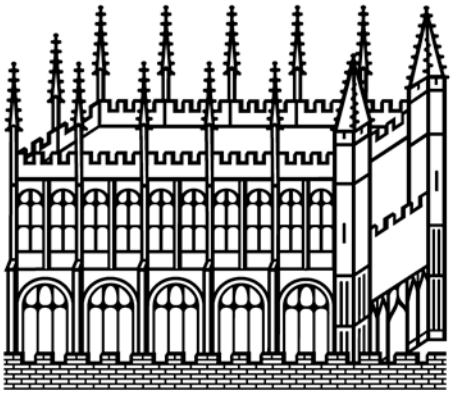


Bodleian Libraries

UNIVERSITY OF OXFORD

This book is part of the collection held by the Bodleian Libraries and scanned by Google, Inc. for the Google Books Library Project.

For more information see:

http://www.bodleian.ox.ac.uk/dbooks



This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 2.0 UK: England & Wales (CC BY-NC-SA 2.0) licence.

Per. 15084 d. 136.



E. BIBL. RADCL.
29
4.
1.

THE

DUBLIN MEDICAL PRESS.

Dific! 25⁴ Pr Cent
DUBLIN MEDICAL PRESS

THE DUBLIN

MEDICAL PRESS,

A Weekly Journal

OF

MEDICINE AND MEDICAL AFFAIRS.

VOL. VIII.

FROM JULY TO DECEMBER, INCLUSIVE.

DUBLIN:
MEDICAL PRESS OFFICE, 13, MOLESWORTH-STREET.
MDCCCXLII.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXXXIII.] DUBLIN, WEDNESDAY, JULY 6, 1842. { PRICE SIXPENCE, STAMPED.

Lectures on Operative Surgery, delivered, during the past Session, at the Royal College of Surgeons, by Professor Porter.—Lecture VI.—Calculus—Lithotomy continued..... 1

REPORTS OF MEDICAL AND SURGICAL PRACTICE.

Case of Anchylosis of the Tempora-maxillary Articulation. By Dr. Healy, of Ennis..... 6

MEETINGS OF SOCIETIES.

Royal Medical and Chirurgical Society.—Case of local Tubercular Deposit upon the Surface of the Brain. By Robert Dunn, Esq... ib.

Note of the post-mortem appearances. By Dr. Todd 7

Notes of a case of Petechial Cow-pox, with Observations on the Development of the Hæmorrhagic Diathesis. By Dr. George Gregory..... ib.

Muscular Fibre of the Heart and Gullet By George Gulliver, F.R.S..... 7

EXTRACTS FROM PERIODICALS.

On a form of Sore Mouth peculiar to Nursing Women 8

Analysis of the urine in Scarlatina.. 10

MEDICAL ASSOCIATION OF IRELAND—Proceedings of Council..... 11

LATE PROCEEDINGS IN THE HOUSE OF LORDS..... ib.

THE TRADING MISCHIEF-MAKERS..... 12

MEDICAL CHARITIES' BILL..... ib.

THE MEDICAL BENEVOLENT FUND OF IRELAND... ib.

MEDICAL INTELLIGENCE.—House of Lords..... 13

Presentation of the Petition of the Medical Association of Ireland..... 15

Letter from Dr. Nugent to the Editors of the Medical Press..... ib

Register of the Weather.. ..... ib.

LECTURES ON OPERATIVE SURGERY,

Delivered, during the past Session, at the Royal College of Surgeons.

BY PROFESSOR PORTER.

CALCULUS.—VI.

ALTHOUGH this subject of calculus has occupied our attention to an extent so great, and I fear so wearisome, we may not yet dismiss it, for if it be true, as I have stated, that the value of an operation is only tested by its result, we have still to consider this one in a point of view, certainly not less important than any that has been already taken. Hitherto, I have been engaged in tracing the symptoms that indicate the presence of this formidable disease—in asserting and endeavouring to prove its utter incurability by any known medicine or medical treatment—and in explaining the approved methods of affording relief by that much-dreaded resource—a surgical operation; and if I have deviated a little from the strictly defined line of practical utility, and dwelt or seemed to dwell too lengthily on the history of former days, I have a plea which I am sure will be admitted, partly in the attractive nature of the subject, and partly in the desire to render justice to the neglected surgical talent of my own country. Now I must advance a step farther, and regarding the operation as completed, the stone extracted, and the patient in so far relieved, inquire whether there may not be abundant opportunity for the exhibition of medical talent, and even of surgical dexterity before the patient can walk forth, perfectly and completely cured. I know that in attempting to deal with the consequences of operation, I undertake a task of immense extent and almost endless difficulty, in which description may be inadequate and illustration here impossible. I am fully aware that such discussions would be infinitely better suited to the theatre of a clinical hospital, and therefore entreat it may be understood that I do not now profess to explain all or even most of the casualties that occasionally mar our efforts, but by mentioning some of the most important, commence (as it were) an outline that must be filled up and finished by your own observation in hospital when opportunities may offer. And first, you must have anticipated from the pains I took in describing the steps of the operation, and the importance I attached to each, at least the possibility of some disastrous occurrence following on any deviation from the rules laid down, and such is, to a certain extent, really the fact. In whatever manner, and by whatever machinery performed, there is but one direction in which this deep incision can be carried—a direction so encompassed on every side by important and even vital parts, that any departure from it must be pregnant with evil results. Secondly, let us suppose the operation well and properly performed, that there has been no error and no accident, still, taken in its most favourable character, lithotomy inflicts a wound—a deep and painful wound implicating delicate and important structures, not only exposed to the chances and casualties that might attend on any injury of similar extent, but deriving some proper and peculiar characters from the nature and functions of the parts engaged. It is this arrangement which I shall attempt to follow, in stating the different circumstances that may interfere with, and prevent the success of an operation, first noticing such as are the result of malpractice, ignorance, neglect, or the use of insufficient instruments; and secondly, those which merely following on the wound itself are such as no foresight can anticipate in any given case, and no caution provide against. Thus in the first class we shall find—

Hæmorrhage.

Wound of the rectum, or of some other part by the knife taking a wrong direction.

Infiltration of urine.

Impotence, from injury of the vasa deferentia.

And in the second—

Collapse, or sinking under the shock inflicted on the nervous system.

Hæmorrhage from irregular distributions.

Inflammation of different structures, and of different characters, such as erysipelas, diffuse inflammation, &c.

Incontinence of urine.

Fistula in perineo.

Hæmorrhage is a subject of such paramount importance in every operation that it must first demand our attention, and we are therefore to inquire what are the vessels that may possibly be wounded, how they may be avoided, and when a casualty has occurred, how the inconvenience or danger may be combated. In cutting for the stone there ought to be but little blood lost. True, there are certain vessels that must be opened, such as the transversalis perinei, and some twigs of the external hæmorrhoidal, but they are inconsiderable in size, furnish but a small quantity of blood, and soon contract and close. When, therefore, a gush of blood takes place during the operation, or the wound continues to pour it out in any remarkable quantity afterwards, rely upon it some important vessel has been injured, and the source of the mischief should be sought for. It will frequently be found in the artery of the bulb. I really know not whether hæmorrhage from this vessel ever proved actually fatal—I am quite aware that many surgeons, for whose opinions I entertain the highest respect, do not attach to it any marked degree of importance—and I also believe that I have more than once seen it divided without any alarming hæmorrhage whatever: but I have seen the contrary—I have seen so much blood lost, that I cannot divest myself of the idea that it might have proved fatal if active assistance had not been at hand, and I know one case in which the patient bled to such an extent after he had been placed in bed that it soaked through the mattrass, and was first discovered by its dropping on the floor. If, then, such is ever the result of a wound of the artery of the bulb—if in but one case out of one hundred such an alarming loss of blood can occur—I think it a sufficient reason for endeavouring by every means to avoid it, and adopting any method of operating that can do so. I am not now about to weary you by useless repetition, as I have already dwelt sufficiently on this question when describing the operation, and will *per force* be obliged to recur to it again, but I think it right to state, that the suggestion of the manœuvre by which this vessel can be avoided comes not from so inconsiderable an individual as myself, but rests on other and higher authority. In Benjamin Bell's System of Surgery, an old work which was absolutely laughed out of all estimation by the merry criticism of John Bell, but which, nevertheless, contains many precepts worthy of attention, I find the following passage:—"In proceeding to finish the operation, surgeons not infrequently open the urethra higher than it ought to be cut, and pass the knife into the substance of the bulb itself. But this adds greatly to the hazard of the operation, for the blood-vessels of the bulb are not only large, but sinuses are more apt to form in it than in other parts of the penis." And if it be said that Bell's opinion is antiquated and entitled to no consideration, I must quote from a writer of more modern date to whom no such objection can be taken. Sir Benjamin Brodie in his lectures, says "I have seen some surgeons endeavour to introduce the point of the double-edged scalpel into the groove of the staff at the first incision. But I caution you against this as a great error in the operation. Where there is any quantity of fat in the perineum, or anything even distantly approaching to what we call a deep perineum, if you attempt to cut at once into the groove of the staff, the result is, that you open the urethra too far forwards: you divide the corpus spongiosum of the penis, which need not in reality be divided at all: and you are then certain of wounding the artery of the bulb of the urethra, which, otherwise, is in most instances avoided." I consider farther reference to authorities quite needless, and shall dwell no longer on the subject, for however important in itself, it is foreign to the matter immediately in hand: we must suppose the vessel wounded and bleeding, and proceed to consider how it can be dealt with.

In this case, as in every other, a bleeding vessel is most effectively controlled by ligature, but the difficulty is, how to apply it. The artery of the bulb is short, and though not of considerable diameter, the spot at which it is wounded is so very close to its origin, that it may pour out a large quantity of blood. It lies, too, between the layers of the triangular fascia of the perineum, which, if the vessel retracts even in the smallest degree, will prevent the bleeding orifice from being seen, and its depth is so great that it may scarcely be seized by a tenaculum, or being seized is with difficulty tied. In some instances the artery-forceps may be useful to lay hold of and draw it out, and in others it may be necessary to include all the adjacent tissues in a broad sweep of the curved needle. Fortunately I have never had occasion to tie this vessel myself, and from the circumstances I have mentioned, the difficulties of the operation are so great, that most practitioners abandon the attempt and resort at once to compression; yet I think these difficulties would be seriously diminished by adopting in this wound the principles that guide us in the management of every other. The artery lies in a deep and narrow space, into which, if the finger is passed, and pressed upwards, the triangular fascia is felt as a firm and resisting arch, from behind which the stream is seen to issue, and unless this band is divided, there cannot be sufficient space for the requisite manœuvres of seizing and tying the vessel. I imagine, then, that by means of a probe-pointed bistoury this fascia might be divided upwards in the space between the accelerator urinæ and erector penis without the possible risk of doing injury, but with the full effect of enlarging the space and giving sufficient room for the necessary steps of the operation: I mention this, however, only as a suggestion, for it is a point on which I have no practical experience.

Hæmorrhage (says Boyer) never takes place except in patients that have lost a certain quantity of blood during the operation, that is, if a vessel is opened, which is likely to give trouble either at the present or a future time, the surgeon receives warning of it by a more than ordinary discharge of blood whilst the patient is yet under his hands. This is a point of great importance if it can determine the surgeon in providing against a hæmorrhage, which sooner or later is likely to recur, for the plugging of such a wound is not a trifling matter that may be resorted to at any moment, but one that is troublesome, and difficult, and painful. When, therefore, there is indication that compression will be necessary at any period, it is better to apply it at once before the patient is removed from the table: then he may regard it as an ordinary part of the dressing and not as a precautionary measure to prevent or remedy an untoward accident; whereas, if he is placed in bed, and then, after the lapse of some hours, is again laid on the table to

undergo fresh and unexpected suffering, and is told that all this is necessary to prevent him from bleeding to death, it is impossible but he must suffer in body and mind to an extent that may seriously interfere with his recovery. Those who have paid attention to the moral as well as the physical treatment of their patients, will fully appreciate the value of this remark. But to proceed; let us suppose the artery of the bulb has been opened, but has ceased to bleed, and the patient has been placed in bed without any anticipation of further trouble, what will be the probable result? In a short time, when he begins to warm after the exposure, and recover from the shock of the operation, the vessel opens and he bleeds afresh. Sometimes, and fortunately, it is the more frequent case, the blood flows externally, it is soon perceived, the alarm given, and the requisite steps taken to arrest it—sometimes, however, it bleeds internally, and then the patient may experience much inconvenience, and even incur some danger before it attracts attention. In this case he feels hot, uneasy, and uncomfortable, with a disposition to pass his urine, inability to do so, and a general sensation of fulness about the bladder and the rectum—sometimes there are sharp pains about the lower part of the belly and the loins—sometimes a tolerably hard tumour can be felt above the pubes: along with these symptoms he may experience sickness of stomach, and faintness, with a feeble, quick, but faltering pulse, cold sweats, incontrollable restlessness and anxiety. Here there has been internal hæmorrhage: a soft coagulum has been formed in the depth of the wound extending into the bladder, and preventing the escape of the urine: these clots are a source of constant irritation and maintain the bleeding: and yet, on examining, not a stain appears upon the sheet, and not a drop comes from the surface of the wound. In this case the patient must be placed on the edge of his bed, or perhaps on the table again, his thighs and legs drawn up, and a strong light directed upon, or if possible into the wound: the operator then clears away every particle of coagulum, washes out the bladder with injections of tepid water, and seeks for the bleeding vessel: if he finds it and can secure it by ligature, well—if not, he prepares to plug the wound, which is done most effectively by means of this instrument, the canulle a chemise. This consists, as you see, of a female catheter, around which, at about the distance of an inch from the eyes, a piece of linen is secured in such wise, that when the instrument is passed into the bladder, the linen forms a pouch or bag, which may then be filled with sponge, or lint, or charpie, so as to create a firm compression on the blood-vessel, at the same time that the urine has a free exit through the catheter, The operator must not be satisfied while a drop of blood flows either through the catheter or by the edges of the wound, but when it has completely ceased, he fastens the entire apparatus by the T bandage in its situation, from which it may not be stirred until the third or fourth day, or until partly detached by suppuration. This kind of compression is very effectual in wounds of the artery of the bulb, and perhaps might be so in those of the pudic also, but it cannot be of any avail when the injured vessel is more deeply placed, cases of which we shall shortly have to consider: and it is innocuous, that is, it does not seem to interfere with the healing of the wound, or delay the patient's recovery. This is a point I wish to insist on, because many writers seem to apprehend the occurrence of violent inflammation, in consequence of the pressure, and therefore inculcate an unwillingness to resort to it unless as a last resource, but I have now seen it employed so very frequently, and am so satisfied of the truth of the statement just made, that I think it a strong argument, not only for using it in any suspicious case but for applying it at an early period, and even before the patient is removed from the table.—Such is the manual procedure in this case, but auxiliary measures should not be omitted. Cold water, vinegar and water, or iced water may be applied to the pubes and perineum—perfect repose must be enjoined—no solid food permitted—and the drinks cool and slightly acidulated: it is not probable that venæsection can be required where so much blood has been already lost, but after the hæmorrhage from the wound has ceased, if there is any appearance of an inflammatory tendency—if there is headache, flushed countenance, or restlessness—or if there is any symptom of hæmorrhagic fever, I know of no remedy more to be relied on than the lancet, and I would resort to it without hesitation.

Wounds of the trunk of the pudic artery are familiarly spoken of as a source of fatal hæmorrhage, and yet it is not easy to conceive how this vessel may be wounded, except by the unfortunate "slip" of a gorget, or the desperate recklessness of some operator wholly ignorant of his art: and being opened, it certainly cannot be easy to secure it by ligature, although we read of such accidents, and the manner in which they can be thus managed, put forward with as much confidence as if they were matters of every-day occurrence. It is saying but little to state that I never saw this vessel wounded, although I have witnessed some fearful cases of hæmorrhage, and have often fancied that sometimes practitioners may have been mistaken, and attributed to this, a bleeding which probably proceeded from some other source. Nevertheless, it is not my custom to throw a doubt upon a fact, merely because it may not have come within my own observation, and when we read of such men as Desault, Brodie, Physic, and Crosse having met with these cases, and seen them secured by ligature, it should set at rest all scepticism on the matter. It is worthy of note, however, that in most of the recorded cases, the instruments used to divide the prostate were the cutting gorget, or the lithotome cachèe, and this may explain the infrequency of the accident in this country, where these are not at all in use. When any alarming bleeding, then, proceeds from the depths of the wound, its cause should be investigated by pressing the finger on the pudic artery: if this checks or controls it, there is so far evidence, that either the trunk or some very important branch has been injured, and evidently the indication will be to pass a ligature round it if possible. In Sir B. Brodie's case the patient was "fortunately" a very thin person, and the operation was performed by means of a small flexible silver needle, though not without difficulty, and we have evidence from the same distinguished writer that it cannot always be done, for in some years afterwards in a case of frightful bleeding, he states that the patient would have been lost, had not an assistant pressed the internal pudic artery against the bone for several hours. I really think that we have not had sufficient demonstration on this part of surgery. The cessation of the flow of blood on pressure, or a ligature being applied to the trunk does not prove that it had been wounded, but only some vessel derived from it which ceased to bleed on the impulse of the heart being thus removed, and it would be very desirable to ascertain whether in fatal cases the artery had been partially or wholly divided, for it is not so very large that the latter contingency should necessarily prove fatal. In the absence, then, of accurate information, we must only treat each case according to the symptoms that are present. If we can reach the bleeding vessel by a ligature, such practice is every way to be prefered—if not, we must plug the wound in the manner already explained with the canule a chemise, watching carefully that the bleeding does not go on

internally, and if this should not succeed, there is no resource but a succession of assistants to relieve each other in making pressure with the finger. Of course, other accessorial measures must not be omitted, such as the application of ice, or iced water to the pubes, scrotum, groins, and perineum—of styptics, such as spirit of turpentine, or muriated tincture of iron to the bleeding vessel—and the employment of constitutional means to lower the general circulation: but with every exertion, the accident (it must be remembered,) is of a formidable nature, and most likely to have a disastrous termination.

In the year 1826, Mr. Shaw, of the Middlesex hospital, practically directed the attention of operating surgeons to a particular distribution of the dorsal artery of the penis, which may, even in the most dexterous hands, give rise to a fearful and fatal hæmorrhage—I say he taught this lesson practically, for the irregularity alluded to, had been previously known to and described by many anatomists, but he was (I believe) the first, who having lost a patient thus, had the candour to publish the case in order to afford a friendly warning to his brethren. He operated on a stout, fat, and healthy man of about sixty years of age, using the scalpel only to complete the operation, and observed on cutting through the prostate gland, such a gush of fluid, that at first he imagined it to be urine proceeding from the bladder: he soon, however, ascertained that it was blood, of which the patient lost so much that he thought the trunk of the pudic had been opened. He kept his patient "on the table a long time," endeavouring to control the bleeding, and when it had subsided a little, probably from exposure, had him removed to bed, where he was only allowed to remain ten minutes in consequence of the persistence of the hæmorrhage. Some attempts were then fruitlessly made to discover the vessel and tie it, and the wound was imperfectly and insufficiently plugged, but some blood still flowed through the canula, and after experiencing all the symptoms that attend such hæmorrhages, restlessness, pain in the wound, with desire to pass urine, pains in the chest and bowels, weakness and fainting, the patient died at half-past eleven o'clock of the night succeeding the day on which the operation had been performed. On dissection, it was found that the dorsal artery of the penis had come off as a distinct branch from the internal iliac, and in its course to the arch of the pubes taken such a course along the bladder and prostate gland that in the division of the latter, it fell precisely under the knife, and was of necessity wounded.

This is a most unhappy accident because it apparently admits not of remedy, but it is one to which no blame can by possibility be attached, inasmuch as no operator could have previous knowledge of the existence of such irregularity, and we do not possess the means of calculating its general frequency, and therefore the probability of its presence in any given case. Mr. Spence, of Edinburgh, states, that this vascular arrangement "is comparatively common," but thinks that the vessel is not in danger of being wounded, "if the operation be performed according to the method generally recommended, viz.: by dividing the prostate obliquely downwards and outwards." It has been figured by Tiedeman, whose drawing I here exhibit to you. It has been described by Winslow, Burns, Barclay, Harrison, and other anatomists: and here we had practical evidence of its existence in the unfortunate experience of Mr. Shaw. So far, there is reason to believe, that it cannot be very unusual, and yet, when we consider the number of cases successfully operated on by different individuals, without even the semblance of such a casualty, it is difficult to regard it as a source of well-grounded apprehension. But here is another instance of the imperfect manner in which the statistics of lithotomy are given, and particularly as to the causes of its failure: we know that all do not succeed—that according to different calculations, one out of every six, or seven, or ten are lost: we hear hæmorrhage familiarly spoken of as one cause of death, but are left too much in the dark as to the source from which such bleeding had proceeded. The trunk of the pudic artery is the dreaded object, and every such loss is unhesitatingly left at its door, but I believe (as before stated) without sufficient foundation. This very distribution of the dorsal artery may be present—there may be some irregularity of the prostatic artery itself—and there are probably others which we know not of, for within a very short period I have heard of a casualty arising from a vascular condition that had not been before observed. These and similar misfortunes cannot be avoided, and when they occur, scarcely admit of relief, and that they may fall out in the practice of any man, however careful, may be inferred from the following passage, which, resting on the testimony of Baron Boyer, offers a rather appalling picture of the dangers of lithotomy, whilst it may well console any surgeon who loses a patient under such circumstances. Hæmorrhage is one of the most common accidents attendant on lithotomy, and has often been laid to the account of the operator, or the particular operation he selected: but contrary to all justice, for the arteries of the perineum present such varieties, both in situation and in their course, that the most dexterous surgeon cannot be certain of avoiding them, no matter what operation he may perform.

One other circumstance I may direct your attention to on this day, as occasionally interfering with the success of our operation—namely, infiltration of urine—when the cellular tissue around, and in the neighbourhood of the incision into the bladder becomes to a greater or less extent filled, and gorged with this fluid so pernicious to vital structures: and as it appears obvious that this accident can only happen in consequence of the external wound not being sufficiently large, or from its not corresponding exactly, and in directum with the internal, I place it amongst those which arise from some defect in the operation. To such of you as have seen the not-uncommon accident of rupture of the urethra with extravasation of urine, I need not detail the wretched consequences that must attend its admission into the cellular tissue around the prostate and neck of the bladder, and others who are merely informed that the urine kills whatever it touches, will easily understand that a patient could scarcely survive many days—perhaps many hours: and if he did, it must be to undergo the ordeal of deep abscesses, fetid sloughs, and large and unhealthy fistulous sores. It will, therefore, suit our purpose sufficiently at the present stage of the inquiry, to investigate the causes of the accident, and the manner in which it may be avoided—its treatment, when it has happened, can be easily disposed of.

In Sir B. Brodie's lecture on the operation of lithotomy, (a work already quoted) I find the following important passage:—"It is of great consequence that there should be no large incision of the neck of the bladder. The prostate gland is of a firm, dense structure, and when it is divided the urine passes over the cut surface without any danger of it penetrating into its substance, or into the neighbouring structures. But on the outside of the prostate, and neck of the bladder, there is a loose cellular membrane, which, if the urine has access to it, may become infiltrated with it to a very great extent, and which, thus infiltrated, is likely to be rendered the seat of extensive inflammation, sloughing, and abscesses. It is important, therefore, that we should avoid carrying the incision be-

Royal College of Surgeons DUBLIN ONE

yond the boundaries of the prostate into this loose cellular membrane." Here, then, it appears to be the opinion of this very distinguished surgeon that an extensive division of the prostate, &c., is the prevailing, if not the only cause of this calamitous occurrence, and most unquestionably I will not presume to question a person of such great experience; but he acknowledges that it is often impossible to avoid it, and I believe it will be generally conceded that, in the event of a very limited incision, the subsequent extraction must be difficult, and would be impossible but that the parts give way and tear under the pressure of the forceps. When I first read this precept, I own I was startled at the escapes I had in my own operations, for it was part of my principle to divide the prostate freely, and I continued the incision until the feeling of a want of a resistance told me it was completed. Even still I really believe that where the stone is of moderate size, the gland must, at any risk, be fully and freely divided, and am strongly of opinion that it has been so in most, if not all, the cases of operation I ever witnessed. When, therefore, I compare the freedom of incision practised in this country, with the infrequency of urinous infiltration, I cannot avoid the conviction that the danger arises not so much from the free escape of the urine out of the bladder, as from its not escaping freely through the external wound; or, in other words, I think the free division of the prostate is only a part of the cause of the infiltration, and that another part still more influential is necessary in the existence of some difficulty or some obstruction to its passage through and out of the external wound. I do not wish to be very positive on this subject, but merely to state the impressions I received from observing one or two cases of this accident. Hitherto I have always considered that it occurred at an earlier period of the operation, and that it might be prevented by making the external wound not only of sufficient size, but by causing it to correspond directly with that which interests the bladder—that is, by passing the knife from the lowest part of the incision into the membranous part of the urethra—that manœuvre I have insisted on already, but for a different reason.

In order that you may fully comprehend my meaning, I must remind you of the anatomy of the perineum—that the bulb of the urethra lies anterior to the triangular fascia—and the membranous portion between its layers, but nearly on the same plane with the bulb, from which the canal passes upwards and backwards through the prostate gland to the bladder; and consequently that an incision into this viscus commenced at the bulb will not be straight or depending, but will rather take a curvelineal direction, the convexity of the arch looking downwards and backwards towards the rectum. We know that at the moment the knife is first passed into the bladder an escape of urine to a greater or less quantity takes place, and I think it essential that there should be an open and depending channel for its passage, which it certainly has not if the opening of the urethra be situated too far forwards. I may possibly be mistaken, but my impression is, that I have seen infiltration occur at the period of the operation I allude to, which I have always attributed to this cause, and any of you may satisfy yourselves as I have done, by experiments on the dead body, that the fluid from an injected bladder will flow far more freely through the one incision than the other. Again, in order to understand this point more clearly, look to the plan of the pelvis and the diagram of the operation, and it will at once appear that an incision commenced high up and carried through the bulb, will not be straight or direct or depending, and therefore is not calculated or at least seems not to be calculated to afford a freedom of egress to the urine. Perhaps I may appear wearisome in thus explaining my views on the subject, but its importance cannot be denied, and with the exception of the valuable lecture from which I have quoted, I do not find it sufficiently or satisfactorily treated by authors as a consequence of lithotomy. Boyer says that it may be caused by a want of parallelism between the superior angle of the external incision and that of the incision into the urethra, and dismisses the matter by stating that it should be treated by deep incisions like the ordinary urinary abscess. Bell makes no reference to it whatever, unless we consider the observation that sinuses are more apt to form about the bulb of the urethra than anywhere else as having some such hidden meaning. In like manner has it been summarily disposed of or altogether neglected by others, and therefore have I ventured to assert my own views; but I entreat that those views may not be misunderstood or misrepresented, as oral assertions but too frequently are, and therefore I will repeat them shortly. I think there are two steps of *mal-adresse* in the operation conducive to its production: one, a too extensive division of the prostate gland and neck of the bladder which permits the too rapid escape of the urine—the other, a want of agreement between the external and internal incisions which will prevent the urine so effused from flowing off—perhaps either of these might be sufficient in itself, but a combination of them would be certain to produce it, and as the latter is connected with a step of the operation generally regarded as important in other respects, and for other reasons, I have put it forward as forcibly and as impressively as I thought it deserved.

Infiltration of urine or rather its effect has of late years been frequently spoken of under the name of diffuse inflammation, for these affections (if indeed they are distinct) exhibit the same symptoms during life, the same dangerous results, and the same morbid appearances on dissection: but there is this obvious and convenient difference, that infiltration may possibly by ill-natured persons be attributed to some defect in the operation, whilst it is well known that inflammation may arise in any or every wound. Perhaps it would be as practically useful to identify them, and to say that the presence of the urine gives to the inflammation its diffusive and destructive character. Thus in observing the symptoms we find indications of a tendency to gangrene, almost from the very commencement, rigors, hiccup, nausea, vomiting, a feeble, faltering, intermittent pulse, loss of sleep, and a pitiable prostration of strength: and as the disease proceeds, we remark the face to assume the hippocratic character, the belly become tympanitic, or perhaps the stools passed involuntarily, and the sensorium engaged in a low muttering delirium. These, you remember, are symptoms of mortification, and the post-mortem examination afterwards shows us masses of dead and putrid cellular membrane between the triangular fascia and the levator ani—around the neck of the bladder and between it and the rectum—these sloughs presenting a brown or black colour and exhaling an offensive urinous odour. It is difficult to conceive how the slightest hope of recovery could be entertained in a case of this description, yet as such favourable, or rather fortunate results have been spoken of, it is our duty to labour for them even to the last. The treatment should be that which I have elsewhere laid down as indicated in mortification—namely, the administration of cordials, tonics, or stimulants, according as circumstances require, or the stomach will bear, together with free incisions into the part, if they can be performed with safety. If this ever succeeds, and although I have not seen it, I will not deny the possibility, it must be where only a

small quantity of the cellular membrane is tainted and spoiled in consequence of the infiltration being limited, yet even here there is a formidable penalty to be paid for the imperfect recovery; the urine has destroyed whatever it has touched—sloughs are to be thrown off—extensive suppurations to be endured—and when the patient rises wasted and emaciated from his bed, it is with a loss of substance that can never be restored, and with fistulous sores in the perineum, permanent and incurable, through which the urine flows constantly and without control.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF ANCHYLOSIS OF THE TEMPORA-MAXILLARY ARTICULATION.

TO THE EDITORS OF THE MEDICAL PRESS.

Bandon-street, Ennis, June 30.

GENTLEMEN,—The case of anchylosis of the tempora-maxillary articulation, contained in your last Number, brings to my recollection a similar case which I saw during my service in the navy. There is, however, this very material difference between them—that which you have taken from the *Revue Medicale* was seen after death; but I am about to give you a case, the subject of which I saw alive and in perfect health.

Some years ago, I was ordered a passage from Portsmouth to Plymouth in the Seringapatam frigate, and on board of that ship I became acquainted with Mr. ——, a clerk in the navy. He then belonged to the Britannia flag ship at Plymouth, and was returning to his ship from leave of absence. He had, several years previously to our meeting, fallen from the main top of a man-of-war on the quarter deck. His lower jaw-bone had suffered compound fracture, and he spent a long time in hospital in consequence. At length recovery took place, but with total obliteration of the tempora-maxillary joint, and perfect osseous union between the condyloid process of the lower jaw *at both sides*, and the glenoid cavities in the temporal bone. Of course there was total immobility of of the lower jaw. There was no visible deformity, and an ordinary observer might converse for hours with this gentleman without being aware of his having suffered so severe an injury. His health was excellent—his powers of utterance were not in the slightest degree impaired—he ate heartily, but was exceedingly temperate as regards wine and every other stimulating drink.

During my stay at Plymouth, where my ship was then fitting out for the West Indies, I dined two or three times at the gun-room mess of the Britannia as the guest of this gentleman, and I had opportunities of observing his mode of eating. He minced his morsel into the smallest possible pieces on his plate, and then by a sort of sucking process he conveyed it from off his fork, into his mouth, through the "campus ubi Troja fuit," of one of the superior incisors, which had been lost in the fall, the cause of the accident. Having received the morsel into his mouth, he made it undergo a sort of mastication and insalivation by rolling it with his tongue against the inner surface of both jaws and the roof of the mouth.

His digestive powers were in a state of perfect integrity, and he was plump and healthy. His spirits were very good, except upon one point which occasionally depressed him a little. He had an idea that if ever his stomach should get sick, and that vomiting should come on, he would be suffocated—certainly, I should say, by no means an ungrounded apprehension. On this account, though he ate heartily and enjoyed his meals, he invariably confined himself to plain boiled or roast meat, carefully eschewing highly seasoned or made dishes.

I examined attentively the various muscles connected with the lower jaw, and was astonished to find that, notwithstanding the long disuse they had suffered, not one of them was in the least atrophied or wasted.

This case may be interesting to some of your readers—if you think so, pray give it a place.

Very truly yours,

MICHAEL HEALY, M.D.

MEETINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

DR. SEYMOUR, VICE-PRESIDENT, IN THE CHAIR.

June 14, 1842.

A Case of Local Tubercular Deposit upon the Surface of the Brain. By ROBERT DUNN, Esq.

The patient was a little boy, two years old, a fine intelligent child, who had been healthy from the time of his birth. He had suffered little during dentition. At eleven months he had twelve teeth, and could then walk alone. On the 7th of October he was first seized, and he died in about six weeks—on the 15th of November. He had awoke in the morning as usual, and was suddenly seized with a jerking or convulsive twitching of the left hand, but which did not extend beyond the wrist. Excepting this continued convulsive jerking of the hand, the child seemed to be quite well. There were no indications of general derangement. About a fortnight before the child had fallen down stairs, and from that time had been irritable and fretful. In about twenty minutes the jerking subsided. It returned the next morning for half an hour, and then extended to the elbow. The following morning there was a slight attack; and the next day passed without any jerking; but there was partial paralysis of the hand and arm, pyrexia, and general constitutional disturbance. He complained of pain in the head, and frequently applied the hand to the right temple. He had been freely purged at first. Leeches were now applied; counter-irritants; cold lotions and ice to the head, saline medicine and calomel, and James's powder every four hours. This course was pursued throughout the disease; and the ung. hydrarg. fort. was also applied to the arm-pits night and morning, but salivation was not induced. During the next four or five days, he had frequent attacks of the convulsions, not confined to the hand and arm, but involving the whole of the left side and lower extremity in convulsive agitation, with twitchings of the eye and angle of the mouth, the attack lasting for hours. He cried, and even screamed violently, towards the close of the fits, but was sensible throughout, and could, at times, be soothed by his parents. The attacks were followed by profound sleep for several hours, and the side was left partially paralysed. For about a week he had no return of the fits, except occasional jerkings of the hand and foot. The paralysis was not persistent. He was dull and heavy, sleeping many hours; yet sensible when awake, and eager for food. He had a quick but weak and irritable pulse; dry, hot skin, and great thrist. He was then seized with a kind of cramp or spasm in different parts of the affected side, arm, and leg. The pain was most distressing, and seemed, as in ordinary attacks of cramp—which it closely resembled—to be, in some degree, relieved by active friction. After suffering in this way for three or four days, he was left

with decided symptoms of effusion. The convulsions returned, attacking the right side in a similar manner in which the left had at first been affected. Both sides, and the whole body, indeed, eventually became affected with convulsive agitation, and the head, at the same time, drawn backwards. On the subsidence of one of these attacks he gradually sunk.

