith seconded the resolution, which passed unanimously.

The proceedings then terminated.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their Primary Examinations in Anatomy and Physiology, at a meeting of the Court of Examiners, on November 6th, and when eligible will be admitted to the Pass Examination:—

Henry Prescott Roberts, Samuel Burton, and Alexander Richardson Haughey, of the Edinburgh School; John Baddock Harris and Thomas Vincent de Denne, of St. Thomas's Hospital; Joseph William Plaxton and William Vaudy, of Hull; Tullius William Ward Fay, of Liverpool; Robert George Fendick, of Bristol; Charles Henry Stanley Stevens, of St. George's Hospital; James Peter Byrne, of Dublin; George May, of King's College; Alexander Dyce Davidson, of Aberdeen; Samuel Jackson, of Guy's; Frederick Augustus Alfred Smith, of the London Hospital; John Hickman Hiron, of Birmingham; and Joseph Foster, of University College.

It is stated that only five candidates out of twenty-two failed to acquit themselves to the satisfaction of the Court, and were consequently referred to their studies for three months. The "Pass" or Surgical and Pathological Examination took place on Saturday, Nov. 9th.

APOTHECARIES' HALL OF LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 1st:—

Bonney, Wm. Augustus, Elm House, Brompton.
Crew, Eli, Tetbury, Gloucestershire.
Dyer, Thomas Bireh, Guy's Hospital.
Ireland, Edward, Kendal, Westmoreland.
Stokell, George, Guy's Hospital.

The following gentlemen also on the same day passed their first examination:—

Octavius Twigg Molecey, King's College Hospital; Charles Munden, Guy's Hospital; Salthern G. Litteljohn, St. Thomas's Hospital; Augustus Constable Maybury, St. Thomas's Hospital; Richard Wilson, St. George's Hospital.

At the competitive examination, on Oct. 17th and 19th, for the prizes in Materia Medica and Pharmaceutical Chemistry annually given by the Society of Apothecaries, the successful candidates were:—

1. Albert Henry Baines, Guy's Hospital; Gold Medal.
2. Jas. Goodridge Anderson, St. Mary's Hospital; Silver Medal and a Book.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH.—The following gentlemen passed their final examinations, and were admitted Licentiates of the College, during the October sittings of the examiners:—

Black, Donald Campbell, Argyllshire.
Carmichael, Thomas, County Antrim.
Hay, George William Robertson, Roxburghshire.
Hume, George Haliburton, Berwickshire.
Laing, James Anderson, Edinburgh.
Macalevy, Robert Peel, Scarva.
M'Caw, John Dysart, Portglenone.
Mullan, Andrew, Banbridge.
Ross, John Ralph, Drumbrain.
Stirling, Stewart, Kilsyth.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their final examinations, and were admitted L.R.C.P.Edin. and L.R.C.S.Edin., during the recent sittings of the examiners.

Bath, Henry, Glastonbury, England.
Boyd, John Stewart, County Tyrone.
Brownrigg, Henry Thomas, Waterford.
Cane, James Butler Norris, Kilkenny.
Dods, George, Haddington.
Garde, William Henry, Australia.
Masson, William Herbert, India.
Nason, Henry Wilson, Dublin.
Riddell, John, County Monaghan.
Sinclair, George Murray, Tranent.
Stockwell, James, Musselburgh.

During the same sittings the following gentlemen passed their first professional examinations:—

Roderick Macdonald, Skye; Philip S. Warren, Cork; Richard Sullivan, Bandon; Daniel Heagerty, Cork; Benjamin Bain, Calthinesshire; John Murray, Drug; James Walsh, Castlebar; James S. Conway, Limerick.

LIST of Entries in the Register of the Branch Medical Council, Ireland, for the month of October, 1866:—

Archdall, Gordon, Archdall Lodge, Bundoran, county Donegal, L.K.Q.C.P.I., 1866; M.R.C.S.Eng., 1866.
Pendleton, Richard Warren, Stillorgan, county Dublin, L.R.C.S.I., 1865; L., 1866, and L.M., 1866; K.Q.C.P.I.
Hart, Patrick Joseph, Clifden, county Galway, L.R.C.S.I., 1866.
Haliday, Saunders Barton, 13, Great Brunswick-street, Dublin, M.R.C.S.Eng., 1863; L.R.C.P.Edin., 1866.
Watkins, William Longworth, Drumlish, county Longford, L., 1866, and L.M., 1866; K.Q.C.P.I., L.R.C.S.I., 1866.
De Merie, Eugene Victor, 37, Lower Gardiner-street, Dublin, L.R.C.S.I., 1866.
Wodsworth, Charles Gregory, Sandycove, Kingstown, county Dublin, L.R.C.S.I., 1866.
Webb, Robert Andrews, Ross House, Tara, Navan, county Meath, L.F.P. & S.Glasg., 1866; L.R.C.P.Edin., 1866.
Young, Alexander, Ballymena, county Antrim, L.R.C.S.Edin., 1865; M.D.Q.U.Dub., 1866.
Wade, Robert, 208, Great Brunswick-street, Dublin, L.R.C.S.I., 1864; L.A.H.Dub., 1865.
Carey, Richard Browne, Newtownbarry, county Wexford, L., 1866, and L.M., 1866; K.Q.C.P.I., L.R.C.S.I., 1866.
Olden, Dominick Lynch, Dungarvan, county Waterford, L., 1866, and L.M., 1866; K.Q.C.P.I., L.R.C.S.I., 1866.
Rawson, Edward Albert, Barrowville, Carlow, L.R.C.S.I., 1865; L.M. and L.S.U.Dub., 1865.
Belcher, William Henry, Bandon, county Cork, L.R.C.P.Edin., 1866; L.F.P.S.Glasg., 1866.

Notices to Correspondents.

Mr. James Weston.—It would be impossible for us to insert your letter. Your case is, unfortunately, but the type of thousands, and in the present unsatisfactory state of the law in regard to medicine and medical practitioners, prosecution would be useless. Your only remedy is to apply to the magistrate in whose jurisdiction you meet with such abominable treatment, and he would doubtless give you the advice necessary for the furtherance of so desirable an object.

Dr. Althaus's communication shall have attention.
M.D., T.C.D.—Your paper on "Eczema" has been received, and shall appear in our next.

B. B.—Your communication is not so satisfactory as we could wish; nor would it serve the interests of the profession.

Mr. E. Wylie.—The notice is inserted.

Mr. H.—The subject is under consideration.
A Subscriber, who writes on the subject of the appointment of a Medical Cholera Inspector, has, either through haste or inadvertence, expressed his question so obscurely that we are unable to comprehend its exact meaning.

Another Subscriber.—The paragraph is undoubtedly a puff, but cannot be identified with the gentleman whose name is mentioned. We suspect the system is frequently pursued, but without evidence of its origin we cannot notice the matter.

Dr. Smyly.—Letter received too late for this number. It shall appear in our next.

Dr. Armstrong, Cork.—Advertisement received. We shall have pleasure in noticing the movement next week.

Dr. Hynes, Kinvara.—Nothing was further from our intention than to depreciate any candidate on religious grounds. We intend to revert to the matter next week.

Inquirer.—Answer in our next.

We are compelled to postpone a large number of communications, including the following:—Review of the Public Health of the Summer Quarter, Sir H. Marsh on Spasm of the Glottis, Dr. Banon's Introductory Lecture, our own observations on Mr. Ellis's Introductory Lecture, Dr. Drennan's Address to the Ulster Medical Society, Opening Meeting of the Obstetrical Society of Ireland, &c. &c.

Communications, &c., received from Mr. J. Holt Dunn, Westbourne Park; Dr. Oppert, Bloomsbury; Mr. W. J. Walworth, Dr. M., Southampton; Dr. Hearne, Dr. Shannon, Dr. Mitchell, Mr. G. S., Dr. Drysdale, Dr. Hynes, Kinvara; Dr. Wilson, Huddersfield; Dr. Beamish, Cork; Dr. Pierce, Newcastle; Dr. Davison, Dr. O'Mara (enclosure), &c.

Appointments.

EVANS, GEORGE, Esq., Senior Surgeon to the Marylebone Dispensary, has been elected Surgeon to the Hospital for Diseases of the Throat.
BANKART, J., M.B., F.R.C.S.E., has been appointed Surgeon to the Metropolitan Free Hospital, Devonshire-square, E.C.
CRUCKNELL, H. H., M.B., M.R.C.P.L., has been elected Physician to the Royal Infirmary for Diseases of the Chest, City-road, E.C.
FENN, E. L., M.B., L.R.C.P., has been appointed House-Physician to King's College Hospital.
ELLIOTT, Dr. Southsea, has received the appointment of Surgeon and Agent of Sick and Wounded at Southsea and Langston Harbour.
DAVIS, JOHN, M.R.C.S.E., has been elected President of the Sunderland Medical Society for the ensuing year.
DIXON, W. H., M.D., has been re-elected Librarian of the Sunderland Medical Society for the ensuing year.
ELLISTON, G.S., M.R.C.S.E., has been appointed House-Surgeon and Secretary to the East Suffolk Hospital, Ipswich.
HUSBAND, H. AUBREY, M.B., M.C.Edin., M.R.C.S., Lond., to be Assistant Medical Officer to the City of London Lunatic Asylum, Stour, near Dartford, Kent.
LITTLEWOOD, J., M.R.C.S.E., has been appointed Surgeon to the General Hospital, Nottingham.
YELD, H. J., M.D., has been re-elected Treasurer and Secretary of the Sunderland Medical Society for the ensuing year.
FREEMAN, D., M.R.C.S.E., has been appointed Medical Officer to the Village Hospital, King's Sutton, Oxfordshire.
STRANGE, A., M.R.C.S., Ed., has been appointed one of the Assistant Medical Officers to the Gloucester County Asylum.
WRIGHT, J. H., M.R.C.S.E., has been elected Surgeon to the Halifax Infirmary, vice T. H. Cresswell, M.R.C.S.E., resigned.
BURNE, J. G., L.K.Q.C.P.I., M.R.C.S.E., late Medical Officer of the Grand Canal-street Dispensary, has been elected third Surgeon and Physician to the South Dublin Union Hospital.

Vacancies.

POOR-LAW MEDICAL VACANCIES. ENGLAND.

Kirkby Moorside Union.—Dr. Chapman has resigned the Union; area 58,631; population 5739; salary £48 per annum. Also the Workhouse, salary £9 per annum.

Medical Diary of the Week.

WEDNESDAY.—Hunterian Society.—7½ p.m. Council.—8 p.m. Dr. Hughlings Jackson, "On a Case of Abscess of the Brain."
— Microscopical Society of London.—8 p.m.
— Literature, 4½.—Meeting of Council.
— Geological, 8.

THURSDAY.—Harveian Society of London.—8 p.m. Debate "On Cholera."
— Chemical, 8.—"Specific Gravities of Heterogeneous Liquids," Dr. Sprengel; "Gradual Verdation of Organic Bodies," Messrs. Chapman and Thorp.
— Mathematical, 8.—Annual General Meeting.

SATURDAY.—Metropolitan Association of Medical Officers of Health.—7½ p.m.
— Horticultural, 3.—General Meeting and Lecture.
— Botanic, 3½.

BOOKS, &c. RECEIVED.

Epidemic Cholera. By Dr. Camps. London: H. K. Lewis.
The Tropical Resident at Home. By E. J. Waring, M.D., F.L.S. London: John Churchill and Sons.
On the Endoscope. By Christopher Heath, F.R.C.S. London: John Churchill and Sons.
Temperature in Acute Disease. By Thomas Armetriding Compton, M.D. London: John Churchill and Sons.
The Glasgow Medical Journal.

ERRATA.—In Dr. Grimshaw's paper on "Typhus Fever" in our last, p. 462, line 5, for *Green* read *Graves*, and for *Nolan* read *Stoker*.

THE DIRECTORS OF

The General Apothecaries' Company

(Limited) beg to announce that they have purchased the old-established Chemists' business situated at

27, BISHOPSGATE-STREET WITHIN,

where (as at their chief Establishment in Berners-street) the purest Drugs and Chemicals may be obtained.

Extensive Laboratories, fitted in accordance with the most approved plans, enable the Company to supply all new preparations; whilst the addition of the requisite Drug Mills ensures for all *powders* (which are invariably ground on the premises) the greatest possible purity.

The Directors beg to state that at their City Dispensing Establishment as above, the greatest attention is paid to the careful and accurate dispensing of Physicians' and Surgeons' Prescriptions, the same principles having been adopted in the supply of pure Medicines, &c., which have already gained for the Company (both at the chief Depot at the West-end and at their established Branch in Liverpool) the confidence and appreciation of the Medical Profession.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

LECTURE,
INTRODUCTORY TO THE SESSION,
DELIVERED IN JERVIS-STREET HOSPITAL,
DUBLIN.

By A. BANON, Esq., M.D.,

VICE-PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS.

GENTLEMEN,—In meeting you in this theatre on the opening of the Session, I deeply feel the importance of the occasion, and the responsibility which attaches itself to me as well as to yourselves, in commencing our work of Clinical Instruction. When I consider that on the manner in which this instruction will be imparted to you by the physicians and surgeons of this hospital may mainly depend the amount of benefit you will receive during the ensuing Session, I cannot but feel anxious that any words I may address to you should be such as to convince you that, without close attention to the opportunities for the study of your profession which are opening before you, you will never attain that knowledge which will alone enable you to practise it with success. The time devoted to your hospital duties will hereafter be reckoned by you as perhaps the most profitably spent in your lives, and if now wasted or squandered in idle amusement, you will learn in after life that it cannot be compensated for. I would say to you, then, get into harness at once and encounter manfully the difficulties of the road you have entered on, and if you find its passage rough and weary at first, remember that it leads to success, and as you proceed with persevering industry all its difficulties will vanish before you. Before glancing at the nature of the studies which will specially be brought under your notice in this hospital, let us for a short space turn our attention to the nature of the sciences of medicine and surgery, and to the objects for which they are cultivated. The former may be said to consist in the knowledge of such causes as tend to the creation or production of disease, and of the means whereby it may be removed or averted; the latter in applying that knowledge to the benefit of man. It is to the acquisition of this knowledge that so many noble lives have been devoted both in ancient and modern times, and for which we all are now here assembled. The decided and rapid progress which both medicine and surgery have made in recent times can only be understood by looking back to remoter periods, and comparing what was then known with the discoveries of the present day. Of such importance were the sciences of medicine and surgery considered in the early periods; that divine honours were sometimes paid to those who made them their study; and if we look back to the works of such men as Hippocrates and Galen, we will find abundant evidence of their labour and research, and of the high estimation in which they were held. Without dwelling, however, on the history and lives of the great fathers of medicine, it will be sufficient for us to know that greater additions to our knowledge have been made within the last few years than during the centuries which elapsed from the times of Galen down to those of Harvey, the discoverer of the circulation of the blood. People in those times were too prone to take for granted the dogmas of the ancients, and slow in thinking for themselves; but a new era was to commence, and the labours of Harvey, Anbrose Paré, Petit, Le Dran, Chepelden, Malpighi, Haller, Pott, Morgagni, and many others, shed a new light on medicine and surgery, and advanced to the dignity of a science that which was before considered but as an art. At length came the great John Hunter, to whom

physiology and surgery owe so much; and here let me say that the study of the lives of these great men will well repay the medical student, teaching him the inestimable value of self-reliance and persevering industry, and also affording him an agreeable relaxation from his severer studies. Above them all stands the life of John Hunter, whose praises have been sounded in so many orations. A raw youth, first coming to London in 1748, he at once commenced the study of anatomy in his brother's school, investigating and thinking for himself on every subject connected with his profession, and finally mastering them. Subsequent investigations have, no doubt, dispelled errors into which he fell, and added much to the knowledge he imparted to us; but to this great man's labours we must look as affording us the starting points of many of the improvements in various branches of our profession, which have raised it to that height it now happily occupies (hear, hear). Can anything, gentlemen, be more noble than such a life? It will take you but a short time to read it, but it will take you years of patient labour and study to master the great ideas he has left us in his undying works, and illustrated by his unrivalled museum. To follow in the footsteps of Hunter, even at an humble distance, will be your duty. Learn first, as he did, something of the wonderful mechanism of the human frame, and of the laws which regulate its action during life, and by-and-bye you will be enabled to apply the knowledge you have acquired to the objects we should all have so much in view—of rendering our profession a real blessing to our fellow-creatures, and creating for ourselves a place in the respect and affections of our patients not to be gained by the followers of any other profession or calling. Remember that the sole purpose for which we are assembled, and for which parents may have made sacrifices to send some of you here, is simply that we may learn how to treat disease—that we may become worthy members of that noble profession to whose care the health of this wonderful work of God, man's body, is entrusted—that whether we see it stricken on the fever bed or writhing on the table of the operator, our knowledge of that profession may enable us, if not always to stand between it and death, at least to afford to it comfort and relief. I say we, for are we not all students together (hear, hear)? Not the most learned physician or surgeon can say he has learnt all; far from it, all of us must be students, many humble ones, to the last. Such was Hunter from the moment he entered his profession till his sudden death, nearly half a century afterwards, whilst attending his hospital duties; such it is the duty of every one of us to be, contributing as best we may to the progress of knowledge and the exclusion of error from a profession of which Sir William Fergusson truly says:—"It is hardly possible for the young mind to estimate or realise its magnitude or interest. Its influence extends over the whole human race, over every animal subservient to man's use or benefit; and from the lowest grade of man in savage life to the sovereign ruler over millions in the highest state of civilization, it is held in the greatest respect. There is, perhaps, no single occupation or profession amongst our social arrangements which has such an influence on individual man; and whilst it in some degree sways the daily actions of every one, it is equally felt by the masses. It influences alike the inmates of a cottage and those of a palace. To what, it may be asked, is all this to be attributed? The answer is simple. Medicine has the charge of the health of the living frame. There is no gift which the Almighty has bestowed on man equal to that of health. Without it the greatest intellects must be enfeebled, and it is in the mortal nature of man, even with his superior mental endowments over other animals, to place health as the foremost blessing of life. When are we impressed with the meaning of health, we fully understand the magnitude and grandeur of the objects and aims of medicine." Can I say anything more to induce you, gentlemen, to regard in their true light the importance of those aims and objects which should guide you in the pursuit of medical and surgi-

cal knowledge? To this purpose you will attend the dissecting and lecture-rooms, where gradually will be revealed to you the astonishing perfection of those organs of which the human frame is composed. Look to it in detail; the hand, the foot, the eye, the ear, the muscles and joints, the nervous and circulatory systems, and, in fact, any set of organs you may select. See the perfection and arrangement of their mechanism, so admirably suited to the functions allotted each of them to perform. See, examine, and admire them, and then, with Sir William Fergusson, attempt to realise the fact that all these wonderful triumphs of design and art are joined together in that frame which it is the object of all our study so to understand, that, when affected by disease, we may be able, by our acquired knowledge, to restore it to that health and perfection of action with which the Almighty originally endowed it. Physiology will tell us of many of the laws by which that action is regulated, and, as investigations proceed in this science and that of chemistry, no doubt many new and startling discoveries will be made; but let not the physiologist or chemist assume, and but few indeed have dared to do so, that life is nothing more than the development of that physical action the nature and laws of which these sciences have done so much to explain. The mind of man can never fathom the mystery of life, further than that it is the moving principle, set to work by an omnipotent hand, of all those wonderful functions and phenomena presented to our view in the animal and vegetable kingdoms. These are His works, and it is to our care the noblest of them all is entrusted. Let us see, then, how best we can go about understanding the important task which is before us. In the lecture-room, the dissecting-room, and the hospital lie your opportunities. In the former, the knowledge you will obtain in the sciences of anatomy, physiology, and chemistry, will enable you to understand the various deviations from the healthy state, or, in other words, the different diseases to be met with in your hospital. The advantages and facilities which will be here afforded I shall by-and-bye shortly allude to, and shall now say a few words on the present position occupied by medicine and surgery. The state of these sciences at the present day may well excite in us an amount of pride and admiration. No matter where we look, we see men of genius and indomitable industry investigating anatomy, physiology, chemistry, medicine, pathology, and surgery, with such success that new discoveries constantly reward their efforts; but still, gentlemen, the field remains not only open, but a void has yet to be filled up, without which it must be acknowledged that our knowledge of medicine is not alone imperfect, but fails most signally in affording us a true system of therapeutics. As yet we are obliged to practise, to a great extent, empirically, and must do so until by the light of science the various changes and physical actions occurring in disease may become so well understood that the cause of deviation from healthy action will be detected, and the required remedy pointed out. Until of late years medical men were too prone to take for granted the dictum of some great authority as to the treatment required by a particular disease, and even now there are many of us too much influenced by the same inclination. Our predecessors having thus failed in giving us what we most require, we must look to the present state of science, and let us see if it has as yet done anything towards it. Before quoting a recent experiment by Dr. Bence Jones and M. Dupré, mentioned in a recent publication by Dr. Cheadle, I would remind you that our acquaintance with specifics for disease is very limited, and amongst the most undeniable stands quinine for the treatment of ague.

"Dr. Bence Jones and M. Dupré have, by means of the spectrum, found that a substance which closely resembles quinine exists as a normal constituent of the human body. Starch, sugar, and albuminous products, are known to be common to both the animal and vegetable kingdoms; but this, if it prove to be quinine, will be the first powerful

remedial agent which has been discovered naturally existing in the animal tissues. Quinine is one of the very few specifics we possess, and should the discovery be confirmed by further observations, and we can learn how its excess or deficiency affects the economy, one link in the chain we seek will be secured, one great step towards a positive system of medicine will have been accomplished." It may appear strange that, notwithstanding the labours of such men as the Hunters, Bailly, Jenner, Læunec, and many others, whose equals we can rarely hope to see again, the principles of the treatment of disease should be still of so uncertain a character that this all-important branch of our profession may be said to be almost as yet in its infancy. From the researches at present going on by Dr. Bence Jones and others, it would appear that the right road has at length been taken, and that the addition of such facts to our present state of knowledge as those I have just mentioned will afford us such light as will supply the great want of medicine, of an unerring system of treatment derived from science alone. Then, but not till then, will medicine be ranked above all professions, either as regards its scientific perfection, or the magnitude of the blessings it will enable us to confer on man. Much has in latter years been added to our knowledge of medicine and surgery; hygienic arrangements are better understood, and old nostrums and systems of treatment, proved to be injurious, are exploded. Who will now, except in rare exceptional cases, bleed in pneumonia or fever? I well recollect, when a pupil in this hospital, the number of patients bled every morning in the wards and dispensary for various diseases. So rare is now the practice, that you will be fortunate if, during the ensuing six months, you have even one opportunity of learning practically the simple operation of phlebotomy. Many attribute this revolution in practice to a change in the type of disease, and, most probably, to a great extent they are correct; but it is also undeniable that the nature of morbid actions is now better understood, as also the tendency of many of them, if uninterfered with, to return of themselves to the healthy state. Thus, in the treatment of fever, the exanthemata, and other diseases, we know from experience that certain changes and symptoms will occur, and that the poison producing them will at length be eliminated from the system by the unaided powers inherent in itself. Our duty, then, will be, in such cases, not to meddle too much with our nostrums or medicines, as was formerly the practice, but to stand by nature when her powers are flagging, and to apply all the resources of our art to restore the functions of the vital organs when endangered in the progress of the disease. To Drs. Graves and Stokes of this city the profession of medicine is much indebted for many improvements, and that concerning the treatment of fever in particular has commanded the approval and attention of most modern physicians. Graves taught the necessity of wine and other stimulants in certain forms and stages of fever, and Stokes followed him, regulating the practice by the state of the heart and general circulation. These men, I am proud to say, have raised not a little the reputation of the Irish school. In Dr. Beatty's eloquent address to the students of the City of Dublin Hospital last year, he thus quotes the opinion of the late Dr. Graves held by the celebrated Trousseau of Paris: "As Clinical Professor of Medicine in Paris, I have incessantly read and re-read the work of Graves. I have become inspired with it in my teachings, I have endeavoured to imitate it in the book I have myself published in the clinique of the Hotel Dieu; and even now, although I know almost by heart all the Dublin physician has written, I cannot refrain from perusing a book which never leaves my study; there is not a day that I do not, in my practice, employ some of the modes of treatment which Graves excels in describing with the minuteness of the true practitioner; and not a day that I do not thank, from the bottom of my heart, the Dublin physician for the information he has given me." This tribute, from so celebrated a man as Trousseau, to one whose friendship in earlier

years I had the honour to possess, and whose talents I so much admired, you will not, I am sure, think here out of place. The names of those men, and many others who have raised the character of the Irish school, will shortly become familiar to you, as will also those connected with the London, Continental, and American schools, who by their labours have elevated the sciences of medicine and surgery to a position never previously attained, by establishing true views of disease. It will surprise you when you come to see how many false notions and prejudices have been exploded; how, by the aid of the microscope, the laryngoscope, the ophthalmoscope, and the endoscope, investigations are being made of structures and diseases in parts previously hidden from our view; what improvements have taken place in our means of diagnosis; how men like Addison and Bright have had each a disease called after himself, from being the first to describe its symptoms; how, in surgery, the improvements in several operations, such as those for hernia, amputations, Amusat's operation for false anus, tying of arteries, acupressure, recently invented by Simpson, and that other triumph of the Dublin school, the treatment of aneurism by compression, have so materially advanced our knowledge of this branch of our profession. I may here allude to a formidable operation which has but latterly been admitted by surgeons as a recognised proceeding. I allude to ovariectomy, or the extirpation of an ovarian cyst. By the labours of Clay, Tyler Smith, Spencer Wells, Baker Browne, and others, the mortality from this operation has been reduced much below that following many of our other recognised capital operations; but still the question arises whether an operation attended with such risk to the patient's life should be advised or undertaken by a surgeon, unless in cases where the disease of the ovary is likely to be attended with danger to life. The success which has attended this very formidable operation in London has been most remarkable. But few cases have been operated on in this city, some of which were signally successful, and others rapidly fatal. In this hospital you will have opportunities of witnessing most of the capital operations from time to time. During the past year two operations of very unusual occurrence were here performed by my colleagues, Drs. McDonnell and Tyrrell. I allude to trephining the spinal column in cases of injury of the cord from fracture or displacement. The first of these operations was undertaken with the consent and advice of the celebrated physiologist, Dr. Browne Squard, who happened to be in Dublin at the time. Although no recovery, or any very permanent benefit followed in either of these cases, and, to my mind, it is doubtful whether such an operation should be repeated, still it is due to my worthy colleagues to say that nothing could be more brilliant or successful than the manner in which both were performed, eliciting from all present the warmest admiration.

The arguments for and against this proceeding have latterly been much discussed by surgeons, and you will find an able paper by Dr. R. McDonnell on the subject, in a recent number of *The Dublin Quarterly Medical Journal*, in which he discriminates the cases in which he recommends an operation from those in which any such proceeding is inadmissible. I have myself made and assisted at several post mortem examinations of cases of fracture and displacement of the spinal column, and in all of them the injury extended to the body of one or more of the vertebræ. Instances, however, do not unfrequently occur in which the injury is confined to the posterior arch, by which a portion of it is driven in on the cord, causing more or less complete paralysis and anæsthesia. Were we able during life to fix the limit of the injury to this portion of the spine, the temptation to operate for the purpose of elevating the depressed portion of bone would be great, but unfortunately we are seldom able to do so, and when the fracture extends to the body, for obvious reasons such an operation would not necessarily relieve the cord from pressure. I cannot avoid here saying, that I feel it a high

privilege to have been associated in this hospital with colleagues, all of whom are men not alone devoted to their profession, but who have, many of them, done much to advance our knowledge of it. Here Sir Dominic Corrigan first established that character as a physician which has elevated him to the high position he now occupies in this city. It was whilst physician to this hospital his observations were made on the nature of the sounds of the heart, and of cirrhosis of the lung. Here, when a pupil, I saw our senior Surgeon, Mr. O'Reilly, tie the subclavian artery in its first stage, an operation, the particulars of which, and the admirable manner in which it was performed, are now as fresh in my recollection as when, many years ago, as the pupil who had charge of the case, I gave the details to the late Dr. Flood for publication in his admirable work on anatomy.

The great depth of the position of the artery, its close proximity to the vena innominata below, embraced as it were between the common carotid artery and the internal jugular vein, with the par vagum in front, and the recurrent laryngeal and pleura behind, formed a combination of difficulties which a true anatomist and surgeon could alone surmount. This formed the fourth of the eight cases in which this, the most difficult operation known to surgery, has been performed—all of them having proved fatal, mostly by secondary hæmorrhage, owing to causes which the most expert surgeon cannot guard against. The experience of this operation, which these results have given us, will no doubt in future deter most surgeons from having again recourse to it. To Mr. Stapleton, as well as to the other physicians and surgeons of the staff, we are much indebted for valuable clinical instruction. The former's practical remarks on syphilis, and his translation of the observations of Ricord, you will find well worthy of attention. He was also one of the first surgeons who successfully treated varus or club-foot in this city. To Professor Hughes we are indebted for the benefits conferred on practical surgery by his modifications of Liston's and Dupuytren's splints, by the former of which all the indications for the successful carrying out of extension in oblique fractures of the femur are fulfilled—namely, the steadying of the splint in the vertical direction, the prevention of either eversion or inversion of the foot, the relief of the heel from pressure, the non-interference with either the sound limb or bedding, the non-necessity for a too frequent adjustment of the retentive apparatus, the power of varying the irksome position of the limb, and finally the facility of introducing the bed pan when necessary, are perfectly accomplished. The advantages on the other hand of Mr. Hughes' adjustment of his foot board to Dupuytren's splint in the treatment of fractures of the lower end of the fibula may be thus summed up:—

1st. The foot and fibula are steadily maintained in their normal relations.

2nd. The splint is prevented from becoming displaced by ascent, or in any other direction.

3rd. The heel is preserved from pressure.

4th. The extending force can with the greatest ease be increased or diminished and the foot board reversed.

5th. The apparatus is no way irksome to the patient, and as it demands but very occasional re-adjustment, it saves the surgeon a great deal of time, trouble, and anxiety; thus accomplishing, in a very simple, yet efficient manner, with Dupuytren's splint, even more than its distinguished inventor sought for in the treatment of fractures of the fibula.

Another operation, performed several times with success by myself in this hospital during the last few years, it may be well shortly to notice. I allude to that for the cure of vesico-vaginal fistula—an operation principally devised by Drs. Bozeman and Marion Sims, American surgeons—for the cure of that loathsome affection, which, though seldom endangering the life of the sufferers, renders existence almost a burthen to them. I well remember, in my pupil days, the annoyance frequently expressed by that excellent and benevolent surgeon, the late Abraham Colles, at

the failure of his many contrivances for the cure of this affection. For myself I will say that I look back with much pleasure to the results obtained by me in about fifteen cases operated on in this hospital, notwithstanding that their treatment was attended with much trouble and expenditure of time. I would be indeed ungrateful were I not to say how much of my success I owed to my friend Dr. Beatty, as well as to my colleagues in this hospital, for the valuable assistance they afforded me in several of the most difficult of these cases. My sole object, gentlemen, in at all alluding to the part I have taken in the treatment of this affection, is to direct the attention of the profession to the almost certain means now placed within our power of completely relieving these poor sufferers from a condition which, as I before said, deprives them of all the comforts of existence, rendering them loathsome to themselves and others. For the information of the younger students it may be well to say that these fistulæ generally follow sloughing of the vesico-vaginal system, or the injudicious use of instruments in tedious labour. The symptoms following this lesion are a constant dribbling of the urine through the fistula from the bladder, which has lost all power of retaining or expelling it, and the excoriation of the vagina and thighs from the constant contact of the urine, giving rise to much distress, and to a strong urinous smell from the person. Sometimes these fistulæ are of very large size, others are so small as to be merely "pin holes," but still giving rise to the same train of unpleasant symptoms. For the cure of the latter form of fistulæ I have devised an instrument, delineated in the paper I published on the subject last year, which much facilitates the principal difficulty of the operation. For a more full description of the operation, and the history of several of the cases treated by me in this hospital, I would refer you to that paper published in *The Dublin Medical Quarterly Journal* for February, 1865. I alluded just now to the Dublin method of treating external aneurisms by compression, and as in the wards of this hospital there are at present two patients undergoing that treatment—one a case of traumatic aneurism of the radial artery, and the other one of popliteal aneurism, you will have at once brought under your notice the principles on which this brilliant improvement in surgery are founded. It is truly termed the "Dublin method," for although for a century previously pressure in various forms for the cure of aneurism had been practised, the principles on which the practice was founded were erroneous, and therefore mostly unsuccessful, until Dr. Todd's cases in the Richmond Hospital in 1820 and 1825, followed by a case treated by Dr. Hutton in the same hospital in 1842, laid the foundation of an advance in the surgical treatment of aneurism, which is now universally regarded as one of the most important improvements of our art. To the late Dr. Bellingham, of this city, is mainly due the credit of establishing this treatment on a firm basis. It would occupy us too long to allude further to the improvements and discoveries which are of such constant occurrence in both medicine and surgery, but a passing allusion to the benefits conferred on us by the use of chloroform and æther may not be out of place. A few days since some of you here saw a patient so worn out by long-continued painful disease, that he gladly submitted to amputation of the thigh, close to the hip joint. So completely was he rendered insensible to pain by the administration of chloroform, that when the operation was completed he was not aware that it had been even commenced. Such cases you will frequently see in this hospital, and can you avoid exclaiming that the profession in which such things are done must be the noblest of all? The present age, as we know, teems with scientific triumphs, many of them of the vastest importance to man. Witness the electric fluid brought into subjection by the intellect with which man is endowed by the Creator, traversing the simple wires over the mountain and the desert, and under the bed of the vast waters of the ocean, and conveying in a moment of time our thoughts and desires from one hemisphere to the other! Can even this be compared with the

discovery of agents placing within our reach such positive benefits as we derive from chloroform and sulphuric æther, in rendering our patients insensible to that pain and anguish we all dread so much, which our nature so instinctively shrinks from, and which, in the practice of our profession, we are so often obliged to inflict. To the genius of Sir Humphrey Davy we owe the suggestion in his experiments on the nitric oxide gas, which led, nearly half a century afterwards, to the inhalation of sulphuric æther for relieving pain, first applied by an American dentist in 1844, and improved on by the substitution of chloroform in 1847, by Dr. Simpson. I fear, gentlemen, I may have detained you too long in adverting to matters which you may perhaps better understand from books, and that some of those subjects I have mentioned may be puzzling to those of you who are here for the first time. I would therefore recommend the first year's student, while not dismissing them from his mind, to defer their consideration until he has mastered the more commonplace but not less important matters which will daily come under his notice during his hospital attendance. Watching the healing process of an ordinary sore leg, or even of a simple incised wound, will afford opportunities, which should not be neglected, of studying and meditating upon that vast page in physiology which treats of the wonderful reparative powers of nature. Amongst you there may be some destined to become distinguished members of our profession, and whose names may yet be ranked by a grateful posterity as eminent chemists, physiologists, or surgeons; but to the great majority of you a much humbler, but still an honourable and useful career, is open. With a fair knowledge of your profession, in its scientific as well as practical bearings, whether your lot be cast amongst the poor or the rich, you will be useful citizens earning the love and respect of those on whom your skill will enable you to confer inestimable benefits in their hour of trial. The opportunities which will be here open to you for acquiring a practical knowledge of medicine and surgery you will find ample. A large dispensary attached to the hospital is daily opened. Surgical diseases and accidents requiring operation are of frequent occurrence. Two surgeons and one physician attend each morning, giving such instruction at the bedside as each case may suggest. One medical and two surgical lectures are delivered in this theatre weekly, and the more advanced and attentive amongst the pupils will be selected to dress and look after cases of importance. You will find the medical officers always ready to meet the inquiring student with the fullest information in their power. All they will ask in return will be attention and kindness to the poor patients on your part, and a gentlemanlike demeanour amongst yourselves and towards the estimable and charitable ladies who devote their lives to the care of the sick in this institution. For yourselves, you should select clean and comfortable lodgings not far from your hospital, which you should attend most punctually at the visiting hour; take full notes of every important case you may meet with, and be guided in your reading by the advice of your teachers. Arrange, if possible, to pass your first examination at least a year before the final one, in order that you may devote the last months almost exclusively to your hospital. Combine with your study healthful exercise and rational amusement, which, instead of retarding, will increase your power of obtaining knowledge. Do this, and you will return to your homes with your minds opened to the magnitude and grandeur of the objects of that profession you have chosen to embark in, and with an ardent thirst for further knowledge; neglect it, and what your fate may be it would be painful to contemplate; for, it is but too true, experience has shown that the character, for good or evil, which the student makes for himself during the early period of his career, will, in the great majority of instances, adhere to him through life. Commence, then, to establish your character by diligence in your hospital duties.

which, as Sir Benjamin Brodie tells us, "will soon be found, to those who desire to learn, replete with interest. At first all is confusion. The nice distinction of symptoms on which the diagnosis of disease depends, why the pulse in one case indicates immediate danger, and in another none at all, why one patient recovers and another dies, why the same kind of treatment is successful in one instance and fails in another; these, and a multitude of other matters are quite inexplicable to the young student. Everything is seen, as it were, through a mist. After no long time, however, the mist begins to clear away, and whoever has advanced thus far finds no difficulty afterwards. Every case is an interesting subject of inquiry. A great game is being played in which the stake is often neither more nor less than the life or death of a fellow-creature, and in which those among the students who devote themselves to their business perform an humble, yet not unimportant part, without any painful feeling of responsibility." Weigh well, then, what you are about to undertake, which, though a life of labour and anxiety, rewards, as no other profession can do, the man who, by his acquired knowledge, is enabled to minister to the wants of his stricken fellow-man.

Hospital Reports.

ST. MARY'S HOSPITAL.

HYDROCELE AND ITS TREATMENT.

By Mr. HAYNES WALTON,

SURGEON TO THE HOSPITAL AND TO THE CENTRAL LONDON
OPHTHALMIC HOSPITAL.

(Continued from page 490.)

THE subject of hydro-sarcocele was then considered, and the definition given as being fluid collected in the tunica vaginalis, along with swelling of the testicle. It was an affection for the most part due to chronic orchitis, but may be attributed to other morbid changes—malignant as well as innocent. It usually was not difficult to distinguish this from ordinary hydrocele. The history of the case generally pointed to the difference. The size of the testis, and the tenderness of it, confirmed the disease. He warned his hearers not to treat hydro-sarcocele in the first instance as simple hydrocele, but to endeavour to cure the disease of the testis by general measures, when, in all probability, the hydrocele would go. If, however, after the testicle was no longer diseased the hydrocele remained, it should be submitted to treatment, and injection employed, as in any ordinary case. He advised them never to inject double hydrocele at the same time, because of the severity of the inflammatory action which might ensue, but to let a sufficient time elapse after the first was done, before attacking the other.

Hæmatocele was so much connected with hydrocele, that he deemed it prudent to consider it in the concluding portion of his lecture. It was swelling caused by effusion of blood in the tunica vaginalis, or in a cyst connected with the testicle. There were two varieties of hæmatocele—the first occurred in a natural state of the testicle, from the accidental rupture of a blood vessel, and so the tunica vaginalis got filled with blood; in the second, the extravasation took place when a hydrocele was present, and may be caused by a blow, or during the operation of tapping, when the testicle was either wounded, or a vessel that was wounded outside the tunica vaginalis bled within the cavity. The blood which was poured out acted as an extraneous body, and often caused acute inflammation of the tunica vaginalis. Sometimes it produced a chronic form of inflammation, invading the surrounding

fascia and connective tissue. The tunica vaginalis was apt to become very much thickened. In old hæmatocele the blood underwent several changes—sometimes it was broken up into a fluid, like coffee grounds; sometimes it was converted into a soft fibrinous substance, deposited in layers, and more or less decolorised; sometimes it was of a honeycomb appearance, infiltrated with reddish serum. He laid great stress on the fact that the testicle was in the same position as ordinary hydrocele, but subject to variations from the same causes; the testicle itself was apt to undergo more or less atrophy from pressure. The diagnosis from that of hydrocele was the absence of transparency by the light test, the heaviness of the tumour, and the obscure fluctuation.

The treatment of the first variety, if the hæmatocele was small, should be antiphlogistic; that is rest, the application of cold, and slight purgation. But if suppuration should ensue, or the effusion of blood be large, the sac should be opened.

In the second variety, if the quantity of blood be small, and mingled with the fluid of the hydrocele, tapping should be resorted to, and repeated if necessary till the blood disappeared. When, however, there is a great deal of blood effused, with acute inflammation of the part, and suppuration was dreaded, the tunica vaginalis should be opened and the blood got rid of.

Mr. Walton endeavoured to point out the importance of avoiding the testicle in this latter operation, and assured his class that except they proceeded with great care, remembering always how the testicle may in different cases be in different parts of the sac, that it was in danger of being wounded. Of course, if the tunica vaginalis were very thickened its position could not be accurately made out; hence the still greater care necessary in operating. In very large chronic hæmatocele, with considerable consolidation and thickening of the sac, in persons far advanced in life, our highest authorities recommended the excision of the whole of the mass, including the testis.

SPECIAL REPORT

ON THE

TREATMENT OF CHOLERA BY VENOUS INJECTIONS.

III.

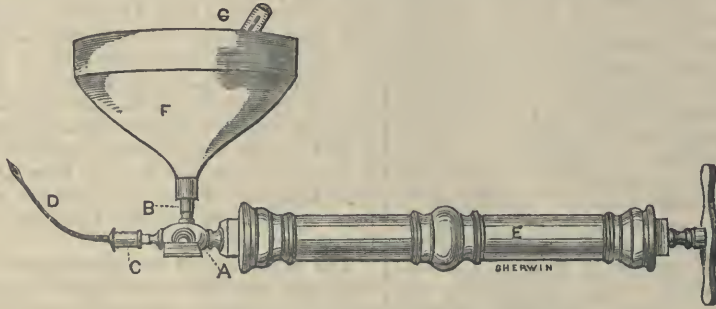
THE EPIDEMIC OF 1848-9.

(Continued from page 466.)

DURING this epidemic the London Hospital threw open its doors to cholera patients, and seven cases, admitted under the care of Drs. Cobb and Little (who by this time had become full physicians to the hospital), were treated by injections of saline alcoholic fluids into the veins. Of these four died and three recovered, a result much more satisfactory than that of the cases detailed in the last section of this report, and which was no doubt partially due to the more favourable conditions under which the operation was performed. The patients had the benefit of all the resources of one of the largest metropolitan hospitals. Instead of being prepared under all the disadvantages of haste, large quantities of the fluids were kept ready in well stoppered bottles. Great care was taken to secure the liquid passing into the veins at a proper unvarying temperature, and instead of the syringes previously employed, an instrument designed expressly for the purpose by Dr. Little was used in all the cases. From its great simplicity this apparatus is easily used; it furnishes security against the admission of air into the vein, and the occupation of time necessitated in turning the taps, noting the temperature, and watching the effects of each succes-

sive syringeful injected, is looked upon by its inventor as a considerable advantage, since a too rapid injection has

been found injurious. The following diagram fully explains the use of this apparatus:—



Dr. Little's Syringe for injecting fluids into the veins.

A. Syringe with two apertures in the cock; one (B) communicating with reservoir; the other (C) leading to vein. D. Tube to introduce into vein connected *immediately* with cock. E. Body of syringe, brass, tinned inside, capacity about two ounces. F. Conical brass reservoir, silvered inside and coated with caoutchouc outside. G. Mercurial thermometer in ivory frame placed in the reservoir. A tap within reach of operator allows the fluid to pass from the reservoir to the syringe.

The fluid employed being in all the cases identical, we may first of all record its composition, which was as follows:—

℞ Sodæ hydrochloratis, ℥ij.
— sesquicarb. ℥ij.
Aquæ distillatæ, ℥cxxx. M.

This solution was carefully filtered. Immediately before injection it was heated to a temperature of 110° to 115° Fahr., ℥ij. of alcohol added to each imperial pint, and the whole carefully stirred.

Since the commencement of our Special Report a detailed account of the cases treated has appeared in the "London Hospital Reports." Only a brief abstract of them will therefore be given in this place, and first of all of the unsuccessful cases.

LONDON HOSPITAL.

FOUR CASES OF CHOLERA UNSUCCESSFULLY TREATED BY VENOUS INJECTIONS.

Case 7.—Malignant cholera; admitted in collapse at three P.M., having been seized with diarrhœa, vomiting, cramps, &c., at eleven A.M.; suppression of urine from that time. At six P.M. he was seen by Drs. Cobb and Little, when he appeared to be fast sinking into a hopeless state. Seventy ounces of the fluid injected into median-basilic vein; a second injection was afterwards attempted, but he sank rapidly.

Case 8.—Malignant cholera; admitted to the hospital at noon in a state of collapse, having been seized with abdominal pain and cramps at eight A.M. At one P.M. an injection of saline fluid with alcohol, to the extent of eighty ounces, was effected. The skin immediately became warm; the pulse previously imperceptible was now regular, 120; the lips from livid became red; the temperature rose from 85° to 90°, and the patient was able to speak distinctly. At three P.M. an immense rice-water evacuation; the pulse diminished in strength, and rose to 160. At half-past four P.M. vomiting and almost pulseless; seventy-four ounces of the fluid injected. He again improved greatly, and a little after five P.M. passed about three tablespoonfuls of urine. At eight P.M. was again sinking; one hundred and ten ounces injected; partial revival followed. Ten P.M. Pulse small and very quick; cold sweats. Eleven P.M. Nearly pulseless. Quarter-past eleven. Death.

Case 9.—Cholera in a woman admitted to the hospital in extreme collapse. At two P.M. twenty-five ounces of the fluid injected; as it caused great pain in *right* side

of chest, about the seventh and eighth ribs, Dr. Little thought it better to desist. He informs us that this is the only case in which he has witnessed any aggravation during the injection. She died about two hours afterwards, but no post-mortem was permitted by the relatives.

Case 10.—A mariner seized at midnight, and admitted to the hospital at a quarter-past six A.M., with malignant cholera. Collapse most rapid; nearly pulseless, and getting worse every minute; coldness universal; forty ounces of the fluid injected; copious perspiration ensued over face and neck; he lay much easier, the colour improved a little, and the temperature under the tongue rose from 78 to 86°; nevertheless, he died about an hour afterwards.

The above are the four fatal cases that were treated in the London Hospital at this period. By way of comparison, we may add to these a case injected in private practice, under Dr. Little's care, during the same epidemic.

Case 11.—A young lady having taken a calomel and colocynth pill for constipation, was seized with cholera the next morning; visited at noon by Dr. Little; at six P.M. collapse was complete, and death seemed near at hand; sixty ounces of fluid injected between seven and eight P.M.; pulse returned; face and surface became warmer, and she expressed herself as better, and as relieved from the oppression of breathing and epigastric pain; vomited once. At eleven P.M. had again become collapsed, and purging returned; thirty ounces more of fluid injected with similar relief, but less marked than at the first operation; amelioration continued till after midnight. A third attempt to inject was made by the gentleman in charge, but the patient sank before the completion of the process.

In this case the difficulty of carrying out the treatment by injections in a private house was found considerable, although the house being that of a chemist, this difficulty was less than usual. Undoubtedly the treatment is more easy, and so more likely to be successful in an hospital.

Having thus recorded the fatal cases of the epidemic of 1848-9, we propose now to review the four instances of recovery under this treatment which, as already stated, took place at the

LONDON HOSPITAL.

Case 12.—A seaman, aged 22, admitted August 13, at noon, under the care of Dr. Little. Had been attacked by vomiting and purging on the previous day. At five P.M. cold and pulseless; no urine passed. On the 14th no pulse had been distinguishable, either in radial or brachial arteries; no urine had passed; tongue 82° F.; most profound collapse. His colleagues deeming the case hopeless, Dr. Little resolved to try injection of his salino-alcoholic fluid. When ℥xx. had been introduced, the respiration was more frequent. After a pause ℥xx. more thrown in. The pulse became tolerably full at the wrists and temples. After ℥lxxx. had been injected, the breath was warmer; patient expressed himself relieved; perspiration appeared on forehead; skin above the eyebrows from inky blue became dingy red; pulse soft and full, 88. At 6:30 steady pulse,

increased warmth, and improved colour of surface proved that the power of generating heat had been resuscitated. At eight P.M. fifty-five ounces, and at midnight seventy ounces injected.

15th. Had vomited twice, and purged a black-greenish fluid; pulse, colour, and temperature maintained. In the evening, these failing, forty-five ounces were injected.

16th (9:30 A.M.). Sensible; slept little; tenderness over epigastrium; no headache; heavy-eyed, colour almost natural; injection of conjunctivæ; temperature of mouth 93° F.; pulse 96; says he has voided urine; has had two pints of milk and half a pint of sherry in the twenty-four hours; veins of natural fullness.

17th. Has had some sleep, and taken barley-water, ice-water, and beef-tea; veins moderately distended; has vomited and purged; pulse 72, weak; temperature of mouth 92° F. To take three grains of carb. ammon. in camphor water every two hours; a pint of milk and four ounces of wine in twenty-four hours. 4:30 P.M. Half a pint of urine voided apart from fæces.

18th. Aspect of a convalescent from cholera; pain in bowels; colour, temperature, &c., maintained; mouth 83° F.; pulse 72; motion and urine twice; a purulent discharge from right ear. To take carb. ammon. in infusion of bark; enema of six ounces of beef-tea every six hours.

20th. Pulse 84, fuller and stronger; a drop of pus from one of the incisions in the left arm; no sickness; urine, twenty-four ounces; one motion.

21st. Pulse 88; no motion; more urine.

22nd. Pulse 78, quick; three motions; removed to a more airy ward.

23rd. Pulse 78, full; tongue clean, moist, red, and smooth; three motions, all fæulent; urine free.

24th. Had enjoyed a basin of bread and milk last two days; "feels quite well, except weakness;" pulse 80, full, soft; respiration 18; temperature of tongue 97° Fahr.

From this date, the tenth day after operation, continued to improve.

On the fourteenth day of treatment he dressed himself. No looseness of bowels remained, and the incisions were healed.

He now took a mutton-chop, milk, beef-tea, and three ounces of wine.

A week later, on the twenty-first day of treatment, took exercise in the hospital garden, and all the functions were perfectly performed. He never had the slightest cough.

Dr. Little saw this patient on the 19th January, 1850, quite well, after having visited the United States and returned.

The urine voided by this patient on the 17th and 18th was carefully examined by Dr. Letheby, who found an enormous amount of extractive matters, alkaline sulphates, and an unusual amount of phosphates. Moreover, very small quantities of alkaline chlorides were detected, notwithstanding the quantities of salts injected. This was considered by Dr. Letheby, and will certainly be generally accepted, as "a strong indication of a great deficiency of saline matter in the blood" of this patient. The urine of the 17th contained much more extractives and sulphates, and much less urea and uric acid. In fact, on the 18th, the secretion approached much nearer to its natural qualities. Examinations of the secretions of cholera patients by reliable authorities are so scarce that we are glad to subjoin Dr. Letheby's minute analysis:—

	Urine voided on the 17th.	On the 18th.
Quantity voided,	3vss.	3vj. 3v.
Appearance,	dirty brown turbid liquor, looking like broth.	clear amber coloured liquid.
Odour,	putrid and very offensive.	not peculiar.
Deposit,	copious, of triple phosphate.	slight mucous.
Specific gravity,	1016.4.	1012.8.
Reaction to test paper,	very alkaline.	acid.
Albumen,	not present.	not present.
Sugar,	not present.	not present.

Solid matter in 1 fluid ounce,	6.6 grains.	10.2 grains.
Of which alcohol dissolved,	3 grains.	4.7 grains.
Solid matter in 1000 grains,	13.5.	20.8.

Percentage Composition of the Solid Residue.

	17th	18th
Urea	0.56	36.21
Uric acid	1.29	2.30
Extractive matter and mucous	54.20	30.56
Alkaline sulphates	30.31	16.61
Alkaline chlorides	.72	a trace merely
Alkaline phosphates	4.35	10.28
Earthy phosphates	7.57	4.12
	99.00	100.08

Case 13.—J. T., seized September 7, 1849, with dyspnoea, on the 8th with diarrhoea, on the 9th with vomiting. Admitted to the London Hospital, under the care of Dr. Cobb, at three A.M. on the 11th, in collapse with cramps; not pulseless; absence of urine.

At ten A.M., injection of thirty ounces of the fluid. During the operation pulse rose from 76 to 88, and became more distinct; pain and cramps left him. The temperature under the tongue rose from 89° to 91° F.; he said he was well and would like to get up; a relapse came on at 1:30, with vomiting, pain, and cramps; fifteen ounces more injected; vomiting abated, and he became more comfortable.

Eight P.M. Had slept a little; no urine passed nor purging during the day.

12th: Slept a little in the night; only vomited once; a liquid yellow motion at 4:30; about a tablespoonful of urine; pulse 96, full, strong; mouth 88° F.

One P.M. Pulse 102, full; had a motion at 11:30 of the consistence of gruel.

Eleven P.M. He vomited water tinged with bile, at 2:30, after which he slept; has passed about twelve ounces of urine; pulse 96.

13th. Bowels open twice in night and has been sick; enemas of beef-tea, and to take wine.

14th. Five motions; the last containing a large quantity of bile. He continued to improve up to the 24th, when he was discharged cured.

Case 14.—A blind vagrant, æt. 50, admitted to the London Hospital, under the care of Dr. Little, August 27, 1849, in incipient collapse; at first treated by calomel, but as the collapse only advanced for eighteen hours, he was injected to the amount of forty ounces. For many hours his condition remained evidently improved. There was absence of urine for from seventy to eighty hours, and blood passed with many of the stools. On the 30th, he passed a fæulent motion, without blood. Pulse was distinct, small, 96; abdomen tender. Hot-air baths, beef-tea per rectum, wine and water, brandy and water, milk, but no medicines, were prescribed.

Seven P.M. Better; pulse 90, fuller; no urine, but another motion, without blood.

31st. Passed urine twice; the first time, three ounces; the second, eight ounces; has had three fæulent motions; pulse 96, fuller, and stronger.

September 1st. Better; temperature and colour natural; urine twice; one motion. Discontinue enemas, and take milk, beef-tea, wine and water, yolk of egg, &c.

From this date he made a good recovery. He suffered from tenderness of abdomen for some days, which is not surprising when we consider the number of bloody stools passed—a symptom usually considered as justifying the worst prognosis. But our report of these cases has occupied so much room, that we must defer our remarks upon them.

A PHRENOLOGIST, one Dr. Rivoli, has discovered that Garibaldi's head shows unmistakable organs proving abnegation, prudence, sang froid, meditation, eloquence, loyalty, deference towards others, and perception of character.—[Phrenology is always accurate after the character is known.]

HARVEIAN SOCIETY OF LONDON.

October 18th, 1866.

Dr. THOMAS BALLARD, V.P., in the Chair.

Mr. W. SEDGWICK related a case of

UMBILICAL HÆMORRHAGE.

Which had lately come under his observation, in which the third child (a daughter) in the family of a mechanic in comfortable circumstances had hæmorrhage from the umbilicus on the ninth day after birth, and the sixth day after the separation of the funis. The hæmorrhage, which was considerable, was arrested for a time by long-continued and well-sustained pressure. There was a slight recurrence of the bleeding on the following day, which was checked by a renewal of the pressure, and the patient recovered. The first child in this family was full-grown and apparently healthy, but had been born dead. The second child, a daughter, died on the nineteenth day after birth from umbilical hæmorrhage associated with purpura, which began on the twelfth day after birth, the cord having separated on the third day. Both the parents in this case were young and healthy; but the family history on the side of the mother was unfavourable, for her father had died insane at the age of thirty years, and her mother had died in childbirth with her fourth child, leaving two sons and a daughter. The elder of these two sons died of fever at the age of twenty-seven, leaving two children, a boy and a girl, both free from disease; whilst the younger son, who is still living, has had occasional attacks of hæmoptysis.

A paper was read by Dr. HENRY MAUDSLEY,

ON SOME OF THE CAUSES OF INSANITY.

The author observed that it was almost impossible in many cases of insanity to assign any *one* cause as producing the disease; there was, as usual in such questions, a plurality of causes to be taken into account in each case. In this paper it was his design to treat not of the pathological causes of insanity, but of its predisposing and exciting causes. Civilization had been considered by many authors as a predisposing cause of insanity, but even here it seemed that there were some difficulties in arriving at any certainty, for, although there was said to be one in four hundred persons in civilized countries in a state of insanity, it was not possible to compare this fact with what occurred among savage tribes, because life was so short, and the weak succumbed so soon among such nations. There seemed certainly many causes at work in civilization not unlikely to cause aberration of mind. Of late years, in this country, there was certainly a great addition to the number of the insane in lunatic asylums. Thus, in 1865, there were no less than 29,425 inhabitants of lunatic asylums. There was, he believed, an evident augmentation in the proportionate number of lunatics in this country. One of the evident causes of insanity must be looked for in the fierce struggle for existence which now caused so many social wrecks to take place. The weaker and less able were trampled under foot, and thus ended their existence insane. A notable example of this was to be seen in the case of women; man had as yet taken the more lucrative employments as his prerogative, and left only the worst paid to women, who were thus confined almost entirely to the state of marriage, to secure anything like a certainty of existence. This was one of the most frequent causes of the breaking down of the mind in women. He did not think that self-abuse was a frequent cause of insanity in women but that it was rather one of the symptoms of the malady; among men, on the other hand, it was one of the common causes of insanity. The trivial and defective education of women left them quite unable to cope with the unfortunate position in which they

were so often placed. Overcrowding and the brutal degradation of the poorest classes tended to produce physical and mental degeneration, and this was well known to be the result of over population in old countries. Again, disease of all kinds of a lowering character in parents, such as consumption predisposed children to insanity. A great proportion of lunatics, too, died of tubercular disease. It was often observed that, when families were dying out, consumption, and insanity were frequent among the members. Speculation in business was a common cause, and the complete deadening and hardening of the emotions common among the commercial classes certainly tended to produce insanity among their offspring. Effeminacy and luxury also were in highly civilized countries conditions favouring insanity and deterioration of the race; they tended to produce a sort of cretinism, just as a similar condition was produced by bad air and water.

Hereditary predisposition had been very variously estimated as a predisposing cause, some authors believing that nine-tenths of those affected were thus predisposed, and others only one-tenth. In fifty cases examined by himself, it occurred in marked form in fourteen. Any form of nervous disease in the parents might dispose to insanity in the offspring. Thus epilepsy might occur in one member, and insanity in another. Inter-marriage, in his experience, was a frequent cause.

Intoxication was in this country by far the most common physical cause of mania and idiocy; sexual excesses came next. Mania might in some cases be vicarious with epilepsy. He had seen some cases of this kind. The puerperal state was sometimes a cause of mania, as also acute rheumatism and typhoid fever. Injuries to the brain from railway accidents, and other causes, were followed by insanity in some cases. As to moral causes, single women in some instances became violently devout and ended in insanity, whilst disappointed affection also might sometimes lead to a similar result. Great intellectual activity alone, he considered, did not lead to insanity; it was only when this was accompanied by some painful emotions, such as that of being distanced by some successful competitor, or that of being unequal to responsibilities.

Dr. CHARLES DRYSDALE, after remarking on the absorbing interest of the subject, one too little brought before the notice of medical men in medical societies, observed that there could be no doubt that the struggle for existence alluded to by the author, and so well explained of late years by Malthus, Mill, Darwin, and Huxley, was one of the great causes why insanity and consumption were now such common diseases. In former times wars and fevers crushed the weak; but now the long chronic maladies of consumption and insanity, &c., had taken their place, and would continue common until it was perceived that over population was the chief evil that the human race had to contend with. In the case of French statistics, epilepsy and convulsions was assigned as the most common cause of insanity; but he could readily believe that in this country drunkenness was the chief cause; and this pointed towards something being done towards rendering life in this country more artistic and less monotonous. The next commonest physical cause was sexual excesses, enforced celibacy, and self-abuse. All of these together caused a great amount of insanity, and Mr. Holmes Coote had said that there was no cause of insanity among the young of both sexes more common than the last of the three. The enforced celibacy of so many of the women of the better classes was most dangerous, too, he thought, for the maintenance of that balance of the intellect and emotions necessary to sanity. He quite agreed with the noble remarks made by Dr. Maudsley upon the subject of the position of women. When not maintained by relatives and compelled to receive wages, their wages were ridiculously low, in comparison to the amount of labour expended, to that of men; and as marriage, the only security they at present had in this country of a certain existence, was much fallen off in frequency, it was no wonder that they often became

desperate, and ended insane. Asceticism was a frequent cause of insanity, and the dwelling upon supernatural ideas, he thought, over much, tended in his experience to produce insanity.

Loss of friends, disappointed ambition, and love, were the next most common causes of what the author of the paper had truly called the social disease. The most common antecedent of all, however, was certainly hereditary transmission.

Dr. HUGHLINGS JACKSON, after briefly alluding to the great and obvious value of the author's contributions to our knowledge of disease, proceeded to remark on some points in the paper, chiefly with a view to show the different experience which he (Dr. Jackson) had obtained by studying diseases of the nervous system at a general and at a special hospital, from what those physicians practising in insanity had obtained by studying nervous diseases at asylums. He did not venture to speak critically of any part of medico-psychological science, as he had seen very little of cases of decided insanity. His remarks were, he said, intended to be general, and would, he feared, bear but indirectly on the important questions which the author had stated with such remarkable width and precision. He (Dr. Jackson) thinks that cases of what may be called coarse disease of the nervous system—*e. g.*, damage by blood-clot and tumours—and these cases are chiefly under the observation of those practising generally—ought to be carefully considered by medical psychologists, in order that they may obtain a knowledge of certain comparatively unimportant, and yet highly significant, symptoms, some of which evidently stand betwixt the two artificial extremes, which are conveniently, although arbitrarily, distinguished as physical and psychical symptoms. On the other hand, medical men practising generally, can scarcely give small signs of mental disorder wide enough relations. The progress of our studies of nervous diseases is, he (Dr. Jackson) believes, hindered from the fact that able and industrious men, practising in different departments, have not opportunities of working harmoniously as members of one scientific organization. There is, since the days when every doctor was a general practitioner, great differentiation, but not the higher nicety to which, as in organisers, this differentiation should lead. However elaborately our medical knowledge, acquired in different fields, may be arranged, it is still badly organised, and, indeed, some of the present arrangements of diseases, or of symptoms of disease of the nervous system are, he (Dr. Jackson) thinks, altogether subversive of true scientific method. Speaking of hereditaryness—still with the same general object in view—he (Dr. Jackson) thinks that the general question of transmission of disease requires to be studied with more width, and also with more precision than we now, according to our present divisions of work, possibly can study it. For instance, each in his own field of labour might study cases of nervous disease with regard to this question very minutely, but the too arbitrary division of our work into sections drives us to a narrow style of study, and thus our minuteness is not always precision, and our width tends to vagueness. The fact that a man had hemiplegia, and his wife epileptiform fits, is, he maintains, no certain evidence that their children will have a tendency to fits or paralysis. He conceives that the transmission is not so much of bad organs as of imperfect tissues, and that a child can scarcely be said to inherit a symptom directly, as for instance, convulsions of any sort, but rather degenerate tissues. The father's paralysis, to return to the illustration just given, would be due most likely to disease in the brain, as tearing up by effusion of blood of a nervous organ, usually the corpus striatum, and not to primary changes beginning in nerve tissue itself, for hemiplegia is nearly always due to cerebral hæmorrhage. The mother's fits may have followed syphilitic disease of the brain's membranes. Then their child if it becomes hemiplegic, or becomes liable to have epileptiform fits, cannot be said to have inherited a tendency to either of these *symptoms*, although it may be born with a tendency to degeneration of

tissues forming part of the vascular system, or with a syphilitic taint, which so often induces or allows disorderly growth in a low vegetal tissue. Whilst it is not rare for grandfather, father, and son to suffer hemiplegia from cerebral hæmorrhage, the grandson can scarcely be said to have inherited this kind of paralysis, but rather to be born with his family's tendency to wide degenerative changes, of which disease of the blood vessels is nearly always one part, and the changes of chronic Bright's disease very often another. A fresh illustration: a child is born liable to those tissue changes which constitute tuberculosis, and dies when grown up, as many of its immediate relatives died of tubercular disease of the lungs; but it would not be generally held that a tendency to disease of an *organ*—the lungs—was transmitted. No one ventures to say that tubercular meningitis in children is hereditary, although several of a family may die of this disease. For tubercle in children is nearly always widely scattered, and very rarely indeed affects one organ only. It will, however, he said, not be fitting to be too dogmatic on such points, as the distinct relations of tissues, organs, and functions are not sharply defined, as may be seen in the dawn of that part of the life of the world which we call organic, and these three things are inseparable in life. What he denied in one way he might be accused of admitting in another. A child may inherit feeble nerve tissue, and thus *indirectly* a tendency may be transmitted to a *class* of nervous diseases, not to *any* nervous diseases. It is, then, he (Dr. Jackson) conceives, most important to try to distinguish in all nervous diseases or symptoms—from the simplest, such as paralysis of the third nerve, to the most complex perversion of the highest function of the brain—whether the pathological alterations be primarily of nerve tissue or be secondary changes of some inferior tissue which helps to make part of nervous organs. In cases of paralysis of muscles supplied from a single nerve trunk the nervous elements of the bundle may suffer (1) from disease of the areolar tissue about it, as from syphilitic disease, or (2) from wasting of the true nervous elements, as most likely occurs in the amaurosis, &c., which now and then happens in locomotor ataxy. This distinction leads to one of three natural orders of all diseases of the nervous system, or rather of our thoughts on disease—one of three, as there are two other orders—*viz.*, (2) according to damage of organs, and (3) according to disorders of function. Each case of disease ought to be considered as it bears on each of these three lines of thought. Roughly speaking, there are, from the tissue changes point of view, two classes of nervous diseases. The first class includes those *essentially* nervous—*i. e.*, those due to changes beginning in nerve tissue itself—and possibly the intimate changes in the brain giving rise to or permitting many forms of insanity are faults of this tissue; the second class includes diseases in which nervous tissue is indirectly affected, as when hemiplegia occurs from rupture of blood vessels in the corpus striatum, or when epileptiform fits or amaurosis (or, more precisely, the minute changes on which the last two signs of disordered or lost function depend) follow some time after coarse disease of the connective tissue of the pia mater (such as syphilitic "deposits") has been well established. To put the whole again, and more widely: Parents transmit tendencies to disease of the nervous skeleton, or of the connective tissue skeleton, or (and this is speaking very loosely) of the arterial skeleton. Instead of saying, "to transmit a tendency," &c., it may perhaps be better to say, transmit an imperfectly developed tissue or tissues; but the expression "tendency" is better in this way, that it has not enough meaning to carry a theory, and is used as a mere verbal artifice, not so much of science as of language. Here it is proper to add, that the above remarks are, in principle, but an application of much wider doctrines long ago taught by Laycock. A feeble, nervous skeleton being transmitted, only those diseases which depend on primary changes, slight and yet wide-spread, in nervous tissue itself,

would be likely to occur in both offspring and parents. These changes would be (as a matter of fact) of the cerebral hemispheres, because, although there are nerves in all parts of the system, this part of the body is made up nearly altogether of nerve tissue, and thus (a gain, as a matter of fact,) various disorders of the function of the chief nervous organ, constituting insanity, and perhaps some forms of epilepsy, would occur in several members of one family. Among those of the first class of diseases would be a certain kind of atrophy of the optic nerves, progressive diseases of the nervous system in general, and probably certain forms of insanity. The *idea* is the same, whether nerve tissue is wasted in the optic nerve bundle, or in the posterior columns of the cord, or in the hemisphere, although the events of the three cases differ most widely. In the second class will be placed such cases as hemiplegia from cerebral hæmorrhage, loss of speech from embolism, and convulsions from the secondary changes which cerebral tumours give rise to. The *idea* would be the same whether the blood were effused in the nervous tissue forming part of the pores of the cerebellum, or of the retina, although the *events* would differ extremely.

Dr. Hughlings Jackson next, in illustration of what he had just said, related some particulars from the medical history of one family. The eldest girl—the patients were all daughters—had what, for shortness, he would call idiopathic epilepsy—almost, he added, a metaphysical expression. The next, atrophy of the optic nerves, and occasional petit-mal. The third, unilateral chorea. The mother of these children had rheumatic fever when her youngest daughter had chorea, and she died (through her lungs) of disease of the heart a year later. She, herself, had had chorea when a child, and a second time in one of her pregnancies. The child, the subject of chorea, had a mitral murmur which persisted when she was rid of all irregular movements, and her elder brother not long after suffered from an attack of acute rheumatism. Here seems an inheritance, not of a tendency to nervous diseases, but of those ill-defined tendencies to particular morbid processes which are called arthritic. He (Dr. Jackson) holds strongly that the chorea in mother and daughter cannot safely be admitted as evidence of the transmission, except in a very roundabout way, of a tendency to nervous disease. It is, he thinks, rather a sign that there was transmitted a tendency to disease of tissues of much lower function than the nervous, which tissues being affected in the valves of the heart, led to cerebral disorder through the quasi accident of embolism. This view as to one manner of alteration of nerve-tissue in chorea is, he admits, so far an unverified speculation; but, then, so is nearly the whole of our knowledge, so-called, of the state or states of nerve-tissue, which permits either irregular movements or spasm of muscles. And our knowledge on many diseases of the nervous system is, he thinks, likely to remain speculative so long as we spend most of our thoughts in speculating about the immediate causes of epilepsy, of chorea, &c., when those speculations do not lead to a more active and orderly search for facts to establish the *laws* of the simpler phenomena of these diseases or symptoms. For instance, as regards the outward signs of disordered function, we may study from individual cases in what way muscles and muscular groups, in one physiological region—*e. g.*, of the limbs—can suffer from health, through irregular movements and spasm of muscles, to paralysis, and thus learn the laws of muscular life in health and disease. But to return: There are other possibilities of disease in this family. The second daughter—the one amaurotic—had malformation of the teeth; that particular sort of deformity which Mr. Hutchinson has found to be due to inherited taint. Thus it becomes a question whether this girl and her elder sister had not inherited the syphilitic cachexia which had given rise to, or rather permitted, disorderly growth in one of the commonest tissues. And the fact that their nervous organs had been somewhere damaged by the results of this disorderly life in a low vulgar tissue, was not the most essential one, patholo-

gically considered, as connective tissue in other organs—*e. g.*, in the liver—frequently suffers from syphilis when that of the brain is so diseased. Here it seems worth passing attention that the artificial separation of function and life seems partly warranted by what we know of the resemblances and differences of nerve tissue and connective tissue. The one may be called a tissue of high function—it is of elaborate structure—but of low life. The other—the connective tissue—plays a very subordinate part in nervous tissue, the real celebrant in the functions of nervous organs, but in disease it not unfrequently heedlessly indulges its speciality for mere vegetable growth, although the new products die almost as fast as the mass increase in size. Thus nerve tissue frequently suffers from no fault of its own.

These distinctions obviously bear on the way in which we should try to arrive at a rational system of therapeutics. It is, he (Dr. Jackson) fully admits, most satisfactory at present to adopt a sound empirical system of treating many nervous diseases. But to pretend to a *rational* treatment of diseases of which the tissue changes are altogether unknown—for instance, to talk of a *rational* treatment of so-called idiopathic epilepsy, is not practical. Much of our so-called practical knowledge is really an acceptance of metaphysical explanations and a treatment of entities. Progress in the therapeutics of nervous diseases will, he believes, come from such workers as those who find out how and where tissue is changed from health, and not from those who try one mineral or vegetable after another to find out what thing best decreases the “increased excitability of the medulla oblongata.” The attempt to divorce the study of therapeutics from a real positive study of states of disease is, however, he (Dr. Jackson) thinks almost quite out of fashion. Those who have not fine enough perceptions to observe slight differences in pathology will not be credited to possess perceptions fine enough to observe the slight changes in the course of disease which many of our remedies can produce.

Dr. Jackson next spoke of injuries to the head. He has not unfrequently been consulted for certain epileptic seizures which have followed some time after blows on the head—seizures physiologically related to the part injured—but he has never been consulted for insanity caused in this way. This fact is, he holds, not one of any value all towards showing that insanity may not even often follow gross damage to the brain. Whilst a general physician is likely to be consulted by epileptics, he is not likely to be consulted for insanity from any cause whatever.

He (Dr. Hughlings Jackson) then remarked generally of epilepsy. He thinks the term epilepsy is unfortunately very indefinite one, and that it is especially hurtful when it is used very decisively for a definition of the most commonly occurring chronic convulsions. He thinks it most likely that the unknown condition of the nervous system in epilepsy may produce almost any set or degree of nervous symptoms, according to the part of the nervous system affected, as the motor tract, or the outlying parts of the hemisphere. He alluded to the case of a patient who used to pass suddenly into a state somewhat like that of a somnambulist; next, to that of a woman who had had some maniacal attacks in her sleep, and who was, by her own wish, strapped down every night; next, to transitory following convulsive attacks. Yet all these patients seemed quiet and sensible people. He supposes the epileptic condition, whatever it is, temporary and permanent in these cases, during the paroxysm affecting some critical parts, also unknown, of the hemispheres.

In every case there are to be studied—(1) changes of tissue, (2) damage of organs, and (3) disorder of function. In coarse diseases of the nervous system we sometimes make out all the three with comparative completeness, as when (3) hemiplegia occurs from (1) softening of nerve tissue of the (2) corpus striatum. In many cases of chronic convulsions we can get to know only the first, and it cannot be too much borne in mind that we have in “epilepsy” the two others to find. We should

seek them in an orderly manner. In some convulsive seizures—*e.g.*, those in which the spasm of muscle is unilateral—we may sometimes get to know something of each of the three. In insanity, he (Dr. Jackson) imagines, the same positive plan of study ought to be followed as soon as ever it becomes possible. At present it seems scarcely likely that, in most cases at least, we can do more than study insanity as a disorder of what we know of healthy function of brain—*i.e.*, of mind—and not much as to its dependence on particular changes in nerve tissue which allow that disorder, and not even as to the seat of those changes—the part or organ affected. It is perhaps a truism to say that disease is a departure from health, but he (Dr. Jackson) remarked that even in the study of the simpler nervous affections—such diseases as chorea, epilepsy, &c.—the attempt seems to be, not to determine how far and in what way the symptoms show a *departure* from healthy states of tissues, organs, and functions, but how nearly cases *approach* our conventional notions of *genuine* epilepsy, &c. He did not know if this plan were the sole method of any medical psychologists. He might, he thought, easily venture to say that it was not the method the author had followed. In spite of a temporary convenience, it will not, he fancied, be very profitable to try to determine how cases of disorder of mind approach or recede from arbitrary standards of mental disease. Yet, very possibly, for a long while this unprofitable plan must be followed in great part. But it need not be followed in some nervous diseases which present certain symptoms, which symptoms reveal links betwixt motion and thought. So, while psychologists are studying cases of insanity as departures from mental health—*i.e.*, as disorders of function of brain—they may also, he imagines, do good work in cases of hemiplegia, apoplexy, uræmia, chorea, &c., towards helping the putting in order of those slighter symptoms which may be called either defects of rudimentary mental or of highly-developed physical processes. This is, he thinks, especially applicable to defects following damage to the hemisphere near the corpus striatum. In such cases we can frequently trace a gradation from simple disorders of motion to symptoms which are called mental; or, to put this in convenient technical terms, from psychico-physical—*i.e.*, gross movements to physico-psychical, as disorder of the educated movements of language, or perhaps we may say of motor-impulses of thought. In chorea there are often ordinary mental defects, from slight nervousness and ill-temper up to—what, it is true, is very rare—actual imbecility. And, in a few cases of chorea, hints seem, as in other cases already mentioned, to be given us of a method of studying movement and thought as one series of motions ascending from gross movements to the very borders at least of the motor impulses of thought. Such cases, he believes, when fairly and widely studied by both general and special practitioners with the other cases already mentioned, will help us to establish valuable laws of physical and psychical processes. He thinks that many little symptoms in chorea may have that sort of value to the psychologist which little words have in giving meaning to technical terms in a sentence, to round off his special knowledge. The common movements of chorea—*e.g.*, those of the arm, are not heedless jerks of muscles, but a profusion of real motions—not a random striking of notes, but a rapid series of chords—and hence the term *psychico-physical* may well be applied to these symptoms of muscular disorder, although in a wide sense all purposive movements are both physical and psychical phenomena. Dr. Jackson next said that by working more in harmony, more would be known about such a disease as puerperal mania. The wide study of the puerperal group of nervous affections would require the organized efforts of obstetricians, general practitioners, and alienists. A woman in labour is liable to have—here speaking of some of those symptoms only which continue after the crisis of parturition is well over—epileptiform seizures, hemiplegia, with or without loss of speech, chorea, and mania. Now he (Dr. Jackson) thinks that by working

together, medical men will have not only what they to a great extent have already—*viz.*, a knowledge of many facts about nervous diseases—*i.e.*, disorders of functions following labour, but much knowledge of the particular ways in which the tissues and organs of the nervous system are liable to suffer in the physiologico-pathological process of childbearing. For instance, it may be, as he (Dr. Jackson) thinks is not very unlikely, that these widely different disorders of function are due to but one kind of change in nerve tissue—*viz.*, softening from plugging of more or fewer vessels of varying size and in different parts of the nervous system. The speaker concluded by saying that he feared he had contributed but little of value to the direct questions raised by the author, but he hoped the narration of his (Dr. Jackson's) different experience—indeed, as regards insanity, almost the confession of a no-experience—might be of value, if, in the very slightest degree, it helped to get rid of the too narrow study of disease in artificial divisions.

Mr. BAKER BROWN, junior, thought, with the author of the paper, that self-abuse in women was frequently to be considered rather as a symptom than as a cause of insanity. In lunatic asylums, the practice was very common among the insane. Some cases of insanity had derived benefit from the practice of excision of the clitoris, recommended by Mr. B. Brown; but the operation was chiefly beneficial to persons affected with acute hysterical symptoms. He could scarcely think with the author of the paper that sexual excesses were common among married persons; but thought that it was solely among the unmarried that these led to insanity; and, with regard to religion being a cause of insanity, he thought such cases were chiefly to be met with among partizans of the extreme orders of religious sects, such as Methodists on the one hand, or High Churchmen on the other; whilst he had remarked that persons who adhered to the moderate established system were not so apt to go mad from religious zeal.

Dr. CLEVELAND was not quite certain to what extent the author's statement with regard to the increase of the proportional number of insane persons should be accepted as proved. He was inclined to believe that there were more lunatics, because the population was greater; but not that there were more in proportion. To give the debate a practical turn, he wished to remark that, since intemperance appeared, as was well known, to be such a frequent cause of insanity, it seemed to him that something should be done, like that suggested by Dr. Winslow, towards establishing a sanatorium, where drunkards could be kept until the fit of drunkenness subsided.

Mr. BENSON BAKER said he had had some experience of insanity among the poor, and had found drunkenness a very fruitful cause of it among that class. After this, as a cause of insanity, he thought, came consumption. Among the poorer classes, dipsomaniacs entered hospital and recovered; whilst the rich drunkard was worse off in this respect, because he could not be easily removed out of the opportunity of obtaining drink. He considered that signing of certificates of insanity was too great a responsibility to put on a medical man, and that the present law on this point required alteration.

Dr. CAMPS said that, in Scotland, there existed asylums for dipsomaniacs like those spoken of by Dr. Cleveland, and it would be well to introduce them into England. He did not think that epilepsy should be looked upon as a cause of insanity, but rather as a consequence of the disease. Many cases of insanity which he had observed had been accompanied by other diseases, such as tuberculosis, &c. He did not think that religion could justly be considered a frequent cause of insanity; indeed, in his opinion, true religion rather tended to ward off any tendency to insanity.

Dr. BROADBENT said he had rarely listened to a more instructive paper and debate. The first idea developed by the author was, that insanity was a form of degeneracy, traceable either to moral depravity, or physical privation,

bad hygiene, &c. He was struck with the prominence given to moral causes. Another idea of Dr. Jackson's was important—viz., that it was rather tendencies to degeneration of tissues that were inherited, than diseased organs. Much good might result from unanimity of working between those occupying themselves with diseases of the brain and those employed in the kindred subject of the treatment of the insane.

Foreign Medical Literature.

A CASE OF

LIGATURE OF THE COMMON CAROTID ARTERY FOR A PULSATING TUMOUR IN THE ORBIT,

Read before the Royal Medical Society of Copenhagen,

By C. WITTHUSEN.

Translated from the *Ugeskrift for Læger*, 16th June, 1866.

By WM. DANIEL MOORE, M.D. Dub. et Cantab., M.R.I.A.,

HONORARY MEMBER OF THE SOCIETY;
EXAMINER IN MATERIA MEDICA AND MEDICAL JURISPRUDENCE
IN THE QUEEN'S UNIVERSITY IN IRELAND.

LIGATURE of the carotid artery is so often performed, and is under ordinary circumstances such a comparatively easy operation, that it is scarcely worth while to note every individual case; nevertheless, I venture to lay before the Society the following history as it is, because, both before and after the operation, the case presented certain difficulties in diagnosis, which it may be interesting to endeavour to clear up:—

Anna Börgesdatter, from Sweden, aged 44, unmarried, is reported to have hitherto always enjoyed good health and to have had a good constitution. Fourteen months before her admission into the Municipal Hospital, which occurred on the 28th June, 1864, she began, without any cause known to her, to experience a weakness of vision in the right eye, which she describes as a mist before the eye, which was particularly dense when she looked downward. The weakness of vision gradually increased, without any other symptoms, during a couple of months; she then began to complain of pain in the bulb, with intolerance of light and flow of tears, with swelling of the eyelids. The pains were tearing and pricking, only occasionally were they slightly throbbing, and appeared to her to proceed from the interior of the eye, whence they radiated into the right temporal region; they were often accompanied with flashes and sparks before the eyes. At the same time the patient observed that the eye was pushed forward with an increase of the weakness of vision, the pains assumed more and more of a throbbing character, nevertheless they were not constant, and might sometimes cease for the whole or half the day. She began also to hear a throbbing and whizzing sound in the ear. In the month of August, 1863, iridectomy was performed on her in the Christiansstad Hospital, after which she remained there for seven weeks. Shortly after, however, all her symptoms became aggravated, especially considerable conjunctivitis, the pains in the temporal region and the whizzing in the ear increased, as did the exophthalmos. Her general health began to suffer, she had dislike to food, was thirsty, felt languid and weak, emaciated considerably, and was wearing away before her admission into the Municipal Hospital, without anything essential being done for her, at least without any beneficial treatment having been employed.

The patient presents an appearance of suffering, and is considerably emaciated. The lids of the right eye are swollen, as is the conjunctiva of the globe; the globe is pushed almost out of the orbit, so that it projects fully an inch more than the left. The upper lid is pushed upwards and cannot be brought spontaneously down over the eye, but it can be brought down passively, and then retains its place for some time; it is of a bluish red colour, and has

transparent varicose vessels. These are directly connected with some very dilated veins in the temporal region, and among the latter winds the temporal artery in a serpentine manner, strongly pulsating, and much dilated. A considerable vascular connection seems also to exist between all these vessels and the tumour in the orbit, which shall presently be described. The conjunctiva of the globe is in its lower part highly chemotic, forming great longitudinal folds; the lower lid is less swollen, and as if quite pushed back by the globe. The conjunctival vessels extend somewhat over the edges of the cornea, and in the inner and lower half of the latter is seen a grayish-white opacity of the parenchyma, while the remainder of the cornea is uniformly dull, but still rather transparent. The iris is immovable, the pupil is slightly dilated, with a considerable artificial coloboma. On account of the opacity ophthalmoscopic investigation yields no result.

In the upper and outer part of the orbit a tumour is perceptible, extending rather over the supra-orbital margin; the edge of the bone is here felt to be uneven and rough, and beyond the outer angle it appears to be absorbed. The tumour is found to be immovable, in its inner parts it is softer, farther outwards it becomes harder, less elastic, and more dough-like; it does not fluctuate; if strong pressure be made on it, the patient feels pain, and a distinct pulsation is observed, isochronous with the pulse at the wrist, and so strong that the finger with which the pressure is made is perceptibly raised. The pulsation is entirely removed, and the swelling becomes evidently diminished on compression of the carotid; its volume is on the contrary increased when the patient is made to bend her head forward, and so to produce greater congestion. With the aid of the stethoscope a distinct intermittent whizz is heard in the tumour. The pains are violent, throbbing, for the most part confined to the temporal region. They are constantly present, as is the noise in the ears, already mentioned. The power of vision is so much weakened that the patient can distinguish objects—fingers for example—only when they are very near the eye.

There is want of appetite, the tongue is clean, the bowels are regular, the pulse is soft and natural.

On examining the heart the dulness is found to be scarcely increased in extent, the cardiac impulse is felt in the normal situation, the sounds are accented, and are propagated over the whole chest, and up into the cervical vessels. The first is prolonged, with a rough accessory sound, which is heard most strongly at the apex, sometimes with a ringing character. The patient has for the last two years occasionally suffered from palpitation, but not from dyspnoea.

During the four days spent in the hospital before the operation was undertaken, the pains in the right side of the head were very violent, especially at night, so much so as to prevent sleep; the chemotic swelling of the conjunctiva increased, as did the opacity of the cornea.

On the 2nd of July, an aneurism in the orbit having been diagnosed, a ligature was applied upon the common carotid, at the point of decussation of the sterno-cleido-mastoid with the omohyoid muscle, in the plane of the middle portion of the thyroid cartilage. The operation, which was performed without chloroform, presented no difficulties; the internal jugular vein was not even seen. The hæmorrhage was extremely inconsiderable, and only a single cutaneous branch of the anterior jugular vein which crossed the seat of the ligature, and was highly dilated, had to be tied and divided. Several venous branches of various sizes, external to the fascia colli profunda, were held aside, and, when the operation was completed, again appeared, covering the seat of the ligature. The wound was united with *serres-fines*.

— When the ligature was closed, the pulsation in the orbit and temporal artery forthwith ceased, the tumour diminished, and the throbbing pains, together with the whizzing in the ears, disappeared.

In the course of the day the patient had some oppressive pain extending over the whole head — *Epihema*

glaciale. The temperature of both sides of the head was the same, and the sensibility of the skin was unimpaired.

July 3rd. The patient has slept occasionally, but has had slight nausea and difficulty in swallowing, for which an enema was administered with good effect, and Seltzer water. The nausea has now ceased, and she feels perfectly well in that respect. There is only slight pain around the wound, no redness. The tied end of the carotid pulsates strongly. The chemotic swelling of the conjunctiva is considerably diminished, and the cornea is clearer.

July 4th. The patient's condition has, on the whole, improved, as the pains in the head are lessened, and are felt only as a weight in the whole head. The feeling of pulsation has ceased. The tumour in the orbit has become harder, no pulsation whatever is to be felt. The eye has somewhat retracted, so that the upper lid can be spontaneously brought to cover it. She has no longer the troublesome feeling of dryness in the eye. In the temporal artery there is a scarcely perceptible perfectly thread-like pulsation. The pulsation in the central part of the carotid is to-day not to be felt, but a slight shock is communicated from the *arteria innominata*.

On the 5th July the bandages were taken away. The wound was united, only in its middle was there a slight discharge of pus with slight swelling and redness about it.

July 6th. The patient feels no pain in the head, but only some confusion when she awakes. The cornea is evidently clearer and she can distinguish objects better. The eye is a little less prominent, and the pulsation is not at all perceptible.

July 20th, the eighteenth day after the operation, the ligature came away; the wound is almost healed.

July 31st. The eye has retracted so much that the patient can quite close the lids. The chemosis has disappeared; and the cornea is rather clearer; she got up.

In the first days of August the patient began to suffer from home-sickness, tendency to diarrhoea supervening. She complained also of pain and mist before the left eye, in which, however, nothing abnormal was discoverable, either on internal or external examination.

On the 11th August she decidedly requested to be dismissed, in order to set out for Sweden. The eye was then still rather prominent, without chemosis, the cornea, as has been mentioned above, was rather clearer than before the operation. The power of vision was not much improved.

A year elapsed before I succeeded in obtaining any information as to the patient's further fate, which I then owed to the especial kindness of Dr. Holmer in Christianstad, who himself examined her in the beginning of August, 1865. The eye was then still very prominent, even "hanging down on the cheek," the tumour was, according to her report, of the same size as when she came into hospital; it had extended towards the temple by a length of one-and-a-half inches, and by an inch in breadth, and externally to it the pulsating temporal artery could be distinctly felt. No pulsation was perceptible in the tumour itself. An exploring trocar was introduced deeply into it, and gave exit to a stream of bright red blood. The patient was much tormented with rheumatic pains in the body, and was, moreover, very weak, in consequence of long confinement to bed, caused by fracture of the neck of the thigh-bone.

I was unable to procure any subsequent information about her.

In fixing the diagnosis of this tumour, it is not easy to decide of what nature it properly was. Vascular tumours in the orbit may be formed, either by a dilatation of the existing vessels, telangiectases, and to these a great proportion of the pulsating tumours cured by different surgeons by tying the carotid artery were formerly referred; but the more recent writers, and especially Demarquay, who has produced an exhaustive work on "Aneurisms in the Orbit," are of opinion, that in these cases a false diagnosis has been made, and that the operators had to do with actual aneurisms. They base this opinion upon the facts that such tumours are in general congenital and in-

volve the outer skin, and that only in extremely exceptional instances are they the seat of pulsation and bellows murmur, and that they are not cured by tying the nearest principal trunks. The other kind of vascular tumours, the cavernous tumours, consist, according to Förster, of meshes of connective tissue and smooth muscular fibre, which are lined internally with epithelium, contain blood, and are only in their periphery, as it were, seated on the pre-existing vessels. Gräfe has in the seventh volume of the *Archiv für Augenheilkunde* described such a tumour, which he extirpated after having enucleated the eye. The disease had begun with disturbance of vision, which gradually increased to almost total blindness; by degrees the eye became more and more protruded from the orbit, until at last it turned the eyelids completely back; the tumour was elastic, of varying consistence, not fluctuating, and gave rise to pains, partly in the orbit itself, partly in the temporal region, and the whole of the same side of the head; its volume and tension increased when the patient bent his head strongly forward.

Besides the vascular tumours, proper true aneurisms are found in the orbit, but these are very rare, as only one authentic example is said to exist, which was observed by Guthrie, and another accidentally met with in a dead body by Carron du Villars. They both had their seat on the ophthalmic artery; in Guthrie's case on both sides. On the other hand, many examples of diffuse or false aneurisms, some primary, some consecutive, are met with. Of the diffuse primary, proceeding from a traumatic cause, some have been cured by tying the carotid, some by the injection of a coagulating fluid. The same favourable result has been obtained also in several cases of diffuse consecutive aneurisms, which have always arisen suddenly in an effort or during pregnancy, and which we must attribute either to an original true aneurism or to an atheromatous degeneration of the walls of the ophthalmic artery.

Finally, we have many interesting examples of pulsating tumours in the orbit, which had no connexion whatever with either vascular tumours or aneurisms, but were due to disease in the orbital veins, or to a cancerous swelling. Wecker has in his *Etudes ophthalmologiques* reported a case where all the symptoms of an aneurism existed in a well marked degree, but where dissection exhibited a considerable morbid dilatation and attenuation of the orbital veins, which had in several places burst and had given rise to considerable extravasations of blood, where there had consequently been a pulsation communicated from the carotid and ophthalmic artery.

Another case is reported by Hulke, who saw it with Bowman. It resembled aneurism so strongly that Bowman applied a ligature to the carotid; but when the patient died of repeated hæmorrhage, dilatation of the ophthalmic vein was found on dissection, the vessel running a very tortuous course, and communicating with the sinus cavernosus, which was also dilated.

That cancerous tumours also may be the seat of considerable pulsation has often been shown, and a good example of this fact is supplied by an observation of Lenoir, communicated by Wecker, where on the supposition that the case was one of aneurism, the carotid was tied, though on the patient's death, which occurred nine months later, a considerable encephaloid tumour was found, together with other similar tumours in other organs.

If we now revert to the case above reported, I had, before I undertook the operation, no doubt that I had to do with a true orbital aneurism. The stronger pulsation in connection with the feeling of expansion, the cessation of this and diminution of the swelling on compression of the carotid, were the principal phenomena which involuntarily led our thoughts in this direction; the gradual development of the disease, the absence of any traumatic cause, or of a definite moment for its commencement, limited the exact diagnosis to a true aneurism, and finally, the signs, though weak, derived from the heart, gave a certain probability to a possible affection of the arterial system as a causal element of a morbid change in the

walls of the ophthalmic artery. It was on this supposition that I determined on and performed the operation of applying the ligature, and it appeared in the short time that the patient remained in hospital as if there really were grounds to expect a favourable result. The pulsation ceased, the swelling and pains diminished, and the patient, on the whole, enjoyed comparatively good health, when an attack of home-sickness rendered it necessary to forego the opportunity of further observation. But I cannot deny that the information received a twelvemonth later must considerably shake our faith in the correctness of the diagnosis. The tumour had increased without a return of the pulsation, the eye was more protruded, the patient's general state was worse, rheumatic pains had set in; all this would point to a dyscratic affection, a suspicion which was not diminished by the fact that blood issued copiously through the explorative puncture, as it is expressly remarked that this was performed with a sharp trocar, and that the blood was drawn up with a syringe.

June 6th. As a postscript to the foregoing communication I have to add, that, according to a report recently received, the patient died in the month of May, 1866, the tumour having constantly and uniformly increased. She had latterly had violent pains in it, and had been so lethargic that she could not give any accurate account of her state.

SUMMARY OF SCIENCE.

(Specially Edited and Compiled for the Medical Press and Circular.)

By CHARLES R. C. TICHBORNE, F.C.S.L., F.R.G.S.I., &c.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

ON THE SOURCE OF MUSCULAR POWER.

DR. FRANKLAND has been devoting his attention to the above important subject, and has given the results of his experiments in the form of a lecture delivered at the Royal Institution. The lecture, as given by him, would fill at least one whole number of THE MEDICAL PRESS AND CIRCULAR; therefore the reader will comprehend that the following summary is but a brief description of this discourse. The author commenced by describing the source of muscular power—that from food alone comes all the different kinds of physical force which an animal is capable of manifesting. A few years ago this force, says Dr. Frankland, would have been called vital force, but now no one would venture to return such a reply. [We must, however, make a distinction between vitality, the connection of the mind and the animal, and the misnomer vital force, which confusion emanated from an indistinct idea of the constructive power of the mind.—ED. S.]

The two chief forms of force are heat and muscular motion, or mechanical work, and these have been almost universally traced to two distinct sources—the heat to the oxidation of the food, and the mechanical work to the oxidation of the muscles. Liebig says that all the living parts of the body are derived from the albumen of the blood. The sulphurized and nitrogenous constituents of the food determine the continuation of the manifestation of force, the non-nitrogenous serve to produce heat. The former are the builders of organs and organized structures, and the producers of force; the latter support the respiratory process.

This doctrine—viz., that the actual muscular force is produced by the disintegration and destruction of itself, has been within the last few years the accepted theory, and Dr. Frankland quotes from Rank, Playfair, Odling, in which they take this view, but Frankland, Mayer, and others challenge this view. Mayer writes as follows upon the subject:—"A muscle is only an apparatus by means of which the transformation of force is effected, but it is not the material by the chemical change of which mechanical work is produced." He says, "The fire-place in which this combustion goes on is the interior of the blood vessels, the

blood is the oil in the flame of life, the muscle produces mechanical work at the cost of the chemical difference consumed in its capillaries. Every act of motion in an animal is attended by the consumption of oxygen, and the production of carbonic acid and water; every muscle to which atmospheric oxygen does not gain access ceases to perform its functions."

These ideas did not, however, emanate from Mayer. Two hundred years ago a Bath physician, John Mayow, said that the conveyance of combustible substances to the muscle was by the blood. He concluded that the chief combustible substance so used was fat. These views have, within the last two years, been resuscitated, but experimental evidence was wanting—viz., the amount of actual energy generated by the oxidation of a given weight of muscle in the human body; and the question which Dr. Frankland seeks to solve, in connection with the above, is—What is the quantity of heat that is generated when muscle is burnt, to the products in which its constituent elements leave the human body through the lungs and kidneys?

It is necessary first to estimate the amount of actual energy generated by the muscle in oxygen, and then to deduct from the number thus obtained the amount of energy still remaining in the products of oxidation which leave the body. Of these products, urea, uric, and hippuric acids are the only ones in appreciable quantity [? ED. S.] and of these which still retain potential energy on leaving the body, the two latter are excreted in such small quantities that they may be considered as urea, without introducing any material error into the results.

In the first place, it is necessary to agree upon some unit for the measurement of mechanical force. The unit adopted is that represented by the lifting of a kilogram weight (about two pounds) to the height of one metre (about one yard). The force employed in the lifting of this weight 425 times would, if converted into heat, raise the temperature of an equal weight of water 1° C.; therefore, it follows that the falling of 425 kilograms through one metre will raise the temperature one degree; or the collision of one kilogram with the earth, falling from a height of 425 metres, would produce an amount of heat that would raise the temperature of a kilogram of water 1° C. This standard of force is termed a *metre-kilogram*.

425 metre-kilograms = the amount of heat necessary to raise one kilogram of water one degree.*

The determinations were made in Lewis Thompson's calorimeter, an instrument by which the amount of heat generated during the combustion of a given weight of any combustible substance can be very fairly estimated.

The actual energy developed by one gram of substance, when burnt in oxygen, is expressed by the *metre-kilogram*, which, it will be remembered, is the arbitrary standard of force.

	Metre-kilograms of force
Beef muscle washed with ether to purify it from fat, and dried at 100° C	2161
Albumen	2117
Beef Fat	3841
Hippuric Acid	2280
Uric Acid	1108
Urea	934

} Mean of 4 experiments.

Now, in the body, the whole of the nitrogen passes out of the body as urea. It is not entirely burnt, as in the experiment of the calorimeter. Dry muscle and pure albumen yield exactly one-third their weight of urea. Under these circumstances, these facts, taken collectively, have enabled Dr. Frankland to deduce the amount of actual energy developed by muscle and albumen when consumed in the human body.

	Metre-kilograms of force
One gram of muscle, as burnt in the human body	= 1848
„ albumen „	= 1803

Thus is the first of the three data found—viz., the amount of force or actual energy generated by the oxidation of a given amount of muscle in the body; and we now proceed

* It may be as well to explain that in the metre system, which has been very generally adopted in Great Britain, the French word *gramme* has been converted into gram, and therefore all the derivations follow the same rule.

to the second and third data. These were determined by MM. Fick and Wislicenus, who made an ascent of the Faulhorn, a mountain in Switzerland, for this purpose. The account of their journey, which is as interesting as a romance, is given in the *Phil. Magazine*, vol. xxxi., p. 496, from which Dr. Frankland quotes largely; but we can only give the heads of their observations here.

The first question they propounded for themselves was how much work was really performed by their muscles. The height of the summit of the Faulhorn, from the Lake of Brienz, multiplied by the weight of their bodies, Fick performed 129·096, and Wislicenus 148·658 metre-kilograms of muscular work; and to be added to this were the force consumed in the action of respiration and the heart's action, which, having been estimated, brought the figures up as follows:—Fick's work, 159·637; and Wislicenus' 184·287 metre-kilograms, executed in five hours and a quarter.

The third item wanted was the amount of muscle oxidized in the body during the performance of the works:—

	Fick.	Wislicenus.
Nitrogen secreted in urine per hour before ascent	0·63	0·61 grams.
Weight of muscle consumed in the body and corresponding to this nitrogen	4·19	4·05 "
Nitrogen secreted per hour during ascent	0·41	0·39 "
= Muscle	2·70	2·56 "
Nitrogen secreted per hour for six hours after ascent	0·40	0·40 "
= Muscle	2·63	2·63 "
Nitrogen secreted per hour during the following night	·45	·51 "
= Muscle	3·06	3·39 "
The total amount of nitrogen secreted during the ascent, and for six hours afterwards, was	5·74	5·55 "

And the weight of dry muscle, corresponding to the nitrogen secreted during the ascent and for six hours afterwards, was

37·17 37·00 "

There are sources of error, for which ample allowance was made by Dr. Frankland.

On comparing the amount of measured and calculated work performed by each of the experimenters during the ascent, with the actual energy capable of being developed by the maximum amount of muscle that could have been consumed in their bodies, it is evident that the muscular power expended could not be exclusively derived from the oxidation, either of the muscles or other nitrogenous constituents of the bodies, as the maximum power capable of being derived from this source, even under very favourable assumption, is, in both cases, less than one-half of the work performed. Dr. Frankland tabulates the results in the following manner:—

	Fick.	Wislicenus.
Weight of dry muscle consumed	37·17	37·00 grams
Actual energy capable of being produced by the consumption of 37·17 and 37·00 grams of muscle in the body	68·690	68·376 metre-kilograms.
Measured work performed in the ascent (external work)	129·096	148·656 "
Calculated circulatory and respiratory work performed during the ascent (internal work)	30·541	35·631 "
Total ascertainable work performed	159·637	184·287 "

Thus falls to the ground another beautiful theory which had been viewed as an axiom for some years past.

ON THE REARING OF TÆNIA ECHINOCOCCUS IN THE DOG FROM HYDATIDS.

A paper was read before the Royal Society, which possesses some interest in connection with the subject of alternation of generation in the entozoa. Mr. E. Nettle-ship says that, "although Dr. Cobbold has succeeded in rearing a variety of tapeworms from their respective larvae,

the tænia echinococcus has not hitherto been reared in this country." The author obtained the liver and lungs of a sheep containing numerous echinococcus hydatids. In some the outer cyst was partially calcified, but all the hydatids contained clear fluid.

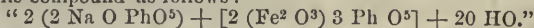
A young dog was fed with the hydatids, the hydatids being first punctured, and the collapsed cyst administered; he was made to drink the fluid of the cyst, in which some echinocci were floating. The dog remained perfectly healthy, became very much fatter, and was killed forty-seven days after the first feeding. He received no raw food. On examining the intestines there were no tænia in the first ten inches below the pylorus; at that distance a single tænia echinococcus appeared moving actively. For the next two or three inches there was none, but at about fourteen inches below the pylorus more appeared, and immediately after this they became so numerous as to present almost the appearance of distended lacteals. There were also four specimens of *T. Marginata* and *T. Cucumerina*. The author also makes some observations upon the anatomy of the sexual organs of the mature worm.

ON THE ALTERATION OF ORGANIC STRUCTURE BY CONGELATION.

In a paper on the congelation of animals by Dr. Davy, in which the author arrives at the almost self-evident conclusion that perfect congelation is antagonistic to life, he refers to the alteration of structure from the same cause. Muscle, according to Dr. Davy, after having been frozen, showed a well-marked difference under the microscope. When thawed the striated structure was no longer visible, and after a few hours—viz., on the following morning—whilst the unfrozen muscles had undergone no perceptible alteration, those which had been frozen had become of increased tenderness, yielding to a slight rending force, and breaking short, as if the coherence of the particles forming the fasciculi was greatly diminished.

PYROPHOSPHATE OF SODA AND IRON.

A solution of 6 parts of pyrophosphate of soda, in 120 parts of water, added to 13 parts of a solution of perchloride of iron (at 1·44 density) gives a precipitate, soluble in 4 parts of pyrophosphate of soda diluted with 78 parts water. This solution, evaporated at 70°, gives, on the addition of alcohol, a gelatinous mass. Dried in the air, this precipitate forms hard scales, yellow and transparent. M. Milch formulates this compound as follows:—



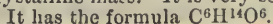
The solution of this compound does not give the usual reaction of the iron salts. The sulphocyanide of potassium gives a white gelatinous precipitate; the yellow and red ferrocyanides no precipitate; acids precipitate pyrophosphate of iron. Ammonia gives a red solution, which yields a very soluble salt.—"Bulletin de la Société Chimique de Paris, Septembre, and Journal für Praktische Chemie."

UPON SOME OF THE SUGARS.

M. Fudakowski says that sugar of milk is a mixture of two distinct glucoses. After boiling with diluted sulphuric acid for an hour, neutralizing with chalk and filtering, and then evaporating to a syrupy consistence, the addition of alcohol determines the formation of crystals, right prisms. The mother liquors left to themselves for some weeks give hexagonal tables as described by M. Pasteur. The sugar, crystallized in hexagonal tables, is more soluble in alcohol than the prismatic sugar. Its taste is sweeter, and it ferments more easily. The rotary powers of these two sugars are different. It, therefore, appears that the sugar of milk, like the cane sugar, separates, after ebullition with acids, into two distinct kinds.

M. Dehn (*Zeitschrift für Chemie*), gives an account of a sugar formed by boiling a glucoside (hesperidine) with diluted acids. Hesperidine is left in the residues after distilling the essence of neroli from the flowers of citrus decumana. Two or three products are described under the name of hesperidine—vide "Watts' Dictionary of Chemistry."

The sugar of hesperidine is very soluble in cold water, and in all proportions in boiling water. The syrup, left to spontaneous evaporation, takes after a little time a radiant crystalline mass. It is very soluble in alcohol.



It does not reduce Fehling's solution (sulphate of copper,

tartarite of potash, and soda). This sugar is, from its composition, an isomere of mannite. Its solution is able to turn the plane of polarisation to the right.

ON THE NITRATES OF IRON.

M. Orday ("Bulletin de Société Chimique de Paris") gives the following as the composition of the nitrates of iron:—The ferric nitrate is deposited in cubic crystals, when the salt is dissolved in hot nitric acid, having the composition " $\text{NO}_3, 3\text{HO}$." It has twelve atoms of water of crystallization " $\text{Fe}_2\text{O}_3; 3\text{NO}_3, 12\text{HO}$;" if a weaker acid is used for dissolving it, the salt is a mixture, and contains more water of crystallization.

The ferrous nitrate—" $\text{FeO}; \text{NO}_3, 6\text{HO}$ "—is obtained by dissolving, at the ordinary temperature, sulphate of iron in weak nitric acid (1 120), by a considerable application of a freezing mixture the salt is crystallized out, and may be preserved without alteration as long as it is kept moist, but is decomposed into a basic salt on drying.

EFFECT OF HEAT RAYS UPON THE EYES—MODIFICATION IN TELESCOPES, &c.

Our contemporary, "Cosmos" (tom. 4, p. 275), describes a modification which might be adopted in telescopes, and even microscopes, with advantage—the calorific or heat rays being extremely dangerous when viewing such bodies as the sun. M. Foucault proposes to take advantage of certain properties possessed by certain metals of arresting the calorific rays, and of letting the luminous rays pass. Silver deposited by a chemical process possesses this property in a high degree. The objective of the telescope is covered with a layer of this metal. The editor of "Cosmos" says that you obtain, by the use of such an instrument, an image perfectly clear, agreeable to the eye, and one which produces no fatigue. The image is exactly similar to what you would obtain by the use of a violet glass.

Reviews.

THE BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEW. October, 1866.

THE present number contains ten analytical reviews, twenty-four notices of books, under the heading "Bibliographical Record," three original communications, and other interesting matter.

Of the reviews perhaps the best and most interesting are those respectively entitled, "Recent Danish Works on Helminthology;" and "On Hospitals and their construction."

The original communications, which are all worth reading (particularly the first mentioned, which is very learned), are—"Essay on the Medicine of the Greeks," by T. Clifford Allbutt, B.A., M.B. Cantab.; "On the Reduction of the Subcoracoid Dislocation of the Humerus by Manipulation," by Alexander Gordon, M.D., &c.; and "On the Influence of Age in Hereditary Disease," by William Sedgwick. Altogether this number of the "British and Foreign" is a good one, and quite up to its usual reputation.

THE DUBLIN QUARTERLY JOURNAL OF MEDICAL SCIENCE. November, 1866.

THIS number is particularly rich in illustrations. Mr. Butcher begins it with a paper on amputation of the hip joint, accompanied, as is his custom, by an elaborate illustrative engraving. That he is not to be allowed to monopolise this kind of thing is obvious, from the fact that Mr. Maurice Collis follows hard on him with Part I. of his "Contributions to Operative Surgery," the present paper being confined to "Operations about the Face." These operations are stated to be "illustrated;" and verily they are illustrated to an extent that beats Mr. Butcher hollow, for this number at least. There are no less than fourteen illustrations in a paper extending over just twenty-one pages, and we are confident that it will

be impossible for any one to delineate uglier faces than those here transmitted to posterity for the information of the profession. Mr. Wilson contributes a paper, entitled, "Ophthalmoscopic Notes." Dr. de Ricci returns to the charge, "On the Use of Sulphite of Magnesia in the Treatment of Zymotic Diseases." Dr. Bevan has a paper, entitled, "Reports on Scalds of the Larynx." Dr. Joynt gives a "Case of Protracted Utero-gestation, with Remarks." And Dr. Babington of Londonderry, concludes the original communications with an essay on "Flax-Mills, their Machinery, Accidents occurring therein, with Suggestions for their Prevention." We have here many able reviews; and we have read with pleasure the good value given this month by our able contemporary.

EDINBURGH MEDICAL JOURNAL. November, 1866.

In this number Mr. Syme gives a paper "On Elephantiasis of the Scrotum." Dr. Braidwood concludes his report of Professor Spence's "Clinical Cases;" Dr. Henry Veale gives a very interesting essay on the disease called in Germany "Rötheln," (the Rosalia Idiopathica of Dr. Richardson, and the Rubeola Notha of Dr. Babington). Mr. Stevenson Smith contributes a paper "On the Modern Treatment of Pneumonia in Young Children, with some Observations on the Initial Auscultatory Sign of the Disease." Professor Fayrer of Calcutta, furnishes a good paper, entitled, "Aphasia and Death resulting from Softening in Left Anterior Cerebral Lobe and Cerebellum, due to Atheromatous Degeneration and Embolism of the Cerebral Arteries." And Professor Struthers of Aberdeen, concludes his valuable "Historical Sketch of the Edinburgh Anatomical School."

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 21, 1866.

THE CASE OF ABSOLON V. STATHAM.

In this case, which has just been tried in the Bail Court in London, the defendant was charged with assaulting the plaintiff, a female, and administering to her chloroform, and extracting six of her teeth. It was also alleged that she was so severely injured by this proceeding, which occurred in August, 1864, that she had been since incapacitated from obtaining her living, which was that of a dressmaker, and she therefore claimed damages for the injury and loss she had sustained.

Those who have the slightest experience in the transactions of our law courts will perceive at a glance the kind of action to which the present belongs, and perhaps it is hardly necessary to state that the defendant is a gentleman of the highest respectability and skill in his calling. Although not strictly speaking a member of the Medical Profession, he is a Licentiate in Dental Surgery of the English College of Surgeons, his vocation being that of a Surgeon-Dentist, and in that capacity he is attached, as one of the honorary Medical Officers, to the Great Northern Hospital, of which his brother, as is well known, was the founder. He is, moreover, known

among a wide circle of professional and private friends as a gentleman of the utmost kindness and liberality of disposition, not only freely giving his professional advice and assistance to the poor and afflicted, to which class the plaintiff in the action belonged, but also relieving their necessities, when occasion seems to require it, from his private purse. Those who read the particulars of the action will perceive with what diabolical perversion of ingenuity even this amiable trait in his disposition has been used as a handle against him.

Those who know this gentleman's character, and, we may add, all those who believe that respectable Surgeon-Dentists occupy a place somewhat above that of brute beasts in the scale of creation, will at once repudiate the notion that he or any other person in his position could be guilty of assaulting a female, like a common garotter, stifling her with chloroform, violently extracting five of her teeth without her consent, and as soon as she partially recovered her consciousness, seizing her by the throat and forcibly extracting one more; yet all these acts of brutal violence, incredible as they may appear to the rest of the world, seem to be readily believed by the legal mind, which, whatever other qualities may belong to it, is not usually accused of the weakness of excessive credulity. We accordingly find that these monstrous allegations were not only brought forward by the legal advisers of the plaintiff, as if they believed them, but all the plausibility which hired advocates may be induced to assume was employed to convince a judge and jury of their truth.

We may, therefore, without any undue aspersion on the machinery by which the law works out its purposes, regard the above story as a fiction, the only substratum of truth which it possesses being that Mr. STATHAM, after due consultation with his colleagues, removed some carious stumps of teeth from an hospital patient in the usual manner, and that chloroform was administered to mitigate her sufferings, such proceedings being, of course, daily adopted in thousands of cases, both in public and private practice.

But the next point to be noticed is the assertion that the injury said to have been so sustained (and undoubtedly the extraction of a tooth, like any other operation in surgery, is an injury for the time being,) was the cause of the ill-health under which the plaintiff unquestionably suffered, and this being an entirely medical question, it might be supposed that medical evidence would be considered conclusive, more especially if it was unanimous. But although attempts were made to show that the neuralgic attacks experienced by the plaintiff were attributable either to the shock of extracting the teeth, or to the administration of chloroform, not a particle of evidence was produced in favour of such an hypothesis, and in fact all the medical witnesses were decidedly opposed to it. Indeed it was proved that she had suffered from hysteria and neuralgia long before the operation, which was really performed with the hope of

relieving these diseases. The medical witnesses for the plaintiff herself—namely, Mr. GANT and Dr. HYDE SALTER, did not believe that the symptoms were due to the operation, and on the part of the defence, Dr. ANSTIE, Dr. SANSOM, and Dr. RICHARDSON, all of whom may be considered competent or even eminent authorities on the subject, entirely repudiated such a supposition. But notwithstanding this overwhelming testimony on the part of the defendant, the jury were unable to arrive at a unanimous decision, and after being locked up for several hours they were discharged without delivering a verdict.

We come lastly to what may be considered the weak part of the defendant's case, although this admits of a far different interpretation from that which was fastened upon it by the morbid ingenuity of the opposite side. It actually appears that Mr. STATHAM, being moved to compassion by the patient's sufferings, and being naturally, as we have above observed, of a generous and humane disposition, relieved her necessities, as he had done those of many before, from his private purse, and this exercise of kindness was actually tortured into a confession of wrong-doing on his part. We are alluding only to a very common practice when we state that many of our professional brethren, when attending upon the poor and destitute, are in the habit of superadding presents of money, food, and wine, to their medical and surgical ministrations. Heaven forbid that the current of such benevolence should be arrested in its course, even although serpents can be found who, after being warmed and nourished, will turn round and sting their benefactors, and although scoundrels exist who, perhaps judging from their own motives of conduct, will proclaim that such acts of kindness and charity are prompted only by conscious guilt and the fear of legal consequences.

THE SCHOOL OF PHYSIC IN IRELAND.—IV.

In our last number we discussed the clinical part of the School of Physic to some extent, and we now resume this portion of our subject, remarking that much important information concerning the original working of Sir P. Dun's Hospital, and the intentions of the framers of the School of Physic Act, will be found in the first report of the hospital, written by Drs. PERCIVAL and CLEGHORN, and published by the King's Printer in Dublin in 1809 in a 4to volume, entitled, "Report upon Certain Charitable Establishments in the City of Dublin which receive aid from Parliament."

We have already referred to the duties devolving on the Clinical Professors by statute, and also to those imposed on them by the existing hospital system. If we may judge from the ideas of Dr. PERCIVAL, one of the framers of the Act, the labours of the Professors were intended to be supplemented by the assistance of Clinical Clerks; and it is for this reason that the curious reader may, in the volume last quoted, find out what Dr. PERCIVAL intended by the expression "Clinical Lectures,"

of which no precise definition was laid down in the statute. The hospital contains private wards which have always been set apart for the treatment of sick pensionaires or paying patients, who, for a small weekly sum—a guinea or so—receive the best medical attendance and attention which can be had. The benefits of these wards have always been availed of by students resident in Trinity College, and by other respectable persons living in lodgings, or otherwise unfavourably circumstanced for the care and treatment of infectious diseases. We think that here, as in other large hospitals, the Professorial teaching may be largely and usefully supplemented by having for the pupils special kinds of instruction given by extern teachers of junior standing to the Professors. For example, it would be well to have some one conduct a special set of lectures, or rather demonstrations, on the art of bandaging, to be learned by the pupils performing every detail themselves; in fact, a course such as any one may have in Paris from a private teacher for twenty-five francs, with all the beautiful and useful varieties to be found in GOFFRE'S well-known "Bandages, Pansements, et Appareils." The same plan may be followed with other departments in Surgery. Again, in Medicine some junior man may explain, to such as choose to learn from him, the use of the microscope; another may give demonstrations in a special way on testing the urine; a third might teach the use of the endoscope, or the laryngoscope, or the thermometer, or all of them; and even special classes of disease, which require numerous plates and more time than a Clinical Lecturer could fairly give to them in a short course, might be advantageously taught by others. By this means not only would the value of the clinical teaching be enhanced, but special talents would be developed in the pupils. There ought to be, and if we are to judge from Dr. PERCIVAL'S report, there was intended to be, a regular and authentic set of hospital records, as in the larger London hospitals. The great value of such a boon as this may be seen by a glance or two at Dr. TODD'S "Clinical Lectures;" and as there are medical men in London retained expressly for this purpose in the great hospitals, so it should be in Sir P. DUN'S. The mere existence of the office of Medical Secretary or Registrar would create a most useful and accurate class of men in the profession.