Note of the post-mortem appearances, by Dr. Todd, of King's College.—The scalp was pale and bloodless, like the rest of the body, which was much emaciated. The dura mater healthy. The vessels on the superfices of the brain were turgid with dark blood; but there was no sub-arachnoid effusion. The arachnoid cavity was natural. On the surface of the right hemisphere of the brain, under both the arachnoid and pia mater, there was a deposit of tubercular matter, disposed in patches of irregular shape and size, but the whole occupying a surface of about two inches square. The deposit was most abundant on the surface of the convolutions; but it nevertheless descended into the sulci between them, a circumstance which proved its connection with the deep surface of the pia mater. The cortical substance of the brain in contact with the tubercular matter was reddened, and greatly softened, and, on microscopic examination, evinced a nearly total destruction of the tubules in it, a great enlargement of the proper globules of the grey matter, and of the pigment granules which adhere to them. The softening extended a slight way into the subjacent white matter. On the edge of the left hemisphere, corresponding to the diseased patch of the right, a slight tubercular deposit had taken place in a similar manner, producing a red softening of the grey matter in contact, but not occupying more than half an inch square in surface. The ventricles contained more water than natural—about double—and did not collapse when laid open. The cerebral substance throughout, excepting at the diseased parts, was firmer than usual at the patient's age.

Mr. Dunn was of opinion that the fall which he had had operated as an exciting cause in setting up diseased action about the tubercular deposit; and that the local affection—the simple twitching of the hand and jerking of the arm—was the consequence of the local membranous irritation thus induced. Irritation of the membranes and cineritious substance of the brain, he believed to be attended with convulsions, without decided or persistent paralysis; and that it requires the medullary matter to be involved to render the paralysis permanent. Admitting that red softening of the brain is the result of chronic inflammation of its substance, persistent paralysis, in the present case, was not to be expected until the inflammatory action had involved the medullary substance.

In briefly adverting to the phrenological bearing of the case, Mr. Dunn considered phrenology not in the light of a system of psychology, but of an attempt to elucidate the physiology of the brain, and that it was a duty incumbent on the medical inquirer to avail himself of every opportunity of bringing its pretensions to the test of experience, and that it was to post-mortem examinations of the brain, and to pathological investigation, more than to any other source, that we are to look for evidence in support or refutation of its dogmata.

In the present instance, the parents of the child, who know nothing of phrenology, had been forcibly struck with a change in the disposition of the child, which they had observed, for some months previous to the child's illness, to have been gradually taking place. From being a happy, placid, docile boy, he had become more and more petulant, self-willed, and obstinate. On the post-mortem inspection of the brain, the tubercular deposit was found to be situated on that part of each of the hemispheres where Gall and Spurzheim have located the organ of firmness. Among the first of the morbid effects arising from this tubercular deposit would be an irritating excitement in the grey substance, which would lead to an abnormal development of its functional power. Now obstinacy is an abuse of firmness, and if we associate the change of disposition which had taken place in the child with the structural disturbance induced by the tubercular deposit, the case might be fairly adduced in support of the hypothesis of Gall and Spurzheim, and of the locality which they have assigned as the site of the organ of firmness.

Notes of a Case of Petechial Cow-pox, with Observations on the Development of the Hæmorrhagic Diathesis. By Dr. George Gregory.

A child was vaccinated at the Small-pox Hospital on the 19th May, 1842; to all appearance in perfect health. On the 4th day, petechiæ were first seen.—On the 8th day, extensive ecchymosis occupied the usual seat of areola, and the body was covered with petechial spots. On the 16th day, the scabs had began to drop off, and all hæmorrhagic appearances had subsided. Two children of the same family had been vaccinated at the same time from the same lymph, who both passed through the disease in a normal manner. The child had not exhibited any previous symptom of constitutional weakness.

The author considers this to have been a case of true petechial cow-pox; not the coincidence of vaccination in an individual of hæmorrhagic tendency. He views it as an instance of the morbid matter of vaccine, usually so mild and so congenial to the human blood, proving poisonous to it, and developing the hæmorrhagic diathesis. It will be interesting, adds the author, to watch the future history of this child, to ascertain whether other morbid poisons have a like power of dissolving and deteriorating the quality of the blood, or whether this peculiarity attaches to the vaccine virus only.

The analogy subsisting between the phenomena of petechial cow-pox and petechial small-pox was noticed, and the frequency and severity of that form of variola, illustrated by cases. The freedom of the brain and nervous system, in severe cases of petechial small-pox, was alluded to, which conspired with the present case in rendering it probable that the hæmorrhagic state is developed by a morbid poison through some direct agency on the blood itself, independent of the brain and nerves.

Petechial cow-pox is believed by the author to be exceedingly rare. He had never seen any other instance of it, and had only heard of two others.

MUSCULAR FIBRE OF THE HEART AND GULLET.

At a meeting of the Zoological Society, June 14, 1842, a paper was read by George Gulliver, F.R.S., entitled, "Observations on the Muscular Fibres of the Œsophagus and Heart in the Vertebrate Animals." We subjoin some of the results, omitting for the sake of brevity, the numerous particulars on which the conclusion are based.

The author shows that, in many mammals, the muscular fibre of animal life runs along, or forms a complete investment to, the entire length of the gullet,—as in the Insectiverous Feræ, Ursidæ, Mustelidæ, Ruminants, Rodents, many of the Canidæ, &c.

Other mammals, on the contrary, have but part of the gullet covered with the muscular fibre of animal life, which terminates on the gullet at a variable distance before it reaches the stomach—as in man, the Quadrumana, Viverridæ, Felidæ, the Porpoise, the Horse, &c.

In birds and reptiles the gullet has no covering of the muscular fibre of animal life; while in fishes this fibre often extends along the whole length of the gullet.

Hence, judging of the function of a part from its structure, many animals possess over the gullet the power of voluntary motion, which many others are totally without, while in others again the upper part of the gullet is endowed with this power.

In the heart of man, and of other mammalia, the primitive muscular fascicles, as is well known, are often striated and made up of the beaded fibrils; so as to resemble, in short, the muscular fibre of animal life. But this resemblance, according to Mr. Gulliver's observations, ceases in the lower vertebrate animals, since in those the fasciculi are less obvious in the heart, its minute structure being composed of bands or fillets, generally from 1–5000th to 1–2600th of an inch in diameter; while the more minute primitive fibrils, so common in the heart of mammals, and in the voluntary muscles generally, are not to be found in the heart of the lower vertebrata, and the transverse striæ also are absent in the latter. Hence the assemblage of fillets or bands, of which the heart is made up in fishes and reptiles, has no resemblance to the structure of the heart in mammalia, but is more nearly allied to muscular fibre of organic life as it exists in other parts.

The existence of a sheath or sarcolemma around the muscular fasciculi of the heart, even of mammalia, seems to be doubtful; and in the lower vertebrata the above-mentioned fillets or bands have no appearance of possessing any kind of sheath. And, as described in the proceedings of the Zoological Society, September 10, 1839, the heart of mammals seems to be destitute of the cellular (filamentous) tissue by which the component parts of all the animal organs are usually described as being held together.

In some of the voluntary muscles of many animals, the author remarks that although the primitive fibrils, as commonly delineated, are distinct enough; yet the muscular fascicles and the transverse striæ are either very delicate, indefinite, obscure, or invisible; and the sarcolemma cannot be shown. The great pectoral muscle of birds, as of the common swift, may be compared with other muscles of the same bird, for example; and some mammals, as the common mouse, have very indistinct fascicles in some of their muscles.

EXTRACTS FROM PERIODICALS.

ON A FORM OF SORE MOUTH PECULIAR TO NURSING WOMEN. BY DR. BACKUS, OF ROCHESTER.

This affection, so far as we can ascertain, is unknown in Philadelphia. Our lamented friend, the late Dr. Dewees, never met a case of it here; nor have any of our friends with whom we have conversed on the subject. Nevertheless, it appears to prevail, in limited localities, through a very extensive range. Thus we have seen a lady from Memphis, Tennessee, who had suffered severely with it, and Dr. Shanks of that place informs us that few nursing women in that town escape it, whilst the neighbouring towns are free from it.

In Boston, Massachusetts, the disease has also prevailed, and we have recently met with an account of it published in the Medical Communications of the Massachusetts Medical Society, vol. v, p. 1, by our friend Dr. E. Hale, Jr., which furnishes so satisfactory and interesting an account of the affection that we shall extract it entire.

"Nursing women are often subject to a sore mouth of a peculiar character, which I have not seen adequately described. It begins with a hard pimple upon the edge of the tongue, generally at a little distance from the tip, which is very red and extremely painful. In many mild cases this continues a few days and disappears, and then returns again at irregular intervals. Those who have been frequently subject to these attacks, are aware of their approach by a loss of the sense of taste, and especially by being insensible to the taste of salt, accompanied by other peculiar sensations in the mouth, which they seem at a loss to describe.

"This is the mildest form of the disease, and unless it is under the influence of remedies, it does not long continue in so mild a state. After a few returns, and not unfrequently at the first attack, the central spot ulcerates. The ulcer is deep, with hard elevated edges, surrounded by an inflamed circle, and is still exquisitely painful. Several of these ulcers form upon the soft parts of the mouth, that is, upon the tongue and the inside of the cheeks, rarely if ever upon the gums or the palate, and although each ulcer is of small extent, the inflammation around them spreads over nearly or quite the whole mouth. The tongue is very red and smooth. The salivary glands are excited, so that there is a considerable salivation. The inflammation next extends to the fauces, and then to the mucous coat of the œsophagus, stomach, and intestines, accompanied by diarrhœa. The soreness of the mouth is not diminished by the extension of the inflammation to other parts. The ulcerations continue to increase in depth, though their extent of surface is not great. I have seen a considerable loss of substance in the edge of the tongue, which has been only partially supplied when the ulcer healed, leaving the edge of the organ still jagged and uneven. Throughout the whole of the disease the appetite is good, but the pain from taking food is so great that nothing but the mildest liquids can be borne. Although the patient becomes greatly emaciated, and her strength wastes rapidly, the secretion of milk is little if at all diminished, and the child continues vigorous and healthy.

"In any stage of the disease, if the child be taken from the breast, the affection of the mouth heals with great rapidity. The same is true in the earlier part of the disease, of the diarrhœa and other sympathetic affections; and indeed it generally is so when the weaning takes place at any period. In one instance, (it was the first case that came under my observation,) where the nursing was prolonged until the patient's strength was much exhausted, she was not materially benefitted by weaning the child. The mouth healed, but the diarrhœa continued. The powers of the digestive organs were so prostrated that she could not take food sufficient to nourish her, and after a long period of debility and suffering, she died—more from inanition than from the violence of any constitutional disease. I am not now able to form an opinion decisively, whether this woman would probably have recovered if the child had been taken away earlier; but am not without some apprehensions that her life was endangered by nursing it so long. In other instances I have seen patients recover from a state of extreme weakness, produced by pain and diarrhœa, accompanied by the inability to take food, with a rapidity altogether surprising; and this without any material change of remedies to account for the change of health, except in the mere circumstance of weaning the child. In the following case the connection of the disease with nursing was very strikingly exhibited.

"Mrs. H. had suffered considerably with sore mouth while nursing her first child, but not so severely as to induce her to wean it prematurely on this account. After the birth of her second child she passed the puerperal state without any peculiar difficulty, but had not fully recovered her strength

before the sore mouth appeared. It ran rapidly through the stages I have described, in spite of any remedy I could use, and in a few weeks it seemed evident that nothing but weaning the child could save her life. She yielded to this necessity with great reluctance; but after some delay, which I thought exceedingly dangerous, such was her state of exhaustion, she took the child from the breast to bring it up by hand, being too poor to procure a nurse for it. She recovered with such rapidity that in a week she was able to walk out, and I discontinued my visits. In about another fortnight I was called again, and found her still more reduced than at any time before. On inquiry it appeared that soon after I had left her, she had been persuaded by some injudicious friends, to apply the child again to the breast. The milk, which had not wholly disappeared, returned freely, and she had now nursed the child a fortnight. In the mean time the sore mouth and the diarrhœa had returned with more than their former violence; and her whole appearance indicated extreme debility and exhaustion. The child was now weaned in good earnest. She recovered, however, much more slowly than before; and it was not until after spending some weeks in the country that her strength was fully restored.

"The following year, after the birth of another child, this patient was again affected in the same manner. For several weeks we were able to keep the disease in check, by a constant exhibition of remedies, with a careful diet; but it then increased to such a degree as to render it necessary to wean the child. She recovered her health in a very short time, and has since suffered no relapse.

"In one or two other instances I have found weaning necessary. But in many more cases the disease has yielded to treatment without it. The patient does not indeed so entirely recover as to be wholly free from any tendency to the complaint. On the contrary, the mouth is very ready to become sore, from slight occasional causes—from fatigue, or from accidental indigestion. But in general these attacks are soon checked, and are followed by intervals of tolerably good health.

"The circumstances which require that the nursing should be suspended, are not merely the degree of soreness of the mouth; but the violence of the diarrhœa, and the extent to which the general constitution suffers, and more especially the inefficacy of remedies to arrest the disease, while that function continues to be performed. The length of time during which it may be proper to wait in order to ascertain the efficacy or inefficiency of remedies must, of course, vary according to the urgency of the symptoms. The necessity of weaning is an evil to be avoided if possible. Not only is the patient subjected to the inconvenience and expense of a wet nurse, or of bringing up her child by hand, either of which are far from being trifling, but she is left with the strong probability of having to undergo the same evils again, at no great distance of time.

"So far as my observation extends, there is always a disposition to a recurrence of the disease in every subsequent period of nursing. And, although my experience has not been sufficiently extensive to be decisive on this point, yet this disposition to recurrence seems to be stronger in those cases where the child has been weaned on account of the disease than in others. The reason may be only that in these cases there is less opportunity for the constitution to regain its usual habits or health before another pregnancy. But be the explanation as it may, if the fact should prove to be so, it becomes a strong reason for not resorting to weaning, until the necessity for it is quite manifest. At the same time we must be on our guard not to suffer the exhaustion and debility to proceed so far as fatally to undermine the constitution. It is obvious that if there is any predisposition to phthisis, or other constitutional disease, the debility must be regarded with more solicitude and apprehension than in a habit generally vigorous and sound.

"This kind of sore mouth is also sometimes seen during pregnancy. But according to my observation, it never appears in a first pregnancy, and when the sore mouth appears in a subsequent pregnancy, the disease does not extend itself into the other train of symptoms, which I have described. I have never seen it in a pregnant woman, unless she had before suffered from it while nursing, and it has in that state yielded readily to remedies without any considerable constitutional irritation.

"*Treatment.*—In the treatment of this affection, local remedies are of very little service. I have seen some little benefit from the use of a decoction of the leaves of the black currant; but in general, mouth-washes and gargles avail so little as scarcely to give a momentary relief. It not unfrequently happens that the stomach is disordered, although this is not essential to the disease; and when it is so, an emetic is necessary. For this purpose the ipecacuanha is the best, since it is not desirable to produce a powerful general effect upon the system. The emetic is but preparatory to the direct treatment of the disease; and there are many cases in which it may be dispensed with. For the cure, the chief reliance must be upon tonics; those particularly which give vigour to the actions of the stomach with little general excitement. The lime-water infusion of bark (infus. cinchon. cum aqua calcis of the United States Pharmacopœia) is a good preparation for this purpose. Given in the quantity of a wine-glassful two or three times a day, it will often arrest the disease and restore the strength. Another preparation of the cinchona, which is well suited to this disease, is a compound fermented infusion. Take of cinchona, bruised, half an ounce; serpentaria half a drachm; orange peel two drachms; boiling water a pint; infuse and strain, and when cool, add yeast a sufficient quantity to excite fermentation. The carbonic acid, in almost any process of fermentation, seems to exert a very favourable influence in this complaint—provided the liquid which accompanies it is not of a nature to produce acidity and flatulence in the stomach. Bottled porter and ale are highly useful remedies. For the reason just given they should not be new; but if sufficiently matured, the more fixed air they contain the better. The effervescing salts also have sometimes a pleasant and salutary effect. Especially in case a laxative is necessary, it is quite desirable to give it in some effervescing mixture. This may be the common Rochelle or Seidlitz powders, or what I think for the most cases a better preparation, a powder of rhubarb mixed in water with the super-carbonate of potass, which is found in every family, adding a little lemon-juice or other acid at the moment of taking it.

"Where the porter has stimulated too much, and the effervescing salts were disagreeable to the patient, I have given a fermented solution of tartaric acid and sugar. In the warm weather this is quite an agreeable article of drink; when properly prepared it contains a large portion of carbonic acid, and at the same time it is so free from vegetable impurities, that it is very little liable either to give pain or excite flatulence in the stomach. The preparation of it is not difficult. An ounce of tartaric acid is put to about three gallons of cold water, with white sugar to suit the taste; and add two or three spoonfuls of good yeast, (more or less, according to the quality of the yeast,) stir it well when first mixed, and once after two or three

hours, at which time, if necessary, add more yeast; let it stand quietly in a cool cellar about twenty-four hours; then draw it off carefully and bottle it.

"There are some cases to which the sulphate of quinine is well adapted. It is not in the worst state of the disease that it is the most useful, when there is a great deal of irritation in the mouth, throat, and stomach. But in a debilitated constitution, in which there is a disposition to the disease; or after a severe form of the disease has been nearly cured, and is disposed to return, this remedy will sometimes exert a great influence. I have known a patient keep the complaint in check for a length of time by taking a small quantity of the sulphate of quinine occasionally, whenever she perceived the approaches of the disease, as indicated by insensibility of taste, preceding the soreness.

"There may be other tonics that would be equally efficacious, which I have not mentioned. I have spoken only of such as I have myself prescribed. Whatever tonics are used, however, it is essential that they should not be of the exciting kind. Tinctures of any sort are wholly inadmissible; and in general I have found it necessary for the patient to discontinue the use of wine, while the disease was in its severer state.

"I have known of some cases in which calomel, combined with opium, has been given to advantage, although I have not myself met with any which seemed to me to call for it. Where there is much constitutional irritation, without great general prostration, we might expect decided benefit from the use of calomel and opium. But in the severe cases that I have seen, there has been so much prostration, with a disposition to sweating, rather than to a dryness of the skin, either before I was called, or before I have found opportunity to give this medicine, that I have made no trial of it.

"I have said nothing of the benefits of change of air and exercise in this complaint, because there is nothing peculiar to it in their good effects. I have already sufficiently intimated, that no course of treatment, of which I have any knowledge, will at all times be effectual, so long as the patient continues to nurse her child. Where the disease is not arrested by the use of medicines, and especially if the strength continues to decline rather rapidly, weaning seems to be the only remedy. But enough has already been said of the circumstances which require a resort to it.

"In regard to the pathological character of this complaint, it is apparent that it is intimately connected with, and dependent upon some peculiar state of the system produced by the secretion in the mammæ. It is found only in females, and in them only while nursing, except when it returns in a mitigated form during pregnancy, in some persons who have before been subject to it; and it speedily disappears when that secretion is checked. But it is not enough to have traced it thus far, nor to show that the disease may be removed by suspending so important a function. It is only in cases of great danger or extreme suffering, that mothers can, or ought to be, induced to consent to weaning their children on account of it. It is necessary, therefore, to inquire more particularly into the nature of the actions by which the disease is produced.

"That this affection is not the effect of mere exhaustion of the system, from the demand made upon it by the secretion in question, is manifest from the circumstance that women of a vigorous constitution and of good general health are subject to it, as well as those who are feeble; while on the other hand, many, whose constitutions are extremely debilitated, go through the whole periods of pregnancy and nursing without any touch of it. It appears more rational to regard it as the effect of the local sympathies of the parts.

"From the great liability of the stomach to be disordered in this complaint, and especially from the fact already mentioned, that those remedies only are of permanent benefit which act on the stomach, it should seem that it is chiefly through the intervention of that organ that the disease is produced. We know of no direct sympathy between the parts in which the affection first appears and the mammæ; while the stomach is very closely connected with the mouth and fauces on the one hand, and with the uterus and all the organs associated with it on the other.

"This view of the nature of the disease sufficiently explains all the phenomena, which I have been able to observe, both of the disease itself, and of the cure. In the treatment of a sympathetic disease, our first object is to remove, when that can be done, the affection that gave rise to it. But when that cannot be effected, or when, as in this case, the sympathy is with some function which it is important to preserve, our next purpose is directly to relieve the suffering organ. In the present instance, if we apply our remedies primarily to the local affection in the mouth, they fail of their effect. But if they are applied to the stomach they are not unfrequently so successful as to give the patient a very tolerable degree of health, until the proper time arrives for weaning the child, when all tendency to the disease will of course cease."

Dr. Hale, in reply to a letter we addressed to him on the subject, writes:—"I still see the disease occasionally, but not very often. I think it has been less frequent recently, than it was ten years ago; but I have no very accurate data for this opinion. The only thing that occurs to me to qualify in my paper is a single remark on the appearance of the mouth and tongue in the earlier part of the affection. There is sometimes (I am not able to say how often comparatively) a general soreness of the tongue and mouth, with loss of taste, &c., without any particular ulceration, and this may continue, varying in severity, for a considerable length of time. Patients, who have once been severely affected, seem rarely to recover from the disposition to it so as to be able to nurse subsequent children. I have been obliged, within a few weeks, to advise weaning her child to a patient who first became affected many years since. She has borne six children, and has never been able to nurse any since the first. It was now much longer than usual since she had made the attempt, and we had some hope that there might have been some change in regard to the tendency. For a few weeks she got on pretty well. The mouth then became sore; and for a few weeks more, the soreness seemed to be kept in check by sulphate of quinine and other tonics. Next came diarrhœa and so much prostration, that weaning seemed to be the only resource. In every other respect she has pretty good health."

ANALYSIS OF THE URINE IN SCARLATINA. BY DR. S. F. SIMON, OF BERLIN.

The urine in scarlatina almost always presents the characters of the urine of inflammation, being scanty, of a deep red colour, strongly acid, and often of a higher specific gravity than in health. In the stage of desquamation it becomes more copious, but retains its dark colour, and often contains albumen.

Dr. Simon analysed the urine of a boy aged five years, suffering under scarlet fever, with considerable affection of the sensorium and putrid odour from mouth and nose. The urine had a dark yellow colour, was slightly acid when first voided, but soon became alkaline on standing, and then threw down a copious white sediment. Under the microscope, this sediment

was seen to be composed of large opaque globules, and a fine granular deposit, with mucous globules and a few crystals of phosphate of ammonia and magnesia. It was almost completely dissolved when heated, and small rhomboid crystals of lithic acid appeared on treating it with hydrochloric acid. The amorphous residuum consisted of lithate of soda and lithate of ammonia. During desquamation the urine still continued to become very speedily alkalescent, and still threw down the white sediment, but without becoming perfectly clear. No epithelium scales could be discovered in this sediment, but large masses of epithelium cells existed in the turbid urine which covered the sediment, and some of the cells seemed to have been slightly acted on by the alkalescence of the urine. The above fact shows that the process of desquamation extends to the lining of the bladder.

The urine of this patient had a specific gravity of 1022; 1000 parts contained 56.7 of solid matter, of which 19.3 were urea, and 1.64 lithic acid, which was in a state of combination with bases in the urine.—*Allgemeine medicinische central-Zeitung. February* 5, 1842.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN,—You have occasionally contrasted the pay and emoluments of the poor-law commissioners and their assistants, with those of the medico's who happen to serve under them; but I do not remember that you have ever made a comparison on this ground, between these gentlemen and other public functionaries discharging duties not less onerous and responsible. Thus, a Lieut.-Colonel of Infantry receives 17s. per diem pay; 3s. do. when in command of a regiment, and 5s. when on march. Had Sir Robert Sale, Lieut-Colonel, 13th foot, served in the "first gem of the sea," during the past year, and been six months out of the twelve *en route*, instead of being the defender of Jellalabad, he would have received £410 10s. During that time Mr. Gulson it appears received £1515 13s. 4d., of which £372 15s. for personal expenses! Verily, the "feed and clothing" of these men is a "leetle" high. The "gallant Sale" has just been made a Grand Cross of the Bath; could not some order or decoration be devised for these Messieurs which might cost the country less?

Your's obediently,

ANTI-HUMBUG.

June 25th, 1842.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, JUNE 30.—Council met.

The Treasurer acknowledged the receipt of the following sums:—

Dr. Locke, Askeaton, 10s., renewal subscription.
" Kirkpatrick, Dublin, 10s., "
" Lane, Wexford, £1, additional subscription.
" Thomas B. Lane, Dublin, £1, "
Dr. Kingsley, Roscrea, £3 donation to Secretary's Fund.

Treasurer read letters from Dr. Ryan, Ballingarry, County Tipperary, Dr. Lane, Wexford, and Dr. Kingsley, Roscrea.

BOOKS RECEIVED.

Observations on the Admission of Medical Pupils to the Wards of Bethlem Hospital, for the purpose of studying Mental Diseases. By John Webster, M.D., &c.

The Spas of Homberg, considered with reference to their efficacy in the treatment of Chronic Disease. By Sir Alexander M. Downie, M.D.
The Medico-Chirurgical Review. July. 1842.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JULY 6, 1842.

LATE PROCEEDINGS IN THE HOUSE OF LORDS.

THE proceedings in the upper house of parliament during the past week, which we publish to-day, will be found to be of no ordinary interest to Ireland. A complete exposure has, at length, been made, before that high court, of the systematic dereliction of principle which has characterised the public conduct of the poor-law commissioners throughout; but especially in their dealings with the medical profession. A defence was attempted and carried on with spirit, until the most zealous partisan could find no available coign of vantage. The poor-law commissioners were then abandoned to their fate, encumbered with the heavy aid of Ireland's only Duke. When Mr. Nicholls was on Friday evening charged in the most explicit terms with having, in particular instances, deceived the government, and of having stated what was false and suppressed what was true; not a single peer raised his voice to deny the charge. The Duke of Leinster indeed expressed his opinion that he considered the individual, whom Mr. Nicholls employed as his tool in these trnsactions, to be a worthy colleague; but in favour of the principal himself, or in extenuation of the allegations against him, as a public officer, even the noble Duke shrunk from saying a word.

Now, be it known, that Mr. Nicholls was in London during the whole of last week; that he and at least one of his assistants were actively and successfully engaged in whipping up a friendly house; that he worked upon the Lord President of the council to procure the postponement of the inquiry with regard to the "suppressed letters," from Monday until Tuesday; that notice of the presentation of the petition of the Medical Association was on the votes of the House of Lords from Tuesday until Friday, and lastly, that Mr. Nicholls himself was present in the house, with his papers and redtaped bundles under his arm during every stage of these transactions. He has now come back to Ireland, and we confidently hope, (not from any vindictive feeling: but because we know such a result would benefit our country), that the glory of the poor-law commissioners has departed, and the star of Mr. Nicholls has set for ever. For their exertions in hastening this most desirable catastrophe, we must say the medical profession and the public owe a deep debt of gratitude to the Earls of Mountcashel and Glengall.

THE TRADING MISCHIEF-MAKERS.

THE object now contemplated, the great end aimed at, is to create division in the ranks of our profession, and to foment discord among its members. With this view Mr. Denis Phelan's old contrivance is put into requisition. The British graduates are, it is said, about to be sacrificed to the interests of the Irish colleges, and all the rights, privileges, and beneficial interests of the profession are to be reserved for favoured classes. We will not insult our friends by expressing even a suspicion that they could at this hour of the day be gulled by so stale a trick. That any thing of the kind is contemplated by any individual or by any party is untrue, and those who circulate the calumny know that it is untrue. There is now, in fact, in course of preparation by the Secretary of State for the Home Department a legislative measure to put an end to all that nonsense, and the very persons accused of endeavouring to perpetuate these mischievous distinctions are the supporters of that measure, while the authors of the calumny, to which we allude, are resorting to all those filthy contrivances with which they have so long been familiar, in order to defeat it. We admire the impudence of those who were so instrumental in defeating the attempt to unite all classes of the profession, and to secure equal rights to all, at the Congress in 1838, thus attempting to take credit for liberality, and endeavouring to persuade the very men they formerly insulted, that they are now advocating their rights. No; as we have just said, the object is to sow division, to foment discord, to carry into effect once more the old detestable policy which so often has been put into requisition to the ruin of unfortunate Ireland. "*Divide et impera*," says the cold-blooded heartless official, and his words are echoed by his hired advocates and prostitute tools; but neither sound nor echo shall avail. Already the attempt has been defeated by the very measures taken to secure its success. The odour of proffered services is proverbially unpleasant, and that of those lately thrust under the noses of our brethren has been found particularly offensive.

MEDICAL CHARITIES' BILL.

THERE is no truth in the statement, so industriously circulated to throw the profession off their guard, that there are four medical charities' bills under consideration. There is but *one* bill, and that is the original odious bill of Nicholls and Phelan, revised and retouched by Corrigan and Harrison, but rendered somewhat less objectionable by the exertions of Sir H. Marsh, Sir Philip Crampton, Mr. Carmichael, Mr. Cusack, Dr. Graves, Dr. Stokes, and others.—This bill, with alterations of which we know little or nothing, is now in Lord Eliot's hands, and is, we understand, to be printed and read a first and perhaps a second time this session, but not pressed until next year. The President of the College of Surgeons, Mr. Tagert, accompanied by Dr. Maunsell, is now in London, on the part of that body, endeavouring to obtain mitigations of its destructive provisions. Dr. Nugent is also there on the part of the Medical Association with the same object.

The proceedings in the House of Lords last night throw a useful light upon the manner in which reports are sometimes prepared in public departments to serve as the foundation of bills to be passed into laws. A bill for the regulation of medical charities in Ireland is desired by the poor-law commissioners. To lay the ground of this bill, a Mr. Denis Phelan, an assistant poor-law commissioner, has been sent on a circuit through the island, in the course of which he visited no less than *six hundred* medical charitable institutions. Having thus pretty well informed himself of the opinions of all the medical gentlemen connected with the charities in question, Mr. Phelan returned to Dublin and addressed circulars to ninety-three of the number, taking care to mark his circulars "private;" to these *private* communications he received answers marked *private* also. Selecting *twenty-nine* from the whole he applied to the writers for permission to make their communications *public*, and obtained from twenty-seven such permission. Finally, from the twenty-seven he selected fourteen to serve as the basis of a report. Let us look to this process of repeated distillation to see with how much care the essence has been extracted.

1st. distillation, 600 charities. *Caput mortuum* 507
2d. distillation, 93 answers. *Caput mortuum* ... 64
3d. distillation, 29 answers. *Caput mortuum* ... 13
and two lost in the process.
Extract, available answers 14

This highly rectified result being the matter from which the bill is to be framed.

When Mr. Ferrand complained that Dr. Bowring's report from Switzerland was partial and incomplete, the Whig-Radical party affected great indignation at the surmise that the learned gentleman's personal honour was assailed. We denied that this indignation was just, or that any imputation had been cast upon the personal honour of a gentleman of whom we, and we believe the public, have a very high opinion. We said that Dr. Bowring was sent out to Switzerland, by persons well acquainted with his bias, for the purpose, not of collecting evidence impartially, but of selecting such witnesses and such testimony as might meet his approbation, which the persons sending him well knew would serve their purpose. Now we ask, does not this case of Mr. Phelan very clearly prove that such is the practice? Has not Mr. Phelan first arbitrarily selected his witnesses, and then as arbitrarily picked their evidence? We do not know or care by what government Mr. Phelan was commissioned, and of the gentleman's character and opinions we are equally ignorant and equally careless; our purpose is merely to show how reports for parliament are got up in public offices, and how utterly unworthy they are of the least consideration.—*Standard.*

MEDICAL BENEVOLENT SOCIETY OF IRELAND.

WE are happy to see that the central committee of this excellent charity are zealously performing the task they have undertaken. They are actively engaged in circulating the report of their first general meeting, together with a letter, explanatory of the objects of the society, and soliciting subscriptions in aid of its funds. We feel assured, that if the society can only have its claims fairly placed before the medical public, money will flow into it abundantly. The members of our noble profession, ever foremost in acts of benevolence, will surely not hold back when the recipients of their bounty are to be their own brethren. For our own part we gladly lend our aid in bringing the subject before our readers, and we would earnestly entreat the public journals to assist in giving publicity to it through the length and breadth of the land. Some of them have indeed generously advocated its cause already. We have great pleasure in inserting the acknowledgment of this, as requested by the committee, and we sincerely

hope we shall be often called on to perform a similar gratifying office.

"At a meeting of the central committee of the Medical Benevolent Society of Ireland, held on the 1st July, 1842, it was unanimously

Resolved—That the best thanks of the committee are justly due, and are hereby given, to the Editors of *Saunders' Newsletter, the Dublin Evening Post*, and the *Nenagh Guardian*, for their kind and able advocacy of our institution in their influential papers."

We are also requested to state, that a corrected list of the subscribers will shortly be published.

MEDICAL INTELLIGENCE.

HOUSE OF LORDS.—JUNE 28.

MEDICAL CHARITIES (IRELAND.)

The Earl of Mountcashel said that the subject of the motion which he was then about to submit was one of considerable importance in Ireland, where it had already attracted a considerable share of public attention; yet in introducing it he would occupy as small a share of their lordships' time as possible. In the supplementary appendix to the report of the poor-law commissioners on medical charities in Ireland, p. 168, was to be found a copy of a circular letter, sent by Mr. Denis Phelan, an assistant poor-law commissioner. This letter was marked "private," and had been sent to a large number of medical men in Ireland. The gentlemen thus addressed were each called upon to state in what he differed—if he differed at all—from the suggestions contained in a report of the poor-law commissioners as to a different mode of arrangement as to medical charities. Of the answers sent fourteen were included in the report of the poor-law commissioners. By the return recently made to the house it appeared that although the letter from Mr. Phelan was sent with the sanction and approbation of the commissioners, still no record of those to whom it was sent, was kept. The return gave the names of 93 individuals from whom replies had been received, and of these replies 14 were printed in the report, and 12 were now inserted in the returns made to their lordships' order. That is of 93 letters admitted to have been received in answer to the circular, 67 were suppressed, and he (Lord M.) would state that they were suppressed because they bore against the special views of the commissioners (hear, hear.) It was said in the return that they were suppressed because they were considered by the writers as private, but he (Lord M.) knew that many of them were not so considered, and he held in his hand a copy of one from Doctor Healy, of Ennis, in which that gentleman expressly stated that he wished his letter to be published (hear.) This was decidedly contrary to the rules laid down for the guidance of the poor-law commissioners, who were required by the act to enter down copies of all communications made to, or by them, connected with their official duties; this was depriving their lordships of that information which they had a right to expect. The fact was, this gentleman, Mr. Denis Phelan, had gone all over Ireland on a sort of visitation to the medical charities, 600 of which he visited, and thus became acquainted with the opinions of most of the medical men connected with them, and he afterwards wrote only to those whom he thought likely to give such answers as would be favourable to his views and those of the poor-law commissioners. He would ask why was the letter sent marked "private?" Mr. Phelan himself stated that it was because he wished to have opinions as to the suggestions of the poor-law commissioners with respect to medical charities, and that he published only the letters of those who concurred in those suggestions (hear, hear.) To publish the whole of those answers would not have answered the purpose of the poor-law commissioners, or Mr. Phelan, who certainly deceived the public by not making full and correct returns, and who had deceived the medical profession by worming out of them, by means of these "private" letters, opinions which they would otherwise have never given. Was this a proper course to pursue, when the whole medical profesion in Ireland were crying out against the proceedings with reference to the subject of medical charities? The question was, whether the commissioners had treated their lordships with contempt. If their lordships thought they had, he hoped that they would take such measures as would secure the public respect towards the upper house of parliament. It was not the first instance of a similar trick having been played by the same parties. Their lordships would remember the case of John Butler, the returning-officer of the Clonmel Union. In that case this same Mr. Phelan had made three editions of the same letter, and he had now once more come forward and ventured to take liberties with their lordships, and he trusted that they would see the necessity of searching further into the case. The noble lord concluded by moving for those papers which had not been furnished in accordance with the order of the house.

Lord Wharncliffe said, the noble lord was quite mistaken if he supposed that the commissioners were unwilling to lay these letters before the house, provided they were desired by their lordships to do so. Those letters were from individuals who had marked their communications 'private,' and the commissioners did not certainly think themselves justified in making a return of those confidential communications, though they were prepared to do so under their lordships' order. He (Lord Wharncliffe) certainly did not think their lordships would make any such order, or that they would think it right to force the production of letters which were intended by the parties writing them to be confidential.

The Duke of Richmond entirely agreed with his noble friend, that it would be most inconvenient for that house to force individuals to produce letters which were intended by their writers to be private communications.

The Earl of Glengall said that it was necessary the house should understand the fact that the letters in question were procured with the view of supporting a report which had been laid upon their lordships table, recommending a transfer of the control of the Irish medical charities into the hands of the poor-law commissioners (hear, hear.) Of that report their lordships would shortly hear more, and he would not go into the subject then; but about Thursday or Friday next, petitions to the number of 30 or 40 would be laid upon the table, protesting against the accuracy of that report, and deprecating its recommendations. These petitions were signed by magistrates, gentry, medical men, and clergymen of all persuasions; and from the statements contained in them, he declared that there were not five lines of truth in that report. Let noble lords take the trouble of looking into the report of the proceedings of the Medical Association of Ireland at their late general meeting, and they would see what was the value of the poor-law commissioners' statements (hear, hear.) The commissioners had given no authority to Mr. Phelan to mark his letters "private;" he had acted entirely on his own authority. And why had those letters been marked "private?" Why, in order that those answers might be used which suited the purpose of the report, and the remainder suppressed. He did not doubt that some of the writers of the answers wished their communications to be private, because he knew that some of the class from whom favourable answers were expected, were capable under cover of confidential communications of making statements,

the most false and libellous against the medical charities and their present managers (hear, hear.) He believed that many of these communications had been made by persons not in the medical establishments, but who wished to get into them through the influence of the poor-law guardians, who were in nine cases out of ten returned by agitators.

Lord Monteagle observed, that all this opposition was raised against a measure that had been under the consideration of the Irish government with a view to its introduction in parliament. Now he, (Lord Monteagle) as having been engaged in the superintendence of more than one medical charity in Ireland, must say, that some system of supervision of those charities, so far from being likely to afford grounds for just complaint, would, on the contrary, be one of the greatest benefits that could be achieved to Ireland, with all possible respect for the Medical Association of Dublin.

The Earl of Glengall—The Medical Association of Ireland.

Lord Monteagle—With all respect for the Medical Association of Ireland, he (Lord M.) could readily understand that many medical men now interested in the medical charities were averse to a proper supervision and inspection of them (no.) The noble earl (Glengall) had formerly originated an inquiry in this house, and what had been the result? Did he not regret it? The result had been the punishment of one of the most deserving men in Ireland, a man who had taken no part in agitation, but had resisted agitation, who was made a victim, and continued a victim at the present moment, for an error for which he deserved no such punishment. He thought the house should not encourage agitation by entertaining this motion.

The Marquis of Westmeath wished to correct the noble baron, the agitation as he called it, did not originate in that house, but was the expression of public opinion upon a measure for altering the medical charities of Ireland, which was looked upon with much apprehension by the landed interest in that country (hear.) It was generally supposed that a medical charities' bill was under the consideration of government, and it was feared that the hospitals and dispensaries would be put under a board, the manager of which was to be Mr. Denis Phelan. It was, he believed, to advance this object that the report had been printed by the poor-law commissioners, and it was to obtain support for their recommendations that the letter in question had been circulated. It was clear that a report had been laid on the table of the house founded upon communications said to be private. If private, why should they be made the foundation of a public report?

The Earl of Wicklow thought it had not been necessary to refer to a bill not before the house, which, if it ever came before the house, would then receive the attention it deserved. There were two grounds laid before the house by the noble earl—1st., that the commissioners had violated an act of parliament; 2d., that they had been guilty, not of a breach of privilege, but of an insult to the house. He (Lord Wicklow) conceived that if they had been guilty of anything it was a breach of privilege. But the noble earl had failed to prove that they had either violated the act of parliament or offered an insult to the house. The return, as he understood it, was in compliance with the order of the house. He doubted whether, if the member of the house who moved the return, had explained its nature, the house would have ordered it; for he thought that any letter of a private nature should not be laid before it. He could not see that the commissioners could have complied with the order of the house in any other shape or form than they had done; therefore the accusation against them, and the motives attributed to them, were not made out. The noble lord (Monteagle) had referred to the result of a certain inquiry, and he (Lord Wicklow) regretted the consequence of it to which the noble lord had referred—namely, that an individual should have suffered a severe punishment for an error he had committed. That individual, with a large family dependent upon him, had been thrown out of employment, and as a situation of secretary was now vacant he hoped that he might be considered entitled to fill it.

Lord Colchester thought that no officer in the public service, writing on the public service, should mark his letters "private." At all events, it was not right to withhold some letters and publish others. The house had a right to call for all letters, to the publication of which the authors did not object.

The Marquis of Lansdowne said, if the house thought proper to call for private letters, written for the purpose of collecting information, they must be produced; but if so, he should expect that there would be no communications with persons in public situations upon any subject whatever. The commissioners were not to blame; and he could not see that Mr. Phelan was to blame in collecting information for himself and the commissioners. He wished he could say that their lordships' house had not been to blame; but he could not say, looking at the order, that their lordships in making it had acted with that consideration and propriety which ought to govern this house; for he could not conceive an order more calculated to put an end to all communication between public and private men than the present, in its terms, "a return of the names of all the persons to whom a letter signed D. Phelan, assistant poor-law commissioner, marked 'private,' had been sent, and all replies thereto." If their lordships were prepared to enforce such an order they must be prepared on all occasions, where public men wrote privately for information (and it was the duty of public men to do so,) to call for the reasons of the parties, which would deprive public men of the means of collecting information. He thought that Mr. Phelan had acted perfectly right in waiting the further orders of their lordships.

The Duke of Wellington said, he thought it desirable that noble lords should give notice of any returns they might wish for, in order that the matter might be considered. In this case, the letter had been quoted in a report made to the house, and therefore it was reasonable that, in consequence of the attention of the noble earl being drawn to it, he should wish to know to whom the letter was addressed, and it was natural that he should desire to have copies of all answers to it. There was no doubt, however, that such a motion ought not to have been agreed to by the house, and if he (the Duke of Wellington) had attended to the motion, as he ought to have done, and should have done if he had had notice of the motion, he should have said that a private letter ought not to be produced in that way. At the same time he was fully of opinion, that such letters should not have been embodied in a public report and partially published. Such a step having been taken might become the subject of grave inquiry hereafter (hear, hear.)—But the proposition of his noble friend the Lord President of the Council was a reasonable one, and he hoped it would be adopted, and that the noble earl would withdraw his motion, and so put an end to the question at present; and let it become the subject of future inquiry whether a private communication quoted in a public report for a particular object might be matter of discussion.

The Earl of Glengall was glad to hear the allusion made to Mr. Stanley, and he could say that from all

he had heard he was certainly led to think that he had suffered a great deal more than he deserved, and he hoped that in some way or other he might either be restored or appointed to some other situation which would save him, and his wife and six or seven children, from total ruin.

The Earl of Mountcashel said, as it seemed to be the wish of their lordships, he should withdraw his motion. He could not consider the letter in question a private one, for he found that it was signed "D. Phelan, assistant poor-law commissioner." He also found it stated in Mr. Phelan's own letter, that the circular had been forwarded with the sanction of the poor-law commissioners. It was therefore no private communication, and as such under the provisions of the English poor-law act, a record of those to whom it had been transmitted should have been kept. He repeated that the poor-law commissioners had committed a gross contempt of the house, but if noble lords chose to submit to such treatment he must be content to bear his share of it.

The Lord Chancellor then put the question, "That the motion be withdrawn."

The Duke of Richmond would not consent that the motion should be withdrawn; he would move that it be rejected.

The motion was then rejected without a division.

The Earl of Mountcashel gave notice that on Friday next he should present a petition from the Medical Association of Ireland, and call the attention of the house to its contents.

HOUSE OF LORDS.—July 1.

PRESENTATION OF THE PETITION OF THE MEDICAL ASSOCIATION.

The Duke of Leinster presented a petition from the medical attendants at the Kildare Infirmary, praying that medical charities might not be placed under the superintendence of the poor-law commissioners. The noble duke said that he did not concur in the prayer of the petition. He was a subscriber to this and other charities, and he should wish that they were all placed under the care of the poor-law commissioners.

The Earl of Glengall presented similar petitions from deputy-lieutenants, magistrates, clergy of all denominations, and others, being subscribers to medical charities in Cahir, Roscrea, Ballina, Waterford, and other places. The petitioners stated that they did not object to have those charities placed under proper superintendence or supervision, but they strongly objected to have them placed under the poor-law commissioners. In three of those petitions it was directly asserted, and as he (Lord G.) believed, with perfect correctness, that many of the statements in the poor-law commissioners' reports on medical charities were entirely untrue (hear.)

Lord Carbery presented several petitions from governors of dispensaries to a like effect.

The Earl of Mountcashell rose, pursuant to the notice he had given, to present a petition signed by 97 of the most distinguished medical men in Ireland, praying that the medical charities in that country might not be placed under the superintendence of the poor-law commissioners. This feeling he had reason to believe was general amongst medical practitioners in Ireland—the very great majority of whom, as of the community at large in Ireland, had no confidence in the poor-law commissioners, and he believed that this want of confidence was perfectly right, for less good for the money expended on them was never performed by any public body in the united kingdom, and if their efforts at interference in the medical charities should be attended with as ill-success as had followed their doings in the poor-law unions, they would be far indeed from doing any good to those charities. On the contrary, they would be the means of doing them much mischief. The assistant poor-law commissioners took as much authority on them as their principals, and with as little good effect. One of those was Mr. Denis Phelan, who was at the top and bottom of those movements, which had for their object the placing the whole of the medical charities in the hands of the commissioners. This gentleman had been bred up an apothecary, but, being an ambitious man, he was anxious to ride over all the M. D.'s in the country. The petitioners corroborated the statements contained in the petition first presented by the noble earl (Glengall,) and alleged that the reports of the poor-law commissioners on medical charities were wilfully untrue. It was also stated by the petitioners, and he (Lord M.) believed with the utmost accuracy that Mr. Nicholls had endeavoured to deceive the government with regard to his proposed bill (hear,) that he had alleged that his views had received the approbation of certain distinguished medical gentlemen in Dublin—an allegation which some of these gentlemen had come to London to contradict (hear.) In one instance, Mr. Nicholls had gone so far as to represent a casual conversation which he had with Sir Henry Marsh upon a railway, in the course of which Sir Henry told him that he had not read his report to be a distinct approbation of his views (laughter.) He (Lord M.) hoped that the exposure which had been made on Tuesday night, as well as on a former occasion in that house, would make noble lords cautious how they treated the poor-law commissioners or their reports, and that they would not forget the present petition when the poor-law bill comes before them (hear.)

The Duke of Leinster said he felt it due to Dr. Phelan to state that he had known him as one of the board of guardians of which he (the noble duke) had the honour to be chairman, and that he did not deserve what the noble earl had said of him.

The Earl of Mountcashel—Dr. Phelan! He is no doctor at all. He is only an apothecary, and is no more than plain "Mister," without any title to the M.D.

The noble Earl then presented two similar petitions from places, the names of which did not reach us.

The Earl of Glengall said he had forgot to state that in all the petitions, which he had presented, the petitioners expressed their willingness to be subjected to an honest inspection and supervision.

TO THE EDITORS OF THE MEDICAL PRESS.

Colonial Club, St. James', 2nd July, 1842.

Gentlemen.—In consequence of the remark which fell from Lord Monteagle on the debate on Lord Mountcashel's motion on Tuesday night last, I felt it incumbent on me to send the following letter to his lordship, accompanied with resolutions, passed at the Council of the Medical Association, the Royal College of Surgeons, and the several other medical associations in Ireland, which I hope will enlighten his lordship as to the opinion of the profession throughout the kingdom upon the question of the supervision and inspection of the medical charities.

I have the honour to be, gentlemen, your most obedient servant,

M. D. NUGENT, M.D.

Colonial Club, St. James', 28th June. 1842.

My Lord,—In the debate which took place last night in the House of Lords on Lord Mountcashel's motion, relative to the report of the poor-law commissioners, your lordship made the following remark, as well as I could collect:—

"That he (Lord M.) could readily understand how

many medical men, now interested in the medical institution of the country, were averse to a proper supervision and inspection of them."

As I am sure your lordship has been misinformed on this subject, and the general opinion held by the medical profession in Ireland on the question of the supervision and inspection of the several medical institutions in that country, and equally sure from the interest which your lordship is known to take in these institutions, you will gladly receive information that must remove this misconception, and therefore respectfully enclose for your lordship, resolutions which have been passed at meetings of the several medical associations throughout the kingdom, which I hope will convince your lordship, that the profession is most anxious to have the medical institutions of this country subject to the strictest scrutiny and supervision.

I should therefore hope that your lordship will kindly take an opportunity to remove any wrong impression that your lordship's remarks may have left on their lordships upon this point.

I have the honour to be, my lord, your lordship's most obedient servant,

M. D. NUGENT, M. D.
Agent of the Medical Association of Ireland.

PROMOTIONS.

54th Foot—Surgeon Charles T. Ingham, to be Surgeon, vice Stevenson, deceased.

82d Foot—Staff-Surgeon of the 2nd Class, Thomas D. Hume, to be Surgeon, vice Allman, who exchanges.

92d Foot—F. W. Bowie, M.D., to be Assistant-Surgeon, vice Neale, appointed to the 7th Light Dragoons.

Hospital Staff—Surgeons G. Allman, from the 82d Foot, to be Staff-Surgeon of the 2nd Class, vice Hume, who exchanges. Daniel Cooper, gent., to be Assistant-Surgeon to the Forces, vice Taylor, promoted.

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	June, 19,	70	56.5	29.750	.060
Monday,	20th,	69.5	56	29.650	.310
Tuesday,	21st,	68.5	56	29.550	.370
Wednesday,	22nd,	66.5	49.5	29.750	.680
Thursday,	23d,	67	48	29.700	.055
Friday,	24th,	68.5	52	22.500	.030
Saturday,	25th,	69	53	29.400	.070
Sunday,	26th,	66	50	29.800	.080
Monday,	27th,	70	50	30.300	.035
Tuesday,	28th,	72.5	58	30.200	
Wednesday,	29th,	72	53	30.100	.006
Thursday,	30th,	63.5	52.5	30.050	
Friday,	July 1st,	69.5	51.5	29.900	
Saturday,	2nd,	68.5	51	29.900	.004

ERRATUM.—In Dr. Lane's letter in our last Number, page 407, line 14 from top, for "ten grains every ten hours," read "ten grains every *two* hours."

UNIVERSITY OF LONDON.

THE FIRST EXAMINATION for the DEGREE of BACHELOR of MEDICINE, for the current year, is appointed to commence on MONDAY, the FIRST of August.

The Certificates required must be transmitted to the Registrar fourteen days before the Examination begins.

By order of the Senate.

R. W. ROTHMAN, Registrar.

Somerset House, 16th June, 1842.

Lately published by HATCHARD and SON, Piccadilly.

Price 7s. 6d.

ON the REMOTE CAUSE of EPIDEMIC DISEASES; with an Inquiry into the Origin of certain Atmospherical Vicissitudes that occur at Epidemic and other Periods.

By JOHN PARKIN, Author of a Work on the Cause, Nature, and Treatment of Gout.

"They (the Author's analogies between volcanic and epidemic phenomena) evince great research after facts, and considerable ingenuity in harnessing these facts to the car of his theory."—*Med. Chir. Review.*

Just Published, Price 2s. 6d.

AN ABRIDGMENT OF THE SURGICAL ANATOMY OF THE ARTERIES,

BY VALENTINE FLOOD. A.M. M.D., TRIN. COLL.

Member of the Royal College of Surgeons in Ireland, Fellow of the Royal Medico-Chirurgical Society of London, and many years Lecturer on Anatomy and Operative Surgery in London, and in the Richmond Hospital School, Dublin.

*** This abridgment contains every line of the Surgical Anatomy contained in the seven shilling work, the Comparative Anatomy and Physiology alone being omitted, and is therefore eminently adapted for country practitioners.

OPINIONS OF THE PRESS.

"The high character of the author as an anatomist ought, we feel, to be no slight guarantee as to the correctness of the descriptive portion of the work before us, but on looking over the pages he has now offered to us, we know not which to commend more—the correctness of the descriptions laid down, or the very great industry displayed by our author in collecting those facts that are *truly useful.*"—*Dublin Medical Press, No.* 35.

We could readily multiply quotations from Dr. Flood's treatise in support of the opinion which we have delivered on its merits, but this were a superfluous task. We feel confident that it will obtain the full share of patronage which it merits."—*Lancet, September* 28, 1839.

"Every page of this work is pregnant with information. * * * * *.—*Medical Miscellany, Sept.* 28, 1839.

"The present work, although consisting of but one volume, and that not a very thick one, is characterised by being more comprehensive in its reach than any of its predecessors on the same subject. * * * The more momentous operations on these vessels (the arteries) are illustrated by a selection of the most remarkable cases; the opinions of able operators have been carefully consulted and judiciously commented on. The production is altogether very creditable to its author."—*British and Foreign Medical Review, October* 1839.

"It was a deed of some hardihood to take up the Anatomy of the Arteries, with a view to the publication of a Volume adapted for Students in the face of the well established reputation of Dr. Harrison's work. We glanced at the volume with some misgivings, but a perusal of it dispelled any doubt as to the talent of the Anatomist who wrote it, or the judgment that dictated its publication.—Dr. Flood takes a wider and more comprehensive view of the subject than Dr. Harrison, &c."—*Medical Times, December* 21, 1839.

London: SHERWOOD and Co. Dublin: FANNIN and Co.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION, (PAYABLE IN ADVANCE.)

Twelve Months	£1 5 0
Six Months	0 13 0
Single Number	0 0 6

Wednesday, July 6, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXXXIV.] DUBLIN, WEDNESDAY, JULY 13, 1842. { PRICE SIXPENCE, STAMPED.

Lectures on Operative Surgery, delivered, during the past Session, at the Royal College of Surgeons, by Professor Porter.—Lecture VII.—Calculus—Lithotomy concluded..... 17

REPORTS OF MEDICAL AND SURGICAL PRACTICE.

Description of a Human Body found in a Bog—By Allen Trench, M.D., of Mount Talbot 21

Post-mortem examination in a case of death by Lightning—By Thomas R. Phayre, Esq., of Newcastle..... 22

MEETINGS OF SOCIETIES.

Medical Section of the British Association for the Advancement of Science.—Instrument used in Auscultation..... 23

Statistics of Consumption ..... ib.

Academy of Medicine, Paris.—Fallopian Tubes— Effects of Heat on the Skin—.. ..... ib.

Composition of Animal Substances..... 24

EXTRACTS FROM PERIODICALS.

Statistical Researches into the Etiology of Pulmonary Phthisis..... ib.

On Gilding of Surgical Instruments..... 24

On the employment of the Sulphate of Alum in the treatment of some forms of Angina Phacyngea ib.

On the external application of Croton Oil. 25

Dislocation of the Hip-joint, head of the bone in the Obturator Foramen..... ib.

Division of the Uretura. Gonorrhœa—Urethro-Plasty..... ib.

Complete Prolapsus and separation of the Vagina.. 27

Tannin, as an Antidote for Strychnia..... ib.

Radical cure of Reducible Inguinal Hernia..... ib.

Valvular Diseases of the Heart..... 28

MEDICAL ASSOCIATION OF IRELAND.—Proceedings of Council..... 29

LETTERS OF APPROBATION BY THE PROCESS OF WORMING ..... ib.

MR. PHELAN'S TIPPERARY FRIENDS..... 30

PROSPECTS OF THE PROFESSSION..... ib.

MEDICAL INTELLIGENCE.—House of Commons..... 31

Progress of the System of Centralization..... ib.

Register of the Weather.. 32

LECTURES ON OPERATIVE SURGERY,

Delivered, during the past Session, at the Royal College of Surgeons.

BY PROFESSOR PORTER.

CALCULUS.—VII.

CONFESSEDLY important as this subject of calculus is, I have occupied your attention with it at such length, that I must bring my observations to a close this day, even at the risk of leaving some parts of it but very imperfectly explained: but the space allotted for the delivery of a course of lectures ought to be divided as fairly as possible amongst the subjects spread over it, and I have already given to this one somewhat more than its due proportion—certainly more than I have been enabled to bestow on it on any former occasion. But I trust I can offer a satisfactory explanation of the course I have this year adopted. Besides the information obtained by the actual observation of disease in hospital, students derive their knowledge from two great sources, oral instruction and the study of standard authors, and these are principally valuable in illustrating the facts so observed, which might otherwise not be easily intelligible. Now, these should be made to bear upon and assist each other, mutually supplying their respective deficiencies, and therefore I conceive it to be the duty of a teacher, not only to lay before his pupil the general features of disease, in such guise that they can be easily recognised and understood, but where he finds any leading symptom unexplained, or any important step of an operation not sufficiently enforced, to bestow on them a more than ordinary share of his attention. Such has been the course I attempted to follow in the arrangement of these lectures on calculus in the bladder. If I have omitted much that can be found in the works of systematic writers, it is precisely because the want can be thus so easily supplied: and if, on the other hand, I have dwelt long and earnestly, on particular points not so generally insisted on, I plead in apology the importance to which I think them entitled. It may be that I have taken wrong views or formed exaggerated opinions on different parts of my subject, particularly as connected with the essential steps of the operation—it may be that my arguments and illustrations have not been sufficiently forcible or clear to carry conviction with them: still entertaining those opinions strongly, it was my duty to advance them, that being fairly examined and inquired into, their truth or falsehood may be tested by experience. In the same spirit, and in like manner, I proceed to discuss the remainder of the subject.

When the operation has been properly performed, seldom is any dressing required to the wound: the patient, if an adult, is placed in bed and directed to remain as quiet and free from motion as possible; if a child, we usually take the precaution of preventing any disturbance of the wound, by tying the legs together. A folded sheet is placed under him to receive the urine, which, in favourable cases, all flows away through the incision, and some surgeons deem it judicious to introduce a canula or female catheter into the bladder, and secure it there by a T bandage, in order to ensure the free escape of the fluid. Generally, in a short time after the operation, the patient complains of severe pain resembling cramps, about the wounded parts, the neck of the bladder and prostate, which extends in different directions, sometimes towards the kidneys—sometimes towards the glans penis—these, in the child, may be alleviated by warm stupes and fomentations to the lower part of the abdomen, but in the adult often require the administration of a full opiate. This pain exhibits considerable variety, sometimes being moderate and subsiding in a few

hours, sometimes severe and enduring through the night, and strange as the assertion may appear, I would rather see it in this state of aggravation than totally awanting. After such an operation as this, I do not like to see a patient lie still and quiet without complaint, as it argues either an unnatural insensibility which will not lead to the requisite reaction, or the infliction of a terrible shock on a system too exhausted or too feeble to endure it. Thus, patients that have been long on the table and undergone great mental anxiety as well as physical suffering, and persons who have struggled to maintain an artificial courage and endure all without a cry or a moan, often sink and die from this cause within the first twenty-four hours. Young children also often perish in a similar manner, without exhibiting any remarkable indication of distress: but there are cases still, which do not even admit of this poor explanation, and the practitioner is occasionally mortified by losing a patient where such fatality could never have been reasonably anticipated. I recollect a very impressive illustration of this remark in the person of a fine-looking young man about twenty years of age. On the very first day I entered the Meath Hospital as an apprentice, he underwent the operation—it was performed in a very short space of time, I believe in about two minutes—and well as it was done, it was as nobly borne, for he uttered not a single groan. At first everything appeared as favourable as could be desired, yet without any apparent cause of complaint he expired in less than thirty hours. At the time, I, of course, knew very little about such matters, and the accident was not calculated to impress me with a very high opinion of the profession I had chosen; but I remember there was a post-mortem examination of the body, and the explanation of the catastrophe then given, was the one I have just stated. In one instance I have seen such apparent nervous shock attended with a total suppression of the secretion of urine—the most formidable symptom that can follow on this or any similar operation.

The next circumstance of importance to be attended to is the manner in which the urine flows: it should (as I have said) all pass through the wound during the first few days, and when it does not, although not necessarily symptomatic of danger, it should always create apprehension. Thus, the urine may be retained within the bladder or it may pass off wholly or partially by the urethra. The first of these symptoms is indicative of the existence of some obstruction in the wound, probably of clots of blood, the presence of which maintains and continues the hæmorrhage. The parts should therefore be examined, these coagula turned out, the bladder washed and cleared by injections of tepid water, and measures taken for the suppression of the bleeding, as detailed in my last lecture. If successfully, the symptom of retention dissappears, and the urine passes freely by the wound. The latter is generally regarded as the commencement of an acute degree of inflammation, which if not subdued will probably extend to the peritoneum. I say "generally," because the apprehension is by no means universally realised, and in the very last patient I operated on (a boy under five years of age) the urine began to pass by the natural canal so early as the second day, and yet no case could have a more fortunate termination. Still it would be bad philosophy to argue from the exception and not from the rule, and therefore the symptom should be regarded as more or less alarming, and be met with activity and promptitude, particularly if attended with pain and soreness above the pubes, and with a dry, everted, condition of the wound itself. I trust it would be superfluous to repeat here, all that has been said in the former part of the course relative to peritoneal inflammation, its importance, its danger, and the decisive treatment it requires; but it must awake your attention when you are informed that according to the best authorities, it is the most frequent as well as the most formidable of all the accidents that can be induced by lithotomy. Boyer states that three-fourths of those that die, perish from this one cause. And here allow me to recall to your recollection all that I have said on former occasions of the advantage of anticipating inflammation, and (as it were) attacking your enemy before he had collected his force or seized on any important hold; for if there is any one case to which the precept is peculiarly applicable it is this one under consideration. Here is a wound which must inflame or cannot heal. Think of the structures and organs that surround this wound, to which the inflammation must reach if it extends itself, and it will be almost unnecessary to impress upon your minds, that when any suspicious symptom, even this one of the early passage of the urine by the urethra is observed, the requisite antiphlogistic measures should be immediately resorted to. What these may be, will, as in any other case, be determined by the age, habit, or constitution of the patient, the degree of injury he may have sustained during the operation, or the quantity of blood he may have lost; but whatever they are, they should be brought into play at once. Peritoneal inflammation, arising from any cause, seldom allows much time for deliberation, and here it admits of none; for when acute, it generally destroys its victim in a few days—I might almost say a few hours.

But we may now suppose that up to the ninth or tenth day after the operation none of these unhappy occurrences have taken place, and no unfavourable symptom been observed. The urine should now begin to resume its natural course, and the wound progress rapidly to cicatrisation. If not, however—if the wound remains open, and pale, and flabby, with a profuse discharge, and if the urine continues to flow through it, there is danger of a fistulous sore being established in the perineum. This may occur under different circumstances, and the cause should be carefully inquired into. It is rare that the wound having been plugged, some portion of the lint or sponge may have remained within it. It is equally rare that some fragment of the calculus may be there, and still keep up the irritation, but such accidents are possible, at least they are spoken of by authors, and they are certainly fortunate ones, for they admit of remedy. But the more probable causes are quite of an opposite character. When the stone has been large, or much violence employed in its extraction, the parts about the neck of the bladder are so injured that they fall into a state of partial sloughing, and afterwards cannot heal unless with considerable loss of substance. There is then no sphincter—no retentive power in the organ—the urine flows from it as fast as it drops from the ureters, and continually oozing through the wound establishes a fistula with incontinent discharge. This is an exceedingly lamentable condition, and one from which it is scarcely possible to hold out any expectation of relief. If, however, we are to attempt its treatment, it must be by by keeping a gum-elastic catheter constantly in the bladder, removing it only when necessary for the purpose of having it cleansed, and thus endeavouring to divert the stream from the fistula; but it is difficult

so to manage that none shall flow by the side of the instrument, and if but the smallest quantity escapes by this route, it enters the fistula and effectually prevents its healing. Indeed, if the destruction of parts about the neck of the bladder be considerable, I know not how the fistula can ever be closed by any treatment. But suppose it otherwise, that the loss of substance has been trivial, and the employment of the catheter so far successful as to have accomplished the cicatrisation of the fistula, still little may have been effectually done for the comfort of the patient, inasmuch as the urine will only have changed its route and now flow from the urethra in the same manner it did from the fistula. So far, then, this species of incontinence, produced by injury of the neck of the bladder, and so perfect that the fluid escapes as fast as it is secreted, may almost be considered as incurable. But there is another form of fistula in perineo depending on a somewhat different cause, where the loss of substance has taken place in the more external parts of the wound in consequence of infiltration or any similar cause of inflammation and abscess. In this case the bladder preserves its retentive powers, and it is while expelling its contents that the urine escapes through the fistula. Obviously, this is not quite so hopeless or so unmanageable as the former. If it is observed at an early period, and whilst the wound is still fresh, the constant employment of the gum-elastic catheter may possibly be of use, but its use must be persevered in for a long time, and until the wound is completely healed. If this period has been permitted to pass by and the fistula has been fairly formed, its surface covered by its new membrane, and its trajet surrounded by inspissated lymph, it must then be treated by incision, &c., precisely as any other fistula in perineo. Observe now, I have only said that this case is not so utterly hopeless as the former—I have not said that very sanguine expectations of success ought to be entertained—for exactly the same cause of embarrassment is present in both, only not in the same situation and to the same extent. Difficult and unmanageable as fistula in perineo is in all patients, and under all circumstances, this species, accompanied so generally by extensive losses of substance, is particularly so, and it must be a singularly fortunate case indeed that will admit of surgical relief.

Before I entirely leave this subject of the consequences of loss of substance in the neighbourhood of the neck of the bladder, I must briefly allude to one accident, fortunately of such rare occurrence that I might have omitted to place it among the casualties that may attend lithotomy, and I would still pass it over but that the unfortunate surgeon in whose hands it happens, is never—never pardoned. When a man after having undergone an operation finds himself reduced to a state of impotence, judge whether he can ever forgive the disqualification to the luckless operator that performed it, and yet I believe it can scarcely ever be honestly attributable to him. This is easily explained to the anatomist, for in the performance of the operation, the incision of the prostate is, or at least ought to be, entirely external to the left vas deferens, and therefore a wound of both these ducts is so wholly out of the question, that it must be by some extraordinary bungling if they are ever divided. But although thus safe from danger by the knife, they are, in common with other parts, exposed to all the risk of inflammation and its results, and will be easily implicated in any attack that produces sloughing in their immediate neighbourhood, and thus impotence may possibly follow on the extraction of a large stone and the laceration thereby induced, or be a not improbable consequence of extensive infiltration of urine. I know not how this accident could be treated with the remotest prospect of success, and therefore think a knowledge of its bare possibility should make a surgeon doubly careful in the performance of his operation. The bruising and laceration attendant on the extraction of a very large stone, perhaps, it is not in his power to prevent; but I think he may avoid an extravasation of urine in the majority of cases, and therefore is so far blameable if it occurs. I may add that I have never seen or heard of a single case of impotence among the numerous operations I have witnessed—it must in truth be very rare.

It now only remains for me to make a few observations on wounds of the rectum, a part of the subject that has always been deemed of the greatest importance, and for the avoidance of which instruments have been invented, manœuvres devised, and changes made at different times in the whole manipulation of the operation. They, and wounds of the pudic artery, have been the Scylla and Charybdis of lithotomists, any undue inclination of the knife from the proper direction producing either the one or the other; but they are certainly not of equal importance, and I greatly doubt whether injuries of this intestine are entitled to the notice they have always attracted. No doubt it is better to avoid the occurrence, if possible, but sometimes it is unavoidable, and when it is considered that the gut has been divided, advisedly, on purpose, and as a part of the operation, we shall cease to regard it in so very formidable a light.

When the rectum is wounded by accident, or through inadvertence, or by the employment of improper instruments, the occurrence does not take place at the time, or during the part of the operation generally supposed. It happens either when the knife is pushed up along the groove of the staff in consequence of this latter not being kept up firmly against the arch of the pubes, or when the knife in being made to cut its way out and enlarge the external wound is not carried in a sufficient degree of lateralization. In both these cases the wound in the intestine does not correspond with that of the bladder, but lies below it, and therefore, however the urine subsequently might be permitted to pass into the rectum, the introduction of fœcal matter into the bladder, with all its disastrous consequences, is next to impossible. But neither is very likely to happen. At the moment the rectum is wounded, the bladder, if not full, is more or less distended with urine, and holds a close relation to the gut: when the operation is completed it is emptied and contracted, and the relations of the two incisions are completely changed; the wounds have no longer the same degree of approximation or correspondence with each other. Add to this that the contracted condition of the bladder will keep the lips of its wound in apposition, and it is easy to understand that when the gut is injured at the time of striking for the groove of the staff, or in passing the knife onwards into the bladder there is seldom trouble, and the wound heals as well, though perhaps not so rapidly, as if no such occurrence had taken place. I am quite satisfied that the accident happens more frequently than is suspected—I know that it is seldom followed by any unpleasant results, and I can conceive cases to have occurred even without the cognizance of the surgeon or the patient. But this is supposing the parts to be in their natural and healthy condition, and the wound of the intestine small and situated low down: we shall find there are other states in which matters will not exhibit so favourable an aspect. In some cases it is perfectly impossible to avoid wounding the gut; for instance, old persons of constipated habits sometimes have the rectum so large, and approximating so closely to the prostate gland, that it cannot escape; and again, young children often have the gut protruded to an

immense extent during the operation, and the pelvis so filled up with intestine that it is out of the question to use a knife in any direction without inflicting injury. In these cases the gut may be wounded at any period of the operation, or at any place; generally it is so at the moment of dividing the prostate, and as the wounds of the two viscera more nearly correspond, these are the most troublesome and most formidable cases. Yet even this accident may not be very apparent at the time of its occurrence; the bye-standers and spectators may not be aware of it at all, and the surgeon himself is only informed of the mischance by seeing the blood flowing from the wound, mixed with bubbles of air, or by the escape of some fetid gas; but in a few days some fœces are discharged occasionally through the wound, and this places the matter beyond doubt. Now the treatment of the case must vary according to the nature of the injury to be dealt with. The great evil to be dreaded is the entrance of any fœcal matter into the bladder with its inevitable consequences, inflammation and catarrh of the organ; but this cannot happen as long as the bladder is contracted and closed, and therefore the indication of treatment is to keep it so until the wound that had been inflicted on it is completely healed. As long, then, as the urine passes off by the external wound it is useless to interfere, but as soon as it begins to be retained, and to be passed at intervals by the natural canal, a gum-elastic catheter should be kept in the bladder, and any, even trifling, accumulation prevented. This will give every opportunity for the lips of the incision to become glued together by the adhesive inflammation, and the wound of the bladder seldom remains long open; but it is otherwise with the rectum, for it is impossible to keep it collapsed, and closed, and otherwise in a state favourable to the production of union. Yet the attempt should not be altogether abandoned, and it will be right to wash out the intestine frequently with injections of tepid water, and to prevent the smallest fœcal accumulation during the healing of the wound, and for some time afterwards. In this manner, perhaps, some few patients may have recovered, but I believe our expectations should not be too sanguine, for in the great majority of instances a fistulous sore will remain, which must be afterwards treated by incision exactly as any other fistula in ano.