The subject of nursing is one which may be fairly introduced here. At various times during the present year we have warmly advocated the institution of nursing sisterhoods among our brethren of other persuasions than the Roman Catholic faith. The system is so far tried and accepted by the Established Church in England, that it needs no defence or advocacy from us; but we think that the Governors of Sir P. DUN'S Hospital should seize the first available opportunity and hand over the nursing of the institution under their charge to a body of this description, if such can be found to undertake it, subject to the wise regulations which are found

so useful at King's College Hospital and elsewhere. The obvious plan would be that on the next vacancy in the matron's office, the lady superintendent of a nursing organization should be appointed to the salaried office of matron, and that she should be paid a fixed sum per annum for having the duties of nursing discharged under her supervision, and with her personal responsibility to the Board. Nothing but religious bigotry of the most miserable kind, or a foolish and obstinate adherence to a bad system, could prevent this being done at the first opportunity, and we are glad to say that there is no prospect of obstructiveness of this kind from the Governors of Sir P. DUN'S; for at the beginning of the present year a proposal after something of the sort here advocated was favourably received, and its adoption was only postponed because, in the opinion of the majority, it was not just then practicable. The majority consisted of the casting vote of the Chairman.

It were well if some space in this hospital were devoted to the treatment of the diseases of females; but we understand that the project will be shortly carried out.

The constitution of the Board of Governors requires some remarks.

Under the School of Physic Act this body is composed of the Visitors (the Lord Chancellor and the three Chief Judges), President, Vice-President, and (four) Censors of the College of Physicians, and the Provost of Trinity College, all for the time being; "and of twelve other persons to be, by said Governors, chosen and elected out of those who may become subscribers to the building or maintenance of said hospital; provided that no physician or surgeon who shall attend patients in the same shall be capable of acting as a Governor of the said hospital" (40 Geo. III., cap. 84, sec. 4). It appears, from the clause just quoted, that no provision is made for the length of time during which an elected Governor may continue to hold his office; and hence some have concluded that, once elected, a Governor may hold on for life. It is remarkable, however, that the Act in no way provides for the succession of elected Governors; while it does provide not only for the succession of Professors, but even for the succession of the eight Commissioners to whom was entrusted the building of the hospital, the duties of these last being temporary, and the Commission itself being dissolved by the act of handing over the hospital to the Governors. It is worthy of note that no provision has been made for the perpetual succession and continuance of the elected portion of the more important and permanent corporation. Hence, according to the strict letter of the Act, the twelve subscribers who were first chosen Governors were lawfully chosen; but these being all long since dead, it may be plausibly maintained that their offices died with them, as the Act did not prescribe that any vacancy should be filled up, much less prescribe the manner of filling such vacancy or vacancies.

In the absence, then, of any direct law, the intentions

of the framers of the Act and the precedents of nearly sixty years may be taken into account, as they assuredly would be in case of appeal to the Visitors.

It appears from the minutes of the Board of Governors that, for some time after the opening of the hospital in 1808, the President and Censors of the College of Physicians were the only acting Governors. Almost the first act of the ex-officio Governors was to draw up, and get confirmed by legal advice, a code of bye-laws, under which, except in so far as they have since been repealed, they still act. One of these bye-laws provided that they would elect Governors for a term of one year only, and that the election should be held annually in March, from those who were subscribers from the January preceding. Accordingly, on the 24th of June, 1808, Dr. PERCIVAL (one of the framers of the Act), Dr. JAMES CLEGHORN (one of its strong supporters), and DAVID COURTNEY, Esq., being then the only subscribers, were chosen Governors for the remainder of the hospital year. On the 6th March, 1809, the first annual election was held, when the three gentlemen just named, with Mr. PARNELL, who had been first elected on the 4th of January in the same year, were re-elected. This precedent has been uniformly followed from thence to the present time. In consequence of some holding the view that the elected Governors of one year could join the ex-officio Governors in choosing their successors, in 1824 a case was submitted to Mr. Attorney-General PLUNKET, afterwards Lord PLUNKET and Lord Chancellor of Ireland, who gave it as his opinion—that any such powers claimed by elected Governors were clearly illegal, and that all elections held in the joint manner above described would be null and void. In 1825 Mr. Attorney-General SAURIN gave a similar opinion on the same question. In 1824 Mr. BLACKBURNE, the present Lord Chancellor of Ireland, gave as his opinion on a case submitted to him—that annual elections of Governors were conformable to the statute; and referring to the bye-laws, which provided that the elections should be held annually, he said :—

1st. The statute does not oblige the official Governors to elect the twelve Governors for any definite period. I therefore see no objection to the regulation or bye-law which, in the case of the election of annual subscribers, limits the duration of their office and authority to a year, and a subscriber so elected cannot contend that he has a right to continue in office after the year for which he has been elected has expired.

2nd. It follows from what I have said that a subscriber, elected under the bye-law or regulation for a year certain, cannot be considered to hold his office for life, or any longer period than the year during which he has been elected to serve as a Governor. I have only to add that it appears to me that the bye-law or regulation limiting the duration of the office of an annual subscriber to the year of his subscription is exactly conformable to the spirit of the Act of Parliament. Indeed I should doubt whether an annual subscriber be eligible for life, for it could not have been intended that any person should remain a Governor after he had discontinued his annual subscription, and thereby ceased to contribute to the funds of the institution."

This opinion did not contemplate the case of a subscriber who makes a life composition for his annual subscriptions. Such a person is, in one sense, a life

subscriber; but as his composition may be returned to him if the Governors so will, he is not *absolutely* a life subscriber. In any case, according to this opinion, the ex-officio Governors can limit or extend the time for which the elected Governors are chosen.

This is a good arrangement, for as the majority of the official Governors can never be regular attendants at the Board, it is of great importance that the efficient elected Governors—who are always re-elected from year to year—should not have their efforts weakened by the association with them of others who may be non-resident, inefficient, or crotchety, and who would only appear for the purpose of carrying "a job."

By the Act the College of Physicians was intended to have a majority among the ex-officio Governors; they were to have had the President, Vice-President, and four Censors; (six) against the four Visitors, and the Provost of T.C.D. In consequence, however, of the ignorance of the framers of the Statute regarding the fact that the Vice-President of the College of Physicians and one of the four Censors must by Charter be the same person, the College loses one Governor. This might be mended by substituting the Registrar or the Treasurer for the Vice-President in an amended Act. The College has frequently lost another vote on the Board by one of the Censors being disqualified, because of his being Physician in Ordinary to the Hospital. This clause ought to be repealed, as no persons are more suitable to be Governors than the medical men attending an hospital; it is commonly the case elsewhere, and even here it is a question whether, for example, the present Vice-President of the College of Physicians, who is also Physician in Ordinary to the Hospital, is not qualified to sit at the Board during the time of his stated *non-attendance* as Physician—that is, during nine months of the year. He has no duties as regards "attending patients in the said hospital" during that portion of the year, and thus it does not appear that he should be disqualified to sit as a Governor while so circumstanced.

We have already advocated the raising of the salaries of the King's Professors to a perfect equality in all respects with the salaries of those on the University foundation, and the repeal of the clause which vacates a Fellowship in the College of Physicians on its holder becoming a Professor. We advocate this on the fair ground that £100 a year Irish for each of three Professors in 1866 is not an equitable representative of £200 a year, which Sir P. DUN left in 1711 to *one* Professor, fearing it was an inadequate endowment for two. Moreover, in all fairness, DUN's intentions as regards endowing Professors should be preferred to any other application of the funds left by him; and therefore the Professorships of Midwifery and of Medical Jurisprudence should be endowed like the others, and a Professorship of Clinical Medicine and one of Clinical Surgery should be founded, to perform the Clinical duties at present assigned to the Professors of Anatomy, Chemistry, Botany, and the University Anatomist. There need be no valid objec-

tion to any of these officers being also Clinical Professor, when declared to be fit for the latter office at the time of election, but ex-officio fitness, as a matter of course, ought to be abolished.

Where are the funds to come from? some one will say. From DUN's estates, we reply.

These estates produce near £4000 a year at present; and according to the calculation of Dr. PERCIVAL, who framed the Statute of 1800, the Professorship of Midwifery ought to have been endowed long ago. The truth is, that so long as an undefined amount of surplus can be applied to support less than 100 patients, so long will it be found insufficient for the purpose. Dr. PERCIVAL's calculation (based on the assumption of the total absence of subscriptions, bequests, and other subsidiary means supporting patients), is, that in the year 1820 the value of the estate would amount to nearly £4000 a year, "which [he and Dr. CLEGHORN say in their report already quoted] will be more than adequate to maintain the number of patients which the hospital is calculated to hold [100]. When the estate can afford it, the surplus fund which will remain after maintaining the hospital, &c., will be applied, agreeably to the Act of Parliament, in maintaining new Professorships and to increase the Library." The fair plan would be to appropriate to clinical purposes a fixed charge per bed (including establishment charges) up to 100 beds; leaving the deficiency, if any, to be met by subscriptions or other contributions, for collecting which there would then be a strong motive, or by reducing the number of beds; the latter is actually done now, there being at present only 80 beds—a number found quite sufficient. £2500 a year would give the large endowment of £25 per annum to each of 100 beds, and would leave a sufficiently large margin for the advancement of the School of Physic, as above suggested. Trinity College has a large interest in the well-being of this hospital—a much larger interest, indeed, than the College of Physicians can now have; and the Board of T.C.D. are subscribers to its funds to a small amount, in recognition of this fact. They ought to raise their subscription to an endowment commensurate in some remote degree with that represented on the Board of Governors by the Visitors and Chief Officers of the College of Physicians, and of course in such case some of the Senior Fellows of T.C.D. ought to be Governors ex-officio.

The School of Physic Act obliges a Fellow of the College of Physicians when elected DUN's Librarian to vacate his Fellowship. This ought to be repealed, for the same reason as in the case of the Professors; and the Library ought to be properly supported and added to out of the estate, as DUN would do were he still alive, and as was done up to the year 1800.

As for any other reforms in the School of Physic, or in the bodies connected with it by law and history, we may merely suggest the institution of lectures on medical ethics, and on medical literature, ancient and modern, the adoption of the tutorial element in some of

the Professorships, the day having passed away when the theory and practice of medicine and of surgery can be taught by Professors' lectures. In the University it would do no harm to infuse new blood among the Medical Examiners by having each year a proportion of non-professorial Examiners, as at Oxford and Cambridge. In Trinity College it were well that the Medical Fellowship, or Fellowships, were made medical in reality and in point of college duties. In the College of Physicians it would serve the cause of Medicine to institute lectureships after the names of eminent members, as at the College in London, and to take something like the move which raised the Licentiates of that body to be Members, making general practitioners eligible to be Licentiates. To do this it is only necessary to restore the class of candidates (from whom alone, as formerly, could Fellows thenceforth be elected) abolished in 1792, and to have that class recognised under the Medical Act; to raise all the present Licentiates to that class; to make eligible to the Licentiateship practitioners who supply and charge for medicines to their own patients, but who do not keep open shop; and to make a Licentiate capable of promotion to the rank of candidate. We now say farewell to the School of Physic, wishing it all success during the coming winter.

CHOLERA.

OUR last week's chronicle of the progress of the epidemic, after an analysis of the official returns for the 44th week of the year, concluded with the daily returns up to Thursday, the 8th instant. It may be natural, therefore, to resume our summary at this point. On Friday, the 9th instant, 8 deaths from cholera and 6 from diarrhoea were registered in London. Of the deaths from cholera, 4 occurred in the East districts, 3 in the South, and 1 in the Central.

The next day, Saturday, the 10th, completing the 45th week, we find the daily deaths from cholera, which had been, during the week, from 5 to 8, rise to 12, and distributed over all the districts except the West. Before passing to the complete weekly return, it may therefore be worth while to give all the particulars of this day:—

SATURDAY, NOVEMBER 10, 1866.

Districts.	Population estimated to middle of 1866.	Total Deaths from Cholera since commencement of the Epidemic.	Total Deaths from Diarrhoea since commencement of the Epidemic.	Deaths from Cholera registered Nov. 10.	Deaths from Diarrhoea registered Nov. 10.
West ...	511,258	182	337	..	1
North ...	686,021	405	505	3	1
Central ...	359,219	324	351	3	..
East ...	607,945	3,892	804	2	1
South ...	873,548	687	542	4	2
All London.	3,037,991	5490	2,549	12	5

Middlesex Hospital—one death from cholera; the patient from Heddon-court, Regent-street. London Fever Hospital—one death from cholera; the patient from 32, Reform-place, St. Luke. King's College Hospital—one death from cholera; the patient from 45, Stanhope-street. St. Bartholomew's Hospital—one death from cholera; the patient from 22, George's-square, Hoxton. London Hospital—one,

death from cholera; the patient from 23, Fashion-street, Spitalfields.

We have now only to sum up the figures for the week. The total mortality was less by 17 deaths than the estimated number, being 1361. There were 67 deaths from cholera and 33 from diarrhœa, making a total of exactly 100 from those two forms of disease. But for the prevalence of the epidemic it is clear that the season would be unusually healthy; since, in spite of these 100 deaths, the total mortality is still 17 under the average. Out of the 67 deaths from cholera 7 occurred in Whitechapel and 13 in Greenwich, Deptford, and Woolwich. The decline of disease is much less rapid than we might have hoped for, as will be seen by the deaths from cholera and diarrhœa during the last 5 weeks, being respectively 254, 199, 144, 101, and 100.

The daily deaths since the last complete weekly report have been as follows:—

	Cholera.	Diarrhœa.
Sunday and Monday, November 11th and 12th, together	10	2
Tuesday, Nov. 13.....	11	3
Wednesday, Nov. 14	—	—
Thursday, Nov. 15 ...	—	—
Friday, Nov. 16	—	—
Saturday, Nov. 17 ...	—	—

THE COUNTRY.

The Registrar-General directs attention to the fact that the epidemic has "far from disappeared" from the large towns it has visited. During the week there were 82 deaths in Dublin, 36 in Edinburgh, and 14 in Liverpool. In Newcastle and some other towns the deaths are diminishing. The annual rate of mortality per 1000 was 23 in London, 29 in Liverpool, 35 in Dublin, and 37 in Edinburgh.

EDINBURGH.

The weekly returns issued on Monday, the 12th, reported 19 new cases of cholera, of which 12 were in hospital practice. There had been 8 deaths, 8 recoveries, and 3 remained under treatment. Besides these, 13 cases of English cholera, and 89 of diarrhœa were reported, none of which were fatal.

A terrible outbreak had occurred at Leven, a fishing and sea-bathing village in Fifeshire. There had been 32 deaths in the week, and 6 others were reported on Sunday, including, we regret to say, D. W. A. Kennedy, who had for some time been devoting himself to the relief of sufferers from the epidemic. Again it is said the origin of this outbreak may be attributed to impure water. Other villages in the neighbourhood are also suffering severely.

THE PUBLIC HEALTH OF THE SUMMER QUARTER.

THE Registrar-General has issued his returns for the summer quarter of the present year. We pass over most other particulars, and proceed to notice the state of the public health, which they disclose chiefly as affected by the fatal epidemic which this season has visited our shores. We have already given in our pages the weekly returns of the deaths occasioned by this fearful scourge in the different localities of London, as well as other places; and we have now presented to us the "fatality" which has attended it throughout the kingdom in the months during which it has been the most prevalent.

Before noticing the figures which the report contains we may just give to our readers a quotation from the remarks on the weather, and the atmospheric peculiarities which were observed in the summer quarter of the present year, in contrast with those of the three previous seasons when cholera prevailed. It is observed, that this year—

"The mean temperature of the air in the quarter at Greenwich was 58·9 degrees, which is 1·1 degree below the average of the season in twenty-five years. Each of the three months, but particularly August, was cold. The rainfall measured 7·9 inches, half of which was in September, when the amount was an inch and a half in excess of the average. Mr. Glaisher writes that the weather, which had been warm and fine at the close of the previous quarter, changed to cold at the beginning of July, and in every part of the country rain fell almost daily. From the 10th to the 17th was a period of heat, but from the 18th of July to the 25th of September the temperature was almost constantly low. Rain fell frequently all over the country in July, and in August seriously interrupted harvest work. In the three visitations of cholera in past years there was great atmospheric pressure, high temperature, narrow diurnal range, owing chiefly to high night temperature, defect of rain, wind, and electricity; and in the last of those (1854) a remarkable blue mist was observed, which prevailed night and day. In nearly all these particulars the meteorological character of the present epidemic season is different from that of previous periods when cholera prevailed, but the blue mist has been again visible; it was first seen by Mr. Glaisher on 30th July, and by other observers in the preceding week. Since that time it has been generally present; on some days no trace of it visible, and on other days seen for parts of a day only. It has extended from Aberdeen to the Isle of Wight, and was of the same tint of blue everywhere. This mist increased in intensity when viewed through a telescope: usually no mist can be seen when thus viewed; it increased in density during the fall of rain, though usually mist rises from rain. Its density did not decrease when the wind was blowing moderately strong; it decreased when a gale was blowing, but increased again on its subsidence. Whatever may be its nature, he adds, the fact is very remarkable, that since the cholera period of 1854 this phenomenon has not been observed till the present time."

It appears from the returns that the deaths registered in England and Wales in the quarter ending 30th of September were 116,826, being about one-twelfth part in excess of the average death-rate for the last ten summer quarters, which was 20 per 1000, while this year it amounted to 22. There were 10,365 deaths from cholera, and 9570 from diarrhœa, also due in great part to the same cause. The proportion of deaths, however, was very unequally divided. In London the mortality was 29 in 1000; in the North-western division 27; in the two Northern divisions, and in Wales 22. In other divisions the mortality was low indeed below the average: in the South-eastern it was 18; South Midland 18; in the Eastern 18; West Midland 17; North Midland 18. The same disproportion is found in the large cities of the United Kingdom. The mortality in Birmingham was 19; in Bristol 21; in Sheffield 24; in Manchester 31; in Liverpool 50; in Edinburgh 23; in Glasgow 25; in Dublin 24.

From an examination of these figures it will appear that the increase in the rate of mortality is attributable generally to the prevalence of cholera. In comparing the numbers connected with the different districts and large towns, it will be found invariably that the death-rate was highest where cholera prevailed the most. Thus the mortality of London was 29 per 1000, where the deaths from cholera were 4714, nearly one-half of the total deaths from this cause in England. In the North-western coun-

ties the mortality was 27, where the deaths from cholera were 2022, the next severest infliction, and so in like manner the coincidence may be traced in almost every instance, the death-rate being highest where the epidemic was most severely felt.

There is one other important fact which the registry makes evident—namely, that while the increase in the mortality of the last quarter is due to cholera, the latter has been most extensively fatal in those localities where the sanitary conditions of the neighbourhood have been neglected, and where the water supply has been more or less impure. This has been the case in the East-end of London, in the North-western counties, and other parts, while in places where strict precautions have been adopted and carried out the epidemic has been the least fatal in its effects. Liverpool and West Derby, in contrast with Birkenhead, furnish a striking corroboration of these facts. In the former two places, with a united population of 495,587, the deaths from cholera were 1603, being one out of every 310 persons, while at the latter place, Birkenhead, on the other side of the Mersey, exposed to the same epidemic influences as Liverpool, the deaths from cholera only reached 30 out of a population of 61,420, being but 1 in 2048. The only explanation of this great and striking difference is that at the latter place timely precautions were taken before the epidemic reached them, and afterwards every effort made to arrest its progress. How this was done we can best show by giving the words of Dr. Baylis, the Medical Officer of Health. He says:—

“In addition to ordinary measures, we commenced a system, before its appearance, of deodorizing all the worst middens in the town, on the principle that, if we could destroy the gases of decomposition in the worst parts of the town, we should remove one of the greatest depressants of the vital force; this system was carried out more effectually after the disease appeared.

“I saw the first patient that died, and my friendly connection with all the medical men of the place enabled me to reach nearly every succeeding fatal case. To the friends of each I gave the most urgent instructions, furnished the poor with disinfectants, sprinkled their floors with carbolic acid, had chloride of lime regularly thrown in their and neighbouring ashpits, used carbolic acid in their waterclosets and drains; took, in the first instance, and until the guardians moved, the responsibility of burning the soiled bedding; had all the soiled clothes steeped in chlorine water, and saw that the houses were perfectly cleansed down. Finally the body was partially covered with charcoal, and buried in a few hours.

“By these means the disease, I think, was in most instances stamped out; and I feel sanguine, if there was a proper staff for the purpose, with the necessary power, together with the means of getting at every case attacked, a medical officer, accustomed to his duties, and otherwise competent, would have a good chance of keeping down the malady, where the conditions were not so very bad as to preclude all chance of success.

“I confess, however, with every wish to do our duty, for want of more power, the careless, the drunken, and the stolid poor defeat one occasionally, and then we had, in some instances, a second and a third case in the same house. These, however, were the exceptions.”

There can be but one impression from this investigation—it is, that cleanliness, the use of disinfectants, good drainage, and a supply of pure water, are the best preventives of cholera. It is high time that the attention of all who have influence and authority in our cities and large towns should be given to these things. If neglected we may, no doubt shall, be visited again and again by this scourge, which all so much dread. The Registrar-General warns us of this, and urges the necessity of

immediate precaution. Let our readers weigh well his observations, with which we close this article:—

“It is well known that this epidemic raged around us in France, Belgium, and Holland earlier in the year, and during July it established itself in England, where it put the sanitary defences of nearly every district on the coasts to a test. Indeed, the cholera matter (Cholrine) has evidently been diffused all over the kingdom; for in every county, except Herefordshire and Rutlandshire, death from cholera have been registered, and diarrhoea has prevailed to such an unusual extent as to imply the existence of some specific zymotic element. It was only, however, when that element was diffused by water, and by the wilful neglect of hygienic precautions, that the mortality became appalling.

“Thus, although the waters are yet by no means free from impurities, the people of London are no longer supplied as they were in 1849 with unfiltered waters contaminated by their own sewers; and the deaths in the districts of the West, North, Centre, and South of London were 1023 by cholera and 1558 by diarrhoea, among 2,430,046 people. Whereas 3691 deaths by cholera and 740 by diarrhoea—that is, 4431 together, occurred in the East London districts among 607,945 people supplied with water, chiefly from the Old Ford reservoir of one company. Deduct these deaths and the deaths by cholera in London are reduced to 1023 while the deaths by cholera in England are reduced from 10,365 to 6,674. Again, of the 2022 deaths from cholera in Lancashire and Cheshire no less than 1603 were registered in the Liverpool and West Derby districts alone. Deduct these deaths, with 2447 more in West Ham (adjoining East London, and supplied with the same water), in Portsea Island, in the Isle of Wight, Southampton, Exeter, with three adjacent districts of South Devon and Swansea, as well as in certain districts of South Wales, and the death from cholera in the rest of England are brought down to 2624.

“This proves that, although the freest intercourse has been kept up between the various parts of the country, the epidemic has only assumed an aggravated form where the defences have been weak and circumstances have been in its favour.”

Respecting the distribution of the 10,365 deaths from cholera over England and Wales in the third quarter of the year, the returns show that no less than 8098, nearly four-fifths of the whole number, were in three districts—London, Lancashire, and South Wales. Of the 4714 deaths from cholera in London, three-fourths—3590, occurred in six registration districts—namely, Bethnal-green, Whitechapel, St. George's-in-the-East, Stepney, Mile-end Old-town, and Poplar districts, containing less than a sixth of the population of London. The entire mortality of these districts in the quarter far exceeded the number of births, and the mortality of this portion of London was much more than double that of the corresponding period in 1865. In Mile-end Old-town and St. George's-in-the-East half the deaths in the quarter were from cholera. Of the 1872 deaths from cholera in Lancashire no less than 1603 were registered in the district of Liverpool and the adjoining district of West Derby, and the 1412 in South Wales 1074 occurred in the four districts of Merthyr, Neath, Swansea, and Llanelly. In Neath more than half the deaths of the quarter were from cholera, and Swansea and Llanelly two in every three of the deaths. A large part of the cholera mortality was in these three quarters—London, Lancashire, and South Wales—that there were only six counties in the rest of England in which the death from cholera exceeded a hundred. These are Kent (extra-metropolitan) in which 226 deaths occurred, chiefly in the parishes near the course of the Thames; Essex, 435, of which 380 were at West Ham; Hampshire 391, 137 of them at Portsea Island; 98 at Southampton, and 98 in the Isle of Wight; 325 in Devonshire, the chief prevalence being at Totnes, Exeter, and Thomas's; Cheshire, 150; Yorkshire, 240, the largest numbers at Goole and Doncaster. In Surrey (extra-metropolitan) Sussex, Durham, and Monmouthshire the deaths from cholera ranged between 50 and 100. In Middlesex (extra-metropolitan), Gloucestershire, and Lincolnshire between 26 and 50. In Somerset the number was 26; in Northumberland 22; in Worcestershire 17; in Staffordshire 16; in Cumberland 14; in Bedfordshire 13; in Cornwall 12; in Warwickshire 11; in Suffolk 10; in Norfolk 9; in Wilts, Derbyshire, Salop, and Buckinghamshire 7 in Herts 6; in Ca

bridgeshire 5; in Dorset 5; in Notts 4; in Oxfordshire and in Leicestershire 2; Berkshire, Northamptonshire, Huntingdonshire, and Westmoreland had only one each; Herefordshire and Rutlandshire had none at all. Of the 9570 deaths from diarrhoea, 2298 were in London, and 2466 in Lancashire. The London districts most severely visited with diarrhoea were Kensington, where there were 181 deaths, and St. Pancras, Marylebone, Islington, Bethnal-green, Whitechapel, Poplar, and Lambeth, each of which had above 100 deaths from diarrhoea. The provincial districts with above 100 deaths from diarrhoea were Liverpool, with 542; West Derby, 338; Manchester, 410 (but only 39 from cholera); Salford, 167; Charlton, 192; Birmingham, 187 (but only 7 from cholera); Leeds, 166 (but only 9 from cholera); Bradford, 120; Sheffield, 117; Wigan, 116; and Bolton, 102. North Wales had but 32 deaths from cholera and 33 from diarrhoea.

THE POOR-LAW MEDICAL INSPECTORSHIP.

On this subject the *Cork Constitution*, of the 9th inst., remarks:—

“Wednesday evening’s *Mail* has the following:—

“We are in a position to state that the Poor-law Medical Inspectorship is still vacant; the statement as to the appointment made recently in a contemporary is premature.”

“We should be glad to be able to believe this, for it would leave room for the hope that some one who had stronger claims on the grounds of distinction and of service (to say nothing of conservatism, which, after its long exclusion, ought not to be altogether disregarded) might be chosen; but we think our contemporary is mistaken. At all events we believe intimation of the appointment was made to the several candidates by the Poor-law Commissioners, and THE MEDICAL PRESS, which, on such a subject ought to be well informed, says:—

“THE POOR-LAW IRISH INSPECTORSHIP.

“This important office has been filled up by the appointment of Mr. Roughan, of Ballinrobe. Not being informed what that gentleman’s qualifications for the office may have been, we append his description of himself in the “*Medical Directory*”:—“Roughan, George F., Ballinrobe, county Mayo, L.R.C.S.I., 1842; L.M. Dub. Lying-in Hosp., 1846; Med. Off. Union Work.; formerly Med. Att. Moycullen, Spiddal, and Outerard Fev. Hosps.; late Insp. Fev. Hosps.” Mr. Roughan is what racing men would call “an outsider,” for we have never heard his name mentioned as a candidate, and he is almost unknown either to the profession generally or Poor-law Medical Officers. He is an L.K.Q.C.P., of August last, never wrote a line worth reading, never held an investigation or adjudicated on a case. But he possesses superior qualifications. He is a Roman Catholic in religion, and is said to be of the extreme national politics.

“To summarise the facts, he appears to possess every qualification which a medical man elected to such a position ought not to have. To any candidate on the list published in a late issue of our journal, or to others not included in that enumeration, Dr. Roughan bears not the most cursory comparison. Many of those gentlemen being of scientific and literary rank, all of them are well known and respected in the profession. The selection is a theme for our political journals worthy of their notice, for they have ample scope for comment in an appointment which stands badly beside that of Professor Croker King’s, the last selection of Sir Robert Peel for a similar post. It looks like one of the most disgraceful jobs ever perpetrated in Ireland.”

“It is certainly an appointment which could not have been expected, and ought not to have been made. A Government can not only gain no credit by it, but draws on itself censure, for which it is imprudent to give cause. A more meagre claim no candidate could be furnished with; and if he has the additional drawback of extreme nationalism in a country which has suffered so much from political fanaticism, it cannot be even pleaded as proof of the desire of Government to deal impartially; for there were among the Roman Catholic ‘Liberal’ candidates men who, while possessing qualifications that would have justi-

fied their selection, were moderate and rational, and had never made themselves obnoxious by either their opinions or the manner in which they maintained them. There were, on the other hand, men of a different stamp, and we should be glad if there was still hope that Government had not stultified itself by selecting one of these. If it has, and that what the *PRESS* writes is true, it has offered an affront to not only every qualified Conservative candidate, but every qualified Roman Catholic candidate who has abstained from identifying himself with a party which has worked great evil to the State.”

We have seen one of the letters sent to the candidates by the Commissioners, and it concludes in these words: “The choice has fallen upon Dr. Roughan of Ballinrobe, who has been appointed accordingly.” It must be remembered that the *Mail* is the Government organ, and probably it got a hint to deny the appointment, and so prevent agitation, on the technical quibble that Dr. Purcell will not really vacate his office until the 12th of December; but although not perhaps technically installed, yet Mr. Roughan is chosen, and appointed. We trust the *Cork Constitution* will see to this.

The large amount of correspondence which we have received in reference to this appointment shows us that an unusual interest exists in the profession with reference to it. In pursuing the theme, we have first to remove the impression which may have existed, and which is alike unjust to ourselves and a large section of the profession, that we desired to suggest that Dr. ROUGHAN was disqualified from holding the appointment or discharging its duties on religious grounds. We know scores of Roman Catholic gentlemen in the profession in Ireland second to none in respect and in the conscientious discharge of their duties; but as we do not hold that a particular form of worship confers special qualifications for the office of Poor-law Inspector, we should protest, as we have done, against any one of them being appointed because he professed a particular creed. This is what has been done, as we believe, in the case before us; and so far from our considering a candidate better or worse for his religion, we condemn in the strongest manner the introduction of such consideration into the question at all.

The issue is whether Dr. ROUGHAN is a better man in education, abilities, services to the profession or the public or judicial acuteness, than his co-candidates, and if not, why is he placed over their heads, in a position which is of the utmost importance to the Poor-law Medical Officers of Ireland? On investigation, we find that he is a Licentiate of the Royal College of Surgeons, of years’ standing, while some of the candidates are Fellows of double that experience; he is a Licentiate of the College of Physicians of four months’ rank, while others are Doctors of Medicine of many years. Of his abilities we can only judge from the fact that he appears to have left no mark whatever of his talents either in or out of his profession in the years in which he has practised. Of his services to the profession be it said that for fifteen years he has stood aloof from every movement intended for their benefit, and has not even deigned to reply to the notes addressed to him on such matters, nor has he even been a subscriber either to the Irish Medical Association or the Royal Medical Benevolent Fund Society.

But better than transcendent abilities, deep learning, or hearty philanthropy, he has forwarded through the back stairs of the Castle an all-powerful talisman. What that may have been we know not. One correspondent

tells us that it was the signet of Cardinal CULLEN; another, that it was the seal of Lord LURGAN, who voted with the Adulamites for the present Government; a third, that it was the friendly voice of the Solicitor-General and Member for Galway; and a fourth, most reliable, that the influence was exerted through a wealthy shopkeeper in Ballinrobe, who had rendered election services to the present Government. No matter whence the influence, the job has been committed, and should be remembered by the profession when the Government candidates next seek their suffrages. What comparison is there between our new Poor-law Inspector and Drs. MARKHAM, EDWARD SMITH, and FARRE who hold somewhat analogous appointments in England?

THE HEALTH OF SCOTLAND.

In the eight principal towns of Scotland, from which returns are regularly compiled, the Registrar records 2297 deaths during the month of October. This is an excessive mortality, since making allowance for the increase of population, it is 295 above the average for the last ten years. No less than 42 per cent. of the deaths were those of children under five years of age. Zymotic diseases caused 29 per cent. of the total mortality. Even this proportion was exceeded in some towns; as, for example, in Paisley, where scarlatina and typhus have prevailed; in Greenock, where there have been many deaths from typhus, and, of course, wherever cholera has obtained a footing. This epidemic has visited most of the towns, Leith suffering most severely, and Paisley the least. 167 deaths were attributed to that epidemic in the eight towns, thus constituting 7·3 per cent. of the total mortality. There was, therefore, an increase of 119 deaths from that disease above those of September. In Leith, the cholera deaths amounted to 34·2 per cent. of the mortality; in Dundee, to 13·8 per cent.; in Aberdeen, to 12·6 per cent.; in Perth, to 8·5 per cent.; in Edinburgh, to 8 per cent.; in Greenock, to 5·8 per cent.; in Glasgow, to 2·4 per cent.; and in Paisley, to 0·8 per cent. of the total deaths; the deaths from cholera in the month being 37 in Leith (in a population under 40,000); 38 and 22 respectively in the far larger towns of Dundee and Aberdeen; 4 in Perth; 33 in the city of Edinburgh; 25 in Glasgow (with more than double the population of Edinburgh); seven in Greenock; and one in Paisley. There were besides 95 deaths from diarrhoea in the eight towns. Typhus caused 122 deaths, or 5·3 per cent. of the mortality; 12·8 per cent. in Greenock. The births in the eight towns, 3309 in number, were above the average, and so were the marriages, which numbered 654. The month was characterised by fine and settled weather, the barometer being high and little disturbed, the mean temperature high and the daily range small, with less rain and wind than usual, and the direction of the latter nearly west. The highest mean temperature was at Greenock, 50·4; and the lowest at Aberdeen, 48·5. At Glasgow and at Paisley the thermometer marked as low as 26 degrees. The greatest depth of rain recorded was at Greenock, 5·27 in.; and the smallest at Edinburgh, 1·20 in.

From these latter figures it may fairly be concluded that there was no connection between the weather and the large amount of zymotic disease. Let the water and drainage be thoroughly investigated.

Notes on Current Topics.

INFIRMARY APPOINTMENTS.

THE Royal South Hants Infirmary has lately witnessed a scene of great excitement consequent on the determination of the Governor to elect two additional medical officers—one as Assistant-Physician, the other as Assistant-Surgeon. There were no less than six candidates for the former, and four for the latter appointment; but these numbers were subsequently reduced to two candidates for each office. According to the *Southampton Times*, the meetings held by the Governors were noisy in the extreme, and reflect little credit upon many who took part in them. It seemed to be the desire on the part of the chairman and a section of the Governors to withhold certain information which was sought by several members of the corporate body, and a very animated discussion ensued as to who among the annual subscribers to this institution was entitled to vote, and how many votes should be accorded to Life-Governors. Ultimately this matter seems to have been ignored by the chairman, and the voting commenced without anything being definitely settled on this important point.

How they were enabled to declare two gentlemen duly and properly elected we are at a loss to conceive. The point at issue should undoubtedly have been settled, before the voting was allowed to proceed. The chairman and those who were anxious not to further the prolongation of the election, already extended, have precedent on their side, but it would have been far wiser that the election should have been postponed than that when the question of the legality of certain measures was raised, it should have been stifled, and those who stood up as champions of what they deemed right, snubbed and insulted.

The Royal South Hants Infirmary is amongst the noblest of the kind throughout the kingdom, and we heartily congratulate Drs. Scott and Langstaff on their success.

Dr. Maul, whose chance when the election of two new candidates was announced, was considered the most likely of success, and whose many excellent qualities would have eminently fitted him for the post of Physician to the Hospital, withdrew, with five other candidates, at an early period of the contest, and we are disposed to ask whether there must not have been something radically wrong in the management of this institution, which witnessed, in a meeting that should have borne the impress of order and good feeling, such a hurricane of clamour and abuse.

THE ELECTION OF SURGEON TO DR. STEEVENS' HOSPITAL, DUBLIN.

THE selection of a surgeon to this hospital, *vice* Dr. Symes, took place on the 15th inst. Of the candidates named by us on a former occasion only two, Dr. Robert MacDonnell and Dr. De Ricci, came to the poll. The retirement of Mr. Butcher, within a week of the election, was announced with some surprise, inasmuch as we understand that he was recommended by the Managing Committee to the Board of Governors for the vacant office, and might anticipate a considerable amount of support. Dr. Robert MacDonnell was chosen by a large majority. It is presumed that Dr. MacDonnell will attach himself to the Medical School of the hospital, in which case his position as Lecturer on Anatomy and Physiology in the Carmichael School will become vacant, as well as the surgeoncy of Jervis-street Hospital, to which he is at present attached.

PROGRESS.

THE end of Dr. Mary Walker's visit to London—her speech in palliation of want of female virtue at the Social Science Congress—her anti-feminine costume, and her war medals, puffed and belauded by a medical contemporary, is apparent in the announcement in the same column of an intended lecturing exhibition by the American medical nondescript. We most earnestly trust that respectable medical men will show an example to the public and the organ of their profession in discountenancing such a proceeding. May we humbly suggest an attractive title for the delicate young lady's entertainment? *Why not? or Clitoridectomy and its uses.*"

POOR-LAW GUARDIANS AND THEIR MEDICAL OFFICERS.

WE noticed a few weeks since the attempt made by the Guardians of the Strand Union to evade the spirit of humane legislation in reference to the Poor-law by a pretence of adhering to its letter, and under colour of providing a Resident Medical Officer for their Workhouse, to compel their present Medical Officer, Dr. Rogers, to reside permanently in the Workhouse. It need scarcely be mentioned that such an arrangement would be entirely ruinous to Dr. Rogers' private practice, and if carried out it would necessitate his resignation of the post he at present holds, and this is evidently the very object which the guardians wish to accomplish as a sort of punishment to that gentleman for his honourable and praiseworthy endeavours to ameliorate the condition of the sick poor under his charge. It will be perceived, however, that the Poor-law Board has taken some steps in the matter, although it confesses itself in a state of doubt as to the management of the medical department of the Poor-law system. In the mean time the blow aimed at Dr. Rogers has not yet been struck, and if the Poor-law Board is really the protector of the poor, and if it is sincere in its professions to improve the condition of the sick, it will not allow the guardians to pursue the course they meditate; but we have very little confidence in the Poor-law Board, so far as justice to our profession is concerned.

DR. PHILIP BEVAN, Professor of Practical Anatomy in the Royal College of Surgeons in Ireland, has resigned the Surgeoncy of Mercer's Hospital, Dublin, and Dr. Edward Stamer O'Grady has been appointed in his place.

NOTES OF LONDON PRACTICE.

(FROM A CORRESPONDENT.)

THE chief notes of London practice at present have reference to a new mode of treating cancer and cancerous tumours by injection of acetic acid—a plan entirely different from one advocated by Professor Simpson, of acting on such masses with chlorides and other caustics. If the new surgical proceeding succeed as expected, it may help to settle the long-discussed and vexed question whether cancer is a simply local or an entirely constitutional disease. Dr. Broadbent, who proposed this method at the recent meeting of the British Medical Association, as we pointed at the time, has had some very interesting cases to support his hypothesis, that as acetic acid in the familiar microscopic slide has the power of dissolving or altering the cancer cells, without dissolving simple albumen, some forms of cancer may disappear probably or become absorbed in such dissolved shape, not malignant, and possibly pass off by the depurating glands or lungs without doing harm. There seems no doubt that some malignant tumours cannot be diagnosed by such cells, and some with such cells are on the other hand not malignant, but the present idea is one of great interest.

The opinion that cancer is more a local than a constitu-

tional disease gains ground in hospitals, or, perhaps at first local, and then unfortunately becoming fatal, when absorbed into vital organs like the liver or lung. The experience of the Cancer Hospital, as explained by Mr. Weedon Cooke, is rather of an opposite kind—viz., that the disease is altogether constitutional.

The trial of Risk Allah, in Belgium, for a supposed murder, has given rise to several disquisitions of a quasi sensational kind, written by London detectives in the cheap newspapers; but from the first, almost, it was apparent to any one who read the evidence in the *Debats*, that it was a case of suicide. Everybody was struck, all through the trial, with the different mode of conducting such trials in Belgium and in England. A few other points were curious and new. One, that a pistol or gun fired very near the body produces very little noise, as also a gunshot wound usually black. A very small thing—namely, the position of the arms under the bedclothes, was supposed to argue at first there had been murder committed. We almost fear in London, as in the case of Smethurst, no ulterior evidence would have cleared this up, if the prisoner were not permitted to speak. The bullet went right through the head from the angle of the jaw, the head lying on the pillow outside the bedclothes; the recently discharged gun of the supposed murderer on the ground. All this was given in evidence in a very solemn sensation manner by the surgeon first called in. The case is given at some length in the *Medical Times*, but this and other journals copying the *exparte* reports of the "Telegraph," omit the essential fact that the prisoner at once explained this solemn evidence, and obvious murder, and the arms under the bedclothes, and the new turn the case had taken of decided murder, by simply stating that when he and the waiters of the hotel broke into the apartment, perceiving the smell of gunpowder, his first impulse (the prisoner's) was to take up the hand to feel the pulse, being a medical man, but there being none, he replaced the arm under the bedclothes himself, in the ordinary appropriate manner of any dead corpse, and it was a long time after the surgeon arrived, and took the notes for evidence before alluded to. The waiters and women of the hotel at once remembered the occurrence to be as the prisoner stated. The case for murder broke down at this point. The case reminds one rather of the murder where Sir Astley Cooper, from the nature of the wound, gave it as his opinion that the murderer was left-handed, which proved to be a fact. The *gaucherie* here was on the part of the Belgian surgeon. With a perversity rather saddening, various of the journals still uphold the view that, as the supposed murderer in the Belgian case was a medical man, and a considerable sum of money was likely to revert to Risk Allah, the verdict of the jury is doubtful, but nothing can be more absurd.

The London Hospital Theatres have been enlivened of late by the appearance of a veritable female doctor in bloomer costume, who by a *circumbendibus* of the *Lancet* is supposed to wear braces, and dress in many or all ways as a medico of the ordinary sex. It is said Dr. Mary Walker practised medicine in New York for five years, and then volunteered for the Federal Medical Service, and served three years with the army of the Potomac. Accustomed as we have been to the calm presence of Miss Garrett, Licentiate of Apothecaries' Hall, at operations, the appearance of Dr. Walker has not been as appalling as might be supposed. We cannot help thinking and believing that both ladies out of their place. We have before now, indeed, chronicled instances where, from innate modesty, one of these ladies, and more than one of Miss Nightingale's band, have had to leave the theatre, the incongruity of certain operations (phymosis in adults to wit) was so ir-reversible.

THE Spanish Consul at Malta has informed his Government that a contagious epidemic disease has appeared among cattle coming from Tunis.

ADDRESS DELIVERED
BEFORE THE
ULSTER MEDICAL SOCIETY,
NOVEMBER 3, 1866.

By Dr. DRENNAN,
PRESIDENT OF THE SOCIETY.

At a meeting of the Council of the Ulster Medical Society, held on Wednesday the 7th instant, it was formally proposed and seconded, and unanimously resolved, that the President be requested to permit the publication of his Address.

GENTLEMEN,—In conformity with a custom which has been generally, if not invariably observed, I proceed to address to you a few remarks at the commencement of our Winter Session. Whilst by no means affecting originality, or aspiring to the dignity of an Inaugural Discourse, these may serve to direct the attention of our more recently elected members to the principal objects of this Society, and the best means of effecting them.

I have already taken the earliest opportunity of expressing my sense of obligation for the honour of being appointed your President for the current year, and I need now merely repeat that it was an honour quite unsolicited on my part, but only the more prized for its being spontaneously bestowed. I should have sincerely rejoiced if some more distinguished member of the profession had been at this time selected for the office—not only for the increased dignity to have been thereby reflected upon it, but for the substantial benefits which talent and influence installed in this chair might have conferred on our Association at a somewhat critical period of its existence.

You are aware, gentlemen, that this society, judging from the decrease in the number of its subscribers and the diminished attendance at its meetings, has fallen off somewhat of late from the position it formerly held, and which, from its designation as the "Ulster Medical," it would even seem called on to assume. On the causes of this declension I shall not enter, if for no other reason than because I am really very imperfectly informed as to their nature and extent. Amongst them, undoubtedly, cannot be reckoned any want of ability or energy on the part of my predecessors in this chair, or the other official members of the Society. Nor can I for a moment suppose that there has been, at any time, a lack of inclination amongst the practitioners of this locality to maintain an institution so capable of diffusing professional information, and advancing their own claims to confidence and respect. Let us conclude then that our society has been merely suffering of late from a little temporary "Asthenia," indicative of no serious organic disease or senile debility, and easily removable by some simple measures for imparting additional warmth to its members and increasing the force of its cerebral circulation. The copious supply of new blood infused into it during the present year will doubtless contribute much to its convalescence, whilst we have already had proof, in the proceedings of our Summer Session, that there is no decline whatever in the vitality of the *old*.

Amongst those who formerly co-operated with us, we have to lament the recent death of a respected associate in the person of Dr. Halliday. He died comparatively young, and the arduous duties of Dispensary Medical Attendant, which he so sedulously discharged, and which had latterly pressed very heavily upon his strength and spirits, hastened in all probability his passage to the grave. He filled for several years the office of Treasurer to the Clinico-Pathological Society, and took a frequent part in its discussions, and those of the *older* "Medical." In token of respect for his memory the members of this Society attended his funeral, and his professional and personal worth was still more vividly attested by the thronging together of his poorer friends, as the earthly remains of their kind "District Doctor" were carried to the tomb.

With the exception of this loss on our part, and some others less recent, we meet here to-day under circumstances specially propitious. The room, which by the kindness of the Hospital Committee, had been for many years devoted

to our exclusive use, has been of late partially applied to other purposes. For this restriction, however, we have received in the convenient and capacious apartments in which we this day assemble for the first time a much more than equivalent return. In them we possess not only a large, well lighted, and commodious place of meeting and reading-room, but space sufficient for the suitable arrangement of our collection of pathological portraits, casts, and specimens. Whether it may be advisable hereafter to transfer our library also hither must depend on circumstances, and will be a question for future consideration. The Society must feel truly grateful, and will, I presume, express its acknowledgments to those to whom we are indebted for this very valuable endowment. To Mr. Charters, the munificent donor of this wing of the hospital, to the Hospital Committee, who have conceded this portion of it to our use, and to our worthy Vice-President, Dr. William MacCormac, at whose suggestion and by whose intercession it was mainly obtained—to each and all of these we are certainly deeply indebted, and owe the expression of our warmest thanks.

Among the other valuable results of this seasonable acquisition, we have now that portion of our revenue, recently expended on the rent of hired rooms, at our disposal for other purposes. Of these there is surely none more eligible, none more urgent, than the improvement of our defective library, by the addition to it of books of sterling professional value. One of the primary objects of the Society, as stated in its fundamental rules, is "to afford its members increased facilities of consulting the best medical works and periodicals," but in consequence of restricted resources, that object has been of late very imperfectly accomplished. A substitute for the purchase of new works was attempted by the hiring of them from a lending library. But however a means of this kind may answer as a supplementary one, or for the procuring of publications of comparatively trivial interest and the lighter literature of the day, it affords very inadequate facilities for the serious study of elaborate treatises, and none whatever for the consulting of voluminous and systematic works. For such purposes a permanent and progressive library is absolutely necessary, and most of us can only hope to enjoy such a possession by holding it in common. At no time more than the present has there been required on the part of every member of our profession, who wishes to promote its advancement or uphold his own credit, an acquaintance with its scientific history and actual progress. The spirit of free inquiry, that motive spirit of the age, is acting in no field more energetically than that of medicine. Deny or deprecate the fact as we may, medical theory and medical practice, too, are at present in a state of transition. No doctrine, however venerable, no statement, however often attested, but must submit now to fresh scrutiny, and to the confirming, destroying, or emendatory hand of the strictest criticism, armed with new instruments of research. The number of able and ardent inquirers in every department of our art was never before so great, and the press teems with the results of their investigations. He who ignores these results, who in the midst of all this sifting of old opinions and seeking for new truths, rests satisfied with the traditionary formulas of medical faith, will soon find he is *behind the time*, and has forfeited his claims to consideration even as a "practical man." His shallow dogmatism may impose upon others yet more ignorant than himself, but he will be held in no esteem by the only real judges—the well-instructed members of his own profession. I say, then, that were this Society merely an economical instrument for communicating through books and periodicals the accessions to medical knowledge that are continually being made, and the course of the ever-flowing currents of medical philosophy, it would be amply deserving of our support. We have here a comfortable reading-room open at convenient hours; we have secured the services of a competent librarian, at hand most of the day for the receiving and giving out of books; a complete catalogue has been lately drawn up, and a more satisfactory mode of circulating the journals adopted. In short, for the formation and maintenance of a useful and creditable medical library, we want nothing now but sufficient funds and their judicious expenditure.

But this Society was not intended to be merely a Book-Club. It has important objects besides that of furnishing us with other men's opinions, however valuable these may be. It is meant for the expression, discussion, and diffusion of our own. The comparatively short period of time to

which our meetings are limited is an obstacle to the introduction of theoretical questions requiring lengthened exposition or prolonged argument, but has been found quite sufficient for the reporting of interesting cases, for the exhibition of pathological specimens, and for instructive commentaries on both.

Medical experience is constantly presenting, if not absolutely new subjects for notice, though such not unfrequently occur, at least novel relations of, and inferences from, the old. Every busy practitioner meets with striking and suggestive cases, with points in pathology, or with results of treatment worthy of record and subsequent reflection. To determine the true worth and bearing of such incidental facts nothing can more effectually contribute than the submitting of them to minds of kindred pursuits, whilst at the same time free from the bias which so often unconsciously attaches to the original observer. "Truth, like a torch, the more its shock it shines." Its flame gathers strength, and its light flashes farther for the motion, whilst in its swift passage from mind to mind it throws off the adventitious particles which at first obscured its lustre, and becomes at length a pure effulgence—a *lumen siccum* never afterwards to be extinguished.

An acute, though unpremeditated question, an apt analogy or a pertinent counter-instance, may often aid effectually in defining a dubious fact or dissipating a nebulous hypothesis. Nor is the utility of our discussions to be measured by their more immediate or obvious results, or the length to which they are carried. Short suggestions may be thrown out in the course of them to be afterwards worked upon and tested, tacit assumptions may be quietly corrected, or a new importance suddenly imparted to some half-forgotten observation or train of thought. In a word, the simultaneous action of different minds on the same subject is often the shortest, simplest, and most decisive means of ascertaining its real import and value. As a criterion it operates "tuto et cito," and here, at least, we will anticipate always also "jucundé." The differences and the concurrence of the inquirers alike aid in the discovery and development of truth. The one stimulates the desire, the other strengthens the capacity for attaining it, whilst the very seeking of it in common augments the sense of its importance. On disputed points of theory or practice, a society like ours has, of course, no pretensions to be considered an ultimate tribunal. As a court of opinion, however, we may sometimes properly assume the functions of a grand jury, and quash the bills submitted to our scrutiny, or remit for further trial. Perhaps an occasional interchange of single papers or collected transactions between ourselves and other kindred societies might prove conducive to the common objects of both.

On questions of professional etiquette and personal difference—should such unfortunately occur—our council might, I think, advantageously continue to occupy the place filled by that of a former society, and act as a court medical for their amicable arrangement. All who have the dignity of the profession at heart would certainly prefer a reference to some such friendly arbitration to exposing their personal grievances or dissensions before an indifferent public. On this subject, I may observe that the code of medical ethics drawn up by the Belfast Medical Society is still extant, and worthy, I think, of adoption by our own.

In the relations of our profession with the public at large such a Society as this might, it appears to me, render material service to both parties, and occupy a higher position than ours has yet held.

Whilst, gentlemen, no other body of citizens, I assert, confer such an amount of public benefit in so liberal and self-denying a spirit, we medical men are undoubtedly deficient in some of the chief elements of popular consideration. Very few of us are affluent—most of us of comparatively small means, and this "res angusta" must tend to impair the social estimation in which we are held, especially in a community where wealth is not only the general object of exertion, but too apt to be esteemed its highest reward and the prime standard of value. Nor can we boast of imposing titles, or corporate political influence. In short, we want all the coarser elements of power, and it is therefore not surprising if we be sometimes treated as the weak. Now, the mere associating of ourselves together, be it only for scientific objects, must strengthen at least our moral claims to consideration by exalting our character as a class. But it may do more than this: By cultivating among ourselves

a certain laudable "esprit de corps," and common methods of action, it will enable us, on the good old principle of "vis unita fortior," more effectually to maintain our professional status and defend our professional rights, should either become the object of depreciation or attack.

I by no means wish to convert the Society into a trades' union for the maintenance or advance of wages—though trades' unions themselves have their strong points of justification. I would not even desire much of our time to be spent in discussions on the subject of fees. But even here, inasmuch as we are all, I presume, quite willing, individually, to accept such offerings, it might not, I think, be any-wise inconsistent with professional delicacy if, as a united body, we should come to some understanding as to their suitable amount. There is an unpleasant ambiguity about that polite Latin word, "Honorarium," and an occasional disagreeably close translation of it by our patients, which an authoritative definition of the term by ourselves might help to amend. Our junior brethren at least might find it not unfrequently desirable to be able to refer for an ample meaning to a recognised *medical* dictionary.

On matters of public hygiene and medical police, this Society might, I conceive, sometimes originate valuable suggestions, or at least offer valuable advice when consulted by our municipal or other local authorities. As a sort of standing counsel on such questions, its services if required would, I am sure, be always gladly rendered. That there is no disposition to allow its due weight to professional opinion on matters regarded as within its province, I may refer to a late occasion where an important point in the administration of the adjacent hospital was mainly determined by an appeal to medical authority.

It is quite true that on some subjects in sanitary science—as, for instance, the preventive and curative management of the formidable epidemic now within our boundaries—we may fail to be unanimous, and our deliberations may thence yield in their result but an uncertain sound. But we should not, in my opinion, fear to let such discordance be known. "Doctors differ," no doubt; it is only theologians and lawyers who always agree—but we seldom differ for difference sake, but simply because the subjects on which we are called on to pronounce are often of a kind in which positive knowledge is at present unattainable. On such matters difference of opinion amongst "experts" implies serious grounds for hesitation, and the proper inference to be drawn from it is the propriety of caution in action. The warning thus conveyed may be in itself most salutary, if only by discrediting the more presumptuous counsels of the sciolist and the charlatan.

With regard to quackery itself, whether public or private, I do not believe it can ever be extinguished, or even materially repressed by legislative enactments. It is a necessary consequence of the imperfections of our art—a natural expression of impatience with them. Health is a jewel of such inestimable value—in such universal request—that when the mine of knowledge proves unable to furnish it, the gutters of ignorance and imposture will ever continue to be raked in the futile hope of finding it there. The best, if not the only means, in my opinion, of discountenancing the unprincipled empiric, is to maintain and try to elevate still further our own character, individually and collectively, for candour, philanthropy, and science. Those, however, who may wish to enforce the law against unqualified practitioners, will find facilities for doing so in the Medical Protective Society, which is amalgamated with our own.

I have now, gentlemen, sketched feebly, and, I fear, tediously, the nature and purposes of our Society, as I conceive they are or might become. I had intended a discourse of another kind, and haply of more general interest; but on reflection it seemed that, at this particular juncture in the lifetime of our association, it might be expedient to recal the objects of its existence, and attempt to impress them afresh on the attention of its godfathers and guardians. Certainly without a lively sense of these, and a steady conviction of its capacity for effecting them, we are little likely to secure for the "Ulster Medical Society" length of days or energy of action. But *possunt qui posse videntur* and worked and wielded with a will we shall make of it, I feel assured, a powerful instrument for advancing knowledge, promoting friendly feeling, and maintaining professional credit. Even in aiming at such ends, we shall not only merit the support of our own body, but become entitled to the esteem and countenance of the general public.

Correspondence.

PROMOTION IN THE ARMY MEDICAL DEPARTMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Accept my thanks for the information given in your last publication on the subject of promotion (or rather want of promotion) in the Army Medical Department. I believe it to be the duty of medical teachers, and editors, to keep the rising generation fully informed on the public services; and yet not one of the introductory lectures of 1866, delivered in England, contained an allusion to the subject, wherein I consider them reprehensible, as they should be as pilots pointing out the rocks and shoals.

From a late Parliamentary return, I find forty years to be the allotted time for a young man, now joining, to obtain his promotion, or in reality never, as by her Majesty's warrant of 1858, sec. 11., all surgeons-majors, surgeons, or assistant-surgeons, shall be placed on the retired list when they shall have attained the age of fifty-five years. The average age for young men to enter the service is twenty-five years, to which add forty, and they are ten years beyond the age at which they must retire. Now, according to the above, there can be no more surgeons, all assistant-surgeons having to retire as assistants; neither can there be any more surgeons-majors after twenty years full-pay service, as they must be first surgeons before becoming surgeons-majors.

It is clear that the department is drifting into a glorious state of confusion on the subject of promotion, and should we only live a few years we shall see no rank save and except that of the "assistant-surgeon."—Your obedient servant,

PATERFAMILIAS.

A CANDIDATE FOR THE OFFICE OF CORONER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I beg to inform you that I am a candidate for the office of Coroner for the City of London. I see other gentlemen's names mentioned in THE MEDICAL PRESS AND CIRCULAR, but mine is not, which is calculated to injure me.

I have been from my infancy connected with the City, being the son of a member of the Spectacle Makers' Company (the late Joseph Dunn, of Gray's Inn, Barrister), who held, in his early days, a city appointment himself. I was a boy at the City of London Schools, and a student of Guy's; since which I have been in India, some years in extensive practice in Kent, and for the last six or seven at the West-end.—I am, Sir, your obedient servant,

J. P. HOLT DUNN.

HOLT'S INSTRUMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I hope you will do me the favour of correcting a mis-statement made by Mr. B. W. Richardson. Mr. Holt's instrument is his own, and not Perré's. If they are the same instrument, why should Mr. Holt's be generally adopted by the profession, at least by most of the first practitioners both in England and this country, while Perré's, which has been known for many years previously, has been completely rejected? The idea, Mr. Holt himself acknowledges he derived from Perré's. The practical and useful, I might say invaluable instrument, now so generally used, the profession owes entirely to Mr. Holt.—Yours sincerely,

PHILIP C. SMYLY.

JONES' CHART.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As I see that in your paper of last week you allude to

my "Chart of Medicinal Preparations," just published, write to apologise for some *errata*, on the part of the printer which occur in it, in the spelling of some names of drugs which shall be corrected in any future impressions.—Yours faithfully,

H. N. JONES.

THE MEDICAL CLUB.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Through the kindness of Sir Charles M'Grigor, I beg to inform your readers that the business of the above Club will, in future, be conducted at 17, Charles-street, St. James' S.W., where all communications are to be addressed until further notice.—I am, yours, &c.

LEVY MARSH, M.D., Hon. Sec.

REDUCTION OF DISLOCATION UNDER CHLOROFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A little discussion is going on in the *British Medical Journal* as to an alleged novelty in the treatment of dislocation by manipulation under chloroform. It is a curious but melancholy fact that our London weeklies now chiefly hear but one side of questions, especially that which suits some small book-shop *clique*, or popular prejudice. This reduction of dislocation under chloroform is no novelty; it is described in detail in my small book on chloroform, as I saw it tried in a dozen cases, at Guy's especially.—I am, &c.,

CHARLES KIDD, M.D.

P.S.—I wish you would let me say, as regards chloroform, that it is entirely erroneous that there is a sinking of pulse during ovariotomy, as supposed by Dr. Richardson, from a theory of his as to its action. As also that the ether spray causes sloughing of the abdominal wound, and does not lessen the chief agony of the operation, that of tearing the adhesions in the peritoneum.

APPOINTMENT OF A MEDICAL INSPECTOR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your most forcible remarks on the recent appointment of a Medical Inspector must command the entire approval of all right-thinking members of our profession, however otherwise divided by education, social status, religious belief, or political opinions. The sad and degrading spectacle has been openly manifested of men holding a responsible and elevated position not only passing over the best qualified candidates for an important office in the service of the country, but actually selecting a person who can hardly be said to have any suitable qualifications at all, and only remarkable, as you justly say, for the possession of those which the occupier of such a post "ought not to have." That a gross and disgraceful job has been perpetrated by a public board is unquestionable, but what must be thought of the political or *ex-officio* members of that body when it is known that a recently-appointed Prince of the Roman Church, moved by private influence, put his *imprimatur* on an unknown candidate, while there is good reason to believe that Tory officials were only too delighted to accept the recommendation, however unpalatable, in the wretched, and, I trust, delusive hope of a future *quid pro quo*, when some forlorn Government candidate for senatorial honours shall have reason to question the conscientious support of a Catholic constituency? Every enlightened member of our profession will rejoice when the best and wisest, irrespective of creed and politics, obtain the highest place; all should feel humiliated when the reverse prevails.—Faithfully yours,

M.D.

I enclose my card.

Notices to Correspondents.

Dr. B. W. Foster.—We shall be glad to have the communication as soon as possible. Not more than a page and a half for December 19th. The advertisement will be done unless the situation is already disposed of.

Dr. Emerson J. Reynolds.—Letter received, and shall be inserted.

Dr. Fulton.—Address altered as desired.

Dr. Sandham, Cork.—The communication on *Paradisation* is in the editor's hands for revision.

Dr. O'Rourke.—You will find further information on the "disgraceful job" respecting our comments on which you honour us with the title of "infamous." We have repudiated the charge of religionism; as for that of loyalty to the Crown and State, we are content to bear the ignominy of it. If we desired to administer the smartest reproof in our power for the style of your letter, we would simply publish it and give Dr. Roughan its full benefit.

Lex.—An "obsolete monopoly" may be defined as a protective provision which is not in accordance with the progress of free education, and which is rendered effete by the advance of opinion on the subject. We think that the monopoly of education for the degrees of the Queen's University by three Queen's Colleges answers this definition. Nothing of the sort exists in sister universities.

Medical Student.—The Irish Poor-law qualification is a diploma in surgery, a licence in medicine, and a diploma in midwifery. The Queen's University M.D. and M.Ch. are fully recognised and accepted.

Inquisitor.—The appointment of Resident Physician to an Asylum is in the gift of the Government. The salary varies according to the size or accommodation for patients. The Richmond is over £500; the Cork over £400 a year; the lowest salary is £260. The Resident Physician has spacious and well furnished apartments, with fire, light, and washing, a generous supply of physic for self and family, and an abundance of vegetables. Though the Government appoints, still the influence of an M.P. is all-important, and generally decisive when locally connected with the institution. Also the recommendation of the governors, if they have had any knowledge or experience of the candidate's abilities.

Subscriber.—The prescription for S. Ogden's Chlorodyne is taken from the *Pharmaceutical Journal* for May 1, 1862, as follows:—"Chlorodyne.—In reply to a correspondent we give Dr. Ogden's formula for Chlorodyne, published in the *Chemist and Druggist*, January 14, 1860.—Take Chloroformyl f3vj ; Ether. Chlor. f3i ; Tinct. Capsici, f5ss ; Olei. Ment. Pip. gr. ij ; Morphia Hydrochlor. gr. viij ; Acid Hydrocyanici (Sch.) gr. xij ; Acid Perchlorici gr. xx ; Tinct. Cannabis Indicæ f3i ; Theriacæ f3i . Miscæ."

Appointments.

DRUMMOND, Mr. A., has been appointed Resident Surgeon-Accoucheur to the Birmingham General Dispensary, vice Thorp, resigned.

FRYER, Dr., L.K.Q.C.P.I., has been appointed Assistant House-Surgeon to St. Mary's Hospital, Manchester.

LOYD, R. R., M.R.C.S.E., has been appointed House-Surgeon to the Peterborough Infirmary, vice H. R. Smith, L.R.C.P.Ed., resigned.

LUSH, J. A., M.D., has been elected Mayor of Salisbury.

RICHARDS, J. P., M.R.C.S.E., has been appointed Assistant Medical Officer to the Devon County Hospital.

SIMMONS, B., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the District of Wootton-under-Edge, vice E. A. Kingsley, M.R.C.S.E., deceased.

SMITH, W. T. Y., L.R.C.P.Ed., has been appointed Medical Officer to the Barnsley Union Workhouse, vice R. Ibeson, M.R.C.S.E., deceased.

WATKINS, W. L., L.K.Q.C.P.I., has been elected Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Drumlish Dispensary District of the Longford Union, vice R. C. Gwydir, M.R.C.S.E., resigned.

STRANGE, A., M.R.C.S.Edin., has been appointed one of the Assistant Medical Officers to the Gloucester County Asylum.

WRIGHT, J. H., M.R.C.S.E., has been elected Surgeon to the Halifax Infirmary.

DAVIS, R. H. D., L.R.C.S.I., has been elected Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Killybegs Dispensary District of the Glenties Union, Co. Donegal, vice D. Deveny, L.R.C.S.Ed., resigned.

Medical Diary of the Week.

WEDNESDAY.—Microscopical, 8.

THURSDAY.—Numismatic, 7.

— Syro-Egyptian, 7½.—"Bilingual Tablet of Tanis," Dr. Birch.

— Linnean, 8.

— Chemical, 8.—"Ozone," Dr. Danbeny; "A Chloro-sulphide of Carbon," Mr. Hartley.

— Royal, 8½.—"A Crystalline Fatty Acid from Human Urine," Mr. Schunck; "Structure of Optic Lobes of Cuttle Fish," Mr. Lockhart Clarke.

— Antiquarie, 8½.

BOOKS, &c. RECEIVED.

On Exuberent Growths of the Tonsils. By James Yearsley, M.D. London: John Churchill and Sons.

On Diseases of the Respiratory Passages and Lungs. By Dr. Barker. London: John Churchill and Sons.

On Club Foot.—Jacksonian Prize. By William Adams, F.R.C.S. London: John Churchill and Sons.

The Nervous System.—Part I. By Ludovic Hirschfeld. Illustrated in coloured lithography. By J. B. Léveillé. London: John Churchill and Sons.

Abscess and Tumours of the Orbit. By Spencer Watson, F.R.C.P. London: H. K. Lewis, Gower-street.

Pulmonary Consumption. By Dr. Henry Bennet. London: John Churchill and Sons.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.

BARKER.—On November 6, at Ivy Lodge, Hornsey-road, the wife of A. J. Barker, M.D., prematurely, of a daughter, stillborn.

DICKSON.—On November 5, at Trinity-square, Tower-hill, the wife of W. Dickson, M.D., R.N., of a daughter.

WESTMACOTT.—On November 1, at 19, St. Mary's-terrace, Maida-hill, the wife of J. G. Westmacott, of a son.

ATWOOD.—On the 24th ult., at Clarendon-road, Notting-hill, the wife of W. A. Atwood, M.R.C.S.E., of a son.

BRITTON.—On the 4th inst., at Acacia-road, St. John's-wood, the wife of W. S. Britton, M.R.C.S.E., of a daughter.

COUCH.—On the 25th ult., at Bodmin, Cornwall, the wife of T. Q. Couch, M.R.C.S.E., L.S.A., of a daughter.

FRITCHETT.—On October 24th, at Rastrick, Yorkshire, the wife of Henry Fritchett, M.R.C.S.E., of a son.

ROE.—On November 6, at the Royal Naval Hospital, Plymouth, the wife of T. A. Roe, M.D., Surgeon-Superintendent British Hospital, Callao, of a son.

DUNBAR.—On the 28th ult., at Blackburn, Lancashire, the wife of R. P. Dunbar, M.D., of a son.

TODMAN.—On the 12th of September, at Port Elliott, South Australia, the wife of James Todman, Esq., M.D., of a son.

MARRIAGES.

LIVINGSTON-STEEL.—On November 1, at Glasgow, John Livingston, M.D., of Greenlaw-place, Glasgow, to Isabella, youngest daughter of the late John Steel, Esq., of Glasgow.

BECKER-KIRBY.—On October 25, at the Parish Church, Chestport, Monmouthshire, H. F. V. J. Becker, M.D., of Cartilian House, The Lizard, Cornwall, to Mary Julia, daughter of the late John Kirby, Esq., of Talgarth, Monmouthshire.

COLLINS-BULL.—On November 3, at Epsom, John H. Collins, F.R.C.S.E., District Surgeon, East India Railway, to Mary Ann, second daughter of the late D. Bull, Esq., of Marston, Beds.

STUART-HEDOER.—On November 6, at St. Mark's Church, Woolston, Hants, John Stuart, Assistant-Surgeon, 78th Regiment, to Sarah Frances Frashard, eldest daughter of P. Hedger, Esq., of Woolston.

DEATHS.

BOND.—On the 1st inst., H. H. Bond, M.R.C.S.E., of Richmond-road, Islington, aged 61.

ARNISON.—On October 27th, at Stanhope, Durham, L.R.C.P. G., Edin., aged 62.

ASTLE, AMBROSE.—On October 26, Ambrose Artle, M.R.C.S.E., of Iron Market, New-castle-under-Lyne, aged 75.

BURNELL.—On October 31, at Beaconhill House, Exmouth, Devon, W. H., M.D., Deputy-Inspector-General of Hospitals, aged 71.

HUNTER.—On November 2nd, Mayor of Margate, at Margate, G. Y. Hunter, M.D., F.R.C.S.E., J.P., in the 72nd year of his age.

LESLIE.—On October 31st, at Cowley House, near Exeter, A. Leslie, Surgeon R.N., in his 90th year.

THOMPSON.—On October 28th, at Aberdeen, of Whitehaven, John Thompson, M.D., aged 45.

CLARKE.—On the 27th ult., Alfred Clarke, M.R.C.S.E., of Clarence-street, Gloucester, aged 46.

ARTHUR.—On the 29th ult., at Balcastle, James Arthur, L.R.C.S.Ed.

IRELAND.

CURREY.—On November 3, at Lismore, Ireland, the wife of Dr. Currey of a son, stillborn.

WARDEN.—On October 31, at 272, Hagley-road, Edgbaston, Birmingham, the wife of C. Warden, M.D., of a son.

SCOTT.—On October 21, at Musselburgh, N.B., the wife of T. R. Scott, M.D., of a son.

FILSON.—On October 27, at Portaferry, Co. Down, Alexander Bell Filson, M.D., aged 69 years.

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"SALUS POPULI SUPREMA LEX."

CLINICAL LECTURES

DELIVERED IN

STEEVENS' HOSPITAL,

TOGETHER WITH

OBSERVATIONS ON PRACTICAL MEDICINE.

By Sir HENRY MARSH, M.D., Bart.,

PHYSICIAN IN ORDINARY TO THE QUEEN IN IRELAND.

Edited by J. STANNUS HUGHES, M.D., F.R.C.S.I.,

PROFESSOR OF SURGERY IN THE ROYAL COLLEGE OF SURGEONS IN IRELAND;
SURGEON TO THE LORD LIEUTENANT'S HOUSEHOLD.

OBSERVATIONS ON A PECULIAR CONVULSIVE DISEASE
AFFECTING YOUNG CHILDREN, WHICH MAY BE TERMED
"SPASM OF THE GLOTTIS."*

(Continued from page 289, vol. 46, Second Series.)

DOCTOR JOHN CLARKE, in his "Commentaries on the Diseases of Children," has described a spasmodic affection which he terms "a peculiar species of convulsion in infant children." This disease appears to consist primarily in spasm, occurring suddenly, and affecting the muscles of the glottis; as it increases in severity, other muscles, particularly those of the fingers and toes, become progressively engaged; and ultimately, if neglected or mistreated, leads to severe and universal convulsions. This affection, though alluded to and described by several, is yet not generally known or recognized; and the principles of treatment, not always correct, have obtained but little notice or attention. To supply this deficiency, and to bring this disease more under general notice, are the objects proposed in this communication.

This infantile affection I at first considered to be of rare occurrence and of little danger; further observation has proved that instances of it are by no means few, and that it oftentimes terminates fatally. I cannot, however, but think that it is to early mismanagement or neglect that its dangerous or fatal tendency may, in several instances, be traced.

From my notes I have selected a few cases: in these, the leading facts only are stated; they, however, are sufficient to elucidate the characteristic features of the disease, and the principles of the treatment. It will be well to look at the disease, first, when it exhibits its mildest and least complicated characters; afterwards to see its severer aspects, and its more frequent complications: indeed, in the study of spasmodic affections, it is important to learn, first, their essential characters, afterwards the functional derangements or diseases with which they are observed most frequently to co-exist; thus, for instance, in the treatment of chorea, if complicated with derangement of the digestive organs, the purgative treatment recommended by Dr. Hamilton will often be effectual; but, if there be no such complication, as observation often proves to be the fact, this mode of treatment becomes worse than useless; it really adds to the disease which it is intended to relieve, and augments the convulsive movements of the muscles; hence it happens that many cases

* The above admirable paper on "Spasm of the Glottis" in children must be looked on by all physicians as one of the most valuable of Sir Henry Marsh's contributions to practical medicine, written as it was at a time when little was known of the true nature of the affection and consequently of its proper treatment; and it is to be regretted that so few of the authors who have written subsequently on the disease have had the candour to award to Sir Henry Marsh the credit he so eminently deserved for having brought the subject so lucidly before the profession.
—J. S. H.

of chorea which have resisted empirical courses of purgative medicines, have yielded speedily to local applications over the origin of the nerves which supply the muscles affected, combined with a decidedly tonic treatment. The spasmodic affection, now under consideration, requires to be studied in the same manner. It stands sometimes alone, no discoverable source of irritation, no other perceptible disease co-existing with it: more frequently, however, it is complicated with painful dentition, with derangement of the digestive functions, with a cachectic state of the system induced by an impure atmosphere, with fever, and occasionally with effusion into the ventricles of the brain; the consideration of these various complications bears most importantly upon the treatment. The case I shall first narrate exhibits the disease in its mild and simple form.

A child, eleven months old, remarkably healthy, and in appearance well thriven, had been for some time affected in the following manner:—It had been observed, now and again, to awake suddenly from sleep in a state of alarm and agitation, to struggle for breath, and, after repeated efforts, to recover from the paroxysm, with a long and sonorous inspiration; the convulsive effort was described to be severe, and the face to become swollen and purplish: these attacks occurred, at first, only on awaking from sleep, afterwards more frequently, sometimes without any perceptible cause, at other times, and more frequently, when she was vexed or was about to cry. On examining the child accurately, I could discover no deviation from a state of perfect health; the pulse and respiration were natural, skin cool and soft, tongue clean, the breath pure, the appetite good, the bowels regular; the alvine excretions exhibited the appearances usual in healthy children on the breast. She was playful and lively, but was startled unusually by any sudden noise; the four incisor teeth had appeared; the gums were neither swollen nor tender.

The treatment consisted in half-grain doses of sulphate of quinine every sixth hour, and free exposure to the open air; the attacks became less frequent, and after some days ceased altogether. She has since (during a period of two years) remained in very good health.

Two other cases have fallen under my observation, in which the disease was confined to an occasional spasmodic affection of the glottis; no other perceptible derangement of function co-existing with this, nor any apparent irritation from dentition; in these, as in that already stated, the disease subsided under the influence of a mildly tonic treatment.

A patient whom I had been attending, happened to mention to me incidentally that her child, about fourteen months old, was in the habit of awaking suddenly from sleep as if alarmed, breathed with difficulty, and made a loud noise like that in a fit of the whooping-cough; she said also, that this occurred occasionally during the day, when the child was cross; she spoke of this lightly, as of an unimportant thing. I requested to see the child; it looked pale and unhealthy; the integuments were soft and flabby; the tongue coated; the bowels relaxed or confined; the stools green and curdy; the child was irritable and nervous, and seemed to suffer from dentition; the extremities were slightly swollen, and the thumbs placed firmly across the palms of the hands. I stated that I thought the child very ill, and that probably convulsions would take place.

Next day I was summoned in haste, and found the child just recovered from a severe paroxysm of general convulsions.

The gums over the projecting teeth were divided; leeches were applied to the temples, cold lotions to the head, and warm fomentations to the extremities; aperient medicines were given; the nurse, whose milk obviously disagreed with the child, was changed; and it was removed from the city to a healthy situation in the country: after one other attack of convulsions, recovery was speedy and complete.

In this case the disease was complicated with derange-

ment of the digestive functions, and also with painful dentition; the convulsive paroxysms, at first partial, increased in severity, and at length became general. The remedies, which appeared to be ultimately and apparently efficacious, were, change of air and change of nurse.

A fine child, twelve months old, remarkably large for its age, had been subject, for four months, to frequent attacks of what the parents called croupy breathing; those attacks, they said, occurred at first only at night and rarely, afterwards occasionally during the day; for some time the child appeared so well that those attacks were disregarded; at length, having increased in frequency and severity, medical advice was obtained; the treatment, which consisted in bleeding, emetics, mercurial purgatives, confinement to a heated apartment, and warm flannels next the skin, was founded on the supposition that pulmonary inflammation existed.

When I first saw the child, the struggle in breathing was difficult and protracted, and the face, during the paroxysm, became quite livid: these attacks, which usually terminated with a loud and sonorous inspiration, were excited by very slight causes, such as sudden noises, the removal of the child from the nurse's arms, or any source of irritation or annoyance; and now, instead of going off as formerly, they were, once or twice in the twenty-four hours, terminated by severe and general convulsions, which had all the characters and appearance of an epileptic paroxysm: after one of those, strabismus remained;* there was also a swollen and puffy state of the extremities, with a spastic rigidity of the fingers and toes; the digestive functions were greatly deranged, and the child looked exceedingly ill: it had been weaned for nearly three weeks; a healthy wet nurse was procured; the gums, rather as a measure of precaution than from necessity, were divided; the temperature of the apartment was lowered, and gradual habitation to the open air adopted; the quantity of clothing with which the child was oppressed, was by degrees diminished, and after a little time, the body was sponged daily with vinegar and water: the child had already been so frequently and copiously bled, that further bleeding was not deemed advisable. Its health improved rapidly, and restricted in nutriment to the nurse's milk, the bowels soon returned to their natural state; the general convulsions ceased altogether, and the attacks of spasmodic dyspnoea became daily less frequent and severe. As a proof of the completeness of recovery it may be mentioned, that a few weeks having elapsed, this child was extensively scalded, and yet no convulsive or spasmodic symptom ensued. The child, moderately covered, almost lived in the open air, and, during the whole process of dentition, a succession of fresh wet nurses was provided. He is now, after the lapse of some years, a fine and healthy boy. In this case, the change of nurse and the substitution of the tonic for the heating regimen were attended with results at once speedy and satisfactory.

A weakly and delicate child, two years of age, had been subject, for some time past, to occasional and sudden attacks of dyspnoea, during which the inspirations were observed to be short and frequent; the head was drawn back; the sense of suffocation appeared urgent; these attacks, which were protracted and severe, ended in a loud whoop or crow; between these, there was sometimes an interval of several days, and, during this period, the child appeared in tolerable health, but irritable and easily alarmed. After some time the paroxysms occurred more frequently, and began to excite, in the minds of the parents, considerable apprehension: the disease had been treated as a catarrhal affection. On my first visit the child was confined to bed, and laboured under well-marked symptoms of remitting fever; the pulse and respiration were accelerated, skin hot, tongue coated and florid at the edges, the papillae red and prominent, thirst, and the desire of cold drink urgent, the faeces thin and foetid; there was continual picking at the nose, and the diurnal exacer-

bations of fever were well marked; the veins of the head appeared unusually turgid; there were frequent attacks of spasmodic dyspnoea, such as have already been described; there was spastic contraction of the flexor muscles of the fingers and toes; the extremities were swollen, and of a slightly livid colour: this child suffered greatly from dentition, the teeth were unusually large, and were protruded at a very late period: on dividing the projecting and vascular gum of one of the molar teeth, some purulent matter was discharged. This child had had congenital cataracts; at the age of three months both eyes had been operated on; severe ophthalmia ensued: he had been copiously bled, and calomel had been given very largely; the child scarcely survived the treatment, and remained afterwards very feeble, emaciated, and delicate. A few leeches were now directed to be applied to the temples, calomel in minute doses was given every third or fourth hour, and occasional doses of castor oil; the febrile symptoms gradually subsided, the patient recovered slowly, and for some weeks remained without any return of the spasmodic attacks. After some time the child again began to suffer from difficult and painful dentition, and the spasmodic paroxysms recurred with violence; whilst in the act of dividing the gum, the spasmodic attack came on suddenly, and so urgently, that the face became livid, and there was complete opisthotonos; this spasm lasted so long, that respiration was for a time suspended, and for a few seconds I felt apprehensive lest the child should have died in the struggle. At length, after a long and sonorous inspiration, the spasm subsided, leaving the child in a weak and exhausted state. These formidable attacks recurred frequently, and were followed soon by general convulsions; it was now determined in consultation, that the child should be bled from the arm. The blood was allowed to flow until a perceptible effect was produced upon the system; for ten days afterwards there was not any return of convulsions or spasms; at the end of this time the paroxysms of dyspnoea, terminating sometimes in general convulsions, became again frequent. There now existed extreme emaciation, languor, complete anorexia; fingers and toes rigid; extremities purple and oedematous; nervousness; tremor; and starting at the slightest noises; under these circumstances an injection, consisting of five grains of tobacco-leaves in six ounces of water, was administered; the specific effects of tobacco, in a marked degree ensued, and it was remarkable that for a month afterwards no convulsive symptoms reappeared. About this period, a slighter recurrence of these symptoms led to the removal of the child from the city to the country, upon which they ceased immediately, and the child improved rapidly in health and strength; recovery appeared now so complete that the child was brought back to a large and newly-painted house in the city; when after a few hours the spasmodic attacks recurred with violence; on a second removal to the country, they ceased at once; a similar experiment was a second time tried, and with precisely similar results; and it is a curious fact, that two other children were attacked with a similar spasmodic affection in this same newly-painted house; of these, one died in a convulsion, the other, on being sent to the country, recovered; the child, whose case has just been related, had been for years free from any spasmodic affection, but remains delicate, and suffering severely from scrofulous disease.

This case exhibits the disease complicated with remitting fever, and with painful dentition; it also proves that the disease may exist to a most alarming extent, and yet recovery take place; the powerful effects of tobacco, in allaying spasmodic action, are also remarkably displayed. The importance of change of air as a remedy of prime efficacy in this affection, is strikingly exhibited. Nor is it undeserving of notice, that spasmodic disease seemed in two instances to be caused, and in this reproduced, by the contaminated air of a newly-painted house.

A child, nine months old, was brought to the Institution for the Diseases of Children, labouring under the spasmodic

* On the recovery of the child, this symptom gradually disappeared.

disease already described. This child had cut the four incisor teeth. Not having been at the time aware of this disease, I merely prescribed some medicine with the view of improving the digestive functions; there was no indication to lead to the conclusion that the child suffered from dentition. Some days afterwards, being sent for to see this patient, I found it violently and generally convulsed; the convulsive paroxysms succeeded each other at short intervals of time, and in about twenty-four hours proved fatal.

The body having been examined twenty-six hours after death, no morbid appearance was discoverable either in the abdominal or thoracic viscera; the mucous membrane of the larynx, trachea, and bronchi, exhibited a perfectly natural appearance; a very large quantity of fluid was found to have been accumulated in the ventricles of the brain; no morbid change had taken place in the brain; this was the only instance in which the disease under my observation, had terminated in hydrocephalus.

The following case was communicated to me by Dr. Johnson, Professor of Midwifery to the Royal College of Surgeons in Ireland:—

"I was consulted some time ago, about the child of the Hon. Mrs. P., and received the following history of the case:

"He was attacked on the third day after birth with laryngeal spasm and a crowing inspiration, in such a degree as to excite great apprehension in the minds of the parents; these attacks returned at intervals, when the child was irritated, and on awaking from sleep, until the third month, when they disappeared without any apparent cause. Between the fifth and sixth months they returned, accompanied by the swelling of the hands and feet, and the rigidity of the thumbs and toes described by Dr. Kellie (in *The Edinburgh Medical Journal*), and terminated in general convulsions. At this period he cut two incisors in the lower jaw; the attack of crowing inspiration returned frequently during dentition, sometimes alone, at other times accompanied by the rigidity of the thumbs and toes, but never terminating in convulsions, until he was cutting the first molar tooth. At the time that I was called to see him, the rigidity of the toes was so great as to prevent him from walking, and the screaming such as to render the parents apprehensive of the return of convulsions. On examination of the gums, I found the canine teeth making their appearance; the gums were divided, an issue inserted in the back of the neck, and aperient medicines were given. The attacks, however, were neither diminished in frequency nor violence, until the child was removed to the country, since which time he has had no return of the disease. He was a remarkably large and strong child for his age, which left the impression on my mind that he was over-fed; however, on inquiry I found this was not the case."

This case is interesting, inasmuch as it proves that this disease is not necessarily connected with the process of dentition,* although unquestionably exasperated in its symptoms, when the teeth are cut with pain or irritation; this case too, as the others, evinces the great value of change of air in the treatment.

I am indebted for the following interesting case to Mr. Newton, Licentiate of the College of Surgeons in Ireland, upon whose soundness and accuracy of observation the fullest reliance may be placed:—

"A child, aged nineteen months, of a violent temper, had always been very healthy until it was about seventeen months old, when he had a mild attack of whooping-cough, since which he was observed to have occasional fits of difficulty of breathing on awaking from sleep, during which his face became livid; these lasted for some time and were terminated by a long deep-drawn inspiration, with a crowing noise; this did not excite any alarm in his friends.

* Doctor Johnson has mentioned to me a case of this disease, the symptoms of which did not appear until after the teeth had been all cut.

"On the morning of the day on which he died, he took a hearty breakfast of stirabout, and in about an hour afterwards, he vomited; he was in good spirits and apparent good health until 5 P.M., when he was put into a passion; his breathing suddenly became difficult, his face livid, and he expired in about five minutes.

"DISSECTION SEVENTEEN HOURS AFTER DEATH.

"Extremities stiff, body fat, some lividity about scrotum and posterior parts of the body.

"On removing the skull cap, a large quantity of dark coloured fluid blood escaped; there was great turgescence of the vessels of the membranes of the brain. The brain was healthy; on removing it, a considerable quantity of blood escaped from the spinal canal.

"*Mouth and Throat.*—Uvula somewhat elongated, tonsils slightly enlarged. The rima glottidis was very much contracted. In the larynx, upper portion of the trachea, and in the œsophagus, numerous small portions of undigested oatmeal were observed; the mucous membrane of the air tubes presented everywhere a natural appearance. The lungs and right side of the heart were engorged with dark coloured blood. The mucous membrane of the stomach, about the pylorus, was softened and eroded. The muciparous glands of the small intestines were enlarged. No other disease was observed in any part of the body. On examining the larynx on the following day, the rima glottidis was found to have recovered its natural dimensions."

It is clear in this case, that the spasmodic closure of the rima glottidis was the immediate cause of death, no morbid change sufficient to account for death having taken place in any of the viscera. The turgid state of the vessels of the brain and lungs, as well as the gorged state of the heart, were evidently the effects of the suffocative struggle, and resulted altogether from the manner in which death took place. The symptoms at the commencement are thus proved to be purely spasmodic, and it is only when the disease increases in severity, and when general convulsions arise, that the brain, or its membranes, becomes the seat of disease. It would be interesting, on any future occasion, to examine accurately the state of the pneumogastric nerve. The seat of the disease may perhaps be found to exist at the *origin* of this nerve, and topical applications, made as nearly as possible to its origin, may be found to constitute an important part of the treatment.*

It seems to me not unimportant to remark, that all the cases of this disease, which I have witnessed, have occurred in children either themselves exhibiting marks of the strumous diathesis, or sprung from serofulous parents. This bears practically upon the subject, inasmuch as it enhances the value, in treatment, of pure air, healthy nutriment, and tonic remedies.

If we take a survey of the several cases of this disease, which have been stated, we learn that it varies much in degree, and that its complications are numerous. In its mildest and least complicated form, the spasmodic action is confined to the muscles of the glottis, and the treatment consists in improving the general health, and in giving tone to the nervous system. The symptoms in such cases will rarely fail to yield to some of the vegetable or mineral tonics, pure and bracing air, and a well regulated diet; in some cases I have perceived, I think, advantage to arise from some of the antispasmodic medicines, and amongst these none has appeared to me more beneficial than the old-fashioned medicine, the *tinctura fuliginis*; but when

* Dr. Monro, in his work on the "Morbid Anatomy of the Brain," describes a variety of acute hydrocephalus ushered in with spasmodic symptoms affecting the muscles of the glottis, and in one case, describing the morbid appearances, he says—"All the nerves, at their origin, were sound, except the fifth and eighth pairs, which were also of a deep scarlet colour and covered with turgid vessels. On removing the brain, by cutting through the medulla oblongata, a considerable quantity of serum rushed from the upper part of the spinal canal. The vessels of the spinal marrow were turgid, those at the cervical portion of a vermilion red colour, and those of the lumbar portion of a dark red hue. The eighth pair of nerves were of deep uniform red along its whole tract, as far as its branches going to the lungs."

the disease is complicated with painful dentition, derangement of the bowels, or any febrile movement in the system, the primary object of the treatment must be, to remove these accompanying ailments; until this be effected the treatment applicable to the spasmodic affection, though it may mitigate its severity, will fail to eradicate the disease. When the spasmodic symptoms extend themselves, and implicate the muscles of the extremities, the disease assumes a more formidable aspect, and soon, if not checked in its progress, paroxysms of general convulsions will establish themselves. In this stage the membranes of the brain become so frequently engaged, that the utmost vigilance on the part of the practitioner is required to prevent the occurrence of such mischief; yet it must not be lost sight of that the disease, even in its mildest form, is attended with danger. One case is recorded of sudden death during the spasmodic closure of the glottis; this occurred in a child who was otherwise in perfect health, and I have heard of several instances of the same kind. In every stage of the disease, therefore, we should be aware of and guard against the liability to sudden death; all needless sources of irritation should be avoided, and the child closely watched, and carefully held and supported during the paroxysm of dyspnoea. In irritable and passionate children the danger is increased. Dr. Johnson has stated to me, that he has seen a child, in a state of asphyxia caused by this disease, recovered from apparent death by the instantaneous application of artificial respiration.

Dr. Cheyne, in his treatise on hydrocephalus,* gives a very just delineation of this affection; he describes it as consisting in a crowing inspiration with purple complexion, *not followed by cough*; he mentions the rigidity of the muscles, the thumbs clenched in the hands, the peculiar livid and swollen appearance of the extremities, and the occurrence of universal convulsions; he states that seven instances, to his own knowledge, have ended in death; and in regard to treatment, he has dwelt with peculiar emphasis upon the importance of change of air and change of diet, as the means of greatest efficacy in effecting a permanent removal of the disease.

Dr. George Kellie of Leith, has published a short paper,† entitled, "Notes on the Swelling of the Tops of the Hands and Feet, and on a Spasmodic Affection of the Thumbs and Toes, which very commonly attends it." This condition of the extremities he has described very accurately, and the reader will do well to pursue his paper with attention; it must, however, be remarked, that this symptom belongs to a more advanced stage of the disease, and does not exist until either the general health be considerably impaired, or the spasmodic symptoms have increased in frequency and severity; it is therefore not essential to the disease.

Mr. Porter, in his valuable observations on the surgical pathology of the larynx and trachea, alludes to this disease, and particularly mentions the fact, that it occasionally happens that the child, during the convulsion, dies before assistance can be procured.

In *The London Medical and Physical Journal*, vol. xlv., p. 9, this disease is spoken of by W. Pretty, Esq., under the name of cerebral croup, a denomination which is objectionable, because it is more than doubtful, whether in this affection, at its commencement, the brain be at all involved; and secondly, because in its symptoms and progress it is altogether distinct from croup. He describes with accuracy the symptoms in three of his own children; of these, one died, the others recovered. In speaking of the treatment of one of those cases he concludes with the following words:—"The spasms frequently recurring, his nurse was changed, and he was sent to the country; he is now a fine healthy little fellow." He justly dwells upon the importance of attending to the state of the head during the entire progress of the disease, and also upon the necessity of

dividing the gums whenever the process of dentition may appear to be a source of irritation.

In the fifth volume of Richter's "Specielle Therapie," there is a tolerably accurate account of this spasmodic affection.

The facts which have been recorded, and the references which have been made, prove that this disease is of more frequent occurrence than has generally been supposed.

A controversy has been maintained for a long time, as to the existence or non-existence of spasmodic croup—a disease which I believe to be nothing else than the first stage of inflammatory croup, or else a slight and transient attack of croup in nervous and irritable children. The disease which forms the subject of this paper is essentially different from every form and variety of croup; it is a purely spasmodic affection, and in all its stages is characterized by convulsive movements, partial or universal, and in its earlier stages all its symptoms will be aggravated if it be confounded, in treatment, with any inflammatory affection of the larynx or air tubes. This mistake has been often made; it therefore seems to me important to distinguish this disease from other affections with which it has been often confounded and to set forth the principles of treatment which are directly founded on this diagnosis. I may also mention, as an additional reason for dwelling on the characteristic features of this affection, that I do not find it described in any systematic work in the English or French languages.

(To be continued.)

TRISMUS, RUNNING INTO GENERAL CONVULSIONS, OCCURRING IN A CHILD AT BIRTH.

By G. de GORREQUER GRIFFITH,

PHYSICIAN TO THE HOSPITAL FOR WOMEN AND CHILDREN, PIMLICO;
PHYSICIAN-ACCOCHEUR TO ST. SAUVOUR'S MATERNITY; AND SOME TIME
RESIDENT SURGEON AT THE HOME FOR DISEASES OF WOMEN, &c., &c.

RECENTLY I was called to attend Mrs. H—, in her first labour. She is a low-sized woman, small-built, and about 29 years of age.

On examination I found the os open to the size of a florin; its edge was thin, firm and undilatable; the pains were not strong, but the patient forced voluntarily a good deal, so as to lead to the supposition that the strong bearing-down muscular action which she used was severe expulsive labour pain.

As there was inertia of the womb, and very little (after the womb had opened fully) had been effected by the feeble uterine action during the interval of some hours, I ordered her a dose of ergot, and begged of her to desist from her forcing down, since it in no way helped her, but, on the contrary, delayed her delivery by exhausting her strength.

I should mention that in the course of examination I found the pelvis in all its measurements smaller than usual, though there was no actual deformity; the antero-posterior measurement was the most narrowed. In addition, there had been, in the commencement of labour, great rigidity of the os, and of the soft parts, and I had prepared my patient for a slow and somewhat tedious "time." After the exhibition of the ergot true uterine action set in; but still so feebly that it was only sufficient to cause the descent of the head by very slow degrees; moreover, the narrowing of the antero-posterior diameter delayed the birth still further, the head of the child adapting itself but slowly to the diminution in the calibre of the pelvis.

As the labour was progressing slowly but favourably as concerned the mother, I did not think it wise to interfere.

The baby was born in that half-lifeless state which obtains when labour is very tedious, and the child's head is greatly compressed, specially from the forehead to the occiput, as in this instance. The amount of compression was so great that there was literally no forehead—the

* Second Edition, page 16.

† *Edinburgh Medical and Surgical Journal*, October, 1816.

top of the head beginning immediately at the eyebrows, and running very far upwards and backwards in the form of a cone.

With much difficulty, and after prolonged efforts, the child was made to take hold, as it were, of existence; but as soon as life was established, I perceived that the lower jaw, though slightly depressed, was firmly locked, and could be forced open only by some little effort.

The head was drawn backwards, and the muscles of the neck were rigidly contracted; the arms, fore-arms, and hands next became engaged in the convulsions, which subsequently became general, a condition of opisthotonos prevailing.

On the next day the child had fallen into a state of coma, which supervened in death during the same day.

Antero-posterior compression, more particularly to such an extent as occurred in this case, is so hazardous to infant life, and so commonly fatal, that I shall do no more than allude to it in order to call attention to the fact; but that it occasions trismus and general convulsions is not, I believe, so well established. Trismus is, in itself, a rare affection in children; but as a result of compression of the head during birth, is still more rare.

2, Lupus-street, Pimlico, London, S.W.

ON THE TREATMENT AND PREVENTION OF CHOLERA.

By W. JACKSON CUMMINS, M.D.,

PHYSICIAN TO THE CORK DISPENSARY AND BLACKROCK CHOLERA DISTRICT.

To Professor Polli of Milan, and Dr. De Ricci of Dublin, the profession are indebted for the knowledge that sulphuric acid administered internally in the form of bisulphites arrests fermentation and thus stays the progress of zymotic disease. In a paper which I published on scarlatina in the 39th vol. of "The Dublin Quarterly," are a number of cases in which the bisulphite of soda produced beneficial effects, and used as a prophylactic prevented the spread of the disease. Since then I have had few opportunities of experimenting further with the medicine, as scarlatina has not prevailed epidemically, but in one most malignant case which occurred I used it successfully, and also prevented the spread of disease among the other children in the house. I also used it as a prophylactic for diphtheria with success. Dr. Hayden of Dublin, has also found it beneficial in the latter disease.

Although Dr. de Ricci, in his last paper ("Quarterly," November, 1866), prefers the sulphite of magnesia to the salt of soda, I still prefer the latter, its greater solubility making it more easy of administration. It has surprised me that some observers have stated that bisulphite of soda causes troublesome diarrhoea, as I never found it produce such effect, or indeed any manifest effect, even in large doses. Its slightly smoky taste is not disagreeable, and children take readily a solution of a drachm in half a pint of water, from half a glass to a glass three or four times a day, or even much oftener, when actually suffering from disease. But since the appearance of cholera in Cork I have used sulphuric acid in a different, and I believe much more efficacious manner—viz., by inhalation. In a concentrated form the acid is of course poisonous, but when largely diluted by the atmosphere, it is neither noxious nor very disagreeable. My mode of proceeding is to take a shovelful of live coal out of the fire and place it in the centre of the apartment, then to sprinkle on it a small quantity of sulphur, which burns with a blue flame, setting free the acid, which permeates every part of the room. The quantity to be used must depend on the size of the room, but by commencing with a little it will be readily found out how much can be borne without discomfort. As soon as the smell has nearly passed away, a little more sulphur may be sprinkled as before, and renewed cautiously from time to time. If by burning accident-

ally too much at a time the patient or attendants are made cough or sneeze, a window may be opened to renew the air; and I can say that I never have found any bad consequences follow even where proper caution has not been used.

As a disinfectant after death, I know nothing equal to sulphuric acid. I shut all doors and windows and throw a large quantity of sulphur on the coals placed as before. The room becomes presently intolerable, but on re-entering it after an hour or two it is perfectly pure, and free from smell. I was a strong non-contagionist regarding cholera (as I believe most people were), when former epidemics prevailed, but I have seen enough during the present to make me believe it at least portable, and I think we cannot guard too much against its spread through the discharges, through the atmosphere, or from individual to individual; although it is by no means proved that the disease can be communicated in the last of these ways.

The effect of sulphuric acid on the cholera patient and his attendants is most useful—curative to the former and prophylactic to the latter. I have seen cases recover which I considered well nigh hopeless, while all the fatal cases, three in number, occurred before I had commenced using it, so that I attribute the success in great measure to the use of the acid. In these days, when every one is writing his opinion and treatment of cholera, one does not like to obtrude his notions when his experience has been comparatively limited, yet, as I am on the subject, I shall briefly note my ideas of its pathology, and the treatment I adopt. No one who has seen cholera and watched closely its phenomena can doubt for a moment that circulation is almost completely arrested, that the veins are full to distension, and that the arteries are almost, if not entirely empty. The natural inference is, that there is an obstruction in the capillaries. Opinion is divided between two theories as to the cause of this—viz., 1st, that in consequence of the serous drain, the blood is too thick to pass through those little vessels (the old view); and 2nd, that in consequence of a tetanic spasm of the capillaries, the blood cannot pass from the right side of the heart and veins, being arrested in the capillaries of the lungs on one side, and of the system generally on the other, so that the discharges are an effect, not a cause (the new view, so well worked out by Drs. Johnson and Bell). Without entering into the evidence for and against those theories, I may say that I think symptoms and morbid pathology favour the latter, and that there is at least one insurmountable objection to the former—viz., that collapse is more intense when at its acme than it is when the patient is beginning to recover, although meantime there has been a large out-pouring of fluid.

Without believing that preliminary diarrhoea in itself can cause collapse through draining away the serum of the blood, my observation certainly leads me to the belief that gastric or gastro-enteric irritation may be the starting point of the symptoms of cholera; there must be, however, a preceding operation of the cholera poison on the constitution, predisposing it to the specific effect which a gastro-enteric irritant can produce, in cholera times alone.

I have seen cholera follow almost immediately upon taking an indigestible meal in some cases, one more especially—a most instructive case in many ways—a boy, æt. 10, residing in the house with his sister, who was passing through secondary fever after cholera, was quite well until the afternoon of the day he was attacked, when he ate some raw turnips; at six o'clock vomiting and purging commenced; at nine, when I saw him, he was in collapse; at eleven he was pulseless and hopeless; the venous system engorged almost to blackness; conjunctiva congested to such an extent that black blood exuded from its vessels during the agony, and he died in a few hours. This case was struck down from the first; nothing could have saved him.

In the condition of system superinduced by the poison

imbibed from his sister, or her discharges, the gastric irritant instead of setting up an ordinary vomiting and purging for its removal from the *prima via*, transmitted its irritation to the ganglionic nervous centres, and by reflex action caused that crampy contraction of the muscles of the capillaries, which prevented the blood from passing freely into the arteries; serum was poured out from the veins to relieve their distention, while at the same time, from arrested pulmonary circulation, the interchange of gases between the blood and the air was imperfect; the blood was not decarbonised, animal heat was not renewed, excretion was arrested from want of oxygen, as well as from venous congestion of the glands, and the patient sank from absolute arrest of circulation.

I am not going to enter into the details which bear out this view of the pathology of cholera. Dr. Johnson's book is replete with them. I only allude to it in order to point out the indications for treatment, which I endeavour to fulfil in the following manner:

1st. By burning sulphur as aforesaid, to arrest the zymotic action, which, I believe, forms the cholera constitution.

2nd. Endeavouring to relieve gastric or gastro-enteric irritation, by giving from twenty to forty drops of laudanum, and from twenty to thirty drops of chlorodyne in a little cold water, repeating it according to circumstances.

3rd. Giving ten drops of a saturated solution of camphor in chloroform every half hour or hour, in a spoonful of sugar, arrow-root, or gruel, to relieve spasm or cramp.

4th. Endeavouring to maintain heat by the ordinary means, and fomenting the patient with hot water and turpentine or mustard.

5th. Economising the vital powers by rest.

6th. Supporting strength by cold milk, and soda water with a little brandy.

7th. Giving ice internally for its effect on the semi-lunar ganglion and solar plexus, if able to obtain it.

8th. Except indirectly, by means of sedatives and antispasmodics, I should object to arresting serous discharges; direct astringents I should think most objectionable.

CONTRIBUTIONS TO THE PATHOLOGY AND TREATMENT OF CHOLERA

SOME CASES SUCCESSFULLY TREATED ON THE DIURETIC PLAN.

By AUSTIN MELDON, L.K.Q.C.P., L.R.C.S.I., L.M.,
ASSISTANT MEDICAL OFFICER TO GRAND CANAL-STREET DISPENSARY, &c.

WILLIAM MURRAY, aged 11 years, had been suffering from diarrhoea for some days previous to Saturday, the 3rd November, on which night he awoke suffering from intense pain in the abdomen, great sense of exhaustion, copious diarrhoea, and vomiting. I was summoned to attend at two A.M., and found the child with well marked cholera and fast sinking into collapse; pulse was almost imperceptible; breath cold; voice low, whispering, and unnatural; skin cold and clammy; severe cramps in the thighs; insatiable thirst; suppression of urine; the liquid rice-water stools being passed freely all about the bed; no urine had been voided during the entire day; I endeavoured in vain to persuade his parents to send him to hospital; I therefore proceeded to treat him as follows:—A large poultice, made with two parts of linseed-meal to one of mustard, was put over the abdomen, and the following ordered:—

℞ Plumbi acetatis, gr. xxiv.
Acidi acetici, ℥ij.
Morphiæ acetatis, gr. i.
Spiritus ætheris nitrosi, ℥iv.
Spiritus juniperi, ℥i.
Aquæ camphoræ ad. ℥viiij. M.

A dessertspoonful of this mixture every half hour.

November 4th, eight A.M. Vomiting and purging somewhat less; he passed a little urine this morning; seems a little more lively; pulse as yet but feeble; skin warm, and there is slight perspiration; cramps completely disappeared.

Five o'clock P.M. Skin quite warm and perspiring; passed urine freely two or three times during the day; pulse pretty strong, and seems in every way much improved.

6th, twelve A.M. Little vomiting and no purging; urine passed freely; pulse strong, and he is in every way progressing.

7th. Vomiting and diarrhoea have returned; urine became scanty. The mist. plumbi acetat. et junip. having been discontinued on the previous day, I ordered it to be recommenced.

Four P.M. Free discharge of urine; purging stopped; vomiting not so bad as in the morning.

8th. No purging, but slight vomiting; urine passed freely.

9th. No vomiting or purging.

10th. Convalescent.

I was summoned to attend M. Ellis, Clarence-street, on the night of the 3rd instant, and found her in a state of nearly complete collapse; the vox cholericæ was well marked; vomiting and purging had been present during the entire day; no urine had been secreted for some time previous; there was great pain in the abdominal region; the cramps were very severe and frequent; pulse very weak; skin cold and of a livid colour. The mother refusing to send the child to hospital, I ordered a dessertspoonful of the mistura acetat. plumbi et junip. every half hour.

4th. Heat returned to the surface; cramps less severe; vomiting and purging less than on the previous day; pulse stronger; urine secreted; ordered to continue the treatment.

5th. Purging almost ceased; vomiting continues; urine secreted freely; cramps completely ceased; little pain in the abdomen.

6th. Much improved in every way; vomiting almost ceased.

7th. Seems convalescent.

(Four P.M.) Vomiting has returned, and slight diarrhoea set in; ordered to recommence the mixture.

8th. Vomiting less, and purging ceased; convalescent.

Michael Boylan, 100, Townsend-street, aged 40 years, was attacked on the 3rd of November with violent vomiting and purging, together with severe pain in the abdominal region; he had been previously suffering from diarrhoea for two or three days. The stools were at first natural, but after a little became like rice and water. I saw him about an hour after the first attack. He had slight cramps; passed very little urine during the day. I ordered him to take two tablespoonfuls of mist. acetat. plumbi et junip. every second hour.

I called again in about three hours, and found there had been a large secretion of urine, after which the vomiting and diarrhoea had ceased, and he now seemed quite well. He has not since had a relapse.

A. B., 16, Moss-street, was suffering from well-marked cholera, and had been treated on the previous day with acetat. plumbi et opii; he was very weak, and verging on collapse, little urine being passed for some days previously. Ordered mist. plumbi acetatis et junip.

4th. From this date he continued to improve, until the 7th, when he was pronounced convalescent.

James Gavan, 6, Clarence-street, sent to the dispensary for relief at two A.M. on the night of Thursday the 15th. On my arrival I found him verging on collapse; his skin was quite dusky and cold; no urine had been secreted for some time past; the eyes were considerably sunken; cramps very severe and the vox cholericæ was well marked; the lower part of the abdomen was swollen and painful, he had been vomiting and purging during the entire night; the pulse was imperceptible. Ordered two tablespoonfuls of the mist. acetat. plumbi et junip. every second hour.

Friday, eight A.M. Pulse perceptible at the wrist; skin warm, perspiring a little; urine passed; the other symptoms continue unabated.

One P.M. Pulse stronger; kidneys acting; purging less; vomiting only when he takes something.

Six P.M. Continues to improve.

Saturday, eight A.M. Purging ceased; vomiting less; kidneys acting well; pulse stronger; skin resumed its natural colour, and in fact he seems on the way towards recovery.

Sunday. Considerably improved in every way; seems convalescent.

Ten P.M. Became feverish, and was sent to hospital.

James Byrne, 7, Hanover-street, was attacked on Thursday night with severe vomiting and purging, accompanied by cramps; little urine had been secreted during the day previous; ordered the mist. acetat plumbi et junip.

Friday, eight A.M. The symptoms somewhat abated in severity; urine passed, and from this time until Sunday, 18th, all the symptoms ceased, except slight diarrhoea, in which, however, the stools were of the natural colour, and which was arrested by large doses of opium; in every other way he was on this date quite well.

29, Westland-row.

Hospital Reports.

SPECIAL REPORT

ON THE

TREATMENT OF CHOLERA

BY VENOUS INJECTIONS.

IV.

THE EPIDEMIC OF 1848-9.

(Continued from page 509.)

WE have now placed upon record a number of cases treated by this method in the epidemics of 1832 and 1849, and as in that of 1854 the hospitals of London did not admit cholera patients, we are in a position to sum up our knowledge of the subject, prior to the recent outbreak, which will form a subsequent section of this report.

Without attempting to reduce the conclusions to a few dogmatic assertions, and with no intention of entering minutely into the whole pathology of this disease, we may possibly sufficiently formulate some of the lessons to be derived from experience up to this date, to serve as a practical compendium and guide. We can scarcely do wrong in starting with the generally accepted fact that one of the most serious items of cholera is the enormous drain upon the fluids, and the difficulty of furnishing a fresh supply from the complete interruption of the function of absorption. Thus it is that we so commonly find that after death the stomach is full of water, which has been administered during life, without appeasing the insatiable craving of the patient for drink. It has been thought by some that fluids might be supplied through the skin, but packing in wet sheets has failed as signally as prolonged baths to render the cutaneous surface supple and stimulate it to absorption. Clearly, then, injection of liquids into the veins affords a means of supplying this want of fluid.

Further, as the saline propensities of the blood pass away with the fluids, it is equally natural to attempt to supply this loss by adding certain salts to the injection. We may, indeed, feel considerable hesitation as to the exact specific gravity of the liquid most likely to furnish the best substitute for the lost fluid, since this property could scarcely fail to exercise the ordinary physical effects on the blood globules; yet it is not to be denied

that these corpuscles in a patient whose blood has been drained of liquid and salts are already in a changed state, the only possibility of restoring them being a plentiful supply of water, and perhaps of saline particles also. Injection into the veins enables us to place the requisite materials in immediate contact with the blood corpuscles; so that we might *a priori* anticipate that by this treatment the thick dark blood, so familiar to the pathologist after death from cholera, might be changed to a more normal condition. That this anticipation has been realized is shown in an observation of Drs. Letheby and Little, who, at a post-mortem on a patient who died after venous injections, found the blood to all appearance quite healthy. In this case, in which 100 ounces of fluid had been injected two and a half hours before death, the venæ cavæ, pulmonary veins, and cavities of the heart, were filled with *bright coloured* coagulated blood—a condition that may fairly be attributed to the effect of the injection. Whence otherwise the natural hue and coagulability of the blood?

We may, then, take it for granted that fluids and salines may in certain conditions of the system, such as those met with in the collapse stage of cholera, and of course with due precautions, be introduced into the circulation with comparative safety, and often perhaps with benefit. The addition of alcohol was not unreasonable, as it might be fairly expected to retard the relapse. At any rate, it offered a certain means of administering a stimulant, and was a substance not incompatible with the life of the blood. The cases we have recorded would seem to show that these hopes were well founded.

The earlier accounts of the effects of this operation can scarcely be said to have been exaggerated. This remedy is probably the most powerful known stimulant to the circulatory as well as to the nervous system. The injection at once restores the circulation and the respiration. As soon as the blood becomes mixed with the warm injection the pulse is restored, and the countenance assumes a more natural hue. The fearful oppression, which torments so many, passes off, colour and warmth gradually return to the whole surface, perspiration breaks out, the voice is regained, and from a hopeless state of collapse, from a condition almost of death, the patient may sit up and converse without distress. It has been several times remarked to the writer by eye-witnesses of the cases, that any one apparently dead might thus be enabled to make his will.

It will have been remarked that sudden and copious vomiting or purging has sometimes returned after this amendment, as if the patient had only been removed from the collapsed back to the prior stage. In Case 8 this was twice followed by renewed collapse, each time again relieved by injection.

It would thus appear as if not only could life be maintained for a certain time by venous injections, but the system restored to such a condition as to give an opportunity of supplying other remedial agents; and, perhaps, more important still, of taking some sort of nutriment. When the relief obtained has been permanent, the urine has reappeared, and the renewal of this function constitutes the most hopeful element in the prognosis. An agent which had apparently restored two such important secretions as those of the skin and kidneys, and that when nothing could be introduced into the system through the mucous membranes, deserved a further trial, and this, as we shall see hereafter, it has had in the present year.

The cases already related in our report demonstrate that the danger attendant on this operation is not so great as has been supposed—a conclusion which we anticipate will be abundantly corroborated by the cases treated in the present epidemic, which we shall next analyse. As to the proportion of recoveries, we must remember how small this has been under every method of treatment yet tried in the stage of collapse.

MATER MISERICORDIÆ HOSPITAL.

TWO CASES OF PERITONEAL
PNEUMATOSIS.

(Under the care of Dr. HAYDEN.)

Case 1.—M. C., aged 44, by occupation a laundress, presented herself amongst the extern patients of the hospital, on the 10th October last, to seek advice regarding a certain enlargement of the abdomen which had existed for the last three years.

The patient was anæmic, with a slight olive tint of face, and a somewhat hysterical look; had nine living children, and three miscarriages; on the occasion of the last miscarriage, which occurred three years ago, she lost a good deal of blood by flooding, and immediately afterwards the abdominal enlargement set in, and has continued with little variation up to the present date.

Pulse 90 and regular, as is likewise action of heart; the abdomen is globular in shape, tympanitic and tense, and of the size presented in the last month of pregnancy; bowels regular; menses have not appeared for the last three months.

℞ Pil. Alæ. c.

— fœtid c. aa. gr. ii.

Extract. nucis vomicæ, gr. ss.

M. Et ft. pil. habeat xii. tales, et st. i. ter indies.

October 24th: This patient presented herself at the hospital dispensary to-day; abdomen softer, but still large and tympanitic.

On the 12th of November she was admitted under my colleague Dr. Hughes, and whilst doing temporary duty for him I had the opportunity of observing and treating her in hospital; since that date she has been taking, three times daily, ten drops of liquor of the pernitrate of iron in infusion of calumba; the abdomen is now (November 21st) soft and comparatively lax, but still large and tympanitic.

Case 2.—Ellen H., aged 52, dress-maker, never married, admitted into hospital October 15, 1866; had enjoyed good health till six months previous to the date of admittance; about that time she began to complain of pain in the right side of the abdomen and in the right shoulder; she became weak and thin, and her appetite failed. About the 1st of September last she began to suffer from spasmodic pain in the abdomen; the attacks came on when she was at rest, and now the abdomen became rapidly enlarged, and attained to its present dimensions in the course of a few days.

At date of admittance pulse was quick and feeble; there was total loss of appetite, and irritability of stomach; bowels regular; patient was unable to lie down with enjoyment owing to a sense of distension and dyspnœa, which immediately ensued on her assuming the recumbent posture. The abdomen was globular, greatly enlarged, tense and tympanitic at all points. About three days after admission the feet and legs became swollen, and diarrhœa set in. Liquor of the pernitrate of iron was given in ten-drop doses in infusion of calumba, and four ounces of wine daily, with nutritious diet.

About a week since (14th Nov.) the abdominal enlargement began gradually to subside, and at the present date (Nov. 21st), it has entirely disappeared; pulse is now 108, and moderately good in volume; tongue clean; appetite better; bowels regular; and patient's strength so much improved that she can sit up for the entire day and walk occasionally about the ward; the feet and legs are no longer œdematous, and the patient, though still weak, contemplates leaving hospital in the course of a few days.

Coincidentally with the subsidence of the abdominal enlargement, a flat, rugged, and solid body became perceptible to the touch in the umbilical region; in its greatest diameter—which extends transversely to the left,

from the right margin of the umbilicus, it measures three inches, and in its vertical diameter about one inch and a half; it is not sensitive to pressure; yields a modified tympanitic sound on percussion, such a sound as might be elicited from a solid body—resting on a hollow and air-distended viscus; it recedes under the pressure of the fingers, and is surrounded at all points of its circumference by resonant surface.