So frequent is this unpleasant occurrence that some surgeons advise, when the rectum has been wounded, that the accidental incision should be prolonged through the sphincter, and the entire laid open in the first instance whilst the patient is on the table, arguing the probable necessity of such a proceeding subsequently, and adducing Sanson's operation as a proof of its perfect safety. I think, however, that this counsel will not be very extensively followed, for few surgeons would like to make such a practical acknowledgment of a mistake, and if it be true that any—even a few recover by the milder treatment already spoken of, I cannot by any means consider such extensive incisions justifiable. But this naturally directs our attention to the recto-vesical operation, which I am the less disposed to pass over, partly because it illustrates the nature of these wounds generally, and partly because cases may arise in which it will be necessary to divide the intestine extensively in order to allow the extraction of some enormously-sized stone. I have witnessed an example of this description myself, and can easily imagine the occurrence of a similar emergency again, so that it is right at least to be prepared for it. But before I enter on the description of this operation let me premise that it is wholly French. Whether influenced by the unsightly nature of the wound, deterred from doing that wilfully, the accidental occurrence of which had been previously considered as a misfortune, or satisfied with the success that has attended our lateral operations, Irish surgeons have shown no disposition to adopt the suggestions of their continental brethren, and the operation is practically almost unknown here. Under these circumstances I must take my description of the operation from those who have actually performed it, and I entreat of you to observe that in stating its advantages real or supposed, it is their language I shall employ, not my own.

In the year 1817, M. Sanson published in Paris his views of the "means of reaching the bladder by the rectum," and I will endeavour to lay them before you as briefly as I can. From reflecting on the anatomical relations of the rectum, the membranous portion of the urethra, the prostate gland, and the fundus of the bladder, it was easy to see that an incision through the anus, from the rectum towards the root of the scrotum, would, according to its extent, expose all or the most of these parts. The experiment was then made, and a subject being procured, it was placed and prepared as if for the performance of the lateral operation. A staff was then introduced, which was entrusted to an assistant, with directions to keep it strictly in the vertical direction. M. Sanson then introduced the fore finger of his left hand into the rectum, its palmar surface being upwards, and on it guided the flat surface of a common bistoury; when introduced to a sufficient depth he turned its edge forward and still accurately observing the median line divided at a single stroke the external sphincter and the portion of intestine it surrounded. The inferior surface of the prostate was thus laid bare; then passing his finger behind the gland, he easily recognised through the thin coats of the rectum and bladder, the staff which the assistant had held in the same position. He then plunged his bistoury towards the groove of the staff, and having reached it, cut his way out to the extent of an inch in length. The escape of urine showed that he had opened the bladder. The operation being finished, and the subject still kept in the same position, its examination showed the sphincter to have been divided, and the anus lying extensively open and patulous in consequence. The bladder seen in the interior exhibited an incision commencing immediately behind its neck, and extending exactly in the median line to the middle of the space which separates the orifices of the ureters. The fibres of the sphincter, the lowest part of the rectum, the farthest part of the prostate, and the inferior fundus of the bladder were the only parts engaged.

It is impossible to conceive higher terms of eulogy applied to any operation than those used by the French writers in reference to this. In the edition of Sabatier's Operative Surgery by Dupuytren, published in 1824, it is stated that the recto-vesical incision had been practised extensively in France, in Italy, and even in Odessa, with such success that the number of surgeons disposed to give it a preference was increasing daily; that of all the cases recorded, only two had been lost by violent inflammation of the bladder, produced in one by the adhesion of the stone, and in the other by its enormous size; and that out of more than thirty cases, the histories of which were known at the time, scarcely more than four or five remained with small and trifling fistulæ that could by no means be regarded as incurable. In fact, it is laid down as a matter susceptible of demonstration, that the number of those affected by fistula after the recto-vesical operation bears the proportion of the number of deaths after the lateral: and loss of life is scarcely contemplated as a consequence of the former at all. But to state the relative advantages and disadvantages of each respectively. It is obvious that in the case of a very large stone, the division of the sphincter must afford

immense facility in the extraction, and so far, in the avoidance of bruising and lacerating the parts and in shortening the duration of the operation must be extremely desirable: again, if the incision is made (as it ought to be) exactly in the median line, either the blood-vessels will escape altogether, or only small anastomosing branches be opened, and thus the danger of a formidable or fatal hæmorrhage be altogether avoided—no trifling gain, as we have already been enabled to estimate the amount of peril occasionally arising from this cause alone: and lastly, from the size of the wound and its straight direction there appears to be little or no danger of the urine becoming infiltrated and of the deplorable consequences such an accident entails. On the other side it is put forward that the recto-vesical incisions are difficult to perform, and that in the attempt, the posterior wall of the rectum may be injured—that the fœces may easily pass into the bladder and occasion the most disastrous consequences—that wounds of the rectum and of the bladder are in themselves dangerous, and capable of producing enteritis or cystitis—and lastly, that fistula *ought to follow* the establishment of a communication between these organs. It is scarcely necessary to add, that these objections are treated as visionary, speculative, or the result of prejudice, and asserted to be wholly opposed to experience, nor can we be surprised at the preference given to the recto-vesical operation when we find it laid down by Dupuytren, that simultaneous wounds of the rectum and bladder are never in anywise dangerous, *(ne sont dangereuses en aucune maniere.)* But experience in other places may be somewhat different from ours, for I have seen but one case of the recto-vesical operation, and that ended most unfortunately, or it may be, that others regard as trifles what we would look upon as serious and important evils. I have learned from a friend who frequently witnessed the operations of Sanson himself, that the wounds were excessively tedious in healing, and almost constantly followed by fistulæ. For my own part, notwithstanding these laudatory statements, I am not disposed to look with a very favourable eye on this operation—perhaps I am foolishly afraid of wounding parts, which, from my earliest days as a student, I have been taught sedulously to avoid—perhaps I wish not to abandon an operation which has been so successful in the hands of myself and others—but I confess I entertain a strong prepossession in favour of the lateral method of cutting for the stone, and would not resort to the other unless driven to it by the presence of an enormous stone—and even then most reluctantly.

And now, gentlemen, having brought to a close these observations on the accidents that may follow the operation of lithotomy, let me again impress upon you the necessity of practising it, as well as others, on the dead subject—but particularly this one: and as I know the unwillingness that exists among you to employ the subject allotted to you otherwise than in the dissections which you suppose necessary for an examination in minute anatomy, I will endeavour to create the impression I seek for more by example and illustration than by precept. Can you, then, conceive a man undertake this operation and commence it, and not be able to perform it all? Can you imagine a man introducing his forceps and opening it in the wound, and trying to seize the stone, although the bladder had never been cut into? Can you understand how, by want of attention to the manœuvres of the "tour de maitre," the cutting instrument may escape from the groove of the staff, and pass up between the rectum and the bladder, perhaps not wounding either, but certainly not the latter? This I have seen, and a very slight consideration will show how easily it may happen to an unpractised hand. When the knife strikes the staff in the membranous part of the urethra, and still more when it is made to enter the bulb, it must experience considerable resistance from the triangular fascia of the perineum on being directed onwards into the bladder, and the force requisite to overcome this difficulty may easily cause it to take the wrong direction—it is then, in fact, driven straight forward instead of upwards, and so passes from the direction of the bladder altogether. If this mistake is not perceived, and the supposed operation proceeded with, it is impossible to conceive the awkwardness and embarrassment that ensue to the operator from his fruitless attempts to seize and extract the stone, and the mischief that must be wrought on the unfortunate patient. I have heard of the bladder being actually torn out along with the stone through the wound, but without proceeding to such extremity, it is obvious that it must be bruised and otherwise injured to a most perilous extent. I have before shown you the different manœuvres of the operation, and have told you that this particular one is difficult—nay, that it is occasionally even painful to the wrist, and I now tell you, nevertheless, that I have no compassion for the surgeon that fails in the attempt. If you feel doubt or hesitation in your own powers, or if you have not disciplined yourself into the requisite degree of dexterity, I beseech you, meddle not with lithotomy at all. I know such advice is unpalatable to young and aspiring minds—I know there is not one amongst you that is not satisfied of his future capability to perform this or any other operation, and I have shown that I entertain the same opinion by the pains I have taken in trying to render you masters of it—but I also know the responsibility an operating surgeon undertakes—that he often perils name and fame, and fortune, and character on one result—and I warn you, that if you rashly undertake this one without long and steady and careful preparation, you will lose them all—and lose them most deservedly.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

DESCRIPTION OF A HUMAN BODY FOUND IN A BOG.

TO THE EDITORS OF THE MEDICAL PRESS.

Mount Talbot, July 6, 1842.

GENTLEMEN,—I beg to send you the following description of a human body found in a bog near Castlekelly on the 4th of July, 1842:—

As the workmen were cutting turf, at about three feet and a half from the surface, they raised first a head, and, at a distance of two feet, a body in a doubled state, the trunk pressing upon the inferior extremities.

The body appeared like the stuffed specimens exhibited by the lecturers in the obstetric art when describing the act of parturition, the osseous portion being wholly absorbed, with the exception of the following, (which resembled gelatine free from all earthy matter) the temporal and lower jaw bones, clavicles, upper bone of sternum, some of the ribs, fibula, articulating surfaces of the os calcis, and metatarsals. Such of the ribs as remained were as supple as whalebone.

The teeth were all perfect, but soft and without enamel. The skull being pierced, the brains exuded, and consequently could not undergo examination. The hair had all fallen off. The external ears remained perfect, as also the integuments of the head, but the face was destroyed.

The left arm not being found, it is conjectured it, as well as the head, had been severed from the body before interment.

The head was excised from the neck at the articulation of the first and second cervical vertebræ, the processus dentata appearing perfect. The integuments about the vertebræ seemed even and smooth throughout, without any jagged edges.

A small portion of the stomach, with the large intestines protruded through an aperture in the upper part of the abdomen, which opening appeared contracted around the viscera. The external parts of generation were evidently those of a male subject.

The extremities, as well as the trunk, though thrown into folds and compressed, retained a considerable fulness, sufficiently indicative of a full habit. The contents of the chest, with the liver, were entirely destroyed, and incapable of anatomical inspection. The integuments, and intestines which protruded through the aperture, were in their original state; but the muscular fibres, tendons, ligaments, and cartilages, had disappeared altogether.

The body, it appears, was preserved from putrefaction, being entirely free of gaseous or fœtid odour, or mouldiness on the surface.

The authors on medical police represent decomposition as first occurring in the *soft parts*. In this, however, the bones were *the first*, and it is evident the bog has a preservative quality by the air being expelled, and the subject hermetically sealed.

Should these details seem any way interesting, either physiologically or legally, you are at liberty to dispose of them as you may think proper.

I have the honour to be, gentlemen, your obedient humble servant,

ALLEN TRENCH, M.D.,
Surgeon to the Ballygar Dispensary.

POST-MORTEM EXAMINATION IN A CASE OF DEATH BY LIGHTNING.

TO THE EDITORS OF THE MEDICAL PRESS.

Newcastle, County Limerick, 1st July, 1842.

GENTLEMEN,—The infrequency of autopsical examinations in cases of death by lightning induces me to trouble you with an account of one in which I was lately engaged.

A very old man, named Timothy Griffin, returning home from this town by a short way through fields, in company with two other persons, was struck dead, last Sunday week by the electric fluid, and on the following day, attending at the inquest, I took advantage of the absence of relatives and friends, who lived in a distant part of the country, and succeeded in obtaining permission from the jury to open the body, which presented externally but very superficial marks of violence, with the exception of the left ear, which hung by a small attachment, in torn fragments, from its place. Supposing the fluid to have entered by the meatus auditorius, I removed the calvarium, and was confirmed in my opinion on dividing the membranous integuments by observing the left hemisphere of the brain to be wholly disorganized; it presented one homogeneous mass, almost of a liquid consistence, and deeply greyish colour, without any vestige of integral arrangement, with the exception of a small portion of the striated body which preserved its normal appearance and situation.

I could discover no extravasation of blood, no laceration of vessels or membranes, nor any lesion of the bony parietes; the electric fluid seemed to confine itself to the cerebral mass alone, by what may be not inaptly termed an electric attraction. On opening the chest, the right lung appeared healthy; but adhering by many bands to the costal pleura, the anterior edge of the superior lobe of the left lung for a breadth of three fingers, exhibited a deep blackish colour, strikingly contrasting with the speckled healthy look of the remaining portion. On cutting into this discoloured part, a quantity of dark fluid blood flowed out; neither air tubes, nor cells could be distinguished, nor did it crepitate. It was a pure and perfect specimen of pulmonary apoplexy, in the second variety, so well described by Townshend in the Encyclopedia of Medicine.

The abdominal cavity showed no evidence of having in any manner suffered; the electric fluid on escaping from the chest had taken an external course, as the skin over the left abdominal muscle was marked with three or four superficial furrows of a soot colour, running in longitudinally parallel lines from the edge of the ninth rib to within a hand's breadth of the pubis, and penetrating no deeper than the cuticle.

No traces of its transit down the limb would be seen, until at the instep, a livid coloured spot marked the skin just over the astragalus, and in the middle of the sole of the foot (the left) a stellated gaping wound, through which the top of the little finger could enter, showed the mode of the final exit of this destructive agent.

The clothes had escaped injury, with the exception of the hat and left shoe, both of which were torn to pieces. It may not be improper to state that this poor man was in the habit of carrying on an itinerant trade in pins and needles. A roll of these he had in his hat at the fatal moment. Did these *pointed* conductors, gentlemen, exert under cover their usual metallic attraction?—a conclusion one would be led to by the fact of his companions escaping unhurt, a woman and girl, who, although stricken to the ground with great violence, within a few yards of the deceased, quickly recovered their faculties. The woman could give no very precise account of her feelings; she seemed a little confused from the fright, and her statement was rendered further unintelligible to me by her inability to speak English; but the girl, a neice of her's, about twelve years of age, seemed so delighted at "being left alive," that she could scarcely for a minute be kept silent in her eagerness to tell "of the terrible box she got on her head, as if something very heavy had fallen on her, how she rolled over and over with a sheet of fire all around her, and when called on by her aunt to run away, how she was unable to get up, as she felt as if her knees were broke;" with many other interesting remarks which unhappily are lost to posterity, from the absence of any official document to record them, as her depositions could not be received by the coroner, in consequence of her not exactly knowing the nature of an oath. The good-natured functionary took no small pains to elicit from this "wild Irish girl" her opinions as to a knowledge of God, Heaven, and truth-telling, (about which she could not form any abstract idea;) but all his gravity and good nature were wholly discomposed on hearing her answer about hell, which was "that she often heard of it; did not know where it lay; but that it was a place for Protestants." Mr. Coroner unfortunately belonging to this doomed section of christianity, had not philosophy to endure the loud laugh this artless reply provoked, but dismissed the little exclusionist without any further attempts at metaphysical inquiries; loudly lamenting, at the same time, all the moral imperfections which peculiarly mark the no-school system in Ireland.

I am, gentlemen, your obedient servant,

THOMAS R. PHAYRE,
Superintendent of the Knockaderry Dispensary.

MEETINGS OF SOCIETIES.

MEDICAL SECTION OF THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

INSTRUMENTS USED IN AUSCULTATION.

Professor Williams read a paper "on the construction and application of instruments used in auscultation." To express the acoustic law, according to which all improvements in the stethoscope must be attempted, he deemed of great importance; and this law he stated to be, that sounds are best conducted by bodies of an elasticity or tension resembling that of the sonorous body; on the other hand, bodies differing in elasticity are bad recipients of each other's vibrations. Thus, sounds produced in air (vocal and breath sounds) are best transmitted by an inclosed column of air; those produced by solids (those of the heart, rhonchi, friction) are better communicated by rigid solids of moderate density. He proceeded to show how these principles were applicable to explain the form and material he has adopted in his stethoscope, and detailed a number of experiments by which he demonstrated the imperfection of the proposed flexible stethoscope, which only transmits the sounds explored through the inclosed column of air in its central cavity. On the other hand, the assertion of Dr. Cowan, though supported by Professor Forbes, that plugging the cavity of the rigid wooden stethoscope does not materially impair its efficiency, Professor Williams proved, by experiment, to be erroneous; but the impairment is least when the aurile end of the instrument is plugged. In making experiments of this kind, he insisted on the necessity of having some faint sound as a test sound (as the opticians have a test object), one just within the bounds of audibility, as the sound of expiration, or a faint cardiac murmur. The necessity for an *inclosed* column of air was proved by making an opening in the side of the pectoral extremity of a common stethoscope, the efficiency of which was thus destroyed, but was instantly restored by closing the aperture. Following the assertion of acoustic writers, that the pulses of sound pass through air in straight lines, like rays of light, Professor Williams had formerly recommended the enlargement in the pectoral extremity of the instrument to be made in the form of a straight cone, instead of the parabolic hollow used by Laennec; but subsequent experiment proved to him that a trumpet or bell-shaped termination was the best; this enlarges the surface from which the sounds are collected, without proportionally enlarging the cavity, which would give rise to a conchal or tinkling echo. Another advantage may be derived from this form of termination, in its being capable of being reversed; the aurile extremity serving to shut out diffuse sounds, when we wish to examine one spot only. Professor Williams concluded, by making a few remarks on percussion, which he stated to be modified by the force adopted; thus, gentle and flat percussion reaches and is toned by superficial parts only, whilst, if forcible, it reaches and is toned by deep seated parts also. He stated, that the strokes differed, not only in loudness, but also in pitch, or musical tone. Disease, he stated, could frequently be detected by percussion, before auscultation gave any indication.

STATISTICS OF CONSUMPTION.

Mr. Noble read a paper "on the influence of the factory system in the development of pulmonary consumption." He compared the prevalence of consumption in the manufacturing town of Manchester, with its amount in other places where there is little or no manufacture. According to the census of 1831, there were 49,932 families residing in Manchester and Salford; the entire registered deaths in 1839 were 9,223, and the cases of consumption 1,454—that is, 1 death from consumption out of every 34 families, and 3 from consumption in every 19 deaths from all causes. In agricultural Essex, with a population of 62,403 families, the deaths from consumption in 1839 were 1,201, and the total number of deaths 6,352; being, in the agricultural district, 4 in every 21, and in the factory district but as 3 in 19. In the district embracing Cambridgeshire, Huntingdonshire, and the southern divisions of Lincolnshire, comprising a population of 67,351 families, the deaths from all causes were 7,306, and those from consumption 1,308, or nearly 1 death in every 5. Thus the general mortality was lower in the agricultural districts, but the proportion of consumptive cases to deaths was greater. In Liverpool, out of 43,026 families, the deaths for 1839 were 9,181, and the deaths from consumption 1,742. Thus in Liverpool there are 2 deaths from consumption out of every 49 families, and in Manchester only 2 out of every 68. In Birmingham the condition was more favourable, being nearly 1 death from consumption out of every 36 families. In London the rate is 2 deaths from consumption out of every 105 families, and the proportion of consumptive cases to deaths from every cause exactly the same as Manchester, or 3 out of 19. With the exception of the metropolis, Manchester has fewer consumptive cases in proportion to the number of deaths from every cause than any of the districts above mentioned; and hence Mr. Noble inferred that factory labour has no direct tendency to produce consumptive disease. Taking the register of deaths for three years in the township of Manchester between the ages of fifteen and forty, the following results were obtained:—174 consumptive deaths were of persons employed in factories, 590 of persons registered in various occupations, and 377 without any stated employment. Of the factory operatives, 45 were spinners, 49 winders, 28 piecers, 15 reelers, 11 carders and frame-tenders each, and 10 stated generally to be employed in factories. The general conclusion from these and similar facts was, that factories have no special influence in producing scrofulous disease, or its peculiar manifestion, consumption.

Dr. Alison, in a few brief remarks, confirmed generally the accuracy of Mr. Noble's views.—*Athenæum.*

ACADEMY OF SCIENCES, PARIS.—June 20.

FALLOPIAN TUBES.

M. Raciborski read a memoir on the connection between the Fallopian tubes and ovaries in the mammalia. As a general rule in domestic animals, the extremities of the tubes are arranged in such a manner as to envelope completely the ovaries during the breeding period.

In cases where the extremities of the tubes are not sufficiently large to embrace the whole ovary, the deficiency is supplied by prolongations of the peritoneum which forms sacs embracing the ovary and fimbriated extremity of the tube. This arrangement explains the rare occurrence of extra-uterine pregnancy in animals.

EFFECTS OF HEAT ON THE SKIN.

M. Goudret has remarked that when a lighted match is placed in contact with the skin, it excites sharp pain, which, however, soon passes off, leaving behind it for a few days a small red mark on the integuments. The momentary application of a lighted match quickly removes, in most cases, the pain which accompanies rheumatism, gout, and other affections. The author has made numerous experiments with

this species of moxa, and with the best effects. In cases of asphyxia it may be tried while other means are being prepared. In many cases it has been employed with effect in the commencement of epilepsy, the attack being prevented or retarded. When rabbits were asphyxiated by electric shocks applied to the occiput, and the lighted match passed along the spine, the animals recovered in a few seconds.

COMPOSITION OF ANIMAL SUBSTANCES.

M. Bouchardt read a memoir on the immediate composition of fibrine, gluten, albumen, and caseum. The chief conclusions derived by the author are—first, fibrine is composed of four immediate principles, in variable proportions—viz., of a matter identical with pure albumen, which the author proposes to call *albuminose;* this matter is enclosed in the meshes of a tissue composed of gelatine and of a principle exactly similar in properties to the epidermis, which the author names *epidermose*. Here, then, we find in the blood two fundamental principles of animal tissues—gelatine and epidermose—the existence of which in the vital fluid was not before known.

Secondly—The basis of albumen in the egg, of serum in the blood, of gluten in vegetables, and of caseum in milk is identical, unless we admit what is out of the question, that water scarcely reddening turnsol paper possesses sufficient chemical power to transform all these substances, at an ordinary temperature, into one and the same principle.

M. Dumas has also performed some recent experiments with the same results. His experiments, made in conjunction with M. Cahours, prove—

First—That the albumen of serum, eggs, and vegetables, is identical in composition.

Secondly—That caseum, whether taken from milk or plants, has the same composition as albumen.

Thirdly—That fibrine, derived from the blood or from plants, always contains more nitrogen and less carbon than albumen or caseum.

Fourthly—That almonds, peas, beans, &c., contain a principle something analogous to caseum, but furnishing less carbon and more nitrogen than fibrine.

Finally—When fibrine has been deprived of all its soluble matter by boiling water, it deposits a residium identical in composition with albumen and caseum; a fact well explained by the recent researches of M. Bouchardt.

EXTRACTS FROM PERIODICALS.

STATISTICAL RESEARCHES INTO THE ETIOLOGY OF PULMONARY PHTHISIS. BY DR. BRIQUET OF THE HÔPITAL COCHIN.

This paper is founded on an investigation into various particulars connected with the history of 109 phthisical patients in whom disease was far advanced, and likewise on data furnished by all the deaths from phthisis in the hospital between January 1st, 1838, and January 1st, 1841, being 182 in number.

The conclusions (for which only we have space,) at which M. Briquet arrives are:

1. That during the past three years one-tenth more of men than of women have been received into the Hôpital Cochin affected with phthisis: a result directly contrary to those obtained by MM. Lombard and Louis.

2. In at least a third of the patients phthisis was distinctly hereditary, and predisposition to the disease seemed more frequently to come from the father than the mother.

3. No immunity from the disease is afforded by the circumstance of being born of parents who are natives of the country, or by being brought up in the country.

4. Tall stature, a slender frame, an ill formed chest, and convexity from the root to the point of the nails are the only external characteristics of phthisical diathesis.

5. It occurred very seldom that the circumference of the upper part of the chest was less than that of the lower part: a fact directly contrary to the assertion of M. Hertz.

6. Those callings in the pursuit of which there is discomfort, want of exercise and of pure air, present a greater number of phthisical persons than is to be found among those who pursue different occupations.

7. A third of these patients were more subject to catarrh than other persons, and were more sensible of cold.

8. In three-fifths of the patients phthisis developed itself between twenty and thirty years of age, but more than two thirds of those whose parents had suffered from consumption became phthisical before their thirtieth year; while, of these whose parents had not been healthy, half did not show symptoms of phthisis till after thirty.

9. In four-fifths of the patients there existed predisposition to phthisis, and in three-fifths this predisposition was acquired.

10. Cold is the most powerful cause of the acquired predisposition; next to which are misery, privation, and distress of mind.

11. Phthisis is most frequent in cold seasons, and when there are many variations in the atmosphere.

12. Four-tenths of the patients had not been exposed to the influence of any occasional cause of phthisis, but in most there existed a strong predisposition to the disease.

Five-tenths had been exposed to and suffered greatly from some exciting cause, and this cause was in almost every instance cold and damp.—*Revue Medicale. Feb.* 1842.—*Brit. and For. Med. Rev.*

ON GILDING OF SURGICAL INSTRUMENTS. BY M. CHARRIERE.

The electrotype has been applied to this purpose in Paris. A letter from M. Charriere was read at the Institute on the 21st of March, in which he says, "Having gilded by M. de Rustz's process a considerable number of surgical instruments and pieces of cutlery, I have submitted them to experiments which seem to me to merit attention. The cutting instruments which I have repeatedly tested on the dead body, have suffered no damage either in the quality of their edge or in their gilding; and the instruments for pressing have preserved all their power of resistance. I have moreover obtained a positive proof that the instruments thus gilded are not subject to rust; and this is an advantage of which the importance may be easily understood, especially for instruments which are intended to remain for some time in the body. I may add that the silver and the platinum plating, applied in the same manner, afford the same results as the gilding."—*Gazette des Hôpitaux. Mars* 24, 1842.

ON THE EMPLOYMENT OF THE SULPHATE OF ALUM IN THE TREATMENT OF SOME FORMS OF ANGINA PHARYNGEA. BY M. CELESTIN PERRIN.

It is by no means unusual for catarrhal affections, especially in damp situations, to leave behind them a sort of habitual chronic catarrh of the fauces. In these cases the mucous membrane is much injected, of a deep red, sometimes thickened, and the mucous follicles are very apparent and much developed. An adhesive mucus covers the parts and provokes a frequent and troublesome cough to effect its expectoration. The employment of alum gargles, of various strength, in these affections has for some years been

often resorted to. M. Petréquin, of the Hôtel Dieu, has practised the insufflation of four parts of alum to one of sugar with great success; and M. Perrin has used the same means with similar results.

Encouraged by the good effects of the application in chronic cases, M. Perrin has had recourse to it in those which are acute. He mixes equal parts of alum and sugar, and blows them through a quill against the back of the pharynx. It is always necessary that the point of the quill should be even with the uvula, since otherwise the sudden descent of the velum palati may close the passage and scatter the powder on the back of the tongue, where it excites nausea and efforts at vomiting. Even in cases where the febrile symptoms run very high, the difficulty of swallowing is extreme, and the patients have on former occasions been depleted and subjected to very severe treatment, this application a few times repeated has seemed to effect a cure, and a great amelioration of the symptoms has followed its employment even once. Two cases are related in illustration, and the writer concludes by asking whether equally favourable results might be expected from this practice in cases occurring in dry and hot countries, or whether there is something peculiar in the anginas of damp and rainy climates, as Lyons, which renders them peculiarly amenable to this mode of treatment.—*Bulletin Général de Thérapeutique. Mars*, 1842.—*British and Foreign Medical Review.*

ON THE EXTERNAL APPLICATION OF CROTON OIL. BY M. BOUCHARDT.

Whenever it is required to use this method of counter-irritation, M. Bouchardt strongly recommends a plaster which has been much used by M. Chomel at the Hôtel Dieu, and which is thus prepared:—Four parts of diachylon-plaster are melted at a very gentle heat, and while it is half liquid one part of croton oil is mixed with it, and the mixture is then spread in a thick layer on calico. Pieces cut from this may be applied to the skin, like ordinary sticking plaster, and quickly produce an active irritation.—*Bulletin Géneral de Therap. Mars*, 1842.—*Brit. and For. Med. Rev.*

DISLOCATION OF THE HIP-JOINT, HEAD OF THE BONE IN THE OBTURATOR FORAMEN, RESULTING FROM A SIMPLE FALL OR STUMBLE. BY JAMES JOHNSTON, ASSISTANT-STAFF SURGEON, CANADA.

On the 4th of May, Christopher Ward, private in the 14th regiment of infantry, aged 27, a moderately muscular man, while in a state of intoxication, stumbled in his barrack-room, the floor of which was wet from recent washing, and, as reported by his comrades, fell with his legs astride, and without coming in contact with any article of furniture in falling. On being assisted to rise, he was unable to put his left foot to the ground, and in this state was carried to the cells as a prisoner. There he remained till sober, when he complained of very severe pain in the groin and surrounding parts; so much so, that previous to the examination of the limb his violent gestures of pain gave rise to a suspicion that he was overrating his sufferings. On examination, however, the following appearances presented themselves:—Placed in an erect position, supporting himself on the right leg, there was an involuntary tendency to bend the body forward, and to the left side, to relieve the iliacus and psoas muscles, nerves, and vessels from an unusual extension to which they appeared to be exposed. The left thigh was almost immovable, considerably flexed on the body, everted, and removed from the mesial line; the knee flexed, and toe touching the ground. Measurement from the anterior superior spinous process to the condyles gave an increase in length of one inch and three-quarters on the left side over the right. These proofs, with the increased distance between the anterior superior spinous process and greater trochanter, the tenseness and rigidity round the articulation, the flatness in the region of the trochanter, and the unusual fulness at the inner edge of the fold of the nates, all clearly established the diagnosis of dislocation of the femur into the obturator foramen.

In proceeding to reduction the following arrangements were made:— The man being placed on a mattrass on the floor, a soft sheet, carefully folded, was used as the means of counter-extension, passing between the nates, forwards between the thighs, the scrotum being removed to the right side. The sheet, after being so adapted as to make the extension as directly as possible on the pelvis, was attached under the right shoulder to a fixed point in the room, and intrusted to one assistant. Three other assistants were then directed to extend gradually in the present direction of the femur by means of the usual woollen apparatus, applied above the knee. Another assistant was employed to rotate the femur and facilitate the dislodgment of the head of the bone; whilst another, with a towel placed around the upper part of the femur, attempted to draw the head of the bone outwards, whilst his knee was applied forcibly to the dorsum of the ilium, to counteract the tendency there might be to its escape there, by sliding past the acetabulum. After the extension had been thus powerfully employed for about a quarter of an hour without the desired result, it was arranged that while employing full extension at a given signal it should cease, while the other assistants depressed the knee and carried it inwards, the head of the bone being drawn outwards. This had the desired result; the dislocation was proved to be reduced by the disappearance of all the previous deformities.

We repeat, that the chief feature of interest in this case is the simplicity of the cause producing the accident. The possibility of such an occurrence has been denied by several writers, and in all probability it may be the only case of the kind put on record.

The man states that he has never had a dislocation of any other articulation; neither does he appear to have any tendency to laxity in the ligaments. He is recovering the use of the limb rapidly.—*Lancet.*

CASE OF DIVISION OF THE URETHRA. GONORRHŒA—URETHRO-PLASTY. BY M. RICORD.

The subject of this case, twenty-six years of age, was admitted into the Venereal Hospital of Paris, on the 16th of June, 1840. When only seven years of age, the patient had amused himself by tying a piece of thread round the penis, close to its root. The consequence was an urinary fistula, which persisted from the time of the accident up to the period of his admission into hospital. The parts, at this latter period, presented the following appearances:—The whole thickness of the spongy portion of the urethra is divided across, a little in front of the scrotum, thus separating the canal into two portions; the two orifices resulting from this division are separated from each other about 11.077 lines (French) by a deep, hard, cicatrix, which surrounds the whole penis like a ring; the urine and semen pass entirely through the artificial opening; erection is complete, but the sensations, during coition, are confined to the posterior portion of the canal.

On the 1st of June, 1840, and eight days after connection, the patient was affected with gonorrhœa: the disease commenced in the posterior division of the urethra, and did not reach the anterior until four days afterwards.

June 17. The inflammation is excessively severe,

and the discharge of a deep green colour, and very abundant; still the patient experiences pain only when the urine is passing over the posterior portion of the canal.

19. The acute attack has almost completely yielded to rest and an antiphlogistic regimen; there is still a little pain in making water. To have twenty-four scruples of cubebs in three doses; to continue his regimen, but omit the baths. On the 21st the discharge from the posterior part of the urethra has considerably diminished, but that from the anterior remains unchanged.

24. The discharge from the posterior section has completely ceased. To continue the cubebs, and have better diet.

On the 1st of July the use of the cubebs was suspended; there is no discharge from the vesical portion of the urethra, while the state of the anterior part does not seem to be changed.

July 6. The discharge has re-appeared in the vesical part of the canal; this may, perhaps, be explained by the fact that, during the use of the cubebs, the two artificial orifices were kept separated, but afterwards, this precaution being neglected, the matter from the anterior part came in contact with the posterior opening, and gave rise to a fresh infection.

8. The former treatment was adopted, and on the 16th the discharge from the vesical portion of the urethra ceased. Treatment continued.

17. A solution of the nitrate of silver was injected into the anterior segment of the canal, and on the 20th the discharge had nearly completely yielded to the injections.

22. No trace of discharge; the treatment was suspended, and on the 26th the patient was allowed to leave the hospital for some time.

The patient having thus been cured of his gonorrhœa, it remained to make an attempt to relieve him from the effects of his accident; but before describing the operation which I performed for this purpose, I shall make a few clinical remarks on some important points connected with the case.

Although the majority of surgeons, at the present day, refuse to admit a specific seat of gonorrhœa, yet many think that the fossa navicularis is the point at which it always commences. An attentive examination of facts, however, proves that the disease commences at the point to which the infectious matter has been first applied.

The pain of gonorrhœa chiefly depends on the passage of urine over the inflamed parts, and on the erections which occur. Independently of these two causes, the mere inflammation of the mucous membrane of the urethra causes very little pain, as was seen in the present case.

The state of this patient also afforded an excellent opportunity for ascertaining the mode of action of certain remedies in gonorrhœa. It was shown in the clearest manner, that the remedies acted through the medium of the urine, after having passed through the circulation and the kidneys. Thus, on two different occasions, the curative action of the cubebs was exercised on that part of the urethra only over which the urine passed, while the anterior portion of the canal remained uninfluenced by it.

I do not mean by this to deny, as some have pretended that I do, the general action of balsams; I admit that they may modify certain secretions, or communicate certain properties to the blood, but experience has proved to me that in this respect their action is more uncertain and less efficient, as was shown by the continuation of the disease in the anterior part of our patient's urethra, and as is seen every day in the treatment of balanitis, purulent discharges from the vagina, gonorrhœal ophthalmia, &c., where the balsams produce little or no effect. The action of these remedies in the latter cases is not specific, but merely revulsive, and when they are suspended the disease generally recurs.

The patient returned into hospital on the 20th of October, 1840, and on the 3rd of November I performed the following operation:—

Having placed him in the usual position for lithotomy, and introduced a sound with a wide groove through the orifice of the posterior portion of the urethra, I made an incision in the central line of the perineum about 8¾ lines in length, and commencing immediately behind the bulb of the urethra; the incision was carried into the urethra, and the latter divided to the extent of four lines; I now attempted, but in vain, to pass an instrument through the artificial opening, and at length succeeded with a female catheter, which I immediately fixed in its place.

My next step was to operate for the phymosis; I then refreshed the edges of the fistulous opening, and, when the bleeding ceased, I set about bringing the edges of the wound together. A small bougie was passed, through the meatus urinarius, down to the catheter, and the edges of the wound having been approximated in a transverse direction, were united with two alternate points of the twisted and common suture.

The patient was now placed in bed, the thighs being flexed and elevated on pillows; cold water dressing was applied to the wound, and two pills, containing camphor and opium, were administered; towards evening some reaction came on, and the patient was bled; the urine came away through the catheter in the perineum; on the following morning the urine still appeared to pass through the same channel, but the wound seemed a little swollen, and the ligatures moistened by the urine.

On the third day the sutures came away, and the urine flowed through the fistula as copiously as through the perineal opening; its edges, however, retained the transverse direction. On the sixth day the greater part of the urine passed through the fistulous orifices; the female catheter was therefore removed, and replaced by a larger gum-elastic catheter; on examining the female catheter, it was found that the orifice was completely obstructed by a clot of blood.

On the 17th an abscess formed in the scrotum, and was opened; the utmost care was now employed to prevent the urine from passing beyond the artificial opening in the perineum, but without success. This, however, was absolutely necessary, and in order to effect it, a longer catheter was passed into the perineal orifice; a bougie was also passed through the meatus urinarius, and brought out through the perineal orifice, but this likewise failed, and caused so much pain, that the patient removed it.

From this period, up to the 19th of January, the artificial opening in the perineum was gradually dilated by the introduction of larger and larger catheters; the abscess in the scrotum had now completely healed, and the urine escaped through the fistula in small quantities only, and at distant intervals. As the patient became impatient, I was unable to wait any longer, and therefore attempted to bring the edges of the fistula together a second time. The edges were pared, and brought together by twisted sutures alone, which passed through the whole thickness of the skin; a bougie, as in the former attempt, had been passed down to the bulb of the urethra.—The penis was now covered with lint dipped in cold water, and injections of cold water were frequently thrown into the bladder. The urine came away freely through the artificial opening in the perineum. On the 22nd, three days after the operation, the two ex-

ternal pins were removed; the edges of the wound appeared to be united; there was no trace of pus or of urine about it.

On the 24th, the two remaining pins were removed, but a small quantity of pus and urine now escaped through a small opening at one angle of the wound. On the 1st of February, this small orifice, which had been touched two or three times with lunar caustic, had completely healed up, but another one appeared at the opposite angle of the wound, and this continued for a long time in the shape of a capillary opening, scarcely visible to the naked eye. On the 12th of February, three months and nine days after the first operation, the perineal catheter was removed, and a small catheter introduced into the bladder along the urethra. This was done with some difficulty, but immediately afterwards the wound in the perineum began to heal, and was completely cicatrised on the 2nd of March. On the 17th of April there was no longer any occasion to employ a catheter. During the whole of this period, the capillary orifice already mentioned was alternately touched with lunar caustic and tincture of cantharides.

When the patient left the hospital he was completely cured; the form and functions of the penis were restored to their normal conditions; but a month elapsed before the semen could pass completely through the meatus urinarius.—*Provincial Medical and Surgical Journal.*

COMPLETE PROLAPSUS AND SEPARATION OF THE VAGINA.

A woman, twenty-five years of age, who laboured under some slight disorder occasioned by errors of diet, took an emetic on the fourth day, which produced copious vomiting, and relieved her greatly.

A few days afterwards she began to complain of burning pain during micturition, and had some discharge of blood from the vagina, with severe pain in the external organs of generation. On examination, the external parts were found in a state of gangrene; on the following day the patient complained of an unusual feeling about the parts, and it was found that the whole vagina was prolapsed; as it was impossible to return it, antiseptic remedies were merely applied. The exposed parts now sloughed, and were finally completely removed on division of a band which retained them superiorly. The fever and other unfavourable symptoms quickly subsided; to prevent adhesion of the parts, a piece of sponge, moistened with some aromatic decoction, was introduced into the vagina. The vaginal portion of the uterus now became adherent to the upper edge of the vagina, while the lower remained free, and a new canal was formed, being merely somewhat shorter than the original vagina. The woman recovered perfectly, and the functions of the uterus were soon restored.— *Orvosi Tár, or the Hungarian Magazine of Health.—P. Medical Journal.*

TANNIN, AS AN ANTIDOTE FOR STRYCHNIA. BY DR. LUDICKE.

The great care requisite in the employment of strychnia is well known. Of this and of the benefits of tannin when an over-dose has been administered the following case is an illustration.

A woman, thirty-seven years of age, had complained for a considerable time of great tenderness and of a wandering pain in the course of a transverse and descending colon, for which opium and various other remedies were unsuccessfully employed. Dr. Lüdicke then ordered one-twenty-fourth of a grain of nitrate of strychnia every hour. This done, however, the patient ventured to increase, and continued to doze till she had taken half a grain of strychnia in the course of six hours. She was now suddenly seized with vertigo, and fell to the ground in a state of insensibility. A quarter of an hour afterwards she complained, though speaking with great difficulty, of having had a sensation as though her spine were being bent backwards, which had then passed off, leaving pain in the back, and tremor of the hands. The respiration was difficult, the pulse feeble and frequent, and the patient had a sensation of nausea with giddiness whenever she attempted to sit upright, and occasional vomiting. Ice was applied to the head, and half a grain of tannic acid was given every hour, at first in an effervescing mixture, on account of the sickness, afterwards in distilled water. After twelve grains had been taken the writer substituted for it a decoction of two ounces of oak bark in six ounces of water, with an ounce of syrup of cinnamon and a scruple of sulphuric æther. The symptoms of poisoning all disappeared, and with them the wandering pains from which the patient had previously suffered.

Mesner, in Dresden, recommends, as an antidote for strychnine, decoction of galls or of oak bark; five ounces of which precipitate two grains of nitrate of strychnine. These decoctions likewise precipitate morphin, condein, brucin, veratrin, and many other vegetable alkaloids.—*Medicinische Zeitung, März* 16, 1842.

RADICAL CURE OF REDUCIBLE INGUINAL HERNIA. BY DR. C. HALLER.

Seven cases are given. The operation, as detailed in the first of these, was as follows:—The patient, a man of twenty-three years, had ruptured himself in 1837. In 1840, when the operation was performed, his hernia, which was on the right side, had attained the size of a hen's egg, was soft, elastic, and contained a small knuckle of intestine. It made its appearance on the patient coughing or violently exerting himself, but receded on his assuming the horizontal position. The inguinal ring was so far enlarged as to admit the index-finger. The rectum having been emptied by a clyster, the scrotal integument was invaginated in the inguinal canal, by the index-finger of the operator; while, with the right hand, by means of the *sonde à dard* two stitches were made; the one as high as possible on the inner crus of Poupart's ligament; the other just over the angle of the two crura. A ball or cork of lint was introduced into the loop thus formed on the thread; traction was applied to one end of the thread, by which the lint-ball was carried as far as possible up the inguinal canal; the double threads were then separated, and tied down over two quills united by sticking plaster. Ice was applied to the seat of operation; the testicles were supported; the patient was ordered to bed; and put on low diet. There were slight pain and redness, but considerable swelling and hardness around the cylindrical aperture; and on the sixth day there were light febrile symptoms. As suppuration commenced from the punctures, the threads were loosened; the lint slightly withdrawn, and thus a free exit permitted to the matter. Warm applications to the part, daily ablution, and syringing of the invaginated integument, laxative clysters, constituted the treatment. The suppuration continued during fourteen days, and as it declined, the integument gradually subsided into the inguinal canal. On the 28th day from the operation, the patient, with the aid of an elastic band, could stand up, and move about a little. The inguinal canal was appreciably narrowed, and even violent coughing or straining did not reproduce the hernia. In nine months the patient dispensed with the truss. In two or three of the other cases the cure was the only temporary, the hernia

again descending and carrying the integument before it. But in several instances the operation has been successful.—*Oesterr. Medicinische Jährbucher. Märs*, 1842.

VALVULAR DISEASES OF THE HEART.

The valvular diseases may be arranged as follow:

1. Mitral valve contracted, but capable of closing.
2. " " incapable of closing.
3. Aortic valves contracted, capable of closing.
4. " " incapable of closing.
5. Combination of 2d and 4th cases.
6. " 1st and 3d.
7. " 1st and 4th.
8. " 2d and 3d.

In all these the *rhythm* of the systole and diastole of the cavities remains as in the healthy state; the flow of blood and the sounds being shortened or prolonged in consequence of the valvular disease.

The following table shows the mode in which these sounds are produced, and the modifications they undergo in each case:—

	1	2	3	4	5	6	7	8
Healthy state.	Ventricular systole.		First sound.	Silence.	Ventricular diastole.	Second sound.	Rest	Auricular systole.
1	First sound.		Silence.		Second sound.		Silence.	
2	Murmur of regurgitation.				Second sound.		Murmur.	
3	First sound, masked by murmur.				Second sound.		Silence.	
4	First sound, masked by murmur.				Murmur of regurgitation.		Silence.	
5	Double murmur.						Single murmur.	
6	First sound, masked by murmur.				Second sound.		Murmur.	
7	First sound, masked by murmur.				Double murmur.		Single murmur.	
8	Double murmur.				Second sound.		Single murmur.	

If the time of one series of the heart's action be divided into eight parts, the ventricular systole will occupy four, during which, in the healthy state, the first sound will be audible; the ventricular diastole two, the second sound occurring at its commencement. During the systole the blood flows into the aorta, and the mitral valve closes. During the diastole, the aortic valves having shut, the blood flows into the ventricle from the auricle. The action then ceases for one-eighth of the whole time, and the remaining one-eighth is occupied by the silent contraction of the auricles, the blood quietly flowing into the ventricles, and thus stimulating them to contract again. It is stated by the committee of the British Association that the systole of the auricles is accompanied by a sound; but if present, this is so slight, that in practice it may be disregarded. In the natural state, then, we have a silence of one-fourth intervening *between the second and first sounds*, or before the latter.—*Edinburgh Med. and Surg. Jour.*

TO THE EDITORS OF THE MEDICAL PRESS.

Balinakill, 8th July, 1842.

GENTLEMEN,—I enclose you thirty shillings, and will feel obliged by your handing one pound to the Treasurer of the Medical Benevolent Fund, as my subscription to that invaluable institution, and ten shillings as my contribution for the current year to the Medical Association.

The objects of the Benevolent Society are of so useful and philanthropic a nature, that I shall be much deceived in my estimate of the Irish heart, if it respond not universally to the call now made upon it in behalf of a society, to uphold which, every medical man in this country should come forward with such support as his means enable him to afford.

For my own part, I only regret my inability to contribute to it in a manner commensurate with the anxiety I feel in its success, and the high respect I entertain for the distinguished man, to whose single-hearted disinterestedness we are indebted for not only originating but for bringing into effective operation, after much laborious perseverance, a scheme of such public utility, and so well calculated to reflect the highest honour on our profession, and elevate its members in the estimation of society. For what can be more ennobling to man's nature than the providing of means capable of affording relief to his brother in distress, without inflicting a wound on his feelings, or suffering his misfortunes to be exposed to the prying eyes of heartless curiosity.

I think it should be a source of pride to the provincial practitioners of Ireland (and a means of insuring their zealous co-operation), that a measure of such inestimable advantage should have proceeded from one of the most amiable and enlightened of their body;—a man whose name will be ever associated with the benefits which shall flow from that society, and whose valuable life will, I trust, be prolonged to witness the blessed fruit of his exertions, and to enjoy with virtuous exultation the gratitude of the future children of misfortune, whose miseries shall be alleviated and prospects brightened by the timely aid of *the Medical Benevolent Society, established by William Kingsley, of Roscrea.*

Believe me, gentlemen, your's, very truly,

J. N. WALSH.

TO THE EDITORS OF THE MEDICAL PRESS.

July 4th, Cottage, Broadway.

GENTLEMEN,—In the last PRESS, I see enumerated the names of those medical gentlemen who received the letter from Mr. Phelan, marked "private." I also got one, and gave replies in full to each of the questions put to me; SOME of my answers must have suited the views of the commissioners and their assistants, some more of them I fancy were not so palatable; perhaps that may have been the reason why my name was not mentioned, as having been written to.

I have been nearly 14 years in charge of the Broadway Dispensary, and during that period, I cannot call to mind one single instance of any one of the subscribers taking advantage of the position in which we mutually stood to each other. The subscriptions have scarcely varied those 13 years; certainly not *more* or *less* than £3. or £4., but most frequently to the credit of the dispensary funds. I also stated, I did not wish to be placed under the control of the poor-law commissioners. I neither added to, or withheld any practical information relative to the working of my dispensary. I sent Mr. Phelan a *large* printed sheet giving in full the receipts and expenditure of the last year.

He, Mr. Phelan, was at perfect liberty to *publish* my letter, if he pleased; and you, gentlemen, may do the same with this, if you think fit.

Yours, most sincerely,

THOMAS ELWOOD LINDSEY.

[Dr. Lindsey's name has been altogether suppressed by the commissioners from the list of persons who replied to Mr. Phelan's circular.—ED. M. P.]

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, JULY 7, 1842.—Council met.

Dr. Orpen, Cove, was admitted a member of the Association, and the receipt of his subscription, 10s., acknowledged by the Treasurer, who also acknowledged the receipt of the following sums:—

Dr. Robinson, Blessington,	10s.,	renewal subscription.
" Walsh, Ballynakill,	10s.,	"
" Warren, Kinsale,	10s.,	"
" Bishopp, Kinsale,	10s.,	"
" Toole, Bandon,	10s.,	"
" Fry, Ferbane,	10s.,	"
do. do.	10s.,	additional do.

The Council having learned that some members of the Association have been misled to believe that this Council, or certain of its members, had approved of the following suggestions, for clauses in a medical charities' bill, viz.,

"Be it enacted that it shall be lawful for the Lord Lieutenant, and he is hereby required to direct the dispensary governors of any dispensary district *in which there shall be five or more annual subscribers* of two guineas, to appoint such paid medical and other officers, *with such qualifications* as the medical charities' board shall certify to be necessary for superintending, acting, or assisting in the administration of medical relief of the sick poor, and otherwise carrying the provisions of this act into execution in such district, and in case *there shall not be in any dispensary district five annual subscribers of two guineas each*, that then it shall be lawful for the Lord Lieutenant, and he is hereby required to nominate and appoint the medical officer or officers of such dispensary district, provided always, *that such person so appointed shall be certified to possess the necessary qualifications by the medical charities' board.*"

"Be it enacted that any medical officer now acting in a dispensary under the acts at present in force, shall have a priority of claim to be appointed to the dispensary district in which the dispensary to which he may at the passing of this act be attached may be vested, *but that no such officer shall enjoy or be deemed to possess any such priority of claim, unless he shall be certified as duly qualified to act as the medical officer of the dispensary district*, under the hand and seal of the chairman and secretary of the medical charities' board."

Resolved—That this Council have always opposed, and always will oppose, the granting of any such powers to a medical charities' board; which, in our opinion, should possess no power with respect to professional qualifications, except that of pronouncing upon the authenticity of such degrees, diplomas, &c., as may come before it.

That we reject and repudiate any clause, having for its object, the exclusion of the members of any recognised College of Physicians or Surgeons in these kingdoms, from equal rights and emoluments.

That we know of no party in the profession that advocates any of the above objectionable clauses, and that those who have originated reports of there being such a party in the profession, have practised a delusion.

In MEDICAL PRESS of June 8, 10s., was acknowledged as a *renewal subscription*, instead of an *additional subscription*, received from Sir Arthur Clarke.

BOOKS RECEIVED.

Pulmonary Consumption, its prevention and cure established on new views of the Pathology of the Disease. By Henry Gilbert, M.R.C.S.L.

The British and Foreign Medical Review. July. 1842.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JULY 13, 1842.

LETTERS OF APPROBATION BY THE PROCESS OF WORMING.

THE various subtle, dishonest, and impudent attempts to inveigle the physicians and surgeons of Ireland into expressions of approbation of the bill—a bill, or any bill, which directly or indirectly places the medical charities within the grasp of the poor-law office, have so far failed: but those interested in the preservation of these institutions must not for a moment be thrown off their guard. They have now seen that no stone will be left unturned—no resource, however objectionable or discreditable, will be neglected, which promises to contribute to the attainment of this object. We are glad to see that the second attempt of the commissioner to obtain letters of approbation have proved as great a failure as the first; and that even the persons relied on as likely to return favourable answers to the canvassing letters have had the prudence to take example from the annoyance experienced by those who were entrapped before. We do, however, hope that this is the last time any man will be so simple as to allow himself to be wheedled into returning a reply to any letter, however plausible, which he may receive from these parties. Once for all, we warn the inexperienced, that these communications, however disguised; whether under the title of "draft of a bill," "address to British graduates," letter to "the medical profession," or marked "private," and signed D. Phelan, assistant poor-law commissioner, all emanate from the same source. The obtrusive person who lately forced himself on the notice of the profession by a pamphlet, in which he endeavours to persuade the uninitiated that he is some how or other entrusted with the preparation of "a bill," is, for instance, the personal friend of Mr. Phelan, and the devoted adherent of Mr. Nicholls. The person selected to explain away the mortality at the North Dublin Union, and the person (as our readers know) so well paid for that pleasing duty. This same person is a salaried officer under the control of the poor-law commissioners, and an ardent admirer of either the honours or profits which may accrue from their disinterested labours in the bill-making line. He also supplies gentlemen in the country, who advocate the "bill" at public meetings, with the "private and confidential" papers of the poor-law office, and performs many other kind offices not necessarily boasted of in public. It is true that this disinterested, impartial, public spirited "friend of the profession" has taken unto himself a colleague, as censorious people say, by way of blind; but this does not alter our opinion as to the real co-partnership. In due time, we shall see this colleague flung over, or at most rewarded with but a jackal's share of the spoil.

We repeat it, that these effusions, however disguised, whether uttered from the metropolis, or echoed from the country, all emanate from the same source, and all have the same object. Although very few have allowed themselves to be entrapped into this fishing correspondence, or allowed themselves to be subjected to the process which Lord Mountcashel calls "worming," we certainly are surprised to find men who should know better incautiously entrusting their names to be used, they knew not how, when, or where, by persons in whom they could not repose confidence. Surely, they might have kept in view the disagreeable consequences to which the authors of the first series of "suppressed letters" had been subjected, and the suspicions and imputations cast on them. Had any of those who hastily replied to Mr. Phelan's "private" circular, suspected for a moment that these communications were to be suppressed, because "the writers introduced extraneous subjects, and made comments, which, if published, might be very injurious to them in their respective localities," we are inclined to think they would not have entrusted themselves to his tender mercies. As it is, we would strongly recommend all those who do not acquiesce in the assertion of Mr. Phelan, that "they consider their replies as confidential communications," to insist on their publication.

MR. PHELAN'S TIPPERARY FRIENDS.

PARTURIENT mountains produce muscipular abortions. The "*certificate of approbation*" which has been privately hawked about the south of Ireland for the last six weeks by Mr. Phelan's relatives, friends, and admirers, has at length seen the light, signed by twenty-nine: exactly the number of letters of approbation selected for publication out of the replies returned to the famous fishing or worming letter laid before parliament. This is a curious coincidence, and we should not be at all surprised, if we took the trouble to count the letters of approbation obtained in reply to the fishing and worming pamphlets, to find them amount to about the same number. Our respected cotemporary of the *Evening Post*, who volunteers a leader on the auspicious event, says that this expression of approbation by these twenty-nine gentlemen gives the "*coup de grace*" to all Mr. Phelan's enemies, and vows vengeance upon all who in future say anything to the disparagement of the worthy functionary. We wish the poor-law office joy of such victories. Mr. Nicholls has now tried in every possible shape and form to get up evidence of the success of his schemes as to the Irish charities, and in every attempt he has been most signally defeated. The Tipperary gentlemen in their certificate of approbation, with amusing *naïveté*, thus account for their feelings of regard for the author of the parliamentary report on the medical charities: "*We believe the reports which relate to* OUR OWN *to be satisfactory and correct.*" No doubt they do; they praise the ford as they find it; but it unfortunately happens, that this is the very thing complained of; it is just objected to the report that it takes too much care of "our own." They then echo the self-applauding ejaculation of Mr. Nicholls on viewing his handy work. It is, says he, made in "a fair, impartial, and professional spirit;" and it is made "in a fair, impartial, and professional spirit," respond Mr. Phelan's twenty-nine Tipperary friends. Well, of all places on the face of the earth, we did not expect this from Tipperary. Had some one told us, that twenty-nine men, somewhere in Ireland, had come forward to father the libels published in this report on the physicians and surgeons of dispensaries and fever hospitals, this is the last place we should have guessed them to come from. In justice, however, to the physicians and surgeons of this part of Ireland, who have not signed this letter of approbation, it is only right to give the names of the twenty-nine, and here they are.—

John Butler, M.D., Thurles, late Physician to the Thurles Fever Hospital.
Geo. Bradshaw, L.R.C.S.L. ditto, Medical Attendant of the Littleton Dispensary.
John Burgess, M.D, and M.R.C.S.L. Fethard, Dr. Drangan's Dispensary.
Wm. D. Briscoe, M.D. M.R.C.S.I., Whitechurch and Pilltown Dispensary.
Ben. Bradshaw, M.R.C.S.L., Ballyporeen Dispensary.
Michael P. Cormick, M.D., Clonoulty Dispensary.
James Carew, M.R.C.S L.
Richard P. Coffee, M.R.C.S.L.
Charles Fitzpatrick, Medical Attendant, Killenaule Dispensary.
Wm. Fennelly, M.D. and M.R.C.S.L., Ballingarry Dispensary.
John Fitzgerald, M.D. and M.R.C.S.L., Carrick-on-Suir.
Pat. Fitzgibbon, M.R.C.S.L., Poolmucca Dispensary.
Thomas Gaglogly, M.D., M.R.C.S., Cloheen Dispensary and Fever Hospital.
John Grant, M.D., Thurles.
P. Heffernan, M.D. L.R.C.S.I., Cashel Fever Hospital.
P. Keating, M.D., Callan and Grangemockler Dispensary.
Pat. Mullally, M.D., M.R.C.S., Templetuohy Dispensary.
Robert Naggs, M.R.C.S., Thurles Dispensary.
Wm. O'Rierdon, M.D., &c., Tipperary Dispensary and Fever Hospital.
Timothy O'Brien, M.D., Portroe Dispensary.
Anthony O'Ryan, L.R.C.S.I., Carrick-on-Suir.
James Phelan, M.R.C.S.L., late Medical Attendant Ballyporeen Dispensary.
John F. Purcell, M.D., L.R.C.S.I., Carrick-on-Suir Fever Hospital and Dispensary.
M. J. Quinlan, M.R.C.S.L., Thurles Fever Hospital.
P. Ryan, M.D. and M.R.C.S., Templemore.
Pat. Ryan, M.D., Thurles Fever Hospital.
John Ryan, M.D., Tipperary, Tipperary Fever Hospital and Thomastown Dispensary.
Thomas Scully, M.D., and Surgeon, Clonmel.
John Sweeney, M.R.C.S.L., Clonmel.

PROSPECTS OF THE PROFESSION.

WE hail the appearance of the following document, which was published in the *London Gazette* of Friday, July 1, as evidence of a growing disposition on the government to give the medical profession its proper position in the state:—

"At the Court at Buckingham Palace, the 29th of June, 1842; present, the Queen's Most Excellent Majesty in Council.

"Whereas by an act, passed in the second session of parliament held in the fifth year of Her Majesty's reign, entitled "An act for establishing a prison at Pentonville," it was, amongst other things, enacted, that it should be lawful for Her Majesty, with the advice of her Privy Council, to nominate and appoint any number of fit persons, not being less than seven or more than eleven, to be commissioners for governing the said prison; now, therefore, Her Majesty, in pursuance of the said act, is pleased, by and with the advice of Her Privy Council, to nominate and appoint.

James Archibald Lord Wharncliffe, Lord President of the Council;
Charles Duke of Richmond, K.G.;
William Earl of Devon;
Henry Thomas Earl of Chichester;
Lord John Russell;
The Speaker of the House of Commons;
Sir Benjamin Brodie, Bart.;
Robert Ferguson, Esq., M.D.;
Major Jebb, of the Royal Engineers;
William Crawford, Esq., and
The Rev. Whitworth Russell;

And they are hereby nominated and appointed Commissioners for governing the Pentonville Prison accordingly.

"WILLIAM L. BATHURST."

HOUSE OF COMMONS—TUESDAY 5.

Lord J. Russell wished to ask the Right Honourable Baronet the Secretary of the Home Department if he intended to introduce a bill in the course of the present session with respect to the College of Physicians and the College of Surgeons? He wished to know whether the Right Hon. Gentleman intended to introduce a bill with respect to the charter of these two colleges, and supposing that bill altered these charters, if it was the intention of the Right Hon. Baronet that the bill should come into operation before parliament met again?

Sir J. Graham said it was his intention, as he had before stated, in answer to a similar question, to bring before the house a bill authorising her Majesty to grant a new charter to the College of Physicians. It was also his intention to advise the granting of a new charter to the College of Surgeons, and these two charters would certainly, if granted, be in operation before the next meeting of parliament.

Lord Sandon wished to know if power would be given under these charters to grant degrees?

Sir J. Graham said it was not intended that such authority should be given, because that authority was not wanted. Her Majesty could grant that power.

Lord J. Russell wished to know what change would be made in the present charter?

Sir J. Graham would be prepared to state to the house the details when he introduced the bill.

Mr. Ewart would ask the Right Hon. Gentleman whether the charter proposed would exempt the institution from the effect of the Medical Reform Bill, and whether they would be exempt from the effects of the Medical Reform Bill to be introduced next session?

Sir J. Graham said he must give the same answer as to the Noble Lord. He should move for leave to bring in the bill, and then it would be his duty to state to the house what the precise provisions of the bill were.

Mr. O'Connell wished to know if the charter would affect the College of Physicians and College of Surgeons in Ireland?

Sir J. Graham said it was not necessary to introduce the proposed alterations in the Irish Colleges of Surgeons and Physicians.

HOUSE OF COMMONS—FRIDAY, JULY 8.

Mr. Litton wished to know whether the Noble Lord the Secretary for Ireland meant to proceed with the Irish Medical Charities Bill' in the present session.

Lord Eliot said that in a very few days he would lay the bill on the table. He did not mean, however, to proceed with it further than the second reading, since, at this period of the session, there was not sufficient time to devote to its provisions the consideration which they would demand.

MEDICAL CHARITIES.

PROGRESS OF THE SYSTEM OF CENTRALIZATION.

It is really difficult to say where the agency called centralization is to stop; if it progress for the next ten years at the same railroad pace it has done during the last decade, we may expect in 1852, to see the management of private estates vested in metropolitan boards of commissioners. The tendency of centralisation in England to destroy the local administration of local affairs is bad enough; but it is trifling compared with that tendency in Ireland. The Earl of Mountcashel—a peer honorably distinguished as an excellent resident Irish landlord—recently brought an instance of this before the House of Lords, and seems resolved when the proper time arrives to give battle to this monster power, which is too rapidly destroying the lawful and proper influence of landowners, and separating the interests of landlord and labourer. One of the many ways by which landlords in Ireland silently and unostentatiously perform their duties is by establishing and supporting medical charities. In no mode could they more readily serve the mass of the Irish people in their present condition. Ireland is studded from one end to the other, with these useful institutions, in various forms. Their management is perhaps defective, and their means of support somewhat precarious and uncertain; they have long required the attention of the legislature; and, it has for some years been admitted on all hands that a uniform and legal system of administration, and extended and more certain means of support, are indispensable. The subject seems to have been referred during the last recess by the Irish government to the poor-law commissioners, with a view to the production of a system. Their device has been a simple but very characteristic one; it is to place the entire and uncontrolled administration of every medical charity in Ireland supported by voluntary contributions in their own hands, and to vest themselves with power to appoint the medical officers thereof, and to tax the landowners for their support. One of the Irish sub-commissioners, or secretaries, or clerks, or door-keepers, is Mr. Phelan, an apothecary. To him the details of the matter were committed; and by him a bill to the effect above-stated was prepared, which, in effect, would have placed the medical charities and profession of Ireland at the disposal of an apothecary without business. Mr. Phelan presented his precious legislative recipé to Lord Eliot, with a statement that it had the universal approbation of the Irish medical profession. This statement was wholly unfounded; the profession were in utter ignorance of the apothecary's bolus. When they heard of it, they refused almost to a man to swallow so monstrous a pill. The measure was, therefore, referred to the crown lawyers of Ireland, and they are about to produce a bill on the subject.—If by the forthcoming bill the medical charities of Ireland are to be handed over to the conduct of the poor-law commissioners, with powers of taxation, the measure will rouse the universal hatred of the Irish gentry. Such an enactment will practically amount to a declaration that the gentlemen of Ireland are unfit to manage even the petty affairs of their local infirmaries, dispensaries, or fever hospitals, which their charity maintains. Deprive them of all share of the management in such a libellous manner, and where will the funds of these institutions come from? Taxation will have to supersede voluntary contributions. The poor-law commissioners and sub-commissioners do not possess the confidence of the Irish landlords; their proceedings in Ireland have been characterised by a wanton and lavish expenditure of the public money; and the Irish rate-payers are fully persuaded that the sooner they are emancipated from their tyranny the better for the poor and themselves. The attempt to engulf the administration of the medical charities is felt to be provoked by a desire on the part of the underlings of the commission to provide permanent employment for themselves. Mr. Phelan, the apothecary, to gain continuous occupation out of an unremunerative trade, had the modesty to propose that the medical profession of Ireland should, as regards these charities, be under his control. A more flagrant job was never suggested even in jobbing Ireland. What on earth can the poor-law commissioners or their servants have to do with medical charities? Would they prescribe a scale of purgation as strictly as they have established uniform dietaries? They seem to have an intuitive knowledge of the smallest quantity of water gruel

which will support human life. Will they direct infinitismal doses of jalap for paupers, as they do infinitismal portions of bread and cheese?—The proposition that they should direct these charities is a monstrous act of presumption—though quite in accordance with the ordinary doings of the "great ones" of Somerset House. The gentry of Ireland are the proper parties to manage the details of the charities they themselves support, and if uniformity of system and greater economy and efficiency require a superintending and advising board, surely the medical profession of Ireland can choose such an establishment from its ornaments in Dublin? What would English gentlemen say if it were proposed to place the administration of every county infirmary or hospital, or local medical charity, under the direction of the poor-law commissioners? What they would say the gentry of Ireland now feel and express. We entreat Lord Mountcashel to watch this subject closely.—*Morning Herald.*

PROMOTIONS.

16th Foot.—Assistant-Surgeon, R. R. Dowse, from the 1st West India Regiment, to be Assistant-Surgeon, vice Menzies, promoted to be Staff-Surgeon of the Second Class.

Hospital Staff.—Assistant-Surgeon, D. Menzies, from the 16th Foot, to be Staff-Surgeon of the Second Class, vice T. Beavan, who retires upon half-pay.

Assistant-Surgeons, J. Clark, M.D., to be Staff-Surgeon of the 2nd Class, vice West, appointed to the 99th Foot. H. L. Cowen, gent., to be Assistant-Surgeon to the Forces, vice Duncan, appointed to the 6th Foot.

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	July, 3d,	67	48	30.000	.010
Monday,	4th,	67.5	53	29.500	.495
Tuesday,	5th,	66	54.5	29.700	.125
Wednesday,	6th,	67	48.5	30.150	.008
Thursday,	7th,	69.5	53	29.750	.100
Friday,	8th,	64.5	48.5	29.500	.025
Saturday,	9th,	63	49.5	29.600	.360

WESTERN MEDICAL SOCIETY.

At the last meeting of the WESTERN MEDICAL SOCIETY held in Kinsale on Friday, the 1st of July,

Robert Warren, Esq., M.D., in the chair,

The following gentlemen were elected members of the Council of the Society for the next three years:—

Dr. William Murphy, of Cork.
Dr. Warren, of Kinsale.
Dr. Jago, of Kinsale.
Dr. Hobart, of Cork.
Dr. Ffolliott, sen., Clonakilty.
Surgeon Toole, Bandon.
Dr. Cleburne, Ovens.

Drs. Corbett, of Innishannon, and Wood, of Bandon, were re-elected Treasurer and Secretary.

The following resolutions were unanimously agreed to: Proposed by Dr. Corbett, and seconded by Dr. Bishopp.

Resolved—That a Committee be formed for the purpose of drawing up a Memorial declaratory of the opinion of this Society, on the Medical Charities' Bill, to be submitted to the next meeting for its consideration; and that such Committee consist of Dr. Murphy, of Cork, Dr. Jago, of Kinsale, and Dr. Wood, of Bandon, with power to add to their number.

Proposed by Dr. Jago, and seconded by Dr. Wood.

That we have read with pleasure the attempt made to establish a Relief Fund for the benefit of the Physicians and Surgeons of Ireland; but we are of opinion that such Fund would be more conducive to the interests, and consistent with the dignity of our profession, if established upon the principle of a Mutual Assurance Society for the benefit of the Widows and Orphans of Subscribers, and that no donation or subscription be received except from Members of the Medical Profession.