Abdominal pneumatosis, especially the peritoneal form, is sometimes most obstinate to treatment. Of the latter form Dr. Graves (*Clinical Medicine*, vol. ii., page 77), says, "In this variety of the disease the general health is unimpaired; the appetite good; the bowels regular; and the patient does not complain of flatulence, borborygmi, or colicky pains; the shape of the belly, too, in peritoneal tympanitis, is more prominent and globular than in the intestinal, and in appearance more closely resembles the abdomen of a woman far advanced in pregnancy; the latter circumstance, indeed, often constitutes the sole annoyance complained of by the patients, who are generally young unmarried females."

Dr. Graves also speaks of the gradual growth of these enlargements as being characteristic, and also of their not being subject to temporary alterations in size. In acute cases, he observes, the prognosis is better, and the disease more easily cured; this tractable form occurs shortly after pregnancy.

The cases which I have detailed, it will be perceived, are exceptional in regard to many of the features laid down as characteristic by Dr. Graves. In the first case the inflation occurred rapidly, and after miscarriage; yet it has proved, up to a very recent date, obstinate to treatment, though now slowly yielding; and in the second case the general health is in an unsatisfactory state, but this may be in a great measure attributed to the co-existence of organic disease in the abdomen.

If any doubt had existed as to the precise situation of the œriform accumulation, it would have been removed by the detection of induration—I doubt not of the anterior wall of the stomach *only* after the subsidence of the tympanitic enlargement; had the site of the gas been the stomach or intestinal canal, the tumor must have been brought to the surface, assuming that it did not take its origin from the liver, an assumption warranted by the recession of the body under pressure, its situation, and the clearness on percussion of the surrounding surface; there is, moreover, no evidence whatever, either in the history or present condition of the patient, of enlargement or any form of disease of the liver.

The progress of both the cases has been so far satisfactory under a tonic and chalybeate treatment.

CHOLERA.

In the forty-sixth week of the year, which ended Saturday, November 17th, the total deaths registered in London were less by 91 than the estimated number. This is the second week in which the mortality has been below the average since the outbreak of cholera. This disease carried off 32 persons during the week, besides 22 deaths from diarrhœa, so that but for this form of disease the returns would present a most remarkably favourable state of the public health. The deaths from cholera during the last five weeks have been, successively, 144, 112, 73, 67, and 32. These figures represent a gradual decline. Nevertheless, it is important to note that both in 1849 and 1854 the decrease was much more rapid than in the epidemic. The outbreak at Woolwich and Charlton, which has kept up the figures lately, is, we are happy to say rapidly subsiding; and steps have been taken to secure better drainage. Since the weekly return was completed the decline has continued, so that we trust shortly to have

to report the total disappearance of the epidemic. On Tuesday the 20th only 1 death was registered from cholera and 4 deaths from diarrhoea, in all the London districts, containing a population of more than 300,000.

The annual rate of mortality during the week was 24 per 1000 in London, 28 in Edinburgh, and 37 in Dublin; 20 in Bristol, 20 in Birmingham, 29 in Liverpool, 30 in Manchester, 29 in Salford, 25 in Sheffield, 28 in Leeds, 19 in Hull, 37 in Newcastle-upon-Tyne, and 31 in Glasgow.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.693 in. The mean temperature of the air in the week was 45.6 deg., which is 2.4 deg. above the average of the same week in fifty years (as determined by Mr. Glaisher). The entire range of temperature in the week was 27.7 deg. The mean of the highest temperature of the water of the Thames was 48.5 deg.; that of the lowest was 46.5 deg. The difference between the mean dew-point temperature and air temperature was 5.4 deg. The mean degree of humidity of the air was 82, complete saturation being represented by 100. Rain fell during the week to the amount of 0.58 in. An extraordinary shower of very brilliant meteors occurred during the early morning hours of Wednesday; fully 10,000 meteors were seen at the Royal Observatory, Greenwich. According to a return furnished by the engineer of the Metropolitan Board of Works, the average daily quantity of sewage pumped into the river Thames at the southern outfall works, Crossness, was 197,542 metric tons.

A very important inquiry into the physical properties of "cholera stuff" has been conducted by Professor Frankland, who informs the Registrar-General that it passes through filtering paper, and that "water containing the 1-500th part of the matter, is not entirely purified by transmission through animal charcoal." Further, we learn on the same authority, that it has not yet been decided "whether the properties of the remaining molecules or organism undergo any change in the filtering process, depriving them of their zymotic character."

The conclusion to be drawn from these statements can only enforce the necessity of destroying, as far as possible, all excretion, and doubling our precautions against the contamination of the water supply.

EDINBURGH.

During the same week 11 cases had been admitted to the hospital in Edinburgh, besides two patients treated in their own houses. There were 6 deaths, of which 5 were in the hospital. There were 5 deaths in 10 days in Leith. At the small village of Leven, where 50 fatal cases had occurred, including, as we named last week, Dr. Kennedy, we hear Dr. Balfour had gone to attend to the poor. Eight wells were reported by Drs. Stevenson and Macadam to be contaminated with sewage. Since they have been closed the epidemic has rapidly declined. We have also to report 10 deaths in 4 days at Buckhaven; 5 or 6 per diem at Methil, and several at Lochee, near Dundee.

PROFESSOR FRANKLAND ON THE RICE-WATER EVACUATIONS OF CHOLERA PATIENTS.

As mentioned in another column, a very interesting report has been made to the Registrar-General, on cholera ex-

creta, by Professor Frankland, F.R.S., of the Royal College of Chemistry. Investigation, of this nature, undertaken by reliable authorities, are so rare, and the opportunity of continuing such experiments is, happily, so rapidly passing by, that we feel it a duty to lay before our readers the results arrived at. Dr. Frankland's report is so complete in itself, and at the same time so brief, that we have no hesitation in printing it *in extenso*, merely premising that the matter experimented on was taken from a patient who died of cholera in the temporary hospital in Commercial-street:—

"10th November, 1866.

"On the 27th ult. I received from Dr. Farr three bottles containing the rice-water evacuations of a cholera patient collected on the previous day.* After agitation the rice-water had the appearance of thin cream, from which a small amount of flocculent matter gradually subsided after the lapse of some hours, leaving a supernatant liquid looking exactly like milk, and from which no further perceptible subsidence took place, even after the lapse of several days.

"One volume of this choleraic evacuation was mixed with ten parts of distilled water, and sealed up in a long glass tube; the flocculent matter now subsided much more readily, leaving an opalescent liquid above. One volume of the rice-water was mixed with 100 volumes of distilled water, and sealed up in a similar glass tube. The flocculent precipitate now subsided more readily.

"One volume of the rice-water was mixed with 500 volumes of distilled water, and the mixture passed through filter paper. The filtered liquid was still very opalescent, proving that a process of filtration, far more perfect than any available for the filtration of water upon a large scale, fails to remove entirely the suspended matter of choleraic evacuations.

"Submitted to the action of potassic permanganate, 100,000 parts of the filtered liquid just mentioned required .0430 part of oxygen for the oxidation of the organic matter contained in it. The average amount of oxygen required to oxidise the organic matter contained in 100,000 parts of filtered Thames water as supplied to the metropolis is .0721 part. Thus a sample of water containing 1-500th of its volume of choleraic evacuation exhibits, when tested by potassic permanganate, a much greater degree of purity as regards organic matter than the water supplied to the inhabitants of the metropolis; in fact it may be safely asserted that the addition of cholera rice-water to the water of the Thames in the proportion of 1 to 1000 would not materially affect the results of a chemical analysis of the water.

"After rapidly passing the above filtered but opalescent liquid (containing 1-500th of choleraic evacuation) through animal charcoal, the opalescence was diminished, but not entirely removed. The organic matter still remaining in 100,000 parts of it now required only .0103 part of oxygen for its oxidation. Animal charcoal therefore fails to remove entirely, even from previously filtered water, the suspended matter of choleraic evacuations.

"The foregoing experiments show (first) that water may become seriously contaminated with choleraic matter without the presence of the latter being indicated by chemical analysis, and (secondly) that water so contaminated is not completely deprived of this impurity either by filtration or passage through animal charcoal.

"It still remains to be proved to what particular constituent of choleraic dejections the propagation of the disease is due, but it is obvious that if the propagating matter be a germ or an organism it must be in suspension and not in solution.—I have, &c.,

"E. FRANKLAND."

* The cholera matter was supplied by Dr. Sutton, Pathologist to the London Hospital.

Proceedings of Societies.

HARVEIAN SOCIETY OF LONDON.

November 1st, 1866.

Dr. THOMAS BALLARD, V.P., in the Chair.

DR. THOMAS BALLARD read a paper

ON EPISTAXIS AND ITS TREATMENT; WITH CASES.

An opinion is generally prevalent that epistaxis in young persons is of little importance, and never attended with danger, and in the case of adults, that the bleeding is salutary, and relief to an overloaded vascular system, that it is a common precursor of apoplexy, and frequently averts an attack, and consequently it is not unusual for practitioners when summoned to a case to regard it lightly, and not to employ decided means to arrest the bleeding and prevent a recurrence of it. The following few remarks and cases tend to controvert rather than corroborate these views:—

With regard to its being innocuous to young persons, it is unreasonable to suppose that any hæmorrhage could be otherwise than detrimental to one who is growing; and the following fatal case illustrates the error of the prevalent doctrine, and the practice deduced from it.

Case 1.—A youth aged 13, at a boarding school, was attacked in August with nose-bleeding. Medical advice was sought, but the case was regarded as of trifling importance, and no very decided measures were employed to prevent its recurrence, which happened very frequently during the succeeding six weeks. He was sent home in a very weak state, his nose still bleeding, the blood being very pale and thin; the nostrils were then plugged both anteriorly and posteriorly, and the bleeding arrested, but he sank exhausted on the fourth day after reaching home.

In refutation of epistaxis being salutary in the case of adults, the following case illustrates that it may even be fatal to a man in the prime of life:—

Case 2.—A man aged 37, a butler, in his usual health, having had high words with his wife on the morning of March 25th, was attacked with nose-bleeding. He died in St. Mary's Hospital on the 28th.

But the principal reason urged for not using decided measures for arresting nose-bleeding is that it is likely to avert an attack of apoplexy, and this generally in the entire absence of any other symptom suggestive of such a danger, even if there are other symptoms indicating the necessity or propriety of a loss of blood. Is it not better to arrest the hæmorrhage and employ the remedy of blood-letting *secundem artem*, which is always at command and under control? It seems anomalous that at the present day, when such a revolution has overtaken the medical mind, that an outcry is raised against all forms of blood-letting, arguments should be found in support of not arresting an accidental hæmorrhage.

Six other cases were mentioned, in neither of which were there any symptoms to indicate a threatening of apoplexy. A gentleman aged 56 nearly lost his life by nose-bleeding in consequence of being advised that he ought not to stop it, and consequently no means were used to arrest it. Under these circumstances the bleeding recurred to such an extent that the most severe measures were at length necessary to stop it, and he suffered much in health in consequence. And in another case a man aged 80 was told that the bleeding was an effort of nature, and would be salutary. It was, however, arrested, and the return prevented by keeping the nostrils plugged with cotton wool for three days. He was evidently more benefited by the arrest of the hæmorrhage than he could have been by its continuance.

Blood-letting by means of leeches, had been beneficially employed during the present year in more than twenty cases of head symptoms, and in none was epistaxis present.

In another case, the patient was a child, aged 18 months, in which the nostril was plugged with wool for three days, and there was no return of the hæmorrhage. The affection was therefore peculiar to no period of life, and the indication seemed to be alike in all the cases—viz., to stop the bleeding and prevent its recurrence.

The principal cause of epistaxis seemed to be violent excitement, either mental or bodily, especially during the hot weather, the majority of cases having occurred then.

There was little to be said about internal remedies, as they would be administered according to the views which the practitioner might entertain as to the cause of the attack and the condition of the patient; it was the topical means which were of the greatest importance, and should be employed in all cases, even if the bleeding should have been stayed by any of the popular means which are in vogue. The nostril which has bled, or both, if necessary, should be plugged with cotton wool, which should be retained for three days; but if more decided measures are necessary, the solution of perchloride of iron on wool may be freely used with advantage, and without injury to the pituitary membrane. In cases where the bleeding cannot be arrested by these comparatively simple means, recourse must be had to plugging the posterior nares as well as the anterior.

The mode of doing this is, of course, familiar to all; but a point of detail in connection with the operation was developed in the treatment of one of the cases, which it may be useful to mention:—

The posterior strings attached to the plugs becoming a source of irritation in the mouth of the patient, they were cut away, and in consequence the greatest trouble was experienced in removing the plugs; they could not be reached from behind, and they could not be pushed out from the front. Two hours were occupied in endeavouring to remove one of them. This was at length accomplished, but the removal of the other seemed hopeless, and the patient appeared to be destined to live with a string hanging from his nostril. A simple expedient to relieve him from his dilemma was at length suggested: a string was passed through his nostril with the aid of a piece of catheter as at first, and then the anterior extremity of this was tied to the string hanging from the nostril. It was only necessary then to pull upon the posterior end, and the direction of the original string was reversed and the plug immediately withdrawn. Considering the annoyance which the presence in the mouth of the posterior strings must be to a patient who has to submit to the very unpleasant operation of plugging the posterior nares, if the above device is borne in mind these posterior strings may in all cases be unhesitatingly cut away.

The conclusions arrived at, from the consideration of the above cases, and many others which have been observed, are:—

- 1st. That epistaxis is not an innocent ailment, and should never be so regarded.
- 2nd. That it is not generally, if ever, salutary.
- 3rd. That it does not frequently, if ever, avert an attack of apoplexy.
- 4th. That it is not itself a symptom of cerebral disorder.
- 5th. That it ought always to be arrested as promptly as possible, that being the course most conducive to the health, safety, and satisfaction of the patient, and to the reputation of his medical attendant.

Mr. OWEN thought that in cases of irregular menstruation epistaxis might prove beneficial. Plugging the nostril with perchloride of iron was an admirable remedy in some extreme cases, but syringing with iced water was often quite sufficient. In one case he had found, strange to say, that syringing with hot water had the desired effect, probably by washing away the coagulum.

Mr. BENSON BAKER could not agree with Dr. Ballard as to the danger to be apprehended from epistaxis in most cases. He himself had had frequent attacks of epistaxis, and had done nothing for it. In slight cases he thought no vigorous measures were called for.

Mr. TEEVAN said that, in his opinion, it was much better in most cases of hæmorrhage of a passive kind to leave the clot alone. Iced injections often did more harm than good, because they washed away the clot. The old-fashioned remedy of holding up the patient's arm above his head was often the best means of checking epistaxis. The arms should be held up, however, not by the patient himself, but by some one else, until the patient felt faint. In a case of lithotomy recently performed by him he had checked the bleeding by simply exposing the buttocks of the patient freely to the air. He had often seen bleeding come on in such cases merely because the patient was put into a warm bed and wrapped up in blankets. He thought that the laryngoscope might have proved serviceable in the cases

removed to by Dr. Ballard, when the plugs could not be removed.

Mr. BAKER BROWN, jun., said that epistaxis in females was often a symptom of vicarious menstruation. A fit would almost always be stopped by raising the patient's arm.

Dr. MAUDSLEY observed that he himself was subject to epistaxis, and he would certainly object to having his nostrils plugged for a loss of blood, which seemed often salutary.

Dr. POLLOCK said that congestion of an organ rarely occurred without some constitutional cause for it. Epistaxis would often be best remedied by a purge. One cause of it had escaped mention—viz., the hæmorrhagic diathesis. In some such cases the purely styptic plan proved insufficient, and in such cases the patient should be purged, and the feet of the patient put in hot water. When persons who were subject to epistaxis were red in the face it was probably beneficial. Epistaxis seldom proved fatal in the young, but in the old, and was in such cases probably always a sign of disease of the lungs, heart, or some internal organ. The plan of raising the hand above the head was an excellent one, and he had often employed it with the greatest advantage.

Dr. MUSIET remarked that raising the arm over the head was often useful in other cases of hæmorrhage; such, for example, as hæmoptysis. It was not common to see epistaxis in apoplexy; nor was epistaxis always free from danger. A girl, aged 20, a patient of his, had lost nearly a quart of blood before it could be stopped.

Dr. GREENHOW said that plugging the nostrils was only required, he thought, in some cases of epistaxis, where much blood had been lost. Thus he had seen it save life in the case of an old lady, who suffered from disease of the heart and great vessels. In threatening apoplexy, epistaxis sometimes occurred, and in such cases was beneficial. He thought that in the case mentioned by Dr. Ballard, the using the rhinoscope would have proved of service. It was a pity that the laryngoscope was considered to require special observers, and he thought the instrument should be made use of in general practice.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS, IRELAND.

SECOND MEETING, SESSION, 1866-67.

Wednesday, 21st Nov., 1866.

This meeting was largely attended, numerous visitors being present to hear the address of Dr. Stokes, President of the College.

After the chair was taken by the President, the minutes were read by the secretary, Dr. B. G. Guinness.

Among those present we observed:—

Drs. Stokes, Moore, Lyons, Gamie, D.I.G.H.; Fleming, Brady, Fitzpatrick, Benson, De Ricci, McClintock, Johnston, W. D. Moore, Guinness, Belcher, Duncan, Hughes, Hudson, Haughton, F.T.C.; A. Smith, McSwiney, Denham, Cunningham, Sir D. Corrigan, Foot, Dwyer, Churchill, H. Kennedy, Peebles, Gordon, Willis, L'Estrange, Kirkpatrick, Barton, Darbey, Eustace, Croly, Benson, jun.; Little, Sinclair, Atthill, Bennett, Beatty, Adams, Byrne, Head, Law, Kidd, Wharton, O'Rourke, McDonnell, Hardy, Tufnell, Ringland, Geoghegan, Trail, F.T.C.; Wright, W. Smith, Sawyer, &c., &c.

The President then delivered the opening address; of the nature of which we can only say that it was worthy of its distinguished author. As we intend to present our readers with an authentic and accurate report of this address, we need not refer to it further than to say that, in our opinion, it was a model essay of its class; being, in fact, a review of the Society's members and deeds from 1816 to the present time. At its conclusion the Rev. Professor Haughton read one of the most able papers ever written by that distinguished follower of science, entitled "A Scientific Inquiry into some of the Causes that have been alleged to produce Cholera."

The Rev. Professor advocated the contagion theory, and illustrated some of his remarks by reference to Sir D.

Corrigan's Cholera Map of Ireland. He also combated the fog theory of Mr. Glaisher of Greenwich, whose orange and blue mists he dissipated by some strong scientific arguments, Professor Haughton's address, which was characterised throughout by much spirit and genuine humour, was received with attention and applause by the unusually large medical audience which was assembled on this occasion. At the close of Professor Haughton's remarks Sir D. Corrigan responded, and was followed by Dr. Lyons, Dr. Hayden, and others. The meeting concluded at 11 p.m.

ON TRAINING, IN THEORY AND PRACTICE.

In his late work on this subject, Mr. Maclaren makes the following observations:—

The part of the body which receives the smallest share of the exercise in rowing is the chest: it has little or no employment in the muscular effort required for the propulsion of the boat; and this is impressively evident in the results. Not only does it make no advance in development in this exercise, but, if it be exclusively practised, an absolutely depressing effect is experienced. . . . I could at this moment point to men who have had rowing for exclusive exercise since they came to the University, men endowed with an organization capable of the finest development, whose chests have been almost stationary for years, the years during which they should have made the greatest advance, who have now, in fact, the same developments in this region which they brought from school, lingering at 36 or 37 inches, when 40 or 41 were fairly within their reach. The dietetics of athletic trainers are sometimes strangely fanciful, and at other times widely at variance with physiological indications. Whilst pedestrians limit their daily allowance of stimulant to two glasses of sherry, boxers are required to content themselves with the same quantity of port; and rowing men restrain themselves from proper indulgence in fluids, and deny themselves many articles of food that would indubitably contribute to their well-being, under the erroneous impression that asceticism checks the development of internal fat, and endows them with "soundness of wind." In his remarks on diet, Mr. Maclaren observes—"The everlasting beef-steak of former years has now a divided sway with the mutton-chop, and in some colleges it is more varied still. This is a great advantage, and the range may very safely be made wider yet. Eggs, unless poached, are still excluded (why?), and even when eaten the white is rejected. A man in training, with his dread of fat, would be shocked to find that in eating the yolk he has swallowed what is little more than a ball of oil, and in rejecting the white he has rejected an article of almost pure albumen, the special pabulum of the muscular tissues. . . . The importance of an abundant supply of vegetables is often lost sight of. The mere drinking of water or other liquid will not entirely supply the want in the blood for moisture, at times when it is often and largely eliminated from it; it is desirable that a certain amount of fluid, proportionate to the amount and nature of the solids, should be slowly extracted in the ordinary processes of digestion from the solids themselves, and of this vegetables contain a large proportion; moreover, the inorganic substances which they contain, and which we know to be essential to the health of the body, are not attainable in the same form from any other source. A fair proportion of vegetables is therefore absolutely necessary to the healthy condition of the body; not rice and sago, but actual roots and leaves, and green seed-pods; of these let men freely partake, avoiding all fanciful selection." In the appendices to his essay, Mr. Maclaren gives a table showing the digestibility of certain articles of food, but he omits to explain the means by which he has arrived at the conclusions therein recorded.

ARMY MEDICAL SCHOOL.

IN consequence of the grave rumours that have recently appeared in the newspapers, the Professors of Netley have deemed it incumbent upon them to put forth a statement. This they have done in the form of a letter to the Editor of the *Pall-Mall Gazette*, of which the following is a copy:—

"Sir,—We, the undersigned Professors of the Army Medical School, have had our attention called to an article in the *Pall-Mall Gazette*, which was reprinted in *The Times* of the 9th instant, headed 'The Medical Military Service.' As this article contains statements reflecting unjustly on the character and attainments of gentlemen who have passed and of those who are now passing through the course of instruction in the Army Medical School, we feel it to be our duty to request space in your paper for some observations on it. While it is unhappily true that two of the candidates for commissions were a short time ago dismissed for a grave breach of discipline, it is unfair to others, who had nothing whatever to do with the misconduct of the offenders, to assert that 'the present batch of students exhibits this peculiarity of national distribution (i.e., they are mostly Irishmen) in common with others of the last few sessions, but it seems to have a greater variety of *mauvais sujets* than usual.' Now, in reply to this we beg to say that, from the opening of the Army Medical School until now, the strictest discipline has been maintained. When the Army Medical School had its home in Chatham the general officer commanding the garrison declared that no class of officers under his orders had given him so little trouble as the young men going through the probationary course in the Army Medical School at Fort Pitt. This is the thirteenth session of the school, and we declare that, from first to last, only two examples of serious misconduct have taken place, including the late occurrence, both of which were punished by immediate dismissal. We submit, therefore, that the Army Medical School, in the conduct of the gentlemen under instruction, will bear a favourable comparison with any of the Universities or other places of public instruction, military or civil, in the three kingdoms. With regard to the gentlemen candidates now in the school, we assert that, so far from being a set of men with a 'large proportion of *mauvais sujets*' among them, they, as a body, are men of sound education, correct and gentlemanlike in their conduct, attentive to their duties, and in a high degree submissive to the requirements of military and academic discipline. We have the honour to be, sir, your most obedient servants,

"W. C. MACLEAN, Deputy-Inspector-General,
Professor of Military Medicine.

"E. A. PARKES, M.D., F.R.S., Professor of Military Hygiene.

"THOMAS LONGMORE, Deputy-Inspector-General,
Professor of Military Surgery.

"W. AITKIN, M.D., Professor of Pathology.

"Army Medical School, Royal Victoria Hospital, Netley,
Nov. 13, 1866."

Reviews.

ON THE NATURE OF CHOLERA, AS A GUIDE TO TREATMENT. By WM. SEDGWICK, Esq., M.R.C.S., Surgeon to the Marylebone Dispensary. Walton and Maberly. 1866. London.

MR. WM. SEDGWICK is an author well known to the medical public for the accuracy of his observations and the soundness of his reasonings. His researches into the laws of hereditary transmission of diseases have done much to throw light upon a very difficult subject. The object of the work on cholera, before us, is to illustrate the theory which refers that disease to functional derangement of the

central parts of the sympathetic system of nerves, excited through the medium of the stomach. This theory the author considers to be the only one which satisfactorily explains the nature of cholera. He shows, firstly, that a congested state of the lungs is not found after death from collapse, and that the lungs are contracted and empty, and, on an average, have together lost twenty ounces of their weight. This condition of the lungs is fully accounted for, as the author observes, by the diminished quantity of air inspired. Mr. Sedgwick is disposed to consider the stomach to be the centre of the affection in cholera, and in illustration of his meaning he adduces the example of the effects of a severe blow upon the epigastrium, or the symptoms which so suddenly arise in some cases upon the injection of cold water, while the body is perspiring. He also draws an interesting parallel between the symptoms observed in cholera and those seen in perforating ulcer of the stomach. In both of these cases there is usually rapid death, whilst the mental faculties remain intact, the skin is cold, the face sunken, there is precordial oppression, urgent thirst, the pulse is imperceptible at the wrist, there is diminished respiration, and suppression of urine. These facts all point towards a sudden functional derangement of the centre of the sympathetic nervous system, the solar plexus. After remarking on the singular fact that in cholera prolonged suppression of urine does not lead to coma, he observes that there is no evidence to show that any of the effete matters ordinarily present in the blood, as carbonic acid and urea, are accumulated in it previous to or during the collapse; and with regard to the theory of a specific poison existing in the blood in cholera, he considers the argument for this to be quite inconclusive. In this we do not quite agree with Mr. Sedgwick, since he will find it no easy matter to account for the spread of cholera over the earth, except by supposing it to be infectious to a certain extent, although not so much so as typhus fever, &c. Mr. Sedgwick, however, makes out an admirable case for the non-contagious view. He observes, firstly, that cholera discharges have been often swallowed without causing the disease, and that neither the blood nor the discharges seem capable of infecting others. The author with justice objects to the assumption that cholera is always preceded by diarrhœa; and this point now seems fully to have been set at rest by recent experiences in Paris, London, and Malta. He considers the fact of cholera evacuations being alkaline as an important matter in the inquiry into the nature of the disease, and observes how frequently there has been complete absence of any peculiar lesions of the intestines after death from cholera. He considers that the diarrhœa is due to the fact that the gastrointestinal mucous membranes are no longer under the influence of the nervous system and ganglia.

On the head of treatment the author is very explicit. He first draws a parallel between the statistics of various methods of treatment, from which it would seem to result that the most unfavourable results have been obtained by the two opposite plans of treatment by castor-oil and by dilute sulphuric acid. The treatment by calomel and opium seems to have yielded better results. He appears then to abandon all hopes of obtaining success either by the astringent or eliminate plan of treatment. Three other methods of treatment remain after these have been exhausted—viz., bleeding, saline injections, and galvanism. Of these our author recommends the first alone, as being the only one which has been proved to be beneficial, remarking that the conditions of the blood in cholera is relatively that of hyperæmia; since there is an excess of blood-disks in it. He adduces several cases, which tend to show the value of that now almost forgotten practice of venesection, and mentions that it was reported that, when bleeding was employed in the Bengal Presidency, it was found to be much more successful than any other remedy; "a lieutenant-colonel of

artillery in Egypt, in 1832, bled with his own hand more than one hundred soldiers at the beginning of the disease, and saved nearly all." The author asserts that in no case is bleeding likely to prove so serviceable as when it is performed at an early epoch, before collapse has set in. He is in favour of venesection to the extent of fourteen ounces. In conclusion, Mr. Sedgwick earnestly advocates attention to hygiene, and strenuous attempts being made towards rendering our towns less dangerously overcrowded by their poorer inhabitants. The work is a most valuable one, the principles it contains are clearly stated, and we have the utmost confidence in recommending its perusal to all who desire to come to a rational conclusion as to the nature and treatment of cholera.

THE HARVEIAN ORATION, 1866. Delivered June 26.

By GEORGE E. PAGET, M.D. Cantab. Pp. 49. Cambridge and London. 1866.

The Harveian Oration, being now delivered in English, becomes available for the perusal of a much wider circle of readers than that which formerly perused the Latin compositions, and, like the Hunterian Oration at the College of Surgeons, the annual discourse at Pall-Mall has assumed the form of a graceful tribute, in the vernacular tongue, to the memory of those Fellows of the College who have made themselves conspicuous by their labours or their discoveries. There are perhaps some *laudatores temporis acti*, and we ourselves are among the number, who would have preferred that the London College of Physicians had preserved their prestige for the purity of their Latin; but, be this as it may, there is no doubt that Dr. Paget would have been equally at home whether his discourse had been in the ancient Roman or the modern English language. This Harveian Oration is in every way creditable to his good taste, and is quite worthy of the College.

OSTEOLOGY: A Concise Description of the Human Skeleton, adapted for the Use of Students in Medicine, accompanied by an Explanatory Atlas of Plates. By ARTHUR TREHERN NORTON, Assistant Lecturer in and Demonstrator of Anatomy at St. Mary's Hospital School. London: Hardwicke. 1866.

"OSTEOLOGY," as Mr. Norton remarks in his preface, "is the basis of anatomy," and this assertion cannot be too often repeated for the warning and the edification of the medical student. For this reason alone we should welcome any book having for its object the inculcation of a correct knowledge of the bones, but more especially when it comes in so cheap and elegant a form as it does in the two little volumes before us. The one contains the letterpress, and the other the plates, which are twenty in number, each in most cases containing several illustrations, so that the student can have both open before him, and can see the object described while he is reading the description; and he will do still better if he has also at the same time before him the actual bones, so that he can compare the actual structures with their artistic delineation. In order still further to facilitate the acquisition of osteological knowledge for the student, each plate is accompanied by a side description, not only including the processes, grooves, foramina of the bones, but also the attachments of the muscles and the ligaments, and any other particulars suggested by the object represented. Thus the Atlas in itself becomes a complete compendium of anatomical knowledge; and although it will not, of course, supply the want of the bones themselves, it will serve admirably to refresh the memory, the more especially as its size and portability suits it very well for a pocket companion. The pages are tinted, the explanations are clear and concise, and the engravings are in the highest style of art, and it is

evident that no expense has been spared to render the book in every way adapted to the very useful end for which it is designed.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON. Volume Seventeenth: Comprising the Report of the Proceedings for the Session 1865-66. London. Printed for the Society. 1866.

THE present volume of these "Transactions" is by far the most valuable, both in the abundance and variety of the information it contains, and in the beauty and perfection of the plates and woodcuts by which it is illustrated, of any of the annual publications hitherto issued by the Pathological Society. All its predecessors have progressively exhibited the growing importance of the practical study of pathology, and have been got up in a manner highly creditable to the industry and zeal of their respective editors, but this surpasses them all. The nature of the objects exhibited at the periodical meetings of the Society, and the discussions attending their presentation have been detailed in our own pages in regular order, but the "Transactions" display the same particulars carefully arranged under their respective heads, and illustrated, where circumstances permit, with copious plates and drawings. The engravings are all in the highest style of art, but we may especially notice the representation of Dr. Morell Mackenzie's case of Cancer of the Thyroid Gland, that of Mr. W. Adam's case of Tumour of the Right Humerus, and those of Mr. Jonathan Hutchinson's case of Circular Fracture of the Base of the Skull; but perhaps the most extraordinary, both in the skill with which they are designed and executed, and in the strange and rare monstrosity which they illustrate, are two engravings showing Mr. E. Bickersteth's case of Disease of the Bones of the Cranium, in which the whole of the skull, the lower jaw, the hyoid bone, and the febula, were overgrown with an immense mass of osseous matter, constituting one of the most hideous, but, at the same time, interesting cases of deformity which perhaps was ever seen.

We merely conclude by repeating our opinion that this volume of "Transactions" is the most valuable ever issued by the Pathological Society.

THE GLASGOW MEDICAL JOURNAL. November, 1866.

THERE are here three original papers, entitled respectively, "Suggestions for the Logical Use of Hospital Statistics," by James B. Russell, B.A., M.D.; William Leishman, M.D., "On the Treatment of Acute Rheumatism by Blistering;" and J. G. Wilson, M.D., "On Prolapse of the Umbilical Cord." There is one review—viz., on Dr. Scoresby-Jackson's "Note-Book of Materia Medica;" and there is also a "Clinical Record" [concerning Cases of Obstruction of the Bowels; and a Case of Poisoning] by External Use of Belladonna. Dr. Scoresby-Jackson's book here, as everywhere else, comes in for praise and recommendation.

THE MEDICAL MIRROR. November, 1866.

DR. INMAN begins this number with his Third Chapter "On the Preservation of Health," and is followed by "A Quondam Doctor" on "Workhouse Revelations." Dr. Purdon furnishes a paper "On Pemphigus," being the first of his "Contributions to Dermatology," and Dr. Terry of New York, winds up the originals with the conclusion of his account of "The History, Etiology, Pathology, Prophylaxis, and Treatment of Cholera." The "Editor's Letter-box" is a peculiar feature in this journal.

ON HÆMODROMOMETERS. By W. HANDSEL GRIFFITHS. Pp. 8. Read before the Royal Irish Academy, December 11th, 1865.

IN this paper Mr. Griffiths discusses the comparative merits of the hæmodromometer, or instrument for measuring the velocity of the movement of the blood in the arteries, invented by Volkman, and of the modified form of hæmodromometer recently invented by himself. Mr. Griffiths points out four objections to the employment of Volkman's hæmodromometer in physiological experiments. These objections may be summed up as arising from certain defects which, Mr. Griffiths considers, may lead to erroneous observations, by decreasing the velocity of the blood's movement in the hæmodromometer. The chief improvement in the instrument suggested by Mr. Griffiths appears to consist in a contrivance for raising the temperature of the hæmodromometer to that of the blood circulation in the arteries, and in substituting a vacuum for the water employed in Volkman's apparatus. We know not whether Mr. Griffiths' hæmodromometer has been as yet tried, or indeed even constructed or not, but we fear that the great complicity of its parts, and the extraordinary delicacy of manipulation its use would require, will prevent its replacing the more easily employed hæmodromometer of Volkman. Mr. Griffiths, however, deserves much credit for the ingenuity displayed in the invention he describes in the paper now before us, and we trust he will soon afford us another opportunity of bestowing more unqualified approbation on some simpler form of hæmodromometer.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, NOVEMBER 28, 1866.

THE TESTIMONIAL TO DR. RICHARDSON.

It is unfortunate that there exists no public or recognized method of rewarding the men who labour in the field of what may be called abstract science; and although the researches of those who thus exercise their intellectual powers are often productive of the most important and useful practical results to the community, it too often happens that the harvest of material success is reaped by others who have had nothing to do with sowing the seed. In an active country like our own, where men are constantly engaged in the pursuit of daily gain, or in the acquisition of competence, it is perhaps natural enough that most persons should prefer to travel along the roads which lead most rapidly to the desired goal, and should neglect those comparatively unfrequented paths where a few wayfarers are struggling on, almost in solitude, towards the development of some great idea which may be pregnant with the most beneficial consequences to mankind; but it is, nevertheless, essential that in a civilized state of society the value of such labours should be recognized, and that such substantial encouragement should be offered to their originators as may enable them to pursue with increased zeal their silent and unostentatious, but meritorious career.

In some respects our country is quite rich enough to remunerate those who devote themselves to intel-

lectual labour, and the munificence of many of our ancestors has amply endowed several institutions having for their object the promotion of learning; and the enormous revenues accumulated by the Church in former times, and, to a great extent, still enjoyed in the present day, were originally designed almost as much for the encouragement of letters as for the advancement of religion. But it is too well known that many of these endowments have lapsed into mere sinecures, conferred as favours on political adherents or personal friends, and that the objects originally contemplated have been in most cases altogether overlooked. If such be the case with the pursuits of literature and theology, the anomaly is still greater with those modern branches of knowledge for the encouragement of which there are no endowments at all, and the cultivation of which is consequently left to those who are bold enough to undertake the task.

In the pursuits immediately connected with our own profession, it has been found by sad experience that many of those who have laboured most earnestly in establishing the bases of scientific medicine, have obtained a far less substantial recompense than those who have only followed the beaten track; and the consequence has been, that although many active workers in the domain of physiology may be counted in our ranks, their numbers are gradually thinned by the secession of even the most distinguished into the more lucrative sphere of practice. These persons are wise in their generation, for it is a matter not only of difficulty but of impossibility to combine the close study of experimental philosophy in any department with the daily demands of a medical life, and as the one course leads only to fame and the other to pecuniary emolument, the choice of the alternative is easily explained.

The remarks we have made apply with particular force to the claims of Dr. RICHARDSON, in whose behalf a Testimonial is now being raised among the Profession and the public at large. Although still comparatively a young man, Dr. RICHARDSON has already made himself most honourably conspicuous as an energetic devotee to Physiological Science, and by the number and variety of his experiments and his deductions he has increased to a very wide extent our knowledge of the operations of life. His researches on the circulation of the blood, and on the cause of the coagulation of that fluid, on the formation of fibrinous clots in the heart and great vessels, and on the effects of anæsthetic vapours on the living body, and his latest discovery of an efficient method of applying local anæsthesia, have all challenged admiration, not only for the boldness and originality with which the researches were designed, but for the patience, perseverance, zeal, and talent, with which they have been carried out. In the instance of the application of local anæsthesia, by which the benefits of anæsthetic vapours are secured, while their dangers are avoided, he has obtained for his discovery the merit of practical

utility as well as ingenuity of contrivance; and a country like our own, which, however much it may have neglected the claims of mere abstract philosophy, has shown itself fully appreciative of tangible benefits, ought to estimate this last boon as it deserves.

From the advertisement which appears in our pages this week, it will be seen that a large and influential portion of the Medical Profession, and many of the general public, have already contributed to the Testimonial, which it is proposed should be presented to Dr. RICHARDSON, in recognition of his many scientific labours, but chiefly for his successful invention of the method for producing, without danger, local insensibility to pain in surgical operations.

The Committee which has been formed for carrying out this object is exceedingly numerous, comprising the names of medical practitioners and other persons of influence in all parts of the Kingdom, and it is hoped and believed that subscriptions will be received from the members of the profession and the community in all parts of the world, so that the Testimonial shall take such a form as to be not only a recognition of what Dr. RICHARDSON has already done, but a substantial means of encouraging him to pursue his scientific researches.

The Chairman of the Committee is Mr. JAMES PAGET, F.R.S. of London, and the Honorary Secretaries are Mr. DUNN, of Norfolk-street, London, and Mr. R. W. DUNN, of Surrey-street, London.

HOSPITAL REPORTS.

IN reply to numerous queries, we have much pleasure in stating that the Clinical Reports, or "Clinique" of the Richmond, Whitworth, and Hardwicke Hospitals, which we furnished our readers for several months together during the greater portion of this year, will be resumed almost immediately, and will, we hope, be continued weekly for some time to come. Hospital reports and other Clinical matters should be printed on Thursday at the latest, so as to allow time for revision previous to their insertion on the Wednesday following. Hence we need scarcely urge the importance of having the manuscripts in our hands as early as possible.

Notes on Current Topics.

YELLOW FEVER AT SOUTHAMPTON.

It was impossible to confine the passengers on board the *Atrato*, in which quarantine was ordered, without giving rise to much complaint. We regret that, on the Privy Council determining to adopt the strictest measures, no steps should have been taken to make the burden fall as lightly as possible on the unhappy voyagers, whose delight at reaching home would thus have been destroyed by the order forbidding them to land. We publish in our correspondence page a letter on this subject from Dr. E. Hearne of Southampton, to which we would draw especial attention. Dr. Hearne is well

known to have bestowed great attention on this subject, and as a strong non-contagionist his arguments are worth consideration.

We should have been glad, indeed, had the writings of some of our contemporaries exhibited an equal familiarity with the subject. It is easy to understand how occasionally political journals may admit alarming statements into their columns, but it is altogether inexcusable for a professedly medical organ to play fast and loose with such a subject.

Mr. Simon, upon whose advice the Privy Council is supposed to act, has reported that "yellow fever is a malarious rather than a truly zymotic disease;" that it is "of the nature of ague rather than of typhus;" that the "ship which spreads infection does so irrespectively of the persons who are in it;" and that a proper disinfection of the ship "would probably suffice to prevent" an outbreak. Now, we must say, that with this report before them, it is passing strange that the Lords of the Privy Council should have deliberately confined, for several days, on the ship they supposed to be infected, a number of persons, who, according to their own adviser, could only possibly possess "a very scanty and transient power" to spread the disease. At the least the unhappy persons should have been provided with suitable accommodation during the period of detention, and they should all have been at once removed from the "infected" ship.

Since the above was written we learn from Southampton, under date of Friday last, that the vessel was released from quarantine that morning. The *Atrato* arrived in dock at one P.M. on that day, to the great delight of both crew and passengers.

ST. MARY'S HOSPITAL STUDENTS.

A PARAGRAPH, for which there was scarcely any foundation, has been going the round of the papers, in reference to the conduct of some students of St. Mary's Hospital at the visit of a coroner's jury to the dead-house. One of our contemporaries, the *Pall-Mall Gazette*, has stigmatised these gentlemen in terms which could only have been appropriate had the representations of the facts been strictly correct. This is not the first time the *Pall-Mall*, affecting intimate knowledge of medical matters, has discovered a mare's nest. We recommend our contemporary, before again taking up abusive language, to make sure that the supposed facts are not mis-stated.

THE QUEEN V. ST. BARTHOLOMEW'S HOSPITAL.

THIS trial, which has been determined during the week, is not of any great importance to the profession. Its object was, in fact, merely to determine with whom rested the appointment of President. The Corporation of the city of London claimed the privilege of nominating him, as a municipal right, while this claim was resisted by the donation governors. A vast amount of learning and interesting customs were brought to light during the trial, and we presume the expense was not inconsiderable. The civic authorities have lost the cause, which was decided in favour of the governors, who have thus established their right to elect a President. It may be added that this decision will govern the future elections in all the large city hospitals.

NURSING SISTERHOODS AND KING'S COLLEGE HOSPITAL.

A DIFFICULTY has occurred at this institution, which has been anticipated by not a few interested in the question of sisterhood nursing. It would appear that the chaplain has failed to give complete satisfaction to the sisterhood, and that he is not sufficiently ritualistic in his practice. Nothing could be more improper than a theological controversy conducted in this manner, and however ably sisterhoods may perform nursing duties, we hold that they ought to be imperatively excluded from interference in other departments. If suffered to call the chaplain to account they will, perhaps, soon have the impertinence to interfere with the physicians and surgeons. It is not unlikely the hospital may sustain considerable pecuniary loss by the officious attempts of the sisterhood to control the action of the chaplain. We know nothing for or against this clergyman, but we certainly do protest against his being held responsible for the mode in which he performs his duty to any one else employed in the hospital. There are whispers that the "craven charity," which has been recently given to King's as a representative of the "pest house," is likely to be withdrawn should the quarrel be taken up by the lay governors. Let the authorities take warning in time, and stringently confine the sisterhood to their own duties. We protest against our noble hospitals being made an arena for theological disputes, and if this should be the usual result of placing the nursing in the hands of sisterhoods, the experiment must be given up, and all such bodies systematically excluded from lending their aid to these charities.

UNIVERSITY COLLEGE.

THIS institution was founded, as is well known, expressly to furnish secular education only. Great surprise is therefore expressed at the announcement that Mr. Martineau, whose claims are well known, should have been held ineligible for the chair lately resigned by Dr. Hoppus.

It is said that Mr. Martineau's Unitarianism has led to his exclusion. Unless the Council are prepared to prove that this is not true they have inflicted a blow on the College's reputation, from which it will not readily recover. That a Unitarian should be ineligible for a Professorship in a professedly unsectarian college is a simple absurdity. Will the Council give an explanation of the conduct which causes so much scandal?

DR. MARY E. WALKER AND THE MEDICAL STUDENTS.

A NUMBER of our contemporaries, condemning the disturbances at Miss Walker's lecture, imputes the whole blame to medical students. They seem utterly to ignore the fact that if a rowdy chooses to dub himself medical student there is no law to prevent his doing so. For our part we trust that the students of the London Hospital were generally much better employed than they could have been at St. James' Hall on the evening in question. We beg to ask our contemporaries whether, if some lecturer on the freedom of the Press should uphold a rigorous censorship, and thereupon get hissed, ought it to be at once concluded that the signs of disapproval necessarily came from a compact body of editors, sub-editors, and penny-aligners?

Correspondence.

THE MEDICAL CLUB.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your correspondent, "An Intending Member," in THE MEDICAL PRESS AND CIRCULAR of October 31st, alludes, very properly, to the necessity for confidence, on the part of members about to join the Club, towards those entrusted with the management of its affairs; and it is a matter of extreme congratulation that the gentlemen constituting the Committee will form a sufficient guarantee on this head.

Your correspondent next alludes to the necessity of the election on the Committee "of gentlemen who would really take an active part in the management, as well as some whose professional renown will shed a lustre over the whole body." Here, again, we are singularly fortunate, for out of the Committee of six chosen to represent the various sections of the profession and laity, four are already members of other clubs, and therefore well versed in the management of similar institutions, whilst some have time and large practical experience to bring to bear upon the concerns of the Club.

It was decided, at the meeting on the 8th instant, that the Club should be called "The Medical Club;" and for many reasons this is the best name that could have been chosen, for it will always preserve its distinctive character, and as, by its constitution, it will admit of the election of "labourers in other branches of science," it will, in time, come to be regarded as the representative, in the metropolis, of scientific men generally.

"The procuring a house and making a start" will form, as your correspondent justly remarks, "the first practical step" in the progress of the institution. Your correspondent says that, "as soon as 200 members are enrolled, we might start in a small way." In proof of the determination on the part of the Committee to start, in a safe way, it is worthy of remark that we have already enrolled upwards of 400 members, and have no intention of commencing until that number is considerably increased.

We have, moreover, anticipated the advice of your correspondent, as illustrated by "the young man going into lodgings;" for, by the kindness of Sir Charles McGrigor, we have already gone into lodgings at 17, Charles-street, St. James', where the business of the Club will, in future, be conducted; but we have this great advantage over the young man in question, that our worthy landlord demands neither rent nor taxes, and seeks no other reward than the love he bears towards the profession, and the desire to see a Club established for the comfort and convenience of its members.—I am, sir, your obedient servant,

LOBY MARSH, Hon. Sec.

November 16, 1866.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As you state in your leading article on this subject that your columns are open for discussion, I beg first of all to thank you for your very judicious observations, and then to ask leave to protest against the proposal of starting near Cavendish-square. It is true that locality would be central for a good many eminent practitioners, but do not forget how inconvenient it would be for the country members. The Club ought to be near a railway station. For this purpose Charing-Cross is the most central. We should then be near the palatial homes of the other clubs in Pall-Mall—an advantage not to be gainsayed. Moreover, was it not advertised at first that we were to be near the College of Physicians? I hope an attempt will be made to secure accommodation amongst the other clubs.—I am, sir, J.K.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your reporter has done full justice to the speech of Sir Wm. Fergusson, on which you commented last week. It is but fair to add that other very eminent and influential men warmly supported the proposal, amongst whom may be named Dr. Richardson, Mr. Propert, Sir C. McGrigor, and others. Perhaps you did well to select the speech of the President. At any rate it was not invidious. Only let it be known that the movement commands the very highest support. I am desirous of directing the attention of the Managers to the very practical and prudent sugges-

tions of "An Intending Member," which appeared in your number of the 7th inst. Nothing can be more business-like than the proposals he brought forward. Avoid a flash in the pan; begin quietly; take "An Intending Member's" advice; "first creep, then run." We must then succeed.

ALIIQUIS.

OXALATE OF IRON A NEW TONIC.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to draw your attention to a preparation of iron, which has been much neglected, if not altogether overlooked. I refer to the oxalate of the protoxide of iron. Having lately used it in cases requiring the exhibition of a compound of the metal, I observed that it was borne with remarkable ease by the stomach, possessed little if any astringency, and produced the usual constitutional effect with sufficient rapidity.

The salt is easily prepared by adding a solution of protosulphate of iron to an excess of oxalate of ammonia solution containing a little free oxalic acid, a yellow precipitate is thrown down, which is the compound in question; this should be well washed and then dried. By having an excess of oxalic acid present any per-salt formed is held in solution. The precipitate yielded on analysis results agreeing with the formula $\text{Fe O, C}_2 \text{O}_3 + 4 \text{HO}$, and therefore contains one-third of its weight of oxide of iron, one-third of oxalic anhydride, and the rest of water. The salt when prepared as above directed, is a fine powder of a straw-yellow colour, almost devoid of taste and singularly slow to oxidise in contact with the air. It is slightly soluble in water but more easily acted upon by a dilute acid, and is decomposed by the alkalies or their carbonates. When burned in the open air it leaves a residue of pure peroxide of iron in a condition particularly favourable for the production of *fer redit*. In conclusion, I may remark that the oxalate of iron requires but three atoms of oxygen for its complete oxidation in the system, whereas for a given weight of iron the tartrate of the peroxide needs ten equivalents and the citrate eighteen of oxygen to effect the same end.—I am, sir, yours, &c.,

J. EMERSON REYNOLDS.

Boosterstown, November 15th, 1866.

THE SYMPTOMS AND TREATMENT OF CHOLERA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—In my next paper I propose to lay down the symptoms of epidemic cholera, as it appeared in this country on former occasions, and then contrast them with those of the present outbreak, in which there is a marked difference.

Your obedient servant, JOHN LENEX.

The public have been informed, through the medium of newspapers and printed placards, and the profession by the productions of medical men, that the first symptom is painless diarrhœa. It certainly is not always so. I have met with many cases in which diarrhœa did not show itself, but violent and profuse vomiting persisted to the last, and in the most hopeless forms, commonly, neither vomiting or purging take place. The origin of the disease consists in a morbid poison (whether animal or vegetable, doubtful), which, being inhaled, is succeeded by symptoms varying in degree from those barely perceptible to the person, to those incompatible with the persistence of life, and over which medicine has no control.

When the pestilence lights as a cloud on a locality, almost all feel its poisonous influence, some in a mild, others in a severe form. Its first impression is on the pneumogastric nerves through the medium of the lungs. The symptoms are the following, proportionate to the amount or concentration of the poison inhaled, and the predisposition of the individual at the time of seizure:—

First grade.—Nervous thrill or shudder; constriction of the chest, with oppressed breathing; sense of nausea; nervous fright. The person feels a sensation of chill over the surface of the body, then succeed flatulent rumblings of the bowels, loss of appetite, and sleep. The patient is agitated and restless, looks pale, possibly may have a faint blue circle around the eyes, pulse quick and weak, and slight frontal headache. On the irruption of hæmorrhœa, most medical men experience the disease in this grade, from the poisonous efflu-

vium arising from the sick. These symptoms may proceed no further, yet may continue for days, or during the stay of the epidemic in the neighbourhood, if medical treatment be not had recourse to.

Treatment.—Let the patient inhale diluted oxygen gas or nitrous oxide gas for a short time. This alone has removed the symptoms. The feet and legs should be bathed in water as hot as bearable for five minutes, then rubbed diligently with a coarse rubber, take to bed and give a mustard emetic. The probability is, these means will be succeeded by increased vascular action on the surface of the body and full perspiration. Should not sleep set in, give from half a grain to three-quarters of a grain of acetate of morphia, with thirty drops of chloric ether in an ounce of camphor julep. This will procure tranquil sleep for some hours, and the patient awakens in his usual good health; but some, not considering themselves so ill, will not submit to this treatment, and others, whose avocations will not admit of it. Then let the patient occasionally smell ammonia or aromatic vinegar, live well, take for breakfast meat and a glass of ale, in lieu of tea or coffee; fresh meat, roast or boiled, and a glass of good brandy or whisky punch at dinner; avoid unripe fruit and stale vegetables, and the less supper the better; keep warmly clad, eschew all depressing agents, smoking to excess, and intemperance of all kinds; if possible, move to a distance from the infected district, and enjoy agreeable society, &c. Give the following:—

R Pulv. capsici.

Camphoræ, aa. gr. vj.

Assafœtidæ,

Extr. hyoscyami, aa. gr. xvij.

M. Ft. pil. xij., capiat i., 3tiis. horis.

PROPHYLACTICS.

Observe strict cleanliness, keep much in the open air, warm clothing, generous living, avoid excesses of every kind, fatigue, &c., depression of spirits; be not out over-early or late, avoid damp and wet, do not leave the house in the morning with an empty stomach; for breakfast a chop, with a portion of onion and a glass of ale; take each morning some aromatic bitter tincture—viz., a teaspoonful or two of tincture of gentian in camphor julep, or a grain or two of sulphate of quinine in cinnamon water; let a weak solution of chlorine be diffused through the house during the prevalence of the epidemic. The labouring poor should eat an onion and bread on leaving their houses in the morning, and also at breakfast hour. Whilst the epidemic lasts, purgative medicine should be scrupulously avoided, especially the salines, or such as produce watery evacuations; a dose of medicine, which at another time would act gently but once or twice, probably under this condition of atmosphere would produce colliquative hypercatharsis. If constipation exist, an enema of hot water, or soap-and-water, or a mild form of pill or draught—viz.:—

R Camphoræ,

Pulv. capsici, aa. gr. iij.

Pil. rhei comp. ʒj.

M. Ft. pil. vj., capt. i., 3tiis. horis. ud effect.

R Æther. chlorici, gtt. xx.

Ol. ricini.

Tinct. rhei comp. aa. ʒiij.

Aquæ cinnamon. ʒi.

M. Ft. haustus.

Second Grade.—The second grade is in many cases the primary, owing to the greater paralyzing influence of the poison on the lungs and nerves of organic life from predisposition—viz., advanced age and debility, infancy, persons living on scanty and unwholesome food, want of sufficient clothing, and inmates of too crowded and badly ventilated dwellings, exhaustion arising from any cause, especially intemperance. Symptoms are those already enumerated, but much severer, superadd collapse and terrified countenance, frequent sighing, greater sickness of stomach, noise in the ears, vertigo, loss of muscular power, heat and pain at pit of stomach, flatulent colic (cramp of stomach commonly precedes vomiting, cramps of the extremities rarely precede, but are usually consequent on, one or more evacuations from the bowels), slight cramps of the fingers, legs, and toes, pulse weak and small, sometimes intermitting, damp and clammy condensation of the surface of the body, soon the symptom painless diarrhœa succeeds, but not yet, for the first and second evacuations are the ordinary frequent discharges accompanied

with griping, quickly followed by the characteristic painless hæmorrhœa or passive discharge of white blood, the patient may have but one or two copious serous evacuations, by which the congestion of the internal organs become relieved, equilibrium is re-established, and normal circulation renewed; the disease may stop here, or from increased sickness the stomach distended by serous hæmorrhage from its own mucous surface and that of the œsophagus, abundant serous vomiting takes place, and thus the internal congestion is removed, and more calculated is vomiting to restore reaction, take off congestion, and re-establish heat and equalisation of circulation from the convulsive efforts used in it; the disease may also stop here, thus in either way effecting its own cure. But this favourable termination may be said alone to occur in the robust, previously healthy, and persons of temperate habits.

Treatment.—If called to see a patient, circumstanced as now described, our object should be to aid in keeping up a steady reaction; this must be done by the warmth and quiet of bed. Let him have some brandy and water, and give the following:—

- Creasotonis, gr̄. xij.
Tinct. capsici, ʒi.
Æther chlorici, ʒij.
Tinct. cardam. comp. ʒi.
Mist. camphoræ ad ʒviiij.
M. Capt. ʒi., 2dn. hora.
℞ Pulv. alumenis ʒij.
Tinct. opii. gr̄. xxx.
Aquæ frigidæ, ʒviiij.
M. Pro enema.

Use a gutta-percha enema bag, with a tube from twelve to eighteen inches long.

From the nature of the attack, so severe, the derangement of the digestive mucous surface and accompanying disturbance of all the vital organs, leaves them for a time incapable of discharging their functions effectively, so that our attention must be directed to the restoration of healthy secretions. For this purpose

- ℞ Pulv. opii gr. i.
Capsici, gr. vj.
Aloes hepatici.
Pil. hydrargy, aa. gr. xij.
M. Ft. pil. xij. capt. j.
Gtis hovis.
℞ Tinct. ferri. sesquichloridi, ʒij.
Spt. æther nitros, ʒijij.
Syrup tingib. ʒj.
Aquæ menth. pip. ad ʒviiij. M.
Capt. ʒj. ter in die.

Afterwards tepid shower bath and sulphate of quinine will complete recovery.

MEDICAL TRIALS.

BAIL COURT, LONDON.

(Sittings at Nisi Prius, before Mr. JUSTICE BLACKBURN and a Common Jury.)

ABSOLON v. STATHAM.

THE declaration stated that the defendant was charged with assaulting the plaintiff, and administering to her chloroform and extracting six of her teeth. The defendant pleaded "Not Guilty," and leave and license.

Mr. Chambers, in opening the case, said it was one of the greatest importance, with reference not only to the demand made by the plaintiff, but to the general duties of surgeons and medical men in the treatment of those who resorted to them for advice and assistance when any kind of operation was required. More than two years since the plaintiff, who was in an humble position in life, gained her livelihood by attending different ladies and making up their dresses at their own houses. She had suffered from pain in her teeth, and in 1864 she was recommended to apply at the Great Northern Hospital, where there were persons who extracted teeth without pain. She accordingly went there, and saw Mr. Byers, one of the surgeons, who recommended her to go to Mr. Statham, who practised at 60, Wimpole-street. She accordingly went to the defendant, who looked in her mouth, and said he should like to take out her teeth. She,

however, objected. He then intimated that he should like to administer chloroform, but this she decidedly objected to, stating that she had taken it some years since, and had suffered so much that she would never take it again. She afterwards saw him again, but on the 17th August she met the defendant at the Great Northern Hospital. He desired her to open her mouth, and while she was doing that Mr. Byers came in, and without any intimation or caution he placed a handkerchief over her mouth, and then administered chloroform to her. The result was that she became insensible for a time. When she recovered consciousness she found the defendant tugging at her fifth tooth. She began to scream, but the defendant persisted in proceeding, and extracted six teeth, and seized her by the throat in such a manner as to cause her great pain, which continued for a great length of time. She went to the Royal Free Hospital, to other hospitals, and eventually to Margate. She was now in quite a shattered condition, and unable to continue her occupation. She was permanently incapacitated, and, as he submitted, through the violent and improper conduct of the defendant. For this she now appealed to a jury for damages.

Mrs. Absolon—In August, 1864, I went to the Great Northern Hospital for advice. I was suffering from nervous debility and the toothache. I had seen Mr. Gant, of the Royal Free Hospital, who gave me advice. I saw Mr. Byers at the Great Northern Hospital, and, at his recommendation, I went to the defendant in Wimpole-street; and the next morning he examined my mouth and my condition generally. He gave me something to apply to my teeth. Upon a subsequent occasion he proposed that my teeth should be extracted. He said he would not give me much pain if he extracted one. I said I could not bear it, as I had suffered already. He then proposed chloroform. I said I could not take it. He said he thought I could. I said I had taken it many years before, and had nearly lost my life. He said he thought I could take it. He said I should go to the Great Northern Hospital and see the surgeon there. I went there soon afterwards to see Mr. Byers for nervous pains in my head. He told me that he had seen Mr. Statham. On the 17th August I saw Mr. Byers, who took me to Dr. Cruicknell, who examined me, and spoke of chloroform. I told him I could not take it, as I had taken it before, and it nearly killed me. Dr. Cruicknell asked how I knew, and if the doctors told me so. I said they had told my father. He said: "I would let them take out a tooth without taking it." Then he said the mouth was in a very inflamed state, and he thought I could take a little. I was frightened, and Mr. Byers ordered me out of the room, and to wait in the waiting-room; and then Mr. Byers told the porter to send me to him. I then said to Mr. Byers: "If they give me chloroform they will kill me; do not let them kill me." He left me, and the nurse came to me. I was requested to go to bed, which I refused to do; but I took off my bonnet. The defendant then came into the room and he asked me to open my mouth. I was sitting in a chair. I went to speak to the defendant, but he cried out—"My time," and then I opened my mouth. He said: "I must have this and that tooth out." I said "No." He said: "Keep your good looks as long as you can." Mr. Byers came into the room, and without previous warning, he put the chloroform over my mouth and nose. I tried to get up, and partly succeeded as Mr. Statham was wrenching my mouth open. I became entirely unconscious. I became conscious when the defendant was taking out the fifth tooth. I fought very hard, and shrieked and tried to get up, and should have succeeded, but the defendant caught me by the throat and called out, "Give her more chloroform." They undressed me and put something over my mouth. I could not see, but could hear and feel all they were doing to me, and said, "Pray, pray don't." Mr. Byers gave me more chloroform, and Mr. Statham took out the last tooth on the other side. He took out six double teeth. When I came to myself I was in bed, and they gave me brandy and water. I was coming from death to life, and my throat was very painful. I said, "Oh, Mr. Byers." I brought up great quantities of black clotted blood. I was sent home in a cab about eight in the evening, with a little brandy. I was sick all night. I was very bad next day. I went to the hospital in the morning and saw Mr. Byers, who said I had had a very hard struggle, and he could hardly hold me. I could not hold anything in my hand. I went to the hos-

pital again the following week, as I was distracted with the pains in my head, jaw, and ears. I had no sleep. Mr. Byers said I had neuralgia. I could get no relief. Mr. Byers afterwards wished me to see Dr. Cholmeley, one of the head physicians of the hospital. I saw the defendant again in a about a month at his private house. He asked me to have refreshment, and I had some brandy and water. He was very kind to me, and said he would see any lady on my behalf. I told him of my sufferings, and that he had nearly killed me. He said he would do all he could for me. He gave me 2s. 6d. to pay for my cab. He gave me a card, upon which he wrote my name, to show at the hospital. I afterwards saw defendant and Dr. Cholmeley. Defendant told me to come to his house whenever I liked. I did go, and saw him several times. I took medicine given me by Dr. Cholmeley. I got a little better, but was still very ill; my head was cold, and my throat was in very great pain where the defendant had grasped it; it had remained ever since he did so. I feel it now upon every little cold. I afterwards saw Mr. Gant, at the Royal Free Hospital, before I went to Walton. I went to Walton-on-Thames about two months after the operation. Dr. Cholmeley got me the recommendation to the hospital there. I was very ill there. I got into St. George's Hospital. My shrieks frightened them there. I went to Walton again about January, and remained there a month; I then went to the infirmary at Margate, and was there more than three months. I got worse. I could not turn in my bed, and lost the use of my limbs. I was painted with iodine. I was taken on a stretcher to the sea. The defendant gave me £3 or £4 to go down with, and I received money from him while I was down there. I think I had £6 10s. from him. I had letters from him. (The letters were couched in kind terms, expressing a hope that she was improving, and saying he had promised to pay all expenses, some enclosing post-office orders.) The defendant procured lodgings for me for a short time. He then came and fetched me home. He took me to the London Hospital. He came to see me there. In four months defendant came and took me to the Great Northern Hospital, and I was under the house-surgeon. The porter had orders to take me home. I have been three months in St. Mary's Hospital. The defendant has frequently visited me. I have received about £20 from him. About twelve months since the defendant said he would allow me 10s. a week. I said all I wanted was my health, and £1 a week that I might be attended upon. I worked for many ladies before this occurred. I have not been able to go out since. I am entirely dependent on my labour. I have been separated from my husband sixteen years.

Cross-examined—I am thirty-four years of age. I had been under Mr. Gant as an out patient of the Royal Free Hospital. I had been at Guy's for great nervous debility. Mr. Byers examined my mouth. Three of the extracted teeth I could crack nuts with; the other three were stumps. Mr. Byers recommended me to call on the defendant, as I should be passing the street. All the attendance was gratuitous. The defendant said he could not relieve me without taking out one tooth. I said I could not endure the pain, and it was then he suggested chloroform. Dr. Kelly administered chloroform to me sixteen years ago for a poisoned finger. I never had scrofula. I believe Dr. Cruicknell examined my heart. I have been frequently requested to take chloroform, but I always resisted, and it was not pressed. Dr. Cruicknell said to Mr. Byers that he might give me a little; he did not see danger. I said I could not have a tooth taken out, as I could not bear the pain. I did not know that the room I was taken to was the operating-room. When I became conscious, I was aware some teeth had been removed, but I was in too great pain to make any complaint. On my way home in a cab after the operation, the cabman had an altercation with some man. I was much frightened, and I was taken into a house. This made me worse. I complained to Mr. Byers of my teeth having been taken out. This was the day after they were taken out. I never asked Mr. Byers to administer chloroform to me at his own house. I went to Margate for enlarged glands in my throat, and not for scrofula. I believe I was treated for hysteria. I told Mr. Byers the pain in my throat was owing to the defendant's grasping my throat, but I was thinking chiefly of my teeth. I did not complain at Margate of the violence to my throat. Mr. Statham was always very kind to me after the operation. I told him I was unable to work.

Re-examined—I was under sixteen when I was married.

Mr. F. J. Gant—I am one of the surgeons of the Free Hospital in Gray's-inn-road. The plaintiff consulted me about August, 1864. She complained of pain in her jaw and joints. I prescribed for her. Her general condition was one of extreme nervousness—starting at the slightest sound, wincing at the slightest touch; she was wild and agitated; she was exceedingly weak. I regarded her as suffering from neuralgia. I did not know what she was. After the operation she again came to me, and stated she had great pain still in her jaw, and could not sleep at night. She felt as if her head was being twisted off her shoulders. Her symptoms were worse than they were before. I think the sensation of twisting of the head might have reference to the extraction of the teeth. I did not see her walk. She urged me to give her an order for admission into the Margate Hospital, but, as she had not scrofula, I refused to do so. She complained of her throat and of her glands being enlarged, but I replied that that was not scrofula. If the teeth were decayed, their removal might be beneficial. I came to the conclusion that the pains were neuralgic. I would not advise six teeth to be extracted at one and the same time in her then state. It would be liable to affect her nerves and deprive her of sleep. I should think, mentally speaking, she is better. I have never given chloroform, but have been present when it has been given. I have seen one death only from it. To the best of my knowledge, the effect is transitory; there is sometimes great depression and debility arising from it for some days. It was right to remove the cause of irritation. I should have preferred the administration of chloroform; much depends upon the state of the patient at the time.

Re-examined—I think the administering chloroform against her will and the struggling would leave a nervous shock after the actual effect of the dose had ceased, and her debility would be increased.

Daniel Hooper, physician—I saw the plaintiff last May. She was feeble and excitable. Her limbs twitched and worked before I could feel her pulse—hysteria. I think what took place might have aggravated her condition.

Cross-examined—With regard to hysterical patients, you cannot always rely upon their statements, and that was what I considered of the plaintiff. She told me she chloroform had injured her.

Dr. Hyde Salter—I am attached to the Charing-Cross Hospital. I have no recollection of having seen the plaintiff. This is my prescription (produced by the plaintiff) for hysteria—a nervous affection. It must exist before a violent shock, which may increase it, but would not produce it. I have known persons to be thrown into hysterics by a violent shock. If a patient told me that a medical man had stated that chloroform would be dangerous, I should treat it with doubt. I am not sure that I should go and see the other doctor. If I thought the patient merely had a fear of it, I should not think it necessary to see the former medical man. I should say the administration of chloroform had nothing to do with the plaintiff's present condition. I only judge from her appearance here.

Dr. Fredk. Kelly—I have known the plaintiff from sixteen to eighteen years. Some twelve years since I administered chloroform to her for a poisoned finger. It produced severe convulsions and a hysterical attack of a very severe character. I was in a very anxious state, and I gave her father instructions that under no circumstances whatever should she again take it. A repetition of it would have an immediate risk. I have occasionally seen and prescribed for her since. Looking at her condition, I should not have administered it in 1864, on account of her highly nervous condition. Her condition has been aggravated. A shock upon the hysteria might produce lameness. I was present when the defendant offered her sixteen shillings a week until she got well. She said she could not do with less than a pound a week to maintain her and pay her rent.

Cross-examined—I was present at the interview at the request of the defendant. I have administered chloroform eight or ten times in the course of a practice of twenty-two years. It does not generally produce convulsions. There is a fear of the pulsation of the heart ceasing. I have not made it a study, and it is a matter with which I am only imperfectly acquainted. I signed a certificate for her admission into the Margate Infirmary, but I don't know that it is for scrofulous patients only. She had not scrofula. I have signed a great number of such certificates.

Nov. 13TH.

The proceedings in this case were resumed this morning. Dr. KELLY treated the plaintiff in 1865 for hysteria and debility.

Mr. Giffard then addressed the jury on behalf of the defendant. His friend had introduced the case on generalities which usually consisted of deceit. The first complaint was that of an assault in administering chloroform against her will and extracting her teeth; and secondly, that the defendant by want of skill and negligence had caused her great injury. The defendant's brother was the founder of the hospital. The plaintiff went to the hospital and saw Mr. Byers, who considered that her state arose from decayed teeth, and, finding where she lived, he recommended her to go to the defendant, who is a surgeon-dentist. He examined her, and felt that the teeth must be extracted, and as she expressed her fear of this he mentioned chloroform, and sent her to the hospital for examination, and she was aware of the purpose of her going there. Upon consultation there the medical men said chloroform could be administered with safety. She went into the room upstairs and took off her bonnet. Could she doubt that her teeth were to be extracted. She came to herself and found her teeth had been extracted. She did not then complain of it having been done against her will. There was, therefore, no opportunity for immediate contradiction of a complaint. No doubt she did not give a formal consent. A person went to a dentist for the purpose of having the teeth examined, and perhaps extracted, but no one thought of calling this an assault. When in Margate the plaintiff had written letters to the defendant couched in terms of great gratitude. The jury could hardly give credence to the statement of the inhumanity of the defendant in seizing her by the throat. Her complaint, as made by her attorney, was the administering chloroform to her against her will, and by force, and after she had informed the defendant that her former medical man had stated that the giving chloroform would endanger her life. It was then said that the defendant had not exhibited proper skill. No doubt a medical man was obliged to treat a poor patient with as much skill as a more wealthy one. Dr. Kelly had told them that fourteen years ago she was in much the same state as she was now. What particular item did this charge of want of skill refer to? Was it right to remove the teeth? The defendant, who had been long in practice, was of opinion that it was proper. Mr. Gant could give no opinion upon the subject, because he had not examined her mouth. Was it proper to extract six? Was it right to administer chloroform? Other medical men had agreed with the defendant in the whole course he had adopted. Not one of the medical witnesses who had been already called had said this administration was wrong. Dr. Kelly had made an experiment upon her fourteen years ago, but no one could tell in what quantity he had administered it, or whether it had been administered skilfully. It certainly was the first time Dr. Kelly had administered it. This imputation against the defendant was a death-blow—it was sometimes the fulcrum upon which money was extorted. Although there was not sufficient to lead to a verdict for the plaintiff, yet in such a case the imputation must not be allowed to remain uncontradicted. The defendant had in many instances relieved the sufferings of patients who had not the means of procuring comforts for themselves; but that was not to be taken as an admission of his having been guilty of a wrong. The defendant might have thought it advisable to give even a pound a week in preference to defending an action, for, whatever might be the result, some would advert to the imputation. He should call witnesses, who would assert that what the defendant had done was the proper course to be adopted. There must always be a degree of sympathy for the sufferings of a woman, such as they had witnessed yesterday, but those sufferings were not to be attributed to the conduct of the defendant. The jury should attend to the great maxim of the law, to hear both sides before they decided.

Mr. Statham—I am the defendant. I was educated at Harrow. I am one of the surgeon-dentists of the Great Northern Hospital, which was founded by my brother. The plaintiff called upon me in 1864 relative to some neuralgic pains in her head. I gave her some anodyne to be applied to her gums, and desired her to let me see her again in a few days. I considered that the pains were attributable to her teeth, and I told her that she should have them cut. I

saw her again in a day or two afterwards, I imagine, at the hospital. I suggested to take out one tooth, and I mentioned chloroform to her. She said she could not bear the pain of extraction. She said chloroform had been administered to her many years ago by her medical attendant, and the effect had been to produce alarming symptoms, which I considered to be hysterical mania. She said she could not take chloroform. I desired her immediately to see her medical attendant, and the answer was, she did not see him now. I still advised her to see him, and I did so again on her next visit, and she said she considered the advice of Mr. Byers and my own sufficient. After several visits an appointment was made for her to go to the hospital on the ensuing Wednesday, the operation day (the 17th of August). She clearly understood she was to take chloroform, I told her it was necessary the teeth should be taken out in order to relieve her. I have no doubt I told her how many teeth. I had formed a judgment as to five or six. I removed six. She was examined at the hospital by Dr. Cruicknell, who said she was fit for chloroform. I cannot recollect whether she made a reply, but I think it was a word like "Yes." I believe I proceeded to the operating-room. She never loosened her dress. She made no sort of resistance or objection. Mr. Byers administered the chloroform and I extracted the teeth. It was admirably applied. She became conscious at the time I was taking out the fifth tooth. I deny taking her by the throat. It would not have been proper to defer the operation, as she was only half conscious. I would not have undertaken the operation except under chloroform. It required more than usual care and skill. I preserved the teeth. They were larger under the jaw than above. They were the cause of the nervous pain in the jaw, and it was absolutely necessary to remove them. She was put to bed, where she remained until the effect had left her. She then said the chloroform had killed her. She did not say it had been done without her consent. Hysterical patients require care, and they often make complaints and talk wildly. I saw her again in three weeks, when she demanded compensation for the injurious effects of the chloroform. I denied the injurious effects, and referred her to my solicitor if she intended to proceed; but as a matter of kindness, of charity, and good feeling, I said I would do what I could for her. She said it would not be necessary to proceed if she could get a little help and assistance for the time being. I did assist her with money from time to time, as I had promised her.

Cross-examined—I have not a perfect recollection of anything that took place prior to the operation. I referred her to my solicitors by name, one of whom was my cousin, who afterwards handed over the case to Humphreys and Morgan. I have been dentist to the hospital since 1856. I am a Dental Licentiate of the College of Surgeons. I have extracted many thousands of teeth, delicate and difficult. We only keep teeth, by permission of the patient. I had her permission after it was done, after she had demanded compensation. I have no doubt I consulted my cousin about three weeks after she made the demand for compensation. Meanwhile I was seeing her from time to time. She never mentioned compensation again. She might have told me that her medical man had told her father that it was dangerous for her to take chloroform. I did not think it necessary to see the medical man, but it is advisable. I think she said it produced hysterics—nervous debility, and that she was almost out of her mind; that she went to St. Bartholomew's afterwards. I believe she gave me the name of Dr. Kelly. I don't recollect her giving me his address. I am afraid it is not the practice to write to a medical man to ask him the question, I told her to go to him, and, therefore, I did not think it right to trouble Dr. Kelly. She was one of the most nervous patients I ever saw, and I thought it my duty to reassure her as much as I could. She stated that she had been sent to me by Mr. Byers. That was about a month before the operation. I told Dr. Cruicknell what she had stated her former medical man had said, but I told him I thought she was a fit subject for it, and I did not think it would do her any harm. He examined her with the stethoscope. Hysteria may be converted into hysterical mania by violence. She struggled slightly when under chloroform. She shrieked when she partially recovered. I did not prevent it. Mr. Byers administered more chloroform, I believe. I am not aware that he said her pulse was failing. I might have said, "Never mind her pulse, her breathing is right." Probably the operation was

occupied twenty minutes altogether. I held her down when she attempted to rise. I did not place great faith in her statement about the prior effects of chloroform upon her. I did not treat her as being under a delusion. I went to Margate when she was there. I fetched her up and took her to her old lodgings.

Mr. Byers—I was acting house-surgeon to the Great Northern Hospital in 1864. I examined the plaintiff's mouth, and recommended her to go to the defendant. She afterwards came and told me that Mr. Statham had recommended the extraction of some stumps, and for her to take chloroform. She made no objection. On the evening before the operation she called to me and asked me to administer chloroform. I told her before that could be done she must be examined by the physician. She was examined by Dr. Crucknell. He said there was no danger in her having chloroform. I told her to go upstairs and wait, and I directed the porter to send up a nurse and one of the sisters. I afterwards went up and administered chloroform in the usual way. I did not see defendant grasp her by the throat. The extraction of the teeth was very well performed. She never told me that it was done against her will.

Cross-examined—I have been in the profession twenty years, but am not a surgeon. I have not undergone any examination, except at Apothecaries' Hall. I am now assisting a gentleman at Market Harborough. I was called upon to refresh my memory with regard to this matter about three months since. I took her case to be one of debility—highly nervous hysteria. She never told me about the effects of chloroform upon her on a former occasion.

Dr. Crucknell, Physician at the Great Northern Hospital in 1864—I have only been a practitioner four years. I am unable to recollect anything respecting this particular case. I frequently examined patients before they underwent chloroform. I saw the plaintiff here yesterday. It is extremely unlikely for there being any connection between her present state and the administration of chloroform in 1864.

Dr. Anstie, Assistant-Physician at Westminster Hospital—For some time I devoted my attention to chloroform. I have administered it to more than 6000 persons. It is very volatile, and leaves the patient with great rapidity. It is impossible that the condition of the plaintiff, as I saw her yesterday, could have had anything to do with the administration of chloroform. The inflammation produced by the decayed teeth would be very injurious to her. It was specially necessary to give chloroform, looking at all the circumstances of the case. Probably it was much better to take out the whole six teeth at one than two sittings. If a patient should hold her breath for two or three minutes and then there should be a sudden respiration, a large dose might be drawn in and prove fatal. From all I have heard I should say she was a fit subject for chloroform.

Dr. Sansom, of University College—Had ten years' experience in the practice of the administration of chloroform. It was utterly and absolutely impossible to connect the present state of the plaintiff with the administration of chloroform. The effect would remain but a short time.

Dr. Richardson, Consulting Physician to the National Dental Hospital—I have examined these six teeth. (The witness described the state of the teeth.) They would have produced more intense pain than any disease of teeth with which I am acquainted. It was proper to remove them under the influence of chloroform. From my experience, I prefer finishing the operation at one sitting.

The cases of both the plaintiff and defendant having been concluded, and it being now nearly four o'clock, the jury were asked whether they would wish the whole matter to be concluded this evening or adjourned till to-morrow. The jury expressed a wish that it should be concluded to-night.

The learned counsel then proceeded to address the jury for their respective clients.

Mr. Justice BLACKBURN summed up.

The jury retired, and after an absence of some hours, at half-past eight o'clock, said there was not the slightest chance of their agreeing to a verdict. At twelve o'clock, not having agreed to a verdict, they were discharged.

LADY PALMERSTON and some benevolent ladies and gentlemen are about to build a small hospital at Romsey, in Hants.

DUBLIN CORPORATION.

PROCEEDINGS OF THE TOWN COUNCIL.

HOSPITALS.

On section No. 4, allowances to hospitals, £1870, being considered,

Mr. Justice George said he found under this head a new presentment of £300 to St. Vincent's Hospital. According to the provisions of the Acts of Parliament respecting such matters, votes of money from the public funds should be proportioned to the amount of private subscriptions. He wished to know whether in this case the private subscriptions were in excess of the proposed grant?

Alderman Tarpey—Yes, my lord, by £208.

Mr. Justice George—I wanted that to be known; I will fiat the presentment.

CORONERS AND MEDICAL WITNESSES.

The presentment for coroners' medical witnesses, and other expenses of inquests, was for £368 14s. 3d.

Dr. White, one of the coroners, called attention to a letter which had been received by him from the Town Clerk, stating that the Council had taken legal opinion as to the cost of medical witnesses, and they were advised that the coroner was only allowed to call in one witness, who was to be paid a fee of one guinea, or in the case of a post-mortem examination of two guineas. The Act of Parliament expressly provided that where the jury desired it a second medical witness should be called in. He had applied for a copy of the case and opinion of Mr. Dowse, but had been refused. If the opinion was as the Town Clerk represented it, it either grossly misrepresented Mr. Dowse or was contrary to law (laughter).

Mr. Dowse—Provided you do not hold an inquest upon me I do not care (laughter).

Dr. White—That is the very last service I would do for you (laughter).

Mr. Dowse—I advised that the coroner had only authority to call in one medical witness, except in the event of the jury stating that they would desire further medical evidence.

Mr. Justice George—Do you object to the presentment for salary?

Dr. White—No.

Mr. Purcell, Q.C., said he appeared for Dr. Kirwan, the other coroner, who had discharged the duties of the office for twenty-three years, and held between 300 and 400 inquests annually, to complain that without notice to him the Council had reduced his salary by one-half. The learned counsel contended that the Dublin Improvement Act having provided for the presentments being brought before the court for its fiat only once every year, and the Coroners' Act expressly providing that the fees should not exceed £65 in each half year, it was ridiculous to suppose that the presentment was to be but that amount for a whole year.

Mr. Dowse, Q.C., said the Council had no desire to do anything which would injuriously affect either Dr. White or Dr. Kirwan, but they had a perfect right to raise the question, having been advised that it was not competent for them to present a larger sum in any presenting term than £65 for each coroner.

Mr. Justice George said the question had been properly brought before him. His view of the law coincided with that held by Mr. Purcell. He could not conceive that the Legislature would, without express enactment, reduce the salaries of the coroners, and he could not hold that because the presenting term of the Municipal Council was now only once yearly, they were restricted to a presentment which would only cover a period of half a year. Under the circumstances he would direct the presentment for salaries of coroners to be amended by being increased from £130 to £260.

Alderman Reynolds said he wished to explain that this

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case would never have come before the Court were it not for a difference between the Council and one of the coroners. One of the coroners claimed the privilege of summoning as many doctors as he wished to give evidence. The Corporation had witnessed the increase of the charges on the grand jury cess with alarm. They found they were paying about £600 a year for medical witnesses—a duty which they used to get discharged for from £100 to £150 a year. The Council claimed the privilege of employing a medical officer at a permanent salary. They would get probably as competent a man as any in Dublin, Dr. Mapother, to do the whole duty for £150. Dr. Kirwan would agree to this, but Mr. White would not agree to it, and claimed the privilege of employing as many medical witnesses as he thought proper. They wished to put an end to this. For his part he would not object to pay each of the coroners £130 a year, provided they would agree to the equitable arrangement of relieving the Council from the enormous sum of £600 a year. It was a very disadvantageous power to leave in the hands of the coroner, that he might employ as many medical witnesses as he pleased. Unless it was agreed to allow the Corporation to employ the medical officer he thought he would, though very reluctantly, appeal against the decision of his lordship.

Mr. Dennehy, T.C., said that, until the last four years, the system advocated by Alderman Reynolds had been carried out. The medical man, who had been employed at a salary of £160 a year, had resigned, and the coroner refused to allow the system which had been working well for so many years to be continued.

Mr. Justice George said there was no matter before him for decision. According to the 28th section of the Act of Parliament, one medical witness only could be summoned by the coroner, and it was only under the provisions of the 34th section that the jury could require to have another. It was the bounden duty of the coroner to take care that the proceedings were properly carried out. The Court of Queen's Bench could remedy any abuse of the coroner, and make him perform his duty. He (the learned Judge) would be sorry that a gentleman holding one of the most responsible offices under the constitution would lend himself to anything of the nature suggested. It certainly was a matter of observation that in some shape or other these expenses for medical witnesses had amounted from £150 a year to £600.

Dr. White—The figures are only £200 for all the witnesses, and I never offered against the Act, or availed myself of the 34th section.

Mr. Purcell mentioned that the coroner had no legal power to appoint a medical man.

Mr. Justice George—He is entitled to call in one medical witness under the 20th section, and if the jury are not satisfied they can, under the 34th section, call in another.

Alderman Reynolds—I do not mean to insinuate that the coroner has any legal power in the matter, but he stands as an obstacle in his own way of appointing a permanent medical officer.

Mr. Justice George—The coroner ought not to have any interest one way or another in the matter.

Alderman Reynolds—Whether he has or not he has exercised an indirect power.

Councillor Dennehy—It would set the question at rest if the coroners would promise to do what is desired of them.

Mr. Purcell—If the coroners take my advice they will hold their tongues (laughter).

The French Minister of the Interior announces that a prize of 1500 francs will be given, in 1847, to the author of the best work on Archæology; and that another prize of the same amount will be given for the best essay on the Commerce and Industry of the Middle Ages, derived from authentic documents, referring either to a province or to a town, with reference especially to the practices and rules of trades, the condition of workmen, employers, customers, &c.

APOTHECARIES' HALL OF LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on Nov. 15th:—

Thomas, John Davies, Bryn Villa, Swansea.
Tidswell, Thomas Harrison, Spalding, Lincolnshire.

The following gentlemen also on the same day passed their first examination:—

Walter Wm. Inglis, St. Thomas's Hospital; Alex. Fox, London Hospital.

UNIVERSITY INTELLIGENCE.—UNIVERSITY OF LONDON.—The following is a list of candidates who passed the recent Second M.B. Examination:—

Pass Examination.

First Division.—Francis Bateman, St. Bartholomew's Hospital; Francis John Buckell, University College; Stephen Wootton Rushell, B.Sc., Guy's Hospital; Henry Clothier, University College; Thomas Cole, St. Bartholomew's Hospital; George Eastes, Guy's Hospital; John Spencer Ferris, King's College; Ralph Gooding, B.A., King's College; Henry Greenway Howse, Guy's Hospital; John Pearson Hughes, University College; Chas. Kelly, King's College; Frederic Barham Nunneley, University College; Charles William Philpot, B.Sc., King's College; Thomas Clay Shaw, B.A., King's College; George Othwaite Spencer, University College; John Kent Spender, King's College; George Christopher Taylor, St. Bartholomew's Hospital; Arthur Taylor, Guy's Hospital; Richard Thorne Thorne, St. Bartholomew's Hospital; John Burges Welch, King's College; John Williams, University College.

Second Division.—John Augustus Ball, Guy's Hospital; Clement Smith Barter, St. Bartholomew's Hospital; Julian Augustus Michael Evans, University College; John Grimes, B.Sc., King's College.

THE urgent appeal for assistance to a destitute medical brother which appears in our columns to-day is one which we know to be well founded. The gentleman who is its object has been reduced, without any fault of his own, to absolute penury, and has sacrificed to the last his comforts to the honourable discharge of his engagements. We cannot conceive a case more dependent or demanding more the sympathy of his profession, and we shall be glad to be permitted to add to the list the name of any of our subscribers, and to place the amount of any donation against their debit in our books, on receiving their authority to do so. We have pleasure in inscribing the Editor of THE MEDICAL PRESS AND CIRCULAR for a subscription of one guinea.

THE long and valuable services of Dr. Purcell as Inspector under the Poor-law have received a due recognition in the Testimonial for which subscription is now being made. The list of subscribers will be found in our columns to-day and in a late impression, and the names which there appear are an eloquent testimony to the justice and urbanity with which Dr. Purcell's duties have been discharged. The Poor-law Medical Officers have lost much in the withdrawal of Dr. Purcell, and we shall be glad to hear that an old friend and a valuable public servant has been honoured as he deserves to be.

THE FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The examination for this distinction took place on Tuesday, Wednesday, and Thursday last, at the College of Surgeons, when twelve candidates presented themselves—viz., six seniors and six juniors. It is not, perhaps, generally known that under recent regulations candidates may offer themselves on two occasions, instead of one, as heretofore; for instance, the examinations in anatomy and physiology, with dissections, may be gone through, say in November, and those on pathology and surgery, with operations, in the following May. The list of successful candidates will not be known until next week.

COLOUR OF THE SKY AT SUNRISE AND SUNSET.—The invention of spectrum analysis is daily receiving wider extension, and by Janssen has just been applied to meteorological researches. This investigator was led, from some observations made on the Faulhorn, to believe watery vapour had something to do with the absorption of solar rays in

passing through the atmosphere. More exact research subsequently showed that aqueous vapour had the power of absorbing certain red and yellow rays, but is very transparent for the majority of these. From this it follows that aqueous vapour, when seen by transmitted light, should possess an orange colour, and the thicker or denser the layer of this, the redder the colour assumed by it. Now, it is just when the sun's rays are passing through the dense layer of vapour which surrounds the earth—that is, when the sun is rising or setting—that the red colour is observed; and in the explanation given above we have probably the key to the phenomenon.

WHAT IS ROTHEN?—In an article in the November number of the *Edinburgh Medical Journal*, Dr. Veale, of the Royal Artillery, describes what he has seen in India of the above disease. This appears to be a sort of compound of measles and scarlatina, and is sometimes termed rubeola rotha. There is the eruption and coryza of measles, and the inflamed tonsils and submaxillaries of scarlatina, with occasional stomacheic disturbance before the appearance of the eruption; the kidneys do not, however, seem to be subsequently affected. Dr. Veale believes that the disease is due to a specific morbid poison similar to those which produce the other eruptive fevers.

SCOTTISH REGISTRAR-GENERAL'S RETURN.—The return last issued for the third quarter of the present year records 5,451 deaths in Scotland in that quarter, being in the annual proportion of 195 deaths in every 10,000 persons of the estimated population—232 in the town districts, and 153 in the rural. This is a lower ratio of mortality than in the third quarter of either of the previous three years, but is above the average if we take the last ten years, as they give only 178. This increased mortality was chiefly to be attributed to the presence of scarlatina and whooping-cough among children. Typhus and typhoid fevers, which had been prevalent during the previous quarters, seemed to be most everywhere abating. Epidemic cholera, however, made its appearance in Scotland the last week of July, and though its ravages, when the quarter closed, had been partial, and the deaths comparatively few, they sensibly augmented the mortality of the quarter. The disease seemed to have invaded Scotland much in the same manner as in 1848, appearing first in the seaboard towns and villages on the east coast, and then spreading over the country, principally selecting as its victims the inhabitants of the town, village, street, or hamlet who were living in a locality in a bad sanitary condition, or who were using water from rivers, burns, ditches, pump-wells, or cisterns whose purity had been more or less affected by containing organic matters in a state of decomposition. It is mentioned that the microscope often detects the presence of these organic matters when chemical analysis fails to show that anything is wrong. In 1832 epidemic cholera broke out in Scotland towards the end of January, and then followed the law which seems to regulate its progress in all the warmer countries of the Continent—viz., increased with the rise of temperature, proved most fatal in the autumnal months, and died out in December. In its subsequent attacks, however, it followed in Scotland a different law—the law which seems to regulate the spread of fever, and most epidemics there—viz., it first manifested itself in the autumn, as the weather began to cool, increased with the fall of temperature, and died out in the spring on the advent of the warm weather. It would be very unwise for the Scotch to assume that the cold weather will now arrest its course, and neglect to employ the sanitary means which have been proved materially to check its ravages. The births in Scotland in the quarter were 27,197, being in the annual proportion of 345 to every 10,000 persons of the estimated population (374 in the town districts, 312 in the rural), the average being only 336. Ten per cent. of the children born were illegitimate. The marriages (889 in number) were in the annual proportion of 11 in every 10,000 persons (84 in the town districts, 26 in the rural), the average being 60. The weather in Scotland during the quarter was colder, more rainy, more cloudy, and the atmosphere damper than it has been for many seasons; fogs and mists prevailed to an unusual extent; there was much less sunshine than in ordinary seasons—in August and September only 279 hours, taking the mean of 55 stations—that is to say, 63 below the average; and the daily variations of temperature, particularly during

the latter half of September, were much less than usual. The return notices that the connexion of such weather with increased mortality is not very apparent; but that it is a remarkable fact that the description published in 1848 relative to the kind of weather which prevailed previous to the outbreak of cholera in Scotland during that year might be substituted for that which prevailed previous to its outbreak this year; and the same kind of fog, which wind does not seem to remove, has hung over the country, and more especially over the towns and villages affected with that epidemic. The mean temperature of the quarter was 54.4 deg.; in the corresponding quarter of last year it was 57.5 deg. The rainfall of the quarter amounted this year to 11.47 inches.

PROF. AGASSIZ has been delivering lectures in the United States on the physical features of the river Amazon, which he has lately investigated at the expense of Mr. Thayer. The Professor states that there is no difficulty whatever in navigating the Amazon and all its tributaries with steamers. The climate he describes as delightful. The nights are cool, because the Amazon runs from west to east, in the face of the trade-winds, so that cool breezes are continually blowing up the river; and the steamers of the Amazon Steam-Ship Company are so comfortable and well managed, that a trip to the foot of the Andes in them is, according to the Professor's experience, as agreeable as an excursion on the Rhine.

Appointments.

LONDON.

- FOX, CHARLES JAMES, M.R.C.S., has been elected Assistant L.D.S., Dental Surgeon to the Dental Hospital of London, Soho-square, vice Mr. J. Walker, M.R.C.S. and L.D.S., resigned.
- BRANSON, H. J., M.R.C.P. Ed., has been elected a Fellow of the Obstetrical Society of London.
- DRYSDALE, C. E., M.D., has been appointed Assistant-Physician to the Metropolitan Free Hospital, Devonshire-square, vice W. Abbotts Smith, M.D., resigned.
- RANDALL, J. G., M.R.C.S., has been appointed House-Surgeon to the Female Lock Hospital and Asylum, Westbourne-green, Harrow-road.
- SQUAREY, C. G., M.R.C.S.E., Resident Medical Officer to the London Fever Hospital, has been elected Resident Medical Officer to University College Hospital, vice Walter Rickards, M.D., resigned.

SCOTLAND.

- DUNCAN, A., M.B., has been appointed a Medical Officer to the Aberdeen Dispensary.
- FRASER, A., M.D., has been appointed a Medical Officer to the Aberdeen Dispensary.
- MILLAR, Dr. has been appointed Medical Officer to the Coltness Iron Works, Wishaw, Lanarkshire, vice J. McNab, M.D., resigned.

PROVINCIAL.

- DRUMMOND, Mr. A., has been appointed Resident Surgeon-Accoucheur to the Birmingham General Dispensary.
- FRYER, Dr., has been appointed Assistant House-Surgeon to St. Mary's Hospital, Manchester.
- LOYD, R. R., M.R.C.S.E., has been appointed House-Surgeon to the Peterborough Infirmary.
- NANKIVELL, A. W., F.R.C.S.E., L.R.C.P. Lond., has been appointed House-Surgeon to St. Bartholomew's Hospital, Chatham.
- RICHARDS, J. P., M.R.C.S.E., has been appointed Assistant Medical Officer to the Devon County Hospital.
- THORRURN, J., M.D., has been appointed Lecturer on Midwifery and Diseases of Women and Children at the Manchester Royal School of Medicine and Surgery.
- ATKINSON, Dr. F. P., has been appointed Visiting Surgeon for Chatham under the Contagious Diseases Prevention Act, 1836.
- BLADEN, R., L.R.C.P.L., has been appointed Medical Officer for District No. 4 of the Stroud Union, Gloucestershire, vice Rowe, resigned.
- CARTER, A. P., M.R.C.S.E., has been appointed Surgeon to the Great Western Railway Company in the Gloucester District, vice A. Clarke, M.R.C.S.E., deceased.
- ELLISON, J., M.D., has been appointed joint Surgeon and Apothecary to her Majesty's Household at Windsor, vice H. Brown, M.R.C.S.E., resigned.
- FAIRBANK, T., M.B., has been appointed joint Surgeon and Apothecary to her Majesty's Household at Windsor, vice H. Brown, M.R.C.S.E., resigned.
- READ, Dr. R., has been elected Medical Officer and Public Vaccinator for the Tealby District of the Caistor Union, Lincolnshire, vice J. Locking, M.D., resigned.
- TURTLE, F., M.D., has been elected Medical Officer and Public Vaccinator for the Woodford District of the West Ham Union, Essex, vice R. Duchesne, M.D., deceased.
- WANE, W., M.R.C.S.E., has been appointed House-Surgeon to the Stockport Infirmary, vice J. P. Richards, M.R.C.S.E., resigned.
- WATMOUGH, Wm., M.R.C.S.E., has been appointed Medical Officer for the Eastern District of the Christchurch Union, vice R. S. J. Stevens, M.D., resigned.

WINSTANLEY, R., M.R.C.S.E., has been appointed Medical Officer for the West District and the Workhouse of the Wigan Union, Lancashire, vice J. T. Winnard, M.R.C.S.E., resigned.
 KELSEY, A., M.R.C.S.E., has been appointed Surgeon to the Redhill Infirmary, and Medical Officer and Public Vaccinator for the Northern District and the Infirmary of the Workhouse of the Reigate Union, Surrey, vice W. T. Sargent, M.R.C.S.E., deceased.

IRELAND.

REA, S., L.F.P. & S.Glas., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the No. 5 Belfast Dispensary District of the Belfast Union, vice J. H. Halliday, M.D., deceased.
 TUSCH, J. G. L.K.Q.C.P.I., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Blarney Dispensary District of the Cork Union, vice M. J. Lee, L.R.C.S.Ed., deceased.
 MOOREHEAD, Dr. R., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Articlave Dispensary District of the Coleraine Union, county Londonderry, vice J. W. Wolfenden, L.R.C.P.Ed.
 LESLIE, J., L.K.Q.C.P.I., has been appointed Medical Visitor in Lunacy to the High Court of Chancery in Ireland for the county Armagh.
 ARCHDALE, H. M. G., L.R.C.P.Ed., has been elected Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Quin Dispensary District of the Tulla Union, county Clarge, vice C. J. Healy, L.R.C.S.I., deceased.
 ROUGHAN, G. F., L.K.Q.C.P.I., has been appointed Medical Poor-law Inspector, Ireland, vice J. F. Purcell, F.R.C.S.I.
 McDONNELL, ROBERT, M.D., F.R.S., F.R.C.S.I., has been elected one of the Surgeons to Stevens' Hospital, Dublin, in the room of the late Mr. Symes.
 DAVIS, G. M.B., M.D., has been appointed Apothecary and Registrar to the Monaghan County Infirmary, vice Corbett, resigned.

PALK.—On the 14th inst., at Sussex-place, Southampton, the wife of Henry Palk, M.D., of a son.
 CARDELL.—On the 15th inst., at Salisbury, the wife of J. M. Cardell, F.R.C.S.E., of a son.
 PIKE.—On the 17th inst., at Weyhill, the wife of T. Pike, M.D., of a son.
 CARTER.—On the 18th inst., at Elizabeth-street, Liverpool, the wife of Wm. Carter, M.B., of a son.

MARRIAGES.

DAVIDSON—BROWN.—On November 15, at Kingsley Haas, W. A. Davidson, M.D., Surgeon 65th Regiment, to Anne Emily, only daughter of the late G. Brown, Esq.
 SMITH—THISTLE.—On November 14, at the parish church, Whitley, J. W. Smith, M.R.C.S.E., L.R.C.P., of Coxwold, to Martha Anne, eldest daughter of T. Thistle, Esq., of Whitley, Yorkshire.
 STUART—FRUSHARD.—On the 6th inst., at Woolston, John Stuart, L.R.C.S.I., Assistant-Surgeon 1st Batt. 8th Regiment, to Sarah Frances Frushard, daughter of P. Hedger, Esq.

DEATHS.

FOWEL.—On the 29th ult., at Milverton, Somerset, Samuel Fowel, M.R.C.S.E., L.S.A., aged 48, deeply lamented by a large circle of friends.
 CLARKE.—On the 14th inst., E. Clarke, M.D., of Scarborough, aged 32.
 RANN.—On the 19th inst., G. Rann, L.S.A.L., of Birmingham, aged 46.
 SARGENT.—On the 16th ult., by accidentally shooting himself, W. T. Sargent, M.R.C.S.E., of Redhill.
 WATSON.—On the 20th ult., at Jersey, S. K. Watson, M.R.C.S.E., L.D.S.

SCOTLAND—BIRTHS.

DAVIDSON.—On November 19, at 28, Stafford-street, Edinburgh, the wife of Dr. R. H. Davidson, of Culross-park, Deputy-Inspector of Hospitals, Bombay Army, of a daughter.
 PICKTHORN.—On November 19, at Aberdeen, the wife of T. R. Pickthorn, Esq., Staff-Surgeon H.M.S. *Saturn*, of a daughter.

DEATHS.

ROBERTSON.—On November 11, at Argyle-street, Rothesay, John Robertson, M.D.
 YOUNG.—On the 27th ult., J. Young, M.D., of Wellington-square, Ayr, late of the 48th Regiment.

IRELAND—BIRTH.

DOMENICETTI.—On the 17th inst., at Kilkenny, the wife of R. Domenicetti, M.D., 75th Regiment, of a son.

MARRIAGE.

BROWN—THOMPSON.—On the 14th inst., at Belfast, Henry Brown, L.R.C.P.Ed., L.R.C.S.Ed., of Belfast, to Jeannie, younger daughter of the late James Thompson, Esq., of Saintfield.

DEATHS.

JAMES.—On October 29, at Balcastle, Arthur James, L.R.C.S., Edin.
 KENNEDY.—On the 4th ult., at Annah House, County Tipperary, T. J. Kennedy, Staff Assistant-Surgeon, aged 32.
 LOANE.—On the 30th ult., at Kilcroy, Drumsna, J. Loane, M.R.C.S.E., aged 26.

POOR-LAW VACANCIES—ENGLAND.

Amptill Union.—Cranweid District; area 7671; population 2861; salary £50 per annum.
Banbury Union.—Hornton District; area 9740; population 3032; salary £61 8s. per annum.
Cerne Union.—Western District; area 17,634; population 3216; salary £70 per annum.

Medical Diary of the Week.

WEDNESDAY.—Hunterian, 8.—“On Scurvey in the Mercantile M a rin Dr. W. Dickson.
 — Society for the Encouragement of Arts, Manufactures, and Commerce, 8.—“On the Effect of Unlimited Liability Partnership on the Progress of Arts, Manufactures and Commerce,” Mr. Wm. Hawes.
 — Literature, 8½.—“Greek Inscription from Mitylene,” Mr. Newton.
 — Meteorological, 8.
 — Society of Arts, 8.
 — Geological, 8.—“Marine Deposits of Secondary Age, S. Wales,” “Echinodermata, Sinai,” Dr. Duncan; “Limuloideu,” Mr. Woodward; “First Cataract, Upper Egypt,” Mr. Hawkshaw.
 THURSDAY.—Mathematical, 8.—“Harmonies in Space,” Mr. Clifford.
 — Zoological, 4. General.—S. Scientific. “Inia,” Mr. Flower; “Fishes of Central America,” Dr. Gunther.
 — Royal, 8½.
 — Antiquaries, 8½.
 SATURDAY.—Botanic, 3½.

Notices to Correspondents.

Dr. Francis M. Luther.—At present we are unable to accept the services mentioned in yours of last week. If at any future time we are “open” in that department, we will not forget the translation from the “Journal de Medicine et de Chirurgie Pratiques.”

Dr. Ryan, Tipperary.—We must remind you that it is not we who imported the religious element into the matter, but those who made it the ground for a medical appointment. We did not approve of the style of the letter of M.D.; but our columns must be open to all shades of opinion.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

LONDON—BIRTHS.

EASTON.—On November 16, at 20, Connaught-square, the wife of W. J. Easton, M.D., of a daughter.
 WILBE.—On November 14, at 24, Queen's-road, St. John's-wood, the wife of R. H. Wilbe, M.D., of a son.
 HENSLEY.—On the 12th inst., at Spring-gardens, the wife of F. J. Hensley, M.D., of a daughter.
 BURRELL.—On the 17th inst., the wife of L. C. Burrell, M.D., of the Green-lanes, Stoke Newington, of a son.

PROVINCIAL.

EARLE.—On November 4, at Weston-super-Mare, the wife of E. Earle, M.R.C.S.E., of a son.
 FRODSHAM.—On November 19, at the Chestnuts, Streatham, the wife of J. M. Frodsam, M.D., of a son, stillborn.
 HOLMAN.—On November 20, at the Royal Dockyard, Devonport, the wife of J. R. Holman, M.D., of a daughter.
 OWEN.—On November 12, at Totnes, the wife of T. E. Owen, M.R.C.S.E., L.S.A., of a son.
 POOLE.—On the 7th inst., the wife of S. W. Poole, M.D., of St. Paul's Cray, Kent, of a son.

BIRTHS and DEATHS registered and METEOROLOGY during the Week ending Saturday, November 17, 1866, in the following large Towns:—

Boroughs, &c.	Estimated population in middle of the year 1866.	Persons to an Acre. (1866.)	Births Registered during the week ending Nov. 17.		Deaths.	Temperature of Air (Fahr.)		Rain Fall.		
			Corrected Average Weekly Number.	Registered during the week ending November 17.		Highest during the Week.	Lowest during the Week.	Weekly Mean of the Mean Daily Values.	In Inches.	In Tons per Acre.
London.	3067536	39.3	1988	1400	1428	58.5	30.8	45.6	0.58	59
Bristol.	169680	34.9	127	73	63	57.4	32.1	47.0	1.21	122
Birmingham.	335798	42.9	268	163	128	58.0	30.4	45.4	1.20	127
Liverpool.	484337	94.8	368	281	266	...	...	...	...	...
Manchester.	358555	80.0	202	203	205	54.0	27.0	44.3	3.48	351
Salford.	112904	21.8	86	57	62	53.0	28.9	44.9	3.73	377
Sheffield.	218257	9.6	162	115	106	52.6	29.5	43.6	2.01	203
Leeds.	228187	10.6	236	116	122	54.0	29.0	44.2	2.57	260
Hull.	105239	29.5	67	49	39	...	...	...	...	...
Newcastle-on-Tyne	122277	22.9	102	65	87	53.0	29.0	41.2	1.20	180
Edinburgh.	175128	39.6	93	84	95	49.7	29.0	40.6	1.40	141
Glasgow.	432265	85.4	319	252	253	54.6	27.1	41.4	1.58	160
Dublin.	318437	32.7	116	156	226	53.5	30.0	44.5	0.63	64
Total of 13 large Towns.	6122894	34.4	4134	3014	3080	58.5	27.0	43.9	1.79	181
Vienna.	(1863) 560000	...	...	...	397	...	...	47.5	...	...

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

INTRODUCTORY LECTURE,

DELIVERED IN THE

CITY OF DUBLIN HOSPITAL.

By Dr. BENSON,

PROFESSOR OF PRACTICAL MEDICINE, ROYAL COLLEGE OF SURGEONS.

GENTLEMEN,—It becomes my duty this year, in the order of rotation, and in accordance with established usage, to deliver the Introductory Lecture at the commencement of the Hospital Session. The Medical Officers of this institution undertake this task, each in his turn, and thus bear an equal share in the responsibility attached to it, while they enjoy equally the privilege it affords of expressing their sentiments upon any subject connected with the profession which may appear to them of importance.

I make use, advisedly, of the words *responsibility* and *privilege*. I think the person who delivers an Introductory Lecture to a class of medical students, holds a very responsible position. Many of his hearers are young and inexperienced. Some have only just escaped from the discipline of school, or have lost, for the first time, the genial influences of home, becoming their own masters amid the temptations of a great city. Surely the man who has to address to such persons the first lecture, perhaps, that they ever heard, on what is to be henceforth the business of their lives, must feel a weighty responsibility; while, at the same time, he rejoices, though with trembling, at the privilege he possesses. Students look to his age and experience for sound advice, and receive what he says, at such a time and in such a place, with respect and attention. They say, "Days should speak, and the multitude of years should teach wisdom;" and he must be conscious that an erroneous sentiment expressed, or a false principle advanced, might do serious mischief; while a word fitly spoken may do much to influence the conduct of some ingenuous youth, and to form his character. It is a pleasing task "to pour the fresh instruction o'er the mind," and to try "to fix the generous purpose in the glowing breast;" but it has its responsibilities as well as its privileges.

I propose on this occasion, as on former ones, in the first place, to make some observations on the profession which you have chosen; next, to offer some advice as to the mode of acquiring it; and then to state what helps we can afford you in this hospital.

I wish it to be understood, in adopting this course, that I am lecturing to students, and especially to juniors—not so much to senior pupils, who may have heard the admirable addresses delivered by my colleagues in former years in this place, and not at all to practitioners, though some of the latter, and some Governors of the Hospital, have honoured me with their presence. I am glad to see them, and feel complimented by their giving me their countenance, but they do not come to be lectured. It is to beginners I would chiefly address myself; and for their sakes others must kindly bear with me if they hear only what they know already—what will appear to them trite and common-place, or what they may have often heard before.

Young gentlemen, I welcome you to the profession. But let me tell you, at the threshold, that you have chosen a very anxious and arduous one—a profession that will task to the uttermost all your energies, if you would excel in it—one that will try your moral courage, your perseverance, your temper, and your patience; and these not only

during your pupilage, but all through life. You must be earnest, laborious, self-denying, and untrifling, as long as you practise your profession. Are you prepared for all this? Have you counted the cost? I would not discourage you: on the contrary, I approve of your choice. One of my own sons has chosen this profession, with my entire approval. But I would have you weigh well its advantages and disadvantages, that you may not hereafter be disappointed; that you may value it for what is valuable in it, and boldly meet, with zeal and determination, whatever is disagreeable in it. You are choosing, then, I repeat, a very arduous profession—I might almost say, a life of toil and anxiety, mingled, however, with many and exquisite enjoyments. Other professions lead to higher rank, and frequently to greater riches. There are no grand prizes to be drawn in this; no peerages in prospect, no seats on woolsacks, no ermine or lawn sleeves, or large pensions. Our profession, therefore, does not attract the aristocracy of birth, nor the worshippers of wealth; but it does attract and develop much of the aristocracy of intellect. The lovers of science find its studies congenial to their tastes, and the benevolent can here find ample opportunities for the exercise of their best aspirations. Its pursuits are ennobling and elevating to the mind; the most fascinating studies form a part of the preparation for it; while its object, end, and aim are to take from the misery and add to the happiness of mankind. I am content to place one study before it in dignity and importance, and only one—namely, divinity. The subjects which engage the attention in divinity are higher, the interests involved are more momentous. But next to that I would place the study of medicine. Other professions have, indeed, their charms and their usefulness, and I have already allowed that they more frequently lead to riches and honors; but are the objects which occupy the attention in them of such paramount importance? They have to do with property; our profession with life. They with the outworks; ours with the citadel. What is it which confessedly, even to a proverb, is the greatest of earthly blessings? What is that without which all others are valueless? Is it not health? A sound mind in a sound body. It is related of Dr. Radcliffe, whose name is immortalized by the library in Oxford, that when King William III. asked his opinion about his dropsical legs, he replied, "I would not have your Majesty's two legs for your three kingdoms." This speech was rude and offensive to ears polite, and especially to royal ears. I do not wish you to imitate it when you meet with such a case, but I mention it to show the estimate he set upon health; and it is just, perhaps, what we all would think, though not express in such pointed language. How gladly would we give all that we possess for life and health if these cannot be obtained on any other terms. Your business, my young friends, will be to preserve that life and to restore that invaluable health. The lawyer's profession is a noble one; but it is in many respects less so than ours. He has chiefly to deal with property; we with the more important concern, life. He may establish the right, protect the weak, and defend the innocent; but how often is he engaged in establishing the wrong, or screening the guilty. Go to the courts of law and you will see with what zeal and eloquence both sides of every case are maintained. One of these cases must, in general, be wrong, and sometimes the advocate might know it, if he would. But he labours to succeed, not looking too narrowly into the weakness of his own case, but seeking a triumph over his adversary. I do not, of course, mean to say that every lawyer acts in this way; the uncertainty of the law will make its most accomplished and honourable members to differ more frequently than doctors differ. But I do say there is a strong temptation to them to act thus, and, if ever so honest, they may, unwittingly, be depriving another of his property. Not so with you, gentlemen.

Your business will be at all times, and in all places, to do good—to protect the sick and weak, to restore every man to his property—health. Your client is always the oppressed;

his adversaries are pain, disease, and death. To combat with these is your vocation, and to triumph over them can do no wrong to other men. You have the privilege of humbly imitating your Divine Master, who, while on earth, went about doing good, and healing all manner of sickness and all manner of disease among the people. The soldier's profession is esteemed a noble one, and so it is when exercised in a just cause—in defence of home and country—in defending the weak and protecting the innocent. But, alas! unjust wars are sometimes carried on, and the brave soldier must bear a part in scenes of violence and slaughter, at which his soul, in cooler moments, would shudder. He must fight and kill according to orders. Your task, my young friends, will be a better one. Not only in civil life, but even in the army and navy, your grateful duty will be to heal the wounds that others have inflicted; to bind up the broken limb and the broken heart; to soothe the pangs of suffering humanity. Friend and foe you treat with kindness, and save to the uttermost of your power. The laws of war allow this. At home or abroad, in civilized or in savage life, you are always to be the benefactor and the friend—the good Samaritan—often the confidential adviser, ministering to minds diseased as well as to their suffering bodies. This is your acknowledged mission, so that you are spared, and welcomed wherever you go, even amongst the bitterest enemies of your country or race.

Contrast a great physician with a great warrior—with an Alexander, or a Napoleon. The conqueror is called "great," estimating him, as we do the whirlwind, by the devastation he has wrought. The greatness of the physician is measured by the benefits he has conferred on his fellow-man—by the number of lives he has saved; and whether it is nobler to save life or to destroy?

It has been ascertained that one-sixth of all the persons who took small-pox in the natural way formerly, in London, died of the disease—a mortality which would now, in all probability, be occurring but for vaccination. Just fancy 200 deaths in London alone every week from small-pox! Two millions of people have died of small-pox in a single year in Russia, and of those who recovered thousands have been blinded or disfigured by this loathsome disease. Some persons here may recollect, as I do, the multitudes everywhere met with formerly, even in the middle and upper ranks, who lost their sight and had their faces seamed and pitted before vaccination was introduced. Now, on the contrary, how rarely do you hear of deaths from small-pox; how seldom do you see its disfiguring consequences? And to whom are we indebted for the introduction of this invaluable blessing? To a physician—Dr. Jenner. Who can calculate the amount of suffering that has been saved by chloroform judiciously administered! and it is to Physicians we are indebted for this—Dr. Waldie of Liverpool first suggested its use, and Dr. Simpson of Edinburgh (now Sir James Simpson) introduced it into practice. But time would fail me to tell of all the benefits, the miracles of healing, that have resulted from the discoveries of the Harveys, the Hunters, and a host of other medical men. Nor have the benefits conferred on mankind by medical men been confined to improvements or discoveries in connection with their profession. The justice of the great Samuel Johnson's remarks on this subject will be acknowledged by every one. He says:

"Wherever there has been any association of good men for laudable ends—wherever any institution has sprung up, having science or literature for its object, or any great scheme of benevolence been designed or perfected, medical men have been always found amongst their first—their most zealous and most useful supporters."

Even in Dublin, some of our finest institutions owe their origin to medical men. The first Lying-in Hospital in the British Empire was established in Dublin by Dr. Mosse, about a hundred years ago; and it is not only an ornament to the city for its architectural beauty, but it reflects credit on it as a School of Midwifery. It remains unrivalled in the British dominions for its extent, its usefulness to the poor, and for the character of its Medical

Officers; so that students come from all quarters to take advantage of the opportunities it affords.

Sir Patrick Dun's Hospital also owes its origin to a great physician, and so does Steevens' Hospital. These are establishments that do honour to our city, and speak volumes for the liberality of medical men.

I might also mention Jervis-street Hospital, Mercer's, and this, as in part, at least, owing their origin to medical men.

Other professions, too, as engineering, architecture, agriculture, the occupation of the banker and the merchant, though noble and honorable, seem to me to be less so than our profession. *They* have, like the others, to deal with property, *we* with life. They with the wardrobe, we with the person. They with what no doubt is useful and ornamental, but we with what is essential; and in none of them is the circle of the sciences required for their attainment so extensive, so varied, or so beautiful.

Now, why do I say so much in praise of our profession? Why draw comparisons between it and others? Not to lower them in your estimation—far from it—but I want to impress you with a sense of the true dignity and importance and usefulness of your own, that you may study it with deep earnestness, and with a nobler and better aim than that of mere moneymaking. I would have you believe that there is no profession more honorable, though some others are more honored and rewarded. Our profession is not crowned with the dignities and the princely fortunes which Government heaps upon men of other pursuits. No; the soldier is more necessary for advancing the conquests or sustaining the glory of a nation. Lawyers are more useful in governing a people; besides, they are generally the law makers, and can take care of themselves. All these, too, work in public; their efforts and success are seen by all, and men expect, very justly, that they shall be rewarded. But the medical man labours in comparative privacy; not in the camp, the court, or the senate house, but in the wards of an hospital, or in the silent chamber of sickness; *there* he is soothing some afflicted family, or trying all the resources of his art in the endeavour to restore to them again the dearest object of their affections, perhaps their greatest treasure, their only prop and stay.

You are not, however, to suppose that you will be unrewarded, even in pecuniary matters, or in fame. We could point to our Coopers and Brodies, our Cramptons and Colleses, and Carmichaels and Graves, and Marshes and Cusacks—not to speak of living men (which might be invidious) who realized fortunes and reputation sufficient to satisfy all your dreams of avarice or ambition. Again, you can enter the medical service of the army without purchase, taking rank, from the first, as a lieutenant, and with a captain's pay; while your brother, who had to pay a large sum for his commission as a combative officer, ranks only as an ensign, and lives, as best he may, on half your income. But I suppose you or your parents have well considered the necessary circumstances of your future income before you chose this profession. I do not want to hold out inducements to you to enter it; what I aim at is to stimulate you to study it, now that you have chosen it, with the higher motives and the better objects connected with it.