S. WOOD, Secretary.

At a highly-respectable and influential meeting of the Medical Profession, connected with the Charitable Institutions of the County of Donegal, convened by requisition, and held at the Mitre Hotel, Raphoe, on Thursday, the 7th of July, 1842,

Doctor Stewart, Surgeon to the County of Donegal Infirmary, having been called to the chair,

The following resolutions were unanimously adopted:—

Resolved—That Doctor Greer be requested to act as Secretary.

Resolved—That we protest in the strongest manner against the report of Messrs. Phelan and Corr being received as a correct document on which to legislate for the Medical Institutions of this country; and we feel firmly convinced that it will be attended with the worst consequences, if the control over these institutions be given to the Poor-law Commissioners.

Resolved—That while we freely admit the necessity for important changes in the Medical Charities of this country, we would respectfully impress upon the government the necessity of intrusting them to the care of a Board, composed of medical men and gentlemen really connected with the country, and who will exercise a judicious and zealous care over them.

Resolved—That an humble petition be presented to both houses of parliament—that to the House of Lords to be entrusted to Lords Mountcashel and Glengall; and that to the House of Commons to our county members, Sir Edmund Hayes, bart., and Colonel Conolly.

Resolved—That having read the petition of the Medical gentlemen of the Province of Connaught, we adopt it, with a few alterations.

Resolved—That our best thanks are due to Lords Mountcashel and Glengall for the manner in which they exposed the disingenuous means adopted by Mr. Phelan for obtaining support for his Medical Charities' report, by his publication of a few letters, favourable to his plans, and suppressing the great majority, which it may fairly be inferred were opposed to his views, and also in not having taken the sense of all the Medical Practitioners interested with the care of the Charitable Institutions of the country,

Resolved—That Sir Philip Crampton, Sir Henry Marsh, and Drs. Cusack, Stokes, and Maunsell, are eminently entitled to our best thanks for their successful opposition to the bill of Messrs. Nicholls and Phelan.

WM. STEWART, M.D., Chairman.
WM. JOHN GREER, M.D., Secretary.

Dr. Stewart having left the chair, and Dr. Layard having been called thereto, the thanks of the meeting were given to Dr. Stewart for the prompt manner in which he responded to the requisition of the medical profession of the county.

HENRY LAYARD, M.D., Chairman.
WM. JOHN GREER, M.D., Secretary.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION, (PAYABLE IN ADVANCE.)

Twelve Months..... £1 5 0
Six Months..... 0 13 0
Single Number 0 0 6

Wednesday, July 13, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXXXV.] DUBLIN, WEDNESDAY, JULY 20, 1842. [PRICE SIXPENCE, STAMPED.

MEETINGS OF SOCIETIES.

Royal Medical and Chirurgical Society. — Memoir on Tubercle of the Brain in Children..... 33
On Cysts occurring in the Neck, but not necessarily connected with the Thyroid Body..... ib.
A Communication describing a Case of Irregular Formation of the Heart, accompanied with a Supernumerary Valve in the Pulmonary Artery..... 35

EXTRACTS FROM PERIODICALS.

Treatment of Facial Hemiplegia, by Division of the Muscles on the opposite side of the Face... ib.
Properties of Ergot of Rye..... 36
Treatment of Umbilical Hernia in Children by Ligature..... ib.

REPORTS OF MEDICAL AND SURGICAL PRACTICE.

On Large Doses of Lead—By Thomas Jeffreys, M.D., of Liverpool..... ib.
Dr. V. Dunne's Dilating Canula..... 37
Report on the present state of our knowledge respecting Respiration and Animal Heat, and on Professor Liebig's New Chemico-Physiological Theory—By Robert Dundas Thomson, M D.... 37
General Report of Commissioners appointed to make Inquiry into the Grants of Public Money made to Certain Institutions in Dublin..... 42
Dr. Maffett, of Glasslough, to the soi-disant 'Friend of the Profession.'..... 44
MEDICAL ASSOCIATION OF IRELAND —Proceedings of Council..... 45
THE SUPPRESSED LETTERS..... ib.
COUNTY CARLOW FEVER HOSPITALS..... 46
THE 'COUP DE GRACE" NOT MORTAL..... ib.
THE DUBLIN DISPENSARIES..... 47
ANOTHER MEDICAL CHARITIES' BILL..... ib.
Resolutions of the Grand Jury of Queen's County... 48
MEDICAL INTELLIGENCE.—Court of Queen's Bench..... ib.
Register of the Weather..... ib.

MEETINGS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 28, 1842.

DR. WILLIAMS, PRESIDENT.

Memoir on Tubercle of the Brain in Children. By P. HENNIS GREEN, M.D.

This memoir contains a complete history of cerebral tubercle in children, derived chiefly from thirty cases; an analysis of which the author had previously placed before the society in a tabular form. Having contrasted the rare occurrence of this disease in the adult with its frequency amongst children, and shown from the statistics of the Children's Hospital that it occurs once in every fifty cases of acute disease, the author first describes the seat, volume, and number of cerebral tubercle in children. He then points out the pathological appearances produced by tubercle of the brain. The symptoms of the disease are next described at considerable length. In five cases no symptom whatever occurred; in five other cases only a single symptom. The other cases are arranged under the chronic and acute stages. The chronic stage varied in duration from six weeks to two years; the acute from a few hours to eighteen days. It is extremely difficult to group together the symptoms of this disease, so as to furnish a general description, because the same symptoms are very irregular, and succeed each other at long or uncertain intervals. The author, however, arranges the symptoms of the chronic stage of cerebral tubercle under three classes, which he describes in succession; and from which it results that the principal symptoms are headache, partial or general convulsions, paralysis or contracture of certain muscles or limbs, change of temper, and amaurosis. In the *acute* stage the symptoms are likewise very irregular, but they generally assume more or less of the characters of acute hydrocephalus, or softening of the brain. Upon this point the author lays some stress, because it explains a great many of those cases of irregular hydrocephalus which have attracted the attention of writers. The *diagnosis* of the disease is next discussed, and the author endeavours to show that the only organic disease of the brain with which cerebral tubercle is likely to be confounded is chronic meningitis. The treatment, which can only be palliative, is dismissed in a few words.

After the reading of the abstract of Dr. GREEN's paper, the PRESIDENT expressed a flattering opinion of its merits; whereupon

Dr. WEBSTER remarked, that after such an opinion had been given, he hoped the paper would be published entire in the Transactions; if not, the production would be virtually lost to the society, who had only heard an abstract of it read.

Dr. CURSHAM remarked that the abstract which had been read was drawn up by the author himself: the paper itself would not have been read, as there was not time for that purpose. Here the conversation dropped.

On Cysts occurring in the Neck, but not necessarily connected with the Thyroid Body. By B. PHILLIPS, F.R.S., Surgeon to the Marylebone Infirmary.

The object of this paper is to show that there are encysted tumours developed in the neck commonly after the prime of life, and having no necessary connection with the thyroid body, although in their progress they may implicate that organ to a considerable extent. Those cysts are usually first seen at a certain distance from that organ: and in obtaining a history of the disease at a time when it presents the

appearance of a thyroid tumour, care must be taken to ascertain this point. The cyst is filled with a serous fluid, varying in colour from straw to a dark, coffee-like appearance, and coagulable by heat. It may acquire a very large size; in one of the cases which occurred to the author of the paper, it was estimated that the contents amounted to six or seven pints; but even then it is the bulk only which interferes with the neighbouring organs. The fluid may be discharged by puncture, but the tumour will refill: injections are either too stimulating, and produce much disturbance, or are too unirritating to modify the surface of the cyst. The plan first used by Mr. Hill, of Dumfries, of passing a thread or two through the cyst, so as to form a seton, seems to be the best mode of treatment. The paper details several cases and some dissections.

Mr. Dalrymple observed that the puncture of the cysts described by Mr. Phillips was not always unattended by danger, as the result of a case which occurred a few years ago, in his father's practice, would illustrate. A man, healthy and of middle age, presented himself to the notice of Mr. Dalrymple, of Norwich, on account of a large fluctuating tumour of the neck. It reached from the lobe of the right ear to the collar-bone; was irregular in shape, and at the lower part overlapped the clavicle, and presented at this point a round, well-defined tumour, as large as a Seville orange. It had already by its bulk produced great dyspnœa, and had pushed the larynx and trachea over to the left side. The tumour fluctuated at all points, but had no pulsation. It was thought advisable to puncture the swelling, and a large quantity of straw-coloured serum was evacuated by a small opening at the most depending point. Its size was immediately reduced, and the breathing became free; the incision closed, and the patient was on the point of going away, when it was observed to have attained nearly its original bulk, and the wound being again opened, a large gush of florid, arterial, blood ensued. The hæmorrhage was with difficulty restrained; and the late Mr. Martineau being called into consultation, pronounced the tumour to have been an aneurism of the carotid artery. A compress, however, arrested the bleeding, and Mr. Dalrymple not agreeing in that opinion, the patient was sent to bed, and constantly watched. In two days hæmorrhage again took place, and which was restrained as before, by renewal of the dressings. Great constitutional irritation ensued, and, although no considerable loss of blood took place after the second bleeding, the patient gradually sunk, and died in a typhoid condition at the end of about sixteen days. He (the speaker) examined the disease himself, and found it to consist of a multilocular tumour, originating in the right lobe of the thyroid gland. This organ seemed to have been converted into numerous large and irregularly-shaped cysts, which extended from the lobe of the ear, which it displaced upwards, to the clavicle, which it overlapped below. It was continuous with the isthmus of the gland: but no trace of normal structure belonging to the right lobe existed. The left lobe was slightly enlarged, and a few watery cysts not larger than a pea were found in its otherwise healthy structure. The great vessels of the neck were entirely unconnected with the tumour, and coloured fluid injected into the arteria innominata did not pass into the cysts. On opening the cysts, however, a large elongated fungoid mass presented, hanging by a pedicle about an inch and a half long, attached to the walls of and depending into the cavity of one of the larger cysts, and from this polype the bleeding probably took place. It was conjectured, and he thought with truth, that the loose and tender vessels of this fungoid mass losing the support of the previously contained fluid, gave way after the evacuation of the serum, and originated the serious hæmorrhage which led to the fatal result. The case showed, first, that these cysts were sometimes connected with or arose in the substance of the thyroid body; and, secondly, that the evacuation of them was not unattended with danger. It also forcibly pointed out the difficulty of diagnosis in anomalous tumours of the neck, where arterial hæmorrhage followed the puncture of a cyst, since so eminent a surgeon as the late Mr. Martineau was induced to believe the case to have been one of carotid aneurism. The preparation was at this time in the museum of Mr. Dalrymple, of Norwich.

Mr. Stanley remarked, that he thought there were cases published sufficient to show that the neck was liable to be affected with tumours filled with serous fluid, which were altogether distinct from those which were situated in the interior, or connected with the thyroid gland. These cases were successfully treated by puncture, and the passage of a seton through them. Dr. Selman, a practitioner situated in a part of the country where bronchocele was exceedingly common, had treated serous cysts situated over the thyroid gland in the manner mentioned with much success. The cases were recorded in *The Lancet* two or three years since. A man was some time since in St. Bartholomew's Hospital with a fluid tumour in the neck as large as an orange; a puncture was made into it, and a quantity of serous fluid, which slowly coagulated, evacuated. The tumour soon refilled, and burst into the œsophagus. Suffocation was produced in this case by the fluid escaping into the trachea. He (Mr. Stanley) thought that there was much difficulty in deciding whether tumours situated in the neighbourhood of the thyroid gland were, or were not, independent of that body.

The President remarked, that there was no specimen of tumour of the thyroid gland in St. Thomas's Hospital museum larger than the end of the hammer he held in his hand.

Mr. Phillips remarked, that in his cases there was no difficulty in the diagnosis, as the tumour commenced some distance from the thyroid body. In the case he had quoted from Dr. O'Beirne, the tumour commenced two or three inches from the thyroid; the two cases which had fallen under his own care had the same locality of origin, and Maunoir had related three or four similar cases. If the history of the case was defective, or the tumour was situated near the thyroid, there would be more or less difficulty of diagnosis. In those cases to which he had directed attention, the history and appearance of the tumours was so clear that no difficulty in diagnosis was experienced. He had seen tumours of the thyroid gland certainly half as large again as the size mentioned by the President.

Mr. Stanley said, that in St. Bartholomew's Hospital museum there were specimens of enlargement of the thyroid body of great size. In one of these both lobes of the gland were affected, and the tumour was four times as large as the end of the President's ham-

mer. In the Royal College of Surgeons' museum there was a large tumour, which he had no doubt was a simple enlargement of the thyroid.

A Communication describing a Case of Irregular Formation of the Heart, accompanied with a Supernumerary Valve in the Pulmonary Artery. By THEOPHILUS THOMPSON, M.D.

The patient from whom the materials of this communication were obtained, was an unmarried woman, aged thirty-eight. She had manifested no indication of bad health or organic disorder till her strength was impaired by an attack of cholera, and still further deteriorated by fever, after which she suffered from palpitation, and exhibited a livid complexion, with a drowsy, apathetic expression of countenance; the action of the heart was weak, the first sound more flapping, the second less distinct than natural. The weakness progressively increasing, her legs became œdematous, and subsequently erysipelatous and gangrenous, and she died with bronchial congestion, anasarca, and effusions into the peritoneum, pleura, and pericardium. The heart was larger than natural, and exhibited a circumscribed dilatation at the part of the right ventricle more immediately connected with the pulmonary artery. The right ventricle was divided into two cavities by an imperfect septum, composed not of an uniform fleshy wall, but of decussatory and hypertrophied columnæ carneæ; some of which separating from each other near the base of the ventricle, left an aperture of communication about an inch long and half an inch broad, and near the apex were a few small interstices among the columns; the connecting isthmus was partially covered by one of the divisions of the tricuspid valve. The circumference of the pulmonary artery exceeded that of the aorta by nearly an inch, and was furnished with four semilunar valves, of equal size, each well developed, provided with a corpus sesamoideum, and about nine-tenths of an inch in diameter.

An increased number of valves in the pulmonary artery is a very rare occurrence, and the present example is peculiar in the equality of the valves, thus furnishing an exception to the rule deduced by Meckel from the recorded instances. "*Omnes in eo conveniunt, valvulus numero imminutas mole augeri, numero auctas mole minui.*" The partial division of the right ventricle into two cavities affords another interesting deviation from natural development.

EXTRACTS FROM PERIODICALS.

TREATMENT OF FACIAL HEMIPLEGIA, BY DIVISION OF THE MUSCLES ON THE OPPOSITE SIDE OF THE FACE BY M. DIEFFENBACH.

M. Dieffenbach having observed that facial hemiplegia, when of long standing, or depending on an alteration in the structure of the portia dura nerve, often resists every method of treatment that has been hitherto proposed, had long conceived the idea of remedying by operation the deformity which results from it. His first experiments with this view were made on two patients, one an old, the other a young man, in both of whom this affection produced considerable distortion. He excised an elliptical portion from the paralysed cheek, and united the edges by suture; the wound healed in a few days, with a decided improvement in the physiognomy of the two individuals. The affected cheek, shortened by the loss of its substance, was enabled in some measure to antagonize the muscles of the opposite side, though the actions of speaking, eating, and laughing, were sufficient to destroy the equilibrium. This operation was too exclusively mechanical in its nature, and insufficient in its effect, long to satisfy the surgeon. Recent operations had given M. Dieffenbach occasion to observe, that by the loss of their natural antagonists, healthy muscles are wont to become more firm and contracted: this led him to draw an analogy between the consequences of the present affection and the contraction of muscles in certain cases of club-foot, which takes place at the expense of their paralysed opponents. This analogy suggested the idea of a similar operation, and success soon justified his anticipation. The attempt was first put in practice on a man who had long been the subject of facial hemiplegia, which was at that time confined to the upper eyelid. This part remained permanently raised, the man being unable to close the eye: the orbicularis muscle, which is dependent on the facial nerve, had lost its power, while the levator palpebræ, supplied from a different source, retained its action. M. Dieffenbach accordingly determined to divide the latter muscle: this was readily effected by a small incision on the outer side of the eyelid, just above the tarsal cartilage, in such a manner that the fibres of the levator were divided transversely, while those of the orbicularis were only interfered with in the line of their direction, and consequently but little injured. The result of the operation was surprising; the man could immediately open and close the eyelids: this sudden effect shewing that the orbicularis had not been completely paralysed, and that some fibres of the levator remained undivided. In three other operations the success was equally striking, and the benefit permanent. Scarcely any blood was lost by the operation, and the cure was complete in three or four days. In the fourth case the incision was followed by erysipelatous inflammation and suppuration, and the subject of it was only imperfectly cured after several months.

Encouraged by these results, M. Dieffenbach did not confine his operation to the levator palpebræ in cases of hemiplegia, but applied the same to other muscles retracted in consequence of this affection. The same mode was adopted as had been before employed by him in cases of convulsions of the muscles of the face, namely, subcutaneous incision. A small opening was made through the integuments of the middle of the cheek, in a line between the angle of the mouth and the lobe of the ear; through this a thin knife was introduced, and carried beneath the skin as far as the external canthus, and in withdrawing it all the muscles in this situation were divided. By another incision made at the angle of the mouth, the muscles at the lower part of the face were cut across in an oblique line from above downwards, to the lower edge of the inferior maxillary bone. One of the remarkable results of this operation was, that the paralysed muscles, previously lax and inactive, immediately regained their energy in some degree, and were even able to execute some movements. The wounds were covered with charpie, retained in position by adhesive plaster; union taking place in a few days. The success generally surpassed the expectations of the operator; it was least remarkable in cases where the paralysis had been of long standing. The least fortunate attempt was made on a woman, thirty-four years of age, who suffered under facial hemiplegia almost from birth. The deformity was extreme, the face being much drawn to the right side, and the eye kept widely open day and night. M. Dieffenbach divided the corresponding levator palpebræ, and the contracted muscles of the sound side of the face. The immediate benefit of the operation was very striking; the movements of the eyelid were restored, as well as those of the paralysed cheek, sufficiently to allow the patient to laugh without its occasioning distortion of her features. But the success was not permanent;

the deformity in the face soon returned, and a second operative attempt was made with no better result as regarded the appearance of the face; but the eyelid retained its mobility, and this was considered by the patient a sufficient recompense for the suffering she had undergone.—*Medical Gazette.*

PROPERTIES OF ERGOT OF RYE.

M. Boujean, pharmaceutist at Chambery, presented to the Academy of Sciences a memoir on the toxicological and medical history of the ergot of rye, in which he classes this substance among narcotics, and says that its effects bear close relation with those of morphia, though it contains no trace of that alkaloid.

The most interesting result from the researches of M. Boujean is, that the ergot of rye contains two active principles, distinct from one another—a remedial and a poisonous agent. The first is a reddish brown extract, very soluble in hot water, which possesses in the highest degree the valuable obstetrical and hemostatic properties which have long been recognized in the ergot. The other is a fixed colourless oil, very soluble in cold ether, insoluble in boiling alcohol, in which alone reside the poisonous properties of this substance. The different nature of these two products admit of their easy separation, and of the remedy being obtained entirely isolated from the poison. As the former is altogether inoffensive, great advantage thus results to practical medicine, that a large dose may be administered without the fear of any of the accidents which are attributed to the ergot of rye itself. This extract acts with extreme rapidity in all hæmorrhages, without producing any unfavourable action, whatever may be the quantity employed. M. Boujean has repeatedly administered large doses in severe hæmorrhages, followed by abortions or otherwise, which instantly yielded to the influence of this remedy. He therefore designates it the *Extrait Hémostatique.*

The oil acted on animals in the same manner as the ergot itself, only its effects were more prompt. They were almost immediate in some animals, as birds. They died in about twenty-four hours, without ever recovering from the state of stupor into which the poison had plunged them. To obtain this oil with all its properties, it is necessary to extract it with cold ether, and in the operation to avoid all influence of heat; and the principle will be found altogether inert if obtained from ergot which has not arrived at maturity.—*Ibid.*

TREATMENT OF UMBILICAL HERNIA IN CHILDREN BY LIGATURE.

A child, aged eight months, was brought to M. Bouchacourt suffering under umbilical hernia, which had been observed a few days after birth: various means had been employed to keep the swelling reduced and to effect a cure, without producing any benefit. The hernia easily protruded, and formed a considerable swelling. When it was returned the finger readily entered the unobliterated ring, and felt its smooth and regular edge. The operation was conducted as follows:—The child being secured and the hernia returned, the surgeon assured himself by careful examination that no intestine or other viscus remained in the sac, by rubbing its sides against one another between the finger and thumb. Keeping up a pressure with the finger close by the ring to prevent the protrusion of any part into the sac, a needle armed with double thread was passed through the base of the projection in the integuments into which the hernia protruded as into the finger of a glove, and the threads being separated, each was tied upon the corresponding half of the swelling. The base was also enveloped by a third thread carried round the whole, and drawn tight. The child did not appear to suffer much—only a small piece of lint placed on the part. The first night the infant cried, and slept little, but afterwards went on well, with the exception of slight fever in the evening and a diminution of appetite, no alteration being observed in its other functions. The stools were regular, and it had no vomiting. After a few days the encircled part swelled, sloughed off, leaving a considerable ulcer. In two months and two days after the operation, a very small surface remained unhealthy, giving vent to a discharge which scarcely tinged the linen. The ring appeared to be obliterated. The hernia had not returned, and from the day on which the ligature was applied, the swelling had not once shown itself, notwithstanding the efforts and cries of the child.—*Ibid.*

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

ON LARGE DOSES OF LEAD.

TO THE EDITORS OF THE MEDICAL PRESS.

Liverpool, July 15, 1842.

GENTLEMEN,—Although the enclosed case occurred to me nearly thirty years since, it immediately rushed upon my mind when I read Dr. Lane's case of large doses of lead in menorrhagia, reported at page 406 of your journal. If, therefore, you do not think it "worse for wear," and worthy of a place in your publication, you will oblige me to afford the privilege, subject to any correction or alteration you may think necessary, either with that or with this, from yours faithfully,

THOMAS JEFFREYS.

In No. 182 of your periodical, for June 29, 1842, your correspondent, Dr. Alexander Lane, has given an interesting case of the good effects of doses of ten grains of the acetate of lead being given in menorrhagia: perhaps an instance of about an *ounce* of the *liquor plumbi acetatis* being taken by mistake without any bad effects, may be acceptable to some of your readers.

On the 3rd of February, 1814, I was attending a lady who had an attack of pyrexia, followed by extensive inflammation of the breast, for which leeches, castor oil, a febrifuge, and an anodyne draught were ordered, and also the application of liquor plumbi acetat. *diluti* externally, which the family were in the habit of mixing themselves, and for which purpose, about an ounce bottle of the liquor plumbi acetat. was brought out, and placed near "the anodyne draught to be taken at bedtime;" the careless nurse, however, gave the patient the phial of acetate of lead in mistake for the draught. This was about twelve o'clock at night. At five o'clock the following morning I was hastily sent for, and found the patient under great mental anxiety from the strong impression that she was poisoned, although she vomited soon after she had taken the offensive medicine; the matter ejected, however, was not preserved. The pulse was 90—tongue coated with *silver-like* looking crust—with a sense of heat about the fauces. One ounce of castor oil was given immediately, and some milk and water taken afterwards, the oil was also thrown up, half an ounce more was repeated, and being retained, produced *five* copious evacuations, the last of which was the only one I saw, which was of a red or yellow colour, giving me the impression as if tinged by the extract of lead taken. At one o'clock of the same day another dose of oil was taken, and as she felt very languid,

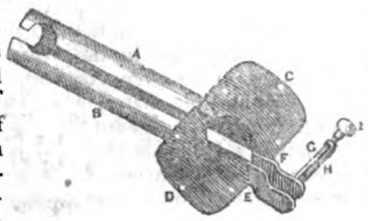
DUBLIN MEDICAL PRESS

some gruel with wine was given, which raised the pulse to 100, and bettered her feeling of depression. The stomach after this became very irritable, and the tongue retained its peculiar *silver-like* appearance for many days, and she required my close attention for full *three* weeks afterwards, not only on account of inflamed breast, but the extreme irritability of the stomach, and the shock given to her whole frame, both mentally and bodily, which I could give you in detail, but is not of sufficient importance to farther crowd your columns.

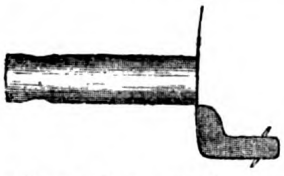
DR. V. DUNNE'S DILATING CANULA.

The following is a description of a dilating canula invented by Dr. George Vickers Dunne, and recommended as an instrument well calculated to prevent the contraction which too frequently takes place in wounds of the trachea after the operation of tracheotomy.

The first figure presents an oblique view of the instrument, which consists of a canula formed of two equal sections or portions, with an apparatus attached for opening the blades or sides.



A and B point out the sides of canula which are represented as being separated to the extent of one-sixteenth of an inch, and when placed in apposition, form a perfect straight canula, an inch and quarter in length, and three lines in diameter. At the anterior extremity of the canula a shield is attached formed of two sections, C and D, which are perforated each by three holes to allow of a bandage being attached. A pin may be observed to pass from the upper and under edge of one side of the shield and enter a slide on the other to keep the shield in position. E and F are angular stems or branches which descend from the inferior edge of the shield half an inch, and project five-eighths of an inch to connect the canula with the moving apparatus. This consists of a square pin, which is connected with the branch E, passes through a square hole in the branch F, and is furnished at its extremity with a male screw G, which enters a female screw in the handle I. From the branch F a lateral branch H passes off anterior to the last, and is furnished with a ring at its extremity, which is secured on the inner extremity of the handle, but allows the latter to revolve within it on the male screw G.



The second figure gives a profile view of the instrument which should be made of hard silver, and the canula and shield about the size of the first figure; but the moving apparatus is represented on much too small a scale, as from the extremity of the handle to the branch E should not be more than one inch and quarter in length, which would allow the canula to open sufficiently; this part should be made of sufficient strength, and all the joints should fit most accurately, as upon this depends the perfection of the instrument which is solely worked by turning the handle.

REPORT ON THE PRESENT STATE OF OUR KNOWLEDGE RESPECTING RESPIRATION AND ANIMAL HEAT, AND ON PROFESSOR LIEBIG'S NEW CHEMICO-PHYSIOLOGICAL THEORY.

BY ROBERT DUNDAS THOMSON, M.D.

The source of animal heat. Absorption of nourishment and of oxygen are the first conditions for the sustenance of animal life. During every moment of his existence man imbibes oxygen by his respiratory organs. According to Menzies, a human adult takes up from the atmosphere 850lbs of oxygen during the year; and yet at the end of that period his weight remains perfectly unchanged, or only differs perhaps by a few ounces. What becomes of this enormous quantity of oxygen which is thus consumed, is a natural subject of inquiry. No part of this oxygen remains in the body, but it is again discharged under the form of a compound with carbon or hydrogen. The carbon and hydrogen of certain constituents of the body have united with the oxygen absorbed through the lungs and skin, and are expelled in the shape of carbonic acid and water. If we consider, with Lavoisier and Seguin, the quantity of oxygen consumed by an adult daily to be 30½ oz.=15,661 Fr. grains, and reckon the quantity of blood 24 lbs. of which 80 per cent. is water, it follows that to turn the whole of the carbon and hydrogen of the blood into carbonic acid and water would require 66040 Fr. grs. or upwards of 120 oz. of oxygen; and this operation would be completed in 4 days and 5 hours. The food supplies the carbon and hydrogen required in this process. From a carefully conducted set of experiments made upon 856 soldiers, Liebig infers that an adult takes up daily 13 oz. of carbon. This was determined by weighing the food and fœces daily for a month. The fœces amounted to 7 oz. daily: they contained 75 per cent. of water, and the dry residue 42¼ per cent. carbon, 13.15 per cent. of ashes; 100 parts of fresh fœces, therefore, contain 11.31 carbon; or very nearly as much as an equal quantity of fresh meat. The 13 oz. of carbon which are daily taken into the system are discharged by the skin and lungs in the form of carbonic acid. For their conversion into carbonic acid these 13 oz. require 34¾ oz. of oxygen. According to the experiments of Boussingault, a horse takes up, in 24 hours, 74½ oz. of carbon, and a milch cow 66¼. To convert these into carbonic acid the horse requires from 13 to 14 lbs.; and the cow from 11 to 12 lbs. of oxygen. Now as none of the oxygen is thrown off from the system in any other form than that of carbonic acid and water, and as the carbon and water are derived from the food, it follows that the quantity of nourishment required for the support of the system is in direct proportion to the quantity of oxygen taken up. Two animals which consume in equal periods of time unequal quantities of oxygen by the skin and lungs, require in the same proportion an unequal weight of food. In equal periods the consumption of oxygen depending on the number of respirations, it is clear that in one and the same animal the quantity of food digested varies according to the strength and number of the respirations. A child whose respirations are more frequent must require proportionally more nourishment than an adult, and can less easily bear hunger. A bird dies from want of food on the third day. The serpent which when placed for an hour under a receiver consumes scarcely so much oxygen as to enable the resulting carbonic acid to be detected, lives for three months and even longer without food. In a state of rest the number of respirations is less than when the body is actively employed. The quantity of food required in both circumstances must bear the same proportion. An excess of food and a defi-

ciency of inhaled oxygen (or exercise) as well as great exercise (which enforces a greater imbibition of nourishment) and weak digestive organs, are incompatible with each other.

The quantity of oxygen, according to the view of Liebig, which an animal absorbs in the lungs is not altogether dependent on the number of respirations, but it is closely connected with the temperature of the inspired air. The cavity of the chest of an animal remains always possessed of the same capacity; at each respiration the same volume of gas enters. But the weight of this volume, and therefore the weight of the oxygen contained in it, is not always equal. When an adult breathes 46,037 cubic inches of oxygen of the temperature 77°, the weight of the oxygen amounts to 30½ oz. But if the same volume of oxygen be breathed at the temperature of 32°, the weight of oxygen will be 32¾ oz. In summer and in winter, at the pole and at the equator, we breathe the same bulk of air; and while in summer we inhale in an equal number of inspirations 29½ ounces, the quantity of oxygen inhaled at 32° is 32¾ ounces; in Sicily (at 95°) 26¾ ounces; at 14°, 33¾. At a lower temperature we expire more carbon than at a higher temperature, and we must in the same proportion employ more or less carbon in our food; in Sweden more than in Sicily; and in Germany an eighth part more in winter than in summer. Even in comparing equal quantities of food in cold and warm countries, we find the quantity of carbon to be very unequal. The fruits which the inhabitants of the tropics employ contain in fresh state 12 per cent. of carbon; while the fat and oil of the Esquimaux contain from 66 to 80 per cent. of carbon. There is no great difficulty in practising moderation in warm countries or in enduring hunger for a considerable period under the equator; but cold and hunger soon produce death. According to Liebig, therefore, the reciprocal action of the constituents of the food and of the oxygen disseminated through the circulation in the body is the source of animal heat.

All living beings whose existence depends upon their absorption of oxygen, are dependent for one source of their animal heat on the atmosphere which surrounds them. This truth applies to all animals. It extends to the germinating seed, to the flowers of plants, and to fruits which are attaining maturity. Heat is only evolved in those parts of animals to which the arterial blood and the oxygen imbibed by respiration are distributed. Hair, wool, and feathers possess no peculiar temperature. The higher temperature of animals, or in other words the greater extrication of heat in animals, is always the consequence of a combination between a combustible substance and oxygen. For in whatever form the carbon combines with the oxygen, the act of combination cannot take place without the evolution of heat. Whether the union is effected slowly or with rapidity, the resulting heat is ultimately exactly the same. The carbon of the food which is converted into carbonic acid in the bodies of animals must evolve the same amount of heat as if it were burned in the air or in oxygen gas. Animals which breathe rapidly, and therefore consume much oxygen, possess a higher temperature than those which breathe more slowly. The temperature of a child is 102½°, that of an adult 98 to 100°. The heat of a bird is 106 to 109°, and is greater than that of mammiferous animals, which have a temperature varying 99 to 106°; or than that of fishes, whose heat exceeds that of the surrounding water in which it is immersed by only a degree or two. All animals are warm-blooded, but it is only in those which respire by the lungs that we find peculiar temperature completely independent of the temperature of the surrounding media. An animal is a heated body which is acted on by the surrounding atmosphere, as all heated bodies are; it imbibes heat when the surrounding atmosphere is hotter than itself, and it gives out heat when the atmosphere is colder. It hence follows that at the pole, with the temperature below zero, the loss of heat must be much more rapid than at the equator. Yet the blood of the Esquimaux and that of the inhabitants of the tropics possesses the same temperature—a clear proof that the heat must be renewed more quickly in winter than in summer, and more rapidly at the pole than at the equator. In different climates it is obvious that the quantity of oxygen consumed in respiration must depend on the temperature of the external air. With the loss of heat by cooling, the quantity of respired oxygen increases. The carbon and hydrogen necessary for combination with the oxygen must vary in a similar proportion. It is clear that the compensating heat will be produced by the reciprocal action of the constituents of the food which combine with the inspired oxygen.

The animal body may in some respects be compared to an oven which we supply with combustible materials. In like manner, whatever forms the food gradually assumes in the body, and whatever transformations it may undergo, the last alteration is a conversion of its carbon into carbonic acid, and its hydrogen into water; while the azote and unburned carbon are excreted in the fœces. To retain the temperature of an oven constant, it is necessary to supply combustible materials in unequal quantities, according to the changes of the exterior temperature. In relation to animals the food is the combustible matter; by the due access of oxygen and the oxidation of the food, heat is evolved. In winter, when by movement in colder air, the quantity of the inspired oxygen increases, the necessity for nutriment rich in carbon and hydrogen varies in the same proportion; and in compensation for this necessity we obtain the most perfect protection against the severest cold. A hungry man shivers; and the animals of prey of northern climates are more voracious than those of southern countries. Our clothing is merely an equivalent for food: in proportion to the warmth of our clothing the necessity for eating diminishes. The quantity of food, therefore, which is used depends on the number of respirations, on the temperature of the air which we breathe, and on the quantity of heat which we give out to the air. No isolated influence can alter this law. The European, when residing in tropical countries, endeavours in vain to stimulate his organs, with powerful condiments to imitate the appetite which he indulged in at home. English patients, whose digestive organs are out of order, are sent to the southern countries, where the quantity of inspired oxygen is diminished and the nourishment of the body proceeds with less labour to the organs of assimilation. In summer the the most prevalent complaints in Germany are liver-diseases (carbonaceous diseases;) in winter, lung-diseases, (oxygenous diseases.)

The whole process of respiration is clearly exhibited when we take a view of the condition of a man or animal under abstinence from all food. There will be, as before, oxygen abstracted from the air, and carbonic acid and water expired, because the number of respirations remain unaltered. We know with precision from whence the carbon and hydrogen emanate; and with the continuance of the abstinence we see the carbon and hydrogen of the body diminishing. The first effect of hunger is the disappearance of the fat. This fat can be detected neither in the scanty fœces nor in the urine; its carbon and hydrogen are thrown off by the skin and lungs in the form of a compound with oxygen. It is obvious that

these constituents have served for the purposes of respiration. Every day 32½ oz. of oxygen are inspired, and these must remove their equivalents of carbon to form carbonic acid. When this combination ceases to go on respiration terminates—death has taken place. The time required for starving an animal to death depends on its fatness, on the state of its activity, on the temperature of the air, and lastly on the presence or absence of water.