Perhaps I have said enough on this head, and will now proceed, in the *second* place, to give you some advice as to the mode of acquiring a knowledge of your profession. Well, in general terms, this must be done by reading, by lectures, by examinations, by manual practice, and by clinical observation. First, as to reading: The literature of our profession is enormous; you could not read in your whole life the hundredth part of what has been already written on medicine and the collateral sciences. While every year brings out such a number of essays and monographs, and compilations and systems, and cyclopedias and contributions, that it would be utterly impossible to keep pace with these varied productions. As a student, you will have time to read but few books. See

that these few be well selected by persons who understand the subject. Read them attentively, and master what you read. Better to read a little well, than a great deal superficially, and never sit poring and dozing over a book when your mind is fatigued; give it up for a time, and come at it again with fresh vigour. Have your own books, not borrowed ones, that you may mark with pencil important passages, and refresh your memory by looking over them again.

I hope you have all had a good preliminary education; that you have a competent knowledge of Greek and Latin; of history, geography, and chronology; of arithmetic, algebra, Euclid, and logic; that you write a good hand, and spell correctly. I should be glad, too, that you all understood French and German, especially French. Indeed, without a fair acquaintance with all the subjects I have mentioned, you will find it hard to get on in your studies, and will but imperfectly understand what you read or hear. Your prescriptions are in Latin; your technical terms are chiefly derived from the Greek; the names of diseases are, for the most part, Greek or Latin, and so are the names of the medicines. History, and geography, and chronology are brought in, constantly, when speaking of medicines or diseases, the effects of climate, the periods of epidemics, and the influence of manners and customs. Then, without arithmetic and algebra, geometry and logic, you cannot go along with the refined analyses, the accurate calculations, the close reasoning, the chemistry, and the natural philosophy which you have to study. Besides, all these are not only necessary as instruments, but they are most important in strengthening the mind and preparing it for close reasoning. Our profession has not only to observe facts, but to draw deductions from them—to reason upon facts—to distinguish well between coincidences and consequences, that we may not be led away by a *post hoc* as if it were a *propter hoc*. Moreover, the public expect that you shall have all this sort of knowledge. The doctor is expected to be familiar with every subject; and you will not only learn your profession imperfectly, but are apt in after life to sink in the estimation of your patients if you are not a well-informed man. I have heard of such an untoward event, and if you intend yourselves for the medical service of the army or navy you will be examined on many of these subjects.

It is to be regretted that a preliminary education, equal at least to that which I have here jotted down, is not insisted on by the different colleges. But I have no doubt it will, by-and-by. A near approach to it has been made by some of the licensing bodies, and even those which, a few years ago, gave their diplomas without knowing whether the candidate could read or write, now require a very respectable preliminary education.

But you may say, what use is it to tell us of this now? If we are not already thus educated, we cannot go back to these studies. Well, it is of use. Tell your brothers and young friends, who may be thinking of this profession, what they ought to do. Let them spend another year at school, or with tutors, and they will find that instead of losing time by this delay, they actually saved time by the ease and comfort and rapidity with which they got on afterwards, while their more ignorant fellow-students were awkwardly, and painfully, and slowly stumbling over the same ground. But even you yourselves may, in some degree, remedy your deficiencies. It is not too late. You might give an hour every day to the study of some of the subjects which I have mentioned, or even get a tutor to help you. And in your vacations, at all events, you could do a great deal in this way without at all trenching on the relaxation and amusements which you are entitled to after your winter's work. Many of you have sisters, and every lady knows French; let them teach you that language. It will serve to refresh your mind when wearied with severer studies during the session, or to afford you innocent and useful occupation when you have more leisure during the recess.

But enough of this. Your professional studies, what

are they? Anatomy, physiology, chemistry, botany, materia medica, surgery, and practice of medicine. The first five are the collateral, or rather the fundamental branches of knowledge, on which you build the last two—namely, surgery and medicine. The grand object you have in view is to learn how to treat disease in all its forms. Disease depends on some derangement of the mechanism of the body, or some abnormal condition of its functions. We must therefore make ourselves familiar with the structure and use of every part of the machine before we set about to repair it.

This wonderful machine consists of so many other machines, so varied in structure and use, in composition and action, yet all so harmoniously acting together, that we are filled with astonishment and admiration when we come to analyse and contemplate it. Wonderful and beautiful contrivances unfold themselves to view as we examine this machine of machines. We find there a framework of bone, firm and resisting, to support in one place, to protect in another, yet so movable as to allow of endless varieties of motion. How few consider that they carry about with them 250 such bones, some immovably bound together, others tipped with cartilage lubricated with synovia, to enable them to play freely one upon the other in all sorts of joints! How few think that they have 460 muscles to move and steady these bones! And then what is to become of these bones and muscles as they wear out? Such materials would not last a month in any human contrivance; yet they must last for three score years and ten. Well, there are myriads of vessels unceasingly carrying off the worn-out particles and supplying fresh. And the heart is by day and night pumping that fresh material through a thousand canals, at the rate of 100,000 strokes a day. And this material is prepared in the digestive organs from the food that we eat, then sent to the heart, then forwarded to the lungs to be purified, then carried back to the other side of the heart, to be pumped out into the system at large. Then there is a nervous system carrying sensations to the brain, and conveying the commands of the will from the brain—the minds' presence-chamber—controlling and directing everything, under the influence, itself, of that mysterious thing called Life. In fact, there are telescopes and microscopes, mills and chemical laboratories, galvanic batteries, a furnace, a forcing pump, waterworks and reservoirs, and filters, and so on—all wrapped up in a beautiful elastic, waterproof covering—so exquisitely organised as to resist injuries and protect the deeper parts, yet so sensitive as to give notice at once of anything that could injure itself or them. This machine of machines has moreover the wonderful power of repairing, to some extent, the wear and tear which it suffers, and the still more wonderful power of producing other machines like itself. Fancy a watch, as Paley remarks, possessing the property of producing, in the course of its movement, another watch like itself, and you will have some idea of the astonishing properties of a machine that can produce a piece of mechanism infinitely more complex than the most perfect chronometer. Anatomy makes us familiar with the structure of all this; shows us how fearfully and wonderfully we are made, and ought to lead, and does lead, a well regulated mind to admire and adore the Divine Artificer. Then physiology teaches the healthy function and use of every part, pathology the unhealthy, and by chemistry we become acquainted with the composition of the solids and fluids. Now can you conceive anything more absurd than to think that you could repair such a machine without a knowledge of its structure, and composition, and powers? If your watch were out of order would you employ a carpenter to repair it, or if a steam engine were spoiled would you send it to the shoemaker's? Yet this is the way the public act very often with regard to the most complicated and the most precious piece of mechanism that ever was formed. And you will be acting just as foolishly if you attempt to cure disease without the knowledge to which I have alluded. But this is not all; you must know the nature and properties of the instruments—

that is, the remedies with which you hope to cure. This is done by chemistry, and botany, and *materia medica*.

All this must be acquired by dissecting, by chemical experiments, by manipulation of medicines, by reading, by lectures, and by tutorial examinations, that you may be able to study, with effect, the practical part—that is, medicine and surgery, with its subdivisions—midwifery, dentistry, &c.

I have mentioned examinations, vulgarly called grinding, as one of the means of acquiring professional knowledge. This, if properly and judiciously used, is a very valuable means, but it is sadly abused in actual practice. If the grinder or private tutor, as he ought to be called, would direct his pupils as to the books to be read, or the subjects to be studied from day to day, and would examine him on them for, say, one hour a day, much good would be effected. But, unfortunately, he grinds them for three, four, five, or six hours a day—crams them with his “tips” and his “points”—leaves them no time for reading or for acquiring information by practice or observation; and it is said that some grinders have gone so far as to tell their pupils that they need not study at all, but may learn everything at the “grind.” The knowledge thus obtained is superficial, scarcely deserves the name of knowledge, merely exercises the memory, and though it may do much to “pass” a student and get him his diploma, it is soon afterwards lost and forgotten.

Now, you might have a thorough knowledge of the structure of the machine—that is, you might be a good anatomist, and have a masterly knowledge of the uses and functions of every part—that is, be good physiologists, and you might know all about chemistry and botany, and *materia medica*, yet be quite unable to bring your information to bear on that which is the end you have in view—namely, the proper treatment of disease. This you learn partly by reading, partly by systematic courses of lectures, which take you regularly over the long list of medical and surgical diseases, arranging and classifying them for you, pointing out errors in books, giving you the latest information respecting each malady, and telling you what the lecturer's experience is. This study and these lectures are very useful, but to give you a sound acquaintance with the practical part of your profession nothing can approach in importance clinical observation and instruction.

What is clinical instruction? Literally it means bedside instruction (*κλινη*, a bed). It is that which we derive from seeing and feeling and considering disease, as it actually exists before us; studying it, not in books, nor in lectures, nor in “the grind,” but in nature. Here in nature's own book you read the history, the causes, the varieties, and the symptoms of those numerous deviations from health which present themselves; the *diagnosis*, or distinction of one malady from another, never could be learned except at the bedside; the *prognosis*, or anticipation of results, would be vague, the application of remedies, or *therapeutics*, would be dangerous. In general, a writer or a lecturer can only tell you how to discover and treat a disease such as he saw it in one instance; or he paints an ideal portrait, with features taken from several cases bearing some resemblance to each other, and you may be able to trace a family likeness between that picture and the case before you. But no two cases are precisely alike, no more than two faces, and it very seldom happens that a disease is simple, and single, and uncomplicated; so that when you come to the bedside you are perplexed. The complications, the combinations, the modifications they undergo, from age, sex, temperament, hereditary or acquired peculiarities, and so on—these can never be told or described, they must be seen. And it is at the bedside you must learn the lesson which I wish you always to bear in mind—namely, that you are never to prescribe for a *disease*, but for the *patient* who is labouring under the disease—that is, you are to consider, not only what may be good for a given disease, but what will suit the patient in every particular, and with a due regard to all the organs of the body, as well as the one affected.

Quacks, by disregarding or not knowing this rule, often kill their victims.

Clinical medicine can be studied with effect only in an hospital. An hospital is a great laboratory in which all the processes of disease are continually going on. The powers of the complaint on one hand, the efficacy of the treatment on the other, are brought to the test. You will read in books of wonderful effects attributed to some remedies. Authors and discoverers, even when they intend to be honest, are often hurried into error by their enthusiasm and by their paternal regard for their own offspring. They are led away by an ardent imagination, or by some fascinating theory, to believe they have seen results which never followed, and to fancy they have conveyed benefits, of which no one else is conscious. Here these pretensions are put to the test. They are tried by some one who wishes indeed that they may be true, but who is not blinded by prejudice for or against. Sometimes these bold pretensions are found to be utterly baseless, sometimes to have a foundation in fact, or they may, happily, be confirmed to the uttermost.

When I talk of experiments going on before you in hospital, do not mistake me. Patients sometimes think they are admitted into hospital only to be experimented on, but such a notion is utterly false. No patients are admitted in order that they may be relieved, and if possible, cured. A conscientious medical man will try no experiment on his patients, in the bad sense of the word; but where two modes of treatment promise equal success, he will sometimes try one, sometimes the other. When any new remedy is recommended on competent authority, he will put it to the test on a suitable occasion. He would do the same with a private patient, or with a member of his own family, or with himself, if he laboured under the complaint for which it was recommended. And indeed it would be injustice to himself and to his patient not to give it a trial. It might be depriving the latter of a great boon. 'Tis true he oftener tries a new remedy in an hospital than in private practice, but so he ought; he oftener meets there first the case for which it is suitable; he can regulate times, and doses, and regimen more effectually; and he has trusty and intelligent house-surgeons or house pupils, and trained nurses, from whom he can learn particulars with accuracy.

I verily believe that patients in hospital are as faithfully dealt with as in private practice; that there is the same anxiety for their recovery; the same exertion of skill and attention; the same unwillingness to try dangerous or doubtful remedies; and more than the same amount of success, because there is stricter obedience to orders. I wish I could persuade you to watch these experiments with earnest attention. At first they may not interest you, but they very soon will if you follow them carefully. Attend at first as a duty, and you will soon feel pleasure in the task. As your knowledge increases so will your interest, and as you advance, and begin to reflect how the lives of your fellow-creatures will, ere long, be depending on your skill, all your energies will be roused, and every generous sentiment stimulated in the pursuit of your incalculably important profession.

Another popular error I wish to combat here—namely, that patients are teased, and sometimes injured, by being made the subjects of clinical instruction. Some few may be teased, but none are injured; and I have no hesitation in saying, that in most cases patients are essentially benefited by the custom of admitting pupils into hospitals.

I know it by my own experience, that I investigate cases with more care, and prescribe for them with more circumspection, and altogether do my duty to the sick more efficiently when I have intelligent pupils watching me, than when I am visiting the hospital alone. I cannot venture, under such observation, to hurry over a case. I must come to the real nature of the affection, and be able to assign a reason for everything I direct. Then as to patients being teased or annoyed, it is generally the reverse. Some do at first shrink from the searching gaze

of so many, but they soon learn that their complaints are now sought out in a way they never were before; and I have known them often and often flattered at attracting so much attention, and quite jealous if passed by without the scrutiny to which others were subjected. Of course we take care that pupils shall observe the strictest propriety in their behaviour, and avoid everything that could offend the delicacy or wound the feelings of the unhappy sufferers, or put them to any avoidable pain.

Well, then, how are you to avail yourselves most fully of the advantages here placed within your reach? You must be daily improving yourselves in those branches of knowledge which I before enumerated. Pay unremitting attention to your anatomy, both healthy and morbid anatomy, until, in the words of Dr. Hope, when looking at your patient, "you are able in imagination to turn him inside out," to see with your mind's eye every action, healthy or morbid, that is going on in the system, in every organ of the body, in the brain, the heart, the lungs, in the stomach, the liver, the kidneys—every bone, muscle, artery, and nerve in the body. Come to the hospital every day in time for the morning visit. Punctuality is of prime importance in learning, and the habit thus formed will be of use to you all your lives—giving you more time for the accomplishment of every work, and saving the time and the temper of others. And when you come, don't walk the hospital listlessly, yawning and anxious to be off, or with hands in your pockets, instead of holding your stethoscope, or educating your fingers for the *tactus eruditus*, by feeling everything that is abnormal, and helping to arrange every surgical apparatus, or noting down a case or the remarks made upon it, feeling a pulse, or familiarising your eye with the expression of countenance which is peculiar to each disease. Persevere in this course, not for a week or a month, but for the whole session, and you will be surprised at the end of it to find how much you have learned. I would advise you also to get a "Practice of Medicine," a "Practice of Surgery," and a "Pharmacopœia or Dispensatory; have them interleaved with writing paper, and at night read an account of the disease, or of the remedy which attracted your attention at the morning visit, and note down on the blank leaf your own remarks, or any information which you may have gathered from the observations of the visiting doctor.

This will prove an invaluable treasure during your studentship, and even in after life you will refer to this record in difficult cases, and it will recall to your memory with vividness many important facts and much practical knowledge which would otherwise have been lost to you for ever.

The practice of taking cases, noting down the history, the causes, the symptoms, and the treatment of a disease day after day while the patient is in hospital, you will find most instructive, fixing on your mind indelibly much important information, and training and strengthening your powers of observation.

And here I would impress on you the propriety, the duty, the absolute necessity of being kind, and gentle, and considerate, when dressing your patient, or questioning him about his complaint, or taking notes of his case. Recollect that he is really a brother in affliction; that his bodily feelings are just like yours, and his mind, perhaps, quite as sensitive. He may have been brought up as tenderly as yourself, and as little used to heartlessness. In fact, in all your dealings with your patients, whether rich or poor, in or out of hospital, never forget the golden rule laid down by our blessed Redeemer—"As ye would that men should do to you, do ye also to them likewise." You ought to give yourselves the habit of changing places with your patient, in imagination, and then acting as you would desire the student or the doctor to do. What a simple, and beautiful, and beneficent rule is this golden rule! How it would, if acted on, take from the misery and add to the happiness of mankind! Begin early, then, to practise it, and you will diffuse blessings around you without effort or trouble to yourselves, nay, with a delight

which the thoughtless, the selfish, or the unkind never knew. It is the more necessary to cultivate such feelings and principles early, because the practice of our profession, making us familiar with suffering, might, and perhaps sometimes does, harden the heart. But its general and usual tendency, under proper guidance, and in well-regulated minds, is the very reverse. It draws out the best and kindest sympathies of our nature, exercising and strengthening them, rubbing off, indeed, the morbid and maudlin sensibility which could not look on suffering, but would pass by it on the other side without moving a finger to relieve it. This passive sensibility is happily soon lost, while the manly, and genuine, and active, and practical sensibility, which flies to the rescue of the afflicted at any cost of health, wealth, or ease, or life itself, is more and more developed, and daily becomes more vigorous and effective.

I have now to tell you, in the *third* place, what helps we can give you in this hospital; and on this subject I must be very brief, as time presses. We, the Medical Officers, come here every morning, as regularly as we can, at the appointed hour; not all together, but at stated intervals, so that there may be a succession of us to conduct you round our different cases, without any waste of our time or yours. We question the patients before you. We dress them or prescribe for them, as the case may be. We dictate our prescriptions aloud, so that all may hear, and in Latin—both to familiarise you with the language, and to prevent the patient from knowing exactly the medicine he is using. This concealment is often quite necessary. A patient might be greatly alarmed if he knew he was taking arsenic, or prussic acid, or strychnine, and yet these may be the only remedies which, if judiciously used, are likely to cure him.

Then, our staff of Medical Officers may boldly challenge comparison with that of any other hospital. Four of them have been Presidents of the College of Surgeons; two of them Presidents of the College of Physicians; and of these, one had the singular honour of being President of both Colleges—a distinction never before conferred on any member of the profession. Most of them are; or have been, Professors in the College of Surgeons; Professors of Anatomy and Physiology, of Practice of Surgery, of Practice of Medicine, of Military Surgery, of Medical Jurisprudence, and of Midwifery. And one is Demonstrator of Anatomy; and one of our Consultants is the distinguished Professor of Chemistry in Trinity College; so that they have all the branches of the healing art, and the collateral sciences, familiar to them as household words. And most of them are long practised in clinical teaching; some as long as thirty-four years—during which time they have been accumulating experience, and acquiring a facility in communicating their knowledge. When I last delivered the Introductory Address we had in our corps one of the ablest men of which this city could boast, Dr. Robert Williams—a man not much known to the public, but held in the highest estimation by his professional brethren for his talents and acquirements, and beloved for kindness of disposition. After his removal we had the good fortune, as we then supposed, to elect a surgeon of equal value to the hospital—the clever, judicious, and amiable John Hatch Power; but death soon removed him also. These losses were deeply regretted; yet we are happy to say that, having secured the services of Mr. Croly, we have a successor every way worthy of such men. His untiring energy, his masterly knowledge of his profession, his admirable power of communicating information, and his boldness and success as an operator, have already won for him our entire confidence and given him a place amongst the most rising men of our city.

We have also made an important addition to our staff, which will prove of great value to you and to the patients. We have added three assistants to our hospital. We, seniors, cannot live always. We must train young men to succeed us. It is well to infuse young blood into the system of our institution. What we gain in wisdom and ex-

perience by time, may be counterbalanced by the loss of that active, forward, and progressive energy which the young possess; and it is wise to join the vigour of youth to the prudence of age. Accordingly, we have chosen Dr. Jacob, junior, as Assistant-Ophthalmic Surgeon; Dr. Benson, junior, Assistant-Physician, and Mr. Maclean as Dentist. We think the first of these will one day equal his father—it would be unreasonable to expect more. We hope the second will be a better man than *his* father—we cannot be satisfied with less. And we believe the third will not dishonour the name of Maclean, which stands so high in dental surgery. These young men will be able to give time and attention to matters which seniors could not attend to. They will bring under your notice the uses and the newest discoveries of the microscope, the laryngoscope, the ophthalmoscope, the endoscope, and so on. Keeping *you* up to the mark in all improvements, and giving the patients the full benefit of them.

But we and our assistants may be able and willing to teach, and yet not have the materials. Is our hospital large enough for the purpose? Yes; assuredly it is. It is many times larger than those which Richter and Scarpa had, and they were amongst the most distinguished teachers and practitioners of modern times.

Let me quote what Richter says on this subject—"There are only fifteen beds in the hospital at Goettingen, and I do not wish for more. I do not think that the experienced practitioner is formed by the number of patients. Experience is the result, not of seeing merely, but of reflecting; it is not eating, but digestion, that gives strength. A physician who tells us that he visits 150 patients daily has, in my opinion, so little pretensions to the title of an experienced man, that I would almost deny that he had any experience at all."

Now, without going quite as far as Richter, we think that, having five times his number of beds, we have quite enough to teach you your profession, and to do so in a more useful manner than if there were twice as many. You will find one case of disease closely watched from beginning to end more instructive than a dozen carelessly looked at.

How can a case be investigated, the changes which occurred since the former visit noticed, the tongue, pulse, skin, secretions, and excretions observed; the physical signs brought out, the prescriptions dictated, the diet directed, and the surgical manipulations of splints, bandages, dressings, &c., &c., according to the requirements of each case—how can these be accomplished on an average in less than, say three minutes to each case, or twenty cases in an hour? How, then, are you to get through all the cases of a large hospital in the time allotted for the morning visit, unless in a careless, superficial, and almost useless manner? And certainly the patient, who ought to be the prime object of our solicitude, cannot receive as much care and attention from his physician as in a smaller hospital.

But, although we might have contented ourselves, and satisfied you with the limited number of beds which we had in this hospital some years ago, yet the wants of this rapidly increasing neighbourhood called for further accommodation for the sick poor, and it was accordingly provided by the addition of several new wards a short time since; and we have now, in course of erection, another building, called the Drummond wing, in honour of the generous donor of £1000, which will still more effectually enable us to meet the pressing calls for admission, and to classify those that are admitted.

But it is time for me to conclude this lecture. I have to apologise for the length of it, and for the sermonizing tone it has sometimes assumed. But having your best interests at heart, I could not let the occasion pass. We are too apt to lose the opportunity of giving advice to pupils on their best and most enduring interests, and it is a great pity, for there is some tendency in the circumstances which surround a young man at the outset to lead him into many errors. It has been well said that an undevout astronomer is mad. I think an undevout

physician or surgeon is much worse. He is a dangerous madman. A medical man has a vast deal in his power for good or evil. He becomes the friend and confidential adviser in many families. He is made acquainted with their secrets, and if he be not a man of sound principles, of high honour, and of unblemished virtue, he might be the cause of incalculable mischief.

I may never again have the opportunity of delivering an opening address in this place. Before it comes to my turn again I shall probably have been called away to give an account of my stewardship; or, if spared to the close of another septennial period, it is likely that I shall prefer repose in the evening of my life, after a day of toil, to the excitement inseparable from the delivery of an opening address. Let me, then, my young friends, avail myself of this occasion to advise you to study diligently and perseveringly all the branches of your noble profession, and to cultivate those high principles to which I have been directing your attention. So will fame and fortune, *probably*, and so will peace of mind, an approving conscience, and the respect of good men, *certainly*, attend and cheer your walk through life, amid the arduous duties of an honourable but very anxious profession.

At the conclusion of the lecture, and frequently in the course of it, Dr. Benson was greeted with loud applause.

PUBLIC HEALTH AND SANITARY REFORM.

AN ADDRESS DELIVERED BEFORE THE DUBLIN STATISTICAL SOCIETY IN NOV., 1866.

By Sir R. J. KANE, M.D., F.R.S.

WHEN acceding to the request of the Council of the Statistical Society to open this session by delivering the annual address, I did not conceal from myself the difficulties which that task presented to me. I was quite aware that the subjects with which the Society has hitherto been principally occupied have only an indirect relation to the branches of science with which I have been more specially engaged, and that I could not presume either to comment upon the proceedings of the Society or to indicate the path which our members should pursue during the coming session with that authority which attached to the opinions of the eminent persons who in the late years have occupied the position which I now have the honour to fill. The gradual development and extension of the objects of this Society has, however, recently brought within its scope subjects of statistical and economic inquiry of not less scientific interest than any included within our earlier limits, and certainly of not less practical importance to the well-being of the people. Having commenced originally with the object of collecting, arranging, and discussing purely statistical facts, and avoiding the thorny questions of economic science, which was then scarcely considered separable from party politics, it has been only by degrees that the principles of political economy were admitted to the position of scientific truths, even so far as regarded the laws of population, of capital, and of commercial interchange. It has required still longer time and still further discussion before it was allowed that the distribution of wealth as well as its creation, that the condition of a population as well as the laws of its diminution and increase, could be considered upon purely scientific grounds, and could be extricated from the mire of political discussion. Even that advance has been, however, made; and in the expanded objects of statistical and economic science, the relations of capital to labour, of rich to poor, of the governing to the governed, can be impartially examined from the one as well as from the other point of view; and thus animating and directing the agencies of an enlightened philanthropy, may help to realize as a scientific law the noble sentiments of Bentham—that the true aim and object of society should be the greatest happiness of the greatest number of the people.

This remarkable development in the nature and objects of economic science has been fully represented in the proceedings of our Society for some time back, and our transactions will be found to contain many interesting papers suggesting or recording matters of social amelioration. A remarkable result of this new tendency of economic inquiry has been the establishment of the Social Science Congress, of which a very successful meeting took place in this city a few years back, and which in turn has given a still further expansion to the objects of this Society, which now embraces within its scope, not merely statistics and political economy, according to the older definition of those sciences, but includes also what is now understood by the name of the Social Sciences; in fact admitting as proper material for its labours almost every question affecting the material interests of society, the security of property, the health and education of the people—all of course treated upon purely scientific grounds, and independently of every personal or political consideration.

The scope of our Society has thus been extended far beyond its ancient bounds, and has necessitated a formal subdivision, which, although not strictly carried out, is yet as far as possible observed in arranging for the business of our meetings. Our objects are now declared to be the promotion of the study of statistics, jurisprudence, and social and economic science, and those objects are arranged in three departments, to wit:—

1st. Jurisprudence and the amendment of the law, including the punishment and reformation of criminals.

2nd. Social Science, including education, and political economy, including the principles of trade and commerce.

3rd. Public health and sanitary reform.

We have had at our last anniversary meeting the condition and prospects of the first of those three classes of subjects most ably and most eloquently discussed by Mr. Justice O'Hagan, who then occupied this chair. On the preceding anniversary, the second class of our objects which occupies itself with the more material interests of social life, was considered, in relation to that question of such paramount gravity in this country—the tenure of land—by Judge Longfield, the person above all others the best qualified by position and experience to express an authoritative opinion on that difficult subject. It has therefore appeared to me most suitable, as well as most simple, that your attention should be called on this occasion to the third branch of our objects—to wit, that of public health—a subject which, although but of recent introduction, is now recognised as of vast importance to the individual as well as to the state; and in regard to which, the nature of my own pursuits, having had some practical connection with many of the subjects which it includes, I may feel myself enabled to appreciate more accurately what the Society has accomplished within that field, and to indicate with more confidence the direction in which, as I believe, the labours of our members may be most usefully directed.

The importance of inquiries into the sanitary condition of the people, and the necessity for provisions being made on the part of the state for the preservation of the public health, has until lately been recognised only on occasion of the threatened invasion of some plague or other violent epidemic, and the preventive measures which the science or rather the ignorance of the times could devise consisted in an elaborately futile system of quarantine, and the form of destroying the contagious matter by fumigations, which had more resemblance to the magical ceremonies of an Eastern tale than to any real or scientific action. The true conditions upon which the maintenance of health depends, whether of individuals or of masses, were but very imperfectly known even to the best informed, and not at all to the common people; and it is a lamentable fact that the education still given even to the highest classes in our Public Schools and Colleges, leaves the pupils but too often ignorant of the most elementary principles of physiological and chemical

science; whilst the most valuable years of life are occupied with the minute details of Greek and Latin versification, a subject which to the great body of the learners can be but of very inferior importance. Within the last few years the necessity for a proper knowledge of sanitary laws, and the observance of sanitary conditions in the life of the people, has been recognised by the governing classes; and it is now generally understood that violent epidemics, such as that from which we are not as yet quite free, although creating great alarm and attracting universal attention by their rapidly destructive effects, yet, like the transitory though violent disturbances of our atmosphere, exercise but a subordinate influence on the real value of human life, or the true conditions of human happiness, as compared with the silent but continuous action of those preventible sources of disease which are everywhere and at all times in operation, and by which a much larger number of lives, that might have been saved to their families and to the state, are lost by ignorance and inertness. Under this stimulus, however, considerable progress has of late years been made in every department of sanitary science, and various legislative provisions have been devised to meet the more positive and prominent necessities of society. This increased attention to the subject has mainly sprung from those epidemics affecting both man and the lower animals, which have within the last few years assumed such national importance. The cause will, as I hope, prove temporary; the good effect shall, as we may trust, be permanent, and will be the origin of improved social arrangements better calculated to maintain the true conditions of health among the people.

The basis of all questions concerning the public health must be the rate of progress of the population, its increase in number, and the average value on duration of life. In regard to our population there is no doubt but that it continues to show a decided diminution, as the tide of emigration which still pours from our shores more than counterbalances the natural rate of increase from the excess of births over deaths belonging to a normal state of population. Our system of Registration of Births, Deaths, and Marriages is still of such recent introduction, and is still so imperfectly observed in many districts, notwithstanding the exertions of Mr. Donnelly, the Registrar-General, and his assistants, that we cannot attempt to deduce absolute conclusions from our own returns. It is not probable, however, that the true value of life in this country differs sensibly from the average of Great Britain, and by applying the co-efficients obtained from the more matured returns of the sister kingdom, we shall arrive at results in which I believe we may place confidence. Taking, therefore, the mean birth-rate at 1 in 31, the mean death-rate at 1 in 45, and the population of Ireland in September, 1865, as 5,626,471, we find that the births were 181,499, the deaths amounted to 125,033, giving an excess of births which should have increased our numbers by 56,466 in September, 1866; but that within the twelve months there had emigrated 107,053 persons, being an excess of 10,357 over the number which had emigrated during the preceding year, and converting our natural and proper increase into a most unnatural decrease of 50,587 by the loss of that number of the industrious and energetic members of the labouring classes, leaving behind them, a burthen upon the land, the idle, the imbecile, and the diseased. It is not within my province to refer otherwise to this stream, in which the life-blood of the nation is annually poured forth, or to consider how it could be arrested or diverted. A considerable diminution in the rate of loss is shown by the returns of the last quarter of this year, and the hope may be suggested that its greatest intensity has passed away. Many members of our Society are well qualified to discuss this question, and I have no doubt but that during the coming session it will receive proper attention.

I have mentioned that in calculating the above numbers, I employed the values for the birth and death-rates, as obtained from the British returns, those being, as I

believed, the more accurate. This merely arises from the more recent introduction of the system here, which renders it necessarily for some time incomplete. In every year greater exactness will be attained, and already we can trace in the returns of the present year greater completeness than in those of the year preceding. The value of life-birth—that is to say, the number of years which the life of any healthy individual of the community is likely to endure, is, in these countries, 41 years. The great problem of civilization should be to increase the value of life and to prolong that time during which the individual can be of service to himself, to his family, and to the state. But to be of service, mere existence is not enough: a population of fever-stricken, consumptive, or imbecile individuals could not support a state or constitute a nation; and it is therefore the necessary condition for human progress and civilization that proper provision should be made for maintaining the population in a state of health, so far as such can be done by human means. To this end several important legislative measures have been adopted of late years in the sister kingdom, and within the last few months, under the pressure of the alarm caused by the advent of the epidemic from which this country is not as yet quite free, we have obtained a consolidated and improved Sanitary Act for Ireland, organising under the direction of the public authorities an admirable system of control and supervision, through which it may be hoped that those agencies, whether of commission or of omission, by which disease might be generated or conveyed, may be, if not absolutely removed, at least materially narrowed in their range of influence and mitigated in their force. We are indebted to our able and energetic hon. secretary, Dr. Hancock, for an excellent report and digest of the enactments belonging to this subject.

The most indispensable requirements for the maintenance of health is personal cleanliness, full access of light, and proper supply of air. Without those conditions being fulfilled, a population will necessarily be short-lived, and even whilst living, will be so deficient in vital force and energy as to fall rapidly under the influence of any miasmatic or contagious virus which may happen to be generated or introduced. This subject has been well treated of by my friend Dr. Mapother, in his excellent lectures on hygiene delivered at the Royal College of Surgeons, in the reports which he has made officially as Officer of Health to the Municipal Council, and in papers which he has read before this Society. He has called special attention to the evils of over-crowding in the abodes of the poorer classes, to the entire violation of all sanitary laws, in which their wretched existence pines away. In every large town the tendency to overcrowding of the poorer classes of the people arising from their natural instinct of association, from the necessity for living near their work, from their ignorance of the dangers to which they are exposed, and the indifference or dislike to improvement which that ignorance engenders, has always been one of the most powerful agents in the spread of contagious diseases. In Dublin, owing unfortunately to the decay of a large portion of the city, by which mansions, once the residences of the rich and great, have become the tenements of the miserably poor, the evils of overcrowding do not take precisely the same form as in the manufacturing towns of Great Britain, where the constantly growing numbers of workmen accumulating within the same space has produced such bad results. Even in Dublin, however, and even in our provincial towns, Dr. Mapother has shown that tenements occupied by our working classes present some of the very worst features as to disease and filth that could occur, and it is fortunate that the lately increased powers which the Legislature has conferred upon the civic authorities will lead to the establishment of a standard of minimum accommodation which must be provided in all tenement lodgings under a direct unavoidable penalty. By such means a great deal of this evil may be abated.

In the prevention of disease, therefore, so far as hygiene

measures are concerned, you will observe that I place foremost those means which have for their object to elevate the standard of living, and to increase the vital force, to raise the life energy of the people. 1st. To enable, by cleanliness, the skin to perform those functions by which a proper equilibrium of the solid and liquid constituents of our system and the healthy constitution of our tissues is preserved. 2nd. By a proper supply of air to afford to the lungs the requisite means for aerating the blood, and supporting that combustion of the carbonaceous elements of the food by which the temperature necessary for the existence of animal life is maintained. And 3rd, to obtain full access of light, the true vivifier, the great source of energy in nature, without which neither chemical nor physiological action can be duly carried on. If those beneficent agencies are present, the influence of contagious miasma may be comparatively little dreaded. Those sources of disease of which we are only now beginning to have any real or scientific knowledge, are repelled by the energetic vitality of a healthy frame, and exercise their fatal powers in preference on weakened organizations.

The special means of cleanliness for the people must naturally be a copious supply of pure and well aerated water, not merely in such quantity as may suffice for domestic use, for the exigencies of personal cleanliness, and for public baths and wash-houses, but also what may be necessary for the complete removal of the debris and refuse materials which must accumulate wherever animals collect, and the decomposition of which proves often the most dangerous source of moral degradation and disease. Cleanliness is truly next to godliness; and there is no duty more imperative on those who have charge of the public administration of large cities than to provide abundant means for the removal of all collections of sewage materials from the inhabited places, and to afford, even to the poorest portion of the population, the means of personal and domestic purification. You are all aware of the great scale on which the proposed new water supply of Dublin is now being organised—the Clycpean reservoirs, the gigantic pipes, the successive stages of whose slow construction have been festively celebrated. Let us hope that before very long the expected water supply shall be actually placed at the disposal of the citizens, and that the promised advantages to the security of life and property against fire, to the health, the cleanliness, and the safety of the people may be realized.

The progress of investigation of late years has rendered probable that many, if not all, of the diseases which we describe under the term contagious, from their being in some way or other communicable from one person to another, are produced by organic germs capable of rapid reproduction, which, emanating from one diseased individual, may be carried through the air, or by means of clothing, or of another person himself not affected, and may generate the disease elsewhere, when they find a suitable situation. Such maladies constitute the class now known as zymotic or ferment diseases, as the contagious matter is believed to be analogous to the bodies termed ferments in their power of rapid reproduction and development, where they find suitable material to act upon. It would be out of place, even if time allowed, were I to enter here into any detailed account or discussion of those interesting questions of contagion. The phenomena are so varied, and apparently so contradictory, that until lately the question of the contagious or non-contagious nature of various diseases was keenly debated. Those questions have lost much of their importance now that we understand more accurately in what contagion really consists, and that the means of avoiding or contracting its influence are better known.

Some general observations on the nature of the matter of contagion and the processes by which it is spread, so far as the subject admits of popular explanation, may, however, not be considered irrelevant to the general sanitary question with which we are engaged.

(To be continued.)

NORTH CHARITABLE INFIRMARY AND CITY
OF CORK GENERAL HOSPITAL.

CLINICAL LECTURE.

By Mr. SHINKWIN,

JUNIOR SURGEON TO THE HOSPITAL, AND DEMONSTRATOR OF ANATOMY,
QUEEN'S COLLEGE, CORK.

GENTLEMEN,—The case to which I wish to direct your attention this morning is that of a patient who was admitted into No. 3 Ward on the 18th of August last, suffering from five scalp wounds, together with several severe bruises about his chest and abdomen, the result of a beating received four days before admission into hospital.

On examination we found the scalp wounds to vary in size from an inch to an inch and a half in length; the principal ones situated over left ear, over parietal suture, and over the juncture of the superior angle of occipital bone with parietals. He complained of the most excruciating pain in right side, extending from lower margin of eighth rib to about midway down the abdomen. This portion of the body was so painfully sensitive on being touched, that it was nearly impossible to make a proper examination as to whether there was, or was not, fracture of one of the ribs of that side, but my impression was that there was no fracture. All the wounds of the scalp were most carefully examined, but we could not discover any trace of fracture of skull, the pericranium only being removed in one.

I may remark here that the patient was a full, plethoric-looking country lad, aged 18, and on being asked any question it seemed painful to him to make a reply, but still there was nothing remarkable in the case to make us fear that the result would not be favourable.

On my visit the morning after his admission, Mr. Ryder, whose notes of the case I have before me, reported that the patient had been attacked during the night with rigors, vomiting, and most intense pain in the head, more especially in the frontal region, after which he became quite insensible, and was only roused out of the syncope (?) by the application of hot turpentine stupes to the stomach and chest, also to the calves of his legs. When sensibility returned, he was attacked with hiccough, which lasted fully ten minutes, and only seemed to subside as he gradually fell into a deep sleep, from which he woke in a profuse perspiration all over the body. On waking, he complained of being weary and tired, and did not remember what had happened. He now lies on his back, and can with difficulty be roused to answer the questions put to him, each time he makes the effort to speak sighing heavily. His pulse varies from 65 to 70; rather full.

As his bowels had not been moved since his admission, he was ordered a turpentine and assafœtida enema, with calomel and James's powders.

Now, gentlemen, permit me to ask you—What might give rise to the train of symptoms I have just related? Let us consider them in the order they occurred. First—The rigors, which, according to the report, were so severe as to shake the bed, might lead us to suppose that there may have been laceration of the brain substance, or that a portion of the internal table of the skull had been forced in on the brain, or that matter was forming in the brain, or that a vessel had been ruptured at the time of the injury, and had since then poured out its contents and caused compression. The vomiting is easily accounted for, as the sympathy between the head and stomach is so great that you have in almost all cases of injury of the head, be it either compression or concussion, vomiting occurring. The last symptom—insensibility—showed that there must have been some pressure on the brain, either from bone or fluid.

On the 21st—that is, three days after admission—he had another slight attack of rigors about half-past ten in the evening. I saw him at that hour, having been sent for by

our house-surgeon, Dr. O'Sullivan, and as his pulse was then only 70, feeble, and his skin inclined to be cold, I had hot tins applied to his feet, and gave him some warm wine and water. This appeared to serve him, and just as I was leaving the ward, he began to hiccough. I ordered him then two grains of calomel and the same of James's powder ever fourth hour, as also a chloric ether mixture.

During that night the frontal pain became so violent, and the patient so troublesome, that his head was shaved and cold lotions constantly applied. This plan of treatment relieved the pain very much up to eight o'clock next evening. Up to that hour he had taken his powders regularly. They acted slightly on the bowels; pulse 74, quiet and tranquil; respiration natural; pupils slightly dilated, but acted on by light; his friends say "he had always large eyes." At half-past eight o'clock he was again attacked with rigors, pain in the head, accompanied with violent muscular twitching of the hands, which at intervals became clenched. These attacks subsided after from twenty minutes to half an hour, but, unlike the primary ones, left no insensibility after them. He now for the first time since admission complained of pain in the spine, more referable to dorsal and lower end of cervical than any other region, and more at right than left side of body. He was ordered to be stuped with turpentine and mustard, which afforded him considerable ease.

On the 23rd, five days in hospital, the report reads:—"All the head symptoms much improved, but complains terribly of his right side and back, so much so that he lies altogether on left." I had Dr. Goolding, our assistant-physician, to see him, and after a careful stethoscopic examination we found that there was no internal lesion, and that the cause of the great pain was muscular soreness. He was ordered twelve leeches to the side, which were to be allowed to bleed well into a bran poultice; and as the head symptoms had subsided so much, to discontinue the powders. He is now taking beef-tea, and a glass and a half of wine daily.

Next day he was stated to have slept soundly for two or three hours consecutively, and seemed in all respects progressing most favourably; but after that calm came a surprise on us. At twelve o'clock same day (24th), he was awoke out of a sound sleep by regular tetanic spasms; his jaws locked quite tight; the muscles of the neck tense and rigid; his eyes fixed and staring, with greatly dilated pupils; his countenance gradually assuming all the appearance of a person attacked with tetanus. Hot turpentine stupes were immediately laid along his spine and over his abdomen, and the two o'clock report is—"The spasms greatly lessened in frequency; he can now open his mouth slightly, but on being asked to protrude the tongue, says it feels as if it were tied to the back of his neck."

At this sudden change in the character of the disease, we deemed it advisable to send for a magistrate to take his deposition, as to the manner in which he was beaten; during the examination he became quite faint and exhausted, and on the magistrates leaving, the spasms returned with their former violence. I was then sent for and ordered him a dessertspoonful of brandy every second hour; he swallowed slowly and with great difficulty, and could not bear to be raised up in the bed, fearful that the change of position may bring on the spasms. I gave directions for a large turpentine and assafœtida enema to be administered, as also to have a large blister applied to the occipital region, and a long narrow one down the spine. Under this plan of treatment the symptoms were greatly improved, and on turning to the report of the 26th (eighth day in hospital) we find all spasms gone, and now only complains of very slight pain in back; I may say he has taken no internal medicine since the spasms came on.

The 29th (eleven days in hospital), had a slight spasmodic attack this morning; was ordered a strong opiate liniment, which almost immediately checked them.

To follow out *seriatim* the various turns this case went through would be very tedious; suffice it to say, that he gra-

dually grew stronger and better, up to the 12th of September, when we had him walking about the ward—not, of course, very strong, but able to move with only the help of a stick; he has a slight halt in one of his legs. The improvement now became very marked, and he was able to walk down stairs to the garden on the 17th.

At this period of the case I was asked to give a certificate stating that he was out of danger, so as to enable six persons who were in confinement for assaulting him to be bailed; and as I thought that all danger to my patient's life had passed away, I gave the coveted certificate; when what was my surprise at being sent for on the evening of the 23rd, to come up to the hospital to see —. On arriving, to my great horror, I heard that he was worse than ever, that the certificate I had given was ignored, and that the six men were again to be placed in duress; indeed, I am sorry that I did not keep a note from a certain legal gentleman, in which he says, "The responsibility I took on myself was so great that it might be attended with very serious results if the man died;" but I had very peculiar ideas about the case for a few days previous, as it appeared rather extraordinary that he began to complain the day after I gave the certificate, and became more loud in his complaints as the day drew near when the six men were to be liberated from prison. The late Dr. Bullen saw him on the day of the evening I am speaking of, and ordered leeches and an aperient mixture. At twelve o'clock the same night I paid him a visit. He had been since my first visit removed into the small ward at the end of the corridor, and on my entering the room was lying on his back, breathing—pulse, tongue, and pupils natural; but at intervals varying from three to four minutes he started up in the bed, assuming the erect posture, during which time the pulse or breathing were not in the slightest accelerated. The moment I saw these movements my mind was quite at ease as to the probability of my being a resident in one of our Government country residences, as the spasms (?) were not such as to satisfy me of their being true ones. I immediately told my suspicions to Dr. O'Sullivan, and desired him to apply two large blisters over the patient's head. Dr. Bullen saw him with me next day, and we both perfectly agreed as to the nature of the case. Mr. Ryder's report of the 25th:—"Dr. Bullen told — if he was not better the following day his skull would be opened to get a look at his brain." This medicine appeared to have a peculiar specific effect, for, on going into the ward on the following morning, he inquired most anxiously whether his skull would be opened. And the answer given was, "get well as soon as you can, for if it is proved you are humbugging you will be transported." He was dismissed cured on the 7th of October. I have seen him since then; and he is perfectly well.

A great many practical hints may be learned from the case I have just read for you. When that man presented himself among the externs, there was something about his appearance that told me all was not right. On inquiring into the history of his case, I saw immediately that on the result of it other men's lives depended, and I took him into hospital. Had I not done so, I might have regretted it to the latest day of my life. When taken into hospital, for a day or so there was nothing especial to be noticed about him. The wounds in the scalp were not dangerous ones; they took on no unhealthy action. Yet, still in a day—nay, we may almost say in an hour, the man was dangerously ill, presenting all the appearances of compression of the brain, together with the symptoms of that most fearful of all diseases (one excepted, hydrophobia), which the surgeon has to contend with—tetanus; but yet he got well. Nature or art, or nature and art, which you will, helped, with the blessing of the Great Physician, to raise him from his bed, and make him again a healthy man. But, alas for human weakness! the puny arm of man had inflicted an injury, and in the restored health of the recovered was forgotten the feelings of the penitent sick. "I have suffered from their beating; I will make

them suffer more. They shall not be liberated so quickly as they imagine."

I am aware, gentlemen, it is uncharitable for me to argue thus, but facts are very strong proofs; and I think in the case under consideration that the facts bear me out in the conclusion I formed, that this man was feigning disease in order that the men who had been liberated on my certificate should be again arrested.

CASES OF SOFTENING OF THE BRAIN.

By JOHN W. OGLE, M.D.,

PHYSICIAN TO, AND LECTURER ON MEDICAL PATHOLOGY AT, ST. GEORGE'S HOSPITAL, ETC.

(Continued from page 300.)

SOFTENING OF THE BRAIN, ESPECIALLY OF THE WHITE CENTRAL PARTS; ARACHNITIS; DISEASE OF THE TEMPORAL AND OCCIPITAL BONES; PLUGGING-UP OF THE LATERAL SINUS BY FIBRINE.

Case 79.—Sarah B., aged 16, was admitted September 6th, 1849. She had been attacked two months previously with inflammation of the right ear, which soon produced deafness; and she stated that the membrane of the ear had been punctured twice without relief. On admission there was great pain in, and a thin discharge from the ear, and the membrana tympani was found to be destroyed. After a time small spicula of bone came away with the discharge, and by degrees the deafness on the right side becoming complete, the muscles on the right side of the face began to lose their power. A small polypus-like growth was found at the bottom of the external auditory meatus. This grew and eventually projected externally, and an abscess formed in the right temporal fossa, and over the mastoid process. Pus was evacuated by incision. The polypoid growth disappeared, but intense pain in the ear came on at night, which was relieved by incision through the temporal muscle. Another abscess formed and discharged near the outer canthus of the eye, from which bone came away; and another growth like the former grew from the meatus. Much carious bone was felt in the temporal fossa, and over the mastoid process. Great restlessness and weakness came on, requiring opium and stimulants. Low fever-like symptoms set in, and an attack supervened, termed by the nurse "a sort of fit." The patient became delirious, and a remarkable alteration in the voice was observed. The pupils of both eyes were very dilated, *but equally so*. No other special cerebral symptom came on before death, which occurred January 19th.

Post-mortem Examination.—The body was in good general condition. *Cranium.*—The dura-mater was very congested, and that portion covering both surfaces of the petrous part of the right temporal bone was very vascular, a small amount of recent fibrine existing between it and the bone; in the arachnoid covering was much thick purulent fluid, as also beneath on the sub-arachnoid tissues covering the upper part of the medulla oblongata, the right border of the pons varolii, and implicating the origin of the lingual, the pneumogastric, and the sixth and seventh cranial nerves of the right side, the two branches of the seventh being *softer* than natural. The middle lobe of the right cerebral hemisphere was more vascular, and softer than natural. The ventricles were distended, and contained much yellowish and opaque fluid, and the lining of the ventricles, especially on the right side, was very vascular. The corpora-striata, septum lucidum, and fornix were softened, and almost diffused, and the whole brain was rather softer than usual. Extensive caries of the mastoid, of the petrous, and in a slight degree of the squamous parts of the right temporal bone existed, and the styloid, vaginal, and auditory processes, together with the stylo-mastoid foramen were destroyed. Excepting the part forming the floor for the lateral sinus, the occipital bone was not affected.

The petrous part of the bone was so much destroyed that the cavity of the tympanum was laid open, and the bone forming the posterior boundary of the middle cranial fossa was destroyed, and much ulceration of the glenoid cavity, zygoma, malar bone, &c., existed. The lateral sinus was quite impervious to some extent, owing to its being occupied by firm fibrinous material. (36).*

GENERAL SOFTENING OF THE BRAIN; MANIA; EPILEPTIC ATTACKS.

Case 80.—Elizabeth P., aged 34, was admitted February 27, 1849, with symptoms of approaching mania, or insanity, and was unable to give much account of herself, but still appeared to understand things, and did as she was ordered. She had had several children, and miscarriages the last one two months previously, attended by much flooding. There were decided physical signs of congestion of the lungs, and of bronchitis, and she had had hæmoptysis. On the 28th, she had an epileptic attack which left her heavy and sleepy. The pupils were very contracted, the pulse was hard, and the urine passed involuntarily; on the following day mercury was given, and a blister applied to the neck, and the sore dressed with mercurial ointment. On the 5th of March she was quite maniacal, and had another fit. She sank and died the day after.

Post-mortem Examination.—Cranium.—The inner surface of the calvarium to the right of the longitudinal sinus contained a depression corresponding to an enlarged Pacchionian body, and two cerebral veins, before ending in the sinus, were of remarkable size. The brain was dripping with serum, and contained numerous bloody "puncta," and was somewhat softened throughout its substance. *Thorax and Abdomen.*—The pleuræ were much thickened. The kidneys were much diseased. Softening of all the central parts of the brain existed. Caries of the sphenoid and basilar parts of the occipital bone, and also of the upper cervical vertebræ existed, and also ulceration of the transverse ligament. (45.)

SOFTENING OF CENTRAL PARTS OF THE BRAIN; CARIES OF BASE OF CRANIUM; DELIRIUM AND UNCONSCIOUSNESS BEFORE DEATH.

Case 81.—William B., aged 30, was admitted April 25, 1849, having been ill about one month, and complaining of pain in the head, which was worse when lying down, and extended down both legs. He had an expression of much anxiety; his ideas were confused and he lay in a half conscious state. His speech was unnaturally slow and measured; the head was hot; the pulse was weak and feeble. In the evening he became delirious for two hours, but again recovered consciousness. He sank and died about twenty hours after admission.

Post-mortem Examination.—Cranium.—The cerebral membranes were natural. The brain generally was very soft, but especially at the central parts—viz., the septum-lucidum, the fornix, thalami optici, and corpora quadragemina. There was no increased vascularity. The pituitary body was large and rather soft, and the back part of the depression in the body of the sphenoid bone, in which this body lies, was partly destroyed by ulceration, and thus a hollow was formed, capable of holding a small nut, and filled with thick curdy pus. There was no communication between this cavity in the bone and the pharynx. The basilar part of the occipital bone was also very carious, as, likewise, the bodies of the upper cervical vertebræ. The inter-vertebral substance of the upper cervical vertebræ was ulcerated, and the "transverse" ligament connecting the atlas and axis almost entirely destroyed.† (89.)

EXTENSIVE SOFTENING OF THE FORNIX; SEMI-COMA AND DELIRIUM BEFORE DEATH.

Case 82.—John W., aged 14, was admitted June 28, 1849, having been ill with vomiting, followed, two or three days after, by much fever and constipation. There was also an unwillingness to put out the tongue or answer questions. His motions eventually were passed involuntarily. He was blistered and took calomel twice a-day. He recovered consciousness partly, but had a great inclination to sleep, and the pulse became irregular, slow, and, at times, intermitting. The pulse afterwards became quick and fuller, and he was delirious. He refused food, and sank and died July 11th. The bowels remained very costive.

Post-mortem Examination.—Thorax and Abdomen.—The lungs were congested. One lung contained a slight amount of scrofulous deposit, as did one kidney and the spleen, and slight ulceration of the bowel existed. *Cranium.*—The vessels of the cerebral membranes were congested, and the convolutions of the brain flattened. Many "puncta" were met with in portions of the brain, and the lateral ventricles and sub-arachnoid tissues were full of serum. The fornix was very softened, and quite broken down into a pulp when touched. (139.)

EXTENSIVE SOFTENING OF THE FORNIX AND SEPTUM-LUCIDUM; PHTHISIS, SO-CALLED; FAINTING ATTACKS BEFORE DEATH.

Case 83.—William C., aged 40, was admitted July 11, 1849, with fistula in ano and palmonary phthisis. About the middle of August he complained of headache and sickness; the tongue was furred and the skin hot. He was blistered, and the surface sloughed much. With variations, he went on till the 23rd, when he had two attacks described as "fainting fits," and died on the 24th.

Post-mortem Examination.—Thorax and Abdomen.—The right lung contained much scrofulous deposit, and traces of old peritonitis existed. *Cranium.*—The brain-substance was throughout much softer than usual, and the septum-lucidum so diffuent as to be quite perforated. The fornix was very softened; no exudation; corpuscles were met with in any of the vessels of the softened parts. (171.)

SOFTENING OF THE BRAIN GENERALLY, ESPECIALLY OF THE FORNIX AND SEPTUM-LUCIDUM; ERYSIPELAS AND SECONDARY DEPOSITS IN VARIOUS PARTS OF THE BODY.

Case 84.—Henry H., aged 17, was admitted August 1st, 1849. He had been of weakly health, and at the end of July became subject to headache and sickness. Erysipelatous inflammation of the face came on; also dyspnoea and pain at the left side, which were relieved by antimony and cupping the chest. Wine had to be given, but the hips suppurated, as did other parts of the body. Purulent deposits formed in several parts—on the knee, back, and shoulder—and on the 17th of August he was seized with convulsions, which were incessant. Diarrhoea came on, and great quickness of pulse, and he sank and died September 5th.

Post-mortem Examination.—Thorax and Abdomen.—Purulent deposits were found beneath the pleuræ and in the kidneys, and the cartilages of the elbow-joint were much destroyed. *Cranium.*—The brain-substance was generally softer than natural. The septum-lucidum was quite broken down, and the fornix quite pulpy. A slight amount of fluid existed in the ventricles. The membranes and the bones of the skull were natural. (181.)

SOFTENING (GENERAL) OF THE BRAIN; CONGESTION OF THE LUNGS; COMA BEFORE DEATH.

Case 85.—Samuel W., aged 32, a pot-boy, was admitted September 8th, 1849, in a state of delirium tremens of four days' standing. He had had a fit as they were taking him to the lunatic asylum. He was sweating much,

* For preparation of diseased bones of the ear, see Hosp. Path. Cat. Series xvi., No. 26.

† The preparation of diseased bone exists as No. 40, Series ii, in the Hos. Path. Cat., the case also described in Path. Soc. Trans., Vol. ii., 10.

and the tongue was moist and pasty. Porter with a drachm of laudanum was given him, and he lay in a state of stupor, constantly muttering, and with his eyes turned upwards and inwards. Sleep came on, with stertor and snoring respiration. In spite of brandy and opium, he became more restless and sank into coma, and died on the day of admission.

Post-mortem Examination—Thorax and Abdomen.—The lungs contained old cretaceous masses, and were congested. The heart was pale and flabby, with dilated walls. The kidneys were softened, with adherent capsules. *Cranium.*—The vessels and sinuses of the brain were congested, and the arachnoid membrane slightly opaque, with much fluid beneath. But little fluid existed in the ventricles. The brain was “wet,” and, throughout, in a softened condition. (184.)

SOFTENING OF THE CORPORA-STRIATA, THALAMI-OPTICI, AND UPPER SURFACE OF THE RIGHT CEREBRAL HEMISPHERE; HEMIPLEGIA ON THE LEFT SIDE; COMA BEFORE DEATH.

Case 86.—Mary H., aged 42, was admitted August 9th, 1849, with hemiplegia on the left side of the body. She had for some time been subject to fits of some kind. From this state she partially recovered, when she became a second time affected on the same side, after a severe attack of convulsions. Peculiar clonic spasms of the legs came on, and coma set in. She died three days after admission.

Post-mortem Examination—Thorax and Abdomen.—The lungs and kidneys were congested. *Cranium.*—The cranial bones were natural. The cerebral convolutions were flattened, and much serum existed in the lateral ventricles. The corpora-striata and thalami-optici were much softened, as were also the cerebral convolutions at the upper part of the right cerebral hemisphere. Corresponding to this softened part of the convolutions was a deposit of laminated yellowish-coloured material, apparently the remains of old blood-clot, attached to the inner surface of the dura-mater. This deposit was of the size of half-a-crown, and in its interior was a compressed cavity containing some scales of a silvery appearance, which could be peeled from the dura mater, to which it was pretty firmly attached.* (144.)

SOFTENING OF THE BRAIN IN GENERAL, ESPECIALLY OF THE FORNIX, AND SEPTUM-LUCIDUM; PHTHISIS; DELIRIUM.

Case 87.—John D., aged 46, a hard drinker, was admitted November 14th, 1850, in a low nervous state, and not very distinct in his answers, and with rather tremulous movements. He was feverish, and passed a delirious night, voiding his motions in bed. He expectorated purulent fluid, but his state was such that it was impossible to examine the chest. He sank and died four days after admission.

Post-mortem Examination—Thorax and Abdomen.—The lungs were congested, and contained much scrofulous deposit, as did the kidneys to a certain extent, and a part of the colon was in a state of scrofulous ulceration. *Cranium.*—Much fluid existed in the ventricles, and at the base of the brain. The brain was “wet,” and softer than natural, generally. The septum-lucidum and fornix were so soft as to be almost diffuent. (201.)

SOFTENING (GENERAL) OF THE BRAIN; PHTHISIS; PECULIAR CONDITION OF MIND; DELIRIUM BEFORE DEATH.

Case 88.—Richard P., aged 30, was admitted January 21st, 1852, in an apathetic and abstracted state of mind, leaving his sentences unfinished, and losing the thread of his ideas. He had had hæmoptysis and cough, and, for five weeks, diarrhœa and vomiting, and latterly pain in the

head, with partial deafness. The sight was indistinct, but there was no double vision. Consolidation of the lung was found. The tongue was red and moist. The pulse feeble and frequent. A blister was applied to the neck, and small doses of grey powder and Dover's powder were given. The head symptoms got worse. He became delirious. Sordes appeared in the mouth, strabismus came on, and he died January 28th.

Post-mortem Examination—Thorax and Abdomen.—Scrofulous deposits and vomicae were found in the lungs, and there was ulceration of the bowels and slight scrofulous deposit in the kidneys. *Cranium.*—The brain, generally, was “wet,” and also softened altogether. Much fluid existed under the arachnoid, and slight turbid fluid in the ventricles. (25.)

PATCH OF SOFTENING IN THE LEFT CEREBRAL HEMISPHERE; SCROFULOUS DEPOSIT IN THE LUNGS; DISEASED KIDNEYS; DELIRIUM AND COMA BEFORE DEATH.

Case 89.—Thomas T., aged 54, an intemperate man, was admitted June 6th, 1852, having in a drunken fray injured his elbow and divided several of the veins. On the day afterwards delirium set in, and opium and bark were freely given. His manner was very strange and tremulous. After being violent for a length of time he fell into a comatose state, and died on the 19th.

Post-mortem Examination.—The injury about the elbow was in a sloughy state, and some of the veins, where divided, had open mouths, and contained puriform fluid. *Blood.*—In the heart and all the large vessels the blood was very fluid, and contained pus-globules and granular matter. *Cranium.*—Much fluid escaped on removing the brain, and the vessels of the pia-mater, which was puffy and thickened, were very injected. The surface of the cerebral convolutions generally was softened, and on the upper part of the left cerebral hemisphere was a small circumscribed patch, where the brain-matter was diffuent, and had almost the appearance as if it had been bruised. The whole brain was “wet” and pale. *Thorax and Abdomen.*—Scrofulous deposit existed in the lungs, and the kidneys were very granular. (136.)

SOFTENING OF THE CENTRAL WHITE PARTS OF THE BRAIN; PHTHISIS; PTOSIS, SYMPTOMS LIKE THOSE OF FEVER.

Case 90.—Alfred S., aged 15, was admitted August 19, 1852, in a state of partial stupor, and when roused relapsing into somnolence. There was much fever and the pupils were dilated; there was also drooping of the left upper eyelid. Purgative injections, and also calomel, were given, and cold was applied to the head, and, under the impression of the case being one of fever, large doses of quinine were given every six hours, which had the effect of reducing the pulse. The nights became quieter, and he became more intelligent. He complained much of pain in the head. Both pupils continued dilated, the left one being especially sluggish. No petechial spots were ever found on the skin. Unmanageable delirium came on and passed into stupor. The urine was alkaline and loaded with phosphates. The evacuations became passed involuntarily, and coma preceded death, which happened August 27th.

Post-mortem Examination—Thorax and Abdomen.—The lungs contained much scrofulous deposit and vomicae, as did the spleen. The colour was ulcerated. *Cranium.*—The meningeal vessels were very congested, and the ventricles were distended with fluid. The central white parts of the brain were much softened. (169.)

SOFTENING OF THE CENTRAL WHITE PARTS OF THE BRAIN; PARALYSIS, FIRST OF THE LEGS, AND THEN OF ALL THE LIMBS; CONVULSIVE ATTACKS.

Case 91.—Richard H., aged 48, was admitted August 11, 1852. He had had stricture for some years, and for a short time had been under treatment for stiffness, weakness, and numbness in both legs, from which he had

* The dura mater is described in the “Hosp. Path. Cat.,” Series viii., No. 189.

suffered for six weeks. For some time he had been unable to retain his evacuations. On the morning of admission he had an attack, in which he lost his senses and was convulsed, and on recovery he had lost all power of motion of the limbs on the left side, the sensibility of the skin being unaffected. He was cupped between the shoulders and purged. The speech was indistinct, and the mouth drawn slightly to one side. A blister was applied to the neck, and small doses of grey powder were given. On the 6th September, giddiness, pain in the head, and great inclination for sleep, with double vision, came on. He had lost all power in the hands and feet, and all evacuations were passed involuntarily. Several convulsive attacks came on, and the urine became transiently albuminous. Excepting some slight use of the right arm, he had lost power over all the limbs. He became perfectly powerless, sloughs formed on the back, and he sank and died November 3rd.

Post-mortem examination.—Cranium.—The bones of the skull were unusually thin. The lateral ventricles were twice the usual size, and full of limpid fluid, and the fornix and all the central parts of the brain were very much softened. *Thorax and Abdomen.*—The lungs were much congested at their lower parts. The kidneys were also diseased. (219.)

SOFTENING OF THE SURFACE AND CENTRAL WHITE PARTS OF THE BRAIN; DISTENSION OF THE VENTRICLES; CICATRIX IN THE CEREBELLUM; STRUMOUS DISEASE OF THE LUNGS AND KIDNEYS; GENERAL PARALYSIS OF THE INSANE.

Case 92.—James T., a tailor, aged 36, became a patient of mine at the St. George's and St. James' Dispensary in the early part of November, 1852. He had rather a starved look, and slight lachrymation of the right eye, also a noticeable slowness of speech with a slight lisping; but he was in tolerable general condition. There was no alteration of the muscles of the face, and the sight and hearing were good, but there was ptosis of the right upper eyelid, and the pupils were rather dilated. His manner was good and his mental faculties apparently tolerable, but his temper and spirits were very variable. There was no loss of sensibility in the skin, nor of motive power in any of the limbs, and he walked well, complaining of no pain, but of occasional "creepings and twitchings" of the left arm and leg. There was slight occasional cough, but nothing wrong was to be found in the heart and lungs. He related that his illness had existed several months, commencing with giddiness, with pain in the head, and gradual loss of power on the whole of the left side, but that, after a time, the power of the limbs returned. He had never been intemperate, but had gambled much, and had had much trouble. I put him on small doses of the bichloride of mercury and bark, and blistered the nape of the neck, and continued the treatment for a month. At the end of that time his wife said his disposition was more even, his aspect more cheerful, and his speech improved. The gums were slightly touched by the mercurials. About the middle of December he began to complain of occasional staggering, and temporary numbness in all the limbs, causing him to stretch them, by which the feeling would pass off. He then had two seizures, in one of which numbness and tightness affected all the body, in the other attack only the left side. He often started in sleep, and the left leg would start up. His mouth becoming sore, the mercury was omitted. At the beginning of February he had more of the attacks of general numbness, crying afterwards; and at the beginning of March he had an attack in which he lost the power of the left arm and leg, but the speech was not affected. He thought he became near-sighted. Quinine and, subsequently, strychnia, were given him, and mercury, from time to time for short periods. After going on without any further change, but having occasional attacks, and losing strength, he went into the workhouse, and eventually was transferred in a decided state of

"general paralysis of the insane" to Colney Hatch Asylum, May 23, 1854. The disease of the brain, and its paralytic concomitant, "general paralysis," were progressive (as Dr. Tyerman was so good as to inform me) until his death, November 2nd.

Post-mortem Examination.—There was great emaciation, with imperfect cadaveric rigidity of the limbs. *Cranium.*—there was great vascularity of the surface of the brain; the veins large and tortuous. The arachnoid membrane was opaque generally, and much fluid existed beneath it. The cerebral membranes were greatly thickened. The grey substance of the brain was universally soft and high coloured. A small patch of ecchymosis existed at the vertex on the right side of the brain (in the sub-serous cellular tissue). The ventricles were greatly distended (all the cornua well developed), and filled with clear fluid. The septum-lucidum and fornix were generally soft, almost disorganized. The lining membrane of the ventricles was opaque and thickened. The velum and choroid-plexuses were congested. Much serum existed at the base of the skull; the effused fluid in this situation, together with what was in the ventricles and the sub-serous cellular tissue of the pia-mater, amounting to eight or ten ounces. The weight of the brain, including the cerebellum, was two pounds ten ounces, avoirdupois. The commissura mollis was absent, probably owing to laceration by separation of the walls of the third ventricle, owing to the accumulation and subsequent absorption of fluid; and in the posterior and inferior lobe of the cerebellum there was a gelatinous cicatrix, intimately connected with the membranes and substance of the organ. *Thorax and Abdomen.*—Old pleuritic adhesions existed on both sides, more marked on the left. The lungs were expanded and crepitant generally. The right superior lobe was rather solid, and in its apex was a considerable (old) cicatrix, and deep in its substance a mass of cretaceous tubercle. The heart was pretty well contracted; firm fibrinous coagula existed within the right cavities and large vessels. In the pericardium there existed about one ounce of yellow serous fluid. The liver was large and solid, purple and heavy; its capsule thickened; its inferior border thickened and rounded; its substance very firm and heavy, and loaded with pitchy blood. The kidneys were rather large and highly congested, the pelvis and ureters highly inflamed, and containing purulent mucus; and in the cortex of the right kidney there existed a circumscribed tubercle, the size of a small bean. The bladder was contracted, its mucous surface was highly inflamed, and in its cavity was an ounce or two of urine, containing pus with mucus.

SOFTENING OF THE CENTRAL WHITE PARTS OF THE BRAIN; INCIPIENT KIDNEY DISEASE; DELIRIUM TREMENS; CONVULSIONS.

Case 93.—John W., aged 34, was admitted March 28, 1853, in a state of delirium tremens, having tried to commit suicide by cutting his throat superficially. He had been two nights without sleep, and on the night of the 29th he had three fits, in which he became blue in the face, foamed at the mouth, and bit the tongue. Æther, gin, and laudanum were given. No sleep was procured, but he became violently delirious. It was resolved to give him chloroform to inhale, but as a fit was threatening, it was relinquished. Opium suppositories were had recourse to, and again was the inhalation of chloroform attempted, but as another fit seemed to impend, the attempt was a second time discontinued, and he died exhausted, April 1st.

Post-mortem Examination.—Abdomen.—The kidneys presented marks of early disease. *Cranium.*—The cerebral membranes were congested, and much fluid existed under the arachnoid and in the ventricles. The central white parts of the brain were softened. (68).

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 5, 1866.

THE MEDICAL STUDENTS IN 1866.

IN the general dearth of topics with which the political newspapers are periodically affected at the present season, the *Times* has fallen foul of the Medical Students, and has devoted half a column of pretty large type to a letter from one who signs himself a "Medical Tutor," and who complains most bitterly of what he terms the "increasing demoralisation" of this class of youths. The text of his remarks is drawn from the rather riotous conduct of some persons, said to be Medical Students, at the lecture delivered lately at St. James's Hall, by Dr. MARY WALKER, and from a silly story which went the round of the papers as to a Medical Student at St. Mary's Hospital having poked a dead body with a stick during a Coroner's Inquest. The writer having thus illustrated the observations he makes, proceeds to explain the causes which have given rise to the demoralisation in question, and he believes them to exist in the want of control over the body of Medical Students on the part of the teachers and lecturers, and in the eager competition of the schools for pupils. In many of the Medical Schools, he observes, not the least discipline is ever attempted, far less maintained, while the most idle and dissipated students may obtain certificates of attendance on lectures at which they were never present, and gain credit for diligence which they have never evinced.

This letter, as may readily be supposed, immediately called forth some indignant replies from writers who denied altogether the sweeping accusations thus made, and who claimed for the Medical Students of the present day as high a degree of respectability in general demeanour as is shown by any other class of the community; and the conduct of the general body of students is contrasted with that of the alumni of Oxford and Cambridge, who, as is well known, are occasionally guilty of outbursts of violence. One of the writers who thus vindicates the students from the charges made by the "Medical Tutor," alleges that the latter has had no experience, or a very exceptional one, with the actual work of hospital teaching; and he then appeals to the lecturers whether it is not their own faults if they fail to obtain respectful attention from the classes they teach. But while we admit that the "Medical Tutor" is too severe in his remarks, and that he attributes to the whole body the perpetration of offences which are committed only by a few, yet we cannot but admit that there is considerable force in some of his observations as to the present condition of medical students in our large cities. It is quite true that there is no control exercised over this large class of young men, except perhaps

when they are within the walls of the College or Hospital; and what is much to be deplored, there is none of that sympathy and kindness, except in particular instances, shown to the diligent and well conducted students, which may, in some measure, compensate them for the absence of home-comforts and the advantage of parental advice. Since the practical abolition of the apprenticeship system, the young men of our Hospitals and Medical Schools are left to do pretty much as they please, and it is a matter for congratulation that their general conduct is as good as it is. Many well-wishers to the Profession, however, are desirous that something like a collegiate system should be adopted for the benefit of our Medical Students, whose moral and intellectual progress might be watched with more care than is at present bestowed, and whose occasional irregularities, even if they could not be prevented, might at least be reported to their parents or friends.

CHOLERA.

OUR weekly chronicle of cholera happily continues to grow less interesting as its figures progressively diminish, and we are looking forward to our next volume with the pleasing hope of being able to devote its columns to other subjects. In the forty-seventh week of the year there were 8 deaths from cholera and 26 from diarrhoea, in the metropolitan districts. This is the first time since the commencement of the epidemic that the deaths from cholera, in any one week, have been less than the deaths from the milder form of disease. The deaths from cholera during the last seven weeks have decreased as follows: 207, 144, 112, 73, 67, 32, and 8.

The total deaths in London during the week were 1435, which is less by 173 than the average number, corrected for increase of population. It must be allowed that these figures present a very favourable account of the health of the metropolis. This state is probably partly due to the energetic measures that have been adopted to meet the cholera, and which cannot be without their effect on the other zymotic diseases. It also constitutes the strongest possible argument in favour of the continuance of every kind of sanitary precaution. There is no need to set up an alarmist cry, yet there is abundant reason to warn the authorities that we are not yet rid of the pestilence, and that it is quite possible we may have to encounter a renewed outbreak in the coming spring or early summer. We have now a respite. Let it be employed in stamping out the seeds of the disease, and abolishing these preventible nuisances from which zymotic disorders draw their power of destruction. It may be taken as an encouraging circumstance that on several days there have been no deaths from cholera in all London. On Sunday, 25th, there was only one; on Monday and Tuesday none.

LIVERPOOL.

The Medical Officer of Health has certified that cholera has now dissipated from the town, and clean bills of health are now granted to vessels leaving the port.

EDINBURGH.

The weekly return shows a fall of 50 per cent. in the deaths. Nine cases were reported, of which 4 had proved

fatal. In Leith, 5 more cases. In Leven, 4. A fearful outbreak occurred at Methill Hill, a colliery village of 350 inhabitants, of which it is stated one-seventh perished in four or five days, and the disease was not abating. In this village, and three others near, it is stated more than 300 deaths from cholera had taken place. The people have fled in large numbers, and the disease is reported to be propagated by the fugitives throughout the country.

HEALTH OF THE CITY OF LONDON.

THE Quarterly Report of the Medical Officer of the City has just been presented to the Commissioners of Sewers, and embracing as it does a period of unusual importance, demands some notice on our part.

There were 655 deaths registered in the City during the summer quarter, being at the rate of 22.9 per 1000. The mortality for the last ten years in the same quarter has averaged 20.6; yet although the mortality has been larger than usual, it has not been equal to that of the rest of London, nor to that of all England. Of the 655 deaths, 228 were those of children under 5 years of age; there were 60 deaths between the ages of 5 and 20; 135 between 20 and 50; 146 between 50 and 70; and 86 at the age of 70 or upwards. Comparing these figures with the averages of the last ten years, it will be seen that the mortality last quarter was less than usual in young children, and considerably greater in persons of advanced age. This may be due to larger numbers residing outside the City boundaries, and the consequent decrease in the number of births that take place in the City. There were 117 deaths from tubercular diseases, 42 from inflammatory affections of the lungs, and 248 from zymotic diseases. The average numbers for the same quarters of the last ten years are—146, 55, and 172. There has, therefore, been less than usual disease of the two first classes, with a great increase in the last. This excess has been entirely due to "alvine disorders," and these have been most fatal in adults, having caused altogether 152 deaths, of which only 49 were those of children under 5 years of age, thus leaving 103 deaths of persons above 5, the average mortality of the last ten summers in persons of this age being only 10. Pursuing this subject, we learn from Dr. Letheby's report that there were 53 deaths from cholera, 2 from choleraic diarrhœa, and 11 from diarrhœa, among the adult population of the city, and 9 from cholera, 5 from choleraic diarrhœa, and 29 from diarrhœa, among the infantile population (under 5 years of age).

In the City workhouses which are situated outside the City there were thirty-two deaths from cholera and six from diarrhœa. These figures prepare the reader for the statement that the City has only been slightly visited. It appears in fact that the total mortality from cholera and diarrhœa in the City Unions, including the inmates of the workhouses in the suburbs, has been 13 per 10,000, while in all London it has been 22. The following figures show the weekly deaths from these diseases, commencing with the week ending July 14:—

1	.	0	.	7	.	18	.	15	.	8	.	7
2	.	3	.	7	.	6	.		.		.	

Of these deaths, nearly three-fourths occurred in the eastern portion of the city; but Dr. Letheby states that, "*there is no evidence of its having been caused by the use of the water of either of the water companies which supply the City. On the contrary, its propagation and occurrence have been, as usual, among the poor and ill-conditioned.*"

This statement is of such importance, and everything coming from so able an authority as Dr. Letheby is so deserving of full consideration, that we have taken the liberty

to italicise it. The position of Dr. Letheby as Professor of Chemistry at the London Hospital has afforded him the opportunity to investigate this point in the much more severe outbreak at the east of London, and as he proposes to "deal with the subject more fully when the now fast-waning disease has left us," we shall look anxiously for his matured opinions in his next report. We have heard so much lately of water as the origin of the epidemic, that a disposition to doubt the accuracy of the conclusions so freely circulated will infuse considerable freshness into the subject.

The sanitary labours of the quarter, to which, we doubt not, the favourable returns are in great part due, are all detailed in the report before us, and although we cannot afford space to reprint them in full, we feel bound to state that they do great credit to the Medical Officer of Health for the City, and the subordinates who faithfully carried out his instructions.

Notes on Current Topics.

DEATH OF M. TROUSSEAU.

THE sudden death is announced of Professor Trousseau, the great physician of Paris. Dr. Trousseau was one of the most eminent and highly distinguished physicians whom the school of Paris has produced. He combined the highest qualities of the teacher with the most remarkable skill as a practical physician. His clinical insight was exquisite; the profound, literal, and minute study which he made of every case was the first element of his success. But to this he added rare sagacity and discrimination, a searching insight into hidden causes, and a skill in unravelling the most intricate web of probabilities, which rarely failed him. It was impossible to hear Trousseau give an account of even the most usual case without feeling that he had invested it with a peculiar interest, that he saw more in it than any ordinary man could see, and had called attention to some subtle analogy or some suggestive detail which would have eluded any but his keen glance. Not the least of his qualities was an admirable precision of language, and a fluency which, under the influence of feeling, often warmed into eloquence. He was erudite, as most eminent French physicians are; but he was more catholic, more sober, and less enamoured of novelties, than many of his distinguished contemporaries in that school. We pay him a compliment which he appreciated, which in his lifetime he loved to hear, in calling him the French Graves. He highly esteemed the clinical writings of that physician, and edited them in French. His own clinical lectures, which are now in course of publication in English, forcibly recall those of his great Irish predecessor. He had but lately resigned the Chair of Clinical Medicine in the Paris Faculty, which he had been induced to keep of late years, sorely against his will, by the earnest prayers of the students, who idolised their great teacher. In this country, Trousseau has long been accepted as the best typical physician of the French school. His sudden decease will not be heard here without emotion by many private friends, and by more professional admirers.

PROFESSOR WEDL ON TRICHINIASIS.

A REPORT of a Committee on Trichiniasis has been presented to the Medical Society of Vienna by Professor Wedl. The Committee dealt mainly with the presence of the disease in different animals, &c. Rats taken in Vienna and the suburbs, as well as in many of the provinces of the empire, were especially examined with this object. Very few trichinæ were found in Vienna rats. On the other hand, suburban rats, and the Moravian and Galician rats, were

found well studded with the parasites. In Moravia, for example, where there are an extensive manufacturing of sausages and large pig-markets, trichinæ abounded. Trichinæ were also found in the marmot, hedgehog, shrew-mouse, polecat, and fox. But in pigs, for the most part, the examinations were negative. Hitherto, there have only been in Austria a few scattered cases of trichinosis observed in man. The pigs experimented on exhibited no distinct pathological symptoms characteristic of trichinosis. Cough and irritation of the skin, loss of appetite and wasting, were noted, but after a time disappeared. The same symptoms were noted in a calf. Experiments with tainted food made on rats, mice, foxes, &c., all gave positive results. But in no case was paresis or paralysis observed. Trichinæ subjected to gastric fluid were destroyed; but the capsulated trichinæ resisted destruction. Muscular trichinæ exhibited great tenacity of life in decomposed muscle; they were still capable of infecting after being kept eighty days in putrid flesh.

LOGIC AND SUPERSTITION.

In a recent able review of the biography of Dr. Whately, the late Archbishop of Dublin, the writer refers to the singular facility with which that great logician gave himself up to all the wild follies of mere sciolists and pretenders in science. Homœopathy, animal magnetism, spirit-rapping, and most nonsense of the kind, found ready acceptance from him. This writer has a theory by which he explains the paradox. It is, he says, "as if, in his case, as in that of others, the intense use of reason produced a reaction towards superstition in some matters." The same thing has been enunciated more generally by Dugald Stewart, who says "that mathematicians are the most credulous of men." An illustrious living mathematician in the metropolis is very well known at the present moment as one of the warmest believers in the mysteries of spirit-rapping and spirit communications.

Hospital Reports.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

Dr. LYONS' CLINIQUE.

IDIOPATHIC TETANUS—TREATMENT BY TOBACCO AND NICOTINE.

(Reported by Mr. CRAWFORD, Clinical Clerk.)

PATRICK McGRATH, æt. 10, was admitted into the Hardwicke Hospital, October 28th, 1866. He had all the symptoms of general tetanus, well developed; partial trismus was constantly present, and opisthotonos recurred at frequent intervals both by day and night; the muscles of the back of the neck were rigid, and when a spasm came on his head was thrown forcibly back, the muscles of mastication were also implicated, so much so that he could not open his mouth more than a quarter of an inch. He was found to present pneumonia of the left lung; the face was flushed; perspiration broke out whenever a spasm attacked him. None of the muscles of the lower extremities was affected; the spasms recurred every few minutes, throwing him backwards, arching his spine; at the same time he experienced great difficulty in breathing; the doors and windows had to be opened; while he was in this state the muscles of the abdomen would be like a board; by pressing on them he found great relief; sometimes it took all the

weight and pressure his nurse could exert to control the tension and suffering experienced in the abdomen.

No wound, scratch, or external injury of any kind could be detected.

The previous history of this patient cannot be accurately found out; he had been ill since Thursday, 25th, when he first felt pain in the muscles of the abdomen; from that date he seems to have been getting worse every day, and on Sunday (28th) morning, after a severe night, his mother brought him to hospital.

That evening, by direction of Dr. Lyons, an enema was given of tobacco $\mathfrak{z}i.$ to $\mathfrak{z}xx.$ of water, $\mathfrak{z}v.$ of which were injected; the effects were very marked, for after a few minutes he became quite unconscious, and all the muscles were relaxed; this state did not last longer than a quarter of an hour, when the tetanic symptoms recurred, but with less urgency than before.

October 29th. Had a great number of attacks during the night; slept none; suffered from flatulence, which was greatly relieved by enemata of turpentine, which brought away a quantity of hardened fæces.

An enema of tobacco was given in the evening, not so large as the former one; the effects it produced were not so marked.

Enemata of turpentine were given to clear out the bowels, which was not fully accomplished for a number of days.

30th. The patient is slightly improved, but he is still affected with repeated attacks of the spasms, of which as many as forty-five were counted during the day and night; the breathing is still difficult; expectoration of a frothy mucous character; cannot cough it up; but instead makes strong expiratory efforts; drinks milk and tea, but is not allowed any solid food; no stimulant given. Ordered:—

R Nicotinæ, gtt. unam.

Ext. gent. q.s.

Ut fiat pil. vi. St. i. secundis horis.

The pills had a perceptible effect in lessening the spasms during the night; four turpentine enemata were given during the night; he slept for two hours.

31st: Going on favourably; breathing during the spasms very difficult; still expectorating a good deal; pulse 100. Ordered:—

R Nicotinæ, gtt. duas.

Ext. gent. q.s.

Ut fiat pil. viii. St. i. tertius horis.

An enema, consisting of leaf tobacco gr. xxx., infused in a pint of water, was ordered, five ounces at a time; also a warm bath; both the pills and enema had a good effect.

November 1st. Three drops of nicotine were ordered to be divided into the same number of pills, one to be given every third hour; slept from three to eight A.M.

2nd. The pills were repeated, also a warm bath; pulse 92.

3rd. Tobacco was ordered as before in enema; pulse 88.

4th. A castor-oil and rhubarb draught ordered; also enema of tobacco as before, and bath.

8th. Enema of tobacco as before.

9th. Nothing ordered.

10th. Enema of tobacco and a cough mixture.

14th. Enema of tobacco.

16th. Tobacco enema, gr. xx: to the pint; $\mathfrak{z}v.$ to be injected; this was the last enema given.

19th. No attack of spasms; cough better, but still has a slight rigidity of the muscles of mastication; can open his mouth about an inch.

21st. Was allowed up for the first time to-day; pulse 88. The patient has now completely recovered without much loss of flesh.

The spasms continued for a period of twenty-six days; and he was suffering for four days before admission.

The total amount of nicotine administered from October 30th to November 2nd, amounted to nine drops.

Juice Tobacco enemata were given from October 28th to November 16th, as follows:—

A larger quantity than actually required was usually ordered, to provide for repetition of the enema if the first came away without effect.

Oct. 23, 60 grs. of Tobacco infused in a pint of water, 5 oz. were injected.			
" 29, 60	"	4	"
" 31, 90	"	5	"
Nov. 3, 20	"	5	"
" 4, 20	"	6	"
" 8, 20	"	6	"
" 10, 20	"	6	"
" 14, 20	"	6	"
" 16, 20	"	6	"
270	"	49	"

SPECIAL REPORT

ON THE

TREATMENT OF CHOLERA BY VENOUS INJECTIONS.

V.

THE EPIDEMIC OF 1866.

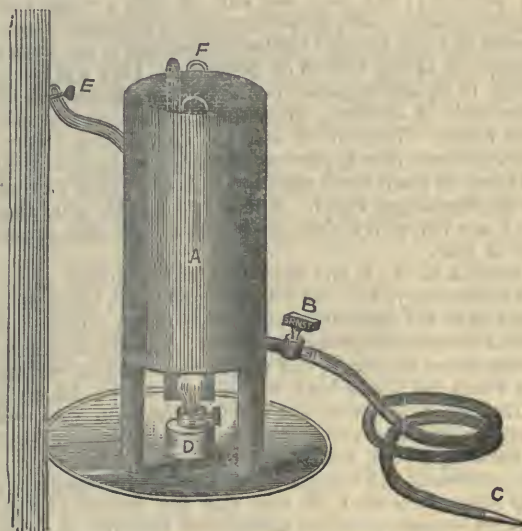
(Continued from page 539.)

DURING the epidemic now passing away, the attempt has again been successfully made to arrest the collapse stage of cholera by the introduction of fluids into the veins. By some, simple warm water has been employed, by others, serum, defibrinated blood, and saline fluids, to which alcohol has sometimes been added. At the height of the epidemic, our "Hospital Reports" several times alluded to the cases treated upon this plan. Thus we recorded two cases treated at University College Hospital by injections of a solution of carbonate soda of the strength of twelve grains to the pint. We also described a case at the Middlesex Hospital treated by saline injections, under the care of Dr. Murchison. A more extended trial of this method was made at the Bethnal Green Cholera Hospital, of which details will be subsequently given. But, as in the two former epidemics we have described, the London Hospital has again been the scene of the fullest and most important trial of venous injections. Drs. Cobb and Little had indeed both retired from their posts at the hospital, after many years' service, but the results of their observations had favourably disposed some of their successors. Dr. Fraser, the senior physician to the hospital, who has witnessed four epidemics in various places, and had seen some of the cases we have published, recommended a renewed trial of this method, and for this purpose placed some of his cases at the disposal of Mr. L. S. Little, Assistant-Surgeon to the hospital, and son of his former colleague, Dr. Little, whose case we have reported. Dr. Fraser, in a paper contributed to the London Hospital Reports on the present epidemic, says he "is strongly impressed with the feeling that by injection through the veins lies the true means of saving life during the paroxysm of real algide cholera." It is obvious, therefore, that our report would be incomplete without an account of the cases which have produced such an impression on the mind of so experienced a physician. First of all as to the fluids employed: In two cases defibrinated blood was used. It produced no favourable change whatever. The cases were, in fact, so bad that the temporary rally did not take place, and no conclusion can be legitimately drawn from them. In two other cases serum was injected. Deep's blood was left to separate, and the serum poured off in from four to six hours. An extended trial of serum as impracticable, on account of the difficulty of having it ready at the time required. This is exemplified in the first case, in which, from there not being enough serum, it was necessary to mix it with saline fluid. Seventy ounces of this mixture were injected, but the patient was *in articulo orbis*, and no rally took place. In the other case forty ounces of pure serum produced so good an effect that the next day it was thought he would recover. He subsequently sank, his death being perhaps partially accounted

for by his age, which was sixty-four. The saline fluid tried was as follows:—Chloride of sodium, sixty grains; chloride of potassium, six grains; phosphate of soda, three grains; carbonate of soda, twenty grains; distilled water, twenty ounces.

To this fluid, in the majority of the cases, and in all the successful ones, alcohol was added in the proportions that Dr. Little had successfully used in 1849—viz., two drachms to the pint. So much for the fluids used. Now as to the operation and the means of injecting. Occasionally a vein was not visible at the bend of the elbow, but there was not often any difficulty in finding one.

Mr. Little usually exposed the vein and passed a probe under it before opening it, finding that he could then turn on the fluid, and so wash away any blood that might issue from the opening, and to enable him to see clearly the parts. This plan avoids such like risk as there may be of pushing the nozzle into the cellular tissue or along the sheath of the vein. It will be seen that the operation is as easy as that of ordinary blood-letting. At first Mr. Little used the syringe invented by his father, and of which we have already given a figure. Then in a few cases he attached an india-rubber tube furnished with a proper nozzle to a funnel, and so allowed the fluid to flow in by force of gravity. Subsequently he devised an apparatus to carry out this view with ease and certainty. As this enables the whole process to be easily carried out by one person, and provides for the fluid being kept at the proper temperature, besides allowing the operator to watch the temperature and make other observations, it is likely to be used on future occasions. We therefore add the following figure of the instrument, which is made by W. Ernst, 80 Charlotte-street, Fitzroy-square.



a vessel; b tap; c nozzle; d spirit lamp; e fastening to bed-post; f thermometer.

Mr. Little's apparatus consists essentially of a vessel (A) holding the fluid, with a spirit lamp (D) beneath it to regulate the temperature. To the tap (B) a thick india-rubber tube, four feet long is fixed, terminating in a silver nozzle (C). The apparatus can be fixed to the bed-post by the fastening (E) at about the level of the patient's head. It is then found that the nozzle being introduced into a vein at the bend of the elbow, the fluid will flow in in about ten minutes by the mere force of gravity. The apparatus actually employed by Mr. Little held forty ounces of fluid, but as more than this is often required, it would probably be more convenient to have a vessel of larger capacity, say 80 or 100 ounces.

(To be continued.)

Original Communications.

PAPERS ON DERMATOLOGY.

No. IV.

PORRIGO.

By T. W. BELCHER, M.A., M.D. Dub.,

FELLOW, CENSOR, AND EXAMINER, KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; PHYSICIAN TO THE DUBLIN DISPENSARY FOR SKIN DISEASES, &c.

(Continued from 13th June, 1866, page 621.)

Case 1.—B. M., a girl aged six, and lately recovered from scarlatina, from which she was partly deaf at the time of her first visit, was admitted to the Dublin Dispensary for Skin Diseases on the 10th of January, 1865. Her case may be shortly described as a well-developed one of porrigo, or favus, extending over a large part of the cranium, but being chiefly evident on the occipital hemisphere, the entire of which was covered by the disease. As the reader will find a full description of this affection in my edition of Neligan on the Skin (p. 404), and illustrative drawings of it in his Atlas (plate xv., figs. 2 and 3), I need not here recount any descriptive particulars. In the case just noted the crusts had disappeared before I saw it, and it was in the state of nearly powder described by various writers, and was accompanied by the mousy odour which is so pathognomonic of this disease. The treatment may be shortly given thus:—the scalp was first poulticed; the hair was cut off with a scissors as closely as possible; and the surface having been thus tolerably well cleaned, Hebra's tincture (described in my former papers, and in my edition of Neligan, p. 114) was freely applied to it, and repeated poultices were superadded up to the 26th of January, when the disease was evidently much better. Tincture of iodine, prepared with methylated spirit, was now applied occasionally; and cod-liver oil was taken in small doses until the 10th of February, when she was discharged cured. About two months after that date I saw her with a clean scalp, and a good, well-grown head of hair.

Case 2.—K. A., a girl aged nine, was admitted on the 14th of February, with the scalp affected much to the same extent as in the preceding case, from which however, it differed in some important particulars. The disease was of a much worse character, and was accompanied by vermin, with which the child's head was literally alive. In order to kill these, and to cure the disease, the scalp was well covered with Hebra's tincture, which at once accomplished the former purpose, and so clothed the scabs, that by diligent poulticing and the judicious use of the scissors the scalp was soon cleared off, and this was followed by the frequent application of the methylated tincture of iodine up to the 10th of March, when she was discharged cured. At the end of that month I saw her in as good condition as the preceding case. In this case the disease was said to have existed for six months previous to her first visit to me.

I have selected those two cases from a number published in the "Clinical Records" of the *Quarterly Journal* in 1865.

I know of no better or more concise description of this affection than that given by M. Hardy of Paris in his "Leçons sur les Maladies de la Peau (Part II. 2nd edition, p. 150):—

"Une affection contagieuse caractérisée par des croutes sèches, de couleur jaunâtre, présentant au début la forme de godet, et dues à la présence dans les cheveux et sur les corps d'un parasite végétal particulier, décrit sous le nom d' *achorion Schenleinii*." To take this description somewhat in detail:—the contagious character of the

disease has been proved not only by the fact that it spreads quickly in schools and in places where a sound and a diseased person may happen to sleep together; but, above all, that it has been and may be communicated by inoculation. The dry crusts (croutes sèches), and the yellowish colour (couleur jaunâtre) are not exclusively peculiar to this disease; but the *favus* or honeycomb cup (*godet*) occurs in no other skin affection, and hence is the peculiar distinguishing mark of porrigo. That it is owing to the presence of the parasite above named has been so satisfactorily shown by many observers that it may be said to be now the received opinion of the profession. For further particulars regarding this more scientific part of the question, I must again refer the reader to my edition of Neligan.

Porrigo is a rare affection in these countries; and it is very rare indeed to meet with cases of it in what we call "the better classes." Mr. Erasmus Wilson, in his large experience, only saw it twice in 3000 cases of private practice; Dr. Neligan, after long hospital and private practice, had met with but 23 cases, which he calls "a comparatively large number;" and since the Dublin Dispensary for Skin Diseases was established in 1864, I have only met there with the two cases above given. In Scotland it does not appear to be so rare. I have seen cases of it at the Glasgow Dispensary for Skin Diseases, where, among other specimens, is preserved a defunct mouse which had been affected with it. Others have noticed it attacking various animals of the lower creation; and its mousy odour in the human subject, though not referred to in Hardy's definition, is a striking coincidence, when taken in connection with the fact that the disease really does attack mice.

On the 6th of November, in the present year, Dr. Tilbury Fox exhibited to the London Pathological Society "A Microscopic Specimen of Favus from the paw of a Cat." The cat possibly contracted this disease from a mouse.

The causes of porrigo may be briefly noted. The disease is parasitic, but it requires a soil favourable for its production. This it finds in dirty, scrofulous, ill-fed children, among whom it nearly always occurs. In them it is not always confined to the scalp, and in some instances, when long continued, the patient gets an idiotic expression of countenance, and in fact the mental powers are more or less affected by it.

In one of the cases here noted pediculi were numerous. This occurs frequently in those who have a complication of this disease with a species of impetigo, or psyracrious pustule; and the pediculi are mostly confined to the occipital hemisphere.

Diagnosis.—Porrigo has been confounded with neglected chronic eczema; and, according to Hardy, with impetigo, herpes tonsuraus, porrigo decalvans, pityriasis, and psoriasis. From all these, however, a minute examination will distinguish the genuine disease, by detecting the presence of the favus, the honeycomb-shaped cup or *godet* of the French.

Prognosis.—This is a disease of serious import, not that it tends to shorten life, but its most unsightly aspect and contagious nature make it to be greatly dreaded, to say nothing of its effect on the intellect in long-continued cases. Besides, the hair follicles get destroyed, and permanent baldness is often the result. It is, however, very often cured.

Treatment.—The first thing to be done is to destroy the parasite, next to prevent its reproduction, and to this end constitutional as well as local remedies are specially adapted. In the cases here noted I have indicated what I consider the best mode of treatment, but I would not thence have it imagined that the many other modes pursued are useless. Various modes have been resorted to to remove the parasite and the results of the disease. Among these I may shortly note the barbarous application called the pitch-cap and the process of depilation. The former was nothing more than closely fitting a pitch-cap to the patient's head, and then tearing off the hair with it. The barbarity of this practice was such that death has been known to result from it. I have seen a pitch-

cap which was used in a case of porrigo, and I should never like to see one again. The process of depilation has been undoubtedly successful with some practitioners, but where it can be avoided it needs no argument to prove that it *ought* to be avoided.

The plan which I adopted in the two cases at the head of this paper combines, in my opinion, the advantages of the pitch-cap and depilation, without the shocking and cruel barbarity of the former.

With regard to depilation, I can easily conceive cases where it might be manifestly the proper mode of treatment, for in no class of diseases is special treatment for each case of more importance than in diseases of the skin. Even where two cases may be apparently similar in all respects, the treatment which may prove successful in the one may not only not be of any use in the other, but may bring the practitioner into positive disrepute with the patient's friends if unduly persevered in. Thus in two similar cases requiring constitutional treatment, arsenic alone may serve the one, and continually nauseate and half poison the other; while arsenic with quina may completely cure the second, and do no good, but rather mischief, to the first.

THIRTY-SEVEN CASES OF

ASIATIC CHOLERA, TREATED IN CORK FEVER HOSPITAL, AND HOSPITAL OF COUNTY CORK JAIL,

IN THE YEARS 1849 AND 1853, ON THE OPIATE PLAN; AND EIGHT DEATHS; EIGHT TREATED PROMISCUOUSLY AND THREE DEATHS.

By W. BEAMISH, M.D., M.R.C.S.E.,

PHYSICIAN TO FEVER HOSPITAL AND COUNTY AND CITY JAILS.

(Continued from page 485.)

JOHN McAULIFFE, *æt.* 50. Premonitory diarrhœa and vomiting for twelve hours before admission to hospital, both serous; no action of kidneys for two days; vox cholericæ; "breath," he says, "going through his ears;" breathing slow and laboured, and countenance sunk; no pulse; tongue cold; fingers and lower extremities blue and corrugated; some heat of surface. Treatment—opiate (*gr. vj.*), ext. heat, &c.; in six hours after pulse distinct (96); copious perspirations; some natural sleep; no discharges; no urine.

Eleven o'clock, P.M. Spasmodic vomiting and hiccup.

℞ Tinct. opii, gtt. xv.

Acid hydrocyanic (Scheele) M. iv.

Spt. ammon. aromat., ℥ss.

Aquæ, ℥j. ft. Haust. 4ta q̄. Hora Sumendis.

Took three draughts; kidneys acted on fourth day; recovered; no fever.

John Collins, *æt.* 35. Premonitory diarrhœa and vomiting (greenish water) for five days before admission; kidneys acting; voice tolerable; respiration and countenance tolerably natural; skin cold but not livid. Treatment—Pulv. opii, *gr. iij.* Recovery in two days; no fever.

Johanna Hackett, *æt.* 44. Hopeless on admission. Premonitory diarrhœa and vomiting for forty-eight hours before admission (serous); so frequent, could not say how often; no action of kidneys for twelve hours; voice inaudible; respiration laboured and slow; no pulse; tongue cold; eyes sunk; skin cold and livid. Treatment—Haust. tinct. opii, ℥j., ext. heat, sinapisms, &c. In two hours and a half after, pulse distinct in both wrists; surface warm; no discharges; but sunk in twelve hours after, sensible to the last.

William Leader, *æt.* 24. Premonitory diarrhœa and vomiting (serous and solid curds) for twenty-four hours before admission; kidneys acting; voice feeble; pulse 60

and feeble; tongue foul, and abdomen full; skin rather warm.

℞ Ol. Ricini, ℥j. c. trœ. opii, gtt. xxv.; stupes, &c.

Serous vomiting continued in great quantity; got pil opii, No. 2, and Haust. tinct. of opii, ℥j. (*gr. vj.*). Next day well; no fever.

Catherine Hogan, *æt.* 60. Premonitory diarrhœa and vomiting twelve hours before admission very frequent (serous); kidneys acting; voice feeble; pulse distinct; surface cold; got pil opii No. 2, and Haust. tinct. opii, ℥j. (*gr. vj.*). Recovery on second day; no fever.

Bess Horrogan, *æt.* 40. Had been in hospital; recovering from dysentery and ran into cholera. Discharges like barley water; vomiting, character of first serous, second pure green, third brick dust. No action of kidneys for two days before admission; voice feeble; respiration oppressed and anxious; countenance sunk; pulse very thready; tongue cold; eyes sunk; skin inclined to be cold and bluish; says, "her voice is going through her ears." Treatment—opiate, dose, *gr. x.* external heat and stimulants, &c. Profuse perspiration shortly after; discharges checked; pulse 120, and strong; kidneys acted on fourth day; next day required enema amyli, c. t. opii, ℥j. Recovery fourth day; no fever.

Johanna Murphy, *æt.* 28. Diarrhœa and vomiting for one day (wheyish); no action from kidneys for eight hours; voice almost inaudible; respiration laboured, slow, and spasmodic; countenance sunk; pulse scarcely perceptible; tongue cold, skin cold, clammy, and inclined to be livid; cramps very troublesome. Treatment—opiate, dose, *gr. xij.*; towards night complained of "want of sleep," and got *gr. xxv. trœ. opii*, which had the desired effect. Kidneys acted on fourth day. Recovered; no narcotism; no fever.

A. Thornhill, *æt.* 20. Diarrhœa and vomiting for four or five hours (rice water); no action from kidneys, for how long could not ascertain; voice whispering; respiration low and sighing; pulse scarcely perceptible; tongue cold; eyes sunk; skin cold and clammy; cramps very troublesome; kidneys acted three days after admission. Treatment—opiate, dose *gr. viij.*; in six hours after required enema amyli, c. trœ. opii, ℥j., acct. plumbi. *gr. x.*; in eight hours after required Haust. opii, ℥j. in brandy and water. Recovered on fourth day; no fever.

Daniel Sheehan, *æt.* 22. Diarrhœa and vomiting (rice-water) about three days; no action of kidneys for forty-eight hours before admission; voice very low; respiration very slow; countenance sunk; pulse scarcely perceptible; tongue cold; eyes sunk; skin cold, clammy, and livid; cramps. Treatment—Opiate, dose *gr. xij.* No symptom of cholera after, but was under influence of opium; recovery on third day; kidneys acted on third day.

Edward Roche, *æt.* 22. Diarrhœa and vomiting for four hours (rice-water); kidneys acting; voice inaudible; respiration slow and laboured; pulse scarcely perceptible; tongue cold; eyes sunk; skin cold, clammy, and livid; cramps. Treatment—Opiate, dose *gr. vj.* Recovered; no fever.

James Regan, *æt.* 26. Diarrhœa and vomiting for an hour (rice water); no action of kidneys for twelve hours; voice feeble; respiration remarkably slow; pulse fifty-two, and very thready; tongue cold; skin cold and clammy. Treatment—Opiate, dose *gr. viij.* Recovered; no fever.

Mary Regan, *æt.* 37. Diarrhœa and vomiting for about eight days (rice-water), since admission very frequent; no action of kidneys for twelve hours; voice almost inaudible; respiration very slow; countenance sunk; pulse very thready; tongue cold; skin cold, clammy, and bluish; no cramps. Treatment—Opiate, dose *gr. vj.* Reaction in two hours; recovery in three days; no fever.

M. Lehane, *æt.* 35. Diarrhœa and vomiting (serous) for a week, more or less; no action of kidneys for nine hours; voice feeble; respiration slow; countenance sunk; pulse very thready; tongue cold; skin cold, clammy, and blue; no cramps. Treatment—Opiate, dose *gr. vj.*, and

gr. ij. the day after. Recovered; no fever; kidneys acted on second day.

Pat. Kinnealy, æt. 12. Diarrhea and vomiting (serous) for twelve hours; no action of kidneys for forty-eight hours; voice inaudible; pulse indistinct; skin cold and clammy; no cramps. Treatment—Enema amyli c., t. opii ʒ, external heat, &c. Death in four days.

Eliza White, æt. 17. Diarrhea and vomiting (rice-water) for about five days; no action from kidneys for twenty-four hours; voice hoarse and feeble; respiration and countenance natural; pulse very feeble; skin cold. Treatment—Opiate, dose gr. iiii. Recovery on second day; no fever.

Denis Mullan, æt. 40. Diarrhea and vomiting for six hours before admission (serous); no action from kidneys for four days; voice very hoarse and feeble; respiration slow and sighing; great noise in ears; pulse very thready; tongue cold and breath cold; skin cold and clammy; face and hands blue. Treatment—Opiate, dose gr. viij. Purgings checked; recovery on fourth day; no fever.

Mary Buckley, æt. 20. Diarrhea and vomiting most of the night (rice-water); action of kidneys could not be ascertained; voice very feeble; respiration slow; cramps very bad; pulse scarcely perceptible; tongue cold; skin cold, blue, and clammy. Treatment—Opiate gr. vj. at once and gr. ij. at night. Died within twenty-four hours.

Bridget Reilly—Diarrhea and vomiting for twenty-four hours (serous); no action of kidneys for two days; voice feeble; respiration slow; countenance sunk; pulse perceptible; tongue natural; skin warm, but lower extremities very cold and livid. Treatment—Opiate, dose gr. vj. Reaction in about three hours; recovery on third day; no fever.

Cath. Regan. Diarrhea and vomiting three or four days—the former gruelly; the latter, first serous, secondly sea-green water; no action from kidneys for twenty-four hours; voice feeble; respiration and countenance natural; pulse very feeble; skin warm, but face cold and clammy. Treatment—Opiate, first dose, gr. iiii.; day after R hyd. sub. gr. v., pulv. opii. gr. j. f. t. pil. Recovery on third day; no fever.

Joha. Brady, æt. 30. Hopeless in fever when cholera set in. Diarrhea every minute (serous), no vomiting; no action of kidneys for forty-eight hours; voice whispering; respiration very slow; countenance sunk and livid; pulse scarcely perceptible; tongue cold; skin cold, clammy, and blue; no cramps. Treatment—Opiate, dose gr. ij., external heat, and stimulants. Death in four days; no reaction all through.

Pat. Ahern, æt. 24. Diarrhea and vomiting (serous) for some hours before admission; kidneys acting; voice feeble; respiration oppressed; pulse distinct, but very feeble; respiration laboured; pulse feeble; tongue natural; skin cold and livid. Treatment—Tinct. opii ʒj., external heat, &c. Well in six hours; no fever.

Mary Cotter, æt. 31. Diarrhea and vomiting (serous) for twelve hours; kidneys acting; voice feeble; tongue cold; skin cold and livid; noise in ears; cramps. Treatment—Træ. opii ʒj. Discharges ceased; pulse eighty and full; profuse perspiration; recovering; no fever.

Portuguese sailor, dying on admission. Diarrhea and vomiting (frequent and serous) for eighteen hours before admission; no action from kidneys, could not say for how long; voice feeble; respiration slow; no pulse; tongue cold; countenance sunk; skin cold, blue; cramps and hiccup. Treatment—Pil. opii No. 2, and Haust. opii ʒj.; in some hours after ext. heat, &c. Died in eighteen hours, and conscious to the last.

Bridget Leahy, æt. 30. Diarrhea and vomiting for two days—the first blackish water, second gruelly matter; no action from kidneys for four days; voice feeble; pulse 70 and feeble; thinks "something has got into her ears"; body and extremities warm, but face cold and clammy. Treatment—First dose pulv. opii gr. v.; second, gr. iiii., and starch enemata. Recovery on fourth day; no fever.

—Burke, debtor. Diarrhea and vomiting (purely serous) for eight hours; no action of kidneys; voice almost inaudible; respiration very slow; countenance sunk; pulse scarcely to be felt; tongue cold; skin cold, blue, and clammy. Treatment—Opiate, dose gr. iv., external heat. Death in six hours, and conscious to the last.

Ml. Sherlock, æt. 4 years. Diarrhea and vomiting (rice-water); no action of kidneys for twenty-four hours; voice sharp and feeble; countenance sunk; pulse perceptible, but very feeble; tongue cold; skin cold and clammy. Treatment—Opiate, dose træ, opii gts. xv., enema amylic, træ opii gts. x., wine, whey, &c. Recovery on second day.

Mary Sullivan, æt. 48. Premonitory diarrhea and vomiting for two days before admission (serous) incessant; none after, being drained; no action of kidneys for two days; voice inaudible; respiration laboured; great præcordial oppression; no pulse; tongue icy cold; countenance sunk; skin cold and shrivelled. Treatment—Pil. opii No. 2 (gr. ij.), external heat, stimulants, &c.

In four hours after temperature of body improved, but no pulse; slight return of serous purging R Haust. tinct. opii ʒij. Death in twelve hours.

Julia Reardon, æt. 60. Premonitory diarrhea and vomiting (serous) about a week before admission; no action of kidneys for three days; voice, respiration, and countenance choleraic; pulse very feeble; skin cold; cramps. Treatment—Opiate, dose gr. vj., external heat, &c.; discharges checked and more natural; surface warm and perspiring; six hours after enema amyli c. tinct. opii ʒj. Recovered; no fever.

Bridget Leahy, æt. 30. Diarrhea and vomiting (the former gruelly, the latter serous) for two days before admission; no action of kidneys for three days; voice feeble; respiration natural; pulse very feeble, 100, and intermittent; tongue natural; noise in ears; skin inclined to be cold. Treatment—Opiate, dose gr. vj., external heat, sinapisms, &c.; discharges ceased; next day abdomen distended with flatus; got enema terebinth, c. tinct. assaætida; bowels moved so often got pulv. opii gr. ii. Recovered; no fever. This woman had cholera three weeks before.

T. Key Rogan, æt. 50. Diarrhea and vomiting (serous) for six hours; no action of kidneys for forty-eight hours; voice inaudible; respiration very slow; countenance sunk; pulse scarcely perceptible; tongue cold; noise in ears; skin cold, blue, clammy, and corrugated. Treatment—Opiate, dose gr. vj., external heat, &c. Death in nineteen hours; no reaction from beginning.

T. Murphy, æt. 45. Diarrhea and vomiting (serous) six hours before admission; no action of kidneys for forty-eight hours; voice inaudible; respiration very slow; countenance sunk; pulse scarcely perceptible; tongue cold; noise in ears; skin cold, blue, and corrugated. Treatment—Opiate, dose gr. vj., external heat, &c. Recovery on the fourth day; no fever.

Dl. Magrath, æt. 50. Diarrhea and vomiting (serous) for seven hours before admission; kidneys acting; voice feeble; respiration laboured; pulse forty, and feeble; tongue cold; skin cold and clammy; tinct. opii ʒj. (gr. iv.), external heat, &c. Discharges ceased. Recovery; no fever.

Mary Roche, æt. 30. Diarrhea and vomiting for two days (the former gruelly, the latter rice-water); no action of kidneys for three days; voice feeble; respiration natural; countenance sunk; skin cold; no cramps. Treatment—Pil. opii No. 2, (gr. ij.), external heat, &c. Vomiting checked; diarrhea continued; abdomen so much distended got enema terebinth; bowels moved so frequently (rice-water), got pil. opii No. 4 (gr. iv.), and afterwards required enema c. tinct. opii ʒj. Recovery on the fourth day; no fever.

Julia M'Carthy, æt. 30. Diarrhea and vomiting for twelve hours, both gruelly at first; afterwards diarrhea (serous), very frequent; no action of kidneys for two days; voice feeble; respiration slow; pulse very feeble; tongue natural; skin inclined to be cold; cramps in hands

very severe; great noise in ears. Treatment—Opiate, dose gr. viii., external heat, stimulants, &c. Discharges not checked for twelve hours; got enema, tinct. opii ʒj.; improved in every way after. Recovery on the fourth day.

Bessy Lyons, æt. 30. Diarrhœa and vomiting for three days, first serous, afterwards green water; no action of kidneys for three days; voice feeble; pulse distinct but thready; skin cold; cramps. Treatment—Opiate, dose gr. vj., stimulants and external heat; bowels checked, vomiting continues; enema c tinct. opii ʒij. Recovery on the fourth day.

Cor. M'Carthy, æt. 48. Diarrhœa and vomiting (serous) for two days; no action of kidneys for twenty-four hours; voice very feeble; tongue coldish; skin cold; no cramps. Treatment—Opiate, dose gr. vj., reaction in four hours; kidneys acted on the third day. Recovery on the fourth day.

Julia M'Carthy, æt. 40. Diarrhœa and vomiting for three days (serous); no action of kidneys for forty-eight hours; voice very feeble; countenance sunk, deaf, and noise in ears; pulse very feeble; skin inclined to be cold; no cramps. Treatment—Opiate, dose gr. iv.; external heat, stimulants, &c. Discharges checked; but required enema c tinct. opii ʒij.; kidneys acted on the fourth day. Recovery on the fifth day.

EIGHT CASES—PROMISCUOUS TREATMENT—AND THREE DEATHS.

DI. Shayhane, æt. 30. Diarrhœa and vomiting (purely serous); no action of kidneys for forty-eight hours; voice inaudible; respiration very slow, and sighing, with pain under right breast; countenance sunk; pulse not to be felt; tongue icy cold; skin cold, clammy, and blue; cramps very severe. Treatment—Saline (Dr. Stevens'), external heat, &c. Death in twenty-four hours.

Cath. Casey, æt. 35. Diarrhœa and vomiting for about a week (waterish); no action from kidneys for two days; voice feeble; respiration slow; pulse very feeble; skin cold and clammy; cramps troublesome. ʒ ol. Ricini ʒj. trœ opii gr. xxv. aq. m. pip. ʒiss., stomach being full and distended. Recovery on the second day; no fever.

Eliza Nowlan, æt. 25. Diarrhœa and vomiting for the previous night (waterish); abdomen distended; no action of kidneys for twenty-four hours; voice feeble; pulse feeble at forty; upper and lower extremities cold; cramps very bad. ʒ ol. Ricini ʒj. c. tinct. opii gr. xxv.; foment abdomen, external heat, &c. Recovery on the third day; no fever.

Chas. Murphy, æt. 16. Diarrhœa and vomiting (profuse and serous) for two days; no action from kidneys for twenty-four hours; voice feeble; pulse feeble; tongue natural; skin natural; cramps in fingers and legs. Treatment—R mist. magnesiæ c spt.ammon. aromat. et tinct. opii ʒj. ad ʒviii. Required towards night ol. Ricini ʒj. c. trœ opii gtt. xx.; vomiting relieved. Recovery on the third day.

Eliza Bateman, æt. 30. Bowels confined, and abdomen distended and hard; vomiting frequently (serous); no action of kidneys for twenty-six hours; voice very feeble; pulse sixty and feeble; skin moist and rather warm; cramps in hands and feet; ʒ enema terebinth; stimulants and external heat; ʒ hyd. sub. gr. iij. pulv. opii gr. ¼ ft. pil. Recovered.

Jno. Leary, æt. 12. Diarrhœa and vomiting (serous) for five hours, no action of kidneys for twenty-four hours; voice very feeble; pulse sixty, and very feeble; tongue icy cold; skin blue, cold, and cramps. Treatment—Saline, external heat, &c. Death in sixteen hours.

Honora Shea, æt. 17. Diarrhœa and vomiting for six hours and a half (serous); no action from kidneys for could not say how long; voice feeble; pulse eighty, and feeble; tongue natural; skin warm; abdomen full; ʒ ol. Ricini ʒj. c. trœ opii gtt. xxx.; external heat, &c.; required enema commune et hyd. sub. gr. ij. pulv. opii gr. ¼. Recovered; no fever.

Jane Mercer, æt. 30. Diarrhœa and vomiting (serous) frequent before admission, but worse after; no action of kidneys for three days; voice feeble; respiration slow; no pulse; tongue cold; skin cold and livid, and pain at epigastrium. Treatment—saline, sinapisms, external heat, &c. Death in two hours after admission.

CONTRIBUTIONS

TO THE

PATHOLOGY AND TREATMENT OF CHOLERA.

SOME CASES SUCCESSFULLY TREATED ON THE DIURETIC PLAN.

By AUSTIN MELDON, L.K.Q.C.P., L.R.C.S.I., L.M.,

ASSISTANT MEDICAL OFFICER TO THE SOUTH CITY DISPENSARY, CANAL-STREET, &c.

(Continued from page 539.)

Mrs. HICKEY, 8, Great Clarence-street, ætat 40, was attacked on the evening of Sunday, the 11th Nov., with severe pains in the abdominal region, accompanied with violent purging and reaching, and the other usual symptoms of cholera. These continued without abatement until two A.M., when I was summoned to attend. I found the patient in complete collapse, cold, and pulseless; the lips and skin were almost black, the bed and floor were strewed with the rice-water evacuations, the vomited matter, which lay in a vessel beside the bed, was of a brownish colour. The facies cholericæ was well marked, the patient lying quite unconscious of what was passing around her. Occasionally the cramps roused her from this stupor. The functions of the kidneys were completely suspended; no urine being passed. I ordered a large mustard and linseed meal poultice to be placed over the abdomen, a little burned brandy mixed with soda water to be constantly administered; her body to be swathed in warm blankets; hot jars to be applied to the feet and legs; also the following:—

ʒ Plumbi acetatis, gr. xxiv.

Acedi aceticæ, ʒj.

Morphiæ acetatis, gr. i.

Spiritus juniperi, ʒj.

Aquæ camphoræ, ad ʒviii.

M. Fiat mist. Two spoonfuls every hour.

Also

ʒ Spiritus chloroformi, ʒj.

— menthæ peperitæ, ʒi.

Tincturæ capsici, ʒij.

Liquoris Hoffmanni, ʒiij.

Spiritus ætheris nitrosi, ʒiv.

Aquæ camphoræ, ad ʒviii.

A dessertspoonful every ten minutes.

12th, 8 A.M. Passed a little urine; skin warm, and has almost resumed its natural colour; purging somewhat less; vomiting continues; cramps less severe.

Six P.M. Skin perspiring; vomiting and purging greatly abated; she has passed a large quantity of urine.

13th. Condition greatly improved; vomiting and purging almost ceased; no cramps.

14th and 15th. Remained free from choleraic symptoms; ordered her mist. quiniæ sulphatis.

16th. Was sent for at one A.M.; vomiting and purging had returned with increased violence; she thinks it was the quinine mixture that caused the relapse; it was accordingly discontinued, and the mist. plumbi acetat. et junip. ordered to be recommenced.

Eight A.M. Purging ceased; vomiting continues; the matter throwing off being of a dark green colour. One P.M. Urine freely passed; vomiting continues. Eleven P.M. Ordered creasote mixture.

17th, eight A.M. Vomiting continues; to take bismuth mixture. Ten P.M. Still vomiting; ordered burned brandy and soda water well iced, also a draught containing a full dose of laudanum.

18th. Shortly after taking the draught she fell asleep, and did not awake until this morning; no vomiting has since occurred. From this day she improved rapidly, and is now quite well.

Hickey, 8 Clarence-street, *ætat* 16, was attacked with cholera on the morning of the 18th. His mother was just recovering from a bad attack of the same disease. On the day previous he had diarrhœa, for which he had taken some chalk mixture. I saw him a few hours after the symptoms of cholera were developed, and directed the *mistura acetat plumbi et juniperi* to be taken. For twenty-four hours the skin and kidneys obstinately refused to act, meanwhile he was fast sinking into collapse. On the night of the 21st I found him in the following state: Pulse very feeble; skin cold, dry, and gradually assuming a dusky appearance; the lips were quite purple, and the voice had assumed the characteristic change. He complained of great pain in the epigastric region, and also in the head and back of the neck; the vomiting and purging were very severe, also the cramps. As during the previous twenty-four hours every effort to compel the skin and kidneys to throw off the choleric virus had been unavailing, as a last chance I ordered him to take one tablespoonful of the mixture every ten minutes. After the sixth dose he passed about a pint of high-coloured urine, and almost immediately a "change for the better set in." I found him next morning greatly improved; the vomiting and purging had completely ceased. He had passed urine six or seven times during the night, and had slept a good deal. From this date he rapidly improved, and in a few days was pronounced convalescent.

Kate Hannon, 5, Baggot-court, *ætat* 15, previously healthy, was seized on Monday, the 19th, with violent pain in the abdomen, soon followed by vomiting and purging. She was seen by the medical officer on duty, who ordered her pills of acetate of lead and opium. Next morning, when she came under my care, I found her in the following state:—Pulse almost imperceptible; skin cold and dry; vomiting and purging constant; cramps very severe; in fact she was fast falling into collapse; no urine had been voided during the previous night; the *vox cholericæ* was well marked, and the appearance of the girl was very characteristic of the disease, I ordered her a tablespoonful of the *mist. plumbi acetat. et junip.* every half hour. When I saw her at noon she was greatly improved, and urine had been secreted in considerable quantity. She continued improving rapidly until the night of the 21st, when she became very ill, and before I saw her in the morning had almost passed into collapse. She was cold and pulseless, severely cramped and purged, and vomiting constantly. I ordered her a dessertspoonful of the stimulating mixture every ten minutes, and two tablespoonfuls of the *mist. plumbi et junip.* every hour.

At four P.M. she seemed somewhat improved, but as the skin was dry, and no urine had been voided, I had little hope of a favourable result. The bad symptoms continued until ten P.M., when I administered a large dose of opium and camphor. She passed a considerable amount of urine about twelve o'clock, and immediately afterwards she fell into an uneasy sleep, from which, however, she awoke in the morning with all the symptoms considerably mitigated. From this date she rapidly improved, and in a few days was pronounced convalescent. A few days after her recovery, the father and sister died from cholera; at present the second sister and mother are in hospital with the same dreadful disease.

LEGAL INTELLIGENCE.

MACKENNA *v.* PARKES.

THIS bill was filed for a partnership account, and a return of the whole or part of £1250 deposit, given partly in bills and partly in cash, under these circumstances:—The plaintiff, Dr. Mackenna, entered into partnership as a medical

practitioner with Dr. Parkes, of Great Marlborough-street, and the agreement thus come to embodied the usual terms, and also there was a clause that Dr. Parkes would introduce the plaintiff to his patients. Dr. Parkes was dead, and his widow and executrix, better known as Amy Sedgwick, sued the plaintiff on the bills, and this suit was also to restrain that action. It was not in dispute at the time of the commencement of the partnership. Dr. Parkes was suffering from "Bright's disease;" he was told so by several medical friends, and was in extremely low spirits in consequence, and went to Margate and elsewhere for his health but ultimately died of apoplexy. One material question was whether the plaintiff knew this fact, which he said he did not. He also charged that Dr. Parkes had left town for a long period, which the defendant denied. Also that he had never been introduced to the patients as agreed upon, only twelve or fourteen being introduced to him out of more than two hundred. This was admitted, but it was said that a circular written by Dr. Parkes was given to the plaintiff to use, and that it had been sent round to several clubs which Dr. Parkes attended. Moreover, that the mode of introducing patients to a new partner was from time to time, as occasion arose. A Mr. Wilson, who managed the transaction, also swore that he did not know of Dr. Parkes' disease.

Mr. Glasse and Mr. Lindley appeared for the plaintiff; Mr. Baily and Mr. W. W. Cooper for the defendant.

Mr. Glasse was heard in reply.

His Honour, after stating the facts, said that one most important element in the consideration for the £1250 was the introduction to patients, and it clearly appeared that out of between 300 and 400, producing £1400 a year, only a very limited number were actually introduced. Then came the question of the state of Dr. Parkes' health. It clearly appeared that he knew and felt deeply that he was afflicted by Bright's disease, an ailment which he might die of very shortly, or which he might have for years and still live. It was clear that the person who managed the partnership transaction did not know it; and then came the question whether the plaintiff knew it. Dr. Parkes' assistant swore that he told him, and the plaintiff most positively denied it. His Honour thought that the plaintiff did not know it when the partnership was formed, but did know it in August following, and probably did not insist on his rights, because as a medical man he considered Dr. Parkes might live for years. There must be an account, and the plaintiff must be debited with £600, and credited with a reasonable portion of the £1250. No costs to either side.

THE MEDICAL SOCIETY OF LONDON.

MONDAY, NOVEMBER 26TH, 1866.

A PAPER was read by Dr. TILBURY FOX

ON THE STUDY OF DERMATOLOGY IN ENGLAND.

In it reference was, first of all, made to the opinion pronounced unanimously by the Press and the Profession, that more ignorance prevails in skin matters than in any other branch of medicine; and the author then attempted to show that no opportunity exists in England by which a man who aims to prosecute the study of cutaneous medicine, can do so with any prospect of satisfactory success, that the continental schools present a very marked contrast in this respect, and that all recent advances in dermal pathology have been made by the labours of continental physicians. It appears that in none of the London Hospitals is there a ward set apart for skin diseases. At none, save University College, is there any special course of lectures on the subject in conjunction with clinical demonstrations. He then referred to errors of, and the general abstinence from, diagnosis, to the unsatisfactory amount of attention bestowed upon skin diseases in the out-patients' departments of our large hospitals, observing, "Non-made men go abroad to learn what they fail to get in England." It is impossible to avoid the censure which we cast upon ourselves by that one fact—that so sadly is the study, and so little the opportunity, afforded even the most zealous student of acquiring really a moderate amount of knowledge of skin diseases, that he finds it not only worth his while, but necessary almost to his credit, that he undergo the special expense and trouble of a residence abroad, to make good the deficiency. After sketch-

ing the provisions made abroad to this end, the author defended cutaneous medicine from the charge of semi-quackism and superficiality that had been made against it, pointing out that no doubt dermatologists had brought discredit upon themselves, because they had been guided solely by self-interest and empiricism, and had never brought the facts of general pathology to bear upon the subject to which they devoted their attention—had never studied it with a true love for science. He then traced its connection with some of the most profound questions in medicine, entering into the relation of carbuncle and diabetes, and zoster and nerve change, for illustration.

The author then went into the question of the contrast presented by the diseases of the continent and those of our own country. "English skin diseases and those of foreign climes resemble each other up to a certain point, but then diverge and exhibit peculiarities in each case—differences that will not permit the same treatment to be alike applicable to the two cases." He related his experience gained in Paris, Vienna, Egypt, and Syria; referring to lichen ruber, lichen scrofulosus, eczema marginatum, scabies, favus rufoleuca notha, scarlatina, pityriasis rubra, molluscum, merphœa, lupus, rupia, and other affections, and pointing out the contrast between these diseases as seen abroad and in our own country, and the danger of accepting foreign teaching and descriptions as accurate representations or guides for us, and expressed the regret that at our medical colleges there are no authorities to which the student and practitioner can look for the prevention of error in this particular, and he showed how writers had fallen into error from a want of knowledge on this point.

After criticising the empiricism of treatment, local and general, especially in reference to arsenic, the author concluded thus—"No one, I suppose, will defend the position in which cutaneous medicine stands at the present moment; no one will deny that we are in no little danger of admitting a considerable influence for error by the wholesale and blind acceptance of foreign views and opinions, which (most valuable in themselves) are not wholly conversant with the experience of our own country, that the establishment of one special clinique would be acceptable to the student and the practitioner; that the public has much reason to censure us for neglecting the study and treatment of a class of evils which affect the poor very materially, which enable him sufficiently to teach him what want is, but yet in the majority of cases scarcely to entitle him to active relief; and lastly, no one will be severe upon me because I have to the best of my ability attempted a somewhat unpalatable task, to give a glance at our shortcomings in the matter of dermatology, to point out some dangers which menace it, and to defend it from unjust criticism."

Dr. Camps, Dr. Symes Thompson, Dr. Head, Dr. Abbott Smith, Mr. Spencer Watson, and Dr. Rogers, took part in the discussion which followed.

Reviews.

ON EPILEPSY, HYSTERIA, AND ATAXY. Three Lectures. By JULIUS ALTHAUS, M.D., M.R.C.P., Physician to the London Infirmary for Epilepsy and Paralysis, &c. Pp. 126. London: Churchill and Sons. 1866.

THESE Lectures are not intended to represent a complete treatise on the three diseases of which they treat, but to give Dr. Althaus' views on some of the more important points in their pathology and treatment, and on which he conceives that much misconception has hitherto prevailed. We do not find, however, that in the lectures on Epilepsy and Hysteria there is much novelty, and although Dr. Althaus is more hopeful of a cure in the former disease, than many other authorities, he does not explain fully the therapeutic measures which he has found generally successful. The lecture on Ataxy is a very good *resumé* of what is known as to the pathology and treatment of this disease, which though lately described, particularly by Dr. Duchenne of Boulogne, has long been known under the name of *tabes dorsalis*. It is a disease of middle life, is far more common in males than in females, and it is attributed, though perhaps on insufficient grounds, to sexual excesses. Its pathology is supposed to consist of a wasting of the posterior columns of the spinal cord, and its distinguishing feature is

a want of co-ordination in the voluntary movements, and hence the name ataxy. Dr. Althaus thinks that the most valuable remedy in this disease is the nitrate of silver administered in small doses and with due precautions. This little work of Dr. Althaus is very well written and contains a great amount of useful information.

GUY'S HOSPITAL REPORTS. Edited by C. HILTON FOGGE, M.D., and ARTHUR E. DURHAM. Third series. Vol. XII. Pp. 684. London: Churchill and Sons. 1866.

THE present volume of these reports, which have been offered to the profession from year to year for a considerable period, amply testifies to the zeal, industry, energy, and learning of the staff of Guy's Hospital. The bulk of the book is, we believe, greater than that of any of its predecessors, and the value of the contents is in no degree inferior. They comprise, in fact, an immense mass of facts gathered together from the great storehouse of pathology at the disposal of the writers, and they constitute a most valuable and welcome addition to our existing knowledge in practical medicine, surgery, midwifery, and toxicology. If in these reports the domain of therapeutics appears to be less cultivated than those of the other branches of medical science, the circumstance may be readily accounted for by the present tendency of medical inquiry, which seeks rather to ascertain how much may be effected by the powers of nature in the cure of disease, than to trust to the administration of drugs.

The papers are twenty-five in number, and some of them are so lengthy and elaborate as almost to form treatises in themselves, such as for instance the paper on the pathology of some of the diseases of the nervous system by Dr. Wilks, who ranges over the whole field of cerebral and spinal disease, and that on diseases of the retina by Mr. C. Baker, who offers an exhaustive memoir not only on the morbid conditions of the nervous tunic of the eye, but also on the functional disturbances of this membrane caused by diabetic conditions of the body in general, or the operation of toxic or medicinal agents. Other papers again are portions of series which are in course of publication in the annual reports, as for instance the contributions to the physiology of Binocular Vision, by Mr. Joseph Towne; the contributions to the Practical Surgery of New Growths or Tumours, by Mr. John Birkett; and the memoirs entitled Select Clinical Reports, by the lamented Dr. Barlow, who has so lately passed away amidst the regrets of his colleagues and the profession in general. Among the serial papers may also be enumerated those on the treatment of Acute Rheumatism, of which three appear (including that of Dr. Barlow) in the present volume. The other two are respectively by Dr. Owen Rees, who still advocates the employment of lemon juice as superior to any other mode of medication; and by Dr. H. G. Sutton, who, recording the practice of Dr. Gull, maintained the superiority of the expectant system, under which many recoveries are recorded, and few untoward results (unless we except one case of sudden death, apparently from syncope) are admitted. Among the other papers, we find an interesting one on Hydrophobia, by Mr. J. Cooper Forster, a most elaborate one on the Application of Physiological Tests for certain organic poisons, and especially Digitaline, by Dr. Hilton Fogge, and Dr. T. Stevenson; a practical one by Mr. Cock on the means to be adopted for establishing a communication between the bladder and the exterior of the body, when the urethra has become impermeable; and one equally practical by Dr. Braxton Hicks, on Amputation of the Cervix Uteri, and other methods of local treatment in cases of malignant disease of the uterus and vagina. Among the single cases most deserving of notice, we may instance the case of Intermittent Hæmatinuria, with remarks by Dr. Gull; that of Abdominal Tumours by Dr. Habershon; and that illustrating the Spontaneous Cure of Aneurism of the Aorta by Dr. Moxon. In this latter case the cure of the aneurism appears to have been effected by the wasting caused by an extensive cancerous affection in another part of the body, and hence Dr. Moxon argues in favour of the now disused treatment proposed in internal aneurism by Valsalva. Space alone prevents us from alluding to several other very meritorious papers and monographs, all of which, however, are well worthy of perusal, and we may state generally of the volume before us, that it fully upholds the reputation of Guy's Hospital as one of the leading medical schools in the metropolis.

Correspondence.

THE YELLOW FEVER ON BOARD THE *ATRATO*, AND THE ABSURDITY OF QUARANTINE RESTRICTIONS IN CONNECTION THEREWITH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The Royal Mail Ships have now steamed into the Southampton Waters for more than twenty years without the slightest prejudice to the health of the inhabitants.

In 1851, and for several years afterwards, yellow fever raged with dreadful effect in the West Indies, and many of the steamers arrived at seasons favourable to the propagation of the disease, if amenable to personal communication, but nothing of the kind occurred, or is likely to occur; and, notwithstanding the disease has been incomparably less virulent in the *Atrato* than it was on board the *Orinoco*, *La Plata*, and other vessels some years ago, yet now with a temperature, in which yellow fever has not been known to exist, the world has been startled and terrified by learning that some dreadfully contagious disease has broken out, about which there should be no doubt, as the unfortunate passengers and crew have been cooped up, and actually put in quarantine at the Motherbank, although not a single passenger had suffered during the voyage! How preposterous a proceeding!

Any common-sense person must be amazed that the passengers and crew were not removed with all speed from the floating pest-house wherein the disease had maintained itself for some weeks. The risk incurred by their unnecessary detention, in a vessel demonstrated to be unwholesome, for a single hour, can only be regarded as a piece of refined cruelty.

1866, the date of this stultifying act, will not be soon forgotten. Whether attributable to the Lords of the Privy Council having unfortunately appointed as their medical advisers meddlesome and partially-informed men, or not, it is unquestionably a retrograde policy, and, in whatever aspect viewed, calculated to produce inconceivable mischief.

Who that has been obliged, even occasionally, to breathe the atmosphere and notice other conditions unfavourable to health in the *steerage of ships generally*, but has almost felt ashamed of the age in which we live? There are filthy houses afloat as well as on shore, and, if more rational measures were enforced, in relation to the seaworthiness, as well as healthfulness, of our marine, by the appointment of efficient officers, an inestimable blessing would be conferred on the brave tars of Britain.

Dr. Buchanan, in reference to an outbreak of yellow fever at Swansea, remarks "that there were twelve centres from whence the disease, if it had been communicable from person to person, had the opportunity of spreading, and many of these localities were perfectly adapted for the spread of contagious diseases; yet in no *single* instance, out of all these, did any person get yellow fever, or any disease simulating it."

"The conclusion, then, appears indisputable, that if the fever was communicable at all by personal contagion, it was so only in an extremely feeble degree. If it had behaved like any of the (more) contagious fevers, such as *small-pox*, *measles*, *typhus*, or *relapsing fever*, it is quite certain that no such account as this (the foregoing) could have been given." Old West Indians, and those medical men who have practised in yellow fever districts, ridicule the contagion theory as worse than absurd.

The despotism of General Butler's rule at New Orleans, turned to the good purpose of sanitary improvements, has accomplished what sanitarians expected in arresting the frequent autumnal ravages of the yellow fever in that city.

Again, by slow degrees, ague, or intermittent fever, and to a great extent remittent fever (simply ague intensified and yellow fever in its mildest form), have been, in the course of only two or three generations, in our own country, by the improved tillage of our soil alone, rendered incapable of maintaining their source of origin. Within my own experience ague prevailed in large districts in this country where the disease is now almost unknown.

The best pathologists regard ague and yellow fever as identical in type. The miasma which produces the one or the other has ever equally eluded the most delicate researches of the physicist or chemist—but that either was capable of being propagated by personal communication has been again

and again disproved by the most painstaking investigators, and supported by such evidence as logical minds cannot fail to accept.—I am, sir, yours obediently,

EDWIN HEARNE, M.B., LONDON,
F.R.C.S., ENG.

Southampton, November 22nd, 1866.

* * This letter, to which attention was drawn in our editorial columns last week, was unavoidably omitted for want of space.—Ed.

TOXICOLOGICAL DISCREPANCIES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the middle of September last a circumstance occurred in Essex, which has subsequently been followed by such events that a regard for public safety, apart from all other considerations, compels me to give the utmost publicity to the facts, with the view to further investigation.

On the 17th of the month named, two little children, aged two and four years, whilst playing in their father's garden, plucked, and were supposed to have eaten, a few green grapes, but it was certain that in the course of the day they had eaten one apple and one or two pears. At about 4.30 P.M. they were both taken ill, cold and sick, and, at the suggestion of a neighbour, who thought their illness was premonitory of small-pox (their father having been in a house where that disease existed), a medical practitioner was sent for, but did not take any serious view of their condition. Medicine was prescribed, the dose being two teaspoonfuls every two hours. The first dose was given to the elder child about seven P.M., and soon after taking it "he appeared giddy, cold, and drowsy." These symptoms were followed by vomiting and violent purging. The younger child did not take his dose until about an hour after his brother. He was similarly affected. In two hours a second dose was given, and in each case the symptoms described were aggravated in an alarming degree. At about ten P.M. the condition of the children being evidently full of danger, their father again sought medical aid, but unfortunately without success, and on his return gave a third dose of the medicine, the elder swallowing all the dose, while the younger child spilt some. Soon after this third dose, in addition to vomiting and purging, convulsions, accompanied by great difficulty in breathing and foaming at the mouth supervened in each case, and continued together with insensibility up to their death, which took place on the 18th, the elder child dying at one P.M., and the younger at five P.M. It is worthy of attention, that according to the father's statement to me, the convulsions in both cases were peculiar; the bodies being, during a paroxysm, so stiff that when lifted they each seemed to be "one piece." No more of the mixture was given after the third dose, as another medical practitioner visiting the children some hours before death, other medicine was ordered.

In consequence of suspicions entertained by the father as to the nature of the medicine (which he had carefully preserved), an inquest was held, and a verdict of death from English cholera was recorded in each case.

Doubts still existing, the father consulted a physician in London, who, from effects produced by small doses of the medicine upon a little dog, and upon himself, advised that it should be handed over to me for analysis.

The result of a careful qualitative examination for poison was the discovery of veratria in the mixture, and, as a consequence, the Home Secretary, upon due representation, ordered an examination of the bodies, and the viscera, &c., were sent to Professor Taylor, of Guy's Hospital, for analysis.

The only communication that I had officially upon the subject was a request conveyed by the Superintendent of the Police of the District that I should hand over to him the remainder of the medicine for analysis by Professor Taylor, and this I did after retaining a quantity sufficient for my own investigation.

Professor Taylor reports that there was no trace of poison in the viscera of the children, and that the medicine proved to be a perfectly innocent mixture, "being nearly all common water, with a few grains of carbonate of ammonia, and a small quantity of wine of ipecacuanha." Not to occupy, unnecessarily, your valuable space, I will remark that the reactions obtained by me from the alkaloid separated

from the mixture, and which, in my judgment, proved it to be veratria, were—1st, a yellow, with cold concentrated sulphuric acid, changing on the application of heat, in a few seconds, to a beautiful carmine tint; 2nd, the production of a mauve colour by heating with concentrated hydrochloric acid; and 3rd, the production of a beautiful red, on treating it with acetic acid and protochloride of tin, and evaporating to dryness. These reactions cannot be obtained from a mixture such as is reported by Professor Taylor. They not only convinced me, but also my learned colleague, Dr. Letheby (whose opinion I append) that veratria was present in the mixture.

These discrepancies are serious even in their relation to science, but when it is further considered that they might be of enormous consequence in relation to a question of the cause of death, it is manifest that they should be cleared up with as much certainty and as little delay as possible, and this can easily be done if Professor Taylor has any of the mixture left as I have.—I am, sir, your obedient servant,

J. E. D. RODGERS, M.R.C.S., & L.S.A.,
Professor of Toxicology in the London Hospital
Medical College.

At Mr. Rodgers' request I state that I witnessed the reactions above described, and am of opinion that they indicate the presence of veratria.—(signed),

H. LETHEBY, M.B., F.L.S., &c., &c.

London Hospital Medical College,
November 27, 1866.

GARIBALDI'S CHARACTERISTICS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In page 509 of THE MEDICAL PRESS AND CIRCULAR you quote the different characteristics of Garibaldi; from the following fact you may perhaps add another:—In October I was at Bologna, and in the public market square I saw a man vending the skin and pieces of bone which was supposed to have been the parings of his bullet wound. The man boldly held out for their veritability, and as a proof of his statement showed an autograph letter from the General himself, appointing him salesman.—I am, &c.,

OSTENTATION.

28rd November.

Medical News.

THE remains of a complete skeleton of a huge mastodon, eighty-three feet below the surface, have been discovered at the village of Cohæ, near Troy, America.

A RABBI living at Jeville (Haute Marne) has recently died at the advanced age of 108 years. He retained the perfect use of his faculties to the last.

IN some parts of Cornwall osyters bred on one side of a river are so coppery as to be poisonous, while those on the opposite side are wholesome. By removal to other oyster beds the copper is in time eliminated, and the oysters are fit to eat, and even sought after by epicures.

THE use of Sir William Burnett's disinfecting fluid has been ordered to be discontinued on her Majesty's ships from the fact that several fatal cases of poisoning have occurred by its having been accidentally swallowed by seamen.

ARMY MEDICAL DEPARTMENT.—It is a noticeable fact in connection with the constant complaint of army assistant-surgeons respecting slowness of promotion, that less than three months since the seniors of these officers obtained their steps under twelve years' service, whereas now there are forty assistant-surgeons on the list who have completed twelve years' service. It would appear, from this fact, that the chance of promotion to a full surgeoncy (the great step) is daily becoming less and less. The evident reluctance of old surgeons-major of thirty years' service and upwards to take their half-pay retirement, is no doubt one of the causes of the plethora with regard to assistant-surgeons' promotion, those officers (surgeons-major) looking forward to their promotion to deputy-inspector-general's rank. However, as this list contains only twenty-seven officers, most of the expectants have but a week chance of having their hopes gratified.

IRISH REGISTRAR-GENERAL'S RETURN.—The return just issued records 18,751 deaths in Ireland in the third quarter of the present year, and assuming that all the deaths are registered, the annual rate of mortality is 13.4 to every 1000 persons living. The population of Ireland, estimated to the middle of 1866, is 5,582,625. Notwithstanding the outbreak of cholera in various parts of the country, the deaths during the past quarter were 103 less than the number registered during the corresponding quarter of last year. This may partly be attributable to a diminution in the zymotic diseases; but it is feared that registration in some parts of the country is imperfect. Deaths from scarlatina of a very malignant nature are reported in some districts; but where sanitary precautions had been adopted, the epidemic had disappeared or very much decreased. About thirty registrars reported cases of cholera, and it appears that in nearly every instance those who first suffered from the disease had recently been in localities where it was prevalent. It is stated that reapers and labourers on their arrival from England were attacked by cholera, and the disease was communicated by them to other inmates of the houses in which they resided. In Mallow 26 deaths from cholera took place, the greater number of them occurring in the vicinity of a well, the water of which was used for domestic purposes by the people residing in its neighbourhood. This water has since been analysed and found to contain a very large amount of organic matter derived from animal sources. At Arklow, in Rathdrum, 21 deaths have occurred from Asiatic cholera out of a total of 58 deaths for the quarter. The town is in a very filthy condition, the drainage is extremely deficient, and the supply of water is procured from shallow wells and pumps, containing matter deleterious to health. The present outbreak of cholera in this neighbourhood is stated to have been most virulent within a circle, the centre of which is one of these shallow wells. Another source of disease in this district is said by the registrar to emanate from the practice of the poor people allowing pigs to sleep in their cabins during the night, while they are left to prowl during the daytime among the cesspools of the town. At Carrick-on-Suir, and also at Milltown Malbay, the registrars testify to the advantages derived from the recent adoption of sanitary improvements. The births registered in Ireland in the quarter were 33,580, or 24 to every 1000 persons living; the births in the corresponding quarter of last year were 34,158. The marriages (6,045 in number) are for the second quarter of the present year, and show an increase of 384 over the numbers in the corresponding period of 1865; to every 1000 of the population 8.33 persons married; 3941 marriages were between Roman Catholics; the remaining 2104 were between Protestants. According to the emigration returns the number of emigrants who left the ports of Ireland during the past quarter was 19,640, being 8021 less than the number who emigrated during the corresponding period of 1865. The mean temperature of the air in Ireland was 56.9 deg., or 3.9 deg. lower than in the September quarter of last year. Rain or snow fell on 56 days, and the rainfall measured 6.656 inches. The average prices of potatoes for the quarter were 3s. 8d. to 5s. 2d. per cwt., being much higher than the average prices for the corresponding quarter of last year—viz., 2s. 8d. to 4s. per cwt.

PATHOLOGICAL SOCIETY OF DUBLIN.—The first meeting of the twenty-eighth annual session of the above Society was held on Saturday, the 24th ult., in the anatomical theatre of Trinity College, Dr. McDowel, President, in the chair. At the conclusion of the ordinary business of the day, the subject of the Society's gold medal for 1866-7 was announced to be "The Diagnosis and Pathology of Diseases of the Shoulder-joint." The following officers were then elected for the Medico-Chirurgical year now commencing:—President—Robert W. Smith; Vice-Presidents—Joseph M. O'Ferrall, Awly Banon, John Denham, George Kidd, Robert Adams, and Sir Dominic J. Corrigan, Bart.; Council—John Banks, Thomas Beatty, Maurice Colles, James Duncan, Christopher Fleming, Samuel Gordon, Edward Hamilton, James T. Hughes, Benjamin G. McDowel, Alfred H. McClintock, George H. Porter, and Joliffe Tufnell; Honorary Secretary—William Stokes; Secretary—Robert Law; Secretary for Foreign Correspondence—Robert D. Lyons.; Treasurer—Robert W. Smith.

Mr. Edmund Sharpe has presented to the British Museum a statue of the son of Rameses the Second, about

four feet high. He bears a standard on each side; it is of most beautiful workmanship, on hard polished breccia. It is placed near the head of Memnon, in the Egyptian Gallery. It is in a very good state of preservation, and is a beautiful specimen of Egyptian art. It is curious as a lithological specimen, the breccia being formed of the consolidated sand of the desert, inclosing jasper, chert, and other siliceous pebbles.

The following pensions on the Civil List have been granted:—Dr. Arthur Hassall, £100 a year, on account of his eminence as a scientific chemist, and his services in connection with the inquiry into the adulteration of food; Mrs. Carpenter, £100 a year, on account of the services of her husband, the late Mr. Carpenter, as Keeper of the Prints and Drawings in the British Museum, and of her own merit as a portrait-painter; Mrs. Sykes, £75 a year, on account of the services of her husband, the late Mr. Godfrey Sykes, to the industrial arts of the country, and to the Museum at South Kensington; Mrs. Coulton, £75 a year, on account of the literary merit of her husband, the late Mr. David Coulton; Dr. Patrick White, £75 a year, in consideration of his services as an author, public lecturer, and illustrator of the minstrelsy and bardic literature and music of ancient and modern Ireland; Henry John Doogood, Esq., £40 a year, for many years engaged in literary pursuits, and in connection with the public press as a Parliamentary reporter, and now blind and paralyzed; George Thomason, Esq., £40 a year, on account of his services in connection with the periodical literature of the day, being now afflicted with blindness; Robert Young, Esq., £40 a year, in recognition of his services as an historical and agricultural poet in Ireland; Miss Mary Craik and Miss Georgiana Craik, £30 a year each, in consideration of the services of their father, the late Dr. Craik, as Professor of History and English Literature in the Queen's College, Belfast.

THE extensive and valuable collection of microscopic sea-weeds, technically known as Diatomaceae, belonging to the late Dr. Greville, has been recently acquired by the Botanical Department of the British Museum. They contain all the type-specimens so exquisitely figured by him in the "Transactions of the Microscopical Society," and in other journals, as well as of the more obscure species described and figured by the late Prof. Gregory. It is fortunate for the numerous students of these minute organisms that they have become the property of this national institution, and been added to the typical collection of the late Prof. W. Smith. This large series of authentic specimens, now the property of the public, will at all times be accessible for the identification of obscure species, and for the clearing away of doubts.

THE MEDICAL ACT.—The 29th section of the above Act, recites that, "If any registered medical practitioner shall be convicted in England or Ireland of any felony or misdemeanour, or in Scotland of any crime or offence, or shall after due inquiry be judged by the General Council to have been guilty of infamous conduct in any professional respect, the General Council may, if they see fit, direct the registrar to erase the name of such medical practitioner from the register." Acting on this power the General Council of Medical Education and Registration of the United Kingdom has just published the following list of delinquents, with the causes which gave rise to the punishments now inflicted on these persons—viz., John Edward Protheroe, name erased in consequence of the entry of it having been fraudulently obtained; Richard Organ, for infamous conduct in a professional respect; John Burton, the entry of his name having been fraudulently or incorrectly made; John Broatch, in consequence of false declaration; John Kearney, for infamous conduct in a professional respect; Daniel de la Cherois Gourley, in consequence of his having been convicted of a misdemeanour; David Griffiths Jones, in consequence of his having been convicted of a misdemeanour; Evan Thomas, in consequence of his having been convicted of perjury; Robert Wrixon, having been convicted of forgery; Samuel La Mert, for infamous conduct in a professional respect; Robert Jacob Jordan, his qualification of M.R.C.S. England erased in consequence of his name having been removed from the list of members of that College, and his qualification as licentiate of the R.C.P. Edinburgh, for the same reason; John Carter Barrett, having been convicted

of forgery; William John Cumming, having been convicted of felony; Robert Abercrombie, his qualification of M.R.C.S. England erased in consequence of his having been removed from the list of members of that College; Thompson Whalley, having been convicted of a misdemeanour; and John Permewan, having been convicted of felony.

Notices to Correspondents.

F.R.C.S.—Tinnitus aurium attends upon most diseases of the ear. Dr. Yearsley's theory is, that it arises from pressure, and he adduces the following facts in confirmation of it:—1st. The pressure of the finger on the outer passage produces it. 2nd. The pressure of indurated wax on the membrane tympani produces it. 3rd. The pressure of inflamed structures within the cavity of the tympanum produces it. 4th. The pressure from bands of adhesion, one of the consequences of inflammation, produces it. 5th. The only cases which come before the aurist, unattended by tinnitus are, in nine cases out of ten, when there is loss of the membrana tympani. This lesion relieves the pressure, and *there is no tinnitus!* Dr. Yearsley further asks:—Noises in the head generally, and extending to the ears, are they not also explicable on the same theory—pressure?

Mr. Richardson's letter has been received, and will appear in our next number.

Communications received from Dr. Lane, Dr. Smyth, Mr. Forsyth, Dr. Hannan, Dr. Clark, Dr. Oppert, Mr. Northcote, Dr. Kidd, &c.

Appointments.

EASTLAKE, HENRY E., F.K.Q.C.P. &c., has been elected Consulting Physician-Accoucheur to the Western Dispensary, Westminster vice Dr. Mark Tanner, resigned.

FOX, CHARLES JAMES, Esq., has been elected Assistant Dental Surgeon to the Dental Hospital of London, vice J. Walker, Esq.

DRYSDALE, C. R., M.D., has been appointed Assistant-Physician to the Metropolitan Free Hospital, Devonshire-square, E.C.

ELLISON, J., M.D., has been appointed Joint-Surgeon and Apothecary to her Majesty's Household, Windsor.

FAIRBANK, J., M.B., has been appointed Joint-Surgeon and Apothecary to her Majesty's Household, Windsor.

LONGSTAFF, CHARLES, M.D., has been appointed Assistant-Surgeon to the Royal South Hants Infirmary.

RANDALL, J. G., M.R.C.S.E., has been appointed House-Surgeon to the Female Lock Hospital, Harrow-road.

RICHARDS, J. P., M.R.C.S.E., has been appointed Assistant Medical Officer to the Devon County Asylum.

SCOTT, GEORGE, M.D., has been appointed Assistant-Physician to the Royal South Hants Infirmary.

SILVER, ALEXANDER, M.A., M.D., late Assistant Professor of Materia Medica and of Medical Jurisprudence, University, Aberdeen, has been appointed Lecturer on Botany at the Charing-cross Hospital School of Medicine.

STEWART, HUGH GRAINGER, M.D., has been appointed Lecturer of Medical Psychology in the Newcastle-on-Tyne College of Medicine.

WANE, W., M.R.C.S.E., has been appointed House-Surgeon to the Stockport Infirmary.

PROPERTY, JOHN, Esq., has been elected Vice-President of the Society for Relief of Widows and Orphans of Medical Men, at the half-yearly general meeting on October 31st, vice D. Henry Walne, Esq. deceased.

BOOKS RECEIVED.

Hints on Spectacles. By W. Ackland.

A Treatise on Asiatic Cholera. By John Peters, M.D.

Diseases of the Stomach. By Dr. Habershon. London: Robert Hardwicke.

Pharmaceutical Journal. London: John Churchill and Sons.

New York Medical Journal, &c.

Late Publications in Medicine & Science

(From the Publishers' Circular.)

Wilson (George)—Inorganic Chemistry. Revised and enlarged by Stevenson Macadam. With new Notation added. Post 8vo, pp. 37. cloth, 3s. 6d.—Chambers.

Jervis (Sir John)—On the Office and Duties of Coroners, with Form and Precedents by W. N. Welsby. 3rd edit. by C. W. Lovesby. 12mo. pp. 470, cloth, 12s.—Sweet.

Lee (Edwin)—Animal Magnetism and Magnetic Lucid Somnambulism; with Observations and Illustrative Instances of Analogous Phenomena occurring Spontaneously, and an Appendix of Corroborative and Correlative Observations and Facts. 12mo. pp. 346, cloth, 7s. 6d.—Longmans.

Mackenzie (M.)—Use of the Laryngoscope. 2nd edit. revised. 8vo. cloth, 6s.—Hardwicke.

Darwin (Charles)—On the Origin of Species by Means of Natural Selection. New edit. post 8vo, pp. 610, cloth, 15s.—Murray.

Harley (George)—Albuminuria with and without Dropsy: its Different Forms, Pathology, and Treatment. Post 8vo, pp. 62, cloth 2s. 6d.—Walton.

Bartholomew's (Mr.)—Evidence before a Committee of Medical Men on the Prevention and Cure of Diseases by the Turkish and Oxygen Baths. Part I. 4to. pp. 40, sewed, 1s.—Simpkin.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

INTRODUCTORY LECTURE,
DELIVERED IN THE
MEATH HOSPITAL.

By WILLIAM STOKES, Jun., M.D., Ch.M., L.R.C.S.,
SURGEON TO THE HOSPITAL.

THE duty of opening the Medical Session in this hospital have undertaken with mingled feelings of satisfaction, trust, and confidence. Of satisfaction, inasmuch as it affords me occasion to offer to my colleagues, especially to the gentlemen forming the class of this hospital, and to many friends who have honoured me by their presence here to-day, my heartfelt thanks for all the thoughtful kindness and sympathy they evinced towards me during my recent long and tedious illness. To be silent will be, perhaps, the best expression for my feelings on this subject, and probably the one best understood by you. I cannot but be distrustful, on looking at the exalted nature of my task, and the imperfect nature of my qualifications for it, but also confident, from the lively recollection I have of the kind indulgence and liberality I experienced, while my health was spared, in clinical teaching and surgical investigation, not only on the part of my respected colleagues, but also of the gentlemen forming the class of this hospital.

The custom of delivering introductory lectures, which exists in the great majority of British hospitals where clinical instruction is given (and medical schools) is one, the practical utility of which has been questioned by many, being looked upon as an ornamental appendage—in fact, a sort of rhetorical royal salute to indicate the commencement of the session, which may be very well dispensed with. I am not, however, inclined altogether to endorse this opinion; for, though I do not think any very great advantage in the way of increasing knowledge is ever obtained by the student from such discourses, yet it appears to me to be not altogether unproductive of advantage, for the junior student especially, who is beginning, we may say, that which is to be the labour of his life, to have some of the objects of his study indicated to him; and to the more advanced student to have not only these, but also some of the results recently attained, actual tendencies, and prospects of surgery or medicine, call it what you will, briefly discussed with some degree of clearness and truth. Should I be at all successful in doing this, my highest object will be attained. It will, doubtless, be expected of me by many of you, gentlemen, that I should follow the course usually and very properly adopted in inaugural addresses of this kind, of giving advice on various matters connected with your medical education. Advice, however, I believe, is seldom much valued, no matter from whom it comes, but certainly never thought anything of, unless it comes from one whose long standing, extensive experience, and, let me add, professional success, are not matters of question. The advice of persons so fortunately circumstanced will, doubtless, carry a certain amount of weight with it, and they are, therefore, quite right to give it. It is, at all events, ever a matter of interest to hear indirectly indicated the methods they have individually adopted for advancing as well their own interests as those of our profession and our science. From me, however, you will, I trust, accept the observations I am about to make to you, as coming altogether from one of yourselves, having made but little, very little, further advance in the arduous undertaking that we are at present engaged in here. I shall assume, therefore, that having consulted with your friends and

advisers, you are aware how essential a knowledge of anatomy is, that it is, in fact, the alphabet of surgery; and also that the details of your studies in this and the other sister sciences of medicine, physiology, chemistry, materia medica, &c., have been fully explained to you by your respective teachers.

Gentlemen, I have stated that I shall avoid giving you advice, but, at the risk of being considered contradictory, I must indicate one means for acquiring a knowledge of your profession to which I am satisfied all others, whether they be systematic courses of lectures, private teaching, or reading, should be secondary, entirely subsidiary. I mean that method of studying disease which has been *par excellence* the mode of investigation adopted by the great medical and surgical teachers in the Dublin school, and which they have consequently raised to its present exalted position amongst the European schools of medicine. I believe the method to be adopted by the student in his first year for acquiring a knowledge of the veriest elements of surgery, and that for the original investigator, the pioneer, should be the same—namely, clinical study. While you are here, therefore, diligent hospital attendance should be your first as well as your last duty; and by this I mean far more than mere constant attendance at hospital. The proportion of students in every hospital class, who are content to attend with great regularity, it may be, but who do nothing but walk round the wards, and afterwards criticise generally with more severity than justice what they have seen and heard, is very considerable. The advice I wish to give you—the only advice—is to investigate and make records of the cases for yourselves. Your first attempts will necessarily be crude and imperfect; but as the old saying is, "a beginning is the half of all," and if the records were in themselves of little value, still by doing so, no matter in how imperfect a manner, it gives the habit of observing for oneself, and in this way it is one of the greatest importance. The late Sir Benjamin Brodie's observations on the importance of case-taking, while a student, are so well known that I shall refrain from quoting them; but to the junior student, who probably has not heard them, I may mention, in passing, that even in the later years of the brilliant career of that distinguished surgeon he was in the habit of occasionally referring to cases which he had taken even in the earlier period of his pupilage, and from which he derived no small assistance in his extensive practice. This is, I am convinced, the true method of studying medicine, as well for the student as for the teacher. It is not, as is held in some schools, by paying exclusive attention, for example, to organic chemistry, to microscopical investigation, or to any one other of the kindred sciences of medicine that advancement is attained; but our ambition should be to be in such a position as to be able to apply these, but not rely solely on them, as some would have us do. The knowledge of this or that fact is not by any means the only thing which is needed for successfully combating disease. It is very well for the sailor to know the freight and ballast of his ship, but when the storm arises and rocks are ahead, it is far more important for him to know thoroughly how to pilot her, for without that knowledge all may be lost. You cannot either commence this method of learning disease at too early a stage of your career as students, the period for which in this country is so short. In Sweden, for example, a pupil cannot obtain his diploma until he has been for ten years a student, two of which he must have spent as an intern of a general hospital. In Germany he must be five years, in Austria also five, and in France six years, a student. In British schools of medicine all qualifications can be obtained at the end of the third year, and if he extend the period of his pupilage beyond four years he runs the risk of being stigmatised by his friendly contemporaries as being a "chronic man." Do not, therefore, let yourselves be influenced by the advice of those who would recommend you to abstain from hospital attendance during your first year. Indeed, I can hardly conceive anything more

likely to be permanently injurious to you than the adoption of such a recommendation. Advice of this sort appears to me to be as absurd as it would be to recommend a boy not to go into the water until he had first learned how to swim. Already custom has rendered in this country the term of pupilage far too limited, and every day spent away from hospital is a day lost. The study of nature is a thing one cannot have too much of. It is as essential to us to commence it from the very start, as it is to those who make the fine arts their pursuit, whether they be painters or sculptors. In addition to many other reasons I might give you why you should begin clinical study at an early period of your studentship, is this, which you may often, probably, have heard before—viz., that the recollection of what one sees or hears at commencing the investigation of a new study clings to him with a peculiar tenacity. This is well expressed in the words of an eloquent writer, who observes that "all knowledge which alters our lives penetrates us more when it comes in the early morning"—

"Truth can never be confirmed enough,
Though doubts did ever sleep."

The future historian of the condition of and progress made in medicine during the present epoch will have to admit that the two things indicated so well by Mr. Grove in his remarkable address to the British Association, as characteristic of modern investigation in other branches of human knowledge, were least of all wanting in the present investigation of that science to which we have devoted ourselves—namely, a warfare against empiricism and dogmatism, and a hostility to all that is antagonistic to the intellect, to all that observation cannot testify and reason endorse. This is seen in many other branches of human knowledge as well as in medicine. We have, of late, seen the attempt made not only in religion, but also in politics, in history, and in art—the desire to supplant what is founded on dogma and empiricism for that which has for its base what is seen, and what reason determines; and all traditional and theoretical opinions which do not bear the keenest investigation and that cannot be verified by observation immediately fall to the level they deserve. "All kinds of things," says Carlyle, "are coming to be subjected to fire, as it were: hotter and hotter blows the element round everything. Curious to see how in Oxford and other places that used to seem as lying at anchor in the stream of time, regardless of all changes, they are getting into the highest humour of mutation and all sorts of new ideas are afloat. It is evident that whatever is not inconsumable, made of *asbestos*, will have to be burnt in this world. Nothing other will stand the heat it is getting exposed to."

The result of this feeling among the workers of our science has been the introduction of the so-called physical diagnosis by which is meant the application of various physical sciences, such as chemistry, acoustics, and optics, to establish with perfect and unquestioned accuracy the nature of various pathologico-physical alterations. To discuss with any degree of completeness all that has recently been done by their means, in this direction, would be, on the present occasion, impossible. Time would not admit of the attempt being made. But I may allude to some of the advantages that have been gained for medicine by the application of optical science. And I mention these in preference to others, as they are more likely to engage at present, and be more immediately available to the medical practitioner in the fullest sense, than the results which have been obtained by the application of the other sciences to which I have alluded. In physical acoustic diagnosis, for example, it cannot be said that there is any single pathognomic sign of any single disease. The diagnosis, if we limit ourselves to its physical side, depends not merely on the acoustic character of the signs, but on their combination and on their mode of succession; and with all these aids it is necessary, in the great majority of cases, to combine the consideration of the vital pheno-

mena, that is to say, the constitutional symptoms, with those of physical signs. But if we take the ophthalmoscope, we only require the exercise of a single mode of observation, so that the conclusion is arrived at more directly and is more accurately determined. He would be rash indeed, who would say that we have arrived at the furthest limit of that knowledge we have so recently obtained by means of this instrument. I say recently obtained advisedly, for it is not more than thirteen or fourteen years since Helmholtz, seeking to determine two questions—one, why it is that under certain conditions we can observe a luminosity in the eyes of some animals, and the other, why it is that the pupil appears black—was led to devise an instrument by which he was for the first time enabled to view the fundus of the eye. From Helmholtz' first publication on the subject of his discovery may be seen that his expectations as to the advance of our knowledge that would be made by it have been far exceeded. He observed:—"I do not doubt, judging from what can be seen of the healthy retina, that it will be possible to discover all its diseased conditions, as far as these, if seated in other transparent parts, such as the cornea would admit of diagnosis by the sense of sight. Distension or varicosity of the retinal vessels will be easily perceptible. Exudations in the retinal substance, or between the retina and choroid, will be seen precisely the same as in the cornea by their brightness upon dark ground.

Fibrinous exudations, usually much less transparent than the ocular media, will, when lying upon the fundus, considerably increase its reflection. I believe, also, that turbidity of the vitreous body will be determined with great increased ease and certainty. . . . In brief, I do not consider it an overstrained expectation that all the morbid changes in the retina, or the vitreous body, that have been found in the dead subject will admit of recognition in the living eye—an expectation that appears to promise the greatest progress in the hitherto incomplete pathology of this organ." From these observations may be seen that Helmholtz did not anticipate the extension of our knowledge of pathological change by means of the ophthalmoscope beyond mere local ocular diseases. But how much more have we learned? The connection, for example, between retinal diseases and embolism, also between it and Bright's disease, lucenia and diabetes; or, in other words, the connection which is occasionally observed between retinal disease and various constitutional affections. The application of it, also, to the diagnosis of many diseases of the nervous system presents, apparently, a wide field for investigation. No one familiar with the researches of Bouchut, especially on the symptomatic form of paralysis of the sixth pair of nerves, "abducens paresis," as it is termed, and in which he dealt with the difference between this and the idiopathic form of the disease, one the etiological conditions of which have for so long been veiled in obscurity, can help being convinced of this. Thus enabled by the ophthalmoscope to detect not only deep-seated local ocular disease, but also occasionally the expression in the retina of some forms of cardiac and cerebral diseases, a knowledge of the use of this instrument becomes of paramount importance not to the specialist alone, but also to the medical and surgical practitioners in the widest sense.

Following closely on the discovery of the ophthalmoscope by Helmholtz came the introduction into medical and surgical practice of the laryngoscope. Nothing can be of greater value than the results, both positive and negative, that have been obtained by this means of studying laryngeal disease. Its utility, for example, in determining accurately various forms of ulcerations, neoplasms, and many other organic changes; and also it is of vast importance in its application to various forms of nervous aphonia, to the early stages of phthisis laryngea, and to that form of aphonia depending on aortic aneurism. And the great practical value which is obtained is, that it has led to a more rational system of therapeutics, superseding the

uncertain courses of treatment dictated solely by empiricism, which were previously prescribed.

The last application of optical mechanism which has been applied to the investigation of disease by direct observation has led to the introduction into surgical practice of the endoscope. The priority of its invention is claimed by more than one. But for making the instrument of real value to the practitioner the profession is indebted to Dr. Cruise, of this city, who has laboured long and successfully at perfecting this important aid to diagnosis. It has already enabled us to view, with the most perfect distinctness, various pathological conditions of the rectum, uterus, urethra, and bladder; and for the examination of the nasal fossæ it appears to me to possess many advantages over the rhinoscope. It promises, also, to have a much wider application.

Let us not, however, look upon those modern scientific victories as in any way affording us a "royal road" to diagnosis, but in striving to estimate their proper value, and the uses to which they may be turned, regard them only as aids or helps, to which no small amount of labour will be required to attain dexterity in their use. It has been curious to note how differently the introduction of these instruments into medical and surgical practice has been received by the profession in various places. Some, having little or no appreciation of the spirit of progress of the age, and whose sympathies are only with what preceded them, unhesitatingly condemned all such innovations as being untrustworthy, and, therefore, of little use. And so it has always been. It was so when the stethoscope was introduced into practice; but in a short time in what different estimation was it held! And recently how often have men sneered at the ophthalmoscope and laryngoscope, and termed them "toys!" Such men, however, no matter how learned they may be, or how much of the so-called "practical" experience they may boast of being possessed of, never move the spirit of their age. The man who would urge you to stand still, with closed eyes, content with the present and what you have of knowledge should ever be shunned. For nothing is more absolutely fatal, especially in the medical character, than indifference and scepticism. On the other hand, there are many who delight in making every improvement, innovation, or discovery the theme for hostile comparison with what was formerly in use—men who never can travel in an express train without a sneer at the old stage coach in which our fathers travelled, or handle a needle gun without making some invidious observation about the old musket, the weapon with which Napoleon and Wellington armed their troops. However, it is not the philosopher, but the fool, that is indicated by such a flippant consciousness of superiority. He would be rash who would say that all the dreams of the alchemist, so often derided, and termed ignorant impostors, were utopian. The great existing chemists think far otherwise, and acknowledge that many of the problems propounded by the alchemists are still unsettled, and are slow in declaring that many of those dreams which are most startling to us are impossible to realise. Indeed, in dealing with matters connected with either natural or scientific progress, the word "impossible" might well be erased. For history is, after all, nothing but a series of so-called impossibilities, many of them occurring contrary to all rational forecast. The greatest intellects, whether political or scientific, are continually taken by surprise at the occurrence of unforeseen events. Many examples might be adduced in illustration of this, which tend to show forcibly how slow we should be to declare results, by us unforeseen, as either impossible of attainment, or, if attained, useless for practical purposes. An eminent mathematician proved, at all events to his own satisfaction, if not to that of his hearers, at one of the meetings of the British Association held at Bristol some twenty-eight or thirty years ago, that no steam-vessel could carry a sufficient amount of fuel to supply the engine fires for the time necessary to cross the Atlantic; and the great

Napoleon, I have heard, died disbelieving in the practicability of propelling any vessel against wind and tide. And to come to a much more recent date: looking at the present year, we have been spectators of two events that few, if any, could have foretold at its commencement, and which will ever take a foremost rank among the annals of the world. Both widely different, and brought about by means the most dissimilar, yet both tending to the same great and noble end—national unity. The one accomplished amid all the ghastly horrors and heartrending scenes of colossal war—the other a peaceful triumph, conferring a far wider and far greater boon on mankind, and accomplished, not by the ruthless sword, but by British enterprise and British skill.

In Germany, we have seen all but realised that which has been so long the happy day-dream of her truest sons—her unity; and nearer home we have witnessed with feelings of genuine pride and admiration a greater triumph than that of Sadowa—the union of the old and new worlds by a magic thread, and another powerful and enduring link added to the great chain of causes, which in silence, almost without perception, is bridging over the wide chasms which separate nation from nation, and the countless races of man. It would be hard, indeed impossible, to realise its future influence on human civilisation. "Now," in Mr. Bowman's eloquent words, "man's thoughts, cyphered with unerring truth by silent-speaking symbols, in the last degree refined, and borne onwards by tender tremors of the metal, fainter yet far fleetier than Æolian whisperings, are traversing every moment the awful solitudes of Atlantic depths, under miles of ambient water, where no sound, hardly light itself, can ever penetrate; all heedless of the fogs, and icebergs, and mimic storms of the surface, 15,000 feet above. And soon the very globe itself will be woven over with a time-annihilating network; a blessed harbinger as well as an eventual promoter of good-will and peace, of peace and good-will to all mankind." Gentlemen, we have seen and welcomed the tendency of late years to apply to the investigation of disease those physical sciences that I have before mentioned. And we have seen also what brilliant and unexpected results have been attained. But far more than this has been done. As all rational therapeutics can only be a reflex of pathological theories, other means in addition to chemistry in its widest sense, the microscope, and all other applications of optical mechanism, have been had recourse to in seeking to establish the one, and legitimising, consequently, the other. The mere observation of disease has not in my time been fruitful in suggesting to us reliable therapeutic methods; these have been indicated rather by prevailing physiological ideas. One remarkable exception to this probably occurs to many of you, and that is the operation of iridectomy for glaucoma, which procedure, out of Germany, is still in an unhappy *sub judice* condition. Other exceptions to this may occur to some of my hearers, but all have still to bear the test of time, and will, in all probability, be abandoned unless found in harmony with established facts. The method of investigation which I allude to, and which has already done and promises to effect so much towards the improvement of surgical therapeutics, is experimental physiology. Against this the once loud but absurdly sentimental outcry is now, fortunately, become so feeble as hardly to be heard. In France the importance of explaining human pathology by experimental physiology has been fully recognised by the enlightened Government of that country, and, accordingly, a chair of Comparative Pathology has been established in the Paris Faculty of Medicine. It would be impossible for us on the present occasion to attempt discussing all that has been gained for us in this direction by physiologists. I may mention, however, what appears to me to be one of the most important results of this method of investigation for operative surgery; one which has in many places entirely altered the mode of procedure in what may be ranked among the most formidable of surgical operations—namely, the resection of

the larger joints. This change has taken place in consequence of the attention of surgeons having been directed, by Professor Syme first, and afterwards by M. Ollier, to the remarkable osteogenetic properties of periosteum, which were at all events but imperfectly understood previous to the important researches of these and other eminent surgeons. Now, not only in resections is the importance of carefully preserving this membrane recognised, but other operations have been signally modified. The transplantation of the membrane, for example, in the so-called Indian Rhino-plastic has many advocates, and in the Urano-plastic operation for the repair of defects in the hard palate, resulting either from disease or congenital malformation, this is now a fully recognised step of the procedure.

The priority of this modification in this operation is claimed by the Berlin school, but I do not think altogether with justice, for it cannot be denied that for many years anterior to its publication in Berlin it was in America performed in this manner by Mr. Warren, and in this hospital the practice of my colleague, Mr. Collis. In the recent wars in America, in Schleswig-Holstein, and Bohemia, the importance of careful periosteal preservation has been fully recognised by military surgeons. Amongst others, Dr. Moon, of Philadelphia, relates a case of absorbing interest of a man whom he treated for a gunshot wound in the right leg, which he received at the battle of Petersburg in July, 1864. Some of the particulars of the case are related as follows:—"A Minié ball entered the upper third of the outside of the right leg, passing down obliquely through the spine of the tibia at its middle third, carrying away a small portion of the bone, and emerging at the inner side of the leg. The injury to the bone, though apparently slight, proved to be one of those contusions which destroy the vitality of the tissues to a considerable extent, and eventuate in a large amount of morosis. Sloughing of the soft parts first in the track of the wound, and then of the bones, supervened. The slough of the bone also extended until two-thirds of the tibia became involved in its entire circumference. Abscesses formed constantly, which were required to be opened. Active inflammation subsiding, it was decided to remove the sequestrum, which proved to be eight inches and a half in length, from the epiphysis of the ankle-joint. The periosteum being in a measure loose, and quite easily detached, the posterior portion of it was left in the entire extent of the shaft. An incision along the spine of the tibia, exposing nine or ten inches of the bone was made, when the sequestrum was readily removed by means of bone forceps. The case progressed rapidly and favourably, new bone forming the whole length of the periosteum left in the wound." On May 10, 1865, he wrote—"I am at work at my trade, coach-building, and have complete use of my injured leg, running up and down stairs as well as any of the workmen. The wound has entirely healed, and new bone formed throughout." In another case five inches and a half of the tibia were removed, the periosteum being left, and resulted in a like cure. A still more remarkable case occurred during the recent Schleswig-Holstein campaign in 1864, in which the Prussian Surgeon-General, Professor Langenbeck, performed a sub-periosteal resection of a large portion of the diaphysis of both tibia and fibula, and which was brought to a successful termination with complete re-formation of bone. In this war, also, five cases of sub-periosteal resections of the ankle-joint were performed by him, four of which recovered. In general, however, the resections were not so successful as they were during the first Schleswig-Holstein war in 1848, and this, Professor Langenbeck informed me, he attributed to the recent improvements in gunnery, which, at all events, as surgeons we must deplore. Owing to this, the injuries met with on the field of battle now, and requiring resection, are generally much more formidable than they used to be. For the bone, when struck, is to a great extent actually pulverised, and the minute

particles of bone, being driven in all directions through the surrounding muscular and other soft tissues, produce in this way a condition of parts most unfavourable for resection. This may possibly account for the ill success of the American military surgeons in their performance of the operation at the knee joint. Not one of the numerous cases reported in Circular No. 6 (a most admirable account published last spring by the American Government of the surgical experiences acquired during the war) terminated successfully. This must, doubtless, carry some weight in estimating the merits of this procedure, which has so long been a subject of surgical dispute in the Dublin school. However, we should be very slow in forming any decided opinion on its merits in civil practice from experience of this sort alone. For, in addition to what I have mentioned, the exciting collateral circumstances which necessarily exist must militate strongly against successful results being obtained in surgical operations of such magnitude.

M. Ollier, of Lyons, as I mentioned previously, has directed especial attention to the importance of periosteal preservation and transplantation in many operations. In three cases he has removed large portions of the diaphyses of the long bones with favourable results. In his other cases an epiphysis of the bone had to be removed. One of these I had an opportunity of seeing, in which the upper half of the humerus was removed, with complete restoration of bone. From his experiments, therefore, and clinical experiences, as well as from those of some others who are deeply interested in this subject, and from the cases of Dr. Moon and Professor Langenbeck, the following propositions may be stated:—

I. That in sub-periosteal resections the reproduction of bone is more complete and effected with greater rapidity than after total removal of both bone and periosteum.

II. That the osseous reproductive properties of the membrane vary according as it is taken from the long or the short bones, being greater in the former than in the latter (Ollier).

III. That the normal form of the joint is better preserved when this precaution of leaving the periosteal covering is taken.

IV. That the sub-periosteal resections involve less danger than when conducted on the old principle. This proposition is grounded on the result of experiments on the lower animals, the number of unfavourable results which followed when the membrane was removed being much greater than when it was left.

V. That the difficulties attending the separation of the membrane in the dead subject are not to deter us from attempting the operation on the living, inasmuch as the membrane is less adherent in the latter, and also in the diseased than on the healthy bone.

VI. That resections performed in this manner are more conservative, inasmuch as a re-formation of the part removed is effected, and, being attended with less risk to life than the ordinary resections, a greater quantity of bone can be removed, and in this way in a number of cases the necessity for amputation is diminished. The cases I have alluded to—of Dr. Moon in America, and Professor Langenbeck—are illustrative of the truth of this.

VII. That the chances of much shortening of the limb are diminished by this method, as shown by the results of the ankle joint resections during the late Schleswig-Holstein war.

VIII. That in addition to these the modified Rhino and Urano-plastic operations demonstrate that the happiest results have been obtained by this application of experimental physiology to practical operative surgery.

Gentlemen, were I to attempt to discuss all the improvements and innovations that have been recently made in operative surgery here and elsewhere, I should, I fear, exhaust your patience. Many of these procedures are entirely novel, others revivals too hastily abandoned by the immediate followers of their projectors; thus giving

us a useful lesson, in showing us that if we are to be slow to accept we should be also slow to reject; for the great majority of such proposals come to us bearing credentials, signed by names that will ever be revered and cherished so long as there are men to be found to do honour to the true worker and brave pioneer of our thrice noble science.

We may look proudly on the past history and present position of the School of Medicine in Ireland, and I congratulate you on belonging to it; for, as it has fallen to my lot to acquire considerable personal experience of many foreign schools, I can assert, without fear of contradiction, that there are none in which the advantages possessed by the student are greater, and few, very few, in which they are so great. The four corner stones of our National School of Medicine have been perseverance, courage, hope, and work. The foundation has been laid on a spirit of true philosophical eclecticism, the good being taken from every source, and tested by its application to the healing art. This spirit has been more developed in Dublin than in any of the other British schools, or, indeed, in any with which I, at least, have had opportunity of acquiring experience. It was this spirit that animated the founders and supporters of our school, a long and honourable list, and not a few of whom made this hospital the arena for their labours. Of these, two, I may say, recently have rested from their work—the late Professor Porter, and my immediate predecessor, Mr. Smyly, two men, whose memory, whether they be regarded as great surgeons, honourable gentlemen, or true friends, will ever be respected and revered. All such supporters as these have been true patriots, and have recognised the great truth that *prestige* among the nations is now not so much a question of wealth and armaments, as of education in its widest sense; for in raising the character of their school they raised their country. Would that every class and every interest in this country had followed their example! Had they done so, we should not have witnessed the political strifes and utterly disastrous religious dissensions that have now, as they have done for generation upon generation, destroyed the prosperity and cruelly wrecked the peace of our native land.

Many of these true workers are gone, some but recently, but many still live, and may they long be spared to cheer us by their presence and encourage us by their example. No matter at how great an interval, let it be our ambition to follow in their wake. Men of much creative genius are, as they have ever been, rare in their generation. But those without this may not the less be "true sons of their century," for it is the men of order, the men who work with method, earnestness, and truth, that do the great mass of the world's work. If they have not strength to carry a votive tablet to the temple of Truth, they can, at all events, assist in fixing and cementing it; and fortunate it is that such is the arrangement made by the One Perfect Workman, for it shows us the importance, nay, necessity, of mutual help; for this must exist so long as men's qualities, mental powers, and tastes are so diverse. But, nevertheless, we are all, so to say, of the same guild; all have the same duty; and all can "allow," as Lord Bacon says, "the spials and intelligencers of Nature to bring in their bills." Nature, an illimitable ocean, lies outstretched before us, often casting a fair pearl at our feet, which we prize, not merely because it may increase the happiness and welfare of mankind, but also because of its own intrinsic beauty. When we see the vast benefits that have accrued to mankind by the possession of a few of her gifts, what may we not hope for in the future, when her richest jewels are obtained, now lying where, perhaps, as yet no light or sound has ever penetrated:—

The future hides in it
Gladness and sorrow;
We press still thorow,
Naught that abides in it
Daunting us—onward.

And solemn before us
Veiled the dark portal—

Goal of all mortal;
Stars silent, rest o'er us,
Graves under us silent.

While earnest thou gazest
Comes boding of terror,
Comes phantasm, and error
Perplexes the bravest
With doubt and misgiving.

But heard are the voices,
Heard are the sages—
The world's and the age's—
"Choose well—your choice is
Brief, and yet endless.

"Here eyes do regard you
In Eternity's stillness—
Here is all fulness,
Ye brave, to reward you,
Work, and despair not."

REPORT OF A
CASE OF JAUNDICE; CO-EXISTENCE OF
THE HÆMORRHAGIC DIATHESIS;
UMBILICAL HÆMORRHAGE;
FATAL RESULT.

By G. de GORREQUEB GRIFFITH,

LATE RESIDENT SURGEON AT THE HOME FOR DISEASES OF WOMEN AND CHILDREN; PHYSICIAN TO THE FAMILIES OF THE OFFICERS OF MILLBANK PRISON; PHYSICIAN TO THE HOSPITAL FOR DISEASES PECULIAR TO WOMEN AND CHILDREN; PHYSICIAN-ACCOCHEUR TO ST. SAVIOUR'S MATERNITY.

As the following is a rare case, and replete with very much interest, and, moreover, as many such have not been put on record, I take the opportunity of publishing it:—

Mrs. G. S. came to me some time since when she was suffering from the symptoms of extreme anæmia. She was then a few months advanced in pregnancy, and applied to me because she feared for herself her approaching confinement, having suffered very greatly on the occasion of her last, when she gave birth to her first child.

She remained under treatment till the symptoms of anæmia had wholly disappeared. There was, however, but little improvement in her condition as regarded the development of either muscular or fatty structures, although she felt considerably stronger physically, very much more cheerful in spirits, and more hopeful in mind.

One day I was suddenly called to attend her, and was informed by the messenger that the child had been born almost without any warning of its birth, and before he had had time to leave the house.

On arriving I found the patient lying on her right side, just as she had thrown herself upon the bed, the baby now separated from her, but lying between the legs, and having the cord entangled about its neck and limbs. The nurse mentioned that the child had not cried since its birth.

On examination I found the cord tightly encircling the neck, the upper extremities also being implicated in its coils, so that respiration was performed with difficulty. The child's face was of a livid hue, showing that a very little longer time would have sufficed to occasion a condition of asphyxia. The entire of the body was jaundiced.

When the infant was separated I made the mother turn on her back in order to enable me to grasp the womb, which having accomplished, I desired her to turn over on her left side that I might have the organ more completely under control, and by gentle but telling compressive force expel its contents. The compression was exercised in the usual backward and downward direction, and the afterbirth with all its appendages came away immediately.

When the mother was made comfortable attention was directed to the child. The funis seemed to be quite right. The child was jaundiced all over from the crown of its head to the soles of its feet; and in various parts of the neck, trunk, and limbs were there spots of a bluish-black hue, as if the child had been pinched and bruised. Some of these spots were as large as a penny piece.

Moreover, the child was wretchedly puny, and though perfect as regarded its development, was of a very small size; was thin and ill-nourished; the skin was corrugated and pinched, as if the child had so rapidly lost flesh that the integument was unable to contract proportionately.

For the removal of the jaundice I ordered the child to be put to the breasts as soon as possible, that it might drink the first milk and have a free action of the bowels. In addition, I ordered a little castor oil and minute doses of grey powder.

The infant seemed to be doing as well as could be expected, considering all the ills against which it had to contend. But on the eighth day after birth some oozing of blood took place at that part of the cord where it passes into the abdomen. The funis had not yet come away. To this bleeding the attendant neglected to direct my attention, and it was not till the twelfth day—the day on which the decayed cord fell off—that it was mentioned to me.

Of course the occurrence of such a circumstance never entered into my mind, and I had rested satisfied with Mrs. G. S.'s mother's assurance that "baby was doing all right, except for the jaundice and the bruises." I should have mentioned that delivery had occurred when the patient had accomplished only her seventh month.

The urine of the child was loaded with bile, and dyed everything with which it came into contact. The fæces also were surcharged with bile.

On the twelfth day the hæmorrhage had set in. In the afternoon of the same day I saw the child, and found that not a little bleeding had already taken place, and that the flow was considerably greater than the weakly state of the infant was likely to withstand. I feared, moreover, that efforts to control the loss of blood would be unavailing; owing to the existence of the peculiar diathesis. The following efforts were, however, made:—Cotton wool was laid upon the bleeding surface, at first in a dry state, and afterwards soaked in the muriate tincture of iron. This not succeeding—the several layers having become saturated—the superimposed mass was removed, the blood-covered surface dried, and search made for the bleeding point. There seemed to be not any one particular place, but several spots, whence the blood flowed in such a manner that there was an oozing from the entire surface of the umbilicus, rather than a weeping from one spot.

As the umbilicus was apparently sufficiently prominent to admit a ligature around it, I essayed to deligate it, but failed. First, because that part of the cord, which yet remained attached to the abdomen, was quite decayed, and unable to hold anything upon it; and, secondly, because the umbilicus receded as I endeavoured to tie it. There was now noticeable one point in the lower segment of the umbilicus from which the blood trickled faster than from any other; this I sought to include in the knot of a ligature, but the tissues gave way as I tried to lift them by means of the point of the tenaculum, and I was forced to abandon the procedure.

A dossil of cotton wool was placed over the umbilicus, and upon it was laid a shilling, the finger of an attendant was then made to exercise upon it gentle compression, and the mother of my lying-in patient was set to watch that the compression was properly maintained. I called again in the evening, and had the mortification to find that the cotton wool and shilling had been shifted from their position, that the bleeding had been allowed to proceed without any check, and had, indeed, been rendered more profuse by the pressure having been made about two inches above the umbilicus, which was consequently made more prominent and bulged in such a way that the bleeding was encouraged.

As the child was decidedly weakened by this loss of blood, I resolved to tie either the umbilicus and integument in a mass, or else the integument over the umbilicus, with the hope that the bleeding might be arrested; but before undertaking so painful and severe an operation I had a consultation with Inspector-General Dolmage, who approved of the measure, and kindly lent his assistance.

We found it impossible to lift the umbilicus forward, and it was with no little difficulty that we pinched up even the integument immediately surrounding it. We therefore hooked forward on the point of the tenaculum that portion of the skin of the abdomen which lay directly below the navel, and having dipped the point we managed to seize the navel itself along with the integument above it, and to include all in the knot of the ligature, which was drawn as tightly as possible. Immediately that this was done the child screamed loudly, and very soon showed symptoms of collapse, probably from the shock sustained by the system when the ligature was tightened. This untoward, but foreseen event had in some measure been guarded against by the administration, previously, of a little brandy and warm milk; the same restoratives were given now, but failing to rouse the child, which seemed so depressed as to be unable to take the breast, a mustard poultice was applied to the spine, and the body swathed in a hot flannel which was well wetted with brandy.

These remedies had the effect of rousing the infant; and the pain occasioned by the mustard made it take the breast most eagerly. It continued to cry for some time; at length it again became exhausted. In the course of the night it died.

At the post-mortem examination I found the skin very deeply jaundiced, and abundantly covered with the hæmorrhagic spots; the process of ulceration or of sloughing, by which the funis had become detached, had extended underneath the skin of the abdomen, so that when the ligature was removed the umbilical vessels were quite open, and were now—in the dead state—completely patulous; there was acute peritoneal inflammation immediately surrounding the umbilicus; the intestines had not been wounded in the dipping of the needle.

Should a similar case again occur I should feel disposed to pass two needles through the skin of the abdomen, one above and the other below the umbilicus, and from the left to the right side, so that they should run parallel with each other, and transversely as regards the umbilical vessels. I should next, having penetrated the skin on the left of and above the navel, dip the point of the needle so as to get it underneath the umbilical vessels, and having done so, I should then from within pierce the skin on the right of the navel, and bringing out the point compress the vessels between the needle and the integument. Should this method of compression not answer I should pass the ligature around the needle in the same way as for hare lip, and thus more effectually exercise compression. The same should be done below the navel, so as to obtain occlusion of any bleeding vessels that run below it. Or, if this procedure would not act efficaciously, I should pass two or more needles into the integuments and umbilicus from side to side, and from below upwards, and then employ the ligature in the same manner as I have just described. Of course extreme caution should be observed, lest the bowels should be wounded, or taken up by the needle, and tied in the knot of the ligature.

9, Lupus-street, St. George's-square, Pimlico.

Hospital Reports.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

Dr. LYONS'S CLINIQUE.

TYPHUS SUPERVENING ON TYPHOID FEVER.

(From Notes by Mr. CRAWFORD, Clinical Clerk.)

Case 1.—The patient, aged 25, a policeman, of thin, spare, but vigorous frame, was admitted into hospital, labouring under diarrhœa, on October 23rd, 1866, and remained under treatment until November 8th, when he left hospital, supposing himself well. Two days subsequently,

he was obliged to seek re-admission, and was then placed under Dr. Lyons' care. He suffered much from headache and gastric irritation, with frequent vomiting of a greenish-yellow bilious fluid. The tongue was thickly furred, and on examining the abdomen, a few well-marked rose-coloured lenticular spots were observable. There was no tenderness elicited on careful palpation of the abdomen, but on the day of admission four copious dark-brown liquid pea-soup like stools were passed, and henceforth, diarrhœa with stools of a similar character was a constant feature of the case for many days. He was sleepless, occasionally delirious, and usually much depressed, nervous, and apprehensive about himself. The urine was much diminished in quantity, and eventually to such a degree that it was found necessary to administer diuretics to promote this excretion. The catheter had to be employed daily.

On the 15th November a distinctly new set of phenomena became developed in the case. The lenticular spots faded and gave place to a well-marked and pretty copious eruption of true typhus maculæ well exhibited on the trunk and limbs. Extreme typhic prostration was now manifested; the action of the heart and of the radial pulse was excessively feeble, and abundant stimulation was called for and freely supplied. On the 17th he was attacked with hiccup, which now became the most troublesome, and serious symptom of the case, and continued till the 26th. Ice, sinapisms, and various internal remedies were employed with little or no effect; eventually the following combination was administered with decided result in controlling and eventually mastering this distressing affection:—

℞ Muriatis Morphiæ, gr. ii.
Capsici, gr. iv.
Creasoti, gr. ii.
Ext. gentianæ, q.s. ut fiant. pil. viii.
St. i. 2ndis horis.

On the 27th he was able to pass water himself, and from this period out steadily progressed to convalescence. On looking back over the history of this case, Dr. Lyons regards it as a well-marked example of the supervention of typhus fever upon typhoid, the former supplanting the latter, and thus giving to the case at its close, or in its second phase, its predominant characteristics. It may be assumed that the intestinal lesion received a decided check at the moment of the development of the true typhus state, and gradually progressed through the stages of silent *non-ulcerative* elimination already fully explained in former clinics.

The next case exhibits in a still more marked manner the want of protective influence to the system against the invasion of typhus in a patient who had passed through and to a great degree convalesced from fully-developed typhoid fever.

Case 2.—This case may be briefly summarised. The patient, a boy aged 14, was admitted into hospital and placed under Dr. Lyons' care, in the Hardwicke Hospital, on August 20th, 1866. It will be sufficient to state that he developed in a well-marked degree all the essential and characteristic features of typhoid fever, with much gastric irritation and constant and copious diarrhœa, with frequent pain and uneasiness in the bowels, and ilio cæcal gurgling. It is further worthy of note that he exhibited to an excessive degree the typhic prostration of the system, which alone, as Dr. Lyons has already shown, could have ever led to the confounding of diseases so essentially different, under ordinary circumstances, in general aspect, and marked by such well-defined distinctions to the eye of the pathological anatomist, as typhus and typhoid fevers. A bed-sore formed on the right buttock, as well defined as is ever seen in true putrid typhus. Under careful diet and medication this patient was slowly brought through many phases of imminent peril to convalescence, which may be considered to have been fairly and fully established by the end of about the eighth week after admission. He was still, however, much debilitated, and the bed-sore

not fully closed up, though he was up and about daily. He was now seized with rigors, headache, loss of appetite, and other forerunning symptoms of a new febrile attack, and in due time exhibited a full and copious maculated eruption, while the pulse rose to 132. It was now evident that typhus fever had been implanted in his system, and he went through all its phases as if he never had suffered from any form of typhic disease, and it was thus clearly evidenced that his protracted typhoid fever had given him no immunity whatever against the invasion of typhus. With time, care, and abundant nourishment and stimulation, he convalesced from his second fever, and finally left hospital on the 24th November, after a sojourn of ninety-five days in the institution.

SPECIAL REPORT

ON THE TREATMENT OF CHOLERA BY VENOUS INJECTIONS.

V.

THE EPIDEMIC OF 1866.

(Continued from page 573.)

The table on next page includes all the cases treated during the past summer by Mr. Little in

THE LONDON HOSPITAL.

The table gives ample details of the less interesting cases. We propose therefore only to report in full those which most clearly show the effects of the treatment:—

No. 10 of the Table.

INJECTION OF SALINES; IMPROVEMENT; RELAPSE. RE-INJECTION; IMPROVEMENT; RELAPSE. REINJECTION; RECOVERY.

Case 15.—D. H., aged 28, married, a stout German woman, admitted August 29th at twenty minutes to eight A.M. Taken ill with purging and vomiting of rice-water at twelve last night; has had no premonitory diarrhœa. Her aspect is choleraic, eyes sunken, lips livid, pulse scarcely perceptible. Vomits constantly; has severe cramps in the belly and legs; respiration quick.

At twenty minutes past eleven, much worse. No pulse. Temperature in the axilla 92.2, in the vagina 101; cramps are frightful; respiration 42.

At two P.M. fifty ounces of saline alcoholic fluid were passed into the right median basilic, by gravity, in fifteen minutes. The pulse at once returned, at 98, the cramps lessened; temperature in axilla 95.2, in vagina 100; respiration 36.

Immediately after the injection she had a rigor, so severe that her teeth chattered, and the bed shook. Hot brandy-and-water was given her, which she kept down. In another half hour she got worse again, the pulse weaker, and at twenty-five minutes past three, seventy ounces of the same fluid were introduced into the vein on the opposite side; the pulse improved immensely, she had little pain, and talked freely. Temperature in axilla at four P.M., 102.6.

Seven P.M. No pain, no cramps, no sickness; has been purged four times since two o'clock; takes fluid food; pulse full, 120; temperature 100; profuse perspiration; she was placed on a hot-water bed.

Half-past ten. Temperature 96.2; is easy. Midnight, slightly sick.

August 30th, four A.M. Pulse 120.

Half-past six. Temperature 94; pulse very small and very frequent. Fifty ounces injected into left arm. Afterwards pulse strong and full, 104. Aspect good, lips red. Has had seven more uncoloured stools. Temperature 96; vomits slightly; shivers so that teeth chatter; temperature rising. Takes hot brandy-and-water. Quarter to

Case No.	Age	Sex.	Hours ill.	BEFORE INJECTION.				Ounces Injected.	Fluid.	AFTER INJECTION.				Death in hours.	Recovery	
				Tem. in axilla.	Tem. per rect.	Pulse.	Respiration			Temp. in axilla.	Tem. per rect.	Pulse.	Respiration			
1	49	F	8	92.2		None.		40	Saline	93.5		106		2		
2	24	F	13	93		"	40	40	"	93.5		120	44	4		
3	40	F		94		"	40	40	"	98		96	40	9		
4	40	M	40			"	12	12	Blood					6		
5	50	M	8			"	9	9	Blood					2		
6	20	F	9	93		"		50	Saline	99		133			1st Injection.	
			14	96		"		50	"	97		120			2nd "	
			21	96		"		50	"	96		140		24	3rd "	
7	40	M	9	92.5		"	38	40	"	94		120	2			
8	32	M				"	70	70	Serum					4		
9	8	M	10	97.2	100	"	38	30	Saline	98.6	100	130	32	96		
10	28	F	12	92.2	101	"	42	50	"	98.6	100	98	36		1st "	
			13	95.2	100	"	70	70	"	95.2		110			2nd "	
			25	94		"	130	50	"	102.6		104			3rd "	
11	30	M	26	96		None.		50	"	97.4		100	144		R	
12	64	M	11	95		"	35	40	Serum	100		120	40			
13	20	F	13	93	98.2	"	36	50	Saline	98		98	34		1st "	
			18	94		"	38	70	"	97		100	34		2nd "	
			8	95	100	"	40	80	"	99.4	100	100	32		1st "	
14	40	M	18	96		"	38	80	"	102		120	26		2nd "	
			27	96		"	30	80	"	100		120	24		3rd "	
			13	93		"	30	80	"	97		100	22			
15	35	F	21	95		108	32	80	"	98		104	26			
			24	94		None.	43	15	Saline	97		100	40		R	
			18	92.5		"	40	80	"	95		105	36		1st "	
17	18	F	24	94		"	38	80	"	96		110	20		2nd "	
			33	94		"	120	40	100	"	96		110	30		3rd "
			22	93		None.	45	80	"	95		98	40		1st "	
18	35	M	26	94		"	80	80	"	98		yes			2nd "	
			32	96		Yes.	90	80	"	98		yes			3rd "	
			38	95		None.	100	80	"	96		yes		20	4th "	
19	45	M	28	94		"	80	80	"	97		110				
			36	95		No.	80	80	"	96		100		16		
			12	93		None.	45	70	Saline	96		100	40		1st "	
20	17	F	18	94		"	60	120	"	97		110	42		2nd "	

In the Table, "Hours ill" means the time since the setting in of urgent symptoms, irrespective of any diarrhoea which may have preceded the attack. The column headed "Death in hours" contains the time in which death took place after first injection.

eight, pulse good, 140. Half-past nine, temperature 100. Half-past ten, temperature 99.2; pulse 130. Three P.M., temperature 97.2. Seven P.M., temperature 97; pulse 96.

31st. Going on well, complains only of headache. A blister was applied to the neck and gave relief. Takes fluid food, and ten drops of aromatic spirits of ammonia, every half-hour. She went on convalescing slowly; her first urine was passed, September 2nd, at four A.M., (there had been none for one hundred hours). Discharged cured September 17th. Diet, chops and wine allowance.

No. 11 of the Table.

INJECTION; CONVALESCENCE; RELAPSE. DEATH ON THE SIXTEENTH DAY.

Case 16.—W. L., of Shadwell, a small, weakly man, the father of the subject of Case 9 of the table, was admitted August 29th, at ten A.M. Was quite well until twelve last night (though his bowels have been rather loose for three weeks), when he was seized with continuous purging of stuff like slaked lime. Has not vomited but felt sick, has made water this morning. On admission his eyes were sunken, but the skin was warm, the pulse fair, the tongue foul. At twelve noon, surface cold; pulse feeble; respiration hurried; has severe cramps in the legs and belly; no purging, vomiting, or passage of urine; at two P.M., much worse, he is scarcely sensible; voice very choleraic, a faint whisper. Temperature in axilla 96.4. Fifty ounces of saline alcoholic fluid were injected into a vein at his elbow, after which his pulse was good and his temperature rose, and his breathing was easier. At seven P.M., has been purged three times, profuse perspiration; is sleepy; pulse good, 120; temperature in axilla 99.4. Has had no cramps since the injection, takes beef-tea.

August 30th. Twenty minutes to seven A.M. Pulse 94, soft and full; temperature 97.8. Has passed five brownish fluid motions, during the night, and been sick twice. Feels comfortable, looks convalescent, and takes food. Six P.M., temperature in axilla 97.4, pulse 88.

31st. First urine at three A.M.; is quite convalescent.

September 1st. At two A.M., was much frightened and shocked by a patient with delirium tremens, who was being removed from the ward at six P.M.; was prostrate, much purged, and almost dying, not livid or choleraic. At half-past one much the same; four stools to-day; ordered saline, and brandy enema every two hours; he keeps them up. Takes beef-tea and brandy-and-water.

2nd. Rather stronger, still slightly purged.

3rd. A little better.

4th. Worse again, has been frequently purged, aspect choleraic, eyes sunken. Begs not to be injected again; has taken astringents and chalk without effect on the purging. Death at two P.M. The post-mortem examination presented no peculiar appearances, with the exception of very large kidneys, but apparently healthy. For two days after the injection, this patient was so well that Mr. Little had no doubt as to his recovery, and still believes reinjection would have saved him.

No. 12 of the Table.

INJECTION OF SERUM; IMPROVEMENT; RELAPSE. DEATH ON THE THIRD DAY.

Case 17.—Thomas C., aged 64, of Spitalfields, was admitted on the morning of August 31st. Had had looseness of the bowels for a fortnight or more; taken at three A.M., this morning with purging and vomiting of a rice-water character, and severe cramps in arms, legs, and belly. On admission, his aspect was choleraic; lips and hands livid; pulse perceptible. At half-past two much worse; temperature in axilla 95; hands much shrivelled and blue; no pulse; vomiting most profuse. Forty ounces of serum, from sheep's blood, were injected; the serum was from the blood of a sheep killed that morning. After the blood had stood six hours, the serum was poured off and filtered. After the operation the patient had a most severe, violent, and prolonged rigor. Hot brandy-and-water was given him, and he was placed on a hot-water bed. At six P.M., he was sweating profusely, was not sick; had no cramps; colour good. Tempera-

ture 101·2 in axilla. Takes warm fluids readily. Seven P.M.—Sleeps; no cramps, vomiting or purging, since the injection. Half-past eleven.—Has slept off and on, and had one rice-water stool.

September 1st. Going on well; two stools; temperature axilla 99; takes fluid food.

2nd. Not so well, breathing hurried. Two P.M.—Respirations 55; pulse good, 130; is dying. Death at eight P.M.

An examination of the body was made sixteen hours after death; there was no congestion about the heart or great vessels, but the lungs were filled with blood, particularly their bases. The intestines contained a quantity of brownish fluid, and there were ulcerations of Peyer's patches. The bladder contained two ounces of dark urine. On examination of the blood with the microscope, the discs seem more plump than usual, none were broken. This patient was doing so well on the second day, that I thought he would recover. He died in reaction.

No. 13 of the Table.

INJECTION OF SALINES; IMPROVEMENT. RELAPSE; RE-INJECTION; RECOVERY.

Case 18.—M. L., æt. 20, of Hackney, admitted at half-past four P.M., on the 31st of August; taken ill at six A.M., with purging and vomiting, cramps in the legs and belly; no urine since last night. On admission, her surface was cold; aspect somewhat choleraic; pulse very small. She was put on the calomel treatment, with large doses. Quarter-past eight P.M.—Much worse, continues rice-water purging and vomiting; pulse only perceptible, now and then; temperature in axilla 93, in the vagina 99. She got worse, and at half-past two A.M., on the 1st of September, had no pulse; hands and lips were livid; and fifty ounces of saline alcoholic fluid were injected with good result. At three A.M., temperature in axilla 98. She had a slight rigor after the injection. At half-past seven A.M., no pulse, respiration 38, temperature 94, so seventy ounces were injected into the same vein. A larger quantity was put in this time, as improvement did not take place so rapidly. She vomited after the first pint; and, at the close of the operation, her temperature had risen to 97, her pulse was restored, and her respiration had fallen to 34. At nine A.M., in profuse perspiration, feels well. Seven P.M., has felt well all day; no purging or vomiting; temperature in axilla 97; pulse good, arms and hands cold and wet from sweat; was placed on hot-water bed; takes fluid food readily.

September 2nd. Much better; has a headache; a blister was put to the back of the neck, and she was relieved in half-an-hour.

3rd. Convalescent.

19th. Is strong and well, and is to go into the country.

No. 14 of the Table.

INJECTION OF SALINES; IMPROVEMENT. RELAPSE; RE-INJECTION. RELAPSE; REINJECTION; RECOVERY. 240 OUNCES IN ALL.

Case 19.—J. S., of Whitechapel, aged 40, admitted September 10th, at quarter to nine P.M.; has been living badly, and out of work lately; was taken ill at six P.M., with purging and vomiting of a rice-water character, and cramps in his limbs. When admitted he was cold, and pulseless; lips and hands livid; cold perspiration on the forehead; no voice. No urine since the morning; temperature in axilla 96.

September 11th.—Two A.M., worse; lips and face awfully blue; hands also, as blue as any patient that has been in the hospital; vomiting and purging profuse; temperature in axilla 95·2; eighty ounces of alcoholic saline fluid introduced in fifteen minutes. At the conclusion of the operation, breathing easier; pulse 100; temperature in the axilla rose to 99·4, with a slight rigor; likes hot brandy-and-water. Half-past eleven A.M.—Has had one small stool since injection; no cramps or pain;

voice a faint whisper; no radial pulse; carotid 120; temperature 96. At noon, eighty ounces were again put into his veins, with immediate improvement; says "he breathes freer;" is lively and talkative; hopes I shall re-inject him if he gets worse; lips natural colour, face pale. One P.M., has had no rigor, but says he feels cold; temperature in axilla 102; some purging continues, but no vomiting. Two P.M., in a healthy sleep; respiration 96, pulse 90. Six P.M., profuse perspiration, tongue cold; says he is hot, pulse small. Nine P.M., no pulse, aspect choleraic again; eighty ounces were again introduced, after which he improved wonderfully; said he was sleepy and went to sleep.

12th. Has not slept much, but was rather delirious; takes food; is much better; talks freely; pulse 98, temperature 98, respiration 26. Quarter past eight P.M.—One stool since the morning, no sickness, takes his food well; respiration 20, pulse 120, temperature 97.

13th. Has had two or three slight shiverings, but feels warm; no purging or vomiting; first urine to-day.

19th. Has gone on improving; is now convalescent.

No. 15 of the Table.

INJECTION OF SALINES; IMPROVEMENT. RELAPSE; RE-INJECTION; RECOVERY. DEATH FROM SYPHILIS.

Case 20.—M. H., aged 35, a thin spare woman, was admitted September 11th, at ten A.M.; has had looseness of the bowels for two days. Was taken ill in the night with rice-water stools, and cramps in the legs and belly. On admission, the choleraic aspect was extremely marked; respiration 30, pulse scarcely perceptible; has passed no urine for two days. Ten minutes to twelve A.M.—Pulse sometimes perceptible, about 80; lips, tongue, and hands livid; voice very feeble; vomits much; no purging since admission; the abdomen is dull, and contains a quantity of fluid, which rattles when shook. Half-past one.—Collapse extreme; temperature 93; no pulse; could not be roused to consciousness; eighty ounces of saline alcoholic fluid were injected. As the injection proceeded, consciousness and voice returned, and a pulse at 100; the breathing became easier and less frequent, and she talked, and wanted to know how she got ill. At two P.M., she vomited, and was purged for the first time since admission; temperature 97. Six P.M.—Profuse perspiration; pulse scarcely perceptible. Nine P.M., collapsed again; temperature 95; eighty ounces were again injected, with only slight immediate benefit, but in half-an-hour the pulse became fair, at 104; temperature 98.

September 12th.—Ten A.M., pulse good, patient much better altogether; surface warm, aspect natural; has slept well, and taken two ounces of brandy. Quarter-past three, doing well; pulse 96, respiration 24; no motions, vomits when she takes food.

13th.—One A.M., complains of pain in the belly, is rather restless, has headache; ordered, turpentine to the abdomen, and effervescing saline mixture, with hydrocyanic acid. Ten A.M.—Six ounces of urine drawn off; pulse 96, respiration 25.

19th.—Has gone on improving, and is now convalescent. This patient died on the 29th with syphilitic ulcerations of the rectum and throat.

(To be continued.)

THE oldest known British crab (*Palæinachus*) is figured and described by Mr. Henry Woodward in the *Quarterly Journal of the Geological Society* (No. 88, p. 403). It appears with nearly all its limbs *in situ*, showing the carapace with four segments of the abdomen united to it, resting upon a slab of the forest marble of Malmesbury, Wilts, covered with remains of Pentacrinis, &c. The limbs are long and slender, and in some respects, such as the carapace with remarkably prominent tubercles in front, it closely resembles the common spider crabs living on our coasts. In the swollen form of the branchial regions and the nuchal furrow, it resembles the *Inachus*, with which it agrees in the form and proportion of its limbs; hence its name.

Foreign Medical Literature.

ON THE TREATMENT

OF HEMOPTYSIS WITH INHALATIONS OF LIQUOR FERRI SESQUICHLORATI [SESQUICHLORIDI].

By Dr. P. Q. BRONDGEEST.

Translated from the *Nederlandsch Archief voor Genees- en Natuurkunde*, Deel ii. 2e Aftoering.

By WM. DANIEL MOORE, M.D. Dub. et Cantab., M.R.I.A.,

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS, OF THE NORWEGIAN MEDICAL SOCIETY, AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; EXAMINER IN MATERIA MEDICA AND MEDICAL JURISPRUDENCE IN THE QUEEN'S UNIVERSITY IN IRELAND.

THE local treatment of morbid affections of the air passages, by the inhalation of fluids in the state of vapour, has latterly been very extensively adopted. In no department can we, however, point to such excellent results as in the treatment of hemorrhage of the respiratory passages by means of styptic inhalations. The most important observations on this subject are undoubtedly those of Fieber,* both on account of the fulness of detail with which they are communicated, and of the success with which the treatment was crowned. We fully endorse what Fieber says as to the value of this method: "If the mode of treatment by inhalation by means of pulverisers had," he says, "no other merit than that of rendering possible the direct application of hemostatics to the bleeding points or their immediate vicinity, this would suffice to ensure it an honourable place in therapeutics. Not only is one of the most dangerous symptoms often directly removed by the inhalation of styptics, but the dictates of humanity to free the patient from an affection which renders him most uneasy, and fearfully rouses phthisical patients in particular from the consoling illusion of improvement which nature lends them to lighten their sickness, are most rapidly and effectually fulfilled."†

Fieber's observations led me to form the resolution to adopt this mode of treatment when opportunity should present itself.

I shall now communicate the results obtained in three cases.

For pulverizing the fluid Bergson's well-known apparatus was employed, which on account of the facility of using it and its portability deserves to be preferred to any other.

Case 1.—On the 3rd Nov., 1861, I was called to see Heer de H., aged 57, the head of an extensive stonemasonry establishment, who had for a year previously been under my care for pulmonary tuberculosis. The patient from time to time expectorated small calcareous concretions, and daily a large quantity of yellowish sputa, sometimes mixed with slight streaks of blood. From the physical examination of the chest, I inferred the existence in the apex of each lung of a cavity, according to my opinion in process of healing; in favour of which were the facts that the dulness on percussion was not extending; that the cavernous râles were very weak, sometimes not perceptible; and that, moreover, as has already been mentioned, calcareous concretions were expectorated, while the sputa appeared to me to be thick, and but slightly purulent. I found the patient lying in bed in a state of great anxiety and exhaustion. Those about him informed me that an hour and a half previously, while sitting in the water-closet and straining violently, he had suddenly thrown up an enormous quantity of blood, at the same time they showed me a spittoon half filled with bright red blood. Before my arrival the patient had been put to bed, and

the discharge of blood had ceased, only some bloody phlegm was now brought up. The pulse was very small, and below the left clavicle strong râles were audible. I prescribed alum with laurel water internally, and cold compresses to the left side of the chest. In addition, I forbade his speaking, and recommended light diet, and that he should, as much as possible, avoid moving.

During the three following days his state was rather favourable; there was no fever, the sputa expectorated in the course of the third day were only very slightly tinged with blood.

In the night between Sunday and Monday I was called to him at half-past two. The person who awoke me stated that spitting of blood had again taken place. I brought with me Bergson's Inhaler and a solution of one drachm of sesquichlorate [sesquichloride] of iron in eight ounces of distilled water, as I suspected that it would be necessary to make the patient inhale this fluid in the form of vapour. I found him coughing, and each time bringing up bright red blood, while a considerable quantity was already in the spittoon. With the greatest care he was lifted out of bed and placed in an easy position on a chair. The inhalation of the styptic was commenced, and was continued with many intermissions, until the patient expectorated only bloody phlegm. During the inhalation he coughed but little, the hemoptysis was not for a moment aggravated by it. I left him, advising that every two hours he should very slowly make thirty inhalations. Next day I found that no further hemoptysis had taken place, only bloody sputa were expectorated, which continued for four days, while a solution of one drachm of crystallized sesquichlorate of iron in six ounces of distilled water was used for inhalation, a decoction of rhatany being at the same time prescribed for internal use. The patient's strength, however, diminished very much, so that on Friday morning—that is the fifth day after the second attack of hemoptysis, I advised that the inhalations should be discontinued, the more so as they appeared not to be so necessary, the sputa having already begun to be less bloody. At two o'clock in the afternoon of the same day the patient suddenly raised himself upright in the bed, which was immediately followed by violent spitting of blood. When I visited him two hours later I found him in a sad state, very depressed, crying, exhausted, with a small pulse, complaining of oppression, with a glass half filled with blood at his side, and bringing up blood from time to time. In the left infra-clavicular region very loud râles were again perceptible. As taking the patient out of bed was not to be thought of, I caused him to inhale for a considerable time, while in bed, the solution of one drachm of sesquichlorate of iron in six ounces of distilled water, until the spitting of blood had ceased, and to continue this every two hours. At half-past eleven in the evening I found his breathing very much oppressed, with loud râles, so that I thought I should not find him alive next morning. The inhalations were continued every two hours during the whole night. The following morning I was very much rejoiced to find that no more spitting of blood had occurred, and that after the inhalations only bloody phlegm was expectorated. The inhalations were continued, with the internal use of rhatany, three times a day until thirty had been employed. The red colour of the sputa disappeared, the strength gradually increased, and now, after the lapse of six weeks, no hemoptysis has taken place. Although still keeping his room, the patient is already beginning to discharge some duties of an administrative nature, and is getting into a state similar to that he was in before the first hemoptysis occurred.

Case 2.—Miss M., aged 35, a native of Neufchatel, in Switzerland, governess in the family of F., at the Bilt, near Utrecht, came to consult me in the month of May for a laryngeal affection. She complained of sore throat, cough, shortness of breathing, and want of sleep. She had daily an attack of fever. She was very anxious about her state, as her father had died of laryngeal phthisis. On laryngoscopic examination I found that the signs of a chronic

* *Wiener med. Wochenschrift*, 1863, Nos. 49, 50; 1864, No. 27; 1865, Nos. 5, 6, 7, and 8.

† *Die Inhalation medicamentöser Flüssigkeiten*, etc. von Dr. Friedrich Fieber, p. 133.

laryngeal catarrh, general redness, and slight mucus secretion were present; no ulcerations were perceptible. In the infra and supra-clavicular regions was a very feeble respiratory murmur; the sound on percussion was clear; the resonance of the voice presented no difference on either side. I prescribed the use of sulphate of quinia, and at night a morphia powder. After some days she returned and informed me that she had in the morning spit blood, about two teaspoonfuls, and that this had taken place also some months before. Her former attendant assured her that this was not connected with any injury to her health, and therefore she paid little attention to it. Again, examining the chest, I observed neither râle nor crepitus; the heart's impulse was very strong, and the cardiac sounds were distinct and audible over the whole chest.

I suspected that the cause of the hemoptysis lay in a tubercular process in the lungs, although I had observed no decisive physical signs in favour of this view. I made her use, for a week, inhalations of tannin dissolved in water, but without any apparent effect, for which reason I replaced this solution with one of a drachm of crystals of sesquichlorate of iron in ten ounces of water, as she could not inhale a strong one. I advised her to continue this for a week, making fifteen inhalations three times a day. The spitting of blood soon ceased. I made her continue the inhalations for some time, and heard no more of the patient until the end of the month of May, when she again called on me and stated, that after having spent some time at the Hague, where she had taken much exercise and had exceedingly fatigued herself, the spitting of blood had returned. I found her very much emaciated; her pulse was weak, and her face very pale. I advised her to continue the inhalations steadily, with a solution of one drachm to eight ounces of water; the result was that the spitting of blood soon ceased again. Seeing her once more in August I found her state remarkably improved; she had for two months had no return of the spitting of blood. Towards the end of August it recommenced, which she communicated to me in writing, whereupon I again sent her the inhalation apparatus. In a letter dated September 22nd, she again gave me a report of her state. On this occasion the hemoptysis had been very obstinate, nevertheless it finally yielded to the diligent use of the inhalations, which she continued for a considerable time after its cessation. "Now I feel," she wrote to me, "very well, and I can do much without being fatigued; it even appears to me, that I can breathe much more freely than I have for a long time been able to do." From this period I heard no more of her; but, as she has not since got the inhalation apparatus from me, I may infer that the hemoptysis has for four months not returned.

Case 3.—Miss C. N. de T., aged 25, applied to me in the month of May, on account of hemoptysis, from which she had suffered during the preceding six months. She seemed not to think much of her illness, for she required persuasion to induce her to seek for medical aid. She expectorated blood at very irregular periods. At one time the hemoptysis occurred every day, at another there was an interval of fourteen days. The quantity amounted to half a teacupful; the blood came up with a slight cough. Her chest was very flat, but no certain signs of pulmonary tuberculosis existed. After she had inhaled for some time, about fourteen days, a solution of crystallised sesquichlorate of iron in distilled water, the hemoptysis ceased. It has not returned during the last six months. Liquor stypticus, internally administered, had no effect.

The cases here communicated prove that very obstinate bleeding from the air-passages may be arrested by the inhalation of a solution of chloride of iron. They, moreover, show that the inhalation in itself does not give rise to any temporary aggravation of the symptoms, and that if some precautionary measures be taken (to have the solution not too concentrated, and the distance of the patient from the inhaling apparatus not too short), neither is the cough excited by it. I believe that where medical assistance is

called to a case of dangerous hemorrhage from the air-passages, this mode of treatment should be immediately employed, and that every physician ought to have the proper apparatus ready at hand, by means of which he can control such a dangerous symptom, and by so doing, probably save or prolong many a life.

Utrecht, 28th December.

SUMMARY OF SCIENCE.

(Specially Edited and Compiled for the Medical Press and Circular.)

By CHARLES R. C. TICHBORNE, F.O.S.L., F.R.G.S.I., &c.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

GRAHAM'S RESEARCHES ON THE ABSORPTION AND DIALYTIC SEPARATION OF GASES BY CAOUTCHOUC FILMS.

A THIN film of caoutchouc has no porosity, and is really as impervious to air as gas; but it is capable of liquefying the individual gases of which air is composed, while oxygen and nitrogen, in the liquid form, are capable of penetrating the substance of the membrane (as ether or naphtha does), and may again evaporate into a vacuum, and appear as gases. The gases are, however, unequally absorbed and condensed by the rubber—oxygen two and a half times more abundantly than nitrogen, and they penetrate the rubber in the same proportion. Hence, a sheet or septum of rubber may be used as a dialytic sieve for atmospheric air. The septum keeps back one-half of the nitrogen, and allows the other half to pass through with all the oxygen. This dialysed air rekindles wood, burning without flame, and is, in fact, exactly intermediate between air and pure oxygen gas in relation to combustion. In this paper the author also refers to MM. Sainte Claire Deville and Troost's experiments with regard to the surprising penetration of platinum and iron tubes hydrogen gas. Platinum and palladium condense hydrogen freely upon their surfaces, but have not the slightest absorbent power for either oxygen or nitrogen. Carbonic oxide is taken up more largely than hydrogen by soft iron. Silver has a similar relation to oxygen, of which metal the sponge, fritted, but not fused, was found to hold in one case as much as 7.40 volumes of oxygen. A plate or wire of the fused metal retains the same property, but much reduced in intensity.

PHYSIOLOGICAL PROPERTIES OF THE AMYL COMPOUNDS, FROM DR. RICHARDSON'S REPORTS.

On inhalation of nitrite of amyl, great stimulation and increased action of the heart follow. The author could make any number of persons' hearts quicken ten beats per minute by the aid of nitrite of amyl vapour.

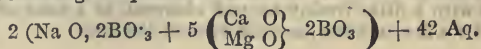
Acetate of amyl (essence of pears) was an excellent antiseptic.

Pure ether was preferable as an anæsthetic to the following:—acetic æther, hydrochloric æther, nitrite of amyl, amylen, or chloroform.

Nitrite of ethyl, like nitrite of amyl, was one of the most powerful excitants of the heart. Amylene and æther produce their effects by virtue of two acts—by suppressing oxidation of the blood in the lungs, and by the extraction of caloric from the blood. This latter point was advanced as a new and more simple explanation of the action of the substance named, than had been before suggested. That the modification of symptoms produced by the change of form of a simple amyl or ethyle compound into a nitrite, turned upon the introduction of nitrogen into the composition, and by this introduction the anæsthetic action is destroyed, and is replaced by disturbance of muscular action, especially of the heart. In this respect the nitrite compounds represent immediately, in an exaggerated degree, the action of strychnine, theine, nicotine, and analogous alkaloidal substances, of which nitrogen forms an elementary constituent.

BORONATROCALCITE A SOURCE OF BORAX.

We meet in Chili, says M. G. Lunge, a mineral having the following composition:—



This mineral dissolves in acids to a limpid solution, so that its constituents can be estimated at once by the ordinary means. It is used for making borax.

ON THE INFLUENCE OF WATER AND AQUEOUS FOOD IN THE PRODUCTION OF MILK.

M. Dancel shows, by a series of experiments, that water or aqueous food favours the production of milk in the herbivores, and that if we wet their dry food, or induce them to drink, by adding a little sea salt to their water, we shall obtain a more considerable quantity of good milk, but the butter will not be so firm or white.

A cow that does not drink thirty litres of water per day (about six and three quarter gallons), only gives from six to eight litres of milk; whilst a cow that will drink sixty litres of water will give twenty to twenty-five litres of good milk. The author does not, however, give the analysis of the milks in the different experiments.

ON THE TOXICOLOGICAL ACTION OF PHOSPHORUS.

Wahler and Frerichs attribute the poisonous effects of phosphorus to its transformation, in the economy, into phosphorus and hypophosphorus acids. Munk and Leyde said it was converted into phosphoric, but the symptoms produced by phosphoric acid do not accord with those produced by poisoning with phosphorus. Most of the physiologists admit that the phosphorus is absorbed by the blood. 1st. The author finds that defibrinated blood left in contact with phosphorus does not show any other modification than those which result from the absorption of oxygen and the ulterior action of the phosphoric acid, formed by the action of the oxygen contained in it. This is avoided by adding carbonate of soda. 2nd. Blood, deoxidized by oxide of carbon, is not altered by contact with phosphorus. 3rd. Phosphorus, dissolved in oil and injected into the blood, does not produce the same symptoms as when it is introduced through the digestive organs. 4th. The breath of an animal poisoned with phosphorus blackens, after some time, paper dipped in nitrate of silver. It is, therefore, evident that part of the phosphorus absorbed escapes in part as phosphuretted hydrogen. The author puts the question—Is not the poisonous properties of phosphorus due to its conversion into this gas? He seeks to show that the symptoms of poisoning by phosphorus are identical with those produced by inhaling the gas (not spontaneously inflammable). Phosphuretted hydrogen acts upon the blood by extracting its oxygen, and it then presents the same physical properties as deoxidized blood, and contains a considerable quantity of phosphorus acid. Arterial blood is able to absorb 26.73 per cent. of its volume of gas; venous blood only 0.13 per cent. In the pressure of aerated water rendered alkaline, gastric juice, and blood, phosphorus produced considerable quantities of phosphuretted hydrogen in a very short time.

M. Blondlot (*Journal de Pharmacie*) says that phosphorus acts directly in the state of vapour, and that this subtile poison penetrates slowly through the system.

WHEAT PHOSPHATES.

Under this name a food is procured which may be of great use to delicate children. A decoction of bran is evaporated to dryness with sugar and powdered. This preparation contains a great quantity of the phosphates; the middle of the grain consists almost entirely of starch; but it is in the corticle envelope that the greater proportion of the salts are found, particularly the phosphates.

ACTION OF WATER ON HYDRATED SESQUIOXIDE OF IRON.

M. Davies notes the fact that hydrated peroxide of iron is partially dehydrated on boiling it in water, and that on submitting it to a temperature of 60° C. for 2000 hours it becomes nearly insoluble in nitric acid.

ON THE REMOVAL OF NITRIC ACID FROM SULPHURIC ACID BY CHARCOAL.

The following is taken from a communication from W. Skey (Geological Survey, New Zealand) to the editor of the *Chemical News*:—In certain analytical operations it is sometimes necessary to use sulphuric acid which is uncontaminated with nitric acid, but their separation has hitherto been a matter of difficulty, only attained by methods of a very protracted nature. In the case of diluted sulphuric acid, however, this can be effected, according to the author, by shaking it up with a little freshly-burned charcoal, in a state of powder, for a few minutes, and afterwards filtering.

Sulphuric acid which has been passed through this operation does not give any reaction of nitric acid when left in contact with crystallized sulphate of iron, although before the action may have been very decided. Charcoal, however, does not remove nitric acid from the concentrated acid.

M. FREMY'S EXPERIMENTS UPON THE CRYSTALLIZATION OF INSOLUBLE COMPOUNDS.

It occurred to the author that if he could effect in a very slow manner the precipitations and decompositions which, in the laboratories, produce amorphous bodies, owing to the instantaneity of their formation, he might succeed in obtaining them in the crystalline form. In some experiments the two bodies were introduced into liquids of different density containing gum, sugar, gelatine, &c.; in others, the phenomenon of endosmose was had recourse to; in other trials, wood or unglazed vessels were employed, the result in almost all cases being that he obtained in the crystalline form such insoluble bodies as sulphate of baryta, sulphate of strontia, carbonate of baryta, carbonate of lead, sulphate of lead, oxalate of lime, borate of baryta, chromate of baryta, magnesia, and several sulphides.

PHYSIOLOGICAL ACTION OF NITRATE OF METHYL-STRYCHNINE AND CURARA OR ARROW POISON.

M. Schroff has confirmed the curious fact noticed by M. Stahlsmidt, of the perfect harmlessness of methyl-strychnine when introduced into the blood, but he finds that its action is different when this base is put into direct communication with the blood by subcutaneous injection, for in this case it recovers the poisonous properties which characterize strychnine. This reminds the author of the action of curara, which is similarly digested without danger; and he asks whether this Indian arrow poison may not be of an analogous nature. The experiments have been made on rabbits and frogs.

POISON OF THE SALAMANDRA MACULOSA.

The venemous secretion of the salamander, says M. Zalesky, is obtained in the form of a creamy liquid on scraping with the bark of scalpel the posterior parts of the head and the back of the animal. The liquid which exudes is white, viscid, strongly alkaline, and bitter. It contains a number of globules, which disappear upon the addition of alcohol, ether, or acetic acid. The author separates from this an organic base (which he calls salamandrine), it is procured by precipitation with phospho-molybic acid. It is soluble in water, and has a strong alkaline reaction. It is crystallizable, and when dry may be preserved a long time. It gives salts with acids. The composition is given as $C^{34}H^{60}N^{2}O^5$. It is a virulent poison, and provokes the same symptoms as the natural secretions.

SOLUTION OF PERNITRATE OF IRON.

Messrs. T. and H. Smith recommend the solution of pernitrate of iron to be made by dissolving the pulpy precipitate of peroxide of iron in the proper quantity of nitric acid. They make a solution of perchloride of iron, according to the directions given in the British Pharmacopœia; they then precipitate with ammonia and wash by decantation. As this precipitate contains too much water the excess is removed by pressure; the pulp should measure thirty ounces, and it then dissolved in a proper quantity of diluted nitric acid, 56 parts or 2eq. of the iron require 3eq. of absolute nitric acid, or 162 grains.

The product should be made to measure sixty ounces. The oxide should be added to the acid, not the acid to the oxide, or a basic salt is found.

ON THE ACTION OF THE ELECTRIC CURRENT UPON OZONIZED WATER.

"Cosmos" notices some curious experiments by Prof. Horn of Munich. On sending the current from an electric machine, the plate of which was more than three feet in diameter, through a glass of ozonized water, it was found to be saturated with some compound of cyanogen. This water if drank produces all the symptoms of cholera. This disease, which is produced artificially, is instantly stopped by drinking water saturated with ozone.

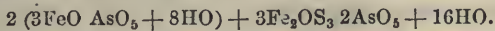
THALLIUM PERCHLORATES.

Prof. Roscoe says that perchlorate of thallium is isomorphous with the potassium and ammonium salts. The anhydrous salt is deposited in colourless well-defined rhombic

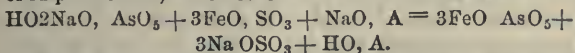
crystals; they dissolve in three-fourths of their weight of boiling water, and in ten times their weight of water at ordinary temperature. It is but slightly soluble in water.

ARSENATE OF IRON.

M. F. G. Willstein has written an article upon the results of some experiments upon this salt. He says that its composition is the following:—



The author is not certain of its constant composition. He makes it by precipitating arseniate of soda with sulphate of iron; but as the arseniate of soda has the composition HO 2NaO, AsO_5 , we think the author would have probably been more successful if he had followed the directions given in the British Pharmacopœia—that is to say, at least in getting a compound of a more constant construction. The formula given in that work is 3FeO, AsO_5 , and one equivalent of acetate of soda is used to saturate the equivalent of sulphuric acid, which otherwise would be liberated:—



As arseniate of iron is slightly soluble in acetic acid, a better plan would be to use an equivalent of carbonate of soda.

ON THE SEPARATION OF LEFT-HANDED AND RIGHT-HANDED TARTRATES BY MEANS OF SUPERSATURATED SOLUTIONS.

M. Gerney's supersaturated solution of left-handed double tartrate of soda and ammonia does not crystallise in contact with a fragment of the same salt, right-handed and *vice versa*. From an inactive supersaturated solution of double racemate of soda and ammonia—a fragment of right-handed crystal determines only the precipitation of right-handed crystals, whilst a portion of the same liquid in contact with a left-handed crystal produces a deposit of the left-handed salt. This supplies a simple means of separating at will from the double racemate of soda and ammonia either of its two constituent salts.

Reviews.

HISTOLOGICAL DEMONSTRATIONS: a Guide to the Microscopical Examination of the Animal Tissues in Health and Disease, for the Use of the Medical and Veterinary Professions. Being the substance of Lectures delivered by George Harley, M.D., F.R.S., Professor in University College. Edited by GEORGE T. BROWN, M.R.C.V.S., Professor of Veterinary Medicine. Pp. 268. London: Longmans. 1866.

MR. BROWN states in his Preface that the publication of these Demonstrations was suggested to him by an attendance on Dr. Harley's Course of Lectures, delivered in the Physiological Laboratory of University College, during which he observed the facility with which objects were prepared for examination in the presence of the class, and the readiness with which the directions of the demonstrator were comprehended and carried into effect by the students. Hence he conceived the possibility of describing, in an intelligible manner, this method of instruction; and with Dr. Harley's concurrence and the assistance of that gentleman's original notes, the work was undertaken. The plan of the book comprises—first, the construction of the microscope; and secondly, the methods of using it, and then the mode of preparing objects for examination; and lastly, the different organs and tissues are described under their different heads, and in every instance a figure or diagram is given, which the observer is enabled to compare with the specimen. The illustrations are therefore extremely numerous, and we may add that they are all very well executed. Most of them are stated to be drawn from objects prepared exactly in the extemporaneous method directed in the demonstrations, but some are taken from other sources, especially from Kölliker's large work on microscopical anatomy. They constitute, in fact, a complete compendium of histology, the microscopical structure of most forms of life, both healthy and morbid, being successively presented to view, and numerous as are the books devoted to the display and description of microscopical

objects, we know of none which will prove more useful to the student and the practitioner than the present.

DIABETES: its Various Forms and Different Treatments. By GEORGE HARLEY, M.D., F.R.S., Physician to University College Hospital. Pp. 74. London: Walton and Maberley. 1866.

ALBUMINURIA, WITH AND WITHOUT DROPSY: its Different Forms, Pathology, and Treatment. By GEORGE HARLEY, M.D. Pp. 61. London: Walton and Maberley. 1866.

BOTH these works have already appeared in print in the pages of a contemporary medical journal, and their contents form a part of the course of lectures on the urine and the diseases of the urinary organs, which Dr. Harley has been in the habit of delivering annually to medical practitioners since the year 1856. They contain a very lucid account of the respective maladies of which they treat, the chemical characters of the urine being carefully and accurately described, and the pathological conditions being indicated with equal fulness and precision. The treatment of diabetes and albuminuria, as is too well known, is often unsuccessful, and where the result is otherwise, the circumstance is in a great measure due to the skill and discrimination exercised by the medical practitioner, who must not only be fully acquainted with the indications afforded by the microscope and the test-tube in the examination of the urine, but also with the chemical, vital, and pathological changes of which the state of this fluid is one of the exponents. Dr. Harley's observations on treatment will be read with great interest and profit, and the practitioner who takes them as his guide will not find his confidence misplaced. We should mention that these little volumes are very well got up, and reflect great credit on the publishers.