In all chronic diseases death occurs from the same cause—from the action of the atmosphere. When the materials fail which are destined for the sustenance of respiration in the organism; when the organs of the sick refuse to perform their functions; when they lose their capacity to transfer the food into that state necessary for its combination with the oxygen of the air—then their own substance, the fat, brain, muscles, and nerves will be attacked. The peculiar cause of death is, in this case, the process of respiration, the influence of the atmosphere.

Oxidation, not the nerves, the cause of animal heat. None will deny the importance of the nervous system in the process of respiration, for no change of state can occur in the animal economy without the influence of the nerves. By their action the intestines bring the combustible materials into a condition fit for their combination with oxygen; and in the absence of their functions the whole act of the imbibition of oxygen must assume another form. Yet it cannot be doubted that the influence of the nerves in respiration, and in the production of animal heat, has been much overrated.* Liebig even goes so far as to declare that the idea of the evolution of animal heat by the action of the nerves is an absurdity; for if we exclude chemical action, or changes in the arrangement of the elementary particles as a condition of nervous agency, it means nothing else than to derive the presence of motion, the manifestation of a power, from nothing. But no power can come of nothing.†

That the quantity of heat evolved by the combustion of 13.8 oz. of carbon is amply sufficient to account for the temperature of the human body, may be readily gathered from the employment of numbers. An oz. of carbon burned would evolve 14207°; and 13.8 oz. would therefore give out 197477.3°. This would suffice to boil 136.8 lbs. of water at 32°, or to convert 24 lbs. of water at 98° into vapour. If we consider then the quantity of water vaporized through the skin to be in 24 hours 48 oz. (3lbs.), there will remain 146380° of heat which are dissipated by radiation, by heating the expired air, and by the excrementitious matters. Liebig considers that experiments made upon the quantity of carbonic acid expired by the usual tests are of no value; because so much depends upon the density and temperature of the air, and other circumstances, that it is impossible to calculate accurately. The degree of motion, labour, or exercise, the amount and quality of the food, the comparative warmth of the clothing, and also the time when the food is taken, are important elements in this mode of investigation. Liebig prefers the method already referred to, by determining the composition of the food and that of the excretions. Prisoners in the house of correction at Marienschloss, where labour is enforced, consume 10½ oz. of carbon daily, while in the house of arrest at Giessen, close by the Hessian laboratory, the consumption of carbon is only 8½ oz. The quantity consumed by soldiers engaged in healthy exercise, we have already stated to be 13.8 oz., while in a family of five adults and four children, the average daily consumption of carbon for each was 9½ ounces.

The constituents of the blood exists in plants. From the unwearied researches of Liebig and his pupils, the important fact has forced itself upon our acceptance, that where vegetable life ends, animal life begins. Plants prepare vegetable fibrine, vegetable albumen, and vegetable casein for the nourishment of animals. These are swallowed by animals as food, and are conveyed into the blood without even modification. The albumen and fibrin of the blood existed in plants under the denomination of vegetable fibrin and albumen; they are absolutely identical. Hence Liebig observes, "we may say that the animal organism merely gives to blood its form, and it is incapable of creating blood out of other substances, which do not already contain the chief constituents of that fluid." The three bodies, which we have described as serving the purpose of supplying substance to the body, all contain azote. What then, it may be asked, is the use of starch, sugar, gum, pectin, &c., which contain no azote, and do not enter into the formation of the solids of the system? Graminivorous animals must be supplied with one or other of these substances. If they are withheld, death rapidly ensues. The young of carnivorous animals are nourished in a somewhat similar manner to graminivorous animals; for milk contains only one azotized principle, *casein*, while its other constituents are butter and sugar; but casein is identical in its composition with the albumen of peas, beans, and lentils. These vegetables are capable of producing animal blood; from them, therefore, the mother's blood may be formed, and from the blood is secreted the milk which serves as nourishment to the young. The utility then of the casein and similar compounds is sufficiently obvious; but that of the butter and sugar is not so easily detected. Liebig considers that they supply a certain amount of carbon and hydrogen to the azotized constituents of the food, or in other words, that they afford a supply of carbon and hydrogen in excess, which is expended on the production of animal heat, and serves to protect the organism from the action of the oxygen of the atmosphere. He adduces several familiar instances in support of his position; the boa-constrictor, when a bird or rabbit is given to it, retains its original weight, consuming the flesh, blood, bones, and nerves of its victim, and expelling a pure white substance like chalk, urate of ammonia, which contains for every equivalent of azote two of carbon; but the food which it had swallowed contained eight equivalents of carbon to one of azote. This immense consumption of carbon can only have taken place through the skin and lungs in the form of carbonic acid gas. Again, the excrement of lions consists chiefly of bone earth, with mere traces of compounds of carbon; their urine contains not urate of ammonia, but urea, in which the azote is to the carbon as one to one; but their food contained one of azote to eight of carbon. The whole of the excess of carbon has disappeared, in the process of respiration, as carbonic acid; and its accompanying hydrogen in the form of water. Now, if the flesh which constituted the food of the lion, had been burned in a furnace, we should have obtained nearly the same results; the only difference would have been in the form of the azotic compound. The azote would have appeared in the state of carbonate of ammonia, while the remaining carbon and hydrogen would have been converted into carbonic acid and water; precisely as in the process of respiration, the combustible parts would have as-

* Some have endeavoured to discover a source of animal heat in the contraction of the muscles, forgetting that in their expansion an equal quantity of heat was absorbed. All genuine sources of heat in the body must probably be refered to chemical action.

† The consideration of power is most important. Heat, it is said, may be produced by *friction*. This mode of expression keeps out of view the cause of friction; friction being only an effect of power.

sumed the form of ashes, and the unconsumed carbon would have been given out as soot or lampblack. Now, in the animal the solid fœces are only the incombustible or imperfectly burned parts of the food.

The bile supplies carbon to combine with oxygen. Although the oxidized products given off by respiration correspond with the carbon and hydrogen taken into the system in the form of food, and with the nitrogen in the shape of a compound containing the same elements as carbonate of ammonia, we are not to conclude that the only use of the food is to produce carbonic acid, water, urea, and uric acid; on the contrary, Liebig infers that the tissues are continually undergoing metamorphosis, that their transformation is the source of the excretions, while the blood deposits new matter in their place. The nitrogen of the exhausted or transformed organs appears in the bladder in the form of urine; the carbon of the transformed tissues appears in the gall-bladder in the shape of bile, a compound of soda (choleate of soda,) and these transformations produce animal heat. But the bile is not an excretion, neither is it merely a stimulant to the intestinal canal. What is it, then? Chemical research shows us that it is taken up by the absorbents even of the rectum; when injected by the rectum, the whole of the bile disappears with the injected fluid; none whatever can be detected in the fœces. Bile, therefore, differs from urine in this respect, that the urea and uric acid of the urine are expelled for ever as useless to the system, while the carbon of the bile serves as an ulterior combustible material. The food of the carnivora is converted into blood which is destined for the reproduction of organized tissues; and by means of the circulation, a current of oxygen is conveyed to every part of the body. The globules of the blood, it can be demonstrated, have no share in supplying nutrition to the system; but they serve to transport oxygen through the sanguineous canals, and give it up in order to combine with carbon and hydrogen in the capillary vessels; for here the current of oxygen meets with the compounds produced by the transformation of the tissues, and combines with their carbon and hydrogen to form carbonic acid, and with their hydrogen to form water. Every portion of these substances which escapes this oxidating process is sent back into the circulation in the form of the bile, which by degrees gradually disappears. In carnivorous animals, the food is capable of forming blood. Their excrements, with the exception of the urine, contain only inorganic substances; no bile and no soda are present; but although soda is an important constituent of the bile, we do not find it in the fœces except in the shape of common salt and sulphate of soda, which exist in all the animal fluids. The soda of the bile must, therefore, have returned from the alimentary canal into the organism. The bile affords a plentiful source of carbon, much more fruitful perhaps than might appear at a superficial glance: it is estimated that a man secretes daily from 17 to 24 oz. of bile, a large dog 36 oz., a horse 37 lbs., or 592 oz., of which 59.2 oz. are solid matter; but no portion whatever of the excrement is bile. During the digestive process, therefore, the whole of the bile is returned into the blood, the soda reappears in the newly-formed blood, and, lastly, we find it in the urine in the form of phosphate, carbonate, and hippurate of soda. A similar observation applies to human bile. Man secretes from 9640 to 11520 grs. of bile daily; but only 1–50th of a substance in the slightest degree resembling bile can be detected in the fœces.

From these data and the considerations previously stated, the remarkable conclusion is necessarily drawn, that all the carbon of the food is ultimately given out in the form of carbonic acid; it further appears that the carbon of the carbonic acid given off with that of the urine, the nitrogen of the urine and the hydrogen given off as ammonia and water; these elements, taken together, must be exactly equal in weight to the carbon, nitrogen, and hydrogen, of the transformed tissues, and also to the carbon, nitrogen, and hydrogen of the food. If this were not the case, the animal would alter in its size, and so it happens with the young of animals. They increase appreciably every day—and how do they increase? In the young animal, the assimilative process is more energetic, more intense, than the process of transformation: the circulation is more rapid, the respirations are more frequent, and for equal bulks the oxygen consumed must be greater in the young than in the adult animal; but as the metamorphosis of organized parts proceeds more slowly, there would obviously be a deficiency of carbon and hydrogen to combine with the oxygen inspired. To obviate this difficulty, Infinite Wisdom has supplied to the young the carbon and hydrogen of the butter of milk, and the carbon of sugar, for the support of the respiratory system at an age when a greater resistance is opposed to the metamorphosis of existing tissues, or, in other terms, to the production of compounds which, in the adult, are formed in quantity amply sufficient for the purposes of respiration. The young animal receives the constituents of its blood in the casein of the milk, a transformation of existing tissues goes on, for bile and urine are secreted; the matter of the metamorphosed parts is given off in the form of urine, of carbonic acid and water; but the butter and sugar of milk also disappear, and cannot be detected in the fœces. The butter and sugar of milk are given out in the form of carbonic acid and water; and their conversion into oxidized products furnishes the clearest proof that far more oxygen is absorbed than is required to convert the carbon and hydrogen of the metamorphosed tissues into carbonic acid and water. These considerations, Liebig conceives, leave no room for doubt, that nature has added to the food of the young of carnivorous animals substances destitute of azote, which their organism cannot employ for nutrition, strictly so called, that is, for the production of blood; substances which may be entirely dispensed with in their adult state. In the young of carnivorous birds, the want of all motion is an obvious reason why there is a diminished waste in the organized parts; hence milk is not provided for them.

Sugar, starch, and gum supply carbon to burn the excess of oxygen inspired. In graminivorous animals, we find that substances possessing an identical composition with sugar of milk, are required for their existence. Starch, sugar, and gum, are all similar in their composition, as the following table shows:—

Starch	12 atoms carbon	and 10 atoms water
Cane sugar	,,	1
Gum	,,	4
Sugar of milk	,,	2
Grape sugar	,,	4

Starch is readily converted into sugar, and the change takes place on the ripening of fruit; unripe apples contain starch, but not a trace of it can be detected in their ripened state. Gum resembles starch in not being fermentible. Sugar of milk is in the same condition, but it may be fermented by exposing it to heat in contact with putrefying cheese: in this case it is, however, first converted into grape sugar. The function performed on the vital processes of graminivorous animals by these substances, is pointed out in a clear and convincing manner, when we consider the very small relative amount of carbon consumed by them in the azotized constituents of their food, which bears no proportion whatever to the oxygen absorbed by the skin and lungs. A horse,

for example, in Germany may be kept in good condition by feeding him daily with 15 lbs. of hay and 4½ lbs. of oats: now, as hay contains 1½ per cent. and oats 2.2 per cent. of azote, the horse receives no more daily than 4½ oz. of azote, corresponding to 6 lbs. of blood; but along with this azote that is combined with it in the form of fibrin and albumen, the animal receives only about 14½ oz. of carbon; only 8 oz. of this can be employed to support respiration: for with the nitrogen expelled in the urine, there are combined in the form of urea 3 oz., and as hippuric acid 3½ oz. of carbon. But man consumes daily about 14 oz. of carbon, and the horse, according to Boussingault, 79 oz. daily; hence it appears that in the azotized constituents of its food, the horse receives rather less than the fifth of the carbon necessary for its respiration. The remaining four-fifths must inevitably, therefore, be supplied by the starch, sugar, or gum which constitute the complementary elements of nourishment.

It appears now obvious that in graminivorous, animals whose food contains such a small proportion relatively of the constituents of blood, the process of the transformation of existing tissues must proceed much less rapidly than in carnivorous animals, otherwise the vegetation of the globe would scarce be sufficient to maintain them. A nation of hunters eat large quantities of animal food and little else. When they are kept within certain limits, its members must increase but sparingly, because the carbon which they consume is supplied mostly by animals. These animals must reside within the boundaries of their nation, and must be supplied with their carbon from the plants growing within these limits. Can we wonder then at the depopulation of the Indian parts of North America? Fifteen lbs. of flesh contain no more carbon than four lbs. of starch. If the savage, therefore, with *one* animal and an equal amount of starch, could maintain life for a certain number of days, he would be compelled if confined to flesh alone, in order to procure the carbon necessary for respiration, to consume during the same period *five* such animals. How close then is the connexion between agriculture and the increase of the human species! The cultivation of our crops has ultimately no other object than the production, on the smallest possible space, of a maximum of those substances which are adapted for assimilation and respiration. When man is restricted to animal food, he respires like the carnivorous animals, at the expense of the matters produced by the transformation of the organized tissues, and in order to effect this he requires, like the lion and other beasts of prey, to undergo a vast amount of muscular exercise; he is compelled to expend a given amount of *power* merely to supply matter for respiration. Cultivation is the economy of power. Science teaches us the simplest method of obtaining the greatest effect at the smallest expenditure of power, and to produce with given means a maximum of power.

When we compare the capacity for increase of mass in the assimilative power of carnivorous and graminivorous animals, a most marked difference is at once observable. A spider sucks with great voracity the blood of the first fly, but is not excited or disturbed by a second or third. A cat will eat the first, or perhaps the second mouse presented to her, but even if she kills a third she does not devour it. But, on the contrary, a cow or sheep in the meadow continues to eat with little interruption from sunrise till sunset. Their systems possess not merely the power of supplying the waste created by the metamorphosis of the tissues, but of converting into organized tissue all the food they devour. The excess of blood produced is converted into cellular and muscular tissue; the graminivorous animal becomes fleshy and plump, while the flesh of the carnivorous animal is always tough and sinewy. The animal in this state eats and reposes merely for digestion. Want of exercise is however equivalent to a diminution in the consumption of oxygen, and the excess of carbon is deposited in the cellular tissue in the form of *fat*.

Fat originates from starch, &c. When the horse and ox are in their normal condition, their urine contains benzoic acid (with 14 equivalents of carbon,) but when the animal is kept in the stall, hippuric acid appears (with 18 equivalents of carbon.) Wild animals are never fat; while stall-fed animals are covered with fat. But when the latter are permitted to move freely in the air, or compelled to draw heavy loads, that is to consume more oxygen, the fat again disappears. It is hence evident that the formation of fat is the result of a want of due proportion between the food swallowed and the oxygen absorbed by the lungs and skin. A pig when fed with highly azotized food increases in flesh, but when fed with potatoes it becomes fat. From these and other facts it appears logical to infer that fat is derived from vegetable food. If we compare the composition of sugar of milk with starch, sugar, mutton, beef, and human fat, we find that in all of them the proportion of carbon to hydrogen is the same; that is, 45 to 6, and that they only differ in that of oxygen. From which it follows, that by the mere separation of oxygen, it is possible that sugar, starch, and gum, may pass into fat. The following formulæ exhibit distinctly the differences between fat and starch:—

Starch.....	C 12	H 10	O 10
Fat.....	C 11	H 10	O

The only distinction therefore is in the absence from the latter of one atom carbonic acid (CO-2) and 7 atoms oxygen. If further we remove from 3 equivalents of milk sugar, 4 equivalents of water, and 31 of oxygen, we have remaining a formula which exactly represents the composition of cholesterine, the fat of the bile. But from whatever source fat may be formed, it is certain that its production can only take place in one way, viz., by a separation of oxygen from the elements of the food. The formation therefore of fat depends on a deficiency of oxygen, but in the production of fat a new source of oxygen is developed, *a new cause of animal heat*. The oxygen evolved when the fat is deposited must combine with carbon or hydrogen from some other source, and be discharged in the condition of carbonic acid or water, and this union must produce as much heat as if the carbon had been burned in oxygen gas. If we suppose that from 2 equivalents of starch 18 equivalents oxygen are disengaged, and that these 18 equivalents combine with 9 of carbon from the bile, for example, then in this case as much heat must be developed as if the 9 equivalents had been directly burned. Such a phenomenon is analogous to that in the process of fermentation, when by the separation of the elements of sugar into carbonic acid and alcohol, as much heat is evolved as is sufficient to heat every pound of the fermenting liquid by 298°. In like manner in the formation of fat every pound of carbon which obtains the oxygen necessary to convert it into carbonic acid from substances which thereby pass into fat, must disengage as much heat as would rise the temperature of 200lbs. of water by 70°, or from 32° to 102°. When animals are fattened on food destitute of azote, only certain parts of their structure increase in size; thus, in a goose, the liver enlarges and becomes soft and spongy from the deposition of fat in the cells of that organ. In some diseases the starch, sugar, &c., of the food, do not undergo the changes necessary to fit them for respiration, and consequently to be converted into fat. Thus, in diabetes, the starch is only

converted into starch sugar, which is expelled without further change; and in diseases of the liver we find that organ loaded with fat and oil, probably derived from the maltransformation of the bile.

(TO BE CONTINUED.)

GENERAL REPORT OF COMMISSIONERS APPOINTED TO MAKE INQUIRY INTO THE GRANTS OF PUBLIC MONEY MADE TO CERTAIN INSTITUTIONS IN DUBLIN.

In accordance with your Excellency's desire, we have inspected the several institutions noted in the schedule annexed to your Excellency's warrant, and made inquiry in regard to the grants from the public funds in aid of those institutions.

We have further, as directed by your Excellency, considered very anxiously how far the continuance of those grants is justified by circumstances now, and whether with any, and what modifications; also, whether any more economical disbursement, or more advantageous investment of the funds, could be effected.

We subjoin, for your Excellency's information, a particular report respecting each of those institutions, together with the answers of the governors to the written queries, which we deemed it advisable to address to them. It remains for us, however, to offer some remarks upon those institutions generally.

A difficulty appears to have been created in your Excellency's mind from seeing charities in Dublin supported partially, or entirely, by public grants, while no such support is given to similar institutions elsewhere. We have therefore made inquiry with respect to the origin of those grants, and the circumstances under which they were first made, and have been since continued.

The great change which the union with Great Britain was necessarily calculated to effect in the condition of the Irish metropolis; the withdrawal from Dublin of the great body of the Irish nobility and gentry, and the consequent alteration in the condition of all classes, and all institutions in Dublin, appear to have been strongly felt and admitted by the framers of that measure, and to have been made the groundwork of those peculiar claims for support, which have ever since been recognised on behalf of Dublin; and a clause was accordingly introduced into the act of union, by which the parliament of the united kingdom was bound to provide that a sum not less than the sum granted by the parliament of Ireland, during the six years previously, for the encouragement of agriculture, manufactures, and for maintaining institutions for pious and charitable purposes, shall be applied, for a period of 20 years, to such local purposes in Ireland.

The conditions so entered into at the union were greatly exceeded by the liberality of the imperial parliament, not only during the 20 years after the union, but for many years subsequently; and as frequent inquiry and discussion have taken place on the subject, we feel bound to believe that those grants were sustained on the grounds of expediency and necessity.

Your Excellency will find this subject more fully adverted to in the report of the select committee on Irish miscellaneous estimates in the year 1829.

Such being the circumstances under which the grants from the imperial parliament in support of Dublin charitable institutions originated, we subjoin a table, from which your Excellency will see the progress of those grants, as regards the institutions which have been made the subject of our inquiry, from the year 1800 to the present time.

[We give the totals only, the progress of these grants from 1800 not being of importance to our readers.—ED. M. P.]

In stating to your Excellency that, in our opinion, valid grounds still exist for the continuance of those grants, subject, however, to such remarks as we have felt it our duty to make in reference to some of the institutions, we are well aware of, and have weighed anxiously the objections which are made on general principles, to the maintenance of charitable institutions from public grants; and we readily admit that, in our opinion, a claim for such assistance can only be sustained where the utility of an institution is proved; where its usefulness is rendered as extensive and as public as possible; where it is manifest that private means alone would be inadequate to its support; and where the strictest economy is observed in salaries and all other expenses.

Your Excellency will be pleased to observe, as the first of the grounds upon which we recommend the continuance of those grants, the peculiar circumstances in which Dublin is placed.

Immediately after the union, Dublin, it may be said, ceased to be a metropolis, as regards the wealthy, while it continued a metropolis as regards the poor; and in no inconsiderable degree it has remained so since. The causes, therefore, which induced those who framed the articles of union to introduce stipulations into that measure as regards Dublin, appear to us to be still in extensive operation. Other causes likewise, (not, however, having effect on Dublin alone,)—the increase of population, without a corresponding increase in wealth; the want of capital; the decay of manufacturers in Ireland, operating to increase the proportion of poor,—have operated likewise to increase rather than diminish the cogency of those reasons which led to the stipulations in the articles of union.

In evidence of this, we beg leave to notice the increased accommodation which the governors at different periods, and with the sanction of government, have been compelled to supply in most of those institutions, and the increased grants, notwithstanding the financial difficulties of the empire, which various governments have deemed it necessary to make for their support.

In further evidence of this disproportionate increase of the poorer classes in Dublin, we have to observe that, notwithstanding the support thus rendered by government to certain institutions, others of a similar character, arising, principally, out of the exigencies of the lower classes, have been established and are supported, some by private means alone, and some partly from private means and partly from local assessment.

We therefore submit, that the necessity which was found to exist previous to and at the time of the union for extraneous support as regards Dublin, in aid of its principal charitable institutions, (arising in our opinion, from the disproportion between the wealthy and poor classes in the community,) has, as was anticipated, increased since that period, and still continues, although we trust and believe it may be gradually diminishing.

Dublin, therefore, with its population of upwards of 250,000, is, in our opinion, an exception to all other cities in the empire; and we respectfully urge that, because in London, and the other large towns in England, private charity may have been found amply sufficient for the support of their public charitable institutions, it by no means follows that in Dublin, where the poor are so numerous, and the rich comparatively so few, it would be reasonable or just to expect from her citizens an extent of liberality which neither their numbers nor circumstances could fairly warrant.

It is right we should add, that even if the claims of the institutions supported by government were paramount, private charity in Dublin having been directed into other channels, there would be much hardship, and some injustice, in the withdrawal of that charity from its present objects; that the amount subscribed in Dublin for charitable purposes has gradually been diminishing since the introduction of the poor-law system; that we have examined gentlemen of the greatest experience with respect to the means and sentiments of the inhabitants of Dublin, and that it is their unanimous opinion that, if the parliamentary aid should be withdrawn at the present time, means would not be found from private sources to continue all, or any, of the institutions on their present footing of efficiency and usefulness, even regarding them merely as charitable institutions of a local character.

We have, however, next to remark, that most of these institutions should be considered, not so much in the capacity of local, as of national establishments, designed either as schools of instruction for the medical profession generally, or as institutions for the maintenance of public health and safety; and that, in most of them, patients are

received without reference to their birthplace. Such institutions are the necessary appendages of a metropolis, and should be regarded, we submit, as public establishments of general utility.

Anticipating that it would be your Excellency's wish that we should regard these institutions in every possible point of view, both as respects their support and management, it occurred to us to consider, as the destitution of the lower classes in Dublin must have been diminished by the operation of the poor-law system, and as the pressure upon the hospitals seemed likely to have been lightened in consequence, whether a measure might not be suggested, by which the management and support of these institutions might henceforth be connected with the poor-law system.

Regarding them as institutions intended for the relief of persons not necessarily paupers; regarding some of them also, in their secondary object, as schools of medical instruction, we think it would be unwise to make them branches of establishments designed exclusively for the support of paupers; and, as respects their management, we think it would be equally inexpedient and invidious to take them from under the superintendence of those many benevolent individuals, gentlemen, for the most part, of high station in Dublin, who are at all times found ready freely to apply themselves as governors to the management of such institutions.

With the view of fully ascertaining how far, in our opinion, it might be right to suggest that the support of these institutions should henceforth be derived either from grand jury assessment, or from the poor-rate, in lieu of the present aid from parliament, we addressed circulars to the managers of every institution for pious and charitable purposes, connected with every denomination in Dublin, requesting a return of the amount received from persons resident in Dublin, for the purposes of such institutions, during the last three years. We have also obtained a similar return, with respect to the assessments for all local objects. Our circulars were addressed to the managers of 200 institutions, supported principally or entirely by voluntary subscriptions. Of these, 92 have sent answers, giving no less a result than an annual average for these 92 institutions of £37,120 received from the inhabitants of Dublin; which average, we make no doubt, is scarcely more than one-half of the amount which would have appeared if the governors of the remaining institutions had favoured us with the information we requested; and it is altogether exclusive of the large sums annually given in private charity, of which no estimate could be made.

With respect to the local assessments, assuming the annual value of rateable property in Dublin (which we have to observe comprises warehouses, factories, and other kinds of property as well as houses,) at £8008,000, the valuation by the police being £857,849, and by the poor-law guardians £776,794, we find the citizens of Dublin have contributed, during the last three years as follows, according to the best information we have been able to arrive at:

[Under compulsory assessments, £504,750, and by voluntary subscription, £111,377. Total, £616,127.]

The return of voluntary subscriptions being the ascertained amount from but 92 out of 200 institutions.

We trust your Excellency, taking the above statements into consideration, will concur with us in opinion, that however the inhabitants of Dublin may be, as compared with the inhabitants of other cities, behindhand in wealth, they are not so in the amount which they contribute according to their means, and in proportion to their rateable property, either as voluntary subscriptions for the poor, or as compulsory contributions for charitable and local purposes; and that a larger amount than what they already pay ought not to be expected from them in either way, in aid of charitable institutions, especially at a period when, in support of a new experiment, a heavy impost has been recently added, the future extent of which it may be difficult to calculate.

We have thus stated to your Excellency the grounds of our opinion, that the institutions to which our inquiry has been directed could not be sustained if left, as elsewhere, to private charity, and that an additional compulsory assessment should not be imposed upon the inhabitants of Dublin for their support, either in the shape of grand jury cess or poor-rate.

Your Excellency, however, will probably anticipate some further notice on our part with respect to the effect which so important a measure as the introduction of the poor-law system, and the opening of two large workhouses, is likely to have hereafter upon those institutions, as respects the necessity and means of maintaining them, and their claims upon government for support.

Although, as we have already stated, the pressure upon some of the hospitals has been diminished since the opening of the workhouses, we are not of opinion that the necessity for such institutions can be ever superseded by the workhouse system, even if it should happen in the course of time that, by the continued diminution of the pressure for admission into them, or by the increased wealth of Dublin, it should cease to be necessary that they should derive any part of their support from government funds.

As the poor-law system has been framed, it would be inconsistent with its principle, as well as its provisions, that general hospital relief should be afforded through its instrumentality. The workhouse is designed as a test of destitution, and to render it operative as such, it is provided that relief is to be had only when required by all the members of a family, and within the doors of the workhouse; and, as appears to us, in the event of an individual member of a family being attacked by disease, or injured by accident, the workhouse or its hospital ought not to be made an asylum for him.

We have further to observe that the patients in the Dublin hospitals are, to a considerable extent, persons who flock into Dublin, as the metropolis, from all parts of the country, whose cases, in many instances, require peculiar care, and whose treatment is frequently attended with heavy expense; but that the workhouse system being supported by the inhabitants of each electoral district for the relief of their own poor, it would be unjust, even if not otherwise objectionable, to burthen them with the maintenance and extraordinary expense of such hospital patients

We have also to invite the attention of your Excellency to the circumstance that many of these institutions are largely supported from private sources, in some cases by devises of estates, in others by bequests, of which the governors are the trustees, as well as by annual subscriptions. Your Excellency will see that there would be great practical difficulties and strong objections to any plan for connecting institutions so circumstanced with the poor-law system. Even if those objections were capable of being surmounted, there can be no doubt that the necessary effect of such a connexion would be, that all such sources of charitable support would be stopped for the future—a result in itself greatly to be deprecated. Charitable individuals would never think of bequeathing property or giving subscriptions in aid of institutions supported by a compulsory poor-rate, and Dublin would thus be prevented, under any circumstances, or at any time, from being placed in the same creditable position as the great towns in England, where the hospitals, being unconnected with the poor-law system, they are amply supported by the liberality and charity of the inhabitants.

We cannot forbear repeating here that, in our opinion, any measure which would have the effect of dissolving the tie that has from the foundation so beneficially subsisted between those charitable institutions and the many benevolent and highly respectable individuals who have so long watched over them, and whose valuable and gratuitous superintendence cannot otherwise be supplied, would alone be a matter much to be regretted.

Laying it down as a principle that institutions supported by public funds should be rendered as useful to the public as is consistent with their primary objects, we have anxiously considered in what manner the general usefulness of those institutions to which our inquiry has been directed could be increased, and with that view we have made some suggestions with respect to the Cork-street Fever Hospital, the Lock Hospital, and the Lying-in Hospital. Those in reference to the latter we have felt it our duty to offer, as being calculated, in our opinion, to carry out the objects of the charter more fully than

they are carried out by the present arrangements of that institution. We offer them, however, with diffidence, opposed as they are to the sentiments of those highly respectable and experienced gentlemen, the present master, Dr. Johnson, and the late masters, Dr. Labatt, Dr. Collins, and Dr. E. Kennedy.

In order to a more systematic and economical disbursements of the funds of the institutions, we have prepared a plan of accounts, appended hereto, with a view to the establishment of a uniform system, and an efficient mode of checking all supplies and issues, and which we think, with some slight modifications arising from the peculiar circumstances of each of the institutions, might be advantageously adopted in all. The plan has been taken partly from the mode of keeping the accounts adopted at the Cork-street Fever Hospital and the Meath Hospital, and partly from the information afforded us by Mr. Ivie, respecting military hospital accounts; but we are principally indebted for it to the experience and knowledge of our efficient secretary, Mr. Brierly.

We recommend that, in the case of every institution from which an estimate is sent to government, previous to the annual grant being proposed in parliament, the governors of such institution should be required to transmit, together with the estimate, an abstract of the accounts for the preceding year, under the several heads of annual expenditure, and in the form as contained in the Table, Appendix, Form (L.) No. 3, and that the chairman should certify that he had examined the proceedings' book for such year, and that the rules of the institution had been complied with; or if not, that he should state the particulars in which they had been departed from.

It appears to us reasonable, where parliament is called upon to contribute towards the support of an institution possessing a fixed capital in the public or other funds, that a restriction should not be imposed upon the sale of any considerable portion of that capital by the governors, without the consent of the Lord Lieutenant. We therefore recommend that it should be made a condition incident to every public grant in aid of a charitable institution possessing vested funds, that not more than £500 of those funds should be disposed of in any one year without the consent of the Lord Lieutenant.

This arrangement, while it would permit the governors to meet any pressing emergency by the sale of a small portion of their stock, would operate as a check upon the expenditure of capital, which obviously should be preserved, as far as possible, so as to form a permanent source of income to the institution.

Some suggestions having been made by us, involving, to a certain extent, topics of a medical character, we beg leave to inform your Excellency that we have offered no recommendation of that nature without having taken and carefully weighed the opinions of most of the medical gentlemen who are usually looked upon as the heads of the medical profession in Dublin respecting it.

In conclusion, we have to assure your Excellency of the sincere gratification we feel in bearing the fullest testimony to the anxious care and attention bestowed by the highly respectable medical gentlemen connected with the different hospitals to the relief of the patients; that attendance being rendered in some instances gratuitously, in the others for a remuneration which can hardly be looked upon as an inducement.

We have further great satisfaction in recording our sense of the diligence and attention so readily given to their management by the numerous governors of those institutions, consisting, for the most part, of professional gentlemen or merchants connected with Dublin, having business of their own to attend to; and in reporting to your Excellency our opinion generally, that most of the institutions to which our inquiry has been directed are managed with the utmost economy and with exemplary diligence, and, as we confidently believe, would bear a comparison, in all respects, with any other similar institutions in the empire.

We beg to acknowledge the ready assistance which in the course of our inquiry we received from Dr. Barker, who attended us at all times, in accordance with your Excellency's desire, as expressed in Mr. Lucas's letter.

An unavoidable delay in our obtaining answers to our queries from some of the institutions, and our desire that the information in reference to each should be as full as possible, have prevented the completion of our report until the present time.

GEO. A. HAMILTON.
DAVID CHAS. LATOUCHE.
JNO. BARLOW.

2 May, 1842.

DR. MAFFETT, OF GLASSLOUGH, TO THE SOI-DISANT 'FRIEND OF THE PROFESSION.'

TO THE AUTHOR OF THE LETTER ADDRESSED "TO THE BRITISH GRADUATES PRACTISING IN IRELAND, AND TO THE IRISH APOTHECARIES."

SIR,—I have read with great attention your address to the *British Graduates*, and I am at a loss to ascertain why you do not prove your *friendship* to that extensive class of professional men, by giving them your name. Your intention to serve them may be praiseworthy, but they require something more than a *profession of friendship* in those trying times, and in the pending medical enactments connected with the interests of the poor—the liberal gentry of the country, and the profession at large—if prospective ruin is certain, out with all your proofs, and let us glory in your name; let the *British graduates* prize the light which exhibits the dangers they are approaching, and if proved to be real and not visionary, you can have assistance in every barony in the country, and perhaps from those colleges which would suffer from any indignity cast upon their members.