ON THE NATURE, CAUSE, AND TREATMENT OF TUBERCULOSIS. By HORACE DOBELL, M.D., Physician to the Royal Infirmary for Diseases of the Chest, &c. Pp. 84. London: Churchill and Sons. 1866.

ON WINTER COUGH, CATARRH, BRONCHITIS, EMPHYSEMA, ASTHMA; with an Appendix on some Principles of Diet in Disease. By HORACE DOBELL, M.D. Pp. 182. London: Churchill and Sons. 1866.

THE first of these works consists of a series of papers which have appeared at different times in the columns of some of the medical journals, and they are collected together and placed in order, so as to present a consistent view of the theoretical opinions which Dr. Dobell has formed on the subject of tuberculosis. The theory, or rather the hypothesis (for so he himself terms it), framed by Dr. Dobell maintains that tuberculosis is due to a dejective action of the pancreas on the fat, and especially the solid fat, taken as food. The supply of properly prepared fat is cut off from the blood—1st, by the fats not being brought into a proper condition by the pancreas; and 2nd, by loss of absorbing power in the small intestine, due to the contact of unhealthy pancreatic juice and of dejectively prepared food with its mucous membrane. Thus the blood, according to Dr. Dobell, becomes insufficiently supplied with fat elements from the food, and is unable to afford these required for direct combustion, and while it fails to replace those taken up during interstitial nutrition, it takes up more from the food to compensate the deficient supply. This having gone on up to a certain point, the fat elements of the albuminoid tissues are seized upon, and these tissues are minutely disintegrated in the process, and this disintegration is tuberculation, and the disintegrated albuminoid tissues is nascent tubercle. Tuberculation will therefore ensue wherever there is the greatest activity of interstitial nutrition and the smallest amount of fat elements able to be spared by the tissues, and when a double process is going on consisting of—1st, an ordinary interstitial nutrition in albuminoid tissue; and 2nd, interchange of oxygen and carbonic acid, or carbonaceous matters through this tissue.

We have given Dr. Dobell's hypothesis almost in his own words, and while admitting its ingenuity, we must observe that it is not in every instance quite clearly expressed, and that the conclusions are not always quite apparent, at least at first sight. It must also be remarked that there is no very direct evidence that the pancreas is really and neces-

sarily diseased in cases of tuberculosis, as most of the existing information on this point is of a negative character, and Dr. Dobell invites further inquiry into the subject by those who have the leisure or the opportunity to make it. If, however, his views on the nature of tuberculosis are correct, then his treatment, consisting in the administration of fats, and more especially of the pancreatic emulsions of solid fat, is the most satisfactory that can be devised; and we are assured that by the latter plan a great number of cases of tuberculosis have been most materially benefited. We should be doing great injustice to Dr. Dobell if we allowed it to be understood that he proposes his pancreatic emulsion as an infallible remedy in tuberculosis and phthisis, for he expressly states that many other conditions both of a hygienic and regimenic nature are to be observed in the treatment of this form of cachexia. Dr. Dobell, at the end of the book, reprints the different reports of his cases treated with pancreatic emulsion, together with summaries of the results.

The second of Dr. Dobell's books consists of a series of seven lectures upon cases of winter cough, occurring in the Royal Infirmary for Diseases of the Chest; together with an Appendix on some principles of Diet in Disease. The cases of winter cough are arranged by Dr. Dobell into five groups, namely: 1. Cases in which there are physical signs of emphysema and not of bronchitis, and in which there is no history of previous bronchitis. 2. Cases in which there are physical signs of emphysema and not of bronchitis, but in which there is a history of previous bronchitis. 3. Cases in which there are physical signs of bronchitis and not of emphysema. 4. Cases in which there are physical signs both of emphysema and bronchitis. And 5. Exceptional cases, in which there are not physical signs either of bronchitis or of emphysema. In the course of the lectures the conditions leading to emphysema and bronchitis are fully explained; and in the two lectures on treatment, all the therapeutic measures calculated to relieve these affections are fully explained. Dr. Dobell does not much approve of the use of atomized fluids for affections below the glottis, as they convey too great a quantity of cold and moisture into the air-passages, but this objection does not apply to fumes and vapours, which are among the most valuable means of acting upon the naso-pulmonary mucous membrane. The remarks on the other methods of treatment, whether climatic, medicinal, dietetic, or regimenic, are very judicious, and as a practical treatise on an extremely common class of diseases, Dr. Dobell's book deserves a high degree of commendation.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 12, 1866.

THE CASE OF "DR." HUNTER.

THE result of the case HUNTER *v.* SHARPE, which occupied the attention of the Court of Queen's Bench for five days, will be received with considerable satisfaction by the public. It was an action brought by HUNTER, who is well known in consequence of his books and advertisements, against the *Pall-Mall Gazette*, for an alleged libel published in that paper, which denounced him as a quack and an impostor. We are sorry that the *Pall-Mall Gazette* should have been the victim of the late action, as that journal has always shown itself to be the consistent advocate of the just rights of the Medical Profession, and it was, in fact, in defending those rights that it exposed itself to the recent proceedings. It is also honourably distinguished by the exclusion of quack and indecent advertisements from its columns, and we should have been far better pleased if

one of the journals which have been reaping their thousands by the publication of the trash passing under the name of "Dr. Hunter's Letters on Consumption," had been made to suffer the annoyance and bear the expenses which have unfortunately fallen upon our meritorious contemporary.

As it is, "Dr." HUNTER reaps the barren honour of a verdict in his favour; but, as the damages are only *One Farthing*, he will have to pay his own costs, and, what is very much to be regretted, those of the defendants must be defrayed by themselves. Although, therefore, the moral effect of the verdict is the same as if it were given in favour of the defendants, yet the substantial loss of money on their part is, we fear, sufficiently great to deter them from following up their well-merited castigation of impudent and puffing pretenders, and from holding up to public obloquy many offenders far worse than "Dr." HUNTER. To the disgrace of our Press, the indecent announcements of the worst and most infamous of the gang who prey upon the fears of the weak and the credulous, are still permitted, in many instances, to pollute the columns of the newspapers, and the only change which some of the journals have made, in consequence of recent exposures, has been to increase the price of the advertisements, and thus actually to profit by their own infamy.

With regard to "Dr. HUNTER's Letters," although they do not belong to the category of indecent publications, their nature and tendency, which were long ago known to the Medical Profession, have now been thoroughly exposed in a Court of Law, and we can only refer to the admirable summing up of the LORD CHIEF JUSTICE for a true and correct indication of their real value. What defence the *Times* makes for its base and mercenary conduct in filling its columns, day after day, and week after week, with the contemptible farrago of folly and presumption, which many of the public believed, and which it was intended they should believe, were genuine contributions of a scientific character, we are at a loss to understand. To us the only possible defence appears to be that it was a money transaction; and if so, the reproach that PLUTUS reigns supreme over every consideration of honour and truth among the conductors of many of our public journals, will appear not altogether unmerited.

It appears that HUNTER's advertisements appeared in the *Times*, the *Standard*, the *Morning Post*, the *Daily Telegraph*, the *Star*, and the *Record*, besides many of the provincial papers. That most respectable journal, the *Daily Telegraph*, which is so indignant in its denunciations of all kinds of irregular practice, allowed it to appear no less than sixteen times, and our evangelical contemporary, the *Record*, gave thirty insertions to the same announcement, no doubt to the great edification of its readers. It was not, however, sufficiently indicated at the trial that these advertisements, which were of enormous length, and occupied whole columns, were so

published that they hardly looked like advertisements at all, but, even to the practiced eye, resembled scientific contributions put in by the editor, and they were therefore, in many instances, understood by multitudes of the public, as we can testify to our certain knowledge, as being *bona fide* contributions to the columns of the respective journals. Persons, therefore, who were ignorant of the power of money over our newspapers, actually believed that a new and successful method of treating consumption had been discovered, and, owing to the uncertain nature of our libel laws, no impartial and unbribed organ of the press dared to insinuate to the contrary.

We regret that the jury in the late trial should have returned a verdict for Dr. HUNTER, because we think that the defendant had proved his right to the verdict, and such was evidently the view entertained by the LORD CHIEF JUSTICE. The only conceivable reason why the plaintiff could be deemed entitled to a verdict was because the article in the *Pall-Mall Gazette* was supposed, on the theory put forward, to repeat or to assert the criminal charge brought against HUNTER by a Mrs. MERRICK at the end of last year. Now, in justice to the *Pall-Mall Gazette*, we do not believe that the article asserted anything of the kind; and, we must add, in justice to Dr. HUNTER, that we do not believe that he was guilty of the offence then imputed to him. But the criminal charge formed the vehicle by which the public were first made acquainted with the real nature of the advertising business carried on by HUNTER and his assistants, and the *Pall-Mall Gazette* took the opportunity, not of imputing to him the crime for which he was tried, but of exposing what it considered, and what we consider, as a course of conduct derogatory to the honour and dignity of the medical profession.

We are not at all surprised to find the *Times*, in a leader which appeared very shortly after the trial, treating the affair very lightly, and looking at Dr. HUNTER'S conduct as, on the whole, very excusable; but it is forced to admit, though in very guarded terms, that "the verdict (with a farthing damages) entirely meets the justice of the case, and that our contemporary (the *Pall-Mall Gazette*) is entitled to the thanks of the public for a courageous attempt to protect their interests."

CHOLERA.

FROM the returns of the Registrar-General, issued simultaneously with our last number, we extract the gratifying intelligence that only "three deaths from cholera were registered during the week ending on the 1st inst., and the epidemic is now virtually extinct." To this we may add that no death was registered until the following Wednesday, when one death took place.

During the whole time the epidemic has raged, there have been in the metropolitan districts 5548 deaths from the disease, exclusive of 2692 deaths from diarrhœa. In the epidemic of 1849, when the population of London

was about two millions and a quarter, 14,137 persons perished. In that of 1854, 17,738 died out of a population of two millions and a half. Thus the mortality of the disease has been less alarming this summer than in other outbreaks. Out of the 5548 deaths from the disease, 3909 took place in the Eastern districts.

The deaths to every 10,000 of population were 62, 43, and 18, in the three epidemics all over London. In the present epidemic the West districts lost 4, the North districts 6, the South districts 8, the Central districts 9; and it was only in the East districts, where the ravages recalled the violence of former epidemics, that 3909 people—that is, 64 in every 10,000 of the unhappy inhabitants—perished.

Holland and Belgium have published returns down to a recent date, for which the Registrar-General is indebted to M. de Baumhauer and M. Heuschling, and the facts prove that the epidemic is as fatal as it ever was under unfavourable sanitary conditions. Thus, in twenty-two cities and towns of Belgium and Holland, containing less than half the population of London, or 1,460,808 people, the deaths from cholera alone in the present year were 20,643. So the deaths were 141 in 10,000, and if the same proportion of inhabitants had perished in London, the deaths, instead of 5000, would have exceeded 42,000. In Brussels the deaths were in the proportion of 164, Utrecht 271, Amsterdam 42, in 10,000 inhabitants.

By the bulletin published monthly by the Prefect of the Seine it appears that the deaths from cholera in Paris were 6653 in 1865—that is, in the proportion of 39 to 10,000 inhabitants; while by the second outbreak in the present year 1812 persons had died by the end of July, the date of the last return, when the epidemic was increasing rapidly.

In London cholera has not only been less fatal than it was in previous epidemics, but its fatality has been reduced almost to insignificance in several of the districts by the mere force of hygienic science, before which the destroyer has retreated step by step; never, however, losing an opportunity of asserting its full power wherever negligence or ignorance presented an opening, either in England or in the cities of the Continent of Europe.

Cholera obeys certain laws, and the knowledge of those laws renders its subjugation in Europe practicable, provided all the people as well as the Governments will cooperate in the work. This it may be hoped will be done, and it only remains for the metropolis of this empire to hold its own and to keep the lead.

The annual rate of mortality in the week was 25 per 1000 in London, 30 in Edinburgh, and 31 in Dublin; 21 in Bristol, 25 in Birmingham, 31 in Liverpool, 28 in Manchester, 31 in Salford, 27 in Sheffield, 33 in Leeds, 26 in Hull, 39 in Newcastle-upon-Tyne, and 33 in Glasgow. The rate in Vienna was 29 per 1000 during the week ending the 17th instant, when the temperature was 2·6° Fahrenheit lower than in the same week in London, where the rate was 24 per 1000.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·822in. The barometrical reading increased from 29·34in. on Sunday to 30·15in. on Wednesday. The mean temperature of the air in the week was 38·7 deg., which is 2·7 deg. below the average of the same week in 50 years (as determined by Mr. Glaisher). The highest day temperature was 49·3

deg., on Tuesday. The lowest night temperature was 28.0 deg., on Saturday. The entire range of temperature in the week was, therefore, 21.3 deg. The mean of the highest temperatures of the water of the Thames was 42.2 deg.; that of the lowest was 39.5 deg. The difference between the mean dew-point temperature and air temperature was 5.0 deg. The mean degree of humidity of the air was 82, complete saturation being represented by 100. Rain fell to the amount of 0.02in. The direction of the wind was variable. According to a return furnished by the engineer of the Metropolitan Board of Works, the average daily quantity of sewage pumped into the river Thames at the southern outfall works, Crossness, was 162,706 cubic metres.

Notes on Current Topics.

THE OBSTETRICAL SOCIETY.

THIS day week, at an unusually crowded meeting of this Society, a paper was read by Dr. Tanner "On Excision of the Clitoris as a Cure for Hysteria." The subject was treated in a sensible and somewhat scientific manner, but unfortunately some of the speakers in the discussion which followed so far forgot what was due to their own reputation and to the Society as to indulge in unseemly and offensive personalities.

Whatever may be the conviction of any practitioner respecting the operation in question, we feel sure that the profession as a body cannot countenance such attacks as these upon the motives of an operator who has thrown open all his proceedings to their scrutiny, and makes it a rule to publish the results of his cases. But apart from this, some of the observations made were of such a character that we cannot possibly understand how the Chairman could permit them without interruption. We have on more than one occasion experienced the difficulties of presiding over so excited an assembly, but have felt it just to all peremptorily to put down such language as was indulged in at this meeting, and have accordingly insisted on our authority to do so. When sufficient time has elapsed to allow any disputants to cool, we have been cordially thanked for our firmness, and cannot but believe that the President of the Obstetric Society might have earned for himself the same reward. It is not our intention to enter upon the subject of the operation revived in these days by Mr. B. Brown. We only protest that in a professedly scientific assembly, not only that surgeons, but the whole profession, has a right to expect that opposition shall at least be subjected to the rules supposed to govern the conduct of *gentlemen*.

We sincerely desire to avoid unnecessary allusion to the topic, and we trust that now it has once been placed before a body so competent to guide professional opinion on such a subject, we may be relieved from the unpleasant duty of further comment. We look to the Obstetrical Society for an impartial verdict as the only atonement to be offered for the display of last Wednesday evening.

PROFESSOR TROUSSEAU.

In our last impression a paragraph, recording the death of this illustrious physician, taken from a contemporary, was accidentally placed under our heading of "Notes on

Current Topics." In making this *amende honorable* we have great pleasure in adding from another contemporary the following gratifying intelligence:—

"The reports concerning his death are unfounded, and the latest accounts from Paris state that his health is quite re-established."

DEATH OF DR. JEAFFRESON.

It is not without a feeling of intense regret that the profession will learn the decease of this widely-known physician. He died last Friday morning, the 7th inst., of typhus fever, from which, up to a late period, it was hoped he would recover. He was only 57 years of age, although, from the long period for which he has enjoyed the confidence of the profession and the public, not a few would have supposed him to have been considerably older. His M.D. Cantab. dates from 1838, and he was admitted a Fellow of the London College of Physicians in 1839. He commenced his professional career in Finsbury-square, where he continued to practise until a few days since. At an early age he obtained an appointment on the staff of St. Bartholomew's Hospital, to which he has been for some years full physician. Dr. Jeaffreson confined himself strictly to the practice of his profession; he neither wrote in the journals, published monographs, nor indulged in other literary or scientific distractions; yet we may venture to say that no physician in the City enjoyed a more extensive consulting practice, nor was any name more frequently mentioned with respect and confidence by his professional brethren and the public at large. From the commencement a successful man, he so combined the qualities of the courteous gentleman with those of the well-informed physician, that those who remember him will freely acknowledge that he set them an example well worthy of imitation.

SANITARY STATE OF LIVERPOOL.

MR. ALFRED TAYLOR, C.E., who recently held a Government inquiry into the sanitary state of Liverpool, has just presented his report. This only corroborates the remarks we have frequently been called upon to make on this subject. Mr. Taylor recognises the necessity of considerable improvements, and wisely advises the conversion of all privies into water-closets, and a much larger supply of water, so that the sewers may be properly flushed. He also recommends the establishment of suburban manure wharves to replace those in the city. His recommendations are of the utmost importance, although they can scarcely be said to exhaust the subject.

YELLOW FEVER AND QUARANTINE.

THREE vessels which have arrived in Southampton Water have now been subjected to quarantine, on account of yellow fever. We do not deny that the cases of the *Tyne* and the *Seine* have been much better managed than that of the *Atrato*, which was unfortunate enough to be the first ship on which the Privy Council imposed restrictions. In the two latter cases the sick have been removed to one ship, and the healthy to another, and a desire has been manifested to make the burden of detention as light as possible. There is, however, much to be done, and if quarantine is to be established on our coasts, no expense ought to be spared to protect and comfort the unhappy sufferers by it. It would seem after the blunders that

have been made, and the unsatisfactory conclusions of the international conference, that the present would be a good opportunity to make a complete inquiry into the whole subject of quarantine.

INDIAN MEDICAL SERVICE.

We understand the arrangements have at length been completed for the new Army Staff in India—viz.: For Bengal, 1 inspector-general of hospitals, 6 deputy inspectors-general, and 2 staff-surgeons-major; for Madras, 1 inspector-general of hospitals, 3 deputy inspectors-general, and 1 staff surgeon-major; for Bombay, 1 inspector-general of hospitals, 3 deputy inspectors-general, and 1 staff surgeon-major. The rates of pay will be as follow:—Inspector-general in Bengal, 2700 rupees per month; in Madras and Bombay, 2500 rupees per month. The deputy inspectors-general will each receive 1800 rupees, and staff surgeons-major 1400 rupees per month. There will be also secretaries and statistical officers appointed to the three stations, at 700 rupees the former, and 600 rupees the latter, per month.

BREATHING SPACE FOR PAUPERS.

At the last meeting of the Vestry of Lambeth, as we learn by the *South London Chronicle*, an important statement relative to the mortality in the workhouse was made by the Medical Officer of Health, Dr. Puckle. In one of the wards, containing no fewer than eighteen persons, there was a case of infectious disease, and in that ward there were not 300 cubic feet of space. Seven deaths have occurred within a fortnight. The explanation of the doctor is that the death-rate is enhanced by the overcrowding of the wards.

GRATUITIES TO PUBLIC VACCINATORS.

It is rumoured that Government is about to institute a system of gratuities to public vaccinators, according to the degree of success, and that a sum of money has been provided for that purpose. It is known that such a plan was proposed in the bill which was settled by the Select Committee of the House of Commons last session, but with which, as our readers are aware, the present Ministry did not proceed. We have reason to believe that the present rumour is well founded.—*British Med. Jour.*

We understand that it is intended that a deputation from the Royal College of Surgeons in Ireland will shortly wait on the Chief Secretary for Ireland, with respect to the admission of Medical Officers to the Irish Poor-law Service at a lower age than that at present required.

METEOROLOGY OF NOVEMBER, 1866.

MR. R. H. ALLNATT, whose observations we have previously published, has issued an account of the weather during the past month, from which we make the following selection:—

The past month will be memorable in the future annals of meteorology. Its epoch of revolving meteors has been marked by such a display as was probably never before witnessed in England. It was also characterised by destructive gales, disastrous floods, and other signs of violent atmospheric perturbation:—

ANALYSIS.

Cloud.—The cloud modifications of the month were varied and often of exceeding beauty. At sunset bright vermillion cumulus and purple cirro stratus frequently co-existed in

deep contrast, and streams of radiant cirrus were projected over the face of the hemisphere, from horizon to horizon. On the 16th a storm passing over the sea produced a succession of solar rainbows. The predominant form was the cirro cumulo stratus, composite, or true rain-cloud, in homogeneous combination or isolated in their respective strata.

Wind.—On the 7th a destructive gale, amounting to a hurricane, visited Leith, on the Scottish coast; its focus bearing directly upon the railway station, with a force almost incredible; the roof, 100 feet long and 30 feet broad, was borne 20 feet high in the air and was carried over some high houses, when it struck a chimney-stalk, which it brought down from its foundation with a tremendous crash, without being arrested in its progress. It then descended upon the telegraph wires, which, of course, it demolished. On the 14th a gale raged in the Baltic and German Ocean. On the 16th the seaports at Shields were in a state of great excitement, as a violent gale and fearful sea were raging which drove several vessels on shore, and gave occupation to the lifeboats. On the 17th a severe gale blew from N.E., and struck the coast of Great Yarmouth. It was accompanied by showers of sleet and snow. In the midst of a very heavy sea two ships were driven ashore, became total wrecks, and their crews drowned. At Shields, on the same date, an easterly gale raged with such fury that a vessel was driven on a reef of rocks S. of the Tyne and lost. The crew were enabled to jump from the jib-boom on to the rock without the assistance of the lifeboat. On the 18th another severe gale broke over the S.W. coasts, attended with heavy rainfall; and as I now write, on the evening of the last day of the month, a gale which has lasted the whole day, from S.E. is subsiding with the ebbing tide.

Barometer.—The extent of the diurnal barometric oscillations was considerable, and during the continuance of the wet and tempestuous weather which prevailed the height maintained by the barometer was extraordinary. On the 16th, a few hours preceding the transient gale which rose in the evening, the barometer sank upwards of half an inch, and the following morning as suddenly rebounded 6-10ths—that is to say, from 29.40 to 30.00 in. Again on the 17th it rose in the evening to 30.00, and before nightfall sank nearly 3-10ths.

Thermometer.—The first frost of the season occurred in Yorkshire on the night of the 10th, when the annuals and other garden produce, which had hitherto been unscathed by cold winds, were blackened and destroyed. Thermometers in Scotland, Ireland, and Wales, and on the various coasts of England on the same date indicated several degrees above freezing, although it was the coldest night hitherto of the month. At Valentia the temperature is quoted at 56 deg., which is probably either an error of observation or record. On the 20th and 21st the night readings were 29 deg. Fahrenheit, 3 deg. below freezing point. These were the only frosts of the month.

Rainfall.—The rainfall of the month has been most unequally distributed, several counties having been merely visited by their normal quantity, while others have been deluged by successive rains. In Yorkshire, Lancashire, and Derbyshire the quantity has been enormous. The Irwell, the Irk, and the Medlock burst their boundaries and rushed through Manchester as roaring cataracts, bearing huge bulks of uprooted trees and an indescribable *melee* of wreck. The inundations swept over villages, rolled into cellars, and invaded warehouses and human habitations up to the second story, drowned horses and cattle, and extinguished furnaces, stopped trains at full speed, choked tunnels, submerged immense sweeps of field and pasture so deeply that hedges disappeared and swept away many human beings. Boats navigated the streets of Wakefield, and waggons were engaged in rescuing people imprisoned in their houses by this fatal deluge. In Avenham-park the tops of lofty trees were alone visible, and the valley of the Calder for five miles became an unbroken lake, At Leeds a most serious and tragic event occurred; the victims were crowded upon a wooden terrace overlooking the rising stream, when it suddenly became undermined by the eddying waters, and, giving way, they were plunged into the current. Six women were dragged out grasping each other in a desperate embrace, some were dead, and others were hurried down by the increasing tide to be stranded when the fury of the tide should cease. An enormous amount of property has been swept away; railways impaired; the complex and delicate machinery of hundreds of mills has

sustained irreparable injury; quays and wharves have been inundated, and their stores of wealth and industry swept away. The gross amount of damage is estimated at half a million sterling. The precise quantity of these northern rainfalls has not yet been ascertained, but it will materially influence the aggregate average of the month.

Ozone.—Very moderately developed. On the 4th, 11th, and 13th the registry was a unit only, and the 12th was a period of antozone.

Meteors.—The magnificent and protracted display on the night of the 14th will, it is confidently believed, afford tangible data to meteorologists for determining the physical properties of these mysterious bodies. We yet await authentic reports from the more remote regions of the world.

MEDICAL TRIAL.

HUNTER v. SHARP.

WE regret that want of space precludes the possibility of our giving this case in full; we, however, give the following summing up of the Lord Chief Justice:—

The Lord Chief Justice, in summing up, said—That this was an important case there could be no doubt; it was important to the plaintiff unquestionably, because upon their verdict would depend his professional position, his fortune, success, and, what was of more importance, his personal character in society; for if he was convicted of being an impostor his personal character would be irretrievably ruined. The case was also of importance, because it involved more or less the principle by which the conduct of a public writer and his responsibility for what he wrote was concerned. It was also important because incidentally they might have to consider how far the character and dignity of an honourable profession might be sullied and tarnished by recourse being had to a course of puffing by advertising to which the plaintiff had thought fit to resort. There were one or two preliminary matters which might as well be disposed of before they came to the real matter in issue. In the first place, there could be no doubt that unless it could be justified on the score of its truth, or excused as privileged, the article was libellous. To say that a man was an impostor—that he first frightened people into becoming his patients, and then treated them by pretended remedies, and that he did all this for the sordid purpose of putting money into his pockets, was unquestionably matter of a very serious and libellous character. Again, there could be no doubt but that the article was directed against the plaintiff. He was named by name, the unfortunate circumstance of a charge having been brought against him by Mrs. Merrick in the police court was referred to, his double diploma was remarked upon, and no reasonable man could doubt that the plaintiff was the person to whom the article intended to refer. Indeed, no attempt had been made on the part of the defendant to disguise that fact from the jury. Lastly, the defendant was unquestionably liable to this action. The defence was rested upon two grounds. In the first place, the defendant said, "What I have written and published is true; and as by the law of England truth is not libellous, I am justified in writing the article complained of." In the second place, he said—and it was a matter well worthy of their consideration—"Even if I should fail in making out to the necessary extent the plea of justification—in other words, the truth of the libel—nevertheless, I say that, looking at all the circumstances of the case, I, having exercised all needful caution in the matter, having exercised my judgment to the best of my ability in discussing a subject concerning the public, was justified in writing the article in question." He would proceed to deal with those questions in the order in which he had referred to them. In the first case came the question whether the defendant had established his plea of justification—in other words, whether they were satisfied that the facts set forth, however damaging to the plaintiff's character, were true; and in order to arrive at a decision upon this point it was quite obvious that they must look very critically at the book which the plaintiff published. But before they turned to that work he would shortly refer to the charge contained in the alleged libel. Having carefully considered what the charge was they would be enabled to see how far the contents of the plaintiff's work and of his advertisements justified it. Now the charge was

that the plaintiff, in dealing with one of the most fearful diseases to which the human frame is subject, with the intention of obtaining profit and gain to himself, began by exciting, unnecessarily, the fears of those who might read his publication, and then proceeded to hold himself out as the only person who could cure them effectually—that he induced them to trust in the remedies which he prescribed, which he knew to be delusive, and that thus he tampered with their health and trifled with their hopes, for the sordid purpose of putting money into his pocket. If the charges were true, hardly anything could be worse than the conduct of the plaintiff. The language used in the article was of the strongest and most bitter character; but if the facts upon which the article was assumed to be grounded were true—if it were true that the plaintiff had intentionally, fraudulently, and dishonestly put forward such statements as were contained in his book in order to make those who read that work his victims in purse, if not in person, no language could be too strong in which to describe his conduct, for he would not only be an impostor, but an impostor and a swindler of the very worst description. Of course it was obvious that the more serious such a charge, if well founded, would be, so much more would a person against whom an unfounded accusation of the same was made be entitled to look at the hands of a jury of his countrymen for ample and proportionate redress. Bearing in mind what the charge was, let them look at what the plaintiff had done. He must, in the first place, draw the attention of the jury to one or two parts of the alleged libel, as to which it was contended the defendant, having offered no justification, as he had tendered no evidence with respect to them, the plaintiff was entitled to their verdict. That must greatly depend upon the construction which they put upon those passages relating to the proceedings in the police court in Mrs. Merrick's case. Now did they believe that in writing those passages the author of the article intended to convey that Dr. Hunter was guilty of the offence with which Mrs. Merrick charged him? Because in that case the defendant having offered no evidence on that point, the plea of justification utterly failed, and their verdict must be for the plaintiff upon that plea; or on the other hand, did they believe that the charge at the police court had only been made use of as the occasion, and was not the substance of the article against the plaintiff? These points, however, although they might enable the plaintiff to obtain a verdict, were not the real matters of contest between the parties. The plaintiff had been acquitted by the verdict of a jury of Mrs. Merrick's charge, and therefore the article in question could not injure him, in that respect, although it was doubtless published at a most inopportune moment, namely, when the charge was still hanging over the plaintiff's head. The main question between the parties was this: was the system which Dr. Hunter had propounded one which an honest medical writer and practitioner would have put forward? Was it put forward for the mere purpose of enlightening the profession and the public as to his system of cure; or was it a system of quackery which he promulgated for the sordid purpose of putting money into his pocket? The plaintiff came forward professing to understand as others had not understood the true cure of consumption; he came forward professing that whereas the whole medical profession had abandoned the hope of curing this terrible disease, he had discovered means whereby in its incipient stage certain cure could be effected, while even in its more advanced stages the patient who submitted to his system might be restored to health. By way of introducing his mode of treatment, and in order to show that it must be efficacious, the plaintiff in his book entered into an account of what were the causes of this fatal disease. He said it had been the fashion hitherto to believe that consumption, or, in other words tubercles in the lungs, was the consequence of an hereditary predisposition to disease. That, he said, was a fallacy. The true and only cause of it was impaired respiration. The plaintiff said that carbon was tubercle, and tubercle was carbon, and how were you to remedy the disease set up by the obstruction of the organs of respiration? The only mode of remedying the disease was to introduce oxygen by artificial means. He said he had discovered a preventive, or rather that he possessed an instrument whereby oxygen could be inhaled or artificially conveyed into the lungs. He further said that the medical profession knew nothing of his system—that they treated the disease by medicines administered through the stomach; that it was all idle and de-

lusive, because medicine taken through the stomach could not reach the part locally affected. The oxygen operated with two-fold effect. In the first place it acted immediately upon the carbonaceous matter of the tubercle which it decomposed, whereby the lung healed; and in the second place it entered into the system by oxidising the blood, which was thus enabled to restore healthy matter in place of the worn out tissues of the body. If the plaintiff's theory were true, no greater blessing could have befallen mankind than the discovery of which the plaintiff boasts himself the author. But they were told, and upon high scientific authority, that the whole of this supposed discovery was purely delusive; in the first place that it was not true that imperfect respiration was the cause of tubercles in the lungs, and that the assumption of what appeared to be the foundation of his system was wholly delusive, since it required either hereditary taint or circumstances which conduced to a scrofulous disposition in order to produce consumption. They said further that the plaintiff was deluding himself or the public when he said that tubercle was carbon, or at all events was carbon united with worn out tissues, and that it was those two assumptions which proved the basis of the plaintiff's whole system, both as regarded the disease and the means of treating it. Then came the question whether tubercle was, as he described it, composed of carbon. The defendant's witnesses said that it was certainly untrue, and they said that the authority upon which he based that assumption, namely, Scherer's analysis, was misunderstood, or more properly speaking, misrepresented by the plaintiff, as to tubercle containing more carbon than the other animal tissues. They said that had he been an ordinary intelligent medical man he must have known that what he was writing was untrue. They said that even assuming that he was right in his assumption that the principal element of tubercle was carbon, and that the introduction of oxygen by purifying the blood, or by decomposing the carbonaceous deposit, when they came to the practical treatment proposed by the plaintiff, they would find it to be utterly untenable either in theory or in practice. In the first place oxygen could only be introduced into the system to a limited extent, because the act of inhalation was exhausting to the patient, and could only be carried on for a limited period. Considering the enormous quantity of oxygen that was inhaled by ordinary respiration, they were told by the medical profession that the quantity of oxygen that could be inhaled by artificial means would be so infinitesimally small that it would be of no effect, that it would not be more than 1 per cent. Therefore the medical profession said that that part of Dr. Hunter's theory was a delusion also, and further than this they said that even if they could get the oxygen into the lungs it would not be beneficial. Then it was shown that oxygen could only be obtained in combination with other bodies, and that it is evolved by the use of chloric acid, as stated by Dr. Hunter, both oxygen and chloric gas were produced, the latter of which was most irritating to the lungs of the patient. He did not know which three of the gentlemen of the jury—for that was the proportion, according to the doctrine of Dr. Hunter, which should be affected with incipient or actual consumption—were in that unfortunate state (laughter); but he was sure they must be most interested in this discussion. However, it was not because a man put forward erroneous notions in any science that he was to be held up to universal scorn. When a man puts forward views of any kind on a matter of public concern he challenged criticism, and the man who differed from them was justified in criticising them with severity, and might even hold up his views to ridicule, although he had no right to impute sinister motives to him. It was not, therefore, because scientific men had satisfied them that the views of the plaintiff were erroneous that he was to be held up to society as an impostor, a swindler, and a scoundrel. In order to ascertain the motives of the plaintiff in publishing his work they must look a little closer into the contents of his book. In the first place, what were the charges? It was said by the defendant that the plaintiff had put forward his theory for the purpose of frightening timid persons to become his patients, in order to gain pecuniarily by them. The plaintiff's book warned those who were afflicted with these complaints that if they resorted to their ordinary medical attendants for advice, although they might apparently improve in health, they were the certain victims of consumption. On the other hand the medical profession said that such statements were utterly false. If they thought

that these statements were put forward by the plaintiff with a knowledge that they were untrue, and with the sinister design of putting money into his pocket, they must say whether they were of opinion the article in which the plaintiff was described as a swindler and an impostor went one whit beyond what the circumstances justified. There were two or three passages in the plaintiff's book which were very important indeed, as enabling them to arrive at an accurate judgment as to the honesty or dishonesty of the plaintiff in publishing that work. Thus, in one part of the work he stated that a common cold in the head would, if not checked, tend to the loss of the bones of the nose (laughter). This was at least rather a startling proposition. Then he proceeded to remark how a sore throat must lead to consumption, unless it was immediately cured, adding that patients having such a complaint would soon find how short a step led from a sore throat to consumption if he remained under the hands of his ordinary medical adviser. It was also rather startling to hear that the tickling in the throat arising from an elongated uvula might be the precursor of speedy decline. It was for the jury to say whether they thought that the experience of the medical men who had given their evidence before them in the witness-box were to be received as truth rather than the statements contained in the plaintiff's book. It was also for them to say whether they believed those statements on the part of the plaintiff to have been put forward as the result of honest conviction of their truth, or merely for the purpose of deceiving people into believing that they were in danger of losing their lives. In all cases where it was suggested that a man had done a dishonest act it was incumbent upon them to see whether he was interested in the result, and whether he had made his profit a prominent feature. Now the plaintiff alleged in his work that medical men, although they tampered with the disease, by administering cod-liver oil and other nauseous mixtures, had abandoned the idea of effecting a cure, whereas he alone had discovered a certain remedy for the disease, and, therefore, if they wished to be cured they must come to him, as he alone could and would cure them. Another point that must be considered in coming to a determination as to the good faith of the plaintiff was, that he described as unmistakable symptoms of consumption such things as shortness of breath on walking up a hill—an affliction from which every person in years suffered (laughter), or an acceleration of the pulse, which might be the result of a slight cold. Again he said that losing flesh was a sign of consumption, although he added that this was not a necessary consequence of that disease, as it frequently happened that plump, pretty, rosy-cheeked girls, looking the very picture of health, were marked as the victims of consumption (laughter). It was for the jury to say whether these statements were put forward by the plaintiff for the honest purpose of enlightening the profession or the public, or for the more sinister motive which was alleged in the article complained of. Undoubtedly the tenor of the book was to show that it was useless to go to the ordinary practitioner for advice as to the treatment of consumption or its premonitory symptoms. It mattered not what confidence might be placed in the medical man, or what honours he had achieved in his profession, if there was anything the matter with the respiratory organs, he was unfit to remedy the evil, and the patient must necessarily turn—to whom? Why, to the man who administered medicines by means of inhalation, and did not give his patients cod liver oil. And who was that? Why, the plaintiff, who was possessed of the necessary instruments, and of the requisite knowledge for curing the complaint by his peculiar mode of treatment. He was most anxious not to draw any deduction from the book which was not justified by its contents; but was it possible to read it without coming to such a conclusion as he had suggested? They must, however, take care that a man should not be held up to the finger of scorn simply because he had put forward a theory which, upon being strictly tested by the rules of science, was found erroneous. It might be that when a valuable discovery was first brought to light the profession, who were told that all their preconceived ideas were worthless and their learning useless, might object to the introduction into practice of the new theory, that they might say the theory had no substantial foundation, and might stigmatize its author as an impostor and a quack, and it would be the duty of the jury to take care that a man was not crushed and driven out of the profession for such a reason. On the other hand they knew by the history of the

world that from the earliest ages men had sought to impose upon the credulous by acting upon the fears of mankind, by pretending to be possessed of the power of healing all the ailments and diseases to which human nature was subject, men who had trifled with the misery and suffering of their fellow-creatures for the purposes of their own sordid interests. The denouncement of such pretenders was, perhaps, one of the most meritorious actions in which a public writer could exercise his power. It might certainly be that the plaintiff, while he made dupes of others, was himself a dupe of his own theory. He might believe that he had hit upon a great discovery, by which he believed he could cure this fatal disease; but it might also happen that his knowledge as a medical man had shown him that the best way of acting upon mankind was by working upon the fears of the timid and nervous, by leading them to believe that they were marked as the victims of a disease which he alone could cure. Nor must they confine their attention to the book alone; they must also look at the circumstances under which it was published, and of the method of advertising which had been adopted by the plaintiff. The medical man who had been examined had told them that the plaintiff's book was deficient in one essential particular—a particular by which a genuine work, published by a scientific man, was distinguished from that of a quack—namely, that it did not contain in distinct and clear terms the method of cure adopted by the plaintiff. The object of a scientific medical man in publishing a work was to enlighten the members of his profession, and enable them to treat patients according to his method, whereas the object of the quack was to conceal his method, and thus to keep his system of cure a secret for the purpose of making money by its means. They had been told that in this respect the work was altogether silent, and that no medical man could by reading the work in question apply the plaintiff's system to his patients. But this book was said to have passed through edition after edition with unexampled rapidity, and he could scarcely see the necessity for publishing the advertisement respecting it even in the *Times*—since if it passed through fifty-six ordinary editions in a month every man, woman, and child in the kingdom must have been engaged in reading the work. Could it be supposed that these were ordinary editions? Again, there were prefaces to the work purporting to be written by two physicians, who turned out to be merely assistants to the plaintiff. Would it not have been as well if the plaintiff had made that fact public instead of leading people to believe that two gentlemen high in the profession had stamped the work before it came out with their unqualified approval? But would any medical man in England, if ever he published a treatise upon any branch of his science, resort to the quack-like expedient of advertising himself in the way the plaintiff had done? The plaintiff, however, was not satisfied with the repeated and successive editions of his work. He had resorted to the extraordinary and unprecedented expedient of taking his book to pieces, and of publishing it by instalments in the daily papers. Had he employed a hundred criers to hawk about his book, or had he stuck up large placards at every corner in the streets, he could not have resorted to a better means of making his book known than by the course he had adopted of publishing it by portions of a column at a time in the various newspapers. Even the learned counsel who appeared for the plaintiff could not in any way approve of this course of proceeding, and endeavoured to excuse it, by stating that the plaintiff came from America, where advertising to any extent was legitimate. But they were not in America—they were in England, and whatever might be the practice in the former country, he was happy to say that such a practice had not extended to this kingdom. The rule here was this—that quacks advertised, but professional men did not; and no one could doubt that if it were open to medical men to advertise their attainments, the honour and the dignity, and the respectability of the profession would soon become tarnished and soiled. What would be thought if a member of the Bar in publishing one of those treatises by which from time to time they were enlightened and instructed were to take portions of it, and publish it day after day as an advertisement, taking care to append to the advertisement the important piece of information that he would sit daily at his chambers, from ten to six, to advise with clients who came to consult with him (laughter)? Such an individual so acting would be scouted from the profession which he disgraced. Then why

should such a system be permitted in the sister profession the honour of which was equally dear to its members? Therefore, until he had some better evidence to the contrary, he did not and would not believe that any such practice was resorted to by the medical men in America. The plaintiff had undoubtedly brought forward a number of witnesses who alleged that they had been cured by his method of treatment; but of the twelve who so came forward, only two were alleged to be cases of consumption, and even of those two only one had been informed by an independent practitioner that he was suffering from consumption—an assumption in which he might have been mistaken. A gentleman in Canada had declared that he had been materially benefited by the plaintiff's system, but in that case, as in that of the Polish Countess, there was no reliable evidence before them to establish the fact that those persons were really suffering from that disease when treated by the plaintiff. Supposing that the defendant had failed in showing that the plaintiff was an impostor, he might still rely upon his second ground of defence, which was that, as a public writer, he was justified in writing the article in question, as an honest and fair comment upon a matter of public concern, even although it might afterwards turn out that the assumed facts upon which the article was founded were not correct. He fully endorsed the proposition that if a public writer in commenting upon a matter of public concern exercised honestly his powers of criticism, he would be justified in so doing, even although the facts might fall short of what he had supposed them to be. The occasion in such a case was a privileged one, and he was entitled to the protection of his privilege. It was undoubted that the article was written in a spirit of extreme bitterness and of extreme severity, which could only be justified by the assumption that it was written by a medical man who was defending his profession from what he regarded as a stain upon its honour and its dignity. The whole matter was, however, one for the determination of the jury. They must weigh the whole of the circumstances that had been laid before them in the course of this lengthened trial, and must say—first, whether the libel was true; secondly, whether it was a fair comment, honestly written upon a matter of public concern; and if they found both those questions in favour of the plaintiff, to what amount of damages he was entitled.

The Jury retired at twenty-five minutes past twelve o'clock, and on returning at half-past two o'clock,

The Foreman said they found a verdict for the plaintiff—damages, one farthing.

The Lord Chief Justice—I wish to know whether it is your opinion as a matter of fact that the article was intended to convey that the imputation with regard to the offence alleged by Mrs. Merrick to have been committed was true?

The Foreman—We have taken the article as a whole.

The Lord Chief Justice—Then you consider that the justification was not entirely made out?

The Foreman—Yes, my lord, we do.

The verdict was then entered for the plaintiff for a farthing damages.

Correspondence.

MR. RICHARDSON'S REPLY TO MR. P. C. SMYLY.

PERREVE'S STRICTURE DILATOR.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

STR.—Had your correspondent, Mr. Philip C. Smyly, been courteous enough to have spoken to me on the subject of his letter before he rushed into print, I think I could have satisfied him that I was not guilty of any "mis-statement," nor of any injustice to Mr. Holt, and thus he would have been saved the unpleasantness of being himself detected in error, on the very point upon which he assumes to be an authority.

Your correspondent has not cited a single authority to sustain his charge. It rests on his own unsupported assertion. This might do very well in a matter of opinion; but, the question at issue is about a matter of fact—namely

whether the instrument I alluded to in my communication of the 7th of last month, is the invention of M. Perrève or of Mr. Holt.

Your correspondent himself nearly decides this point, by the admission that Mr. Holt confesses—(but more of this by-and-by)—that he took the idea from M. Perrève's instrument, which is quite corroborative of my position.

I now deliberately affirm that the instrument generally known under the name of Holt's is, for all practical intents and purposes, a counterpart of that of M. Perrève, being almost identical with it in form and action. And I shall, in a few moments, proceed to give the authority, as well as the proofs, for this statement, which will show the injustice of the attempt to despoil M. Perrève of whatever honor belongs to the invention.

Before I do so, however, and in order that your readers may have the whole matter before them, I shall here reproduce your correspondent's letter from your number of the 21st last month:—

"HOLT'S INSTRUMENT.

"TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

"DEAR SIR,—I hope you will do me the favour of correcting a mis-statement made by Mr. B. W. Richardson. Mr. Holt's instrument is his own, and not Perrève's. If they are the same instrument, why should Mr. Holt's be generally adopted by the profession, at least by most of the first practitioners both in England and this country, while Perrève's, which has been known for many years previously, has been completely rejected? The idea, Mr. Holt himself acknowledges, he derived from Perrève's. The practical and useful, I might say invaluable instrument, now so generally used, the profession owes entirely to Mr. Holt.—Yours sincerely,

"PHILIP C. SMYLY."

I shall first give the authority for my assertion, and then prove my accuracy in attributing to M. Perrève the invention of the instrument known by the name of Holt's.

In the fourth volume of Holmes' excellent "System of Surgery," there is an article on the "Diseases of the Urinary Organs," from the pen of a gentleman who holds the highest place as an authority upon any question concerning the diseases and surgery of these organs. Need I mention Mr. Henry Thompson?

In that part of Mr. Thompson's invaluable contribution, where he speaks of the mechanical apparatus for dilating stricture, he writes as follows:—

"The attempt has been frequently made to dilate a stricture by means of a single instrument, which expands *in situ*, in the place of several instruments of increasing calibres which require to be successively pushed through the constricted part. With this object, Mr. Luxmoor (1812) employed diverging metal rods; Leroy d'Etiolles the same method some years later; and M. Perrève a somewhat similar plan (1847). Dr. Arnott commenced the employment of fluid expansion (1819). More recently Mr. Holt has adopted the method of forcible rupture by means of an instrument *precisely similar to that of Perrève*, and has operated many times with success, and a greater freedom from serious consequences than would generally have been supposed, since he ruptures the strictures with considerable force."

Dates are of some importance here, the fourth volume of Mr. Holmes' work having appeared in 1864. Notwithstanding, Mr. Holt himself, as far as I am aware, has allowed the above statement (which I have marked in italics) to remain uncontradicted, unless we are to assume that your correspondent's letter was written by the authority, and under the supervision of that gentleman, which, however, its construction and reasoning does not justify us in so doing.

Mr. Thompson's name alone is a guarantee that no injustice could have been done to Mr. Holt in this matter; and I shall, in a few moments, demonstrate that, with the exception of the conducting rod being hollow, instead of solid, he was most accurate in stating that Mr. Holt "has adopted the method of forcible rupture by means of an instrument *precisely similar to that of Perrève*." But, for all practical purposes, and in all the essentials, I repeat, the two instruments are identical in form and action, so much so, that the instrument used by Mr. Holt is evidently a reproduction of that of M. Perrève.

There can be no better proof of this position, than the description by Perrève, himself, of his ingenious dilator.

Victor Perrève's *Traité des Rétrécissements organiques de L'Urètre*, which I have now before me, was published so far

back as 1847; and, although your correspondent is familiar with the name of the author of the work, he is evidently unaware of its contents, as the following passages and illustrations from the volume itself will show:—

"THE NEW DILATOR.

"This instrument has a length which exceeds that of the urethra. Its volume varies, as its name indicates; but it is no more than the manner of sounds or bougies which increase in size, in proportion as we recede from their vesical extremity; the augmentation in volume of my dilator is not inherent in the material; for, it is uniform in all its length; it depends on opposed movements, which separate from, and approximate to, the central part, the moveable pieces which compose it: it is, if you wish, a cylindrical sound, which we can, at will, augment or diminish in volume in all points of its length; it is also, if you will, an expanding sound. This preliminary stated, let us pass to the detailed description of the instrument: and to avoid all confusion in language and ideas, we will at first describe it under the curved form, after which we will examine it under the straight form.

"CURVED DILATOR.

"The curved dilator is composed of:—
 "1st. Two curved urethral blades or shafts;
 "2nd. A conductor;
 "3rd. A hollow mandrel (forcer);
 "4th. Two clamps.

"FORCER, OR CONICAL WEDGE.

"(A.) *Urethral blades*.—The urethral blades are ten inches in length; each of them represents, for an extent of eight inches and a half, a half cylinder cut according to the direction of its length. Their convex surface is perfectly polished, and having the divisions of the foot. Their plane surface, whose lateral angles are rounded with care, has along its middle part a longitudinal groove or gutter, destined to lodge the conductor. Towards the part of the instrument which corresponds to the broad end of sounds, each shaft or blade presents laterally four notches for receiving the uprights of the two little clamps. The lateral notches of the upper blade prevent drawing of the shafts when we pass the forcer between them.

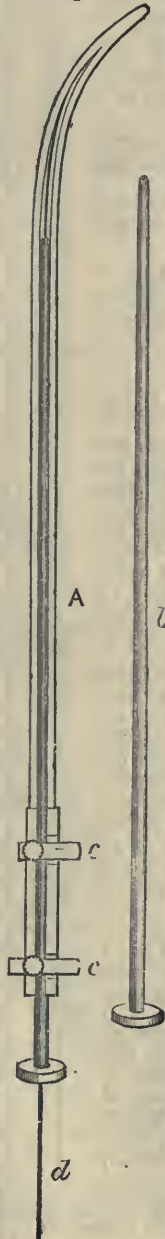
"(B.) *Clamps*.—The two clamps (Fig. c c. 1 and c c. Fig. 4) circumscribe each a rectangular aperture, the width and height of which are such that they can contain at the same time, but without allowing of too much play, both the blades and the largest of the forcers which the instrument is required to receive."

The reader's attention is particularly requested to the words printed in italics, inasmuch as they show that Perrève was fully alive to the danger of the upper blade being permitted to have a lateral play when the forcer is being pushed home. Precaution against this lateral motion of the upper shaft is considered to be a feature peculiar to the instrument used by Mr. Holt. Let us proceed:—

"One of them (*clamps*) is deeper than the other; and this excess of length is destined to serve as a point of resistance, when we wish to push the forcer between the shafts, to produce the action of the instrument. One of the uprights of each clamp has a small projection pierced with a tapped hole for receiving the screw.

"(C.) *Conductor*.—The conductor is a wire of English steel, untempered, the length of which is from twelve to thirteen inches, and whose diameter should not exceed two millimètres."

Fig. 1.



* A. curved dilator, with forcer *in situ* on conductor, a little under half real length. Traced from Perrève's original plate, and engraved by William Oldham. b. Separate wedge or forcer. c c. Clamps. d. Conductor.

A conducting rod has been said to be Mr. Holt's addition to the dilator.

"(D.) *Forcer*.—(Fig. 1. b.) The forcer is a tube of eight inches in length; its exterior diameter should not exceed two lines. The canal, with which it is pierced its whole length, should have a diameter such, that it permits the free passage of the conductor. One of its extremities has a button handle, upon which is engraved its number of size or order, while the opposite extremity is conical. In half of its length, that which corresponds to the handle, it presents a series of small slits, separated, the one from the other, by intervals which should not have more than a line of extent."

"(E.) *Curette*.—As accessory, and useful, we shall add the curette. It is a small metallic rod; its length slightly exceeds that of the forcer, and its diameter equals the diameter of the canal with which the forcer is pierced throughout its whole length. *Uses*.—The curette, passed occasionally

into the interior of the forcer, serves to clear the latter of the coagulated blood which obstructs, or may even completely prevent, the free entry of the conductor.

"It is manifest that, if we cause the forcer to glide upon the conductor, and push it between the shafts, these separate from each other and thus augment the volume of the instrument."

When the diameter of the dilator is small, Perrève expressly states "that it would be imprudent to unite the vesical extremity of each blade by means of a hook and mortise," as in his large models;—"this means of articulation would want the solidity which should always preside over the construction of instruments destined to enter the urethra; thus the blades of the dilators which are less than two lines in diameter are, towards their vesical extremity, soldered together with copper or with silver, in the extent of about two or three lines." (Figs. 1, 2, and 4.)

"STRAIGHT DILATOR"

Fig. 2.*

"With exception of the curve, the straight dilator resembles, in every way, the curved dilators, which have a line to a line and a half in diameter. In effect, the straight dilator (Fig. 2) has two clamps, a conductor, two urethral blades, soldered at their vesicle extremity, and, like all curved dilators, its expansion or development is made by means of a forcer."

Perrève used the straight dilator for very narrow strictures, in order to free a passage for his larger curved instruments.

They appear to me very suitable for strictures in the anterior portion of the male urethra: and also for the female urethra.

"FORCERS—THEIR NUMBER; THEIR DIAMETER."

"Three forcers suffice for the use of all the dilators. The following is the order of size of these forcers:

"No. 1. A line in diameter."

"No. 2. A line and a half in diameter."

"No. 3. Two lines in diameter."

Let us now see how Perrève advised the instrument to be used:—

"After having selected a dilator of a size proportioned to the diameter of the narrowing, the surgeon places the patient upright, the back bearing against a verticle plane, the wall for example; then, after having placed himself before him, one knee flexed on the ground, he seizes the penis between the thumb and index finger of one hand, with the other holding the dilator, as we hold an ordinary sound, and without employing more force than we employ for holding a writing pen, he carries the instrument into the urethra.

"The horizontal position of the patient interferes with the liberty of movement of the surgeon; and, rendering thus his attitude constrained, it also assuredly interferes with the accuracy of the perceptions of touch while sounding. Moreover, the pressure which the buttocks in this position exercise on the canal, ought to diminish its diameter, and change, perhaps a little, its natural direction. Nevertheless, we may sound in the bed, as long as we experience no arrest; but as soon as a serious stoppage presents itself, we must place the patient upright."

"EXPANDING OF THE DILATOR."

"When the dilator is in the urethra, and when nothing more is to be done than to proceed with its expansion, we place the forcer on the conductor; then, keeping the instrument fixed with one hand, with the other we push the tube between the blades, until we feel it arrested. This step executed, we fix the index and middle finger of each hand against the first or the second clamp of the instrument, while we place the thumbs behind the handle of the forcer, as we see (Fig. 3); then, without disturbing the hands from their position,

and by approximating the thumbs to the clamp by the simple flexion of the palms of the hands we push the forcer between the blades, either *at once*, or by several repetitions—at once, if during the progress of the forcer, the patient does not complain of suffering; at several repetitions, if the sensibility of the patient requires momentary suspensions; for here is the point which should guide the operator when he is expanding the dilator, and he should stop during some minutes, every time the patient complains of the occurrence, or of the approach of a real pain.

"When the forcer is pushed home, we leave it *in situ* during some minutes; then we withdraw it, and next proceed with the extraction of the dilator."

But if the shafts or blades are delicate, and if there is any remarkable resistance to the extraction of the forcer, he recommends the dilator to be removed without previous removal of the forcer.

Perrève did not perform the maximum dilatation at the first *séance*. He usually allowed an interval of three or four days between each forcing. Indeed, he states, that an interval of eight or ten days may be allowed to elapse between one *séance* and another without the least inconvenience.

"SIMPLICITY OF THE INSTRUMENT."

"In respect of simplicity our instrument fully satisfies the greatest exigencies of surgery. In effect, what more simple than my dilator? *Two metallic blades* gradually separated by a conical mandrel, which is nothing else than a wedge—that is to say, the machine the most elementary of machines."

"SOLIDITY."

"My instrument presents a solidity much superior to that which a urethral dilator can require, since the smallest, No. 1, raises, without undergoing the *least deformity*, a weight of *thirty-six pounds*, when it has been placed under similar conditions to those in which it is situated when we are operating upon a stricture.

"By means of my dilators the dilatation is infallible, rapid, mathematically appreciable.

"*Dilatation infallible*.—Once the blades are in the canal, who can doubt the dilatation by the wedge, when we know that this can triumph over a resistance of thirty-six pounds at least.

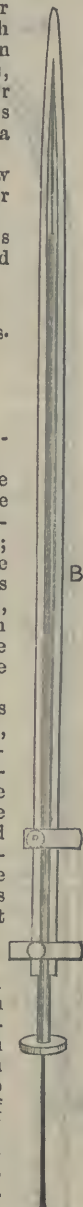
"Is it necessary to point out the *security* with which we may force the wedge home? Well, who, on proceeding with the expansion of the dilator, need for a single moment dread a deviation of the forcer, when this last is *constantly maintained by a conductor and clamps, which conduct it always according to the axis of the canal?*

"Need I remark that my proceeding realises the great surgical maxim—*tuto, cito, et jucunde?*

"So few relapses are possible, provided that sounds are subsequently passed, that if there is a good deal in curing an actually existing malady, *tuto, cito, et jucunde*, it is much greater still to cure it, *tuto, cito, jucunde, et aeterno.*"

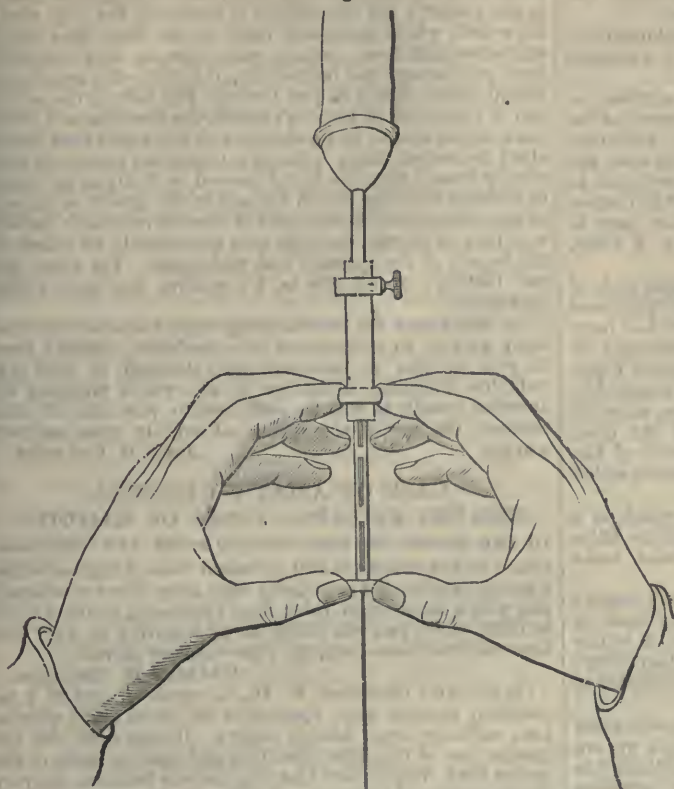
When we compare the dilator used by Mr. Holt, with Perrève's original and ingenious instrument, how pardonable was the expression of the latter, that he had "carried dilators to the utmost limits of perfection?"

"It evidently follows," he observes, "that to accomplish results in the best manner possible, in employing my dilator,



* B. Straight dilator with forcer *in situ* on conductor. A little under half real length. Traced and engraved from Perrève's original plate, by William Oldham.

Fig. 3.*



* Traced and engraved from Ferrè's original plate, by William Oldham.

Fig. 5.*

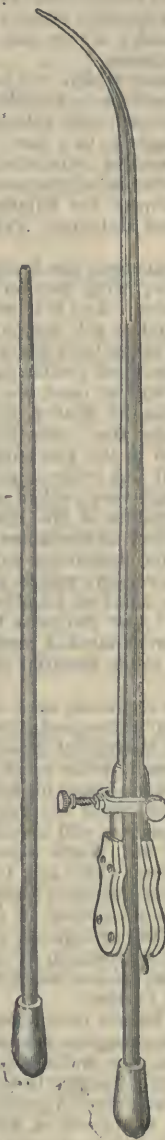
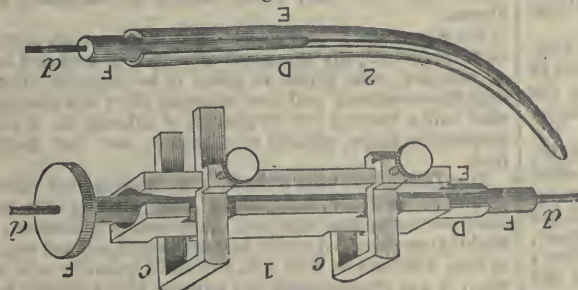


Fig. 4.*



* 1. Large end of M. Perrève's dilator, drawn to scale from Perrève's original plate, and engraved by W. Oldham.
D.E., Blades; F.F., Fores; d.d., Conductor; c.c., Clamps.
" 2. Vesical end of M. Perrève's dilator, drawn to scale from Perrève's original plate, and engraved by W. Oldham.
D.E., Blades; F., Forcer; d., Conductor.

* The instrument for what Mr. Holt enunciates as the new method of treating stricture of the urethra, and which instrument Mr. Philip C. Smyly asserts, "the profession owes entirely to Mr. Holt!"

we employ not only an excellent instrument, but an instrument for which no other can be preferred.

"If one can arrive at the last term of the conclusion, a little forced perhaps, I should say: what could you wish more?"

"My dilator restores the canal to its natural calibre;

"It restores it as quickly as possible;

"It restores it without change of organisation;

"It restores it without causing the patient to run any dangers;

"It restores it for ever, if the patient, after the treatment, uses the precautions recommended."

"RESUME OF THE PRINCIPAL ADVANTAGES OF THE NEW PROCEEDING."

"The preceding observations (cases) having justified all we have said in detail of the qualities of the new procedure, let us reproduce these last under the form of *résumé* :—

"1. The instrument unites all the conditions of simplicity and desirable solidity.

"2. By it, dilatation is infallible, as rapid as we can desire it, it is mathematically appreciable.

"3. Our dilators being of metal, they are in the conditions of anatomical catheterism, so that in operating with these instruments, we can tell exactly everything we are doing during the manœuvre.

"4. By them the course of the urine is immediately re-established.

"5. By them dilatation can always be carried to its utmost limits.

"6. One hundred and fifty to two hundred applications of our instruments have demonstrated that their dilatation is innocent.

"7. It is sufficient to see them to be convinced that they may render relapses for ever impossible.

"8. And when, through the negligence of the patient, a

relapse occurs after the application of our instruments, the treatment of this relapse is always simpler, easier.

"9. The new procedure realizes the great surgical maxim—*tuto, cito, et jucunde*; it even goes farther, since it is capable of preventing relapses.

"10. Everything which we have just said applies not only to organic strictures, but likewise to all strictures of the urethra whatsoever" (the splitting of traumatic strictures is by some thought to be a new proceeding), "so that the treatment of urethral narrowings is actually reduced to unity."—*Traité des Rétrécissements organiques de L'Urètre. Emploi Methodiques des Dilatateurs Mécaniques dans le Traitement de ces Maladies.* Par Victor Perrève. A Paris. 1847.

Fig. 4 represents both the handle and the vesical, ends of Perrève's dilator, with portion of the wedge or forcer between the blades. And if those gentlemen who feel interested in the matter will compare these delineations with representations, in the last edition of *Druitt's Surgeon's Vade-Mecum*, for instance, of similar parts of the instrument Mr. Holt uses, they will at once see there can be no essential difference between the dilator Perrève described and illustrated in 1847, and the "new (?) Stricture Dilator" of Mr. Holt, represented in the two editions of his memoir, which appeared in 1861 and 1863 respectively.

This is rendered very evident also by Fig. 5, which is a reduced representation of Mr. Holt's "new Stricture Dilator," (?) with forcer on conductor between the blades, and a separate forcer, for comparison with Fig. 1.

Having now given my proofs that I was strictly correct in calling by the name of Perrève the instrument used by Mr. Holt as a "new Stricture Dilator," I leave it to the candid and generous-minded reader if the so-called Holt's dilator, is not in every essential particular a counterpart of Perrève's.

It appears to me, then, that there was no justification whatever, for your correspondent's conclusion, that we are indebted for the instrument known as Holt's "entirely" to the latter gentleman, while he at the same time concedes that Mr. Holt acknowledges his having borrowed "the idea" of the dilator from that of M. Perrève. And here I demand that your correspondent will have the goodness to point out in what portion of Mr. Holt's memoir, which has now run through two editions (1861 and 1863), such an acknowledgment or mention of Perrève's name is to be found?

Should an acknowledgment of the kind have been published in any of the periodicals, and have been omitted in both editions of his memoir, I must confess, to use the mildest expression, justice has not been accorded to the inventive genius of Perrève.

In conclusion, let me recommend Mr. Philip C. Smyly, the next time he arrogates to himself the unenviable office of publicly accusing a professional brother of "mis-statement," to take care that he is better acquainted with his subject than he has proved himself to be with, the history, component parts, and mode of action, of Victor Perrève's "practical, useful, and invaluable instrument."—I have the honour to remain, sir, your very obedient servant,

B. WILLS RICHARDSON.

EPISTAXIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Upon reading in your issue of the 28th November, 1866, a paper on "Epistaxis, with its Treatment," by Dr. Thomas Ballard, Vice-President of the Harveian Society of London, read before the meeting of that Society on the 1st of November, I was struck with that gentleman's plan of removing the plug from the posterior nares when the mouth-string intended for that purpose was obliged to be cut off on account of the uneasiness it caused the patient, and thereby causing a difficulty in its removal. Dr. Ballard's plan for removal of the plug, under such circumstances, was—"A string was passed through the nostril with the aid of a piece of catheter, as at first, and then the anterior extremity of this was tied to the string hanging from the nostril; it was only necessary then to pull upon the posterior end, and the direction of the original string was reversed, and the plug immediately withdrawn." From the simplicity of this plan he considers that the mouth-string or posterior-string "may, in all cases, unhesitatingly be cut away," in which I fully concur, as I believe it to be useless. I have several times had to plug the posterior nares for epistaxis, and lately have

never used the mouth-string on account of its inconvenience to the patient; but the method of removing the plug that I have used, which suggested itself to me some time ago, is somewhat different, perhaps more simple, and decidedly most satisfactory and immediate; it is this—the anterior or nostril-string should be put through the hole or eye at the end of the spring of Bellocq's sound, the instrument I prefer (as a needle should be threaded), and the sound then passed along the nostril-string to the plug, that string being held sufficiently tense; then the sound pressed as firmly as necessary to dislodge the plug, which appears in the mouth on the end of the spring; when that part of the instrument is pushed well into its canula, the plug may then readily be seized by the fingers of the operator and withdrawn. For those who use Bellocq's sound this is, I conceive, the most simple operation.

In either case the mouth-string may, I consider, be done away with as an unnecessary inconvenience. Should there be two anterior or nostril-strings attached to each plug (which is a decided advantage in afterwards plugging the anterior nares), it will be sufficient to pass one of them through the eye of the spring.—I am, sir, your obedient servant,
JOHN H. CHAPMAN.

CASE OF ASIATIC CHOLERA

TREATED BY LARGE DOSES OF CALOMEL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the cholera is still prevalent here, I beg to enclose a severe case treated principally with large doses of calomel, and which occurred in Table Bay, Capetown, South Africa, in 1862, which you will oblige me by inserting at your earliest convenience.—I am, sir, your obedient servant,

CHARLES H. ROBINSON.

On the 20th December, W. D., an engineer, aged 33, a remarkably healthy man, applied to me about eight o'clock, A.M., suffering from Asiatic cholera. He had been sick the greater part of the night, vomiting and passing stools of the looest kind. When I saw him his pulse was frequent and very feeble, surface of the body was colder than natural, and the voice low and faint; there was a *shrinking* of the body, and the countenance was pale, anxious, and *contracted*. On examining the vomited matter, I found those peculiar white little bodies like *rice*, which belong so essentially to this disease.

He was at once put to bed and a dose of an astringent mixture (principally composed of acetate of lead and acetate of morphia) was given at once, to be repeated after each liquid evacuation; and ten minutes after the first dose he took half a drachm (thirty grains) of calomel in a powder, turpentine stupe applied to abdomen, and hot bottles to feet.

21st December, nine o'clock, A.M. Bowels still loose, and vomits occasionally, but nothing like what it was before. Continue astringent mixture. Feels somewhat better; pulse slightly improved. Another half drachm of calomel was given at nine A.M. and at four P.M. the same quantity was taken, when it was discontinued, the purging and vomiting having ceased since nine A.M., and also because his mouth begins to feel somewhat sore. Next day the salivation was very severe, and for a day or two after this he bled a good deal from the gums and palate, but by giving internally five grains of chlorate of potash, four times daily, and using a wash composed of two drachms of chlorate of potash to eight ounces of water, besides occasionally painting the ulcerated parts with borax and glycerine lotion, the salivation was completely stopped on the 26th inst., and on the 1st January he was perfectly recovered, and the following day was able to attend to his duty.

On the 24th inst., as his bowels had not been moved for some time (three days), I gave a moderate dose of castor-oil, and a natural motion was the result.

The whole time he was under my care he took for the first plenty of strong beef-tea, broth and soups; syrup of lemon was allowed *ad libitum* as a cooling drink, his thirst being great and the weather extremely warm, and for the first three days half a bottle daily of brandy was given to him.

P.S.—He took altogether one and a half drachms (or ninety grains) of calomel in three doses, in the space of about thirty hours, which may appear extremely large doses, but the state of collapse he was in when I saw him, I considered warranted the treatment pursued.

NOTES OF LONDON PRACTICE.

We had an opportunity of seeing Mr. Paget, one of the earlier days of the month, perform the operation of amputation of the tongue, or rather removal of so much of this organ as could be reached with the loop of the ecraseur. The operation, as explained to us, was one of no small difficulty, from the trouble of applying the ecraseur far back enough, as the disease was very extensive—one of those irregular, rugged, unyielding hard lumps or knobs, the mucous surface puckered and rigid—true cancer, only to be treated by removal. Mr. Paget had the man placed under chloroform; for, as he explained to his class, he is now not afraid of the gurgling in the throat or bleeding from an amputated tongue. The knife alone may lead to hæmorrhage; though of this, the experience of Sir W. Fergusson, as well as Mr. Paget and other London surgeons, seems to be that the old ideas of bleeding from the tongue were exaggerated, copied from one book into another, without inquiry. The small amount of bleeding, in the present case, was at once arrested by a touch or two of the actual cautery. The man bore the chloroform very well, and though, to a casual looker-on, he might have appeared once or twice on the point of suffocation, his throat, so to speak, full of blood and mucus, yet he was not in the least danger, while the irritability of the larynx was not diminished or the chloroform not pushed too far.

Medical News.

APOTHECARIES' HALL OF LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 29th:—

Palmer, William Grimes, Loughborough.
Rainbow, Frederick, Lower Norwood.
Richards, William Joseph, Redruth, Cornwall.
Waller, Arthur, Milner-square, Islington.

The following gentlemen also on the same day passed their first examination:—

Bedford, Charles Frederick, St. Thomas's Hospital.
Causton, William Henry, London Hospital.
Jones, George Frederick, London Hospital.
Newth, Alfred Henry, St. Thomas's Hospital.
Rendle, Richard, Guy's Hospital.
Saunders, Thomas Dudley, Bath United Hospital.

CHOLERA having ceased, clean bills of health are granted to vessels sailing from Constantinople.

DR. BREWER, of Westminster, is a candidate in the Liberal interest for Colchester, Mr. Serjeant Ballantine having retired.

At a recent meeting Mr. Simon, F.R.S., was nominated by the Council of the Pathological Society for the next presidency. The election will take place early in the year.

At the Obstetrical Society the council has nominated Dr. Hall Davis president, subject to confirmation by the society in its election meeting in January.

The quarterly court of the governors of the Hospital for Consumption, Brompton, was held lately, and from the report read it appears that, since the opening of the building in 1846, 13,298 in-patients and 90,688 out-patients had been under treatment.

On the 5th inst. Dr. Belcher was elected an Honorary Member of the Cork Cuvierian and Archaeological Society; and on the 6th inst. the same gentleman was elected an Honorary Member of the Cork Literary and Scientific Society, having previously been elected an Honorary Member of the Medical Society of Cork, in which city he was one of the physicians to the Fever Hospital, previous to his removal to Dublin some years ago.

THE PARIS ACADEMY OF MEDICINE.—The Section of Accouchements presented to the Academy a list of three accoucheurs—MM. Tarnier, Joulin, and Mattei—whence to select one to fill up the vacancy. That learned body, however, probably thinking that the mere accoucheurs, six in number, are numerous enough in the Academy, added the names of MM. Barthez and Bernutz, the one well known in relation to diseases of children, and the other in relation to diseases of women. M. Barthez, the co-editor with the late Riilliet of the best work in the French language on the diseases of children, was elected by the votes of fifty-six of the seventy-five members present.

Notices to Correspondents.

Dr. MacMahon.—Your letter gave no decided opinion, nor any better reason for your views than intemperate vituperation. It was, therefore, not inserted.

Communications, &c., received from Dr. Oppert, Mr. Dallas, Dr. Lory Marsh, Messrs. Street, Brothers, Messrs. Burgess and Son, Dr. George Gibbs, Mr. Hayward, Mr. Mitchell, Mr. Baxter Langley, R. S., Liverpool; Dr. Hearne, Dr. Kiad, &c., &c.

ERRATUM.—In Mr. Richardson's reply to Mr. P. C. Smyly, Woodcut Fig. No. 4 has been, in the hurry of going to "press," unfortunately reversed.

Appointments.

ANDERSON, A. M., M.D., has been appointed Resident Medical Superintendent to the Dundee Royal Infirmary.

CLAPTON, E., M.D., has been appointed Physician to the Magdalen Hospital, Blackfriars-road.

DAVIDSON, A., M.B., has been appointed one of the Honorary Surgeons to the Liverpool Dispensaries.

FRY, F., F.R.C.S.E., late Senior Surgeon, has been appointed Consulting Surgeon to the West Kent General Hospital, Maidstone.

STUART, W., M.D., has been appointed Visiting Surgeon for Woolwich and the London Lock Hospital.

WILKS, S., M.D., has been appointed Physician to Guy's Hospital, and Lecturer on Clinical Medicine.

ADDENBROOKE, Mr. E. H., has been appointed House-Surgeon to the Birmingham and Midland Free Hospital for Sick Children, vice Dr. Owens, resigned.

AITKEN, L., M.B., C.M.Edin., has been appointed Resident Clinical Assistant to the Hospital for Consumption and Diseases of the Chest, Brompton.

ANNANDALE, T., L.R.C.S.Ed., has been appointed a Consulting Surgeon to the Infirmary, Newcastle-upon-Tyne, on resigning as Surgeon.

ARNISON, C., L.R.C.P.Ed., has been appointed Medical Officer for the Stanhope District and the Workhouse of the Weardale Union, Durham, vice G. Arnison, L.R.C.P.Ed., deceased.

LAND, Mr. W. J., has been appointed Resident Medical Officer to St. Mary's Hospital, Paddington.

LONGSTAFF, C., M.D., has been appointed Assistant-Surgeon to the Royal South Hants Infirmary, Southampton.

RAMSKIL, J. S., M.D., Assistant-Physician to the London Hospital, has been appointed Physician, vice P. Fraser, M.D., resigned.

SCOTT, G., M.D., has been appointed Assistant-Physician to the Royal South Hants Infirmary, Southampton.

THORP, D., L.R.C.P., late Resident Surgeon-Accoucheur to the Birmingham General Dispensary, has been appointed House Surgeon to the London Hospital.

WHITTAKER, Dr., has been elected Medical Officer for the Broadway Dispensary District of the Wexford Union, vice A. Hobson, M.D., resigned.

Vacancies.

Dover Hospital and Dispensary—Resident Medical Officer.
Westminster Hospital—Resident House-Physician.

BOOKS, &c., RECEIVED.

On the Treatment of Tedious Labour. By J. Thorburn, M.D. London: Simpkin, Marshall, and Co.

Medical Diary of the Week.

WEDNESDAY, DEC. 12.—Hunterian Society.—7½ P.M. Council.—8 P.M. An open meeting.

Microscopical Society of London.—8 P.M. Mr. H. Davis, "On two New Species of Tube-bearing Rotifers."

Society for the Encouragement of Arts, Manufactures, and Commerce.—8 P.M. Mr. J. G. Crace, "On Old London: Its Streets and Thoroughfares."

PROVIDENT LIFE OFFICE.

LOANS at 5 per cent Interest, on Life Estates and on Personal Security.

EXAMPLES of BONUSES added to Policies issued by THE PROVIDENT LIFE OFFICE.

Number of Policy.	Date of Policy.	Annual Premium.	Sum Insured.	Amount with Bonus Additions.
		£ s. d.	£	£ s. d.
4718	1823	194 15 10	5000	10632 14 2
3924	1821	165 4 2	5000	10164 19 0
4937	1824	205 13 4	4000	9637 2 2
5795	1825	157 1 8	5000	9253 5 10
2027	1816	122 13 4	4000	8576 11 2
3944	1821	49 15 10	1000	2498 7 6
788	1808	29 18 4	1000	2327 13 5

JAMES DUDGEON AND SON, AGENTS,
113, GRAFTON-STREET, DUBLIN.

SAINT PANCRAS, MIDDLESEX.

ELECTION OF RESIDENT SURGEON TO THE WORKHOUSE AND INFIRMARY.

CCANDIDATES, to be eligible, to be between 25 and 40 years of age, Single Men, or Married Men without children dependent upon them, and must possess the Legal Registered Medical and Surgical Qualifications. Salary £160 per annum, with an increase of £10 every two years to a maximum of £180 per annum, Vaccination Fees, and Board and Residence in the Workhouse. There are also other fees incidental to the Office. Appointment determinable by one month's notice in writing, or salary in lieu of Notice, from any time by either party, without any allowance for Board and Residence. Should a married man be elected, his wife is to reside with him in the Workhouse, and he is to pay £20 per annum for her Board. The person appointed will be required to commence duty immediately after election. Applications in Writing, and Testimonials of recent date (not exceeding six), and Certificates of qualifications, to be left here before two P.M. on Saturday the 15th inst. Candidates to attend at a Meeting of Vestry, to be held here on Monday the 17th of December inst., at three o'clock in the afternoon. No travelling or other expenses will be allowed for any attendance.

By Order, FRANCIS PLAW, Vestry Clerk.
Vestry Offices, Pancras Road,
December, 1866.

DARTFORD UNION.

MEDICAL OFFICER.

THE GUARDIANS of this Union will, on the 15th day of December instant, receive applications from, and if necessary then proceed to the Election of a person duly qualified, according to the General Order of the Poor-Law Board, to become the Medical Officer of District No. 1a, comprising the Dartford Union Workhouse.

The salary will be £65 per annum, with such sums in addition as are specified in and allowed by the Orders of the Poor-Law Board as extra Medical Fees. The Medical Officer will be required to reside within the town of Dartford. The engagement to be subject to the approval of the Poor-Law Board, and to any variation which may hereafter be made with reference to the duties of a Medical Officer.

Applications, with testimonials, to be forwarded to the Clerk's Office in Dartford, on or before Friday the 14th day of December, inst. Personal attendance of the Candidates at their own expense at the Board-Room of the Workhouse, on Saturday the 15th day of December, inst., at Twelve o'clock at noon is required.

Dartford, Kent, 1st December, 1866. JOHN HAYWARD, Clerk.

ABBEYLEIX UNION.

BALLINAKILL DISPENSARY DISTRICT.

THE COMMITTEE OF MANAGEMENT of the above Dispensary District will, at their Meeting on MONDAY, the 17th DECEMBER next, appoint a properly qualified MEDICAL OFFICER, in room of the late lamented Dr. James Nelson Walsh, at a salary of £100 per annum, exclusive of Registration and Vaccination Fees.

Testimonials to be lodged with me on or before Nine o'clock on the day of election.

MATTHEW P. COMERFORD,
Honorary Secretary.

Woodville, Abbeyleix, 28th Nov., 1866.

BALLINROBE UNION.

IN consequence of the resignation of Dr. ROUGHAN, who has been appointed Medical Poor-Law Inspector, the Committee of Management of the Cang Dispensary District will, at their Meeting, to be held at the Dispensary, Cross, on Friday, the 21st day of December, 1866, proceed to the appointment of a Medical Officer for the District, at a Salary of £100 per annum, exclusive of Registration and Vaccination Fees.

Candidates for the office must possess the professional qualifications prescribed by the Poor-Law Commissioners.

Applications from Candidates (who are required to be in attendance) accompanied by testimonials and qualifications, will be received by me up to One o'clock in the afternoon of the above-mentioned day.

The person appointed will have to reside within the District.

By order of the Committee,
G. R. STAREY, Hon. Secretary.

Castletown, Cang, December 4, 1866.

ARMY MEDICAL DEPARTMENT, December, 1866.

ACOMPETITIVE EXAMINATION of CANDIDATES for COMMISSIONS in the MEDICAL DEPARTMENT of Her MAJESTY'S ARMY, will COMMENCE at Chelsea Hospital, on Monday 11th February, 1867, at 10 o'clock A.M.

SUBJECTS OF EXAMINATION :

OBLIGATORY.

Anatomy and Physiology, Surgery.
Medicine, including therapeutics, the diseases of women and children, chymistry and pharmacy, and a practical knowledge of drugs.

OPTIONAL.

Comparative Anatomy, Zoology, and Botany, with especial reference to Materia Medica.

Candidates having the necessary qualifications to practise Medicine and Surgery under the Medical Act, and who are unmarried, and not under 21 nor above 25 years of age, are eligible to attend.

Applications for the printed form (which must be filled up by intending competitors before their names can be placed on the list of candidates) should be made in writing to the Director-General of the Army Medical Department, War-office, London.

J. B. GIBSON, Director-General.

Society for the Relief of Widows and Orphans of MEDICAL MEN.—Founded 1788.—Incorporated by Royal Charter 1864.—The Members are reminded that a QUARTERLY COURT OF DIRECTORS will be held on the 9th January next, at which Candidates for admission into the Society can be proposed. It is desirable that the Forms of Proposal be filled up and forwarded to the Secretary at least a week before the meeting. The form of Proposal may be obtained of the Secretary. The benefits of the Society are restricted to the families of deceased Members of not less than two years' standing. The Secretary attends at the office every Wednesday and Friday from 4 to 5 o'clock.

S. W. J. MERRIMAN, M.D., Secretary.

53, Berners-street, W., 30th November, 1866.

SURGICAL SOCIETY OF IRELAND.

THE Meetings of the Society for the Session 1866-67 will take place at the Royal College of Surgeons, on the undermentioned Evenings, at Half-past Eight o'clock precisely:—

- 1867—Friday, 4th January.
- " Friday, 18th January.
- " Friday, 1st February.
- " Friday, 15th February.
- " Friday, 1st March.
- " Friday, 15th March.
- " Friday, 29th March.
- " Friday, 26th April.

Members who intend to read Papers before the Society are requested to inform the Secretaries, in writing, of their intention a few days previously.

Discussion on any Paper is not permitted unless the writer calls for it or desires it.

When the Contributor of a Paper wishes that the Secretaries should read it to the Society, he will please forward it to them some days before the Meeting.

Except under special circumstances, no Member can be permitted to occupy the Meeting in reading a Paper for a longer period than half an hour; and the Society will not be held responsible for any opinions advocated in the communications read. Neither can a Member be allowed to speak for more than ten minutes, during a debate relative to a communication.

After a Paper has been read it becomes the property of the Society, for publication in its proceedings.

The exhibition of recent morbid specimens is allowed precedence of all other communications; but a specimen cannot be considered a report unless it has been removed from the body within the fortnight immediately antecedent to the Meeting.

Each Member of the Society, being a Subscriber of 5s. to the Refreshment Fund, is entitled to as many Tickets for Visitors as he may require, at 6d. each.

Naval and Military Surgeons are admitted as Honorary Members of the Society on sending their names to the Secretaries.

None but Physicians or Surgeons are admitted to the Meetings of the Society.

CHARLES BENSON, M.D., } Honorary
B. WILLS RICHARDSON, F.R.C.S.I., } Secretaries.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

AN ADDRESS,
DELIVERED BEFORE THE
MEDICAL SOCIETY OF THE KING AND QUEEN'S
COLLEGE OF PHYSICIANS IN IRELAND,
At the opening of the Session 1866-67.

By WILLIAM STOKES, M.D., D.C.L., F.R.S.,
PRESIDENT OF THE COLLEGE, &c.

GENTLEMEN,—It is just half a century since our parent Society, The Association of the King and Queen's College of Physicians, was formed. When I joined it our place of meeting was a very small room, over the shop of Hodges and M'Arthur, which served for the purposes of a Reading-room every day, while the monthly meetings held at night were crowded,—not, so much, by reason of the number of Members, as from the narrow space in which they had to assemble.

It was an interesting place, like the conversation-room of a club, and many of the senior members of the profession frequently resorted to it.—Brooke, John Beatty, Mills, Read, Brien, Harty, and the Venerable Teeling, with his quaint scholastic lore, his snuff-box, and gold-headed cane, did all the charm of manner belonging to the gentleman of the last century. He was the father of the Profession, and I remember his describing to me the lectures of the *ecq d'Azur* on Phlogiston, which he had himself attended. At the monthly meetings papers were read, and not less than five volumes of transactions were printed. They are on the table before you.

On referring to the minute-book of the Association, it will be seen that its first meeting was summoned by Dr. Brooke, and held at his house, on the 3rd of July, 1816. It was attended by twenty-eight physicians, among whom were Cheyne, Stoker, Clarke, Allman, Todderick, Hopkins, John Crampton, Jackson, Edward Percival, Egan, Teeling, Boyton, and Grattan, still in the enjoyment of health and vigour. On the third meeting the Association determined to occupy the small supper room at the end of the building. On the 18th of September, 1817, a small room at the back of the shop of Hodges and M'Arthur, bookbinders, in College-green, was engaged, and there the Association met for some years.

It continued to flourish for many years, when it declined, and at last virtually ceased to exist. In 1850, it was renewed and re-organised, still keeping its old name, until two years ago, when, with other changes, its name was altered to that of the Medical Society of the King and Queen's College of Physicians. This was in 1864, so that we have now entered on the Third Session of the remodeled Society. We have now four Medical Societies in Dublin: The Pathological Society, founded for the purposes only of observation, demonstration, and record. At meetings debate is not permitted. We have the Surgical and Obstetrical Societies, and lastly, the Medical Society of this College. At the meetings of the first three of these bodies students are admitted, under certain limitations, a most important element in their constitution; and in the Obstetrical Society, I believe that senior students are even permitted to be members. I am not here to advocate any changes in the laws of our Society, yet it seems to me that a certain class of students might have the privilege of attending lectures, such as the holders of medical scholarships and exhibitions, and the resident pupils of hospitals, and those who have obtained the gold medals of the Pathological Society. I have said that the original Association brought out five volumes of transactions. The establishment of the Dublin Journal of Medical Science was followed by the

cessation, not only of this work, but of the more important one, The Dublin Hospital Reports, founded by Cheyne, in 1817—a work which gave to Irish Medical literature a weight and tone which has been long preserved, and which should never be departed from.

There is now no want of means of publication for medical papers in Dublin, and for that class of memoirs which may be too extended or weighty to be fitted for a weekly periodical, we are provided in the *Quarterly Journal*. It seems to me that the efforts of this body should be devoted to the support of our established periodicals, rather than to the foundation of a separate journal; yet this I may say, that should the Society ever attain such a position as to warrant a separate publication of their transactions, it would be well to follow the plan of not being tied by time as to the appearance of the volume, but of only producing it when there was a sufficient amount of papers of a certain class to fill it. In this era of competition men wish to let their productions see the light with little delay. Immediate notoriety is sought for, and so it happens that the interests of science, and the subsequent fame of the author, are liable to suffer. Do not suppose that I underrate the advantages of medical periodicals, I only wish to shew the utility of both systems to medical literature. By a recent arrangement all subscribers to the reading-room are members of the Society; and it is greatly to be desired that every fellow and licentiate resident in or near Dublin should be enrolled on its lists.

Our last two Sessions have been very fruitful, and many memoirs of the greatest practical value have come before us. Of these, one of the most remarkable was that by Dr. Brown-Sequard, on the advantages to practical medicine and surgery of physiological study. It was illustrated by a number of examples principally of traumatic injuries of the spinal cord, and again of asphyxia and of syncope, and contained many new and striking views of diagnosis.

In the careful study of human and comparative physiology, practical medicine must advance, first, in the line of diagnosis, and next in that of treatment. And it would be rash indeed to predicate the limits of these improvements.

While the minds of many investigators are directed to these subjects, another line of inquiry is daily becoming prominent. It is that of experimental pathology, in which, by the study of the influence of organic compounds on the economy it is sought to discover, *the laws which govern the production of disease*. The researches of Richardson and of Weber promise important results. Septic poisons and other re-agents are introduced into the veins of animals, and the symptoms and pathological changes carefully noted, and in this way disease, artificially produced by known causes, is compared with the zymotic affections of man. I may instance the action of sulphuretted hydrogen in producing many, if not all, the symptoms of cholera. I give this as a solitary instance. So also in pyæmia, the experiments of Weber and Urfe shew that the blood of an animal, in which pyæmia was artificially induced, was capable, when injected into the veins of another, of inducing a similar pyæmic condition.

As, in one respect, belonging to this subject, the labours of Professor Haughton, on renal pathology, require especial notice, as well as those on the expenditure and renewal of muscular force. In this Society the last of his communications was as to a method of determining the amount of urea and of inorganic matter in a given quantity of urine. His formulæ are simple, but have been derived from a large series of observations and an extensive tabulation. His method, by which, from the specific gravity, the amount of either product is determined, will prove of great advantage, not alone in investigations as to the origin of disease, but to the daily practice of medicine.

One of the most interesting papers is that by Dr. Foot, on chromidrosis, or coloured exudations of the skin. After shewing that in no case can these appearances be traced to the passages of the blood globules through the capillary wall, that is, to the altered colouring matter of the blood that these appearances are to be traced.

In the case of yellow sweating, which may precede any jaundiced state of the skin, it seems probable, from the experiments of Wirchow and Funché, that it arises from a change of hæmatin into cholepyrrhin; and this throws light on the hue in pyæmia, in cases of chloroform poisoning, and that observed after the bites of venomous serpents. I would suggest to Dr. Foot whether a similar view might not apply to cases of typhus icterodes, and to yellow fever, in both of which anatomy fails to detect the causes of the jaundice. Certain it is that in the yellow fever, described by Dr. Graves and myself, in the epidemic of 1828 and '30, there was no hepatitis, the duodenum was not more congested than other parts of the alimentary canal, and there was no obstruction to the flow of bile. It is known that in cases of intense jaundice, none of the elements of bile, except the colouring matter, can be detected in the general system, and so it becomes probable that the chromogen of Frerichs, produced by the action of acids on the colouring acids of the bile, is the agent in changing the colouring matter of the blood. Time will not permit me to follow Dr. Foot through the rest of his valuable and suggestive paper, in which he deals with the history of the blue or black pigments, and shows the derivation of indigo secretions from the hæmatin.

In connection with Dr. Foot's paper, the case of Morbus Addisonii must be noticed as confirming the views of Dr. Addison and Dr. Wilkes; the case is one of great interest, yet it must be confessed, that the true nature of this singular disease is yet to be worked out. Looking at all the facts, the opinion that it is merely symptomatic of disease of the supra-renal capsules may be questioned, although *when formed it may be held to be diagnostic of that disease*. It may be that in its essence it is a chemical disease resulting from reactions, as yet but partially understood of different agents of the hæmating, and that the organic change is consequence rather than cause; indeed Dr. Hayden, in his admirable paper on Supra-renal Malasma, after shewing that tuberculosis in some form was the complicating affection in the proportion of sixty-two and a-half per cent., observes, that independently of the preponderance of strumous deposits in the capsules themselves, it would seem difficult to resist the conclusion, that in supra-renal malasma the diathesis is eminently strumous.

In papers on Practical Medicine the two past sessions have been very rich. Dr. Law has handled the subject of the strange tendency to symptoms of Cerebro Spinal disease which for two years and more has been seen. This is one of these phenomena still requiring much investigation. The epidemic tendency to focal disease. We have had some examples of this disease in the Meath Hospital. Some as a sequence in cases of sun-stroke, others occurring in progress of fever. In one is a case of that form of fever called by Dr. Lyons, the Black Death, the Medulla Oblongata was softened. The occurrence, as I said of this lesion, in so unusual a manner reminds us of the epidemic tendency to abscess of the liver which was so remarkable in Dublin in 1800.

Dr. Henry Kennedy has contributed a paper of great importance on the mixed types of fever. Here is a class of cases, which though not yet sufficiently dealt with by writers, is familiar to the experienced physician, and Irish Medicine is deeply indebted to Dr. Kennedy for this, as well as many other, additions to our knowledge of the healing art.

Dr. Kennedy holds to the view that there is no essential difference between Typhus and Typhoid, or Enteric fever, and that both may proceed from the same source. Without denying that a well marked case of Typhus differs from one equally well marked example of Typhoid, I confess that I have long inclined to opinions similar to those of Dr. Kennedy, as opposed to the views of some of the London and American observers. The difference and conditions of receptivity may account for one man getting typhus and another typhoid from the same poison; and it is often seen in our hospitals that when a whole family are together in the wards, every variety of fever may be seen among

them, it is more than *probable that the one exciting cause affected all*. Dr. Kennedy has shewn what all must admit, that enteric symptoms may exist with a petechial rash, and though I am not here to advocate or condemn his views, it will be admitted that they deserve the most grave consideration.

The researches of Dr. Grimshaw on the influence atmospheric heat and moisture on the prevalence of fever are examples of that scientific accuracy of observation which is every day lessening the conjectural state of medicine. In practical medicine we have had several important communications, such as those of Dr. Moore and Dr. Hayden on diphtheria, cases of puerperal foetid abscesses of the lung, of recovery from traumatic tetanus; and a case of foetid expectoration by Dr. Byrne, Dr. M'Swiney, and Dr. Moore; and a case of Empyema, successfully treated by the drainage tube of Dr. Gordon.

On the difficult and important subject of mental disease we had two papers—one by Dr. Madden, on the criminal responsibility of the insane, and another, by Dr. Eustace, on cases of insanity of difficult diagnosis.

Two more papers remain to be noticed: one on scrofulous pulmonary affections, by Dr. Halahan, and the other on case of congenital deficiency of the lower extremity, by Dr. Skipworth.

The last paper claiming notice is the account of the Endoscope, by Dr. Cruise. Originally described by Desormeaux, it was reserved for Dr. Cruise to make the instrument practically applicable; and so much has he made the instrument his own that, while Paris can claim to be the birth place for the stethoscope, Vienna the laryngoscope, and Berlin the ophthalmoscope, Dublin is entitled to the honour if not of the discovery, at least of the application, of endoscopy.

It is not saying too much to declare that for the diagnosis of diseases of the whole tract of the urethra, the bladder, the vagina, the uterus, the rectum, the nasal cavity, and pharynx, the endoscope may be placed on a level with the laryngoscope and ophthalmoscope in their special applications to diagnosis.

Nothing can be more honourable to Dr. Cruise than the way he speaks of the researches of Desormeaux, claiming little more than an improvement in the illuminating power of the instrument. *But this is the great point*; and the light of Dr. Cruise's endoscope, as compared with that of Desormeaux, is as daylight to twilight. This improvement is obtained in various ways, but principally by modifications in the composition of the fuel of the lamp; the use of the edge of the flame from a flat wick as an illuminator by which a great increase of power is obtained, and by mechanical arrangements, which give steadiness to the light. By it all changes in colour, as well as structure of all parts accessible to a straight tube are rendered visible; and Dr. Cruise anticipates that the endoscopic difficulties produced by the pharyngeal angle of the œsophagus and that of the cardiac orifice of the stomach will be overcome by optical arrangement.

The endoscope is further applicable in the case of wound especially in determining the presence or absence of a foreign body. Had Garibaldi been fortunate enough to have had Dr. Cruise on his medical staff at Aspromonte he would have been saved great suffering, and the cause of surgery some discredit. The endoscope is further applicable for exploring serous cavities after operation, as well as the lining membrane of cysts and abscesses.

In his enlarged and developed paper, Dr. Cruise gives many examples of the advantages, in no other way attainable, of this beautiful instrument. And as an illustration of its powers, he relates that Dr. Robert MacDonnell prepared a subject by opening the bladder, and introducing into it three substances, of a nature the most unlikely to be thought of, and respecting which Dr. Cruise was in total ignorance. He was then challenged to tell, by means of the endoscope, what were the articles in the bladder. In a few minutes he was able to do so, and to demonstrate them

They were a brass screw with a milled head, a short minie bullet, and a mass of plaster of Paris.

Let us now consider the application of physical diagnosis to the diseases of the eye, the larynx, the pharynx, and upper portion of the œsophagus—to those of the lungs and heart by auscultation, to those of the peritoneum liver and spleen, to the chemical diagnosis of affections of the kidneys and bladder, to the microscopic diagnosis, based on the examination of secretions and the blood, and to the endoscopic diagnosis of all urethral and vesical and uterine affections, of all diseases of the rectum, it must be admitted that in the replacement of uncertainty by certainty, the advance of medicine in the 19th century has been most marvellous. To be a proficient in all these means of diagnosis would be difficult or impossible to any single teacher; and while the observation of disease rendered fruitful by study—and therapeutical research must foster, as they have ever done, the foundation of the medical art, its teachers must inculcate a liberal and enlightened spirit, in reference to all collateral means in the search after the discovery and the nature of disease.

The memoir of Dr. Stearne, the founder, and first President of the College of Physicians, in the reign of Charles the Second, was read before the Society, by Dr. Belcher, to whose labours we were subsequently indebted for an account of the life of Sir Patrick Dun, to whom the foundation of the King's Professorships in the school of physic is due. Until the establishment of *The Dublin Quarterly Journal of Medicine*, under the editorship of Sir William Wilde, the biography of Irish physicians and surgeons was wholly neglected, and there was no feature of greater interest in the Journal, while under his auspices, than the lives, from his pen, of the former worthies of Irish medicine, of Mosse, O'Halloran, Mac Bride, and of Dun, and in recent times, of the gifted and lamented Curran. History is ever valuable, not merely the record of dynasties, revolutions and wars, to which class of record, written without reference to the social and intellectual state of a people, their progress in legislation, in arts and all humanizing influences, the name of an "old almanack" has been justly given by a great thinker. And if the history of the inner life of a people be valuable, so also is that of individuals who have been leaders in some good work for their generation. The history of nations, in fact, resolves itself into the history of individuals; and all true records of men of mark subserves the great end of enabling us, by the study of the past, to predicate the future, and to prepare ourselves for it.

It must be a source of gratification to Dr. Beatty that, during the two years of his Presidency, so much good work has been done—so much zeal shown; and all who know that true physician and distinguished gentleman, will hold with me, that our success is in no small degree due to the interest he took in the proceedings of the Society, and to the dignity and courtesy with which he filled its chair. Gentlemen, I feel that I have occupied your time too long. I cannot conclude, however, without alluding to a subject of deep interest to us all—I mean the approaching visit of the British Medical Association to Dublin. The members of this great and influential body, comprising most of the profession in England, have long desired to meet their Irish brethren in scientific and social communion. I am in a position to say that they look forward with great pleasure and hopeful anticipation to the meeting in Dublin, that seat of medical science and teaching. And their visit, the first of the kind since the foundation of the Society, will, independently of its scientific results, be a means of promoting good-will and mutual respect between the members of the profession in the sister countries and those of Ireland.

For it is a great and wise object of the Association to foster the friendly feelings of our brethren towards one another, to remove jealousies and suspicions, and to make that profession, whose first characteristic is charity and love of our neighbour—shewn in works unknown, uncounted of silent good, exhibit in the friendly relations of its members through the length and breadth of the land, the same prized and exalted qualities.

Its advent too will tend to improve the relations between the countries—to remove national prejudices, and by rendering the union of Great Britain with Ireland every day more real, carry out the desires of all loyal men.

ON EMBOLIC PHTHISIS AND TUBERCLE,

BEING THE SUBSTANCE OF SOME CLINICAL OBSERVATIONS

MADE BY

ANDREW CLARK, M.D., F.R.C.P.,

PHYSICIAN TO THE LONDON HOSPITAL.

DR. CLARK began by saying that there are many eminent physicians who still discuss the subject of pulmonary phthisis as if it were due to one uniformly recurring series of anatomical conditions; and he referred to a body of experimental and pathological evidence on the question sufficient to prove beyond the possibility of doubt that this view is quite unsound, and that plans of treatment based upon it, whilst occasionally right by accident, must always be wrong in principle, and often mischievous in their results. There are, he said, many different pathological conditions giving rise to the phenomena grouped under the name of pulmonary phthisis; and though improved clinical observation will in time enable us to recognize these distinctions during life, their recognition will never perhaps be so complete as after death. For the textural elements of the pulmonary alveoli are not distinctly expressed; one is seldom affected without the other; and the symptoms caused by pathological changes in an organ like the lung are more immediately related to damaged function than to the nature and seat of the disease. These are and always will be the great difficulties lying in the way of an accurate differential diagnosis. But much, he said, might be done to lessen these difficulties by a more careful study of the histories of cases of phthisis; and, whilst they are under medical observation, by a more minute and accurate record of their phenomena. The lung in relation to phthisis, he added, is much like the kidney in relation to Bright's disease. Under this designation are included several diseases differing in their nature and taking their origin in different tissues. Some are inflammatory—some degenerative—some specific; and whilst one arises in the cellular, a second arises in the fibrous, and a third in the vascular constituents of the organ. Science, continued he, has given to these distinctions a precision which has already exercised a favourable influence upon the practice of our art, and if carried into the diseases of other organs must greatly widen its resources.

Dr. Clark then proceeded to enumerate and explain the chief pathological conditions of the lung giving rise to the collection of symptoms grouped under the name of pulmonary phthisis. These are, according to him, as follow:—1st, semi-transparent grey tubercle; 2nd, primitive yellow (scrofulous or cellular) tubercle; 3rd, secondary yellow tubercle (that is, the tuberculization of retained secretions, accumulated structural elements, unabsorbed inflammatory and other deposits); 4th, fibrous degenerations (including the drunkards', masons', miners', and grinders' lungs); 5th, embolisms (of the larger vessel as well as of the capillaries); 6th, hæmorrhagic extravasations; 7th, syphilitic nodules; 8th, amyloid degenerations.

Dr. Clark considers the "grey granulation" to be the essential anatomical element of a form of phthisis quite distinct from all others, and of such great gravity as to merit the appellation malignant. It is distinguished during life, chiefly by the fewness of the local signs of disease as compared with the extent and profoundness of the constitutional prostration manifested by a quick and feeble circulation, an elevated temperature, and extreme debility. It is further distinguished from all other forms of phthisis by the singular fact experimentally proved by Villemin and himself, that its anatomical elements—grey

tubercles—are capable of being produced in the lungs of healthy animals by inoculation in almost any part of their bodies. Dr. Clark further alleged that in chronic cases these tubercles never killed by themselves but by their secondary effects, which he described as *intercurrent pneumonia, fibrous degeneration, fatty usure, and emphysema*.

After having discussed and exhibited specimens of the other forms of lung disease already specified, Dr. Clark proceeded to give the histories of some cases of embolic tubercle and phthisis, the chief features of three of which we subjoin:—

Case 1.—John Towhig, æt. 32, an A.B. in her Majesty's navy, was admitted into Haslar Hospital in January, 1849, for œdema of left leg and slight cough. In 1847 patient had a blow in his left groin, which was followed by slight swelling and pain. Three months afterwards the left foot began to swell, and kept swelled more or less from that time. During the previous six months the swelling had extended to the thigh. Two months before admission he began to cough, and occasionally to expectorate a little blood.

On admission the digestive organs were in fair condition. The urine was acid and loaded with lithates. The cardiac dulness was increased and a creaking leather sound accompanied the contraction of the ventricles at their base, but there was no murmur. There was slight dulness under both clavicles, and there the inspiration was broken or interrupted and the expiration prolonged. At several spots below this there were on both sides dull spots where respiration was almost inaudible. In no place was there tubular breathing or increased vocal resonance. There was dulness over the bases of both lungs behind, with feeble respiration and an occasional subcrepitant crackle. Patient had a teasing cough, dyspœna, and scanty purulent expectoration, streaked with blood. He had no headache or pain in the chest, but he complained occasionally of uneasiness in the left iliac region, and of numbness and formication in the limbs. The latter he ascribed to rheumatism, from which he had suffered severely on various occasions. Patient was subject to local sweatings: his feet and hands were always wet. Lately he had been losing flesh, strength, and colour.

The patient was allowed a generous diet, blistered from time to time, and put on quinine, iron, and cod oil. He never improved, however. About the middle of February he took typhoid fever, and died on the 9th of March.

Post-mortem Examination.—Body emaciated. Left lower extremity highly œdematous. Head not examined. Heart weighed nine ounces, and was around its base in front loosely adherent to the pericardium; valves and orifices healthy; a fibrinous-looking concretion about the size of a pea hung from the tip of the right auricle, and appeared to take its origin from a roughened spot in its lining membrane.

The lungs collapsed slightly on opening the thorax, and were at parts adherent to the chest. Anterior surfaces emphysematous; posterior and lower dark red and dense. In the upper lobes of both lungs were several yellowish-coloured friable deposits about the size of hazel nuts. Around some of these the lung substance appeared unaltered; around others there were zones of greater or less thickness, of what appeared ordinary red hepatization. In the middle part of both lungs, in addition to a few deposits, there were several small, smooth, rounded cavities, about the size of walnuts, containing yellowish curdy pus. These cavities, like the deposits, lay nearer the surface than the centre of the lungs, and in no respect, save, perhaps, in their contents, did they resemble the cavities found in tubercular phthisis. *No true grey tubercle was anywhere to be found.* The posterior and inferior portions of both lungs were in a state of complete collapse, and all the minuter bronchi traversing the collapsed parts were filled with vitreous, tenacious mucus, streaked with blood. Firm decolorized clots were found in several of the smaller branches of the pulmonary artery, some of which led to the yellow deposits, and others to the emphysematous

portions of lung. In sections of the deposits examined microscopically minuter branches of the pulmonary artery were seen containing plugs (emboli) similar to those just described. (Specimens from Dr. Clark's collection were here exhibited). The bronchial and cervical glands were enlarged.

Abdomen.—Liver large and pale. Spleen large and pulpy. Kidneys healthy. Ilium studded with round and oval ulcerations. The latter occupied the situation of Peyer's patches, had thin flattened margins, and rose from the circumference to the centre. The central matter was of a dark-brown colour, broken into nodules by intersecting fissures, and had somewhat the appearance of sloughs.

The left iliac vein for about an inch and a half in length was distended to more than twice its ordinary size by a reddish-white matter visible through the attenuated coats of the vessel. On laying it open the contained matter was seen to resemble as closely as possible a crumbly mass of old cheese steeped in watery blood. The mass smooth and rounded at its distal was rugged and broken at its proximal extremity; and though friable in the centre and at its extremities it was firm on its circumference and inseparably united to the lining membrane of the vein. On the distal side of the concretion (thrombus) the vein contained a healthy clot; on the proximal side it was empty. The adjacent artery was quite healthy.

In commenting upon this interesting and instructive case, Dr. Clark set forth what he believed to be the true order of events, and declared his conviction that upon the assumption of any other order the case was inexplicable. He considered that a local phlebitis issuing in an obstructive clot had been set up by the blow received by the patient in 1847; that in process of time portions of this clot having become detached, got with the venous blood into the right side of the heart, and were arrested in the minuter branches of the pulmonary artery; that these secondary clots (emboli) set up in their neighbourhood diseased actions which issued in the formation of the yellow deposits; that these deposits, under unfavourable conditions, broke down into small abscesses; and that in this state the patient was attacked with typhoid fever, which led to ulceration of the bowels, and put an end to his life.

Dr. Clark considers that cases like the one just narrated are not uncommon. He admits that it is rare to have such demonstrative proof of their nature after death; and he accounts for this by the general curability of such cases, the infrequency of post-mortem examinations in phthisical cases, and the neglect of definite points of inquiry when they are made. He further said that in experimenting upon animals by the injections of foreign matters into their veins he had often succeeded in producing *embolic tubercles*, though he had hitherto failed in producing embolic cavities.

Case 2.—(Reported by Mr. R. C. Sanders.)—Eliza Taylor, æt. 24, married, was admitted into the London Hospital under the care of Dr. Andrew Clark, in August, 1866. Was confined three months before admission. Ten days afterwards suffered pain in the pelvis and was unable to extend her limbs. A fortnight later the legs began to swell, and the pain and difficulty of movement subsided. Three weeks before admission she began to be short-breathed, to have pain in the chest, to cough rather frequently, and to spit up a little mucus streaked with blood. Patient was a thin, pale, delicate-looking woman, with large pupils, a transparent skin, and prominent superficial veins. The tongue was eroded, there was some pain after food; flatulence and confined bowels. No uterine discharge; urine free from albumen, intensely acid, and loaded with lithates. Heart sounds normal; pulse 96, small; respiration 28 per minute. Chest rose unsymmetrically on inspiration. Over the right second rib, about two inches external to the sternum, there was marked dulness to the extent of a crown piece; a second and similar dull spot existed just outside the left breast; and a third near the inner edge of the spine of the right scapula. In

all these places the inspiration was loud, blowing, and divided; the expiration prolonged, loud, and accompanied towards its close by a dry crackling roushus. Vocal fremitus diminished; resonance increased. At a fourth spot under the right breast there was blowing respiration and inspiratory moist crackle without dulness or increase of vocal resonance. There was no pain in the chest, but a constant sense of tightness and oppression. Patient suffered also from persistent coronal headache, and occasional confusion of thought and giddiness. There were no night sweats. Both legs were swollen, tense, polished, of a peculiarly intense white colour, and pitted very slightly on pressure. Pressure was ill borne over the lower part of abdomen, but no tumour could be detected.

Dr. Clark considered the case to be one of ilio-femoral thrombosis with secondary embolic deposits in the lungs. The patient was put upon full diet, and ordered to drink freely of bland fluids. An effervescing ammonia mixture with nitrate of potash and iodide of potassium was directed to be taken four times daily, and she was instructed to keep her lower extremities in a warm soda bath for a couple of hours twice a day. The bowels were freely opened with castor-oil.

Within three days from the adoption of this treatment the patient had greatly improved. The swelling of the legs had almost entirely disappeared, and the urine threw down no sediment on standing. The chest symptoms were much the same. The soda baths were omitted; the mixture was continued; mustard plasters were ordered to the chest. Two days after the omission of the soda baths the swelling returned in the left leg. The baths were therefore resumed, and the leg was ordered to be kept bandaged in the intervals. In four days from this time the swelling again subsided and did not return. At the end of three weeks the pulmonary symptoms had almost entirely disappeared. The alkaline mixture was replaced by quinine and iron, and the patient was shortly afterwards discharged cured.

Dr. Clark pointed out the great benefit which, in this case, was derived from warm soda baths, and said that in all similar cases, following parturition or not, he knew no treatment so rapidly efficacious in reducing the swelling as the use of soda or potash baths, followed by bandaging of the affected limbs. These baths were made by adding bicarbonate of soda or potash to warm water in the proportion of half a pound to the gallon. The limbs should be immersed for at least a couple of hours at a time, and the solution should be kept warm.

(To be continued.)

SOME OBSERVATIONS ON
THE TREATMENT OF ACUTE ABSCESS
OF THE
PROSTATE GLAND, POINTING TO THE
RECTUM.

By JOHN HAMILTON,

SURGEON TO THE RICHMOND HOSPITAL, AND TO SWIFT'S HOSPITAL FOR
LUNATICS.

ACUTE inflammation of the prostate gland is not a very uncommon occurrence at a late period of gonorrhœa, and more rarely in stricture, the inflammation of the mucous membrane behind the stricture extending to the body of the gland. When it terminates in suppuration, the abscess often occupies one lateral lobe, though if larger, it appears as if the whole were engaged. Sir B. Brodie says: "The abscess, if left to take its own course, sometimes bursts internally—that is, into the urethra; more frequently it makes its way through the fascia, cellular membrane, and muscles of the perinæum, and bursts through the external skin." The latter part of this opinion I believe to be quite erroneous, and that acute abscess of the prostate opens very rarely in the perinæum; it usually dis-

charges itself either into the urethra or the rectum. At present I wish to call attention to the prostatic abscess opening into the rectum. The symptoms will be sufficiently shown in the following cases:—

Case 1.—Mr. R., ætâ 26, contracted gonorrhœa a year ago. The discharge had ceased, except a little white fluid occasionally, but never yellow, and he was otherwise quite well, when about three weeks since he became affected with pain about the perinæum and anus; at first dull, it gradually became a more insufferable pain, with a feeling as if there was something in the rectum to come away, but he had no difficulty in passing water, and only a little frequency; just at the end of passing water, however, he felt a sharp spasmodic pain at the neck of the bladder. He had been subjected to some treatment without good results, and when I saw him his sufferings were severe, the motion of a cab very painful, and he could not sit straight, but rested on one buttock. He required opening medicine, which he got, and subsequently was ordered blue pill and extract of hyosiamum, with rest in bed, and leeches to the perinæum. The last gave considerable relief, and though the pain recurred the next day, it was never quite so violent. No rigor or fever; pulse a little quicker than natural; tongue slightly furred; but no appetite, and the nights sleepless from the pain. When first I examined him by the rectum I found the prostate considerably enlarged, hard, and very tender; this enlargement and tenderness increased for two days after this examination, but then the pain became rather less, and on passing my finger up the anus I found distinct fluctuation on the left side of the prostate, where the swelling had been greatest. As the suffering was not great, I determined to wait till the next day and then open the abscess by the rectum. Next day I found him quite free from pain, and he could walk about his room without any uneasiness; hitherto walking had always increased his distress. I passed in my finger and felt, as I had anticipated, that the abscess had burst; the tumour much lessened, soft, and flaccid in the centre, where I could distinguish a small ragged opening, round which the prostate was hard and enlarged. He took two purging pills at bed time, and towards morning thought they would act, but he passed nothing but urine; soon after another inclination came on and a small fluid motion came away, and in an hour a second; he did not examine these, but I have little doubt they were the pus of the broken abscess; he then felt easier. Two or three hours after he had a natural motion without pain; he passes water well; two days afterwards I found the prostate rapidly returning to its natural size.

The sufferings in this case were extreme till suppuration was fully established, when they became mitigated. It is curious how little urinary distress there was; all the pain was referred to the perinæum and inside the bowel; the passage of water was very little obstructed. The case occurred in 1864, and I have seen the gentleman frequently since; he has got married, and has not since suffered from any derangement of the prostate.

Case 2.—M., a captain of an American vessel, admitted into the hospital with retention of urine. He had been suffering from the retention for twenty-four hours, and attempts had been repeatedly made to pass an instrument. When I saw him he was in the greatest agony from the impossibility of passing a drop of water, though he was constantly straining to do so; the bladder was distended up to the umbilicus. There was a quantity of blood about the orifice of the urethra, no doubt from the passage having been wounded in the attempts to pass the catheter. His history was that for some time he had experienced a difficulty in passing water, with a diminished stream. Latterly, during a severe passage from America, it had become much worse, till, when he landed at Kingstown, a total retention had ensued. This account looked like that of an ordinary case of stricture. With considerable doubt of success after the attempts that had been made, I proceeded to pass a catheter. The only small silver catheter,

No. 3, that I had at the hospital at the time, was obstructed, but I used it as an exploring instrument, to ascertain the nature of the impediment. There was some soft resistance to the passage of the instrument, which became more decided at the neck of the bladder; I therefore passed my finger through the anus, and found the inside of the rectum very hot, and the prostate enlarged and exquisitely tender, so that he cried out more from this than the passing of the instrument, which being greatly depressed entered the bladder. I thought it best in such a case, having been so far fortunate, to leave the instrument in, rather than try immediately a previous one, in which endeavour I might fail. He was desired to keep the instrument in for an hour. However, at the end of half an hour, he got fidgetty, and withdrew it, when a gush of urine took place, and the bladder was relieved, and afterwards he passed water tolerably well; but he was subject to diarrhoea and irritation about the rectum, with much tenesmus, a constant straining, as if there was something in the rectum to come away. While making an effort of this kind, he felt a sudden gush of liquid from the anus with sudden relief. He had no further trouble, and bid me good-bye a few days after, apparently quite well.

(To be continued.)

CASE OF
RESTORATION OF A PERFORATED AND
COLLAPSED MEMBRANA TYMPANI.

By J. HINTON,

AURAL SURGEON TO GUY'S HOSPITAL.

THE following case is an instance of the facility with which, by the use of very simple means, a cure may be effected in a morbid condition of the ear, which would otherwise, in all probability, be attended not only with more or less of permanent deafness, but with a perpetual liability to periodical attacks of inflammation and supuration of the tympanum.

E. F., æt. 8, was brought to me on the 25th July last, with the following history:—Shortly after being vaccinated over a nævus on the arm, about the age of eighteen months, a discharge had been noticed from the left ear, and had continued with interruptions ever since; there had been none since May, when three or four blisters had been applied, as frequently before. She had had measles last year, not seeming to affect the ear; had not had scarlatina; deafness on the left side had existed from the first; but there had not been pain. The voice was heard on the left side only when distinct and near; watch four inches (heard on the right side at four feet). The left meatus contained a little old discharge, on the removal, of which the membrana tympani was seen to be sunk inwards, in contact or nearly in contact with the inner wall of the tympanum. It was of a glistening white colour and irregular surface, the short process of the malleus strongly projecting, and behind it and a little below was a circular orifice, about a line in diameter, the edges of which were thin and appeared to be closely approximated to the pale and somewhat granular mucous surface behind. The patient could not pass air into the tympanum. The tonsils were large and the faucial mucous membrane swollen. Health good.

Two conditions here demanded remedy—1st, the orifice in the membrane; and 2nd, the alteration in its position. The latter indeed was in all probability the chief cause of the impediment to hearing, inasmuch as perforations of much larger size may exist with little diminution of that function. But the perforation first demanded treatment, because its closure afforded the only conditions under which a successful attempt could be made to bring back the membrane to its right position. This result could be obtained only by the agency of a stream of air introduced

through the Eustachian tube, operating on the membrane from within, and requiring therefore that it should be perfect.

The new and simple procedure introduced by Politzer for inflating the tympanum with air afforded a means of effecting both objects. The plan of operation is the following:—The patient, being seated, takes a small mouthful of water, which he keeps in the mouth until at a signal given by the surgeon he swallows it. The surgeon, standing on his right side, introduces into the nostril of the side to be operated on a small flexible tube, and with his thumb and fingers closes the nostrils over it. This tube may be connected either with an india-rubber bag, or with the surgeon's mouth; in either case he forces into it a sharp stream of air, at the moment when, at the given signal, the patient swallows. The air then rushes up the Eustachian tube (opened by the act of swallowing), and in the great majority of cases, especially in children, overcomes any obstruction that may exist.

In the present case this procedure was employed to effect both the objects desired: first, to induce healing of the orifice; and secondly, to bring forward to its right position the collapsed membrane. The former object was gained by washing out the tympanum persistently by means of a warm solution of zinc sulph. (gr. iv. ad. ʒj.), to which at first gr. i. of hydrochlorate of morphia was added. The meatus was filled with the solution, and air then blown repeatedly through the tympanum in the manner described. By this means the solution was made freely to enter the tympanic cavity, and to coagulate whatever of viscid mucous discharge hung about its crevices. Sometimes a lotion of dilute acetic acid (ʒj. ad. ʒj.) was used in the same way. At the same time the throat was treated with a solution of alum (gr. v. ad. ʒj.), by means of the atomizer, and subsequently by alum applied in powder to the region of the Eustachian tube; and in the course of a few weeks she was able herself to pass air into the tympanum, when the tube was gradually discontinued.

By the middle of October the perforation was healed, the surface being at first of a pink colour, and soft fleshy aspect; but in two or three weeks assuming the thin transparent appearance usual with scars of the membrana tympani.

During this time the hearing did not improve; but after the intermission of a fortnight, to allow time for the new tissue to gain strength, the free inflation of the ear was resumed and carried out twice a week. Under its influence the membrana tympani could be watched gradually recovering from its sunken state, and regaining its natural position; its normal aspect and lustre also in great part returning. At the present time, December 10th, the appearance of the greater part of the membrane is almost that of health; there is, however, still an unnatural prominence of the short process of the malleus and thickening of the membrane around it, at the upper and anterior part also is an oval depression which does not yield to the pressure of the air. The scar of the perforation is just discernible as a darker spot surrounded by a whiter slightly thickened ring. The hearing has also gradually improved; the watch is now heard at thirty inches, and a whisper at ten or twelve feet.

I have reported this case because it shows the effect of very simple appliances, easily at the command of all, in relieving what might have appeared a very untractable lesion. Similar conditions are very frequent in children, and when detected, by examination with the speculum, they may be treated with the greatest probability of a good result. In the chronic and recurrent forms of "otorrhœa" in children, I have found the membrana tympani almost always perforated to a greater or less extent. The accumulation of mucus, more or less puriform in character, within the tympanum, which is exceedingly frequent in childhood, continually leads to rupture and partial destruction of the membrane; the tissues of the remaining portion appear, at the same time, to become soft and wasted, and hence it sinks inwards, yielding probably in

part to the traction of the irritated tympanic muscles. This condition in after-life, when adhesions have formed and become firm, admits of but partial and tedious relief; but taken in an earlier stage, even though after the lapse of several years, and after all signs of acute affection have long ceased, it may yield a result as gratifying to the surgeon as it is beneficial to the patient.

ON TWO CASES OF INJURY OF THE AORTIC VALVES, FROM MUSCULAR EXERTION.

By BALTHAZAR W. FOSTER, M.D., M.R.C.P.LOND.,

PROFESSOR OF CLINICAL MEDICINE IN QUEEN'S COLLEGE, PHYSICIAN TO THE QUEEN'S HOSPITAL AND THE GENERAL DISPENSARY, BIRMINGHAM, &c., &c.

FOR a long time past pathologists have been acquainted with defects of the valvular apparatus of the heart, produced by injury. Since Senac first called attention to the subject, and Corvisart published two cases in which the fleshy columns of the mitral valve were ruptured, several physicians have contributed valuable matter to this branch of cardiac pathology. By no one, however, has the subject been so ably treated as by Dr. Peacock,* to whom, indeed, we owe the greater part of our knowledge of the position of injury among the causes of valvular disease of the heart. The extreme delicacy of the valvular structures, and we may add, in the case of the aortic valves, the very great pressure to which they are subjected under certain forms of muscular effort, might well lead us to conclude that their rupture would be found to be by no means uncommon; actual experience, however, does not at all support such a notion, and injury of the valves during exertion must be ranked as one of the rare causes of cardiac disease. Dr. Peacock very justly remarks that the rupture of diseased valves is by no means so infrequent; but these cases must be distinguished from those in which the injury has occurred to valves not known to be previously diseased. Of this latter class only some seventeen recorded cases are referred to in the Croonian Lectures for 1865, and of these we find that ten were cases of aortic insufficiency, four of rupture of the columns of the mitral valve, and three were examples of a similar accident to the columns of the tricuspid valve. The aortic valves, as might have been expected, are thus shown to be more frequently the seat of this accident than either the mitral or tricuspid; while, as far as I am aware, there is no recorded case of rupture of the pulmonary valves. In this paper I propose to add two more cases of rupture of the aortic valves to the number already recorded. In both cases, the heart symptoms were distinctly traced to a violent muscular effort, and from the history of the patients, there is every reason to suppose that no inadequacy of the valves previously existed. In one case, the post-mortem examination has enabled me to describe the exact nature of the injury, and the condition of the neighbouring structures. In the 2nd case, the man, who is still alive, was of a more advanced age at the time of the accident, and it is quite possible that softening of the valvular structures from atheromatous change, may have preceded the rupture. For when under observation, 10 months afterwards, the sphygmograph told us, in no uncertain manner, that extensive atheroma of the great vessels existed.

Case. 1.†—M. W., aged 33, a discharged soldier, was admitted into the Queen's Hospital, on September 26th, 1866.

History.—The patient had always been in good health until about one and a-half years back, the date of the commencement of his present illness. He had served in an infantry regiment, and for the last six years had been quartered at Gibraltar and other Mediterranean stations. In January, 1865, the accident occurred which caused his discharge, and of which he gave the following account:—One

day, when engaged in the cook-house, he stretched himself across some high coppers in an effort to reach something beyond, and in doing so he felt a sudden and intense pain about the ensiform cartilage. He did not faint or vomit. The pain which was very severe, and which was accompanied by palpitations of the heart, lasted four days, it then passed away, but shortly returned, and he has never since been well. He continued in the service for about twelve months, when he was obliged to go into the Military Hospital, suffering from palpitation, pain in the chest and back, cough, and difficulty of breathing. After five weeks' treatment, he was sent to England, and was discharged in January last; since his discharge he has been unable to work.

State on Admission.—He complained of palpitation of the heart, and a great difficulty of breathing; also of a fixed pain at the ensiform cartilage, and of a sharp pain shooting across the heart, from one armpit to the other, and occasionally running down the arms, particularly on the left side. This pain frequently came on suddenly at night, when he was asleep, and forced him to sit up and struggle for breath. He had a harassing cough, and expectorated mucus, and occasionally blood. The urine was scanty and high coloured, but contained no albumen. There was slight œdema of the legs. Pulse 115, regular, jerky, and visible in the radials. On examination the chest was found to be very resonant all over the lungs. The respiratory murmurs were somewhat harsh, and accompanied by small moist sounds, especially in the lower portions of the lungs posteriorly. The area of cardiac dulness was somewhat increased, extending to the right edge of the sternum. The apex beat was very feeble, and was situated near the upper margin of the 6th rib, one inch and three-quarters vertically below the nipple. On auscultation two murmurs were heard at the base of the heart. The murmur with the systole was somewhat harsh, and was succeeded by a long blowing murmur, which replaced the second sound, and was only terminated by the succeeding 1st sound.

These murmurs were best heard at the "aortic cartilage," and were also audible, especially the systolic one, at the ensiform cartilage and the manubrium sterni. In the carotids a murmur synchronous with the ventricular systole was easily detected, but it was heard but faintly at the back of the chest. At the apex a murmur was audible with the first sound, soft-blowing, and terminated by a prolonged second sound, of a muffled character, almost amounting to a murmur. The systolic sound heard at the apex was well propagated towards the axilla, but was heard faintly posteriorly.

The pulse-trace was taken on both radials and found to present the same characters.

That collected on the right radial is figured below:



Fig. 1.

For some time after his admission the man improved very much, but the œdema of the extremities and the difficulty of breathing from time to time became very urgent; blood reappeared in the sputa, and, in spite of remedies, the bad symptoms steadily increased during the early part of November. Effusion of fluid into the cavities of the chest and abdomen supervened, and the patient died suddenly, while sitting up in bed, on November 24th.

The post-mortem examination was made on November 27th. The legs were very œdematous, and there was evidently fluid in the abdomen. On opening the chest a considerable amount of clear serous fluid was found in the right pleural cavity; some few ounces were noticed in the left pleura. The pericardium also contained 12 oz. of the same. Both lungs were œdematous, and very much congested in the lower portions. Several spots of pulmonary apoplexy were also detected. The liver was of normal size, but somewhat

* Path Trans., Vol. III. *Edinburgh Journal*, Vol. XV., and Croonian Lectures for 1865, "On some of the causes and effects of Valvular Disease of the Heart."—Churchill.

† Reported by Mr. Jas. Sawyer, M.R.C.S.—Clinical Clerk.

congested. The spleen was small and unusually hard. The stomach was very much congested, its mucous membrane presenting a rich blood-colour; but there was no breach of surface. The kidneys were large and healthy. When the heart and thoracic aorta were removed for examination the former weighed 14½ oz. The left ventricle was evidently enlarged, and the aortic valves were incompetent. On opening the cavity of the left ventricle, the left semilunar segment was found to have been torn from its attachment at its junction with the posterior segment, but was still attached about one-fourth of an inch lower down. The injured segment contrasted, by its projection into the ventricle with the others, which were thickened, and rather closely applied to the aorta. It was perforated by two apertures, each about the size of a split pea, while the central part of the valve, extending from the corpus arantii to the attached edge, and separating these apertures, was pierced by smaller rents. The perfect apposition of the valves was therefore impossible, and blood freely regurgitated during life, not only below the edges of the valves but also through the apertures in the injured valve itself. On that part of the wall of the ventricle, immediately below the rents, a band of thickened lining membrane, about half an inch in length, extended downwards; the blood flowing through the ruptured valves impinged on this thickened band.*

The superior curtain of the mitral valve was thickened at its edge on the auricular surface. This thickening was about one-eighth of an inch broad, and uniform, except in one spot, where it was more prominent. There was also some slight roughening round the left auriculo-ventricular aperture, which measured 3.56 inches in circumference.

The cavities of both ventricles were much dilated, and their walls, especially those of the right ventricle, hypertrophied. The valves on the right side were healthy. The lining membrane of the aorta was shrivelled and atheromatous. The aorta was small, and its aperture was only 2.18 inches in circumference. The pulmonary artery was also small.

In this case, whatever doubt there may be as to the extent of the original injury, there can be none, I think, with regard to the cause of the inadequacy of the valves. I am inclined to think myself that, not only was the angle of the valve torn at the time referred to, but that the rents in the fold of the valve also had their origin at the same time, though subsequent inflammation, no doubt, rendered them more extensive. The sounds heard on auscultation in this case find an explanation in the above described conditions. I was due to mitral regurgitation, consequent on the dilated condition of the ventricle, and the thickening of the margin of the superior curtain of the valve. The peculiar prolongation of the second sound, sometimes almost a murmur heard at the apex, and which was at one time thought to be produced at the mitral orifice, was no doubt due to the propagation of the murmur produced by regurgitation through the injured valve. The pulse-trace, Fig. 1, is a striking trace of aortic regurgitation. From its vertical line of ascent, we learned that the murmur of the aortic obstruction was not due to any narrowing of the aortic orifice produced by rigidity of the valves or inflammatory deposits, and the hook-like process, with the sudden, but not considerable, fall of the trace after the summit, told us, that although there was decided regurgitation, it was not very copious.

Case II.—J. N., aged forty-nine, a bricklayer's labourer, presented himself among my out-patients at the Queen's Hospital, on September 21st, 1866, suffering from difficulty of breathing and palpitations of the heart, as well as from diarrhoea, for which he more especially sought relief. He complained that he had been ailing for some ten months, and he referred his illness to an effort made in endeavouring to raise a scaffold pole. He stated that while making this effort, he felt something give way in his chest, and he was seized by a sharp pain in his left side, which compelled him to desist, and made him feel very faint. The pain lasted a week or so, during which time he was confined to

the house, and had palpitation of the heart, and great shortness of breath. Ever since the accident he has been unable, on account of the palpitations, weakness, and dyspnoea, to follow his occupation. He admitted that at one time he had been rather intemperate, but stated that he had always enjoyed good health, having had no illness to mention before the accident. Of late he had lived very regularly. At the time of his admission his tongue was coated with white fur, and he complained of anorexia and occasional vomiting. There was no hepatic or splenic enlargement, but slight pain over the splenic region, which had been felt often during the past few months. Urine healthy.

His chest was well-formed, and the percussion sounds were good over the lungs. Respiratory sounds normal. Towards base of lungs occasional moist sounds were heard. The area of cardiac dulness was not increased; the apex beat was situated between the fifth and sixth ribs, but was very feeble. At the base a soft blowing murmur was heard with the first sound, and lasting throughout the first interval; the second sound was replaced by a slightly rougher murmur, which filled up about half the second interval. Both these murmurs had a subdued flapping character, as if one of the semilunar segments at the mouth of the aorta moved loosely with the blood current. This peculiarity particularly attracted my notice. At the apex the murmurs described above were slightly audible, but were not propagated towards the axilla. They could be heard at the ensiform cartilage, at the manubrium sterni, and over the brachiocephalic artery. The pulsations in the carotid, brachial, and radial arteries were visible. Pulse 60, slow and full.

The pulse-traces were taken, and indicated slight aortic obstruction, with regurgitation. The pulse-trace below



Fig. 2.

was taken with little pressure exerted on the radial artery, and indicated by its line of ascent, aortic obstruction. In the following trace (Fig. 3), when greater pressure was exerted on the vessel, the full force of the pulsa-



Fig. 3.

tion was registered, and the signs of aortic regurgitation were obtained. The increased amplitude of the pulsations in the trace (Fig. 3), the extended summit of each pulsation, the hook-like point not being followed by a sudden fall, render it a marked contrast to Fig. 1, and tell us that the regurgitation was not at all large; that a fair amount of tension existed in the vessels; and that atheroma had affected the larger arterial trunks at the least. The pulse-trace, Fig. 3, is indeed a very typical specimen of the form of the pulse of diminished arterial elasticity, combined with slight insufficiency of the aortic valves. The patient, after a few days' treatment, under which the diarrhoea subsided, ceased to attend the Hospital, so that no opportunity was afforded of verifying a diagnosis which the history of the patient, the sounds heard on auscultation, and the striking character of the pulse-traces rendered very certain.

Several interesting questions, which the study of the above cases suggests, I am unable to discuss in consequence of the length to which this paper has already extended.

4, Old-square, Birmingham.

It is stated that the use of horse flesh as human food is making progress at Nancy. M. Pineau, who has taken up the enterprise, has at present about a dozen horses fattening in his stables.

Hospital Reports.

ST. MARY'S HOSPITAL.

POPLITEAL ANEURISM; LIGATURE OF THE FEMORAL ARTERY.

Under the care of Mr. HAYNES WALTON,

SURGEON TO THE HOSPITAL, AND TO THE CENTRAL LONDON OPHTHALMIC HOSPITAL.

It is right that cases like this be recorded, because it is only by the gathering of facts from a variety of sources that our systematic writers can produce rules sufficiently valuable for the guidance of surgeons.

A patient, a female 24 years of age, was sent to St. Mary's Hospital by a surgeon who had intended to open what he supposed to be an abscess in the ham.

He was mistaken. Some blood flowed from the tumour, and very prudently he sent the woman, who was destitute, to a proper asylum.

Mr. Walton saw her on her arrival, and at once sent her to bed.

This proved to be a very obscure case. Mr. Walton made a very careful examination, and was a long time in coming to a conclusion. The tumour had all the appearance of an enlarged and inflamed bursa. It did not pulsate; it could not be emptied by pressure; and seemed to have a firm attachment to some part. Moreover, the circulation of the foot was not interfered with, and the dorsal artery could be felt in that limb as plainly as on the opposite side. Besides this, the history, which is as follows, was not like that attached to an aneurism. About a fortnight before pain was felt in the ham, and the patient discovered a tumour there; increasing pain induced her to seek medical relief.

The last method of examination pursued by Mr. Walton was this—he compressed the femoral artery while he pressed on the tumour, the effect of which was to partly empty it. Keeping his hand still on the tumour, and remitting the pressure on the femoral artery, he felt the tumour slowly to rise to its former size. This he knew was almost conclusive evidence of the existence of an aneurism, but inconclusive so far as a similar effect might be produced on a soft cancer.

However, he decided for the presence of an aneurism, and proceeded to treat it on the compression system, applying pressure to the femoral artery.

All along there had been a slight oozing from the wound made before the patient was admitted, but it was only enough to mark the piece of lint applied from time to time.

Two days after the pressure had been applied it was evident that it ought to be discontinued, on account of the swelling produced, the pain, excitement, and irritability it caused the patient, and the bleeding to which it seemed to give rise from the tumour. The hæmorrhage was such as to endanger life if not checked. Mr. Walton now tied the femoral artery in the upper third of the thigh, in the presence of a large number of students and others. The operation was very quickly performed in the usual way, there being no complications nor impediments. Everything seemed to progress well for a few days; the patient was relieved from intense pain; and the temperature of the limb was well maintained. The untoward symptom of suppuration in the sac now set in, associated with very considerable depression of the vital power, which rallied but little under full stimuli. The abscess burst, but as the aperture seemed insufficient, Mr. Walton enlarged it and evacuated a great deal of putrid material. On a second occasion he deemed it necessary to prolong the opening in another direction. After this a very great improvement took place in the patient, and there seemed a fair prospect of success. At two o'clock in the day Mr.

Walton said he believed she would recover. Four hours later this poor woman called to the Sister of the Ward, and said—"Sister, something has burst, and I am bleeding." In a few minutes she was dead.

A post-mortem examination proved the existence of a sacculated false aneurism. The cause of the hæmorrhage was evident. There had been no attempt at healthy repair. No fibrinous laminæ had formed in the sac, but merely coagulum, and so soon as this had undergone degeneration and suppurated away, the collateral circulation poured out the blood. There was no time for anything to be done.

MERCER'S HOSPITAL.

MEDICAL WARDS.

CLINICAL REMARKS: WITH CASES.

By WILLIAM MOORE, M.D. Dub., M.R.I.A.,

SENIOR PHYSICIAN TO MERCER'S HOSPITAL; VICE-PRESIDENT OF THE COLLEGE OF PHYSICIANS, AND LECTURER ON THE PRACTICE OF MEDICINE, &c.

"EXOPHTHALMIC GOITRE."

GENTLEMEN,—I think I cannot occupy your time more profitably on the present occasion than by giving you the details of some cases of unusual interest which we have recently had under our observation in this hospital, and the first case I shall bring before you is one of "Exophthalmic Goitre," which has been so carefully reported for us by Dr. H. G. Thompson.

John R., aged 25, a dyer by trade, was admitted into Mercer's Hospital on the 12th of the past month, complaining of a thumping and beating of his heart, accompanied with an occasional sense of suffocation and inability to attend to his ordinary business.

His family history is as follows:—His father is dead; he believes chronic bronchitis was the cause of death; his mother is alive and healthy, whilst all his brothers and sisters died of fever and diseases incidental to early life. The patient has been eight years at his trade, and was always a healthy man up to the occasion of the present attack, which commenced about a year ago in the following manner:—On going to his work on a cold frosty morning he felt chilly and turned into an eating-house to have a cup of coffee; he then went on to his work. When he got to his place of business he became giddy and inclined to faint. This passed off, but again returned, when he remained unconscious for half an hour. On being brought home he was able to tell his wife what occurred, when she immediately concluded that he was poisoned by the coffee. An emetic was given to him, which acted severely; but his wife still remaining dissatisfied another emetic was administered, which, as the patient states, "kept him vomiting from Saturday till Monday."

On admission into this hospital he complained of violent palpitation, which was increased by the least exertion or excitement; his eyesight was so far impaired that he could not define objects a few yards from him, whilst the eyes were prominent, and occasionally felt full and painful on being touched; the pupils were normal; he suffered from giddiness; his lips were livid, and his face slightly swollen; the jugular veins were very much dilated, especially when he was excited by our coming round his bed and on asking him questions, but as he quieted down they subsided. There was visible pulsation of all the deep-seated vessels of the neck, and the tilting of the heart against the walls of the chest was very apparent. The thyroid body was enlarged and pulsated, the left lobe especially, so much so that he was unable to bear his shirt buttoned. The chest generally was clear on percussion, except over the præcordial region, where dulness was well marked, and where distinct frotement was communicated to the hand. The stethoscope revealed

a systolic bruit over the base of the heart and in the vessels of the neck. The pulse, under excitement, could scarcely be reckoned, but when the patient quieted down it ranged about 96. The urine was scanty, specific gravity 1025; contained no albumen.

The treatment we employed was fifteen drops of tincture of digitalis three times a day, and the application of an ointment of digitals over the præcordial region, whilst a small blister was applied over the lowest cervical and upper dorsal spines, the "cilio spinal region." Under this treatment the palpitation and pulsations generally abated, and the circumference of his neck sensibly decreased, whilst his pulse became slower and more regular; in short he left the hospital, as he stated himself, "greatly improved."

Now, this is a type of a class of cases which cannot be said to be of very common occurrence, and which are now generally admitted to be of nervous origin, the vaso-motor system playing the most conspicuous part; and pathology has recently further strengthened this view, inasmuch as Schiff, Bernard, and others, have proved that diseases of the sympathetic system induce in the organs more immediately under their influence, changes which eventuated in atrophy, the texture of the various organs from impaired nutrition, being replaced by fat and cellular tissue; and this condition, in several instances, has recently been found associated with the symptoms, and physical signs I have detailed to you. As regards the prognosis of the disease, my own experience induces me to regard it on the whole as favourable, still the proclivity to relapses cannot be overlooked, which no doubt sooner or later entail organic changes; but, everything considered, the disease is usually amenable to treatment, more especially in females.

Of the remedies I have found most efficacious I should say "digitalis" was the first on the list, in doses of fifteen or twenty drops of the tincture three or four times a day, whilst at the same time it may be applied locally over the region of the heart. Bromide of potassium I have also found useful in half drachm doses, where menstrual irregularity was a complication, and should anæmia co-exist the bromide of iron is indicated. Viewing the disease as vaso-motor or sympathetic in its origin, I should recommend the application of counter irritants over the cilio-spinal region.

(To be Continued.)

LONDON HOSPITAL.

HERNIA PROTRUDING BETWEEN THE FEMORAL ARTERY AND VEIN.

(Under the care of Mr. LITTLE.)

A WOMAN, aged 61, was admitted at nine P.M., January 12th, with a tumour in the groin, and the history that four days ago when lifting a bedstead she strained herself, and had since found a lump in her thigh, which she had never noticed before. Has not been able to keep any food down for three days, nor have the bowels acted, although she has taken "nineteen pennorth" of medicine. There was a tumour the size and shape of a walnut lying below Poupart's ligament, and with its long axis parallel to that band; it was extremely hard and without impulse on coughing. The abdomen was tense, distended, and painful when touched. The patient was weak, cold, her pulse 96 and not easily compressible, and she vomited frequently. Mr. Little, who saw the patient soon after her admission, decided to operate at once. The tumour was freely movable under the skin, and seemed fixed by a constricted neck at the femoral ring. An incision was made over and to the inner side of the femoral ring, and some of its inner fibres divided. On handling the tumour

with the expectation of reducing it, its supposed neck entirely came out of the femoral canal, leaving that space quite free and unoccupied, and the little finger could be pushed up into the abdomen. It now seemed as if the tumour were not a hernia at all, but on exposing it more freely its outer part was seen to terminate in a constricted portion which proceeded from the abdomen under Poupart's ligament, and between the femoral artery and vein. The neck was tightly compressed by the ligament, some fibres of which were divided. The tumour was notwithstanding still reducible, so the sac, which was extremely thin, was opened, and seen to contain a knuckle of small intestine of a dark maroon colour, ecchymosed, and with some lymph on its surface at one spot. A large quantity of nearly clear fluid escaped from the abdomen, and the gut withdrew spontaneously from view. The wound was brought together and bandaged, and two grains of solid opium given. The patient had no more sickness. She took two grains of opium a day for four days to keep her intestines at rest; on the ninth day after the operation the bowels acted naturally without medicine. She recovered with no bad symptom, and was discharged February 20th, when there seemed no disposition to hernia, but a weak truss was applied as a precautionary measure.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

Dr. LYONS'S CLINIQUE.

The several cliniques of this great institution continue to furnish, as ever, a most ample field of observation and research.

In Dr. Lyons's clinique we have recorded the following observations:—

Fever.—Typhus and typhoid fevers have prevailed through the summer and autumn in somewhat lessened numbers, but with well-marked and perfectly typical examples of both diseases, and occasionally of very malignant character. The supervention of the one disease on the other (typhus upon typhoid) has been noticed in a former report. In two instances diphtheria existed as a complication, with fatal result in one case.

Eruptive Fevers.—There would appear to have been a very decided diminution in this class of zymotic diseases, Dr. Lyons's wards having presented but one example of this group of fevers during the past three months. It was an instance of scarlatina in which the arthritic complication became developed, constituting the Dengue of the West Indian observers. The patient made a complete recovery without cardiac or renal engagement.

Use of Chlorate of Quinia.—Further experience of this valuable agent (the introduction of which is due to Dr. Lyons, it will be remembered, and which was first made known to the profession in our pages) has confirmed the views entertained by its inventor. In all the graver forms of typhus, typhoid, scarlatina, small-pox, low phlegmonous inflammations, &c., &c., it has been employed with results of a highly satisfactory character, both in hospital and private cases. It appears to exercise a marked influence in controlling the circulation, sustaining its force, while its rate is diminished. In a case of low typhus with extremely feeble heart and a pulse at 144, the exhibition of a ten-grain dose brought the pulse down from twelve to fifteen beats within an hour after its administration. A case of severe small-pox was treated with it from the outset, in which the pulse never ran above ninety. It is usually administered by Dr. Lyons in a dose of from three to five grains, dissolved by the aid of a like number of drops of perchloric acid.

Cholera.—A total of 238 cases of true cholera have been admitted into this institution since the first outbreak to the present date. The mortality has amounted to 129,

over 50 per cent. Comparing it with other epidemics which he has witnessed at home and abroad, Dr. Lyons remarks on its high mortality by directly fatal issue in the acute stage. Suppression of urine has occurred in a very considerable number of cases, some of which have been successfully treated by active diuretics, the protracted use of the warm bath (thirty minutes). In but an exceedingly small number of instances has true secondary fever been developed, and in no single instance in this epidemic has it occurred to Dr. Lyons to meet with a case fatal by secondary cholera-typhoid, so formidable and so frequent a complication in other epidemics (notably in that amongst the French troops in the East during the Crimean war, in a less proportion amongst the English forces at the same epoch).

Delirium Tremens—Treatment by Capsicum.—Further experience in the use of this somewhat novel remedy has satisfied Dr. Lyons of its value and efficacy. Its success when morphia had entirely failed has been already noted in our pages. Since then it has been employed repeatedly, and with like excellent results. It may, therefore, be confidently recommended as a safe and judicious remedy for general use in this malady. It produces, says Dr. Lyons, a sense of warmth and comfort in the stomach when first taken, allaying the agitation, debility, and cardiac and epigastric anxiety, which are such constant and distressing features of the disease. In from twenty to thirty-grain doses, made up in bolus with honey of roses, it can be taken without inconvenience, and in from one to three hours will be found to produce sleep, from which the patient awakes conscious and convalescent. A recent and very striking case in the Whitworth Hospital, under Dr. Lyons's care, fully confirms these observations.

Syrup of the Phosphates of Iron, Quinine, and Strychnia.—This very excellent therapeutic agent continues to be a favourite remedy in the hands of Dr. Lyons, who reports the most important results of its use on a large scale in private practice. It is applicable to the treatment of a large variety of affections in the child and the adult, the male and the female. It promotes appetite, facilitates digestion, improves the tone of the nervous, vascular, and muscular systems, and may hence be employed with good effect in the debilitated strumous habit in the child, the anæmic and chlorotic states in the female, the low conditions of debilitated frame and broken-down constitution in the adult male, and as an invigorator of cardiac action in those of leuco-phlegmatic temperament, and in cases in which fatty change has commenced to manifest itself in the heart's muscle, after the meridian of life, Dr. Lyons states that he knows of no combination comparable to it. As prepared by his directions, it contains per drachm one grain each of the phosphate of iron and quinia, and one-thirty-second of a grain of the phosphate of strychnia. It may be given in drachm doses to the child of five years old, twice or thrice daily, and commencing with this dose for the adult it may be gradually increased to twice or thrice the quantity named.

Hypodermic Injection.—We have seen this mode of employing remedial agents admirably employed by Dr. Lyons. In the use of the salts of strychnine for the treatment of paralytic lesions, he reports very favourably of its effects. The following instance of its beneficial use has been repeatedly introduced to the notice of his class. The patient was a favourite dorking cock, a bird of very fine figure and plumage. It became, from an unascertainable cause, afflicted with complete paralysis of both legs, and was fast passing into a condition of extreme neurasmus, thickly covered with the peculiar lice which infect this fowl; and it was manifestly fast pining out of existence. About one-twelfth of a grain of the phosphate of strychnine was carefully injected into one of the legs, on a certain day; in three days subsequently a like amount was introduced into the opposite limb. In less than a week the animal completely recovered the use of both limbs; it quickly regained activity, and improved in flesh and form. The bird, we are informed, continues healthy and thriving, after an interval of a couple of months.

Case of Pure uncomplicated Double Bell's Paralysis.—Amongst the most interesting cases which for some weeks has been the theme of comment and study in Dr. Lyons's wards, has been a well marked example of this extremely rare affection.

The patient is a man of fine vigorous form, aged 28, previously healthy, and of by no means generally intemperate habits. About two months since, after a drinking bout, he lay all night on a damp floor, exposed to a severe draught, blowing on his face. When he came to himself the next day he found that the right side of his face was paralysed, and in less than a week subsequently the left side became engaged. He now became seriously alarmed at his condition, and sought admission into hospital. In the state of extreme apprehension and dejection of spirits from which he now suffered, and with the totally expressionless aspect of all his features, the congested eyes and formless pendant and drivelling lips, and imperfect speech, the first impression left on the mind was that produced by a patient labouring under profound centric cerebral lesion with general paralysis; and Dr. Lyons confesses that he was all but inclined to consider the case unfit for admission except to some asylum for incurables. Careful exploration satisfied him, however, of the complete absence of any paralytic lesion than that of the portio-dura at both sides. It was not, however, for some days that this opinion could be fully confirmed. The sense of touch, taste, smell, hearing, and sight were rigidly tested and found to be perfect. There existed the incapacity to close the eyes, while the lower lip hung so powerless that in shaving he had to adopt the expedient of fixing it by the teeth. Mastication and swallowing of food were rendered necessarily difficult and troublesome by the lodgment of parts of the alimentary bolus and fluids in both dental arcades, while all words involving the articulation of the labials were pronounced exceedingly imperfectly. The paralysis of all parts of the face dependent on the seventh pair was complete and extreme. After suitable preparation of the system the patient was placed on the use of nux-vomica; half a grain of the extract subsequently increased to one and a-half grains was given in pill three times a day. Blisters were applied over the root of the pes-anserinus, and dressed with an ointment containing two drachms of nux-vomica to the ounce. In about three weeks the left side of the face, that which was last affected, gradually and finally got well, and perfect power was restored to all its parts. The right side proved much more obstinate and rebellious to treatment. He was repeatedly blistered, hypodermic injection of strychnine, about one-twentieth of a grain was repeatedly employed, and finally electricity was used for a protracted period. A slow, but very decided gradual amendment became perceptible, and every one of the affected muscles re-acquired a certain amount of power, both zygomatics, the levator labii, superioris alæque nasi, corrugator supercilii, orbicularis palpebrarum, and oris being severally capable of being thrown into partial action at will. Amendment steadily progresses, but at this time is not yet fully completed. This case is one of unusual interest from the obscurity of it, and the difficulty of the diagnosis at the outset, the usual contrast in muscular power and expression which so facilitates diagnosis in the ordinary form of one-sided Bell's paralysis being here wanting. Of the rarity of the affection in its double seizure some opinion may be formed, from the fact that no mention is made of it in the works of Watson, Trousseau, or Aitken, and M. Devaine appears to have met no case, except in connection with centric cerebral lesion, and complicated with paralysis of the fifth and other nerves, resulting therefrom.

DEPUTY-INSPECTOR DR. ANDERSON, R.N., who was recently transferred from Malta to Haslar Hospital, has been again transferred to Melville Hospital, Chatham, in consequence of the vacancy caused by the promotion of Dr. Armstrong, R.N., to full inspectorial rank.

NOTICE.

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The Medical Press and Circular.

“ SALUS POPULI SUPREMA LEX.”

WEDNESDAY, DECEMBER 19, 1866.

THE EDITOR TO THE PROFESSION.

A COPY of the present number of THE MEDICAL PRESS AND CIRCULAR is forwarded free to every medical man in England, Ireland, and Scotland, as well as to a large number on the Continent of Europe, in America, and the Colonies.

Our object in incurring this large expense is once more to lay our programme before the whole Profession, with a view of showing how far we merit its support. The Journal comes before them as no new venture. THE MEDICAL PRESS had been established more than twenty-six years when its proprietor purchased THE MEDICAL CIRCULAR and amalgamated the two periodicals, at the commencement of the present year. At that time a very large gratuitous issue was distributed by way of apprising the Profession of what had been done, and a special edition for each of the three Kingdoms commenced. The difficulties of so extensive an undertaking were not easily surmounted; but, encouraged by the support of our numerous subscribers, we have lately ventured on a considerable addition to our staff. What has been the effect of this we leave the constant reader to determine, on a comparison of the current volume with the one that preceded it. Casual readers must judge of the change by comparing this number with our gratuitous distribution last January.

Those who have observed any improvement will, no doubt, be gratified by our new announcements. With the coming year we enter on a New Volume—we may, in fact,

say a NEW SERIES—and have made all our arrangements for a still better appearance. Our editorial and literary expenses will be largely supplemented; and in order to do them justice we have invested in several founts of new type, and incurred other liabilities. We therefore feel confident of a larger success.

Mere promises do not furnish that claim to consideration which is due to a fair amount of performance. It is for this reason that we prefer to appeal to what we have done in the last few months as an earnest of what we hope to accomplish. It can scarcely be denied that there is ample scope for a well conducted medical journal. With our special edition for each of the three Kingdoms, we occupy a position which is altogether undeniable. It has been stated over and over again that the Profession wants a thoroughly respectable, representative organ, conducted with honesty, independence and spirit. This want it is our purpose to supply. Those who may be familiar with class journalism well know the difficulties that lie before us, and those who desire to possess an independent organ will not be slow to offer us their support.

Only the other day, in a conversation with one of our most distinguished hospital surgeons, we were reminded that if we could afford to be “respectable” a bright future was before us. After investigating all the meaning he attached to the word, we declared that we were endeavouring to carry out his idea. He told us, what we well knew, that too much of medical journalism was conducted in a trading spirit, and that to be thoroughly respectable would probably entail temporary, pecuniary loss. This we are prepared to incur, and, in order to sustain the character of THE MEDICAL PRESS AND CIRCULAR, we have already made sacrifices that we by no means regret.

To descend from generals to particulars: As already stated, in order to raise the tone of the journal we have considerably increased our staff. An additional corps of experienced writers has been obtained. We have secured the services of gentlemen accustomed to write for the literary and scientific periodicals—contributors to the daily, weekly, monthly, and quarterly press. Thus we shall be able to offer our readers a greater variety of original matter, and this clothed in all the attractions of literary grace.

In our Leading Columns we shall, as warmly as for the last twenty-seven years, champion the rights of our profession, and uphold the claims of its members to the respect, confidence, and gratitude of the public.

Our Original Communications will probably yield to those of no other journal in interest and practical utility. Promises of support from many of the leading Hospital Physicians and Surgeons of London, Dublin, and Edinburgh offer a sufficient guarantee of the value of this department. Not a few of the subjects originally thought out in such papers will doubtless become classical, while clinical lectures from such sources will be

worthy of the attentive study of both students and practitioners.

In the department of Hospital Reports we shall continue to record a number of the more interesting cases that are seen in the wards of the great hospitals of the three capitals. To these we shall at all times be pleased to add such cases as may be sent us from provincial hospitals.

Perhaps this is the most appropriate place to state that we are ready to publish instructive cases, with or without comments, from private or parochial practitioners. We are well aware how large an amount of valuable information is always running to waste, not only in our towns, but in the country districts—how many of our country brethren perform the capital operations, and meet with other cases that are of equal interest to those selected from the metropolitan hospitals. We invite them to record their experience in our pages, or at least to place the rough notes they may have preserved at the disposal of the Editor of our Hospital Reports.

We may here pause to call attention to a somewhat new feature in our journal: Imbued with the hope of making it as useful as possible, we have worked hard to render it thoroughly practical. To the Hospital Reports and Original Communications we have recently added another kind of special reports. In these the material is so grouped as to illustrate points of interest more fully than the isolated cases of ordinary Hospital Reports can possibly do. The condensed Clinical Address in our present number by Dr. CLARK is partially of this nature; a more characteristic specimen is the Special Report on the Treatment of Cholera by Injections into the Veins, which has appeared in our columns during the last few weeks, and created so much interest. Other finished Clinical Reports of this kind, specially prepared for THE MEDICAL PRESS AND CIRCULAR by experienced writers, will be published from time to time, and cannot fail to prove one of the most attractive features introduced into medical journalism.

As to Medical Literature, how many complaints have been made that the reviews and notices of books in most medical journals are unsatisfactory in the extreme! At an assembly of the writers for one of the most critical of our literary and political journals this was remarked to us a few weeks ago, and we were assured that criticisms in medical periodicals were generally believed to be governed by the most execrable motives. It was broadly asserted that "medical literature is divisible into two classes—1st., the organ of a clique or a society; 2nd, the mere publishers' or booksellers' hack." On the part of THE MEDICAL PRESS AND CIRCULAR we proudly repudiated the notion, and explained our position. Our connections in England, Ireland, and Scotland afford us the opportunity of allowing one country to pronounce on the productions of the other. Rival schools and hostile cliques there may be in each capi-

tal, but these are strictly local, and it is easy for us to secure fair criticism for writers by forwarding their books for review to one of the other cities, where the prejudices of their own locality cannot obtain.

Moreover, we number on our staff literary and scientific gentlemen whose opinions on books must be of value, apart from mere professional status, and it will be our endeavour in the Reviews—a department in which we hope to maintain our reputation for just discrimination—to make them infinitely more worthy attention than heretofore. Nor do we purpose to confine our criticism to strictly professional works; every book that comes before us, and which we think may interest our subscribers, will receive a certain amount of attention at our hands.

Our columns are open to Correspondence on all subjects interesting to the Profession at large, and no letter will be rejected on account of the opinion it may express, each correspondent being of course answerable for his own writing. Many complaints have reached us respecting the impossibility of obtaining fair play by the insertion of letters in certain journals. We can only say that in THE MEDICAL PRESS AND CIRCULAR the Profession possesses an open arena for all comers—"a fair field and no favour" to either men or their opinions.

In the Foreign Department THE MEDICAL PRESS has long been pre-eminent—a position we are determined to maintain, as we believe it is of the utmost importance that the Profession should be kept *au courant* with what is doing abroad as well as at home, and the busy practitioner spared the expense of many journals, and the toil of reading foreign languages.

If any proof were needed of the value of the Foreign Department of THE MEDICAL PRESS AND CIRCULAR, we should not hesitate to omit all reference to French, German, and other more generally known languages (which we have, nevertheless, not neglected), and point to translations from the Swedish, Danish, &c., with which that learned physician and Scandinavian scholar, Dr. W. D. MOORE, has frequently adorned our pages, and whose invaluable communications will continue to occupy an important place.

We have already gone so lengthily into our intentions that many minor matters can receive no mention. We must, however, beg that the reader will accept this number as a token of our fixed unalterable determination to make THE MEDICAL PRESS AND CIRCULAR all he could desire. To any suggestions offered we shall always be open. Indeed, we invite every kind of co-operation in our effort to raise medical journalism to the level to which it is justly entitled, and to establish a periodical worthy to represent the noble and God-like Art of Healing in all its various branches, in its many aspects to its several members, and in all its changing relations to Science, Literature, and the Arts, as well as to the great Commonwealth to which we belong.

ON THE PREVENTION AND TREATMENT OF CHOLERA.

ABOUT a year ago (January 10th, 1866), we warned the Profession that, according to all previous experience, an epidemic of cholera was impending; and we may now add that, according to past experience, we are not yet nearly done with the epidemic which now rages. It is of importance, therefore, to take stock of our experience, and ascertain what we have learned as to the prevention and treatment of cholera. In our former article we summarised the leading articles of our faith in regard to these particulars by stating that, with a bottle of Condy in every house and a box of opium pills in every man's pocket, we might bid defiance to the cholera, and our late experience has but confirmed the doctrine that cleanliness and disinfection are our surest safeguards, and large, full, and early doses of opium (in the stage of premonitory diarrhœa) a safe and almost an unfailing specific. To insure a thorough removal of all noxious materials, it is necessary to have a careful inspection of each district by a party free from local interests and prejudices; without that the work will be only half done, if done at all. We are acquainted with a country district which suffered in all preceding epidemics; the local inspector gave a most flattering and favourable report of the sanitary condition of the district; the local Board of Health, however, aware that prevention is better than cure, thought right to request a gentleman wholly unconnected with the district to inspect it for them. The result was, that the local inspector's own premises were found to be in a most unsatisfactory condition, while no less than *forty cart loads* of filth were taken out of about two or three hundred yards of a burn, running, partially closed in, in front of one street of the chief village, and acting as its common sewer. The sanitary state of the district was made really secure under efficient inspection, and the consequence is, that it has entirely escaped; one case, the infection of which was probably imported, is all that has occurred within it. The man died, but his bedding was burned, the house disinfected, and it spread no further there. The father of this man, however, came from Fife to attend his son's funeral, and he returned to die of cholera in his own village, and in it and the two or three neighbouring villages, the sanitary state of which was wholly neglected, nearly three hundred deaths have occurred within the last two or three weeks. Again, one village in a closely-adjointing district suffered severely during the last epidemic. They contented themselves with the inspection of local officers. Cholera broke out, and in three days carried off fifteen of its inhabitants. The sanitary condition of this village was found to be most defective, and the drinking water contaminated by nitrates.

These facts, as well as many others which we have not space to quote, efficiently prove that a sound sanitary condition is an effectual safeguard, and that the best

mode of preparing for cholera is not to dig graves, as the French Maire did when warned by his Prefect that cholera was approaching, but to insure by careful inspection rigid cleanliness of houses, persons, and drains, as well as an ample supply of pure water for cooking and drinking. The history of the present epidemic in Edinburgh, when it comes to be written, will show how much we owe to our ample supply of pure water, as well as to the efficient inspection and active preventive and stamping-out measures which have been so ably carried out by that energetic Medical Officer of Health, Dr. Littlejohn, to whom the community owe a debt of gratitude, the amount of which can, unfortunately, be only properly estimated by the initiated members of the Medical Profession.

In regard to the treatment of cholera, the almost universal testimony of all who have had any practical acquaintance with this disease is in favour of its being readily and easily checked in the stage of premonitory diarrhœa by large and full doses of opium, sufficiently frequently repeated till all rumbling has ceased. After the disease has passed into the stage of collapse, however, we find the utmost discrepancy prevailing as to what is to be considered as the most efficient remedy, there being hardly a drug in the Pharmacopœia which has not its advocates and its list of cures. After a certain lapse of time, indeed, under all systems of treatment, a certain amount of reaction sets in, and the patient either recovers, sinks into coma, or dies exhausted; and it is probable that, *cæteris paribus*, he has the best chance of recovery when there is no chance of the healthy natural process of convalescence being interrupted by the secondary absorption (as it may be termed) of a mass of drugs poured into the system during collapse, when absorption is more or less in abeyance, and which, if active at all, must act more or less injuriously when the circumstances which called for their employment have passed or are passing away.

The treatment of cholera may be included under three distinct methods—that by eliminants, including all purgatives; that by salines; and that by neurotics. The theory of elimination is based upon the fact that the most sudden and severe cases of cholera are those unattended by vomiting and purging. We acknowledge the truth of this fact, but we think it may be otherwise more satisfactorily explained, and we say that if elimination be a true remedy for the fully developed disease, it ought, *a fortiori*, to be a still more efficient remedy for it in its nascent stage, and ought, therefore, to cut short, *tuto, cito, et jucunde*, all choleraic and premonitory diarrhœa. All practical experience, however, backed by copious statistics which we have not room to quote, is opposed to this doctrine. The elimination theory may, then, be put summarily out of court, and we only add that it is inconsistent with our practical experience of all diseases of the same class as cholera (the zymotic), and at variance with the doctrine of zymosis itself; for, as we may almost empty a vat of its fermenting contents

without checking the process of fermentation in what remains, so we may drain the body of its fluids, but by so doing we do not check the zymotic process in what is left, though we manifestly lessen the powers of the organism to complete this process, and diminish its chance of surviving its completion.

The treatment of cholera by salines is a most wonderful episode in its history, and its effects are most remarkable, whether we consider the fact that the saline constituents of the blood are not diminished, or the extraordinary results attained alike by most copious injections of saline fluids into the veins, or by comparatively trifling injections into the cellular tissues. In former days the infusion of many pounds of saline fluids into the veins often brought back apparently the most hopeless cases from the gates of death; in more recent times the injection of a single ounce of a saturated solution of chlorate of potass has been attended with a similar result; in both cases the cramps cease, the colour returns, and the heat is at least partially restored, and yet the ultimate success has not been such as to warrant us in concluding that salines are a cure for cholera. In recent times the saline remedy which has been most largely employed with the most sanguine expectations as to its probable efficacy has been the bromide of potassium. Like all other salines, it has relieved the cramps, restored the colour, and the temperature has also at least partially returned, the urine being secreted more or less copiously, but remaining of a low specific gravity, and yet the ultimate results obtained have not been such as to warrant us in saying that the bromide of potassium is a cure for cholera, while the large doses in which it has to be administered, three grains every hour or half hour, have awakened grave doubts in the minds of many whether, if it be—as it seems to be—a powerful sedative to the nervous system, some, at least, of the many cases of coma following its use may not have owed their severity, if not their occurrence, to the absorption of the large quantity of this drug.

The last mode of treatment—that by neurotics, including opium—is that which probably has at the present time the greatest number of adherents and can boast of the largest number of cures, and it is to that class of remedies we would desire to direct the attention of our professional brethren as that in which we are most likely to find a solution to this mystery—a cure for cholera. Almost all medical men, we believe, who have reflected at all upon the nature of cholera are agreed that it is a neurosis, the fatality of which, though complicated and increased by serous discharges from the stomach and intestines, is not solely caused by those, but is often most sudden and remarkable when they are almost or entirely absent. In such cases the symptoms all point to a complete cessation of all the vital processes of nutrition and secretion, the result being internal congestion, with paleness or blueness of the external surface and depression of the vital

heat, accompanied by cramps. What is the nature of the neurosis which causes these symptoms, and how may it be remedied? The researches of BROWN-SEQUARD have taught us that cramps, spasms, and convulsive movements are produced by the circulation in the spinal cord of venous blood, the spasm, diarrhoea, morientium, and convulsions of those dying asphyxiated affording us the most common examples of this, to this class the cramps of cholera unquestionably belong, and we may set them aside as a necessary but subsidiary phenomenon. The other phenomena whose explanation we seek may all be comprehensively included under the common term cessation of the nutritive acts; but these we know are not the result of any influence emanating from the nervous system, but are produced solely by the influence of certain specific stimuli upon certain specific susceptibilities, which the nervous system is created for the purpose of co-ordinating in accordance with the requirements of our complex organism. When these nutritive acts cease, therefore, it is not because the nervous system ceases to supply nervous influence, but because it is stupified, benumbed, as it were, by the poison of cholera, and so rendered incapable of performing its part in that wonderfully complex machine, our organism; and as we cannot eliminate the poison of cholera artificially any more than we can that of any other of the class of zymotic diseases, but must content ourselves with obviating the tendency to death till it is eliminated by natural processes, so in this case our greatest hope would seem to lie in the employment of such neurotics as tend to maintain and increase the vital activity of the nervous system, and especially in such as increase its sensitiveness to stimulant impressions, and it is in this direction we believe that the most hopeful results are to be expected. The researches of BROWN-SEQUARD, BONNEFIN, and others, have taught us that morphia and opium greatly increase the reflex activity of the cerebro-spinal system, and opium, we know, has proved by far the most useful remedy in cholera, particularly in its early stage; to this its astringent action has probably contributed not a little by retaining within the system the vital act, while its narcotic action has been its chief drawback, as tending to complicate and even increase many of the most serious symptoms. But there is another remedy which possesses all the beneficial neurotic actions of opium without any of its injurious tendencies, and that is strychnine, recommended long ago by M. ABVILLE, who cured ten out of twenty-four severe cases by its means, and who states that the development of its physiological symptoms was always attended by removal of the symptoms of collapse. It has been altogether lost sight of in recent times. Quite lately, however, it has been employed with marked success in Japan, by Assistant-Surgeon W. HEUSMAN, and also by Dr. BALFOUR at Leven. The latter gentleman states, that its

use is followed by speedy cessation of the cramps, by mitigation of the purging and vomiting, and by return of the pulse to the wrist, even though it may have been absent for hours, as well as by copious secretions of urine.

The type of the disease at Leven was of a most severe character, attended by comparatively little vomiting and purging, the cramps not severe, but the patient speedily sinking into complete collapse. Nevertheless, of twenty-four patients thus treated, nine recovered, while of those who died, three were from 70 to 80 years of age; two above 60; one had long-standing disease of the uterus and chest; and others were greatly deficient in stamina, while all those who recovered were completely collapsed, and several had no pulse at the wrist for three or four hours. The treatment adopted was one drachm of laudanum at first, and if the disease went on one-quarter of a grain of strychnine in solution, at first followed by one-eighth of a grain every hour and a half or two hours till the physiological symptoms (twitching of the muscles) were manifested, when recovery set in. The previous use of opium does not interfere with the action of the strychnine; but, on the contrary, from the correlation of their actions on the spinal system, aids it. Even though our short notice may not have made out a conclusive case for the use of strychnine, we think that the history of the disease and of its treatment warrants us in pointing to the class of neurotics as that in which we are most likely to find a cure for cholera, and we entertain great hopes that a more extended trial will only confirm the present apparent success of strychnine; meanwhile, it certainly saves us from the reproach of having no remedy we can safely employ during the stage of collapse.

CHOLERA.

THE solitary death reported in our last number as having taken place since the issue of the Registrar-General's returns for the week previous, of course appears in his return for the following week, which ended on Saturday the 8th inst. We are glad, however, to add that it forms the only unit for that week, which was the 49th of the year. The death in question was that of a labourer's child, two and a half years old, and took place at Poplar. During the last five weeks the deaths from cholera have declined as follows: 67, 32, 8, 3, and 1.

The total mortality of London during the week was nevertheless above the estimated average by 59, the deaths registered having numbered 1584. The excess, is however, accounted for by bronchitis, which at this season of the year always increases in fatality.

In the supplement to the weekly returns published last Wednesday, there are many interesting details respecting the late epidemic, of which we present our readers with the most important. It appears, first of all, that the deaths by cholera in each district to every 10,000 inhabitants were as follow:—In St. George, Hanover-square, 2 in 10,000 died of cholera; Chelsea, 4; Westminster, 6; Marylebone, 3; Kensington, 4; all on the

north side of the Thames, and supplied with water by the Grand Junction, the Chelsea, and the West Middlesex Companies.

The following districts on the south side of the river were supplied by the Southwark and by the Lambeth Companies, and the deaths by cholera to 10,000 inhabitants were in Newington, 3; St. George, Southwark, 7; Wandsworth, 5; Camberwell, 6; Rotherhithe, 9; Lambeth, 7; St. Olave, 9; Bermondsey, 6; St. Saviour, 7.

The New River, taking about 82 per cent. of its water from the river Lea, supplies St. Martin-in-the-Fields, where the deaths were 4 by cholera in 10,000 inhabitants; in the City of London, 5; West London, a part of the City without the walls, 12; Strand, 7; Islington, 4; Holborn, 6; St. Luke, 16; St. Giles, 10; Clerkenwell, 11. In Pancras, chiefly supplied by the New River, the deaths were 6; St. James's (Westminster), 4; Hampstead, 1.

In these, as well as in other instances, it will be observed that the Registrar-General continues to place beside the figures showing the mortality a statement respecting the water supply, and as we have previously remarked upon all the facts and theories in relation thereto, it will not be unfair to again place these returns before our readers in the same juxtaposition, merely premising that we doubt very much whether the East London Company "will now be willing to relate all the circumstances," which the Registrar-General seems to anticipate. We shall therefore give such facts as we find in the supplement.

The East London Company draws all its water from the river Lea, but it has pumps at two different stations, the one at Lea-bridge, and the other two miles below, at Old Ford, where it has a small covered reservoir and two open reservoirs in "dangerous proximity" to the Lea, at a point where that tidal river is full of foul sewage; the deaths here were at a very different rate—namely, 63 in Bethnal-green, 65 in Mile-end Old-town, 93 in St. George's-in-the-East, 85 in Poplar, 78 in Whitechapel, 111 in Stepney. There are two sub-districts on the east side of the Lea, also supplied by the East London Company, and the deaths were at the same rate as on the west side.

In three districts supplied partly by the New River, and partly by the East London Company, the deaths were in intermediate proportions—namely, 13 in Shoreditch, 12 in Hackney, 16 in East London district, which is a part of the City of London without the walls.

The evidence of the value of improved water supply afforded by the experience of the South London districts in 1849 and 1854, has been so often commented upon that we are tempted to complete it by extracting the figures relating to those years compared with the present. In 1849 both the Southwark and Lambeth Companies supplied the foul water of the Thames, loaded with sewage, to their districts. The Lambeth Company got purer water from the Thames above Teddington Lock before 1854, but the Southwark Company only succeeded in supplying the purer water after the year 1854. In the present year both companies have supplied this better, if not perfectly pure water, of the Thames; while the shallow pumps have been dried up by the drains—with the following remarkable results:—The deaths by cholera to 10,000 inhabitants of South London were 120 in the year 1849, 87 in 1854, and 8 in the year 1866. From cholera and diarrhoea the deaths out of the same numbers living were 142, and 104, and 15! As the water improved the deaths declined to this marvellous extent. Similar, if less striking, evidence

of the effects of pure and impure waters is supplied by the experience of the other London companies.

To the above facts it is necessary to add the following, in reference to the latest outbreak at Woolwich:—

In Lewisham, including Plumstead and Charlton, the deaths by cholera were 6 in 10,000 inhabitants; in Greenwich, Deptford, and Woolwich, 20; both these districts are supplied by the Kent Company in conjunction with the Lambeth and the Southwark Companies.

A most gratifying and conclusive proof of the good effects of improved water supply is afforded by the experience of the South London districts, which were undrained and were supplied with the foul sewage water of the Thames by the Southwark and Lambeth Companies in 1849.

Professor Frankland has analysed the water of the East London Company, taken at the Stamford hill reservoir on the 8th of November, with the following results:—The solid matter in 100,000 parts, 31.30; organic and other volatile matter included in the preceding, 1.28; oxygen required for oxydation of organic matter, .0467; degrees of hardness, 21.7.

From the other figures, in relation to the public health during the week, we select the following:—

The annual rate of mortality in the week was 27 per 1000 in London, 29 in Edinburgh, and 29 in Dublin; 26 in Bristol, 25 in Birmingham, 31 in Liverpool, 29 in Manchester, 27 in Salford, 29 in Sheffield, 36 in Leeds, 30 in Hull, 35 in Newcastle-upon-Tyne, and 32 in Glasgow.

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.682in. The mean temperature of the air in the week was 46.9 deg., which is 4.8 above the average of the same week in 50 years (as determined by Mr. Glaisher). The mean of the highest temperatures of the water of the Thames was 44.5 deg.; that of the lowest was 41.4 deg. The difference between the mean dew-point temperature and air temperature was 3.5 deg. The mean degree of humidity of the air was 88, complete saturation being represented by 100. Rain fell to the amount of 0.99in. The general direction of the wind was south-west. According to a return furnished by the engineer of the Metropolitan Board of Works, the average daily quantity of sewage pumped into the river Thames at the southern outfall works, Crossness, was 222,840 cubic metres.

SCOTLAND.

It is satisfactory to learn that the epidemic may also be stated to have ceased in the North. Up to the time we write, a fortnight has elapsed without fresh attacks in Edinburgh. Since the outbreak in that capital only about 100 have occurred, with a mortality of a little over 50. The last convalescents having been discharged, the Cholera Hospital has been closed. No prior epidemic has ever proved so mild; and considering that no quarter of the city was exempt from the influence, there is abundant cause to be grateful at so speedy a disappearance of the disease.

METHIL-HILL, Fifeshire.—Three more cases were reported last week, making a total of 76 in a population not exceeding 400, and by some estimated at only 300. The village is still deserted; more than half the houses remaining empty, the fugitives fearing to return. In the neighbouring villages, to which the disease had spread, it may be said to have disappeared. It is stated that in some of

these it is proposed to re-open one or two of the wells which were closed at the period of greatest alarm. We sincerely trust that such a step will not be rashly taken; a little temporary inconvenience would be a thousand times better than a renewed outbreak.

Notes on Current Topics.

TELEGRAPHING FOR THE DOCTOR.

It is now proposed that the Government should purchase and work the telegraphic lines of the United Kingdom, and a carefully drawn up scheme for this purpose has already received the approval of the Ministry. Should this be carried out we believe a uniform charge for any distance will at once be adopted, and the tariff, now higher than the Continental and American lines, considerably reduced. This will make the wires a supplement to the Post Office, and if only managed as well as that department has been, we see no reason why the scheme should not yield a handsome profit. The objections entertained by many to Government management may well be put aside in consideration of the convenience that would result to the public, and we desire to place on record our conviction that it is impossible to carry on the telegraphic correspondence of the country in a worse manner than the companies have hitherto done. The continual delays and miscarriages that occur have compelled us to request our patients to trust as little as possible to a telegraphic despatch. There are few consulting practitioners in London who have not had reason at one time or other to complain. Some time since the writer was summoned to the south coast by a telegram addressed to him at a house where he was known to be visiting, situated within a few doors of a suburban telegraph office. The message went to the central office in the city, and was thence forwarded not to the branch office, but by a boy who walked the distance in two hours and a half, which omnibuses running every ten minutes accomplish in half an hour. A second and third delay occurred in the same manner during the next ten days, and this although it was pointed out how easy it would be to send the message to the suburban station.

The same individual, whose practice, by-the-by, is none of the largest, has found it safer to send a packet by train to towns within an hour's ride of the metropolis than to trust to a telegram. One more example:—A short time ago a letter was received by the writer from one of the midland counties one Saturday evening, requesting an answer by telegraph, to fix the time for a consultation on Monday. The letter was duly forwarded to his residence in the suburbs. But it being past seven o'clock, all the telegraph offices near were closed.

The next day, being Sunday, nearly all the offices in London were also closed; but on application at a central office the message was accepted at double the usual rate. This was considered fair enough, but the worst feature remains to be told. This message, for which extra charge was duly paid, did not reach its destination till next morning, because the office at the town to which it was sent was closed on Sunday. This instance is cited as the most recent, although others could be given in which an urgent message, calling a physician into the country, has been

sent on Saturday evening, and not delivered till Monday morning. Two inferences from these facts seem to us fair:—1. The proposed purchase by the Government is likely to prove beneficial rather than otherwise. 2. Until some amelioration takes place beware of telegraphing for the doctor, especially on Saturday.

ABSOLON V. STATHAM.

ON Tuesday, the 11th instant, an influential meeting of the Medical and Dental Professions was held in the Literary and Scientific Institution, Edward's-street, Portman-square, for the purpose of expressing sympathy with the defendant in this case, on which we have already commented at length. Sir William Fergusson, ever ready to serve the profession to which he belongs, occupied the chair, and in the course of an interesting speech alluded to the ridiculous notions entertained by the public respecting the administration of anæsthetics, stating that it was due to Dr. Snow that the late Lord Campbell refrained from introducing a bill into Parliament, based upon the erroneous hypothesis that a person could be rendered insensible in the public thoroughfares by merely waving before his face a handkerchief on which a few drops of chloroform had been placed.

The Committee, which was formed after the trial submitted a report concluding that it was inexpedient to take steps for organising a defence fund, or to address any statement to the public. Moreover, as no new trial can be moved for, and as Mr. Statham, who is happily in better circumstances than many of his brethren, has very properly declined to accept a pecuniary testimonial, it was recommended that a resolution should be adopted expressing the warmest sympathy with Mr. Statham in the unjust and cruel persecution he has been subjected to, and unabated confidence in his practical skill and professional integrity and honour; and that in the case about which the prosecution arose, his treatment was sound, skilful, humane, and beyond reproach. We need hardly say that this report was adopted with enthusiasm. The meeting passed the resolution, and determined to have it engrossed on vellum, signed by the chairman and others, and presented to Mr. Statham. We have already expressed our sympathy with Mr. Statham, and have only therefore to add our congratulations to him upon the manner in which the whole profession has stood by him.

PAPERS ON DERMATOLOGY.

No. V. PRURIGO.

By T. W. BELCHER, M.A., M.D. Dub.,

FELLOW, CENSOR, AND EXAMINER, KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; PHYSICIAN TO THE DUBLIN DISPENSARY FOR SKIN DISEASES, &c.

(Continued from 5th December, 1866, page 574.)

IN the four preceding papers I gave cases of SYCOISIS, ECZEMA, HERPES, and PORRIGO, respectively; and appended practical remarks regarding the symptoms, varieties, diagnosis, prognosis, pathology, and treatment of these diseases. In this paper I proceed to give a case of prurigo senilis, and to make observations on the varieties of prurigo:—

V. H., aged 60, unmarried, by occupation a clerk, came to the Dispensary for Skin Diseases on the 25th of August,

1865. For a considerable time previous to his first appearance at the Dispensary he had been affected with prurigo senilis, the ordinary symptoms of which I need not here describe, as they were complicated with others at the time I first saw him. He had then intolerable itching all over the body; no distinct papulæ could be seen, but they were represented by small blackish crusts, respecting which it would be hard to say whether they were the result of the papulæ or of the scratching. This man had, however, the chief peculiarity of all cases of prurigo senilis—the presence of innumerable pediculi all over the body. No efforts of his own sufficed to rid him of these troublesome attendants; and his sufferings, when warm in bed at night, he described as intolerable.

At first he was directed to take hot baths thrice weekly; and also to use a lotion composed of a solution of corrosive sublimate with ammoniated mercury; along with diluted ointment of nitrate of mercury. At the outset this mode of treatment procured some relief, and seemed to diminish the pediculi in numbers. On the 12th of September chloroform was added to the lotion; on the 25th black-wash was substituted for it; and on the 29th a borax and hydrocyanic acid lotion was substituted for the black-wash. On the 10th of October he began to apply a strong solution of soft soap; on the 17th he began to take sulphur vapour baths twice weekly, and to rub methylated spirit into the skin. On the 20th he got an ointment of borax and chloroform, and on the 27th he was directed to use a lotion composed of a solution of borax with creasote and hydrocyanic acid. This lotion, with the sulphur vapour baths, was continued with little good effect up to the 8th of December, when he began to use a lotion consisting of spirit of turpentine, methylated spirit, creasote, chloroform, and the yolks of eggs. On the 12th he began to take a mixture containing Fowler's solution and tincture of bark, three minims of the arsenical preparation being absorbed thrice daily on the principle advocated in my previous papers.

The arsenic *per se* soon disagreed with him, so on the 9th of January he got instead of it a quinine mixture, containing the same proportion of Fowler's solution as before. This he used for a long time with one of the varying lotions already described, and with simple hot-baths, which he sometimes took at 100° F.

On the 20th of March, 1866, he began to use a lotion containing chloroform and carbonate of potass; and on the 27th he stopped the arsenic and quinine, substituting for it a mixture containing liquor strychniæ, five minims of which he took thrice daily in that form for a considerable time. The dose was subsequently raised to seven minims.

On the 27th of April, 1866, he resumed the arsenic; and here I may observe that his disease was occasionally improved more or less, but notwithstanding every effort it always recurred at irregular intervals with its original virulence. On one night he would feel comfortable, while on the following he would feel tormented.

On the 11th of May the arsenic was given up, for the reason before stated, and tincture of the perchloride of iron was substituted for it for about a week, when arsenic again had the pre-eminence.

On the 22nd of May he for the first time admitted that he was really better, and he was desired to use a diluted mercurial and glycerine ointment every night, and a hot bath immediately after it.

On the 8th of June the itching had in great part disappeared, but some of the pediculi remaining, I prescribed for him an ointment consisting of 120 grains of pulvis staphisagriæ to 360 grains of axungia. By the use of this and an occasional aperient he gradually got better and better, and finally ceased his attendance, being to all appearance cured, on the 24th of July, 1866. He has not since returned; and I may remark that he was eleven months under treatment.

If any one will read through the great variety of treatment advised for this affection in books, he will at once

expect that prurigo senilis must be a most intractable disease; and so it is.

The number of cases of prurigo senilis is very large as compared with the number of cases of other skin affections; and, so far as my experience goes, it is the most intractable of any of the acute cutaneous diseases.

In this case almost every conceivable plan of treatment was tried; and, though successful in the end, it could not be said that the cure was due to any one of them. I have never had a case so inveterate as this one, but if I should meet with such another, I would feel inclined to try arsenic first, and then strychnia; and as regards local applications, I should prefer hot baths, chloroform, and Stavesacre.

The preceding case is a fair type of a severe kind of prurigo senilis; and here I may make a few observations on the other variety, prurigo vulgaris, referring the reader for more minute details to my edition of Neligan, p. 334. Prurigo vulgaris may be either mild or severe. In the former case it is termed prurigo mitis; in the latter prurigo formicans. The mild variety is characterised by a cutaneous eruption of scattered papulæ about the size of millet-seeds. These papulæ are colourless, often invisible save by the aid of a magnifying-glass; and, generally, they may be detected by passing the finger over the skin. There is no accompanying redness, inflammation, or undue heat; the itching, or pruritus, is at first not severe: the patient scratches the affected parts, tears the papulæ, and thus forms minute blackish crusts on them. In this condition the physician generally first sees the patient.

In prurigo formicans papulæ are not invariably present, though they generally appear at some stage of the disease; and when they do so appear they are sometimes larger than in the mild form. The aggravated character of the itching is, however, the chief characteristic of this variety; and hence its name, formicans, so termed because of the comparison of the itching sensations to those produced by ants stinging the surface. The itching is seldom constant, but it recurs at short intervals, and is aggravated by every conceivable accident, such as heat of the fire, or of the bedclothes, friction, stimulating food, mental emotion, and various other causes. It has been noticed—and my experience confirms the remark—that it sometimes occurs as an intermittent of a quotidian or semi-quotidian type. The mild form lasts generally but a few weeks, the more severe is rarely cured in less time than some months. The papulæ occur at first on the trunk, and spread thence to the extremities, omitting the face, scalp, and hands, which, by a compensating power as it were, are freed from this affection in consideration of their special liability to others. The disease is often complicated with forms of eczema, scabies, and ecthyma.

Prurigo senilis is described as having many varieties, but there are really not such, and the names are given because of its appearance on particular parts of the body, hence the terms Prurigo Scroti, P. Pudendi, P. Podicis, P. Præputialis, P. Pubis, P. Palmaris, P. Urethralis. The *Diagnosis* of prurigo from eczema, scabies, and other affections can, at times, be made only with difficulty; because, as already stated, it is frequently complicated with other skin diseases. In uncomplicated cases, however, the character of the eruption and the history of the case will suffice to make a diagnosis available for all practical purposes.

The *Prognosis* of the mild and severe forms of P. vulgaris is favourable; not so, however, with P. senilis, which often lasts through the life of the patient.

The *pathology* of the disease is a matter of controversy; Dr. Neligan considered it to be "chiefly a hyperæsthesia of the cutaneous structure;" and he believed that the changes in the state of skin attending it are usually produced by the local irritation occasioned thereby. M. Hardy believes the causes to be predisposing and occasional; and of them he observes:—"Nous nous sommes longuement étendu sur les dernières, le parasitisme et l'hypersthésie de la peau. Quant aux causes prédis-

posantes, elles reposent surtout sur les mauvaises conditions hygiéniques."—(Maladies de la Peau Partiè II., edit. 2., p. 91). The other opinions regarding the pathology of prurigo will be found on p. 240 of my edition of Neligan.

The *Treatment* in prurigo senilis has been sufficiently indicated in the example given above. In the other forms constitutional remedies should be chiefly relied on, but not to the exclusion of local applications. As the number of proposed plans of treatment is legion, the mere recitation of them would far exceed the limits of this paper. On this point see my edition of Neligan, pp. 240-244.

ON THE USE OF ARTIFICIAL SUPPORT IN CERTAIN FORMS OF DEAFNESS; WITH CASES.

By EDWARD BISHOP, M.D., M.B.C.S.E., &c.,
SURGEON TO THE EAR INFIRMARY, SACKVILLE-STREET, LONDON.

THE subject of appliances to the ear in cases of deafness attended by perforate membrana timpani is one of great interest. To Dr. Yearsley we are indebted for this addition to the therapeutics of aural practice; but the question of late has acquired additional interest from the enunciation of a fact which somewhat enlarges the sphere of their usefulness. Dr. Erhard of Berlin discovered that the wetted cotton remedy was of essential service to himself, although he had not a perforate membrana tympani, which had been set down by Yearsley as a sine qua non of its success. Erhard naturally directed his inquiries to the solution of the mystery; and during his investigations he discovered in the Museum of Pathology in Berlin a preparation, in which there was a disconnection of the incus with the stapes, with a loss of the os orbiculare; such solution of continuity appeared to him conclusive as to the modus operandi of the cotton wool in his own case, by the support it rendered in re-establishing the connection between the outer and inner membranes.

Those practitioners who have made aural disease a particular study, and have used artificial support in one form or another with success in cases attended with perforation, have, I doubt not, been led, like myself, to try its effects in obstinate cases where this lesion did not exist, and when successful have explained its operation as Erhard did. This explanation, however, and the consequent rational treatment founded thereon, has received additional confirmation lately. At a meeting of the Royal Medico-Chirurgical Society in February last, the late Mr. Toynbee exhibited a number of specimens of the apicula in situ, in which there was a disconnection between the incus and stapes; these specimens would have been more interesting and more valuable had he given their history, and been able to state to what extent functional derangement was coincident with structural lesion; but without this it was evident that such a condition is a less uncommon post-mortem appearance than has been suspected. In a paper read at the same time he adopted the explanation of the modus operandi of artificial applications in these cases, as given by Erhard, and also by Yearsley, in a paper read before the British Medical Association at Edinburgh—an explanation of course by no means novel. It speaks well for the candour of the late Mr. Toynbee, that he should have thus set forth his altered views on this disputed point. The practical objection to his artificial membrane of india-rubber or gutta percha is the distress and irritation it occasions; certainly it is difficult to abandon an ingenious invention, and therefore it is probable that Mr. Toynbee did not give in his adhesion to the simple and unirritating bit of cotton wool, but advised the use of a small hollow globe of india-rubber filled with air as a substitute for his artificial membrane—thus imitating as fa

as possible, without abandoning the material, the original remedy as proposed by Yearsley.

The following illustrative cases, I hope, will prove interesting:—

Case 1.—Miss M., of Canterbury, æt. 19, consulted me in August last. Her case presented the usual sad history of the ravages of scarlet fever. For several years she had been almost excluded from society, and her friends had quite abandoned the idea of treatment, as she had some years before tried the use of Toynbee's artificial membrane, which caused such distress she could not use it. The left ear was completely disorganised, a considerable part of the temporal bone was gone, and of course nothing could be done. The right ear showed a perforation of the membrane, and there was a little discharge issuing from the meatus; she could not hear a watch when in contact, and the tick of a loud metronome was very indistinct. I inserted the wetted cotton support in the usual way, and immediately she could hear my voice, and enter comfortably into conversation. I dare not attempt to occupy your space by giving the details of this interesting case, but in less than a fortnight's time she could apply the cotton herself very well, and was able to join in general conversation with ease, and expressed all the delight of a person having so important a sense suddenly restored.

Case 2.—S. W., a tailor, admitted (Ear Infirmary, Sackville-street) July 6th, 1866. Very emaciated; deaf for last ten years; for two or three years non-progressive, until recently, when he found himself much worse, and now is suffering from pain and singing in each ear, and is almost perfectly deaf, the eyes injected, skin hot, pulse 110. Ordered an aperient of calomel and colocynth, saline mixture, and three leeches to each ear.

9th. Relieved of all acute symptoms, tinnitus subsided.

13th. Is now as well as he has been for many years. Hearing distance (by watch) one inch right ear, contact only left ear, both membrana tympani white and pearly, no perforation, ear wax absent, Eustachian passages open, throat slightly sore, tonsils somewhat enlarged. Applied solution of nitrate of silver to throat, and used artificial support (wetted cotton wool) on each side. The hearing was at once improved; he could hear the tick of the watch twelve inches away on the left, the worst side, on the right only about half this distance; conversation he heard comfortably without much effort. In three weeks' time the patient could adjust the support himself, and can now hear the tick of the watch more than twenty-four inches from each ear. Can we account for the marked improvement in this case in any other way than that there was a disconnection of the chain of bones as they traversed the cavity of the tympanum?

OBSERVATIONS UPON THE PATHOLOGY OF ANTHRAX AND BOIL.

BY B. WILLS RICHARDSON, F.R.C.S.I.,

SURGEON TO THE ADELAIDE HOSPITAL, DUBLIN.

THE discrepancy of opinion still existing as to the exact nature of the core of boil and anthrax induced me to investigate this question, especially with a view to determine if there be grounds for the supposition that the cores are composed merely of effused lymph, the result of the inflammatory process. One would think that such an investigation was uncalled for, when so many excellent authorities have so ably combated this view, and proved that the old ideas on the matter contain more of truth than the false membrane theory of Gendrin, Denonvilliers, Nélaton, and their followers.

The writings of some of the older authors prove, even as regards anthrax, they were most accurate observers of the structural alterations caused by disease; which is the more remarkable when it is remembered they were unprovided

with the excellent appliances of the modern pathologist for minute investigations, and shows that accurate deductions may be made from observation with the unassisted, but educated eye. And it moreover proves that teachers should endeavour to impress upon the student that, previous to having recourse to magnifiers, he should first familiarize the eye with the appearances of the morbid structural alterations of tissues.

At the risk of being considered tedious, I venture to remind the reader of a few of the opinions of the writers just referred to, regarding the nature of the core of anthrax and boil.

Dupuytren's name being so identified with the strangulation view, and his opinions are so explicit upon the subject, that it will be necessary to mention them here in detail.

Dupuytren considered that anthrax is nothing else than inflammation of several packets of cellular tissue contained in the areolæ of the derma. He describes the "derma as thick, white, and elastic, more consistent at its external than internal surface; composed of fibres, which, by their interlacing, form areolæ. Irregularly placed beside each other. Each of them is filled by a packet of cellular tissue, which, sometimes being impregnated with a large quantity of fatty fluid, distends the cells which contain it. The numerous areolæ of the derma have all a nearly conical form. Their summit corresponds to the reticular body, and their base to the internal surface of the skin, which reposes in all parts upon a layer of cellular tissue."

He next gives the following account of the changes which occur in the skin, in the site of the anthrax. "Anthrax only differs from furuncle, by the extent and multiplicity of the cellular packets which are inflamed at the same time." He alludes to the fact, that anthrax had been often confounded with the *charbon* and the malignant pustule. "Varieties of a disease essentially gangrenous; in the anthrax, on the contrary, the gangrene is the consequence of the strangulation, the incision is its true curative means."

M. Sanson described "anthrax as an inflammation of the processes of cellular tissue which accompany the vessels and nerves through the true skin. That it differs only from furuncle in the extent of cellular tissue engaged. In both cases the malady terminates by the formation and fall of an eschar, or *bourbillon*, formed in the one part, at the expense of the inflamed areolar tissue, and on the other part, at the expense of the fibrous partitions which separate the areolæ of the derma, the mortification of the first, is the result of the resistance which the fibrous tissue of the chorion opposes, on account of its great power of swelling, and consequently from the compression and strangulation which it experiences. The mortification of the walls of the areolæ of the derma depends; on the contrary, on the distension to which they are submitted by the cellular tissue attempting to swell; there is gangrene by *compression* of the contained parts, and gangrene by *distension* of the containing parts."

"As regards treatment, he is to be numbered with those surgeons who advocate incisions, for he considered that the most certain treatment consists in unbridling the tumor by the aid of incisions, which divide it from its summit to its base. "They facilitate the escape of the pus already formed, and the fall of the areolar flocculi already stricken with death."

Sanson was also an advocate for the use of compression after the incisions were made; for, he recommends that the consecutive treatment should consist "in making, during the first days which follow the operation, *methodical pressure*, which expels the pus and detached cores."

M. Margolin held almost identical views. "Anthrax," he observes, "has its seat in the adipose tissue contained in the areolæ of the derma, and in the subjacent areolar tissue. This tumor constantly terminates by mortification of the areolar tissue which forms it, and by destruction of a portion of the skin which covers it." This writer also considered the disease a depurative one, a belief held by many other observers.

Speaking of the treatment, he likewise makes a remark

of some interest, when we recollect the suggestions of recent writers regarding it. "I have seen," says he, "a patient arrest the progress of a benign anthrax, and cause the insupportable pain which he experienced, to cease promptly, by applying to the tumour, compresses, moistened with very cold water." But he thought that this repercussive treatment might be dangerous, if the malady proceeded from an internal cause. Notwithstanding the effect of the compression in the case of the patient he alludes to, he impresses upon the reader the importance of remembering "that anthrax is an essentially inflammatory tumour; that it terminates by gangrene only because the areolar tissue experiences a true strangulation. He therefore approved of the circular incision of Lallement for certain cases, and Dupuytren's crucial incision for others."

Having given the views held by some of the most eminent surgeons of their time, it now remains for me to state the opinions of M. Nélaton, who, so far back as 1844, raised doubts regarding the accuracy of these views.

M. Nélaton's description of the core of anthrax is the more extraordinary, considering that the nature of the core could, we think, be easily decided by a simple microscopic investigation of it.

Speaking of the nature of the core of anthrax, he asks, "What is the nature of the core? Is it to be considered an eschar of cellular tissue, or a simple product of secretion? The inflammation having been localized in the cellular bundles of the areolæ of the derma, authors delight to describe in these areolæ contained and containing parts; the first susceptible, when they are irritated, of acquiring a greater volume; the second, dense and resisting; whence they have been led to think that there was strangulation and gangrene of the areolar tissue, and that this tissue, isolated later by the suppuration like all eschars constitutes the core." "We say at once that this theory contains a double error—that there is no strangulation; that the core is not gangrenous areolar tissue, but a simple product of secretion, a veritable pseudo-membrane. (1.) *There is no strangulation.*—Indeed, the areolæ of the derma, the conical ones, others hemispherical, are all so disposed, that they correspond by a base widely expanded to the subcutaneous areolar tissue. Consequently, when the inflammation attacks the adipose cellular tissue lodged in these areolæ, this tissue slightly pressing back the subjacent areolar layer will be able to develop freely, and arrive at the greatest augmentation of volume, without encountering any obstacle from it. Perhaps it will be objected that the intra-dermic adipose packets are fixed in the interior of the areolæ by the vessels and nerves which traverse them to finally expand in the papillæ; that thus expanded by an inextensible pedicle, they cannot abandon the too narrow inclosure which they occupy, and that they present from that moment conditions most favourable for strangulation and gangrene. But we may remark that the widest part of these bodies corresponds to the subcutaneous adipose layer, that in all cases this part can develop itself freely. Consequently, in admitting that the vessels and nerves retain in the areolæ the cellular tissue lodged in them, strangulation will only be possible for the parts of this tissue which correspond to the summit of the areolæ; these parts alone will be stricken by death, and the eschar will be infinitely small. Now, the core exceeds in volume that of a hundred adipose cellular packets united in a single mass; it is, therefore, much more considerable than it ought to be if it was the result of mortification of the intra-areolar cellular tissue. We may add that gangrenous parts, at the period of their elimination, have a characteristic tainted odour, and that the core is without smell; that in an eschar we find most of the elements of the organ which has been deprived of life, the vessels principally; and that in the core we do not observe any trace of organization." "That the cellular tissue, which becomes gangrenous, in consequence of violent inflammation, dies at the moment only when this inflammation acquires its highest degree of intensity; and that the core exists long before this period, for we find it quite formed in the tumour

from the moment of its appearance, and then, as at a later period, it does not present any appearance of vessels. We may, therefore, conclude that the form of the areolæ excludes all idea of strangulation; likewise that the volume of the core, the absence of characteristic odour, its inorganic state, its existence at the commencement of the inflammation, exclude all idea of gangrene. (2.) *The core is a product of pseudo-membranous secretion.*—When serous membranes inflame, they sometimes become covered with false membranes; the cellular tissue, which presents in structure a great analogy to the serous system, its functions, and its diseases, secretes also, under certain circumstances, a white matter, slightly yellow, albumino-gelatinous, which is deposited in the meshes, where it concretes. This pseudo-membranous product is primitively very adherent to the dense and red cellular tissue which surrounds it; but a fluid at first albuminous, then a veritable pus is effused around it; it becomes less adherent, detaches, isolates itself completely, and floats as a foreign body in the small purulent collection which has formed, until this has found an exit, and carried it outwards. After this elimination, the inflammation diminishes rapidly, as well as the volume of the tumour; cicatrisation is accomplished in two or three days; the cicatrix is circular, of small dimension, and scarcely apparent."

M. Nélaton held views similar to those of Gendrin regarding the cores of furuncles. Thus he states that "the presence in a furuncular eruption, of a pseudo-membranous body, secreted in the commencement of the inflammation, and at a later period constituting a foreign body, gives to this affection a special character; indeed, there results that the furuncle ought most often so to terminate in suppuration, and that cicatrisation can commence only when the expulsion of the foreign body shall have taken place."

As regards the theory of the strangulation of areolar tissue in furuncle, he says:—"Authors being unanimous in believing in strangulation of the cellular tissue in this affection, have been equally so upon the necessity of practising incision. In the immense majority of cases, he, on the other hand, believes that "the incision prolongs the accidents, far from hastening their resolution. His views on the treatment of anthrax, particularly as regards incisions, are precisely similar. "The anatomical characters of anthrax are in every respect similar to those of furuncle; the volume alone of the tumour establishes between these two affections a difference which is far from justifying the isolated description which all authors have given of it, which does not even justify completely the distinction of the two varieties that we have admitted, but that we maintain, however, in order that we do not depart too much from the usage generally adopted.

"When the inflammation is propagated to a great number of intra-areolar, adipose-cellular packets, the resulting tumefaction is considerable; but, as it bears upon a greater surface, and as each of the parts comprised in this surface tumefies equally, the tumour loses the conical form proper to the furuncle to assume that of a segment of a sphere, through the openings, which subsequently form again." Alluding to the false-membrane, he says that, "we can express the pus and the pseudo-membranous product which constitute the core."

M. Nélaton, being guided, I suppose, by his ideas as to the pathology of furuncle and anthrax, proscribes incisions. At each dressing he recommended moderate pressure to be exercised over the base of the tumour, in order to facilitate evacuation of the pus and all the pulpy matter composing the core. "Emollient applications, complete repose, a bland regimen, and mild purgatives, if the anthrax is connected with a general state, will complete the cure."

Why M. Nélaton concluded, that the cores of furuncle and anthrax are merely composed of pus and lymph, he does not say, neither does he mention, if any minute examinations were made of the cores in question. It may be assumed, however, that such examination was not made, for, it requires but little microscopic experience indeed, to ascertain that these cores are, to a large extent, composed of

yellow and white elastic tissue, in addition to pus and lymph.

As I have mentioned before, Gendrin's views as to the structure of the core of boil, were similar to the subsequent views of Nélaton and Denonvilliers regarding it and the core of anthrax. Gendrin, as positively as Nélaton, denied that the cores are sloughs, asserted that they are morbid secretions or pseudo-membranes, the product of the inflammation of the inter-areolar cellular processes, and that they consist of a viscid, semi-transparent, homogeneous, yellowish-white substance, without any vessels, and without the least trace of organization.

Gendrin, like Nélaton, could scarcely have made such a mistake unless he also omitted to make a minute examination of the cores. If he had only done so, with very little trouble he would have found plenty of areolar tissue in them.

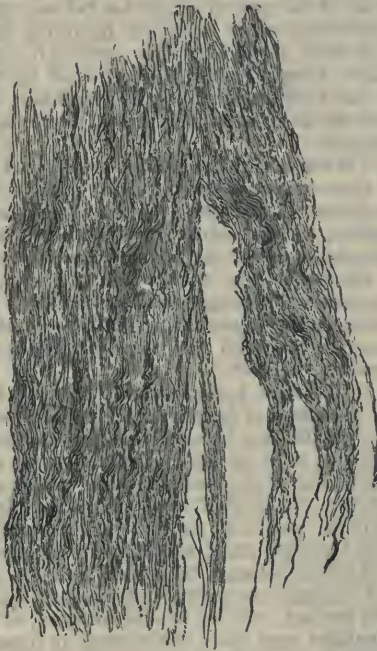
The adoption of the views of Gendrin, Denonvilliers, and Nélaton, by subsequent writers, illustrates very forcibly how liable we are to take for granted as correct, opinions which are promulgated with earnestness, and particularly if done so by men of character and repute. As regards the cores of anthrax and boil, there is no excuse at the present day for such credulity, more particularly as their pathology has been accurately described by some of our cotemporaries. Indeed, so far back as 1835, Carl Wedl published, in his work on the Rudiments of Pathological Histology, an illustration of yellow elastic and white fibrous tissues from the core of an anthrax. Wedl's illustration, however, was most probably overlooked, his work having been translated into our language only within the last few years.

The observations above quoted from M. Nélaton's book appeared in 1844; but, although he then condemned incisions in anthrax, he has recently modified his opinion, having written to Dr. O'Ferrall the pioneer of the recent re-introduction of the compression treatment, that he now recognises the utility of incision. But Monsieur A. Guérin, as well as I can remember, does not say whether M. Nélaton was led to do so by a change of opinion regarding the nature of the core, or from practical advantages following the use of the knife.

Fig. 1.*

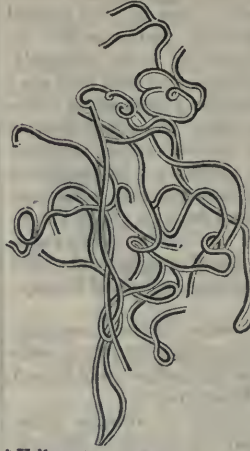
Having had many opportunities of recently examining the cores of boils and of anthrax, I have not failed in any case to find yellow elastic and white fibrous tissue; so that the description of the core, as given by Sir Benjamin Brodie, I believe to be strictly accurate—namely, that it mostly consists of cellular membrane infiltrated with pus and lymph.

Last year a man was admitted into the Adelaide Hospital, who suffered from a succession of boils, the cores of which, in addition to pus and lymph, contained a large quantity of areolar tissue. (Figs. 1 and 2.)



* White fibrous tissue from core of boil—230 diameters.

Fig. 2.*



* Yellow elastic tissue from core of boil—230 diameters.

Represents some of this tissue drawn with the aid of the camera.

Just about the same period a woman was admitted under the care of Dr. Walsh, with an anthrax, which commenced on the chin, thence engaging the lip, floor of mouth, and front of neck. This woman subsequently died, with symptoms of blood-poisoning and rapid destruction of the left eye. The anthrax sloughs in this case I repeatedly examined, and found that they likewise were largely composed of the tissues represented in Figs. 3 and 4.

Fig. 3.+

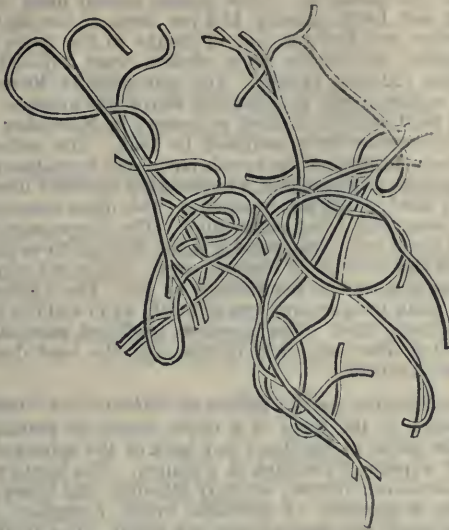


+ White fibrous tissue from core of anthrax—230 diameters.

I have examined many furunculi and anthrax sloughs since then; but as they were identical in structure to those illustrated, it was unnecessary to take drawings of them.

I must refer the reader to systematic works on surgery for the various opinions regarding the other points about anthrax, my sole endeavour in this paper being to show that there are very slight grounds, indeed, for the supposition that the cores of either boils or anthrax are solely of a false membrane nature: yellow elastic, and white fibrous tissue entering largely into their composition. If I may venture, however, to speculate regarding the local treatment deducible from the knowledge we possess of the local changes that take place in anthrax, I would say, incision, in a large majority of cases, ought to be the proper procedure; or rather, incision followed by judicious strap-

Fig. 4.*



* Yellow elastic tissue from core of anthrax—230 diameters.

ping, as advised, amongst others, by Sanson. There can be no doubt, however, that there are forms of anthrax which will get well without incision. Some, for instance, as M. Guerin reminds us, only lasting from ten to fifteen days. Cases of this kind forewarn us how difficult it is to draw any safe conclusion regarding the efficacy of local treatment, as we cannot tell beforehand what would be the natural history of such a case. Apply this observation to either compression or incision of anthrax. Suppose, for instance, we had to treat a case which naturally would have had a short duration, whether we incised or compressed it, how liable would we be to fall into the error of attributing to our interference the rapid subsidence of the malady?

I have myself seen anthrax so often cease to extend after incision was practised that I am prejudiced in its favour, at least in acute cases. On the other hand, I have recently seen compression tried in two individuals, according to the principles directed by its advocates, but the anthrax of each was found to have broken fresh ground at every morning visit, having since the previous dressing extended beyond the plasters. In both cases incisions were subsequently made, and no further extension of the anthrax took place.

Correspondence.

MEDICAL CLUB.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In reply to your numerous correspondents I beg to direct their attention to the arrangements now in progress for the temporary accommodation of the members of the above Club (see advertisement), which arrangements I hope the Committee will shortly be able to render more complete by the enrolment of additional members, and an increase in the amount of their contributions.—I am, sir, your obedient servant,
LORY MARSH, Hon. Sec.

EPISTAXIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Reading Dr. Ballard's paper on "Epistaxis," in a recent number of your journal, I thought the following statement of a plan I have found very efficacious, might not be unacceptable.

In this town there are, I imagine, more schools—"good, bad, and indifferent"—than in any other place in the kingdom—perhaps in the world, if, as I am assured, there are upwards of three, and nearly four hundred; and living as I do, surrounded by quite a population of school-boys and

girls, you will believe that epistaxis is by no means uncommon; indeed, so often am I summoned to such cases that for a long time past I have kept in readiness for immediate use the following styptics, in equal parts, well rubbed together in very fine powder—viz., matico, sulphate of zinc, and alum.

In several cases the merely taking a good pinch of this, in the same way as snuff, has stopped the bleeding; but where it has failed I have at once plugged the nostril with small pellets or pledgets of dried sponge charged with the powder, then firmly compressed and inserted by means of any blunt instrument, and nothing can be better than the thin or thinned end of a pen-holder.

The sponge expands as it becomes charged with blood, and thus plugs the nostril more effectually. I believe the powdered matico alone would suffice, and mean one of these days to try it.—Yours very obediently,

JAMES BARKER, M.D.

Brighton, December, 1866.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I suffer, and have suffered for some months back, from a horrible complication of "sounds, sensations, and functional deficiency" in my left ear. The symptoms from which I experience most annoyance are, the incessant "ringing, cooing, whistling, and hushing"—accompanied by a feeling of insensibility and serious deafness. Never having devoted much attention to the affection of the auditory apparatus, I should feel sincerely grateful to any one of your correspondents who would, through the medium of your excellent periodical, afford me an outline of the treatment to which my malady should be subjected.—Meanwhile believe me, dear sir, yours very truly,
MISER.

Medical News.

CAMBRIDGE NATURAL SCIENCES TRIPOS.—December, 1866:—

EXAMINERS:

George Murray Humphry, M.D., *Downing College.*
Miles Joseph Berkeley, M.A., *Christ's College.*
William Houghton Stokes, M.A., *Caius College.*
Osmond Fisher, M.A., *Jesus College.*

First Class.		Second Class.		Third Class.	
Dr. Earle	} <i>St. Jesus</i>	Dr. Fenwick	} <i>Trin.</i>	Dr. Marshall	} <i>Trin.</i>
Walker		Ralfe		Caius	
King		Smart		Caius	
	Caius	Wollaston	Clare	Sample	Caius

TESTIMONIAL TO MR. BAKER BROWN.—Our readers will observe from the list of subscribers which we publish in our advertising columns to-day that the Brown Testimonial is receiving a cordial reception from the profession. The list of subscribers is wanting neither in professional rank or numbers to entitle it to full consideration and respect.

We regret to learn by the last Indian mail that while some of the officers of the 2nd Battalion 25th (King's Own Borderers), were practising pistol shooting at Colombo, Ceylon, an accident occurred which resulted in the death of Ensign H. W. Thompson, by a shot fired by Dr. Evatt, assistant-surgeon of the battalion. A coroner's inquest was subsequently held, at which Dr. Evatt was exonerated from all blame.—*United Service Gazette.*

DR. BENJ. JOHNSON, having resigned as Medical Officer of the Carrigaline Dispensary District, in the Cork Union, from ill-health, after thirty-eight years' service, has been presented with a salver and a purse containing one hundred sovereigns, accompanied by an address couched in very warm and earnest language, signed by the chairman and hon. secretary of the Dispensary Committee, acting for the residents of the district.

THE NEW FRENCH PHARMACOPŒIA.—This book is undergoing the same ordeal as befel our British Pharmacopœia. M. Jeannel, of Bordeaux, takes the editors to task in *L'Union Medicale* of the 1st instant, and shows a pretty large number of shortcomings. The editor of the journal publishes the criticisms with some apprehension, as medical papers are not allowed to touch on subjects of political economy.

THE CASE OF MR. STATHAM---A public meeting of the medical and dental professions was held on Tuesday at the Literary and Scientific Institute, Edwards-street, Portman-square, to receive the report of a sub-committee appointed at a preliminary meeting on the 20th of last month, and to unite in an expression of sympathy and confidence in Mr. Statham. The case of Mr. Statham had its origin in the administration of chloroform by that gentleman to a patient of the name of Absolon at the Great Northern Hospital during an operation for the extraction of teeth. An action was afterwards brought by the patient against Mr. Statham, who was thus exposed most unjustly, as his professional brethren believed, to considerable expense and trouble. Sir William Fergusson, Bart., presided at the meeting, and about fifty or sixty other members of the medical and dental professions were also present on the occasion. The sub-committee reported that as Mr. Statham had expressed his unwillingness to receive any sum for the purpose of enabling him to defray the cost he had incurred in his defence before a court of law, it was not advisable to take any step for that object, and after several gentlemen, including some of the colleagues of Mr. Statham at the Great Northern Hospital, had expressed their conviction of his perfect innocence of the maltreatment of his patient with which he had been charged, and their knowledge of his great kindness and attention to the poorer class of persons who were brought under his care, a resolution was unanimously passed by the meeting declaring that in their belief the professional treatment which he had adopted in the case of the plaintiff, Absolon, was in every particular sound, skilful, humane, and beyond reproach; that they warmly sympathised with him in the expense and anxiety he had incurred in conducting his defence; and that they had the fullest confidence in his professional skill, integrity, and honour. It was added that, but for Mr. Statham's own objection to such a course, the meeting would gladly have defrayed the legal expenses to which he had been subjected. It was further resolved that a copy of this resolution be engrossed on vellum and presented to Mr. Statham. A vote of thanks to the eminent chairman was then proposed and seconded; and Dr. Richardson having alluded in high terms to the zeal and energy displayed by Mr. Fox, the hon. secretary, the proceedings terminated.

MR. CÆSAR HAWKINS, F.R.S.---At a meeting of the Council of the Royal College of Surgeons, on the 13th inst., a letter from Mr. Cæsar Hawkins was read, in which he expressed a desire to resign his seat as a member of the Court of Examiners. In accepting the resignation the Council expressed deep regret at the retirement after so many years of so esteemed a colleague. It may be interesting to our readers to know that so long ago as 1846 Mr. Hawkins was elected a Councillor, and was fortunate enough three years afterwards to become a member of the Court of Examiners and the Hunterian Orator. In 1852 he was elected President of the College, and again filled the chair in 1861. At a recent election of Councillors, the Fellows, feeling that Mr. Hawkins had held office long enough, displaced him in favour of a more popular candidate. It is hoped and generally expected that the good example thus set will be followed by more than one other member of the Court. Mr. Hawkins retains his seat at the General Medical Council as the representative of the College of Surgeons.—*Lancet*.

HEALTH OF SCOTLAND---The Scottish Registrar-General has to report that the deaths in the eight principal towns in November were 2427, a number below that of November in last year, but 140 above the average in the past ten years, allowing for increase of population. In these towns, with an aggregate population approaching a third of that of the metropolitan district of England, there were in November, 203 deaths from cholera, and 63 from diarrhœa. In Glasgow there were 6 deaths from cholera and 22 from diarrhœa; in Edinburgh, 86 from cholera and 13 from diarrhœa; in Leith, 23 from cholera and 3 from diarrhœa; in Dundee, 48 from cholera and 8 from diarrhœa; in Aberdeen, 26 from cholera and 9 from diarrhœa; in Paisley, none from cholera, three from diarrhœa; in Greenock, four from cholera and three from diarrhœa; in Perth, 10 from cholera and 2 from diarrhœa. The deaths from cholera constituted 13·5 per cent. of the mortality in Aberdeen, 14·9 per cent. of the deaths in Dundee, 17·6 per cent. of the deaths in Edinburgh, 19·2 per cent. of the deaths in Perth, and 26·1 per cent. of the deaths in Leith. Typhus caused 142 deaths, or 5·8 per

cent. of the mortality. This disease proved most fatal in Paisley and Leith, causing 11·4 per cent. of the deaths in the former, and 10·2 per cent. of deaths in the latter town. In October the deaths from cholera were 167—95 from diarrhœa, 122 from typhus. The marriages in November, 930 in number, were considerably above the average. The births, 3010, are the highest registered in November since civil registration was established, in 1855. The meteorological characteristics of the month have been a constantly low barometrical pressure, and a remarkably constant direction of west wind; large also in amount; the mean temperature at the same time being rather high. The thermometer was several times below the freezing point, but not to so great a depth as the average of former years. The mean temperature was 42·3—above the average by 1·5. The highest recorded mean temperature was at Leith, 44·1; and the lowest at Aberdeen, 39·6. The greatest depth of rain-fall was recorded at Greenock—5·62 inches; and the least depth at Dundee—1·60 inch.

SAMANDARINE---The poison of *Salamandra maculata* is obtained in the form of a milky liquid by grating the posterior parts of the head and back of the animal on the edge of a spoon or the back of a scalpel. The liquid which exudes is white, viscous, strongly alkaline, and bitter; and contains a quantity of globules which disappear when alcohol, ether, and acetic ether, are added. The symptoms provoked by the absorption of samandarine, or of the secretion itself, succeed each other in about half an hour in the following order:—anxiety, trembling, epileptic convulsions, opisthotonos, and death. Dr. Zalesky's method of isolating the poisonous body is given in the *Bulletin of the Chemical Society of Paris*, 1866, p. 344. Its composition is, carbon, 34; hydrogen, 60; nitrogen, 2; oxygen, 5.

On the 28th ultimo an order was made by his Excellency the Lord Lieutenant and Privy Council, appointing Wm. Scott, Esq., M.D., J.P., of Castletown Bawn and Aughnacloy, a Governor of the District Lunatic Asylum at Omagh, for the counties of Tyrone and Fermanagh.

COMPARING 1866 with 1865, there is a decrease in pauperism of 9329, or 4·5 per cent.

Notices to Correspondents.

Communications to the Editor should be addressed to 20, King William-street, Strand.

Every MS. should bear the Name and Address of the Sender.

All Contributions are attentively considered, and unaccepted MSS. are returned on receipt of stamps for postage; but the Editors cannot be responsible for any accidental loss, nor can MSS. or replies be delivered on personal application.

Contributions should be legibly written, and only on one side of the paper.

When proofs are forwarded it is of the utmost importance that they should be corrected and returned without delay.

Communications respecting Hospital Reports to be addressed "Editor of Hospital Reports Department."

Communications received from—J. P. M., London; U. M. O., South Devon; Dr. Bishop; Dr. Mitchell; M. A. B., Brighton; Dr. C.; Mr. Mansfield; the Pathological Society; the Harveian Society; the Royal Institution; Royal Medical Society of London; Mr. Fothergill; Dr. Lory Marsh; Mr. Shinkwin, Cork, &c.

In consequence of press of matter, several replies are necessarily postponed.

BOOKS, PAMPHLETS, &c., RECEIVED.

Special Report of the Medical Officers of Health on the Cholera Epidemic of 1866. London: Kenhead, Kennington Lane.

On Exuberant Growths of the Tonsils, by James Yearsley, M.D. London: John Churchill and Sons.

"Cincinnati Observer." "New York Medical Journal." "Chicago Medical Investigator." "Lett's Diaries," &c. &c.

Medical Diary of the Week.

WEDNESDAY.—Society for the Encouragement of Arts, Manufactures, and Commerce.—8 P.M. Mr. James Fergusson, "On the Study of Indian Architecture."

THURSDAY.—Harveian Society of London.—8 P.M. Dr. Drysdale, "On the Natural History of Syphilis."

Original Communications.

ON EMBOLIC PHTHISIS AND TUBERCLE,

BEING THE SUBSTANCE OF SOME CLINICAL OBSERVATIONS

MADE BY

ANDREW CLARK, M.D., F.R.C.P.,

PHYSICIAN TO THE LONDON HOSPITAL.

(Continued from page 618.)

Case 3.—(Reported by Mr. R. C. Sanders.)—Mary Floright, æt. 25, a widow, was admitted into the London Hospital as an extra case, under the care of Dr. Andrew Clark, on the 19th September. On admission patient appeared in a state of extreme agony. The face was puffed, and of a deep bluish-white colour; the base of the throat was swollen and the jugulars enormously distended, and occasionally pulsatile. Unable to lie down, patient sat up in a state of constant unrest. The respiration was laboured, and at the rate of forty per minute. When questioned, patient replied in broken whispers of a word or two at a time. The heart was acting violently and irregularly in points of force and time; and its impulse was visible over nearly the whole cardiac region. The pulse weak, thready, quick, and irregular, could not be counted. The cardiac dulness was increased to the right side above and below; no murmur was discernible, and the exact character of the heart's sounds could not be determined by reason of their rapidity. Patient had an incessant short dry cough, and suffered, as far as one could make out, from constriction of the chest and a sort of agony about the heart.

It appeared, from inquiries subsequently made, that the patient had had rheumatic fever two years ago, and that though, as she believed, the heart was not at that time affected, she has ever since been liable to attacks of palpitation on occasions of extra emotion or exertion. It further appeared that for some days before admission she had been troubled with continual palpitation, which, on the day of her entry into the hospital, became suddenly and inexplicably worse, and accompanied by distress of breathing.

The patient was first seen by the Resident Medical Officer, who ordered a drachm of tincture of digitalis every four hours, and a blister to the heart. These means relieved the patient during the night, but next day she again became worse and was seen by Dr. Andrew Clark. At this time the patient was described as in much the same condition as when admitted, saving that the pulse and respiration had fallen in frequency, that the skin was bathed in sweat, and that there was less distress. A more general examination was now made. The tongue was bluish and dry. There was frequent retching. The bowels had been for some days confined. Patient was subject to profuse menorrhagias. The urine, though not scanty, was high coloured, very acid, and deposited an abundant sediment of purple coloured lithates. The heart was in the condition above described. There were dull spots over various parts of both sides, and, except at the bases of both lungs, where there was an occasional coarse crepitus, the respiratory murmur was everywhere feeble. Patient could now speak a word or two audibly, and complained of a dreadful feeling in her heart and chest, over which she frequently passed her hand. The

condition and relations of the clot. Meanwhile he suspended the digitalis, ordered the bowels to be well cleared out, mustard sinapisms to be freely applied to the extremities, and a draught containing bi-carbonate of potash, ammonia, and ether to be taken every two hours. He further directed that unless the dyspnoea cardiac distress and jugular distension were sensibly relieved towards evening the patient should be bled. The patient was recommended to take warm fluids freely, especially the chlorate of potash, lemonade. In the evening she was sensibly relieved, and during the night had, with the help of henbane, a couple of hours sleep. In the early morning of the 21st the patient complained of occasional sensations of stoppage of the heart's action, accompanied by sudden fright and feeling of approaching death. Seen at one of these times by Mr. Sanders, he described the heart as acting tumultuously, with sudden intermissions, and the breathing as dreadfully laborious and distressing to witness. In the afternoon patient looked and felt much better. The bowels had been freely opened several times, and urine had passed in great abundance. The face was clearer and less anxious, the neck less swollen, the manner more composed. The cardiac dulness was still increased, and the heart's action, irregular in force and rhythm, but it was stronger, and its sounds could be discriminated. Two murmurs were now audible—one, heard in a circumscribed space over the cartilages of the left third and fourth ribs, was low-pitched, intermitting, and heard just before or at the beginning of the ventricular contraction; the other continuous, blowing, best heard at mid-sternum, from whence it could be followed for an inch and a half upwards to the left side, where it suddenly ceased, was synchronous with the contraction of the ventricles. The first murmur was only audible within a space which might be covered by a crown piece. No murmur was heard in the course of the aorta. The pulse was about 120, small and irregular. There was rather more cough and some frothy mucus expectoration streaked with blood.

Medicines were ordered to be continued every three hours, and linseed poultices to the chest.

On the 23rd patient was, in some respects, very much better; the face though pale was not livid; the swelling of the throat had almost subsided, and there was no jugular reflux. The first-described murmur had disappeared; the basic systolic bruit was louder than before, but audible in exactly the same situation; the heart's action was stronger and not continuously irregular; the pulse was 110; the general temperature better; the skin moist but not clammy. On the other hand, there was more cough, more mucoid expectoration streaked with blood, and greater pain about the chest and shoulders. In certain spots already noticed dulness was more marked; the respiration therefrom being feeble had become blowing; and there were sundry places in the upper part of both lungs where a coarse crepitus was heard with both the inspiratory and expiratory sounds. Dr. Clark inferred that secondary deposits had occurred in the lungs.

A blister was applied to the chest, the bowels were directed to be kept lax by a gentle saline, and bark was made the basis of the alkaline mixture, which was now given only four times a day.

On the 26th the patient was so much improved that, but for her cough, she would have considered herself well. The tongue was clean; the appetite returning; bowels lax; urine normal—it had never become alkaline. The heart beat about 96 times a minute and had become quite regular. A loud blowing systolic bruit was however still heard about mid-sternum. Less distinct below, and to the side above, it was audible only within narrow limits

streaked with blood. The respirations were about 24 per minute. The temperature rose towards evening to 101° in axilla.

The mixture was now omitted. Patient was allowed four ounces of wine a day. Morphia, laurel-water, and glycerine were prescribed for the cough as occasion might require; and she was directed to take thrice daily a mixture, containing ammonio-citrate of iron, iodide of potassium, ammonia, and infusion of calumba.

On 4th October patient was in every way better, she had gained fresh strength and some colour. Her only complaint was of a little cough and shortness of breath. The heart's action was quite regular, although the systolic bruit remained; the pulse was about 80; cough and expectoration had diminished; the breathing, however, was still hurried, and the dull spots with blowing and now divided respiration were just as before.

Patient having shortly afterwards expressed herself quite well, was discharged at her own request, but is still under occasional observation.

Dr. Clark observed that the events in this case appear to have begun with the formation of a small clot in the right auricle; that on the morning of the 21st portions of it got broken off, and carried through the right ventricle to the lungs, where they became impacted in branches of the pulmonary artery, too small to permit their passage; that there they excited secondary changes, issuing in solidification either in parts immediately adjacent or in parts at a distance by crumbling into minute particles, which reached and blocked the capillary circulation. He thought it probable that the murmur first heard was produced in the auricle, and that the second, which still remained, took its origin in the pulmonary artery; but he did not stay to discuss the mechanism of their production. It was not clear what led to the intra-cardiac clotting; but there were in the case many conditions to favour it: a past history of rheumatism; acid secretions; fits of palpitation, and a sedentary life. The future of this case, both as regards the heart and lungs, is full of interest. It is more than probable that the heart attack will return, or that the valves will be slowly altered by organic disease. In the hope of averting such a result Dr. Clark recommended the woman to be careful of her doings and diet; to eat plenty of green vegetables; to drink no beer, and to take small doses of potash whenever the urine became thick. But the woman went out, not only with a damaged heart, but with sundry deposits in her lungs. What is to become of these deposits? Will they be absorbed, converted into calcareous concretions, or broken down into small abscesses? It is hard to say. Only one knows that where the heart is diseased the softening of such deposits is exceptionally rare.

Dr. Clark concluded by saying that such cases were not rare; that the pulmonary embolic deposits when not absorbed became like yellow tubercles; and that by the softening of these, and the secondary changes which that softening involved, there was induced a spurious phthisis, not easily distinguishable during life from the true phthisis, which has the grey granulation for its anatomical characteristic.

CASES OF SOFTENING OF THE BRAIN.

By JOHN W. OGLE, M.D.,

PHYSICIAN TO, AND LECTURER ON MEDICAL PATHOLOGY AT, ST. GEORGE'S HOSPITAL, ETC.

(Continued from page 569.)

SOFTENING (GENERAL) OF THE BRAIN; DISEASED KIDNEYS AND HEART; CONVULSIONS.

Case 94.—John M., aged 53, was admitted June 20, 1853, with pains in the limbs, increased heart's action, dyspnoea, and shivering. Also a double aortic-valvular bruit, and pericardial-friction sound existed. It was stated that he had been ill but five weeks. In spite of treatment, drowsiness

came on, and pain at the back of the head; and, eventually, convulsions and delirium. He died in an attack of convulsions July 2nd.

Post-mortem Examination.—Thorax and Abdomen.—The heart was hypertrophied, and the effects of pericarditis existed. The kidneys were highly granular and cysted. *Cranium.*—The arachnoid membrane was opaque, in many parts much fluid existed beneath it, and in the ventricles. The brain, throughout its substance, was decidedly softer than natural. (189.)

SOFTENING OF THE CENTRAL WHITE PARTS OF THE BRAIN; FEVER.

Case 95.—James S., aged 34, was admitted January 20, 1854, with fever and delirium. He sank and died January 30th.

Post-mortem Examination.—In addition to congestion and an emphysematous state of the lungs, and a slight ulceration of the ileum, very extensive softening of the central white parts of the brain was found, along with much fluid in the ventricles, and beneath the arachnoid membrane. The brain itself was pale. (41.)

SOFTENING OF THE CENTRAL WHITE PARTS OF THE BRAIN; COMA BEFORE DEATH.

Case 96.—Charlotte A., aged 20, a stout and well-fed girl, was admitted March 8, 1854, having been for a week suffering from pain in the head, and having also been sick. There had been no pain elsewhere, but she had for years been subject to discharge from the ears. The pulse was quick and weak; the tongue foul. The eyes were suffused and with a slight tendency to strabismus, but the pupils acted naturally. She was deaf, and spoke slowly in reply to questions, and was rather confused in thought. In spite of treatment she passed into a state of insensibility; lividity of the surface came on, and, without any convulsive movements, she died four days after admission.

Post-mortem Examination.—Cranium.—Bones of the skull natural. The veins of the membranes were full of blood, and the cerebral convolutions flattened. Much fluid existed beneath the arachnoid, at the base of the brain, and much turbid fluid in the lateral ventricles. The fornix and septum-lucidum, and superficial parts of the corpora striata were very softened, otherwise the brain was natural. Excepting slight adhesion of the capsules to the kidneys, which were striated, the other organs of the body were natural. (66.)

SOFTENING OF THE SEPTUM-LUCIDUM; CONGESTION OF THE MENINGEAL VESSELS; COMA, HEADACHE, AND CONVULSIONS BEFORE DEATH.

Case 97.—Edward A., aged 32, a groom, was admitted March 29, 1854, having been found in a room, lying partially insensible, as if recovering from a fit, and could give no account of himself. He had an uncertain look with his eyes, and at times double convergent squint, but generally divergent squint. The pupils of the eyes were natural. He was cupped on the loins, had a blister to the nape of the neck, and a turpentine injection. On the day following he was more conscious, and had much pain in the head; and in the evening there was a return of the convulsions, and he had seven epileptic attacks, which left him unconscious. He remained in a stupid state, with his eyes generally turned outwards. He never rallied, and died April 2nd.

Post-mortem Examination.—Thorax and Abdomen.—The lungs contained scrofulous deposit and vomica, and the heart was very softened. *Cranium.*—The meningeal vessels were very congested. Much fluid existed under the arachnoid membrane, which was rather opaque and thickened. The brain was very dark and the ventricles distended, and the septum-lucidum was very softened. (93.)

SOFTENING OF THE SEPTUM-LUCIDUM; PHTHISIS.

Case 98.—Samuel B., aged 24, was admitted March 25th, 1854, having been out of work and starving, and laid

up for a week. He was unconscious, with his eyes turned inwards, the pupils contracted, hot skin, pulse 116, and in a state of muttering delirium. He was purged, had leeches to the temples, and a turpentine injection. He continued delirious, saying when roused that he had pain in the head. In spite of counter-irritation to the nape of the neck, he became more difficult to rouse, and after becoming cold, and blue, and stertorous, with convulsions, he died on the 30th.

Post-mortem Examination—Thorax and Abdomen.—The lungs were congested and contained scrofulous miliary deposits, and there was slight thickening of the mitral valve-flaps. The renal capsules were adherent to the kidneys. *Cranium.*—The dura-mater was very vascular. The surface of the brain was dry and the convolutions flattened, the ventricles being distended with clear fluid. The septum-lucidum was so softened as to be in a shreddy condition. (97.)

SOFTENING OF THE WALLS OF THE VENTRICLES; PHTHISIS; DISEASE OF THE KIDNEYS; COMA BEFORE DEATH.

Case 99.—Mark B., aged 45, was admitted September 27th, 1854, in a state of phthisis, and with vomiting, and anasarca of the legs, and albuminuria. There was a tendency to hæmorrhage of the gums. He became very low and depressed, and drowsiness without headache came on. He gradually fell into a state of semi-coma, and died October 21st.

Post-mortem Examination—Thorax and Abdomen.—Scrofulous deposits existed in the lungs and recent fibrinous deposits on the edges of the aortic valve-flaps, and the kidneys were much diseased. *Cranium.*—Much fluid existed beneath the arachnoid membrane, and the walls of the ventricles were very softened. (328.)

SOFTENING OF THE SEPTUM-LUCIDUM; EPILEPTIC ATTACKS; DISEASED KIDNEYS.

Case 100.—Charles S., aged 12, was admitted October 20th, 1854, with anasarca, and suppression of urine following scarlet-fever. The urine contained blood and fibrinous casts of the uriniferous tubes. Three days after admission he had an epileptic attack, and on the following day, another. On the 25th much pain in the head was complained of, and he was much flushed. He remained only in a partly-conscious state until he died on Nov. 2nd.

Post-mortem Examination—Thorax and Abdomen.—The lungs and kidneys were much diseased, and the lungs were œdematous, and in places solidified. The ventricles of the heart were dilated, and in the left one much fibrinous clot was adherent to the fleshy columns. The inner surface of the left auricle had in it a rent which appeared to have existed before death. *Cranium.*—The septum-lucidum was decidedly softened, but the other parts of the brain were natural. (340.)

SOFTENING (GENERAL) OF THE BRAIN; DISEASE OF THE KIDNEYS; COMA BEFORE DEATH.

Case 101.—Frederick P., aged 30, was admitted September 13, 1854, in a state of delirium-tremens, and with vomiting and diarrhœa. He had had no sleep for one or two nights. Calomel and opium, with ammoniated salines, were given. On the day following he was so noisy that he was placed in a separate room; he gradually became stupid and comatose, and died on the second day after admission.

Post-mortem Examination—Thorax and Abdomen.—The kidneys had much greyish-white material infiltrated through their texture; there was much ecchymosis of the lining of the stomach, and congestion of the lungs. *Cranium.*—The cerebral veins were congested, and much fluid existed beneath the arachnoid membrane, and in the ventricles. The brain itself, throughout, was softened, and "watery." (291.)

SOFTENING OF THE SEPTUM OF THE VENTRICLES; PHTHISIS; GOUT; DISEASED KIDNEYS.

Case 102.—William J., aged 40, was admitted March

3rd, 1856, in a state of phthisis, and with gout in the hands, and albuminuria. The urine became alkaline, a rambling state of mind came on, he became incoherent and fretful, and at last violent; he died on the 20th.

Post-mortem Examination—Thorax and Abdomen.—There was much scrofulous deposit, and there were vomicæ in the lungs, and the kidneys were very granular. *Cranium.*—The ventricles were full of clear fluid, and the septum of the ventricles was very softened. The brain was otherwise natural. (113.)

SOFTENING OF THE CENTRAL WHITE PARTS OF BRAIN AND SURFACES OF THE VENTRICLES; PHTHISIS; SEMI-COMA BEFORE DEATH.

Case 103.—Elizabeth J., aged 8, was admitted July 23rd, 1856. She had been well until one month previously, when she had dyspnoea and palpitation, and gradually increasing numbness of the hands, with inability to grasp objects; she moaned, was restless, and put the hand to the head. She had also pain in the chest. There was much fever; and moist râles existed in both lungs. Salines and antimony were given; and a blister to the neck, and ice to the scalp, applied. There was no strabismus. The moaning became less, but dozing came on, and the pulse became sharper and more frequent. Eventually, the urine was passed involuntarily, the drowsiness increased, and strabismus came on, and she sank and died four days after admission.

Post-mortem Examination—Thorax.—Scrofulous deposit was found in the lungs. *Cranium.*—The ventricles were dilated by turbid fluid, and the central white parts and surfaces of the ventricles were much softened, the septum-lucidum being quite in a shreddy state.

Microscopic Examination.—The fluid of the ventricles was found to contain flattened and rounded epithelium; pus-like globules; granular matter; remains of nerve-fibres, and cell-forms or vesicles, mostly large and round, and so delicate as to be scarcely visible, some only containing a nucleus, which was small, and situated either in the centre or attached to the cell-wall. (174.)

SOFTENING OF THE CENTRAL WHITE PARTS OF THE BRAIN; FATTY HEART; CONVULSIVE ATTACKS; PARTIAL HEMIPLEGIA.

Case 104.—Pauline W., aged 46, was admitted April 29th, 1857, having had, within the previous three months, two fits, which left her with pain and numbness of the left arm, and occasionally the left leg. There was no disturbance of the equilibrium of the facial muscles. The pulse was weak, the tongue clean and moist. A blister was applied to the neck, and small doses of the bichloride of mercury and sp. æther nitr. were given with a little wine. She went on fairly until May 9th, when she had another fit, attended by struggling, and foaming at the mouth. She remained unconscious afterwards, until she died, May 12th.

Post-mortem Examination—Thorax and Abdomen.—The walls of the heart were thin and weak, and that of the right ventricle, as determined by the microscope, was fatty. There was a small encysted tumour of the uterus. *Cranium.*—Much fluid existed beneath the arachnoid membrane, and in the ventricles. The central white parts of the brain (which was, throughout, very "wet") were softened. (114.)

SOFTENING OF THE CENTRAL WHITE PARTS OF THE BRAIN; CONVULSIVE ATTACKS.

Case 105.—Elizabeth H., married, and aged 24, was admitted June 10th, 1857. She was of a sallow complexion, had had vertigo for one month, and much pain in the back of the head and over the chest. For two days she had rigors, and had spat a little blood and perspired much. On physical examination, nothing wrong was discovered about the lungs and heart, but, on the day after admission she had an epileptic attack, which recurred on the 17th, after which there was ptosis of the left

upper eyelid, and imperfect consciousness, until her death. She lay on her back, frequently sighing, and her left eyelid could not be made to close when touched. She sank and died on the 21st.

Post-mortem Examination.—Cranium.—The bones of the skull were very thin. Much fluid escaped when the brain was removed, and the arachnoid generally was very opaque, at the base of the brain. The lateral ventricles were full of reddish serum. All the central white parts of the brain were very softened, and the fornix and septum-lucidum quite destroyed. Excepting that the capsules of the kidneys were very adherent, the various other organs of the body were natural. (148.)

SOFTENING OF THE CENTRAL WHITE PARTS OF THE BRAIN;
DISEASED LIVER AND KIDNEYS; DELIRIUM TREMENS;
DANCING TORSIONS.
CONVULSIONS.

Case 106.—William T., aged 33, was admitted July 22nd, 1857, in a state of delirium tremens. He had had several "convulsive fits." He died three days after admission.

Post-mortem Examination.—Thorax and Abdomen.—The liver and kidneys were much diseased, and patches of extravasated blood existed beneath the peritoneum. *Cranium.*—Blood-stained fluid existed in the cerebral ventricles, and the central white parts of the brain were in a softened condition. (179.)

SOFTENING OF THE CENTRAL PARTS OF THE BRAIN;
BREAKING DOWN OF THE SEPTUM-LUCIDUM; SCROFULOUS DEPOSIT IN THE LUNG.

Case 107.—Arthur B., aged 15, was admitted April 29th, 1857, having been ill eight weeks with what is termed low fever. He had frequent sickness, coated tongue, weak pulse, and photophobia, with heat of scalp, and constipation. The pupils acted well, and there was no strabismus; the vomiting continued, and pain at the forehead was complained of; he was blistered, and salivated, and treated with iodide of potassium and steel, and cod-liver oil; the pupils became very sluggish, and countenance depressed. The boy became exceedingly emaciated, and lingered on until August 29th, when he died.

Post-mortem Examination.—Cranium.—The skull was large and dense; the brain was "wet," and much fluid existed under the arachnoid and in the lateral ventricles. The septum-lucidum was quite destroyed, and the central parts of the brain softened. *Thorax.*—A slight amount of scrofulous deposit existed in one lung, towards its base, and hepatization existed around. The other organs of the body were natural. (209.)

SOFTENING OF THE SEPTUM-LUCIDUM, CORPORA-STRIATA;
ALSO OF THE MEDULLA OBLONGATA, AND CERVICAL PART OF THE SPINAL CORD.

Case 108.—George G., aged 20, an over-worked teacher in a school, was admitted December 16th, 1857, having for six months been subject to headache. For some weeks pain across the forehead had been very great, as well as giddiness, and intolerance of light. The pupils were much dilated and very sluggish, but equal. The giddiness was not relieved by lying down. In spite of treatment, the dread of light and the pain increased; double vision came on, and much fever. Much relief was obtained from the application of ice to the forehead. The vertigo and dimness of sight increased, and he died December 26th.

Post-mortem Examination.—Cranium.—The walls of the skull were very thin; the cerebral convolutions were much thinned, and the surface of the brain was dry; the ventricles were distended with fluid; the septum-lucidum was quite broken down, and the corpora-striata and thalamio-optici were softened. The medulla oblongata was almost diffuent, and the spinal cord was much softened in the cervical region. *Thorax and Abdomen.*—Excepting some scrofulous deposit in the lungs, all the organs were natural. (300.)

EXTREME SOFTENING OF THE FORNIX; PHTHISIS PULMONALIS.

Case 109.—Alexander McD., was admitted March 17th, 1858, in a state of delirium and unconsciousness. Before Christmas he had been in University College Hospital with fever, stated to be "remittent," from which, it was stated, he had never recovered completely. He suffered from symptoms of phthisis. His pulse was weak and fluttering, and his tongue red. He continued in the same state until he died on the 20th.

Post-mortem Examination.—Thorax and Abdomen.—The lungs contained a large amount of miliary tubercle; and scrofulous deposit existed in the mesenteric glands. The cœcum was much ulcerated. *Cranium.*—The ventricles of the brain were dilated with clear fluid. The fornix was much softened and almost diffuent, but the other parts of the brain presented nothing remarkable. (75.)

SUPPOSED SOFTENING OF THE BRAIN AND SPINAL CORD

Case 110.—Elizabeth C., aged 28, was admitted February 13th, 1858. She was the mother of seven children, who were all healthy, and her family history was good. Her illness began about two years before admission with tingling in half the head, including one-half of the nose and tongue, and subsequently numbness of the right hand came on. The head became all right as to numbness after a time, and so remained, but at the period when the hand became numb great pain was experienced in the head, at the vertex, and a "heavy" feeling, as if she was going to sleep, and this remained. About a year after the right hand became affected, the left one, also, was similarly affected. When first the right hand suffered, it was the thumb and forefinger implicated, feeling as if locked one remaining fingers were affected, and the left hand was affected, all the over another; but when the left hand was affected, all the fingers were simultaneously involved. The feet and legs were affected by general weakness, and it rather appeared as if this weakness had been manifested suddenly. For some months there had been jumpings in the right leg, as well night as day, but rarely during the night. For three months there had been inability to swallow solids. For nine months there had been "mistiness" of sight in the eyes, but there had never been any double vision. Six months ago there was very frequent sickness and vomiting, but this had been absent for five months, relief having been obtained from the use of prussic acid and creasote, with brandy and soda-water. A few months before admission there had also been aching pain at the nape of the neck, but not in any other part of the back, and sometimes the left arm became painful, especially after movement. The patient had never had any convulsive attack, and could assign no cause for her illness. It appeared that mercury had been given to a considerable extent, but that salivation was never induced. On admission she was unable to walk, or even to stand erect, or to sit up in the chair without support. She could move both arms in all directions, but had no sensibility in either hand, so that she could not hold a pin in her fingers unless she saw it. The left arm shook and tottered when lifted up, but not so the right one. She was very intelligent and in excellent spirits. The pupils of both eyes acted, but the left one was decidedly smaller than its fellow, and there was very slight strabismus, but so slight that it was difficult to say which eye was at fault. The muscles of the face were well balanced, and apparently firm and strong. She could distinguish letters, but could not read, owing to a thick mist which came over the words. The sensibility of the skin was in every part unimpaired. She was treated with small doses of the bi-chloride of mercury, and allowed meat diet and porter. Subsequently a seton was placed in the neck. After a month's time she left the hospital very much in the same state as when she entered it, and returned to Devizes, where she was watched by Mr. C. Wayland. That gentleman has kindly informed me that she gradually declined; her articulation became difficult, her memory failed, and she grew almost imbecile. She also became completely

paralysed in all her limbs, and in the bladder and bowels, and was subject to spasm of the throat and muscles of articulation, and died at the latter part of 1861. Unfortunately no post-mortem examination could be obtained, but Mr. Wayland was confirmed in his opinion that she had softening of the brain and spinal cord.

SOFTENING OF THE MIDDLE AND POSTERIOR CEREBRAL LOBES AND THALAMUS OPTICUS ON THE LEFT SIDE; HEMIPLEGIA ON THE RIGHT SIDE; CONVULSIVE ATTACKS.

Case 111.—Archibald B., a married man, aged 23, was admitted November 30th, 1859. He had always been temperate in his habits, and enjoyed good health until six weeks before, when he had a slight rheumatic attack. About two weeks before admission he had got very hot and wet with perspiration in walking, and afterwards became very cold upon the outside of an omnibus, and one week before experienced numbness in the right foot, which gradually extended up the leg, to the side, and right arm. When admitted, there was decided want of power to move the right arm and leg. The facial muscles were natural, but the pupils were rather dilated. The tongue was brown and slightly coated, and protruded to the right. The skin was hot and moist; the pulse 80 and soft, and no pain was complained of. Salines, with small doses of the hydr. c. creta were given, and a blister was applied to the neck. The urine was free from albumen; the pulse subsequently became more frequent, and the gums got affected by the mercury. About the 10th of December, numbness and coldness of the left side were complained of, followed by difficulty in emptying the bladder, and later on the pupil of the right eye was found to be more dilated than its fellow. The stools were passed involuntarily. After that there was a rigor and slight loss of consciousness, following an attack of convulsions of the right arm and right side, which continued for two hours. The loss of power in the arm and leg became more marked, consciousness remained incomplete, and, as he grew weaker, bed-sores formed. In the beginning of January, 1860, a slight amount of albumen was found in the urine, and later on pus-globules were detected. Sordes formed in the mouth; he became unable to protrude the tongue, or to articulate, and a large boil formed on the hand; respiration became very quick, the pupils very small, and much pain was suffered. He died Jan. 17.

Post-mortem Examination.—Cranium.—The greatest part of the middle and posterior lobes of the left cerebral hemisphere, commencing rather above the corpus callosum, and extending almost to the base of the brain, and also of the thalamus-opticus on the left side, were so much softened as to be almost diffluent, and were of a dirty-white colour. The other parts of the brain were natural, excepting that its superficial convolutions were flattened, and that the lateral ventricles were much distended.*

Microscopical Examination showed the softened parts of the brain to contain numbers of granular corpuscles.

Thorax.—The heart was weak and flabby. Some patches of the lung were in a state like the so-called lobular pneumonia. (14.)

THE TREATMENT OF ACUTE ABSCESS OF THE PROSTATE GLAND, POINTING TO THE RECTUM.

By JOHN HAMILTON,

SURGEON TO THE RICHMOND HOSPITAL, AND TO SWIFT'S HOSPITAL FOR LUNATICS.

(Continued from page 614.)

Now, in cases of abscess of the prostate gland, Sir Benjamin Brodie, and a later authority, Mr. Thompson,

recommend it to be opened from the perinæum. Sir B. Brodie says "If such symptoms as I have described exist, and go on for some time increasing, and you discover a fullness and tenderness of the perinæum, do not wait for any more certain indication of the abscess, but introduce a lancet in the direction indicated by the tenderness and swelling. It will often be necessary to pass it quite up to the shoulders, or even to the handle, before you reach the abscess." He recommends this to be done to prevent "it bursting into the urethra," a termination which I have always found in acute abscess to be most satisfactory. Mr. Thompson says* "The incision for this purpose must be made with some boldness, in the median line, in the known direction of the prostate, inclining a little below its situation in the healthy state, since its bulk is chiefly increased in the direction downwards—a fact, however, which is supposed to be perfectly ascertained by the rectal examination." "The depth to which such an incision must be carried cannot be less than an inch and a half, it may be two inches; less than the former will be probably useless, and if so unnecessary and injurious." If the acute abscess does take the very rare direction of the perinæum and makes itself obvious there by swelling and fluctuation, the plain course is to open it in that situation; but I am very opposed to an incision "an inch and a half or two inches deep" in the supposed situation of the matter. It is far preferable, when the abscess points to the urethra (when the presence of the matter is less observable from the rectum), to leave it to break of itself; or where the sufferings demand it, a catheter, either of silver or gum-elastic, with the stilet in, may be passed with a view of its point breaking the abscess, of which I hope to give examples on another occasion. But when fluctuation is discernable at its rectal surface, it should be opened there. The two following cases will exhibit the advantage of this proceeding:—

Case 3.—Mr. A. came to me on the subject of a urinary fistula at the root of the penis, just anterior to the scrotum, the result of an operation for stricture of the urethra performed in California some months previously. A No. 8 catheter was passed into the bladder with some tightness at the seat of the fistula. The operation was fixed for the following week, but it had to be postponed in consequence of his becoming affected with a bad influenza, prevalent at the time. As he lived in the country I did not see him for three weeks. He then came to me complaining of an inflammation in the passage far back. He required opening medicine, which he got; but next day he suffered from much pain far behind in the urethra, and a feeling of weight about the anus and perinæum, and in coming to town the hard seat of the cab and the shaking had increased his suffering. He had frequency and pain in making water. I recognized the symptoms of inflammation of the prostate gland, and felt, through the anus, the gland enlarged, hot, and very tender, so that he cried out when pressure was made on it. Leeches to the perinæum, a warm hip-bath, and small doses of blue pill and extract of hyoscyamus afforded no relief. On the contrary, the pain increased, with a most distressing inclination to go constantly to the night-chair, but when he went he passed nothing. He complained most of this, as along with the inclination, which occurred every ten minutes, there was a great deal of painful spasm—perhaps one of the most distressing of the symptoms of acute inflammation of the prostate. On passing the finger, I found the tumefaction of the gland much increased, with the soft feel of fluctuation in the left lobe, but the matter as yet was not near the surface of the gland. As he passed water each time he went to the night-chair, it could not be said whether there was the usual irritability of micturition, and as the quantity was so small each time, the stream could not be ascertained; the water was clear.

Two days after the symptoms were just as bad, but I thought it likely that the matter would be more advanced

* The softened brain is described in the Hosp. Pat. Cat., series viii., No. 51.

* The Enlarged Prostate, p. 206.

to the rectal surface of the prostate, and that I could relieve him by letting it out. Accordingly, I found fluctuation very apparent, the part soft, and more extended to the other side, and a spasm coming on I felt it become quite tense. I therefore passed a sheathed bistoury on my finger through the anus till the end rested on the centre of the abscess, which I opened by exposing the sharp end and plunging it in. At once, about two ounces of healthy pus, mixed with a little blood, came from the anus.

He got immediate ease. Two hours after he passed three table-spoonfuls of matter. At bed-time a tepid water enema was administered. The next day his brother called on me and told me that he had slept soundly and felt perfectly well. He came to town himself at the end of a week looking very well, no irritation in the rectum; but he told me that three days after I saw him he had frequent desire to pass water with some pain. A gush of matter came with the water from the urethra with great relief, but he still has a little irritability in making water. A few days after he went on a visit to some friends in the country, and I got a letter from him at the end of three weeks saying he was, as far as the abscess of the prostate went, perfectly well.

Case 4.—A delicate-looking young man came to the hospital (February, 1865) complaining bitterly of pain in the fundament and difficulty and pain in making water. He had had gonorrhœa for several weeks; the discharge declined, but some days before admission the violent pain behind began. There was no appearance of anything wrong about the outside of the anus, but when I introduced my finger (not without difficulty from the spasm of the sphincter and the pain it gave) I felt a considerable enlargement and induration of the left half of the prostate, exquisitely sensitive on pressure. Some leeches were applied to the perineum, he got a warm hip-bath and some aperient medicine. The inflammation was so intense and had lasted so many days, that I had no hope of preventing suppuration, but merely expected to give some relief to the pain. I did so, but to-day, the fourth after admission, though he did not suffer quite so much pain, he could not pass water, and when I examined by the anus, the hard tumefaction of the prostate had become soft and evidently contained fluid. I therefore determined to open the abscess of the prostate through the anus. I accordingly prepared a curved sharp bistoury by rolling a narrow piece of lint round it to within a quarter of an inch of the end, so as to cover the sharp edge, and protect the side of the anus from it. I next fixed a small ball of wax on the sharp extremity. Thus guarded and well oiled I passed it along my finger till its point touched the soft centre of the tumour, when I pushed it on through the ball of wax into the abscess. About two ounces of yellow pus escaped from the anus. Immediate ease followed.

Two days after he was remarkably relieved, passing water well and suffering only from slight soreness of the lower end of rectum. There was a slight return of the gonorrhœal discharge, but a fortnight after he left the hospital quite well.

NORTH CHARITABLE INFIRMARY AND CITY OF CORK GENERAL HOSPITAL.

CLINICAL LECTURE.

By Mr. SHINKWIN,

JUNIOR SURGEON TO THE HOSPITAL, AND DEMONSTRATOR OF ANATOMY,
QUEEN'S COLLEGE, CORK.

GENTLEMEN,—As we have had some cases of fracture of the upper extremity under our observation for the past four weeks, I take this opportunity of directing your attention to them more specially than I possibly could do in a ward full of patients, who watch with the utmost anxiety every word that may drop from us as we speak by the bedside.

The cases I allude to were, you may remember—first, oblique fracture of humerus, at its inferior third; second, fracture of clavicle, about an inch and a half from its acromial end; third, that peculiar fracture of the lower portion of radius, called after the person who first described it, Colli's.

It is not my intention to speak of fractures of the humerus, or of the clavicle, or of the radius, as such. This class of teaching I look on as distinct and separate from clinical instruction. It comes more within the sphere of your "Professor of Surgery;" he generalizes and takes in the whole "Art and Science of Surgery," whilst we, as clinical teachers, have only to speak of the actual cases under our care.

The case of fracture of the humerus was the first bed we used to stop at in No. 1 Ward.

Mr. Mowle, our Clinical Clerk, gives the following history of this case:—"Whilst the man was driving a cart along one of the quays the horse became so restive and unmanageable that he ran the car against a wall; the man, sitting on the side of the vehicle nearest the wall, tried to save himself by jumping off, but before he could accomplish the act he was caught between the wall and shaft, and had his arm broken, and also received some bruises of his side.

On his admission it was at once apparent that there was injury done to his arm, as the deformity was very marked, the fracture being oblique. This direction of fracture, I need hardly tell you, is more favourable to displacement than had it been a transverse one, and also made it more difficult to keep the parts in apposition. In the first instance, the bones have surfaces which easily glide one over the other, whilst in the latter, when once the bones are properly placed and splints applied there is no fear of displacement; and now to describe the treatment adopted.

When we reduced or set the fracture—that is, when we brought the ends of the bones together, by using a good deal of extension and by keeping the forearm flexed on the arm, the entire limb was nicely and evenly bandaged from the fingers up to the shoulder. A well-padded angular splint was then applied on the outer side of the entire limb, whilst a straight one was laid on the inner side of the arm, and the entire bandaged with a roller. The arm was then placed in a sling, and a few turns of bandage applied round it and the thorax, by which means the whole arm was firmly secured to the body, and rendered perfectly immovable. This plan of treatment had, I am sure, a good deal to do with the quick recovery the patient made.

Four or five days after the occurrence of the injury we had to loosen the bandage on forearm, as there was great swelling near the elbow. In about seven or eight days the angular splint was removed, and in its stead we placed two short splints, one on the outer, the other on the inner side of arm. Just at this period of the case the patient complained of cough and some dyspnoea, and on examining his chest we found that he had an attack of bronchitis at the injured side. This was quickly subdued by the usual treatment.

For the past eight or ten days Driscoll's arm has been kept in pasteboard splints, firmly bandaged with a roller made stiff by a mixture of prepared chalk and gum. This apparatus, nicely applied by Mr. Mowle, has kept the parts in close apposition, and on cutting open the bandage and splints (just alluded to) a few days ago, we found the fracture perfectly united, with, I may say, hardly any deformity. The splints and bandage retaining the shape of the arm were re-applied, and the man dismissed after being three weeks in hospital.

If a case, similar to the one I have just described, should come under your care, and that you carry out the same plan of treatment we adopted, I am sure you will have success. It is a class of fracture easily diagnosed, and with common attention quickly cured. I think for the first week or so the angular splint is the best to apply,

as it gives more general firmness to the limb than any other, but after that time I would fear that leaving it on would give the patient unnecessary trouble. After the lapse of a week all spasm of the muscles is subdued, the parts have become accustomed, if I may so speak, to their new position, and the plain long splint, the outer one, reaching a little above the shoulder, and below the elbow, the inner nicely and evenly padded, care taken that it should not excoriate the axilla, will answer all the purposes of the angular splint, and give your patient great freedom of action in the wrist and fingers.

Dr. Sutton, of Warwickshire, in THE MEDICAL PRESS AND CIRCULAR of the 24th October, speaks in the highest terms of what he calls a cylindrical splint. He states that he applied it in a case of oblique fracture of the arm, and that he never removed it from the day of its application until he did so finally. This in all fractures is a great desideratum, and should we have an opportunity we will try how this splint will work. One grand principle you must always bear in mind; that in fractures of the humerus you must keep the elbow flexed; if you do not the muscles attached to the broken ends of the bones will be in continued spasm. "Both patient and surgeon," says Percival Pott, "concur in putting the arm in the flexed position—that is, into such a state as relaxes all the muscles surrounding the broken bones," such, then, is my advice to you with regard to the treatment of fractures of the lower third of the humerus. Acting so you will be carrying out the three great principles to be adopted in the treatment of all fractures—1st. By relaxation of the muscles consequent on flexion of the elbow, you are able to adjust the bones properly. That effected—2nd. You retain them in their proper position, steadying the whole limb with the angular splint; and 3rd. By substituting the plain splints and immovable apparatus, you prevent any subsequent annoyance, such as stiffness of elbow, or immobility of fingers.

Our second case was that of a jingle driver, who, whilst driving, was thrown off his seat, and falling on the left shoulder, fractured the clavicle about two inches from its acromion end.

On admission he was so tipsy that at first we hardly knew what was the matter, but after a careful manipulation of left shoulder, we were satisfied that there was a lesion of the bone in the situation I just mentioned. As we ran the fingers over the bone, the separation was immediately perceived, for the outer fragment was considerably lower than the inner, and slightly overlapped by it. I need hardly remark that this displacement can be accounted for in two ways—1st, by the weight of the arm pulling the outer fragment down, it being totally separated from its support, and also, by the action of the deltoid fibres, whilst the inner end of the bone is more or less fixed by the pectoralis major on one border, and the clavicular attachment of sterno-cleido mastoid on the other. I have here before me notes taken from Robert Smith's book on fractures, written indeed when I little dreamed that I should be a clinical teacher in this hospital, or that I should ever make use of them in a lecture; it was my intention to have read his description of this fracture for you, but time will not permit me; get the book for yourselves—read it—study it well, and its perusal will be of incalculable benefit to you.

The position this patient assumed in bed was peculiarly characteristic of the accident. He sat with his head yielding to the left side, the arm supported by the right hand placed under the elbow. If a patient comes to you in this attitude, make a careful examination, as you may rest assured something is wrong at or about the shoulder. In the treatment of this case we had two difficulties to overcome—to bring the ends of the bone together, and then to retain them in position. To accomplish this was not at all as easy as you might imagine; an assistant placed his hand in the axilla, thereby making a fixed point, the shoulder was then drawn backwards and outwards; by acting in this way, the external fragment was brought from its position under the inner one, and then, by

lifting up the elbow, we had the ends of the bones pretty fairly placed *in situ*. To keep them so was then the question; this difficult feat was undertaken by Mr. Barry; he made a large tow pad and rolled it up in a piece of calico long enough to tie over the opposite shoulder; this he placed in the axilla, and firmly fixed it in the manner just mentioned; he then by means of a good broad bandage firmly placed the arm to the side, giving a few turns of the roller, from under the elbow over the fractured clavicle, thus exercising a certain amount of pressure on the clavicle, by which means he kept the bones level, and formed a sling for the arm. This is most essential; indeed when putting up such a fracture I always try and dispose my bandages so as not to require a shoulder strap at all, and form by them a regular socket for the elbow, but I must acknowledge by doing so, you oblige your patient to keep his arm with the hand nearly touching the shoulder of the opposite side—not as convenient a position as the one permitted to this man.

I cannot speak too highly of Mr. Barry's care to this case—one day loosening and another tightening the bandages, as they fretted the patient's skin and temper, the latter by no means a good one, or became so disarranged as not to fulfil the object of the dresser. However, all difficulties were overcome, and the man was dismissed perfectly cured, after being four weeks in hospital.

The third and last case we have to consider is that of an old lady who, do what we could with her—watch her as closely as we might—used to take the greatest possible delight in undoing whatever we did. She was the most restless patient I ever had under my care. Dresser and nurse, house-surgeon and surgeon, did all they could to send her out a credit to the hospital, but all our attention availed nothing. The perversity of the sex was too firmly ingrafted to be so lightly laid aside, and the result was that she left hospital with a deformed arm. Splints were applied; next morning they were found under her pillows. Nurses were threatened to be fined, and the splints put on again; it was no use. Temper—that is, a good one—is a great blessing; but even Collis himself would have lost his had he had this woman under his care.

The accident in her case was a very perfect specimen of fracture of the radius, say about an inch above its carpal end, and would not have been so easily diagnosed but for the peculiar appearance the arm presented; for I cannot agree with Erichsen when he says "there will be noticed crepitus on rotating the bone whilst the hand is drawn down." We would rather incline to Robert Smith's opinion, that there is an absence of crepitus in such cases, and that the swelling makes it a very difficult fracture to diagnose. This swelling is usually on the dorsal aspect of the limb, causing a considerable deformity, whilst on the anterior part of the arm there is great fullness, as if effusion had taken place under the flexor tendons. This fullness will not extend in ordinary cases beyond the annular ligament, nor higher up than about a third of the arm.

The best way for you to examine a case where you suspect such a fracture to exist is to apply the fingers of one hand to the seat of the suspected fracture, and then locking that of the other hand in the person who is suffering, to make considerable extension, at the same time keeping the hand of the patient bent. By doing so, if there be fracture you reduce the swelling both on the palmar and dorsal surface, the latter caused by the carpal extremity of the radius being directed upwards and backwards, not downwards, which is its normal aspect; and as the carpal bones are firmly united to the lower end of the radius, they must follow, and in this way we have the tumour on the dorsal aspect of the hand; whilst the former, that is, the palmar tumour, is produced by the radius being drawn backwards, causing the ulna to appear more prominent towards the palmar surface of the wrist; or by "the projection forwards of the lower end of the upper fragment being put into a state of forcible pronation." These symptoms disappearing, and mobility being present, you may conclude that there is fracture.

In this case our treatment was most unsuccessful. The splint we used was the one recommended by Gordon in the *Dublin Quarterly Journal*; but I think no matter what apparatus was put on, the patient would not permit it to remain, and we were obliged to permit her to leave the hospital a disgrace to our surgery and our infirmary.

Hospital Reports.

MERCER'S HOSPITAL.

MEDICAL WARDS.

CLINICAL REMARKS: WITH CASES.

By WILLIAM MOORE, M.D. Dub., M.R.I.A.,

SENIOR PHYSICIAN TO MERCER'S HOSPITAL; VICE-PRESIDENT OF THE COLLEGE OF PHYSICIANS, AND LECTURER ON THE PRACTICE OF MEDICINE, &c.

(Continued from page 618.)

"ANEURISM OF ASCENDING AORTA."

(Reported by Mr. H. T. BROWNIGG.)

Case 2.—James M., aged 42, a porter by trade, was admitted into this hospital on the 30th June last. Both his father and mother are dead. He has one brother and three sisters alive and well. He served as a soldier in the East India Company's service for nineteen years, when he was sent home invalided. A few days previous to his admission into hospital he was removing rain water from the balcony of a house in this city when he suddenly felt "all the blood rush to his head" (as he described it), became giddy, and fell. When we first saw him his face was livid and swollen; the angle of the mouth on the left side was drawn slightly downwards; the neck was swollen and tender on pressure; the jugular veins standing out prominently; the pupils were unaltered; he complained of deafness of his left ear; the right upper half of the body and the right arm was cedematous. There was a patch of ecchymosis about the eighth rib, probably the result of the fall, and on running the hand over the chest, a slight general prominence could be felt at the upper part and the right side, about the junction of the second and third ribs with the sternum. Now, the subjective symptoms this patient chiefly complained of were dyspnoea, amounting at times to orthopnoea, of dysphagia, of partial loss of vision, and of giddiness on assuming the erect position. His voice was peculiarly hoarse and laryngeal; this hoarseness supervened on the accident, as he stated that he never had loss of voice at any previous period. His cough was ringing and brassy, and the expectoration of the consistence of thin gum water, and of a rusty colour. On percussion there was appreciable dulness over the prominence at the right side of the chest, and here a faint single systolic bruit was audible. The respiration in the right lung was deficient, that of the left puerile; the pulse at the right wrist was scarcely perceptible, whilst that of the left was normal. He suffered from severe neuralgic pain down the right arm and over the right side of the chest generally. To relieve the distressing dyspnoea we tried ether, chloroform, lobelia, and other remedies without avail, whilst anodyne liniments were simultaneously used for the relief of the violent neuralgic seizures. After the lapse of a fortnight this patient went home, and after being some days there, and his symptoms becoming still more urgent, he applied for admission into the Meath Hospital. Here he was followed by Dr. Brownrigg, who (with zeal which does him great credit), was determined to see the sequel of the case. This opportunity was soon afforded him, for on the 2nd of August it proved fatal, when a post-mortem examination revealed a large tubular aneurism of the ascending portion of the aortic arch, which, if distended, would have contained a pint of fluid. There was no rupture of the sac, which was partly

filled with fibrine. The right lung was collapsed, and the right pleura generally was adherent, whilst the left lung seemed healthy. About five pints of bloody serum was found in the right pleural cavity.

Now, in this case the collateral symptoms, so to speak—viz., dyspnoea, dysphagia, partial aphonia, neuralgic pains, laryngeal cough, the comparative absence of respiration in one lung, the inequality in the radial pulses, coupled with œdema, hæmoptysis, and other objective signs of arrested circulation—mainly contributed to the diagnosis. No doubt percussion gave us some aid, and the stethoscope elicited a faint systolic bruit, heard over a circumscribed region; still in many cases of this too frequently latent malady all stethoscopic evidence is negative or altogether absent, and then you must fall back on the collateral symptoms, more especially those due to nervous pressure, as reflected on the eye and its appendages, in variations in temperature, and in cutaneous eruptions, in addition to the other symptoms already mentioned.

As regards the treatment of this terrible malady, it generally consists in relieving the symptoms as far as in us lie, more than in bringing about any radical cure. Years ago Valsalva recommended general bleeding, which, I need scarcely add, has been exploded, and in its stead purgatives and diuretics have been employed with the view of diminishing the watery constituents, whilst sedatives, as digitalis, hydrocyanic acid, acetate of lead, and other such remedies are exhibited with the view of lessening the heart's action, and thus bringing about coagulation in the sac; locally, ice and cold applications have been applied with the same intent. Iodide of potassium has been strongly recommended by Dr. Roberts, but my own experience of this remedy in aneurism is not sufficiently extensive to express an opinion on its merits. Should angina or symptoms of weak heart complicate the disease, the diet must be somewhat stimulating.

The third and last case to which I shall call your attention on the present occasion is one of "Paralysis from Lead Poisoning," which Mr. Gregory Sale has kindly furnished us with the notes of:—

Case 3.—John H., aged 47, was recently admitted into this hospital, when he appeared anæmic, wasted, and generally paralytic. On closer examination, we found the capsular muscles of the right arm much atrophied, especially the deltoid and supra and infra-spinati, latissimus dorsi, and serratus magnus of the same side. The extensors of both forearms were comparatively intact, but "paralysis agitans" was well marked, more particularly in the right arm. The blue line was visible around the base of the teeth, which were covered with the black discolouration. The heart's action was feeble; he complained of deafness, of giddiness, and occasionally of inability to speak for a few minutes. He has suffered from repeated attacks of colic, and his bowels are habitually costive. Pulse 78.

Now, at first sight you would not think there was any feature of unusual interest in this case, but a little further reflection will show you that it does possess some features not the rule in cases of lead poisoning. In cases of paralysis from lead we usually find the extensors of the upper extremities principally affected. In this case these muscles may be said to have been intact, whilst the muscles of the upper arms and scapula were much atrophied, especially on the right side; but, even here, the atrophic symmetry was not preserved, as the biceps and coraco brachialis were of almost normal calibre; but let muscular atrophy exist where it may associated with lead poisoning, my experience leads me to conclude that the spinati muscles of the scapula are sure to suffer.

Now, about the treatment of this form of disease: In the acute stage, taking the hint from Briquet, we have applied electricity through the medium of damp sponges over the abdomen, and with good effect in relieving the acute pain, following up this application with a brisk purgative and the warm bath, and when the bowels have been well relieved, the exhibition of iodide of potassium

in doses of from five to ten grains three or four times a day. You are aware Mr. Melsens has strongly recommended this remedy for the elimination of lead, and Dr. Parkes has given proof of the lead passing off by the kidney during the exhibition of this iodide. Strychnine, where much loss of power is present, is a valuable adjunct to the iodide of potassium, in doses varying from one-twentieth to one-twelfth of a grain, which may be gradually increased. Simultaneously baths should be employed, more particularly that containing sulphuret of potassium (about four ounces of the sulphuret to the bath), in which the patient should remain for twenty minutes or half an hour; and, for the relief of the neuralgic pains, the compound camphor or soap liniments, with chloroform, aconite, belladonna, or opium, will be found efficacious, whilst electricity should be daily employed till all loss of mobility has disappeared.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS,

DR. LYONS'S CLINIQUE.

ABSCESS OF THE LIVER; PUNCTURE OF THAT ORGAN.

(From Notes by Mr. J. A. CLARK, Clinical Clerk.)

JOHN REHILL, aged 39, a labourer, engaged in the construction of sewers under the Engineering Department of the Dublin Corporation, was admitted into the Whitworth Hospital, and placed under Dr. Lyons's care on the 14th August, 1866. He had generally enjoyed pretty good health until three years previously, when he suffered from a slight attack of jaundice, which appears to have lasted not more than ten days. Subsequently to this he states that he continued in good health till April in the present year. He then began to experience a sense of weakness after taking food, with frequent pyrosis. For some weeks he vomited occasionally after his meals—usually at an interval of two hours. On the 29th July he threw up a quart of green and yellow stuff. On admission he had a remarkably cachectic appearance, with a sallow hue of the surface generally. The tongue was foul, a sense of nausea was experienced, but there was no vomiting, and the pulse was under 60. His principal suffering was referred to the epigastric and left hypochondriac regions, with occasionally severe pain in the back. On careful examination in this situation a marked fulness was observed in the scrobiculus cordis, and pressure, however slight, in this region gave him intolerable distress. He complained much of want of sleep, and had distaste for food; he suffered much from flatulence, and his bowels for weeks together were not moved except under the stimulus of enemata and active purgatives.

On the second day after admission his pulse was noted at 50, the next day it was 60, and two days subsequently but 48. It was henceforth very variable, but usually ranged between 40 and 60, and on one occasion fell so low as 38. The action of the heart demands notice; it was slow and labouring, especially when incommenced by the extreme flatulent distension of the stomach, which was of frequent occurrence. Occasionally the heart presented a most distinct and regularly recurring triple rhythm.

On numerous occasions a very distinct pulsatile wave was observable in the epigastric region, and a throbbing sensation was constantly experienced by the patient himself. As week after week passed by the sufferings of this truly patient creature increased. The tumefaction within the area of the costal arch became more and more prominent, very strong pulsation was frequently found in it, and the pain inflicted by the gentlest pressure in daily exploration was all but intolerable; he could only lie in a peculiar semi-diagonal position on the left side. Violent "stabbing" pains were now frequently experienced, and

on the 20th October, more than two months after admission, from twelve in the day till near midnight, he suffered terrific agony, and complained of excessive suffering from the epigastric pulsation. The sense of thrusting forward of the sternum was agonising to the patient; he said repeatedly he felt as if he should burst open, and on one occasion his suffering was so intolerable that he had to be held down in the bed, and nothing but chloroform inhalation to partial insensibility gave him any relief. To the clinical clerks who, through his long period of suffering, paid such unremitting attention to this patient, Dr. Lyons tenders his most grateful thanks. His pulse, which on the previous day was but 40, rose at 10.30 to 120, but in a day or so fell to its usual range, between 40 and 50. About this period a new feature was added to the case—he began to sweat at night, and on some occasions to a profuse degree. Chill or rigor was at no time observed, though carefully inquired for.

Passing in review all the possible conditions capable of being brought to explain the phenomena presented in this remarkable case, Dr. Lyons came to the decided opinion, *par voie d'exclusion*, that an abscess of the liver, occupying probably the left lobe, could alone satisfy the requirements of diagnosis.

Having regard to the pulsation so forcibly present at intervals, and the pain in the back, the possibility would naturally occur to the mind that the case might be one of abdominal aneurism, thrusting before it the left lobe of the liver. The absence of diastolic throb, and of murmur, as well as of any persistent and boring character in the pain, taken in connection with the sweats, slow pulse, and other features of the case, made conclusively against this view.

Dr. Lyons having had frequent consultations with his immediate colleagues, and having further enjoyed the advantage of Sir Dominic Corrigan's assistance in consultation, came to the decision to explore the tumour by incision and puncture, and should circumstances seem to admit or demand it, to evacuate its contents, if any.

The patient's state was such that he not alone readily lent himself to the proposal for an operation, but such were the effects upon him of his protracted and increasing sufferings that he urgently entreated that something should be done even to attempt to afford him relief. Leeching, blisters, poultices, and the full and continued use of morphia in half-grain doses, every four or six hours, had failed to bring about the slightest permanent amendment. The patient's remaining strength was fast giving way under such continuous pain, distress, and occasionally positive agony as he experienced, and unless mechanical relief could be procured in some way, his death was to be anticipated at no distant day. Indeed, for many days Dr. Lyons's first inquiry of his clinical clerk at the hour of morning visit was whether Rehill was still alive. Surely such a state of things warranted some bold procedure, even with but a faint hope of success.

On the morning of the 2nd November, the pulse being 72, an incision about two inches in length was carefully made at eleven A.M. over the most prominent part of the swelling. The peritoneum was readily reached, and was found to be non-adherent. A fine trochar was passed into the liver, but nothing save a couple of drachms of dark hepatic blood, contrasting forcibly with the vivid colour of the blood in the subcutaneous section, was withdrawn. It became evident that the abscess, of the presence of which Dr. Lyons entertains no doubt whatever, lay a little to the right or left of the puncture, and that further procedure was for that day out of the question. The external wound was kept open by a pledget of lint, a poultice was applied over the part, an opiate administered, and the most perfect rest enjoined.

At three o'clock P.M. the pulse had fallen to 52, and what it is most strange to relate, the patient expressed himself improved to a degree that exceeded all expectation, and which was out of all proportion to the amount of mechanical relief which could be supposed to be due to

the removal of the tension of the parietes of the abdomen, and the abstraction of the few drachms of hepatic blood which escaped by the trochar.

Each day now found the patient better and better; no threatening of peritoneal or hepatic inflammation followed the incision and puncture of the liver. The epigastric tumefaction sensibly increased, and it became evident that an effort was being made for the abscess to come to the surface, and a well-marked mountainous elevation, some six inches in diameter at the base, now occupied the site of the costal arch. Even those who had been previously sceptical as to the nature of the case were now prepared to admit that "it was now something like an abscess coming to the surface." At this period the patient began to sweat most copiously by day as well as by night; a profuse general hydrosis covered the whole body, requiring his clothes to be changed on many nights. Coincident with this new phenomenon the epigastric swelling daily diminished; all remaining tenderness gradually subsided; the patient began to recover spirits, appetite, and strength, and slept with tranquillity. In less than a fortnight after the operation he was enabled to sit up and walk about the ward. The bowels were still obstinately constipated, and flatulent distension of the stomach and abdomen generally were constantly complained of. While sitting at the fire on the 19th November, he was seized with most violent abdominal pain, and became completely prostrated, requiring to be carried to bed. The pulse did not rise above 66, but as there was much desire to vomit, with great abdominal distress, the hopes of his recovery were for a time rudely dashed. More careful exploration, however, satisfied Dr. Lyons that he was labouring under nothing worse than an unusually severe fit of colic. Appropriate remedies were prescribed, and the patient again resumed his steady progress to convalescence. The pulse ranged from 60 to 70; the heart's action became regular; appetite and strength gradually returned; sleep, full, long, and refreshing, was enjoyed without morphia, and natural action of the bowels was restored, without purgatives, after many months of obstinate constipation.

All sense of uneasiness over the liver disappeared, free and supple motion of the trunk was restored, and in about five weeks after the operation the patient left hospital to resume his avocations in the lighter and less trying occupation of a day watchman. He was seen last on December 19, 1866, his pulse was 76, his general state much improved, and he was entirely free from all gastric or hepatic uneasiness. His illness had lasted about nine months.

In commenting on this case, Dr. Lyons asks, if not an abscess of the liver, what was it?

That it was such he is fully convinced, and he further concludes that, so far as the experience of a single case goes, it may be taken in conjunction with others to show that—

1. Puncturing of the liver for the relief of abscess, when such a morbid state is presumably present, may be performed with immunity.
2. That even should the abscess be not reached, puncture of the liver stimulates that organ to active absorption, and that then an abscess may be absorbed by the natural efforts stimulated by art.
3. That when a fair presumption of an abscess in the liver exists, the sooner an operation for its possible relief is undertaken the better, as it is highly probable that in such a vascular organ the presence of one centre of purulent transformation acts as a source of infection to other parts of the organ, and induces multiple abscesses.

The copious sweats were in all probability the mode of vicarious excretion selected by nature for the removal of the purulent matter in the case above recorded.

The case has two important interests:—1. It is an example of recovery after a very protracted and very painful illness. 2. It is an ample theme for discussion.

Reviews.

CHROMO-LITHOGRAPHS OF THE DISEASES OF THE SKIN. By ALEX. BALMANNO SQUIRE, M.B.Lond. London: Churchill and Sons. 1866.

THE profession are tolerably well acquainted with the coloured photographs originally issued by Mr. Squire. The plates now under notice are re-publications of these in a cheaper form than that in which they were at first issued; and thus they are now accessible to every student of cutaneous diseases. The portraits are good—very good—and each is typical of a separate class of disease.

Some will, perhaps, say that portraits of diseases of the skin ought to be of life size; and were expense and convenience not to be taken into account, they undoubtedly ought; but yet, for the purpose aimed at by this publication, the success is complete, and the letter-press accompanying each plate is a valuable addition to the usefulness of the entire set.

To those who have, or who may have, these chromo-lithographs, we would suggest that the letter-press respecting each class should be inserted opposite to the plate to which it belongs, as in that case the student's labours will be much facilitated. In Mr. Squire's collection we have portraits as follow:—Psoriasis (diffusa); Impetigo (figurata); Lichen (inveteratus); Scabies; Chloasma; Favus; Lupus; Papular Syphilide; Nævus (vascularis); Erythema (tuberculatum); Eczema; Pemphigus.

In the letter-press, we find in each class:—*a*, a general description of the disease; *b*, its treatment; *c*, the history of the case exhibited in the portrait, pointing out its most noteworthy points.

It is to be hoped that Mr. Squire will not stop here, but continue the production of chromo-lithographs, such as we now have great pleasure in recommending to our readers.

EDINBURGH MEDICAL JOURNAL. December, 1866.

THIS number contains five original communications:—1. On some of the therapeutic effects of Bromide of Potassium, by Dr. James Begbie; 2. Cases of Ovariectomy, by Mr. Keith; 3. On the Management of the Second Stage of Natural Labour, by Dr. Hardie of Manchester; 4. On the Pathology of Cholera Collapse, by Dr. Horace Jeaffreson of London; and 5. The concluding portion of Professor Struthers' Historical Sketch of the Edinburgh Anatomical School. All these articles are good; but the first and last are specially so.

THE GLASGOW MEDICAL JOURNAL. New Series. December, 1866.

THERE are two original papers in this number:—One, the Introductory Address at the Public Opening of the Medical Session, 1866-67, by Professor Gairdner; and the other, "Remarks on Alcohol," by David Pride, M.D. There is also a Clinical Record, by Dr. Grainger Stewart, with some reviews, and other medical matter. Dr. Pride's paper deals with alcohol in its bearings upon digestion; as a heat-evolving agent; and as a nerve stimulant when prescribed in a medicinal form. His doctrine seems to recommend the use of alcohol only in extreme cases; according to his own rendering of the proverb of the wisest of kings:—"Give strong drink unto him that is ready to perish."

ATLAS OF PORTRAITS OF DISEASES OF THE SKIN, issued by the New Sydenham Society. Sixth Fasciculus, 1866.

THE present issue contains three plates.

Portrait xv. represents eczema impetiginodes on the face of an adult. Portrait xvi. represents eczema on the face of an infant; and also eczema rubrum on the leg of an adult. Portrait xvii. is rather extensive in its details, representing several distinct affections—namely, psoriasis of the hands and finger-nails; syphilitic psoriasis of the finger-nails; congenito syphilitic psoriasis of the finger and toe-nails; onychia maligna, and chronic general onychitis. It is scarcely necessary to say that these portraits are quite as good as their predecessors; indeed, portrait xvi. is one of the best, if not the best, of the whole series.

TEMPERATURE IN ACUTE DISEASE. Being a Thesis read for the Degree of Doctor in Medicine before the University of Dublin, June 26th, 1866, by Thomas Armetriding Compton, M.D. Dub.; B.A. of Corpus Christi College, Cambridge. 8vo. London. 1866. Churchill and Sons.

This pamphlet of 81 pages 8vo, originally appeared in the August number of our cotemporary, the *Quarterly Journal*, and is now published as a second edition, in a separate and revised form.

Among the alterations which it has undergone since its first appearance we notice the abolition of the tables inserted in the first edition; and the substitution for them of elaborate *diagrams*, printed from letter-press, by Mr. Falconer of Dublin. This system of printing diagrams in letter-press is somewhat novel, and is likely to prove of great use to the profession, now that the thermometer is fast becoming as necessary to the physician as is the stethoscope.

NOTES ON ANIMAL MECHANICS. By the Rev. Samuel Haughton, M.D., Fellow of Trinity College, Dublin. [Pamphlet.]

THESE notes were read before the Royal Irish Academy, on the 26th of June, 1865, and are reprinted from the Transactions of that learned body.

It is not necessary for us to recommend anything from the pen of Professor Haughton; and in the present instance it is least of all required, because it is understood that the rev. gentleman is preparing an elaborate work, an *opus magnum*, on the important subject of animal mechanics. It is, however, a matter for congratulation that questions like this, which are so intimately bound up with our profession, should be brought before so important and influential a body as the Royal Irish Academy.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, DECEMBER 26, 1866.

THE NATURAL SCIENCE TRIPOS AT CAMBRIDGE.

ALL those who are interested in the progress of Natural Science must feel gratified at the manner in which it is now encouraged in the two most ancient Universities of England, and the result of the examination just concluded at Cambridge for the Natural Science Tripos is alike honourable to those who conducted it, and to those who have succeeded in passing the ordeal. To those who are unacquainted with the system recently introduced into the Cambridge examinations for members of the Medical Profession, it may be as well to state that not only are great facilities now offered to the student for making himself proficient in the different studies connected with medicine, but the modes of proceeding adopted for graduating in medicine and surgery have been of late years materially modified and improved. That very much merit is due to the indefatigable exertions of Dr. HUMPHRY, the present Professor of Anatomy in the University, and Surgeon to Addenbrooke's Hospital, it would be most ungracious and ungrateful to deny, and his efforts have been in many cases warmly and liberally seconded by the authorities who hold the purse-strings, and by whose permission and under whose

auspices this really magnificent new hospital has been erected, together with the new chemical laboratory, the new museums of anatomy and comparative anatomy, the dissecting-room, and the other appliances necessary in a first-rate medical school. That much effort was required to overcome the *vis inertia* of a system which had grown hoary with antiquity will readily be believed; and even the shades of LÖCKE and of Sir ISAAC NEWTON, to mention none of the series of illustrious divines, classical scholars, and mathematicians, who have adorned this ancient seat of learning, may well have been astonished if they ever re-visited this earthly scene, at the introduction of modern science as an integral part of the curriculum of the University. The two first-named philosophers indeed would, no doubt, have encouraged such a movement, but their contemporaries and successors were in general so well satisfied with things as they were, that until very recent times the fundamental truths of the great practical sciences which are now effecting a moral revolution of the world, were taught almost everywhere *except* at the two old Universities.

Times, however, are now altered, and Cambridge, so far from lagging in the rear in the march of improvement, is boldly advancing in the front ranks. Some of its Museums, especially those of Mineralogy and Geology (the latter under the auspices of the veteran and accomplished Professor Sedgwick), have long been among the finest in the world, and now those of Human and Comparative Anatomy are already rivalling some of the best collections in the large cities of Europe. While the study of Classics and Mathematics is still pursued as keenly as ever, and while those subjects still form, as they ought to do, integral parts of all the examinations, yet they are supplemented by the modern pursuits of Chemistry, Comparative Anatomy, Botany, Geology, and Physiology, and proficiency in these departments ensures an equal rank with that in the Ancient Languages and in Mathematics.

The Natural Science Tripos, the examinations for which have just concluded, is often selected by the Medical Students, and most of the subjects embraced in it are those which are in close alliance with Medicine, so that in passing in this Tripos the student is actually gaining a step in his medical curriculum.

The Tripos questions have been published, and we are struck by the very great improvement which they manifest in comparison with those of former years. It cannot be denied that on previous occasions the questions, especially those in Physiology and Comparative Anatomy, were not in all cases judiciously selected; but in the present instance no such fault can be found, as they are admirably put together, and are both clear in expression and comprehensive in their scope, and well adapted, in every respect, to elicit the knowledge of the industrious student.

QUACKERY *VERSUS* LEGITIMATE MEDICINE.

THE recent trial of the case of HUNTER *versus* the *Pall-Mall Gazette* has done something—although, we fear, as yet, not very much—towards pointing out to the public both the limits which separate quackery from legitimate medicine and the line which ought to be drawn in the system of advertising, by every one aspiring to reputation in the Medical Profession. It is no unfair reflection upon the discernment and the attainments of the general mass of the public to assert that they know nothing, or next to nothing, of medicine itself, of the collateral sciences on which it is in great measure founded, or of the ethics which ought to form the code of those who practise it. It was very easy to perceive, by the demeanour of the jury who tried the HUNTER case, that they knew very little of the scientific questions at issue in the trial, and they did not seem to understand them even after the lucid evidence given by the witnesses for the defence; and it is notorious that the members of the legal profession, acute as they are in their own department, are, as a body, about as little informed on such matters as the outer world. From this observation we must except the Lord Chief Justice, Sir ALEXANDER COCKBURN, who, by the sagacity and intelligence of the questions he put, by his quick apprehension of the real points in dispute, and by his fair and generous appreciation of the merits of the scientific witnesses, dissipated the sophistical cobwebs which were wound round the case, and were calculated, and, no doubt, intended, to mystify and confuse the jury and the public.

On the other hand, many of the general newspapers, in their comments on the case, displayed the most profound ignorance of the very principles of chemistry, physiology, and pathology, and indeed many of them treated the whole subject as if these sciences had no foundation at all, and as if it was quite fair for any pretender, on the most shallow pretexts, to set up any silly theory of his own, the only criterion of merit being the success his pretensions might obtain. In the land of CAVENDISH and Sir HUMPHRY DAVY, it was apparently considered, even by several of the first-rate newspapers, to be quite an open question whether people might breathe an atmosphere of pure oxygen, not only without injury, but with positive benefit, although any one possessing the slightest knowledge of chemistry and physiology must know quite well that such an atmosphere is actually destructive by over-stimulation of the vital organs.

The outrageous system of advertising pursued by HUNTER is also treated very tenderly by the so-called leaders of public opinion, who seem to consider that medical men are mere traders, and that, as in other trades, those who pay most money for advertisements ought to obtain the greatest amount of celebrity. That the system was, for a time, wonderfully successful there can be no doubt, and it is quite evident that if any

enterprising pretender will undertake to do anything, however impossible, the columns of the *Times* and the *Daily Telegraph*, and the *Record*, &c., are all open to him for a consideration, and that they will proclaim his merits to an admiring and confiding public at so many pounds sterling a line in their *valuable* columns.

It is quite unnecessary for us, as medical writers, to point out the utter absurdity of Hunter's theory, if he really had any, as to the cure of tubercular disease, or to denounce the reckless extravagance, or rather perhaps the astounding boldness, with which he carried out his advertising scheme. We know that a man once advertised that he would jump into a quart bottle, and a number of people actually paid money to see him perform the feat, and there are so many instances of both individual and what we may call epidemic credulity in our own days, that we should not be surprised if people were persuaded (if only the discovery was duly advertised) that some modern alchemist had discovered the elixir of life, or the philosopher's stone. In proportion, too, as scepticism extends among our public writers as to the claims of real science, does an indefinite credulity lend itself to the empty fancies of the visionary, or the cunning devices of the ignorant but mercenary quack. Thus the honourable medical man who admits the difficulties of his art, is ridiculed as an obstruction, a bigot, or a fool, while the homœopathic quack, who pretends to cure all diseases by inert and infinitesimal globules, is regarded as the apostle of truth, and another who pretends to cure a disease by means which, if ever tried, would destroy the patient, is hailed as the herald announcing the dawn of a new medical philosophy.

ELECTION OF PROFESSOR OF BOTANY IN THE UNIVERSITY OF DUBLIN.

WE have much pleasure in announcing that Dr. ALEXANDER DICKSON of Edinburgh, has been chosen by the Provost and Senior Fellows of Trinity College, Dublin, to this important Professorship. Dr. DICKSON is a medical graduate of the University of Edinburgh, which has so often supplied Professors to the School of Physic in Ireland; he is a botanist of well known repute, and has been recommended for this Professorship by almost every professional botanist of note in Europe. We are glad to feel that our observations on this Professorship, in late numbers of this journal, have had their due weight, and that while in accordance with the letter and spirit of the School of Physic Act, a *bona fide* physician has been chosen to this post, yet, at the same time, that the demands of modern science have been fully met by appointing to a scientific professorship a scientific teacher, who gives every promise of reflecting credit on the choice of the Board of Trinity College, who have often shown themselves to be among the most liberal-minded corporation in the United Kingdom.

CHOLERA.

HEALTH OF LONDON.

It having been our duty for the last few months to furnish a weekly chronicle of the epidemic which has visited us, it affords us much gratification in the last number of the year to be able to report that the disease has now left us. A fortnight ago it was pronounced "extinct" by the Registrar-General, and as only three deaths have since been registered, we may confidently look forward to the new year.

Last week—the fiftieth week of the year—the deaths in London from all causes were eighty under the average—being only 1389, instead of 1469.

If spared a return of the epidemic next summer it will be abundantly proved that our sanitarians have not laboured in vain.

The following remarks of the Registrar-General sum up the facts, and deserve a place in our pages:—

"Two cases of cholera and 25 of diarrhœa were registered last week.

"A boiler-maker, aged 18 years, died on December 9 of bronchitis after cholera, at 17, Orchard-street, Woolwich.

"The son of a silk dyer, aged one year, died on December 10 of cholera (twenty-four hours), at 17, Fleet-street, Bethnal-green.

"Although the epidemic has subsided, isolated cases still demand the vigilant attention of the authorities. This is one of the lessons of the year; for, while cholera raged between the Tower, the Isle of Dogs, and Victoria Park—over the area traversed by the Blackwall Railway, and the Great Eastern Railway as far as Stratford and West Ham—among a population in uninterrupted communication, through lines of streets, the Regent's Canal, and the Thames, with the rest of London and the surrounding districts, to which many of the infected persons living in the east of London fled, the conflagration was strictly circumscribed within well-defined bounds. The fierceness of the disease extended thus far and no farther, although the movements of the people were as free as air. The utility of quarantine lines is so well known that their establishment was never proposed in London. The supply of impure water was at once arrested; the water engineers grew careful; and the sewage was now less inefficient than it ever had been before, for South London was drained; the health officers became vigilant; premonitory diarrhœa was treated; every case as it occurred was published to the world; and the cholera excreta were destroyed by carbolic acid and other disinfectants. The disease was communicated by contact with the poison in a few cases, but its general diffusion was stopped.

"This is the secret of the success of London in controlling an epidemic that during the year had been so fatal in continental cities.

"The annual rate of mortality last week was 24 per 1000 in London, 30 in Edinburgh, and 26 in Dublin; 20 in Bristol, 21 in Birmingham, 32 in Liverpool, 28 in Manchester, 27 in Salford, 29 in Sheffield, 24 in Leeds, 19 in Hull, 41 in Newcastle-upon-Tyne, and 31 in Glasgow.

"At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29.678 in. The mean temperature of the air in the week was 43.4 deg., which is 2.7 above the average of the same week in 50 years, (as determined by Mr. Glaisher). The mean of the highest temperature of the water of the Thames was 43.7 deg.; that of the lowest was 42.1 deg. The difference between the mean dew-point temperature and air temperature was 2.7 deg. The mean degree of humidity of the air was 90, complete saturation being represented by 100. Rain fell to the amount of 0.60 in. The general direction of the wind was south-west. According to a return furnished by the engineer of the Metropolitan Board of Works, the average daily quantity of sewage pumped into the river Thames at the southern outfall works, Crossness, was 208,033 cubic metres.*

* A cubic metre is equal in volume to 35.3174 cubic feet, or to 220.0967 imperial gallons. It is nearly equivalent to the old English tun of four hog-heads, or to 35.248 cubic feet. It is in general use on the Continent, and is a much better unit for measuring sewage or water supply than the gallon.

"The population, in 1866, of the six districts in the east of London and of the West Ham and Stratford sub-districts supplied from the Old Ford Reservoir, was 531,921; the deaths by cholera were 4104, being in the proportion of 77 deaths to 10,000 living. The population of London, exclusive of the six districts supplied from the Old Ford reservoir, was 2,566,882, and the number of deaths registered by cholera out of this population was only 1819, or in the proportion of seven deaths to 10,000 persons living."

Notes on Current Topics.

SCURVY IN THE MERCANTILE MARINE

WE are glad to hear that in consequence of the representations of Dr. Stone this subject is under the consideration of the Board of Trade. A correspondence has been going on in the *Times* in reference to this evil, and it is to be hoped that public opinion will enforce an attempt to eradicate it. We should rejoice to see the vendors of adulterated or diluted lime-juice condemned to the punishment they deserve. The strong arm of the law ought to be invoked for the protection of our sailors.

THE RIVER LEA.

THE Royal Commission on the Pollution of Rivers has commenced its inquiries into the condition of this stream. From what has already transpired of the proceedings, it would appear that the river is exposed to contamination at a much higher point than the "in-take" of any water company. We have no desire to anticipate the conclusions of the Commissioners, and therefore only direct the attention of our readers to the important evidence published by the daily papers.

TESTIMONIALS TO THE MEDICAL MEN AND NURSES ENGAGED IN THE CHOLERA EPIDEMIC.

AMONG the events of the week deserving of notice, we may name that some of the charities of London have been granting gratuities and testimonials to those of their officers whose services, during the recent epidemic of cholera, have been so frequently commended. On Monday the Committee of the City Dispensary voted a sum of ten guineas to the dispenser, in consideration of his extra work during the period referred to, and we believe that other similar institutions have previously expressed their thanks in the same manner. On Wednesday the Committee of the London Hospital presented various sums, amounting to nearly £1000, amongst their numerous officers. Such an appropriation of the funds of our charities might be very well extended, and we feel sure will meet with the approval of all subscribers. To nurses and medical men belongs a larger share of credit for the courage and devotion with which a national calamity was met, than to any other class; to them the whole community is indebted; it is, therefore, only just that to those who, in subordinate positions, discharged duties for which they can expect little honour, gratitude should be publicly expressed, accompanied by such pecuniary acknowledgment as the funds of the institutions where they laboured will permit.

YELLOW FEVER AT DEMARARA.

SOME sad accounts have been received respecting an outbreak of this epidemic at Demarara. On one side we hear of the garrison being decimated, on another we are told of about twenty soldiers having been carried off by the disease in a few days. Pending the arrival of further advices, we

can scarcely do other than refer to the want of sanitary arrangements in and around the barracks, as the most likely reason why the troops should die of an epidemic while the people in immediate proximity to them escaped.

With a burial-ground situated *inside* the cantonment, and, according to one account, "within twenty yards of the officers' quarters," we might anticipate a neglect of other precautions, and be prepared to learn that the dead are "buried within a few feet of the surface." As an excuse for this it has been alleged that water is found all over the colony at two or three feet from the surface. We are not, however, prepared to admit that our engineers could not drain the cantonment, nor are we disposed to acknowledge the propriety of keeping troops attacked by yellow fever within the focus of the disease, when no military reason can be assigned for doing so, and other healthy stations are so near. Had the energy so recklessly displayed at Southampton been transferred to the West Indies, we should have been more ready to acquiesce in its apparent wisdom.

CIVIC HONOURS.

WE hear that a testimonial is to be raised to the exertions of the Chairman of the Commissioners of Sewers. There is little doubt that this expression of the estimation in which his services have been held, by those well qualified to judge, is just. We are reminded, however, by the circumstances, that during the last summer an immense amount of unlooked for toil has been undergone by the able Medical Officer of the City—Dr. Letheby—and the inspectors under him. We are aware that those services are highly appreciated, but it has not yet come to our hearing that any public acknowledgment of them has been made. As the learned and indefatigable Officer of Health has to report to the Commissioners of Sewers, it seems natural to look to that body for some movement in this direction. Doubtless, not a few members of the Corporation of the City of London will be prepared to testify in a substantial manner their thanks to their sanitary officers. We should not allude to the topic, only that we have too often noticed how rapidly gratitude for sanitary benefits is likely to disappear. At the very least we trust some gratuity may be offered the inspectors, who have had an arduous task to fulfil. In this matter, *for once*, the charities are setting a worthy example.

YELLOW FEVER AND QUARANTINE.

THE Royal Mail Company's screw steamship *Tasmanian*, Captain E. M. Leeds, experienced a heavier visitation of yellow fever than either of the steamers that have preceded her. We extract from the *Times* the following particulars:

"There has been a total of 71 cases, 21 of which proved fatal, and 7 are now sick, 4 of whom are expected to die during the night. The last death occurred on the 13th. With one exception only, that of a medical man who was among the passengers, the attacks have, as heretofore, been confined to the crew, and in this instance no case has occurred among the engineers. The surgeon of the *Tasmanian*, Dr. R. Hudson, has fallen a victim to the dread disease, and his place has since been filled in attendance upon the sick by a third medical gentleman, who was fortunately on board. The following are the names of those who have died:—Dr. R. Hudson, surgeon; James Noyce, waiter; James Harper Henry Blake, Thomas Jones, and Enos Reeves, coal trimmers; Richard Holliday, Charles Diddams, and Benjamin Gettley, ordinary seamen; David Kenley, able seaman; Thomas Simeox, superintending barman of the Wye; Wm. Knight, dispensary boy; James McDonald, fireman; Wm. Heath, yeoman; John Sellis, engineer's servant; Henry Overton, baker's assistant; Charles Wilson, waiter; John H. Ball, barman; William Gosling, boatswain; and Thomas Mackenzie. Four of the deaths occurred before leaving St. Thomas, and the remainder on the voyage. The mails were

fumigated and landed in the docks a little before six o'clock, and the specie will undergo the same process in the morning. Dr. Wiblin, the medical superintendent of quarantine, ordered the healthy passengers to be immediately transferred to the company's steamer *Parana*, which is in the river prepared for the purpose, and the *Tasmanian* will proceed to the Motherbank early in the morning, when the healthy portion of the crew will be placed on board Her Majesty's ship *Æolus*, and the convalescents on board the quarantine hulk *Menelaus*."

The *Tasmanian* was detained several days in rigid quarantine off the Motherbank, and some of the circumstances have caused so much dissatisfaction that the Southampton Chamber of Commerce has opened communication with the Privy Council on the subject. A supplement to the *Gazette* of last Thursday directs every vessel from St. Thomas to come to anchor for the purpose of inspection.

LONDON METROPOLITAN BOARD OF WORKS.

THE report of this important body for 1865-6 now lies before us, and from it we gather a number of facts interesting to us, especially as guardians of the public health. The great undertaking of properly draining our overgrown metropolis rapidly approaches completion. On the south side of the river the work is already finished, and on the north side there only remains a portion in connection with the Thames embankment. By means of eighty-two square miles of sewers, one hundred and seventeen square miles of ground, inhabited by 2,800,000 persons, have been drained. This stupendous result has cost £4,200,000, and large as the sum seems we have already had evidence that it has been well expended. The first great result has been that the Thames, long condemned to be the main sewer of the capital, has been actually cleansed. Its waters have become so pure that various kinds of fish have returned in considerable quantities to the stream they had so long been abandoned. The more than Herculean task has been at last accomplished. Nevertheless, there remains yet something to do. Beyond the jurisdiction of the Metropolitan Board, the Upper Thames continues to receive the sewage of the towns on its banks, and until that also has been intercepted London will not enjoy the full benefit of the work already done. We commend this fact to our legislators, and sincerely trust the coming Session of Parliament will not be allowed to pass by without ample provision being made for the purification of the Upper Thames. As to the utilization of the sewage, of which so much has been said, we cannot do better than extract a passage relating to the concession for the sewage on the north side of the river:—

"The Board have now the satisfaction to report that the Company has been formed in conformity with the provisions of the Act, and that the sum of £25,000 has been deposited, in accordance with the terms of the agreement, as a guarantee for the due execution of their works, and that the Company have lately entered into a contract with the contractor, Mr. Webster, for the construction of the culverts and other works, which are now in active progress.

"Doubts having been expressed by Baron Liebig and other persons of scientific eminence as to the feasibility of Messrs. Napier and Hope's scheme, the Company have, during the past year, instituted a series of experiments to demonstrate the effects of the sewage on the sands to be reclaimed and acted upon; and, to afford facilities to persons who might wish to see some practical test of its merits, have entered into an arrangement with the Board to rent from them about ten acres of land adjacent to the northern outfall sewer at Barking, for the purpose of making a series of experiments. This land, which was in a very rough and uncultivated state has been covered with sand taken from the area proposed to be reclaimed from the sea, to the depth of about a foot, and on this rye-grass has been sown. This has been irrigated with sewage taken from the northern outfall sewer, and samples of the crops grown have been sent to the office of

the Board; and, judging from what has already been done, the theories of Baron Liebig and others are in no way borne out, and there appears to be no reason whatever to doubt the ultimate success of the larger undertaking to be carried out by the Company on the Maplin Sands."

The subject of ventilation of sewers has engaged much of the attention of the Board, but hitherto without result—though a hope is expressed of "devising a plan for meeting the object in view." A number of interesting experiments have been made by the engineer's department, which are thus related in the report:—

"Four classes of experiments have been made—

"1st. By the use of charcoal ventilating grates.

"2nd. By ventilation through chimney shafts and furnaces.

"3rd. By ventilation through pipes carried to the tops of buildings, &c.

"4th. By dilution of the sewage with water.

The observations made relative to the experiments instituted under the first head tend to show that, whilst there is no complaint of foul smell emanating through the gratings of the sewers, the charcoal appears to have the effect of diminishing the current of air through the ventilators, and of confining it to the sewers, so that if the system of ventilation by means of deodorizers were generally adopted, a great increase, both in the number and size of the ventilating shafts, would become necessary for the protection of men working in the sewers. The engineer, in conjunction with Dr. Miller, is at the present time conducting other experiments, in order more satisfactorily to test the efficiency of this mode of ventilation.

The ventilation by means of chimney-shafts and furnaces, so far as it has been practicable to test the system, has been satisfactory, but the experiments which have hitherto been made demonstrate that the establishment of a sufficient number of furnaces would involve an expenditure of £201,480 per annum for fuel, in addition to a cost of £460,000 for the construction of chimneys and furnaces, which would be far too expensive to enable the plan to be applied. There is reason to suppose, however, that it might be adopted with great advantage in localities where existing furnaces could be made available, the ventilation by means of the furnaces in Woolwich dockyard, to which reference was made in last year's report, having been so far attended with success. A further experiment is now in operation, with a view of ascertaining more definitely the cost and effect of sewer ventilation by means of the street gas burners.

"In carrying out experiments under the third head—namely, by ventilation through pipes conveyed to the tops of buildings, difficulty has been experienced in obtaining the permission of occupiers of houses to fix the pipes, in consequence of apprehension that foul gases, under certain atmospheric conditions, would descend the chimneys or enter the upper windows, and this fear might probably render a universal adoption of the plan impracticable.

"Calculations have been made with a view of ascertaining the practicability of adopting the plan of diluting the sewage, from which it appears that, in addition to the present supply, about forty-two millions of gallons of water daily would be necessary to carry out the plan, and, from communications with the several water companies, it does not appear that, with their present resources, such a large addition to the existing daily water supply could be obtained."

There are many other subjects in the report relating to the improvement of the metropolis, on which it is scarcely our province to enter. We cannot, however, pass by that of the preservation of open spaces. The Board deserve well of the public for the efforts they have made in this direction, and we cordially endorse the following statement, with which this part of the report concludes:—

"The Board cannot but express their earnest conviction of the growing importance of this subject in reference to the health of the metropolis. The absorption of open space by building operations in every direction within the metropolitan area, and the rapid increase of suburban towns and villages immediately adjacent, arising from the increased facilities for travelling afforded by the railway companies, call for constant attention on the part of the Board, and they

entertain the hope that the valuable information with regard to manorial and other rights which has been obtained by recent Committees of the House of Commons, may lead to the speedy passing of such measures as will secure to the present and future inhabitants of the metropolis, and its immediate neighbourhood, the perpetual use of open spaces and recreation grounds."

There is also some interesting information respecting the Petroleum Act, Dangerous Businesses, the Gas Acts, the Gardens in Towns Protection Act, the Houseless Poor Acts of 1864 and 1865, and numerous other subjects included in the operations of the Board of Works. Our space is too limited to dwell at length upon these, and we must therefore pass on to the appendix, in which we find the report of an inspection of the manure and chemical works in the neighbourhood of the Northern and Southern Outfalls, conducted by Dr. Letheby and the Chief Engineer, and which, after affording full information, thus concludes:—

"The results of these inspections are that large and very offensive operations are carried on in the neighbourhood of both the Northern and Southern Outfalls, and that the putrid and other vapours, emitted from the works, are diffused into the atmosphere, and wafted to a considerable distance.

"The two points which presented themselves to our consideration were: 1st—That these vapours, coming from the neighbourhood of the Outfalls, might very naturally be erroneously attributed to the sewage. And, 2nd—That the effluvia from the neighbouring factories may be a serious nuisance to the workpeople who will have to reside at the Drainage Outfalls. It is therefore of great importance that the character of these vapours should be identified, and that no false opinion should be entertained of them, as regards their connection with the sewage from the Outfalls.

"The locality of these manufactories appears to be as well suited for such operations as any within easy reach from London; but it is a serious question whether, in any locality, the manufacturers are not bound to use every precaution in the conduct of their works, so as to prevent, as far as possible, the escape of noxious effluvia into the atmosphere. In the present instances, there is no doubt that no precautions whatever are in use, but, on the contrary, the vapours evolved from the materials, in all stages of the manufacture, are permitted to escape freely into the atmosphere.

(Signed)

"HY. LETHEBY.

"J. W. BAZALGETTE."

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

Preliminary Examination in Arts.

November 24, 1866.

ARITHMETIC.—DR. RINGLAND.

1. Reduce 235,967 hours to weeks; and 71,871,900 seconds to hours.
2. Find the L. C. M. of 15, 16, 18, 20, 24, 25, 27, 30.
3. Find the value of $1\frac{1}{8} + 2\frac{3}{4} + 3\frac{1}{2} + 4\frac{3}{8}$.
4. Which is the greatest and which is the least of $\frac{3}{4}$, $\frac{2}{5}$, $\frac{3}{8}$?
5. Reduce 17 cwt. 3 qrs. 12 lbs. to a fraction of a ton.
6. Find 0.1751 of an acre.
7. Find the value of $2.117 \div .0073$.
8. Reduce to decimals $\frac{1}{16}$ of $\frac{1}{16}$; and $7\frac{1}{2}$ of $\frac{1}{22500}$.
9. What is the price of 1000 bags of Jamaica sugar, each weighing 1 cwt. 3 qrs. 10 lbs. @ 42s. per cwt.?
10. Calculate the rent of a farm of 55a. 3r. 19p., @ £1 11s. 6d. per acre.

EUCLID.—DR. RINGLAND.

1. Define accurately the following terms:—a *Right*, *Obtuse*, and *Acute* angle.
2. Prove that two straight lines cannot have a common segment; that is, they cannot coincide in part without coinciding altogether.

3. Prove and write out the construction accurately of the 24th proposition, First Book, which states that, "if two triangles have two sides of one respectively = to two sides of the other, but the angle in one greater than the angle in the other, the base which is opposite the greater angle is greater than that which is opposite the less.

4. By how much are the three interior angles of any triangle less than three right angles?

5. All the interior angles of any rectilinear figure together with four right angles are equal to twice as many right angles as the figure has sides.

6. The parallelograms about the diagonal of a square are squares.

7. On a given right line construct a square.

8. What connection have the 1st and 2nd propositions, Second Book, to one another?

9. What is the section of a line?

10. Construct a square equal to a given rectilinear figure.

ENGLISH HISTORY.—DR. BELCHER.

1. Dates of accession of the following Sovereigns:—William the Conqueror, Henry VIII., Charles I., William and Mary, and George III.

2. Remarkable events in the History of the British Constitution in the following reigns:—John, Henry VIII., James I., Charles II., James II., and George III.

3. Leading events in the careers of the following historical personages:—Richard I., Edward III., Richard III., Cardinal Wolsey, Earl of Strafford, and Warren Hastings.

4. Remarkable Statesmen in the Irish Parliament immediately preceding the Union.

5. Trace the descent of Queen Victoria from King James I.

6. In what reigns were the following statutes passed: Præmunire, Habeas Corpus, Act of Settlement, Emancipation, Parliamentary Reform?

7. What English King first assumed by Act of Parliament the title of King of Ireland; and in what year?

[MODERN GEOGRAPHY.—DR. BELCHER.

1. Name the colonial and foreign dependencies of the British Crown in Asia, Africa, and Australia.

2. Name the colonial possessions of Denmark in the East and West Indies.

3. The established religion and form of government in Sweden and Norway, Russia, Austria, Belgium, and Greece.

4. The chief coal and iron districts, and also the most remarkable places for hardware manufacture in England.

5. The chief towns of Portugal; and the principal sea-ports of Ireland and France.

6. Through what counties does the Great Southern and Western Railway run *en route* from Dublin to Cork?

7. Describe the most remarkable places passed by her Majesty's Mail *en route* from Kingstown to London; and also *en route* from Cork, by Newfoundland, to New York.

INJURIES OF THE KNEE-JOINT: EXTRACTION OF FOREIGN BODIES.

By P. C. LITTLE, F.R.C.S.I., &c.

Case I.—At 7 A.M. of the 17th September, I was called in attendance upon T. D., aged 35, a gentleman of good constitution, who had met with a sad accident under the following circumstances:—At ten o'clock of the previous night, when attempting to open a glass book-case, he lost his balance, his right knee passed with great force through the glass, he fell upon a shelf below, and was severely cut. Having sponged away the blood, bathed the knee with cold water, and dressed the wound with plaster, he retired to bed; but the pain and heat of the joint prevented him from resting for a moment, and I found him in great agony. The right knee was semi-flexed, and lying upon its outer side; the wound in it was situated at the lower and external margin of the patella; it was somewhat transverse; its inner extremity, which was on a plane considerably

lower than its outer, was in contact with the external edge of the ligamentum patellæ; it was nearly three quarters of an inch in length, and an eighth of an inch in breadth; its lips were red, slightly everted, and apparently sized together with a glistening straw-coloured matter, which also smeared the integuments of the leg, and resembled dried synovia.

The patient insisted there was no glass in the joint, and, therefore, no necessity for an exploration, which, however, after some reasoning he permitted. Flexing the limb, as I conceived it had been when the accident occurred, I opened the lips of the wound and carefully passed a blunt-pointed probe through them, when I was alarmed at finding free access to the joint, even to its posterior wall. After a few cautious movements of the instrument, I discovered a foreign body firmly fixed in the inner aspect of the external condyle of the femur. I left the probe *in situ* as a director, and immediately introducing a fine dressing forceps, I carefully grasped, and steadily drew forth, a large piece of glass, coated with dark coagulated blood. For its extraction considerable force was required, owing—first, to its having been embedded in the cartilage and bone; and, secondly, to the retraction of the integuments and condensed tissues of the knee. From the shock of the operation the patient grew faint; a little wine restored him, and he expressed himself greatly relieved. Blood flowed from the wound. Having extended the limb upon a splint, I secured it in that position by a few turns of a roller above the knee and ankle, and applied cold water dressing for the present, as a substitute for a cold evaporating lotion which I ordered. I also prescribed an aperient of calomel and jalap, and advised absolute rest of body and mind, low diet, no stimulants.

The fragment of glass was of the flatted kind. In shape it was an isosceles triangle; the base looked downwards and outwards relatively to the wound. It measured, from apex to base, more than an inch; the base exactly half an inch; thickness, a sixteenth of an inch. For the three following days the case seemed to progress satisfactorily, and my directions had been carefully attended to. The knee-joint presented no sign of inflammation; the lips of the wound had retracted; pain was only produced by firm pressure over the patella. The patient suffered merely from restlessness, and a dull pain in the back, from lying so long in bed, he thought.

On my morning visit of the 21st, sickness of stomach was superadded to the above, which gave me some anxiety. I prescribed an effervescent saline mixture. Ice to be added to the lotion and to the drinks.

At six P.M. I was hurriedly called to him, as he had fainted; he was retching violently; complained of intolerable pain of the head and back, and of unceasing sickness of stomach; the knee was scarcely any trouble to him; his face was flushed; pupils contracted; tongue thick and creamy; skin crisp and hot; pulse sharp and quick, 100. The wound appeared dry, tense, and tumefied; the joint and the anterior aspect of the thigh were very hot, red, and swollen, giving an erysipelatous character to the inflammation which had so suddenly burst forth; the normal figure of the joint was obliterated by the swelling, and slight pressure over the patella produced great pain; there were involuntary jerkings of the limb, and extreme depression of spirits.

I at once opened the wound, and allowed about a drachm of grumous blood and serum to run away. I then ordered the immediate application of twelve leeches to the joint, to be followed by hot poppy fomentations, and afterwards by warm poultices of bran and linseed meal. I prescribed, to be taken every second hour, two grains of the submuriate of mercury, with five of Dover's powder, slop diet, ice and iced drinks more frequently. The leeching was quickly succeeded by a mitigation of all the symptoms. The pulse had become soft, and had fallen to 80. In less than forty-eight hours the system was under the influence of the mercury, and the distressing conditions were removed. There was some supuration of the

wound, which, however, in about a fortnight healed in a kindly manner by constant poulticing, aided by rest and proper support to the joint. The subsequent treatment consisted in counter-irritation, bandaging, cold sponging of the knee, and general tonics. With a well-fitting elastic knee-cap, the patient was able to walk about in six weeks after the injury. The only bad consequence which remained after so fearful an accident was a weakness of the joint, which every day tended to strengthen.

Case 2.—November 12th, M. M., an active, healthy young lady, aged 24, was suffering much from the effects of an apparently trivial accident, which happened to her three days ago, in this way: Seeing a part of the carpet tossed she quickly knelt down to arrange it, when something like a pin pierced her right knee. She at once arose to examine the injured part, thinking the sharp substance was still adhering to it, but she only saw a drop of blood from a small puncture, and could feel no foreign body beneath; and as there was no pain she paid no further attention to the matter, until last evening when she experienced general uneasiness, with severe pain in the joint, which was aggravated on walking about. She poulticed the wound with bread and water during the night, but got little relief, and slept badly. I was therefore called in and found her in bed, with the limb fully extended, the position most easy to her. The knee was a good deal swollen and red, at its inner side, and pressure over the patella, especially downwards, elicited much pain. For the purpose of having a strong light, and more freedom of manipulation, I had the patient seated in a chair at a window, and her right foot placed on a foot-stool, the knee being flexed. By inspection I could scarcely determine where the puncture occurred. I was, however, enabled to do so with sufficient exactness by digital pressure, which I conceived excited more pain as I approached the seat of injury; and what was of still greater moment, I discovered below the patella at the inner edge of the ligament, and a little below the internal condyle of the tibia, a sharp abnormal elevation pointing downwards, which, upon closer and more prolonged examination, I was satisfied was a foreign body, and which I decided upon at once removing. To that end I pursued the following course:—The limb being flexed, I drew up on the patella the integument, and endeavoured to locate, and as much as possible to isolate the deep-seated prominence. With a Coxeter's lancet I then made an incision down upon the latter, which, by pressing all around, appeared as a dark spot at the bottom of the wound, and with a fine forceps I nipped and extracted the offending body, which proved to be the half of a tailor's needle, quite black and rusty. Perfect rest of the limb, and a cold evaporating lotion, subdued all inflammation in four days, after which the patient got up, wearing as a safeguard, for a week, a knee bandage. At the end of that time the joint was quite strong and well.

The foregoing are examples of a class of most serious accidents to joints, which, fortunately, seldom occur. The results which generally follow such injuries—amputation, resection, ankylosis, or death, indicate their dangerous character. We have all, at some time in our lives, experienced the pain and general uneasiness, and in severe cases the sickness of stomach and fainting, caused by a fall or a blow upon the knee; and we have remarked how slowly those disagreeable feelings have passed away. The explanation of such conditions may be found in the complicated structure of the joint; for, of all joints in the body, that of the knee is probably the most complex. It is composed of so many elements, so different in nature and functions, yet so harmonious among themselves, and forming such an admirable whole—an organism so intimately associated with our animal life, that it is not surprising the latter has been in some instances extinguished by the destruction of the former. Such cases demand all the judgment, skill, and energy of the practical surgeon, and open a fruitful field for the patient investigation of the pathologist.

Case 1 is noteworthy in many respects. It shows the

necessity of a precise knowledge of the history, and of a careful examination into the nature of such an injury. Had I adopted the patient's ideas as to the absence of glass from the joint, how incalculable might have been the mischief! Death itself might have followed. The incessant pain from the occurrence of the accident to my visiting the patient, in my mind pointed to a foreign body; and that such had penetrated the synovial cavity, appeared from the character of the pain—acute and enduring; and beyond doubt, from the extravasation of the synovia. The great sufferings created by the presence, even for a short time, of a bit of iron, or of rust, in the delicate structures of the eye, will afford some idea of the torment which must have resulted from a large piece of glass in the knee-joint—a region probably more sensitive, and more closely allied by sympathetic ties with the system generally. In the progress of this case the sympathies were so highly excited as to almost draw attention from the real source of disturbance and danger. There was nothing remarkable in the operative procedure for the removal of the offending substance, excepting the anxiety I felt lest I might fracture the glass in the joint. The admirable effects of local depletion, mercury, position, and support, were fully exemplified in the after management of the case.

Case 2 shows what peril may ensue upon a slight injury of the knee. Here we have synovitis resulting from a puncture of a needle. And how may this be explained? The synovial cavity may have extended below the point at which the needle entered, which is possible, as the membrane has been known to embrace the tubercle of the tibia; or the needle, in its upward course, may have penetrated first the semi-lunar cartilage, and then the synovial membrane; or, what is less likely, the inflammation may have attacked the latter by "contiguous sympathy."

The difficulty of detecting the foreign body was much lessened by flexing the limb—the position in which it was when the accident happened. Fear of puncturing the joint did not deter me from attempting to remove the exciting cause of the inflammation. Of two evils, I chose the less. The results of the treatment illustrate the propriety, in the less severe forms of synovitis, of first resorting to local remedies before we fall back upon that powerful, but often baneful auxiliary—mercury.

TO THE RIGHT HONOURABLE LORD NAAS, M.P.,
CHIEF SECRETARY FOR IRELAND.

(Copy.)

MY LORD,—We, the Medical Officers of Dispensaries and Workhouses in the counties of Sligo and Leitrim, desire to express our loyalty and fidelity to the Crown and Government, and our confidence in your Lordship to consult for the best interests of the State at this critical period. We therefore submit the claims of the medical officers of dispensaries and workhouses in Ireland for superannuation pensions, upon the following grounds, for your Lordship's consideration:—The long and expensive course of professional education required to qualify medical officers for their varied and responsible public duties—the prevention and treatment of disease, and the promotion of the public health in their respective districts—their time at all hours, even those of natural rest, being retained for a peremptory and perilous public service, which during pestilential periods cause a mortality amongst them greater than that in the most unhealthy dependencies of the British Crown, and renders their lives uninsurable except upon hazardous premiums.

The duties of resident Medical Officers of Lunatic Asylums in Ireland being required for only a few hundred inmates, for which they receive salaries of from £300 to over £400 a year and allowances, can be absent daily upon out-door private practice, and can retire upon full pay after twenty years such service, if declared infirm, and the medical officers of county gaols being also provided with superannuation pensions, tend to establish the claims of Poor-law Medical Officers for the same amount of retiring pension in return for their several years attendance upon thousands of a population in districts several miles in extent.

In England three-fourths of the population in Poor-law districts are comparatively rich and one-fourth poor; in Ireland three-fourths are poor and one-fourth comfortable; in England there are in consequence ample opportunities for private practice. The medical officers there are paid 1s. 6d. to 2s. 6d. for each vaccination, according to distance, by the Boards of Guardians; in Ireland the law allows only 1s. for each successful vaccination—no consideration for distance, as is the case in England. In Ireland the comparative poverty of the industrial classes, the indiscriminate issue of visiting tickets to every one who may apply, and the medical relief afforded to all without tickets, by a late sealed order, during epidemics of cholera, are calculated to prohibit any private practice on such occasions, and to prevent medical officers making any provision from such a source for old age and infirmity.

It seems detrimental to the public interests to continue infirm medical officers upon active duty, whilst to oblige them to resign after long and faithful services without superannuation pensions would be a severe measure—the most painful instances have occasionally occurred. May we therefore hope that in consideration for the interests of the country and the medical officers, as the expenses of registration of births, deaths, marriages, of vaccination, and of the sanitary measures, are more of general than of local Poor-law interest, and as half the Poor-law medical expenditure in England has been paid from the national treasury since 1846, that this measure will now be extended to Ireland, towards the payment of the salaries of the medical officers, and of superannuation pensions of full-pay for the few infirm medical officers who may survive twenty years such severe service, and half-pay for ten years service, if declared infirm.

When your Lordship considers the two pestilential kindred diseases—rinderpest and cholera—which afflicted bovine and human blood during the last eighteen months, and the comprehensive sanitary code enacted in consequence last session, your Lordship can perceive that the aid of medical and sanitary science and action is required to resist the ravages of both these diseases, and to apply that double comparative light to the consideration of both, which the medical profession can alone command, of which your Lordship, as Chairman of the Cattle Plague Committee, seemed so sensible.

As medical officers are generally regarded as the guardians of the public health, and through it of an important department of national wealth, we trust that through your Lordship's powerful influence, the principle of superannuation, now recognised by the State in every other department of the public service, may be extended to them.

For the Medical Officers,
W. R. HAMILTON, M.D., Chairman,
Medical Officer Carney District.
JAMES TUCKER, M.D., Secretary,
Medical Officer Sligo District.

Sligo, December, 1866.

Correspondence.

YELLOW FEVER AND QUARANTINE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—What has been so often written of that once powerful political thunderer of Printing House-square, applies with even more force to the past and present of its medical contemporary the *Lancet*.

Without doubt there are generally to be found men equal to the emergencies of their time, and that the journals in question were originated and raised to distinction by minds above mediocrity—possessed of more than the ordinary share of literary courage, and endowed with rare tact—their early career furnishes indisputable evidence.

Much to the honour of its founder be it spoken, the inauguration of the scientific journal was dependent on the never-tiring exertions of the son of a Somersetshire farmer—a fairer specimen of the offspring of the sturdy English yeoman could scarcely be conceived, and one which certainly contrasts strongly with the caricatures of him so often glibly depicted in some of our papers.

Whether the founder of the other leading organ sprung

from the same, or an equally respectable stock, I am uninforming, but that the mantles of both have fallen upon comparative pigmies, events are rapidly demonstrating, and that both organs are now trading on bygone reputations is beyond dispute—for upon what question, of late, has the thunderer shown itself in consonance with the intelligence of the age? That it has long lagged most miserably behind, in the competitive race, is the every day remark of its gradually declining circle of readers.

Its would-be scientific colleague shall have the advantage of making its own response.

The subject of the abuse of quarantine has been forced into a prominent position, and from the medical journal in question such scientific advice as the public might confidently act upon has been sought for in vain.

I am prepared to demonstrate by facts, endorsed by unquestionable authorities, that quarantine for yellow fever can only be regarded as an unmitigated senseless farce, and incapable of supplying a single well authenticated case in support of its efficacy.

The *Lancet* of December 1st, 1866, writes:—"The interval between the arrival of the *Tyne* and the release of the *Atrato* was sufficient for the Privy Council—influenced, no doubt, by the sharp criticisms to which the measures were subjected which had applied to the latter vessel—to arrive at a better knowledge of the requirements of a *stringent quarantine* against yellow fever. Ignorance cannot be pleaded for the blunders committed with respect to the *Atrato*." "That the precise teaching of the two outbreaks of yellow fever which *alone* (?) have occurred on European soil should have been set aside for the ignorant regulations of an exploded system of quarantine on these coasts, speaks on the one hand, little for the confidence of the Lords of the Council in the more advanced knowledge of medical science, or on the other, much for their yielding to that vague and almost instinctive but ill-regulated fear which possesses the uninitiated in presence of a deadly disorder." So far tolerably good—although wrong in fact; but this same *Lancet* in the same article finishes up by telling us that the successive introduction of yellow fever into one of our ports renders necessary, after the outbreak at Swansea, the revival of stringent measures of quarantine! Could advice have been more *obscure* and *illogical*? What can the Privy Council—leaving the public out of the question—think of such teaching? That any medical man could have written such trash is beyond credence.

Dr. Buchanan, in reference to the outbreak of yellow fever at Swansea, remarks "that there were twelve centres from whence the disease, if it had been communicable from person to person, had the opportunity of spreading, and that many of these localities were perfectly adapted for the spread of contagious diseases; yet, in no instance, out of all these, did a single person get yellow fever, or any disease simulating it."

In connection with the outbreak of yellow fever at St Nazaire, about which so much has been written, "the crew insisted on immediately leaving the pestiferous ship, and went to their homes. Inquiries were subsequently made respecting these men by the Commissary of Marine, who had given their permits, and it was ascertained that none of them had either transmitted the disease or had it themselves."

"When Lisbon, in 1857, was being so terribly scourged by yellow fever, thousands of its population fled far and wide into surrounding districts. Among those who thus fled, numbers were already incubating the disease, and of course fell with it in their respective places of refuge. In 182 cases of this description, the Portuguese Government caused inquiry to be made whether persons about the sick fugitives had shown any signs of the infection; and the answers were, that in no single case had this occurred."

If such facts, in addition to many more recently adduced in my pamphlet on the same subject, will not convince the Lords of the Privy Council and the public of the futility of quarantine, to say nothing of the costliness and cruelty of a system, based on antiquated opinions and ignorance, we may almost despair of the influence of any power which can be brought to bear on the question.

I am, sir, your's, faithfully,
EDWIN HEARNE,
M.B., Lond., F.R.C.S. Eng.

Southampton, December, 1866.

DISLOCATION OF THE THUMB.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Would you allow me to take advantage of the pages of your valuable journal to call the attention of the profession to a simple mode of reducing dislocations of the bones of the thumb—a species of accident which, although apparently trivial, have sometimes been the cause of much vexation to the surgeon from the difficulty experienced in restoring them to their normal position. It is now nearly two years since the plan I allude to first occurred to me, induced by the following circumstances:—

On Christmas evening, 1864, a gentleman called on me about eight o'clock, evidently suffering under very severe pain, and on putting a few questions to him I discovered that as he was walking in his drawing-room his foot caught in the carpet and he was thrown violently forward on the point of his thumb, which, as he told me, had become considerably shortened as the result of the accident. Upon examination I found that there was a dislocation of the second or ungual phalanx on the back of the first or proximal, with palpable reduction in length of the whole digit, accompanied with corresponding deformity. I immediately had recourse to the usual modes recommended for the relief of the accident in question, but having tried them all for some time a circumstance at last occurred which gave me the key as to the steps which should be adopted in the treatment of those cases. I saw, as each attempt at traction was made, that the anterior extremity of the first phalanx was tilted forwards—in fact removed from the dislocated bone, and here was the clue to the whole thing. I at once removed the cord and wetted chamois from the part, placed the injured thumb, with its anterior aspect on a table, keeping its edge close to the web between it (the thumb) and the index finger, and placing the points of my own thumbs behind the dislocated bone, pushed it forward, when it returned to its normal position without the least difficulty.

This case, satisfactory as far as it goes, still, in my mind, proves but very little, and I therefore looked forward very anxiously for a second opportunity for the purpose of testing the efficacy of the above method. This, after the lapse of some months, at length presented itself in the person of a young and very muscular labourer, with the form of accident not exactly similar to that of the preceding case, as in this instance the first or proximal phalanx was thrown on the back of the metacarpal bone. It had occurred late in the evening from a fall amongst a heap of loose stones. I saw him the following morning—some attempts having been made in the interval at its reduction, but without success—and, having put him in the same position as in the former instance, taking care, however, to support the head of the metacarpal bone well on the table, the dislocation was reduced with scarcely an appreciable effort.

Anxious still further to confirm the views stated above, I mentioned them to Mr. Stapleton, who listened to them with his usual courtesy, and promised to test their efficacy on the first opportunity that presented itself. The conversation took place on Saturday, the 24th of November, and on the following Monday morning, by a very remarkable coincidence, a woman presented herself at Jervis-street Hospital, with the last or ungual phalanx dislocated on the back of the first. Mr. Stapleton at once took advantage of the occurrence, and before the assembled class showed how easily it could be reduced by the means I have proposed.

Thanking this gentleman for the kind and generous manner in which he brought those facts under the notice of the last meeting of the Surgical Society, and trusting that the plan pointed out may yet be of some use to the practising surgeon, I am, sir, yours, &c.,

EDWARD LEDWICH, F.R.C.S.I.,
Surgeon to Mercer's Hospital.

HUNTER V. SHARPE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The services rendered to the medical profession, and indeed to the public at large, by the *Pall-Mall Gazette* in their action, Hunter v. Sharpe, have been so important and so great that it behoves us, I think, to make some appropriate recognition of our obligation to that paper, which has indeed always and consistently advocated the claims of the profession, both individually and collectively.

I would therefore propose that a subscription list be opened, and that some suitable testimonial be purchased, expressive of our indebtedness and sympathy; or that the proceeds of the subscription be handed over to the proprietors of the *Pall-Mall Gazette*, to defray a portion of the legal expenses incurred by their denunciation of quackery.—I am, sir, yours truly,

HENRY WILSON.

OBSTETRICAL SOCIETY OF DUBLIN.

SATURDAY, DEC. 8TH.

MR. COLLIS communicated to the Society a new mode of operating in cases of harelip, for which he claimed the advantage of lessening the subsequent deformity. Mr. Collis objected to the ordinary operation on two grounds—first, that the true frenum was needlessly interfered with, and as a result the depth of the lip was seriously lessened; and secondly, that in this affection, characterised by deficiency of tissue, a still further diminution of tissue was made by the mode of baring the edges.

Mr. Collis's mode of operating is scarcely intelligible without diagrams, but it may be stated briefly that all the parings are utilized, so as to give greater thickness and depth to the lip, and to avoid the shortening of the cicatrix, which allows the tooth to be seen in consequence of the lip becoming notched or tucked up at the margin.

Medical News.

UNIVERSITY OF DUBLIN.—At the Winter Commencements, held on the 19th inst., the following, among other degrees, were conferred:—

M.B.—Charles Mayo (Fellow and M.A., New College, Oxford); Henry Fitzgibbon, James H. Usher, William D. Wilson, Thomas James, P. Holmes, Robert Edward Bredon, John Orton, Frederick Orton.

Chirurg. Magistri.—Thomas Waugh Belcher (*Stipendiis Condonatis*); Robert Edward Bredon.

M.A.—Charles Mayo (*ad Eundem Ocum.*); James H. Wharton.

M.D.—Charles Mayo.

B.A.—Robert Edward Bredon, Frederick Orton, John Orton, James H. Usher, William D. Wilson.

INSANE PAUPERS.—The annual statistics of pauper insanity just issued show that the number of insane paupers chargeable to the poor-rates in England and Wales on the 1st of January last was 39,918—namely, 29,674 lunatics and 10,244 idiots. The total number constituted 4.3 per cent. of the number of persons in receipt of relief, the lunatics being 3.2 per cent. and the idiots 1.1 per cent. Of 39,827 of the number, it is distinguished that 17,537 were males, and 22,390 females. A year before, on the 1st of January, 1865, the total number of paupers was above 5 per cent. greater, but the number of the insane was 1,320 less, constituting only 4 per cent. of the pauperism, the lunatics being only 2.9 per cent. and the idiots 1.1 per cent. The residences of 83,417 on the 1st January, 1865, were stated; and of 39,827 on the 1st January, 1866. 20,910 in 1865, and 21,986 in 1866, were in county of borough lunatic asylums; 1264 in 1865, and 1288 in 1866 were in registered hospitals or in licensed houses; 9756 in 1865, and 9973 in 1866 were in workhouses; 1041 in 1865, and only 993 in 1866 were in lodgings or boarded out; 5516 in 1865, and 5587 in 1866 were residing with relatives. There are a few returns not obtained, but they appear to relate only to the districts containing together about 1 in 200 of the population.

YELLOW FEVER AT DEMERARA.—The *Demerara Royal Gazette* of the 22nd ult. says:—"We regret to say that yellow fever has played sad havoc among the troops in the garrison, and particularly among the men of the 16th Regiment. On the 10 inst. such of them as survived and were capable of removal were shipped off to Barbadoes in a brigantine, as their only chance of safety. When the disease first made its appearance, had the troops been at once removed to Berbice, the Arabian Coast, or the neighbourhood of the penal settlement, the probability is that they would now have been enjoying good health, as it is a remarkable fact that, although yellow fever is among the shipping, not a single case had occurred in Georgetown or the neighbourhood, except at the garrison. Lieutenant

Pratt was attacked on the night of the 7th inst., died on the 10th, and was buried on the following afternoon with military honours. The unfortunate outbreak of yellow fever at the garrison has led to much discussion, not only in the Court of Policy, but out of doors. A committee was appointed to confer with the military authorities, but in consequence of the removal of the troops the action of the committee has been practically checked. "This is to be regretted, as it is very desirable that the cause of the prevalence of yellow fever at the garrison should, if possible, be ascertained, with a view to prevent the recurrence of the evil at some future day, and for the credit of the colony, which will probably suffer. When the great mortality among the troops comes to be reported in England every one will at once ascribe it to the climate, and British Guiana will be looked upon as a "soldier's grave," because no proper efforts have been made to investigate the matter. Some of the members of the Court of Policy were inclined to think that the fever was to be ascribed to the flushing of the garrison trenches with salt water, but, as it happens, the trenches in Kingston have for a long period of time, probably always, been flushed with salt water, and how comes it that although there are streets to the westward and south-westward of the garrison grounds, and the district is well populated, the fever has not touched a single victim in Kingston? The remarkable fact that, while the troops were more than decimated by yellow fever, not a solitary case occurred in Georgetown, not even among those who live in the immediate vicinity of the garrison, shows beyond all doubt that the mortality is owing, not to the climate, but to some special local cause which the military authorities have not taken the trouble to investigate, or have not had the keenness to discover. It is hard that the sickness should be ascribed to the climate, when there are strong facts to show that the climate has nothing to do with it, beyond this, perhaps, that European troops are brought from a country where the cold is severe to a warm country, instead of the change in their position being gradual. It is said that the garrison doctor objected at first to the men being removed to another locality; if so, much of the blame of the mortality which followed must be laid on his shoulders."

THE CATTLE PLAGUE IN HOLLAND.—Brussels, Dec. 14th.—The Belgian *Moniteur* publishes the following particulars concerning the cattle plague in Holland:—"The cattle plague appears to be making dreadful ravages among the cattle in Holland. The number of fatal cases do not cease to increase, and if the progress observed to have been made by the disease since the end of November continue, the losses of the Dutch farmers will soon exceed those of the English cattle owners at the time when the plague was most violent. According to the official reports the number of cases among cattle were for the weeks ending November 3rd, 1443; 10th, 1551; 17th, 1595; 27th, 3257; and Dec. 4, 162. The last number is more than double that which was recorded when the epidemic was at its worst in Dec., 1865, and everything tends to show that it does not indicate the greatest height of the disease. The cattle plague was especially virulent in the provinces of Utrecht and Southern and Northern Holland, but it has also shown itself in Friesland and Overijssel, and has latterly attacked many parishes of Guelderland and North Brabant. Belgium having such extended and frequent relations with Netherlands is especially menaced by these circumstances. She will only succeed in keeping herself free from contagion by never for a moment relaxing the most rigorous vigilance and circumspection. The authorities and farmers on the frontier especially ought never to lose sight of this line of conduct."
—*Reuter's Express.*

RATING OF SCHOOLS AND CHARITABLE INSTITUTIONS.—The Mayor of Birmingham last week convened a meeting in that town for the purpose of taking into consideration the alleged abolition by recent judicial decision of the exemption of schools and charities to assessment to the relief for poor, &c. There was a large attendance. His worship explained that the decision referred to was the one pronounced in the House of Lords in the appeal "Jones and others v. the Mersey Docks and Harbour Company." The legal adviser of the overseers has given an opinion that that decision fixed the law of the case, and the Mayor said if this was to be enforced it would be a new and oppressive tax, not only on the charities of the town, but of the United

Kingdom. The meeting was addressed by the Hon. and Rev. G. M. Yorke, and by several of the principal of the clergy and laity. Ultimately, the following resolutions were passed:—"That the assessment to the relief of the poor of schools supported either wholly or partially by voluntary subscriptions is most inexpedient, because it will seriously retard the spread of education, which is the most effectual remedy against improvidence and pauperism. "That hospitals and other charitable institutions of a similar character, the operations of which tend to diminish the poor-rates, ought to enjoy exemption from such rates, and to rate them would greatly diminish their efficiency in this respect; and, while the additional sum gained will be inappreciable to the ratepayers generally, it will subject that small section of them who support such charitable institutions to an increased and increasing burden, which is unfair and impolitic." "That the alleged abolition by judicial decision of the exemption which has been enjoyed for more than two centuries demands the immediate interference of the Legislature, and that a committee be formed for the purpose of procuring an Act to continue the former exemption, and of taking such other steps as may seem to them desirable." A committee was appointed for the purpose of taking such steps as may be deemed necessary to prevent the law referred to being enforced.

ADULTERATION OF FLOUR.—At the Southwell Petty Sessions in Nottinghamshire, on Friday, Mr. Joseph Marriott, a miller in a respectable position at Fiskerton, was convicted of selling flour adulterated with alum, and was fined £15 for the offence.—*Times.*

In the earlier impressions of our number for the 19th inst., in Dr. Stokes's address, the name of Dr. John Hughes was inadvertently omitted as the author of the paper on Morbus Addisonii; and also the name of Dr. Belcher as the author of one of the papers on Diphtheria.

Notices to Correspondents.

Communications to the London Editor should be addressed to 20, King William-street, Strand; to the Edinburgh Editor at Maclellan and Stewart's, South Bridge; and to the Dublin Editor, at 3, Lincoln-place.

Every MS. should bear the Name and Address of the Sender.

All Contributions are attentively considered, and unaccepted MSS. are returned on receipt of stamps for postage; but the Editors cannot be responsible for any accidental loss, nor can MSS. or replies be delivered on personal application.

Contributions should be *legibly* written, and only on one side of the paper.

When proofs are forwarded it is of the utmost importance that they should be corrected and returned without delay.

Communications respecting Hospital Reports should be addressed to "Editor of Hospital Reports Department," London, Edinburgh, and Dublin, respectively.

Dr. Fleming, Newtonianway.—The journal was not stopped for the reason you suppose, but delayed owing to our free issue to the entire profession.

Dr. Hadden, Clonakilty.—The account was sent before the order was received—a receipt will be forwarded. We have your communication for publication as soon as we can find space.

We have to apologise to our subscribers for delay in the receipt of their journal of the 19th. The issue of a free copy (20,000) to every member of the profession in the United Kingdom is an undertaking which can only be estimated with the knowledge that each copy has to go through twenty-seven different operations, and that our machinery has been occupied almost constantly night and day for the last week to meet the supply.

BOOKS, &c., RECEIVED.

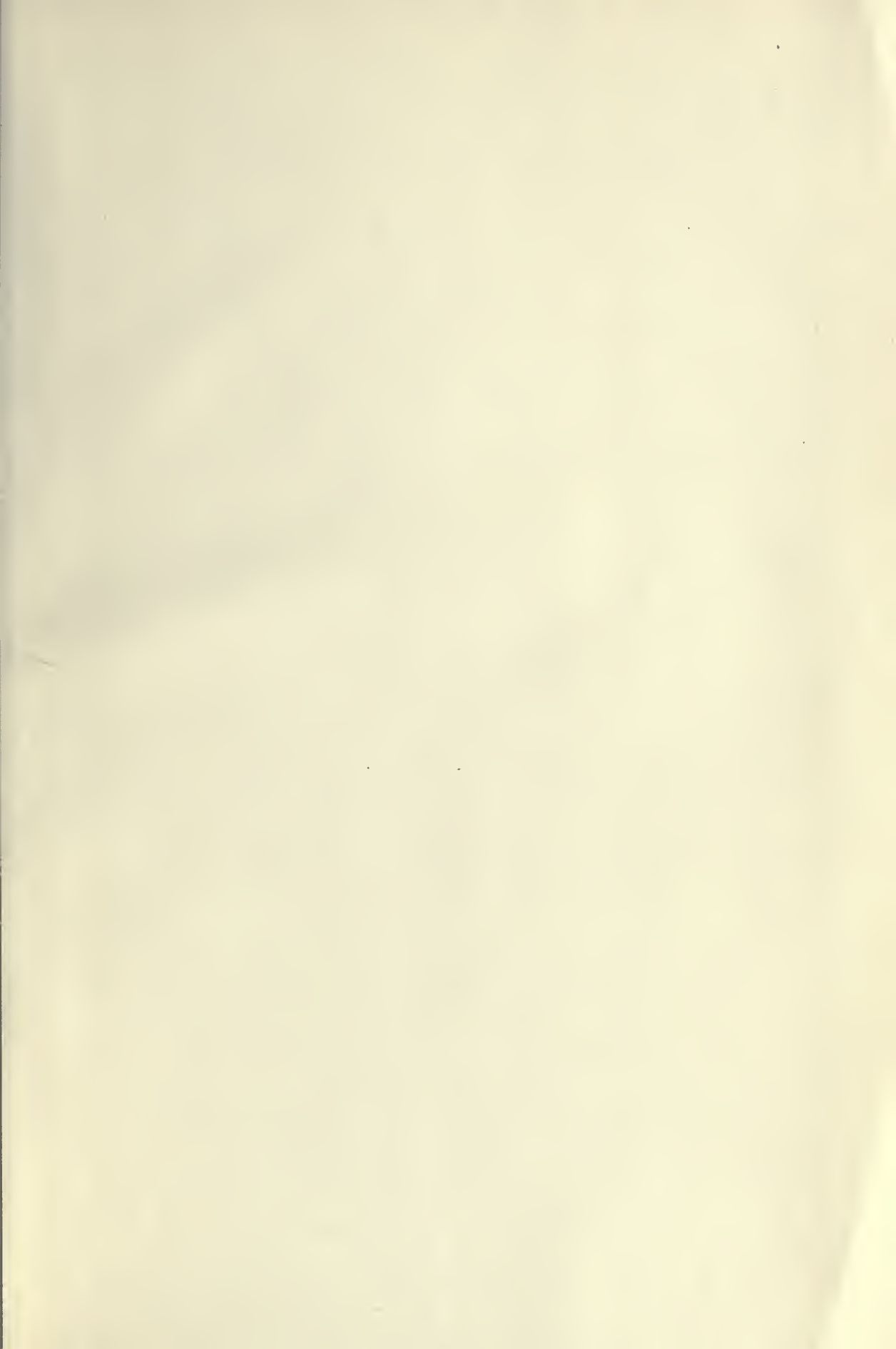
Dr. Chambers on "The Indigestions." St. George's Hospital Reports, vol. 1.

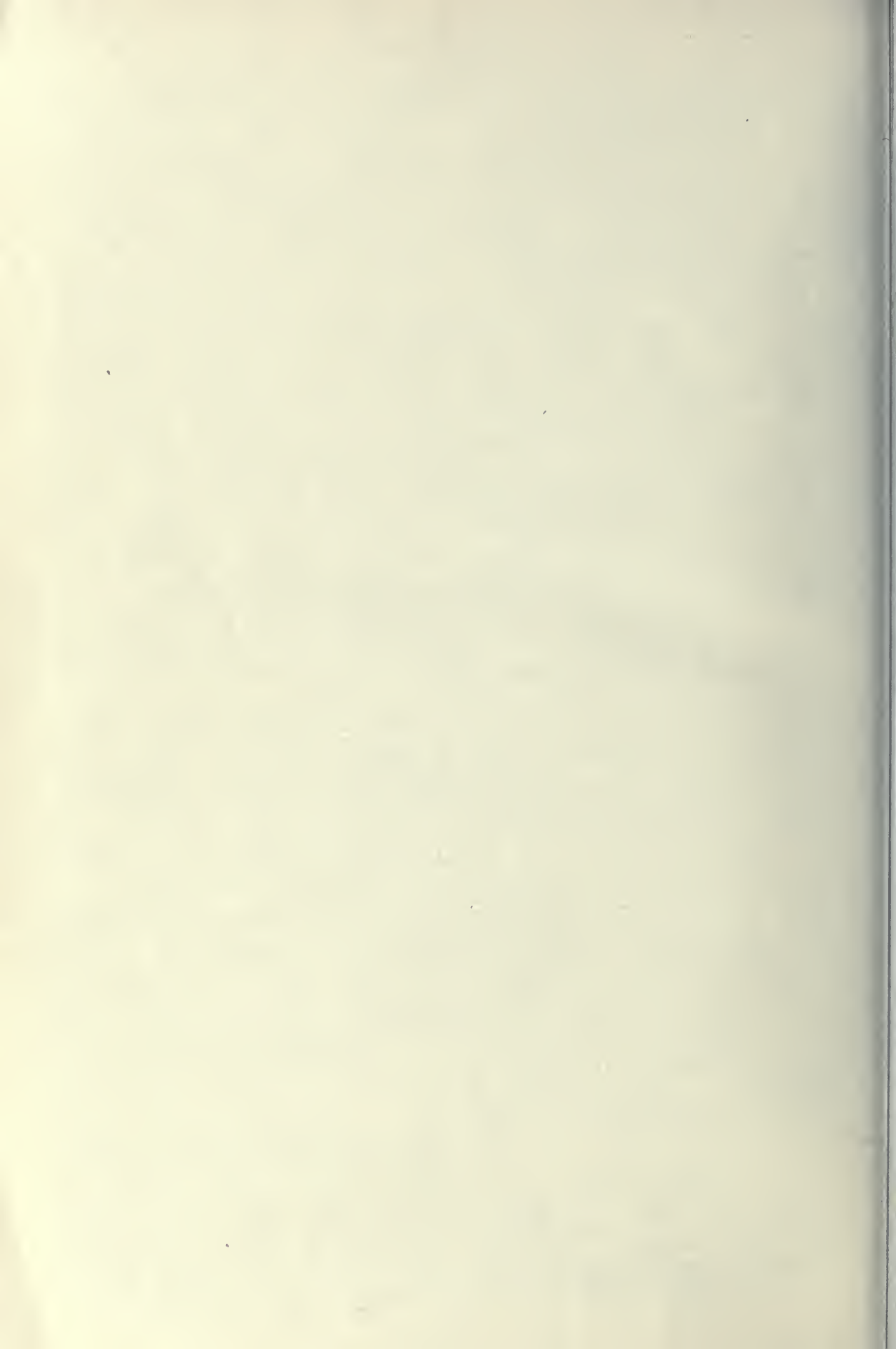
Action of Medicines. By Dr. Headland. Fourth Edition. London: John Churchill and Sons.

Report of the Papers, &c., of the British Association for the Advancement of Science.

The Pill Book, including Quack Medicines. By Arnold J. Cooley, Esq. London: Robert Hardwicke, Piccadilly.

Proceedings and Reports from the Sanitary Committee of the Parish of Chelsea. London: Pike and Son, Chelsea.







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