The caution which you convey to such a large and influential body is futile, and if acted upon would be injurious to their best interests. What, a caution against lending themselves "to any party," lest the power and patronage of medical charities would be transferred to the government, and to a board of medical men, from which every *British graduate* would be excluded, and which board would be the judges of all qualifications. Sir, I would as one of that body, with the threatened bill before me, in all its *pecuniary liabilities* and *incarcerating propensities*, lay hold upon any party confederated in honour and justice, to hand over the patronage of the medical charities to the government of the country, and to a board of gentlemen from any chartered college in Great Britain or Ireland, before I would commit the valuable and charitable privileges of those institutions to the poor-law commissioners. Recollect! no government can be "paternal," and act with despotism; no government in the nineteenth century will dare close its ear to oppression in the meanest subject; and as to the prospective medical board! Supposing no *British graduates* preside at their important meetings, the affairs of that class would not be seriously injured, in consequence of the arrangement (*I am advancing a position which cannot be matter of law, but may be of choice,*) for the Irish majority would be against the party in every division, *if unhappily such divisions could arise;* but the *British graduates* in Ireland tremble with no such fears, their position is too exalted in the laws of their country to fancy any abrogation of their rights—they have public opinion on their side in every hamlet from the Giant's Causeway to Cape Clear—the well-earned honours of colleges which yield to none—and the moral certainty that the members of the medical board, selected by Lord Eliot and Mr. Lucas, under the sanction of our present Chief Governor, would be actuated by the same feelings of professional honour, of integrity of purpose, and the love of administering to the wants of the poor with faithfulness, that pervades their more numerous and not less useful brethern; but argument apart, the duties of that pro-

spective board will be simple, no invidious selection which the law will not tolerate, would be committed to their keeping.

Having admitted your position with the intention of answering the difficulties, I now state your premises are erroneous, the government will not seize upon the patronage, for it will still rest with the munificent Irish benefactors who have raised those altars of their charities in every district where the poor required the aid of the physician and the friend.

In common candour I appeal to your *Irish heart*, covered with *British honours*, would it be manly, generous, or professional, to stand aloof when our position in society is rocking to and fro on the verge of annihilation, to calmly look on, while the rights of the supporters of those charities are invaded, and when, perhaps, the sick and afflicted would be hired out to incompetent and inefficient persons, whose "poverty," but "not their will," compelled them to seek employment.

Being a member of the Medical Association of Ireland, I freely admit that I am still satisfied to hold connection with it. The enlightened views which that "Association" is spreading throughout the country and the profession, have attracted general observation. The society has given some degree of order and arrangement to the hitherto chaotic mass of medical interests, and under the most cheerless circumstances. Being ushered into life amidst conflicting sentiments on one hand, and determined hostility on the other, it holds on to the present a most commanding position, from the description of men which have enrolled themselves as members, when all hopes of success in medical legislation were abandoned by many, and it now serves as a rallying point for the opinions of a most important and extensive class of practitioners. Whether it may continue to gather fresh laurels of approbation amidst all sections of our profession, when its utility will be more fully established, and the necessity for such an institution acknowledged, (the jealousies and bickerings of conflicting medical corporations having been cast "into the tomb of the Capulets,) is a question open to the public: but so far it has laid the foundation of a society, which may command an extensive sway over the profession, watching anxiously the interests and the position which that profession should engage and adorn. The resolution carried unanimously at the late meeting in Dublin, followed up by a similar resolution of council, (on July 7th,) and published in the MEDICAL PRESS of July 13th, are satisfactory to me as regards the present question which you wish to agitate.

You have introduced *two names* into your letter. With regard to the first, Dr. Harrison, I have studied under him for years in the College of Surgeons of Ireland—I admire the man, and I respect his talents; but where is the record of his struggles for unity in the profession? Where his advocacy in favour of the *British graduates*? When discussion engaged the attention of his College from time to time! ask him, *British graduates* to cast a look at some pages in the second volume of the MEDICAL PRESS, and tell *us* if we are "his second love." As I cannot point out so much for Dr. Corrigan we may hope to hail him as a future champion of our interests, should there be a danger of our rights being assailed.

Let me point out one sentence, which was unwisely written in your letter, for truth stands boldly out, when boldly looked for. "Again, are not the *apothecaries* throughout Ireland *immensely injured* by the abuses of dispensaries, by which medicines are given to those who are well able to *purchase* them *from the former*." "Unkindest stab of all," here you *gently* fling in the brand of contention, between *your friends*, the *British graduates*, and the *Irish apothecaries*. Those in whose ears you had sounded the alarm, and banded together in fraternal affection.

In conclusion, the substance of your letter is twofold. First, *British graduates*, I caution you, "against lending yourselves to any party"—were you successful in this recommendation, a party, "at least four times as numerous as the Irish graduates" would be silent spectators of their own ruin—and secondly, *apothecaries*, throughout Ireland, you are immensely injured by dispensaries, and your advice to this class, I suppose, would be similar. Whose interests do you affect, *British Graduate!* by attempting to break up the harmony between those two grades, by the *mere assumption of abuse* connected with the dispensary establishments? Surely those of your friends which you have addressed in the early part of your letter, and which you have so soon forgotten at its close.

I have the honour to remain your obedient servant,
RICHARD MAFFETT, M.D.

P.S.—I must have my postscript too! I did show your letter to some of the profession in the neighbourhood, *and they smiled;* 'tis pleasing when all is gloomy around us to induce a smile on any terms.

Glasslough, July 16, 1842.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, JULY 16, 1842.—Council met.

Read a copy of resolutions passed by the grand jury of the Queen's County, forwarded to Mr. Carmichael by the Secretary of the grand jury.

Resolved—That the thanks of the Association be given to the grand jury of the Queen's County for the foregoing communication.

The Treasurer acknowledged the receipt of the following sums:—

Dr. Duigan, Kilbeggan, 10s. renewal subscription.
do. do. 10s. for Secretary's Fund.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JULY 20, 1842.

THE SUPPRESSED LETTERS.

WE have received several communications from correspondents expressing astonishment that those gentlemen who replied to Mr. Phelan's celebrated "private" circular, and whose letters he suppressed because the writers introduced extraneous subjects, and made comments, which, if published, may be very injurious to them in their respective localities," have not taken some steps to secure the publication of these replies. We do not for one moment believe that they were suppressed for any such reason, but because many of the writers "introduced extraneous subjects, and made comments, which, if published, might be very injurious" to the poor-law designs on the medical charities; and therefore we are as anxious as our correspondents to see either the original letters published, or a denial of the charge that they contained matters calculated to injure the writers in their respective localities. This is an insidious insinuation

intended to raise suspicions as to the authors of these unpalatable communications; in fact, to hint that they have stated matters injurious to the interests or characters of other practitioners in their respective localities; at all events, this is the inference drawn by many. Mr. Phelan says, "eighty-nine replied to my note, and I only obtained permission to publish twenty-seven of their answers, the remaining sixty-two, *of course*, still consider their replies as confidential communications." But we should be glad to know whether the sixty-two forbid the publication of their letters, or authorized him to state to parliament that they considered them as confidential communications. The letters are still in Mr. Phelan's possession. In his letter of explanation, addressed to Mr. Nicholls, he asks "if these sixty-two replies are to be deposited in the poor-law office," to which Mr. Nicholls replies that "he need not deliver in the sixty-two letters, *received by him as private communications*, unless the House of Lords, by a new order, should require them to be returned. Now what persons want to know is, whether or not these sixty-two letters were "received by him as *private* communications," or whether the writers still consider them so, and object to their being laid before the House of Lords with the twenty-seven already printed? Mr. Phelan says he "obtained permission" from the twenty-seven to publish their replies, from which it is to be inferred that the sixty-two have refused permission, which we know is not the case, because we have the denial of six or seven, who not only did not refuse permission, but wrote their replies for publication.

COUNTY CARLOW FEVER HOSPITALS.

We learn that Mr. Chief Baron Brady has discovered that all his learned predecessors on the home circuit for the last fifteen years have been in error with respect to the law as regards the presentment of money for fever hospitals, and has, in consequence, refused to sanction the grants to three of these institutions, at the present assizes, in the county Carlow. This display of acumen and research is, we have no doubt, creditable to his lordship's legal character; but it is very unfortunate for the poor people who may be attacked with fever in the meantime. The advocates for repealing the present laws which regulate the medical charities, and enacting new ones more suitable to the times, will seize this decision with great glee as a godsend toward the accomplishment of their objects; but we are really so dull as still to believe that defects in laws may be corrected without sweeping away long established institutions, or transferring powers by wholesale from one class of the community to another.

At the same time, the decisions even of judges of high legal character not being infallible, we strongly recommend the governors of institutions affected by this one to lose no time in satisfying themselves as to the real state of the law. It is quite clear that the learned functionary was not imperatively called on to pursue a course different from his predecessors, and the impression on our minds is that he has taken a mistaken view. Gentlemen interested in the matter in other counties should be prepared with counsel to argue the matter. The following address was presented to the grand jury in consequence of what has taken place:—

We, the undersigned physicians of the fever hospitals, and other medical practitioners of the county Carlow, humbly beg to approach your worshipful grand jury, and to state that we have heard with astonishment and dismay the decision of the Lord Chief Baron, presiding at the present assizes for the said county, not to pass the presentment to the said fever hospitals, which the judges of assizes have, for a great number of years, invariably fiated.

We can scarcely find language strong enough to express the incalculable amount of suffering and disease which such a decision is certain to produce—particularly at a season when, from the extreme poverty of the people, typhus fever is raging with unusual virulence, and likely to increase still more.

We beg leave to remind you that the medical charities of Ireland are not a mere experiment, but have been gradually extended from a well-founded experience of the manifold advantages that have thence accrued to the public; and, if they are now to be suspended in their career of usefulness, there will be no resource, whatever, left for the sick-poor of the country.

Having thus stated a few of the many ills that must arise from the decision above alluded to, we now respectfully request, that if the law be insufficient in the present instance to provide funds for the support of the said medical institutions, you will represent the matter to government, in order that such steps may be taken as will be best calculated to remedy the evil.

We have the honour to subscribe ourselves, your very obedient servants.

THOMAS RAWSON, Surgeon, Co. Infirmary, Carlow.
*S. CONNOR, Physician, Co. Fever Hospital, Carlow.
ROBERT BURNETT, Physician, F. H., Tullow.
B. ROCHE, M.D., Physician to Fever Hospital, Bagnalstown.
M. E. WHITE, M.D., Physician to Carlow Lunatic Asylum.
JAMES PORTER, Surgeon, Carlow Dispensary.
F. BOXWELL, Physician, Fever Hospital, Borris.
JOHN TUOMY, M.D., Carlow.

THE "COUP DE GRACE" NOT MORTAL.

FROM the following it appears that the poor-law report on the medical charities is not so much approved of in the County of Tipperary, as the parties concerned supposed:—

TO THE EDITORS OF THE MEDICAL PRESS.

Ballyporeen, July 16, 1842.

GENTLEMEN,—In your last number of the PRESS, I perceive that my name is among the many who signed the declaration in favour of the poor-law commissioners' report on "medical charities," which I beg leave, through your influential journal, distinctly to deny, the following having been the purport of my letter to Dr. Purcell on the subject:—"That I had no opportunity of perusing the reports on medical charities, as they are only recently in my possession; and not long appointed to this institution; therefore I have no knowledge of the others in the neighbourhood, or how they agree with the commissioners' report, but that the returns made for my dispensary are satisfactory and correct, which is all I can say on the subject." And am, gentlemen, your much obliged,

BENJ. W. BRADSHAW, M.D.

We have also before us a letter from Dr. Gallogly, of Clogheen, stating that he "never signed the paper, or authorized Dr. Purcell or any other person to put his name to it." The *Evening Mail* contains the following pertinent allusion to the affair:—

"That no man is a prophet in his own country is an adage not confuted by the experience of our friend Phelan, of the Medical Charities Bill.

"If anywhere he might look for support against public opinion, surely it might be supposed that in the scene of his own pharmaceutical labours he would find sympathy for the poor-law commissioner in the professional remembrance of the rustic apothecary.

"But, alas! for this roving certificate, it is *not* signed by—

"Dr. Walsh, Llorrha Dispensary; Dr. Biggs, Castle-

* Since the above was written Dr Connor's presentment was fiated for the Carlow Fever Hospital.

Biggs, ditto; Dr. Stoney, Borrisokane, ditto; Drs. Hobbs and Murphy, Borrisokane; Dr. Purefoy, Cloghjordan Dispensary and Fever Hospital; Dr. O'Kelly, Cloghjordan; Dr. Kingsley, Roscrea Dispensary and Fever Hospital; Dr. Powell, Roscrea; Dr. Darcer, Roscrea; Dr. Spain, Roscrea; Dr. Talbot, Roscrea; Dr. Woods, Roscrea; Dr. Kingsley, Templemore Dispensary and Fever Hospital; Dr. Pinchin, Borrisoleigh Dispensary; Dr. Irviss, Bird Hill Dispensary; Dr. Carey, Newport Dispensary; Dr. Quin, Silvermines Dispensary; Dr. Bindon, Toomavara Dispensary; Dr. Frith, Nenagh Dispensary; Dr. Finucane, Nenagh; Dr. Dempster, Nenagh Fever Hospital; Dr. Kennedy, Nenagh Fever Hospital; Dr. Kitson, Nenagh; Dr. Langley, Nenagh; Dr Bell, Dr. Burgess, Dr. Chaytor, Dr. Carey, Dr. Sloan, Dr. Sheil, of Clonmel; Dr. Armstrong, Tipperary; Dr. Russell, County Tipperary, Cashel; all resident in the County Tipperary."

THE DUBLIN DISPENSARIES.

We are glad to see the physicians and surgeons of the metropolitan dispensaries at length acting in concert, and expressing a determination to submit no longer to the humiliating and injurious terms upon which their professional services have hitherto been extorted. Thirty educated men have for a number of years discharged the laborious and distressing duties of these situations, not only without remuneration, but under circumstances little calculated to render their professional aid efficient; and they now very properly say that it is high time to demand an alteration in a system so vicious. With this view they have drawn up a memorial to Lord Eliot, of which we have a copy before us, and from which we select the following paragraphs, our limits not permitting us to insert the whole:—

"That memorialists consist of thirty surgeons and physicians who have been engaged for many years in discharging the most arduous duties amongst the sick-poor of the city without any remuneration for their medical labours.

"That memorialists conceive that they are justly entitled to a fair remuneration for their future services, to which their former services give them a still stronger claim.

"That memorialists beg leave to deprecate in the strongest manner the plan said to be in contemplation of placing the dispensaries under the control of the poor-law commissioners, inasmuch as these officers have shewn by their past proceedings that they entertain no respect for an educated profession.

"That we wish our dispensaries to be in appropriate districts, and to be governed by distinct committees composed of persons having no connection with the administration of the poor-laws.

NEW PLAN PROPOSED.

"That Dublin be divided into six dispensary districts. That in each of those where an appropriate building does not exist, a building should be constructed on plans to be specified.

"That six medical officers, being physicians or surgeons of recognized colleges, be appointed to each of these dispensaries.

"That a committee chosen from the district should manage the affairs of each dispensary.

"That to preserve existing rights all persons at present holding general or parochial dispensaries should be appointed to the new ones.

"That the salary of each physician or surgeon should be at least £100. per annum.

"That a regularly qualified apothecary should be resident at the dispensary.

"That the expense of carrying out this plan be obligatory on the grand jury."

ANOTHER MEDICAL CHARITIES BILL.

We scarcely expect our readers to credit what we have now to state. Lord Eliot, the Chief Secretary to the Lord Lieutenant, as every one knows, has repeatedly announced his intention of introducing a medical charities' bill as a government measure this session. This bill has been for some time prepared, being, in fact, the original bill concocted by Mr. Nicholls, but divested of its most objectionable clauses by Mr. Lucas, the Under Secretary of State, after much consideration and consultation with members of the medical profession. Of this bill so amended, we have not a sufficiently accurate knowledge to enable us to judge of its merits, or to say whether it can be adopted with advantage to the institutions of the country, or with safety to the community in Ireland. On that point we reserve our opinion, and so of course will our readers until they have the document in all its details before them. Be this, however, as it may, the bill is prepared, and has been so for some time; and the College of Surgeons being cognizant of the fact, despatched the President (Mr. Tagert) with Dr. Maunsell to London, to obtain either a copy or a view of it. This object, however, was not attained, there being but a rough draft with many interlineations and corrections in existence; but Lord Eliot, with expressions of every inclination to accommodate the College and the profession in every possible way, promised to transmit a copy the moment it was printed. This occurred on the first of July, and if our recollection serves us, on the very day Mr. Nicholls was arraigned by the Medical Association before the House of Lords, consequently he must have been in London at that time. Mr. Tagert forthwith returned home, and reported to the College what had taken place; but to his astonishment, and that of every member present, it was announced that the bill was not only printed, but had been in Dublin for some days. Application was of course at once made to Lord Eliot to ascertain the truth of this, and his reply was that the bill was not printed, and of course that a printed copy of it could not be in Dublin. Nevertheless, a printed bill, purporting to be the government bill, and described and exhibited as such was in Dublin within four days after the interview between the President of the College of Surgeons and Lord Eliot, and is now in the hands of the poor-law scouts marked "private and confidential," and by them secretly used for the attainment of their objects. Moreover, there is good reason for believing that this printed bill purporting to be, and described as, the government bill contains clauses which were not in the amended bill as sent over by Mr. Lucas to Lord Eliot. Of the existence of this printed bill, whether spurious or genuine, there cannot be a doubt; its provisions were detailed at length by one of the parties to whom it had been entrusted at a meeting of the College of Surgeons; and some of its clauses were made the subject of special communication by another of them to a gentleman interested in the point to which they were directed. We shall not, however, be at all surprised to find the whole represented as a mistake, the bill thrust into the fire, and the matter hushed up, as other matters of the same character have already been.

London, Saturday.—Lord Eliot intended to make an attempt to force the second reading of the medical charities bill upon the House of Commons, and by that means trepan members into an approval of the principle of the bill. Owing, however, to the strenuous opposition by which the noble lord's proposition was met, he has been forced to abandon his project, and the bill is now to be read a first time only, and to stand over for next session.—*Evening Mail Correspondent.*

RESOLUTIONS OF GRAND JURY OF QUEEN'S COUNTY.

Secretary's office, Maryborough Courthouse, 14th July, 1842.

SIR,—I am directed by the grand jury to forward you the enclosed resolutions.

I have the honour to be, sir, your very obedient servant,

ARTHUR MOORE MOSSE.

Richard Carmichael, Esq.,
13, Molesworth-street, Dublin.

"Resolved—That as it appears that the poor-law commissioners, in their report to parliament, on the medical charities of Ireland, recommend 'that an entire change' should be adopted in the manner in which such institutions are governed and supported; and as the commissioners state in their report, that 'the individuals who are most desirous that this species of relief should be efficiently afforded, unite in calling for a change in the mode in which it is now administered,' the grand jury of the Queen's County feel called on to record their dissent from the statements and recommendations of the commissioners, inasmuch as the grand jury are of opinion that the medical charities of the country have proved highly beneficial to the suffering poor, and that such institutions can be rendered amply sufficient for all useful purposes, should they be subject to an efficient inspection, with a regulation of districts, by competent persons; grand juries being, at the same time, authorised, under the advice of the inspectors, to present the amount necessary for the support of such establishments, unrestricted by the amount of voluntary subscriptions."

"Resolved—That the experience as yet afforded of the operation of the poor-law, and of the mode in which that measure has been administered, does not encourage the grand jury to approve of any extension of the powers of the commissioners, nor is it the opinion of the jury that the medical charities would be more beneficially conducted under the control of the commissioners and boards of guardians, or by committees appointed by them, than under existing arrangements. The grand jury would, on the contrary, recommend that every encouragement shall be held out to the respectable classes of the community, to contribute by subscription to the support of these establishments; and thus to continue themselves as the medium through which medical relief shall be extended to the suffering poor.

"Resolved—That a copy of these resolutions be forwarded to Lord Mountcashel, Lord Glengall, Lord Eliot, Mr. Vesey, Mr. Lucas, and Mr. Carmichael."

"Resolved—That our foreman be requested to sign on behalf of the jury, a petition embodying these sentiments, to be transmitted for presentation to the House of Lords by Lord Glengall, and in the House of Commons by the Hon. Thomas Vesey, with a special request that the prayer of the petition shall be warmly supported."

MEDICAL INTELLIGENCE.

COURT OF QUEEN'S BENCH.—JUNE 30.

LITTLE v. OLDAKER.

This was an action brought by the plaintiff, a physician and surgeon residing in Finsbury-square, against the defendant, a tradesman, whom he had treated for a certain complaint. The sum was £26 for an attendance of seven or eight weeks.

The attendance and reasonableness of the charge having been proved, it was submitted, on the part of the defendant, that, as the plaintiff was either a physician or assumed to be such, he was incompetent in law to sustain any action for compensation for services rendered by him in the medical character.

Lord Denman told the jury that he did not think that the mere fact of a man's becoming a physician disentitled him in law to recover compensation for services rendered as a surgeon, seeing that, if he were a surgeon only, he would be clearly entitled to sustain such an action. The jury returned a verdict for the plaintiff. Damages, £15 15s.

*** This decision is diametrically opposed to that of Lord Ellenborough; in the case of Lipscombe *v.* Holmes (2 Camb. n. p. 441) Lord Ellenborough held that, if a medical man wrote prescriptions, and put M.D., to his name, he must be non-suited, even though the work done was that of a surgeon and the person held a surgical diploma at the time.—EDS.—*Provincial Medical and Surgical Journal.*

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	July, 10th,	64	50.5	29.850	.020
Monday,	11th,	65	51.5	29.400	.800
Tuesday,	12th,	66	50	29.900	.080
Wednesday,	13th,	70.5	53.5	30.050	
Thursday,	14th,	70.5	51	30.400	
Friday,	15th,	71	50.5	30.412	
Saturday,	16th,	76	55.5	30.100	

PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

THE MEMBERS and FRIENDS of the above Association are informed that the TENTH ANNIVERSARY MEETING will be held

AT EXETER,

on WEDNESDAY and THURSDAY, the 3rd and 4th days of AUGUST next, when the attendance of all those interested in the objects of the Society is requested.

PRESIDENT—DR. GOLDIE, YORK.
PRESIDENT ELECT—J. H. JAMES, ESQ., EXETER.

The RETROSPECTIVE ADDRESS will be delivered by JAMES BLACK, M.D., of Manchester.

The ADDRESS IN SURGERY by W. SANDS COX, ESQ., Birmingham.

CHARLES HASTINGS, M.D., } Secretaries to the
J. P. SHEPPARD, Surgeon, } Association.

*** Members residing at a distance are informed that Trains now leave Bristol each day for Taunton (30 miles from Exeter) in the morning at nine, at 50 minutes after ten, at 40 minutes after twelve o'clock; and in the afternoon at 40 minutes after two, at four, at five, and at seven o'clock.

UNIVERSITY OF LONDON.

NOTICE IS HEREBY GIVEN, that the following CLASSICAL SUBJECTS have been selected for the MATRICULATION EXAMINATION in this University in 1843:

XENOPHON,—The First Book of the Hellenics;
LIVY,—The Thirty-first Book.

By order of the Senate,
R. W. ROTHMAN, Registrar.

Somerset House, 5th July, 1842.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION, (PAYABLE IN ADVANCE.)

Twelve Months..... £1 5 0
Six Months..... 0 13 0
Single Number 0 0 6

Wednesday, July 20, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXXXVI.] DUBLIN, WEDNESDAY, JULY 27, 1842. { PRICE SIXPENCE, STAMPED.

On the Anasarca which follows Scarlatina—By H. Kennedy, M.B., &c.... 49

REPORTS OF MEDICAL AND SURGICAL PRACTICE.

Observations on Entropion, with cases, and a description of Dr. Jacob's operation—By O'B. Bellingham, M.D..... 53

Cases of Arthritis—By H. M'Cormac, M.D. of Belfast..... 54

Case of Acute Laryngitis in a Lamb two months old—Tracheotomy—Recovery—By T. Moore Sunter, M.B., &c., of Athboy..... 55

EXTRACTS FROM PERIODICALS.

Remarks on the Nature and Treatment of Stridulous Convulsion in Infants 56

Post-mortem Examination on the Duke of Orleans, Prince Royal of France..... 58

REVIEWS AND NOTICES OF BOOKS.

Braithwaite's Retrospect of Medicine and Surgery. 59

On the Uses of the Liver..... 59

On the prevalence of Calcareous Salts in the urine of Pregnant Women..... 60

New substance, Gravidine, as a sign of Pregnancy. ib.

Letter from Dr. Maunsell to the Editor of the Evening Mail..... 61

Letter from George Roe, M.D., of Cavan, to the Medical Attendants of the Dispensaries of the County Cavan..... ib.

The Medical Poor-law in England..... ib.

MEDICAL ASSOCIATION OF IRELAND—Proceedings of Council..... 62

To Correspondents..... ib.

MEDICAL LEGISLATION..... ib.

LITIGATION FOR A DISPENSARY..... 63

MEDICAL INTELLIGENCE.—House of Commons..... 64

Register of the Weather..... ib.

ON THE ANASARCA WHICH FOLLOWS SCARLATINA.

By HENRY KENNEDY, M.B., L.R.C.S.I., one of the Medical Officers of Thomas' Dispensary.

(READ BEFORE THE OBSTETRICAL SOCIETY.)

At the last meeting it may be recollected an animated discussion took place subsequent to the reading of a very interesting paper on scarlatina by Dr. Fitzpatrick. As this discussion was only put an end to by the lateness of the hour, I thought I might venture to bring the subject once more before the society, and under this impression the following remarks on the dropsy, which so often follows scarlatina, have been put together. It may be observed, that for some time past, the sequelæ of the disease have been scarcely less important than the disease itself: the complication to which I would now direct attention has been no exception to this remark, as during the last year it has assumed a degree of severity, which I believe has been unknown in former years. It is also right to state that opportunities were afforded me during the past year for observing many cases of this form of dropsy, in hospital, but more particularly in dispensary practice.

It is not necessary to detain you by giving any account of what has been written on this form of anasarca. In truth, the paper of Dr. Wells, published many years since, is the only one I am acquainted with which treats specially of the disease. Isolated cases have, however, been published from time to time in the periodicals, and some of great interest may be found scattered through the works of Withering, Blackhall, Bright, and Marshall Hall: the subject too has been but very slightly touched upon under the head of scarlatina in the Dictionaries and Cyclopædias of Medicine: these then are additional reasons for bringing the subject under notice, and I shall now proceed at once to do so.

The period at which this form of dropsy came on after the subsidence of the eruption varied a good deal. As a general rule, however, it was certainly earlier than what has been stated in Wells' paper, who makes it about the 20th day: one week earlier than this, or about the 12th or 13th day was the usual time: to this there were, however, some remarkable exceptions. Thus, in one child, five weeks elapsed before any swellings appeared, and in another the 7th week was completed before they came on. In this latter case, the mother had completely forgotten that her child had had scarlatina till asked about it. Two cases also occurred where the mothers denied that their children had had scarlatina. I believe that in these cases the latter disease was so slight as to have escaped notice. It has been stated that the face is always the first part swelled, and that in fact, the disease is characterised by this; it is by no means constantly so. I saw several cases where the extremities, particularly the lower, were swelled for some time before the face, while in other cases again it never swelled at all. The mothers are apt to state that the swelling has first commenced in the face, because any change here is much more likely to be observed. It must not be forgotten, however, that when either the face swelled in the course of the disease, but more especially when it was the part where the swelling first showed itself, the case ever required the most prompt attention. The first few cases which came before me I confess I did not pay any particular attention to: they were comparatively slight, and all did well. The following, however, was quite sufficient to rivet my attention:—A strong looking girl, about six years old, was brought to Thomas' Dispensary. She had some swelling of the

face and extremities, and there was also what appeared to be sufficient evidence of effusion into the abdomen. This point, however, I could not determine accurately: the chest was quite free—there was a slight degree of fever present, and the bowels were confined. She was ordered to get a bath, to be kept in bed, to be given some active purging powders of calomel and jalap, and to have imperial for drink. The night of the day on which she had walked to the dispensary, she was suddenly seized with convulsions which proved fatal within an hour. It need scarcely be observed, that subsequently to the occurrence of this case, every one of the kind received my particular attention. I soon discovered, what indeed has been observed by every one, that the dropsy occurs almost without exception after the milder cases of scarlatina only. Wells has also stated that it is preceded by listlessness and languor. This I confess does not agree with my own experience, as I frequently, though not always, had occasion to see a child eating, drinking, playing, and sleeping well, who was afterwards attacked with the dropsy. It by no means follows, however, from this that the child was therefore in perfect health. On the contrary, under this mask of health, a state of the system was very generally present, some of the symptoms of which I believe to be very characteristic and well worthy of attention. I am speaking now of the period between the supposed convalescence of the child and the time when serious symptoms set in, dropsy being manifestly present. Thus there was always more or less of febrile excitement. The pulse though fallen from what it was during the eruptive stage, still kept above the natural standard, from ten to twenty beats: it was also marked by a degree of sharpness. The skin kept dry and hot, and, as far as I have been able to observe, there was very little desquamation in those cases in which dropsy followed. The impression on this subject is, I believe, the contrary way. What is stated, however, is what I myself observed. After passing about ten days in this state, the mother began to observe the child was not so well. The fever increased in degree—the child became less playful—loathed its food, and would occasionally vomit—the vomiting was remarkable, and I believe is a symptom never to be neglected. Thus it would occur one day, and then two or three would pass without it, when it would again recur; or else it would come on at a particular hour in the 24, and at no other time: owing to this it was very likely indeed to be attributed to any thing rather than the real cause, to some medicine the child had taken, or irregularity in diet. Another symptom which was very often present at this period was headache: it had the same intermitting character as the last, but the time of the day at which it was complained of was very constantly in the morning early. Of course, I was only able to learn its existence in children of a certain age. The state of the pupils also particularly caught my attention. No matter how the case was to terminate, whether the head was to become engaged, or the chest, or neither, or whether the child was to live or die, there appeared to be a remarkable tendency to dilatation and sluggishness of the pupils, and this even exposed to the strongest light. I have satisfied myself that this symptom is not necessarily connected with the brain, for I have seen it well marked where a post-mortem examination could detect nothing wrong with that organ. In the more urgent cases of the disease, the effect of treatment on the pupils was remarkable; but this will be alluded to farther on.

Such then were the symptoms commonly present till the swellings began to appear, and it must be repeated that they may either commence in the extremities, particularly the lower, or the face, or the whole body at once. Like every other symptom, these also showed at first a tendency to remit, though not in so marked a degree as some to which allusion has been already made: thus the hands would puff up one day, and be of the natural size the day after: this was often very remarkable as connected with the face. In the course of three or four days however the swellings became permanent; at the same time the pulse was rising, the tongue became furred, and fever was lighting up. The duration of the disease from this period forward was very various: in one instance, it proved fatal on the third day, while in another, seven weeks elapsed from the time the swellings set in till serious symptoms appeared: this last case there will be occasion to mention again. In the majority, however, the average period was about three weeks: it need scarcely be observed that these were the mildest cases of the dropsy. It was not at all unusual, however, for cases to continue a fortnight without any change, and then severe symptoms would suddenly appear: in others again there was a gradual but steady progression from the time of the first appearance of the swellings till the disease had reached its acmé, occupying probably a period of from eight to twelve days. When any case was about to become serious it usually took one of three courses; in the first the head was the part attacked, in the second the chest, while in the third no particular organ seemed to be engaged. It is not, however, to be supposed that when the head was attacked the chest was necessarily free, but merely that the more prominent symptoms were referable to the brain. With each of these three ways it is I believe necessary that every one should be familiar: for certainly otherwise, the class of cases under consideration are very likely to be overlooked till it is probably too late. I shall, therefore, as briefly as possible state the symptoms which came under my notice, and which may lead any one to infer that something serious is about to occur. Supposing the head was about to be attacked, it was observed for three or four days previous that the child began to loathe any food it may have got, then to vomit it: if the child were old enough, it then also complained of pain in the head, not constant, but darting through it: from having been playful, and sitting up in the bed, it was found to be more inclined to lie, and to take less notice of objects: the sleep also was broken. To these symptoms were added the dilated state of the pupils which now was to a great extent and permanent: while in this state, I ascertained that the child saw distinctly. The breathing was very characteristic: at first view it appeared to be very quick. On looking at it more closely, however, it was observed to be irregular, that is, it would be quick one moment and slow the next, while again it would appear to require considerable muscular exertion to carry it on at all. In fact it was well marked cerebral breathing, such as every one may have seen in some cases of fever. The pulse also showed remarkable variations: not that in any single instance I found it irregular as Wells has

stated, but from having been 120 one time of the day, it would suddenly fall 20 to 30 beats, and then rise again to what it was at first, and all this in the course of two days. As the time, however, approached when either convulsions or coma were to set in, it invariably fell again, and during that period it commonly ranged between 60 and 70. This last point has been noticed by Wells. Neither were the swellings any exception to this tendency to variation. For four or five days previous to any serious head symptoms setting in, I observed them flitting about, as much as ever acute rheumatism does, and in two instances scarcely a trace was left of any external swellings till the head symptoms were got under, and then they again made their appearance. In the paper to which allusion has been so often made it is stated that, during the convulsions the swellings appeared to subside a good deal. The points, however, to which I wish to draw attention are these, that previous to the occurrence of the fits, remarkable variations will generally be found to take place in the degree to which the swellings exist, in the state of the pulse, and also in the breathing. Once convulsions came on it need scarcely be observed, the child's life was in the most imminent danger, and frequently indeed, during the past year, did it terminate in this way. If the convulsions did not end the scene, coma did.

The second way by which some of the cases I met with became serious was by the lungs getting engaged. In such from the onset of the swellings, or sometimes even before this, the child was observed to have a short cough; as they increased the cough became more troublesome, and the breathing more rapid. The progress of this sort of case was however slower than where the head was the part attacked. As the chest symptoms became more urgent, so also did the fever rise higher. The pulse rose to 140, and even 160, while the breathing I frequently counted upwards of 60 in the minute. The tongue became densely loaded, and there was very constantly vomiting. On making an examination of the chest, the physical signs afforded were generally those either of œdema of the lung, or bronchitis. I did meet with cases of pneumonia and of effusions into the pleura; but they were the exception to the general rule. Bronchitis is always easily enough detected, particularly in children; not so, however, the œdema. The lungs in truth may be seriously engorged with serum, and yet without care in making an examination it may be completely overlooked. The reason of this I have had occasion to mention before, while speaking of hooping-cough. It is this—when the breathing of a child, or indeed of an adult is extremely rapid, there is nothing more common on applying the ear to the chest than to hear a respiration which is perfectly natural as far as it goes: its duration, however, is shorter than what should exist. In fact the rapidity of the movements of the thorax is so great, that time is not given at each inspiration to fill the whole texture of the lung. If under these circumstances either œdema or the first stage of pneumonia exist, crepitus may not be heard, because the inspiration only reaches a sound portion of lung leaving the diseased part as it were at rest. If, however, an inspiration of the proper length occur, the crepitus will at once become evident. The statement of this fact, though not constant, has appeared to me worthy of being repeated.

The œdema was first observed commonly occupying the base of both lungs. I have met with it, however, implicating but one. When it affected any considerable portion of the lungs, as for instance, the lower lobes of each it was very generally fatal. It need scarcely be added, that when bronchitis was superadded, it was still more so. While listening to the breathing in some of those urgent cases the idea has been strongly forced on my mind, that the lungs themselves were acting vigorously independent of the movements of the chest. In some cases too I have observed the external jugular veins distended to a degree which I never saw in any other disease: they were literally as hard as whipcord.

In those cases to which attention has been drawn, the percussion was constantly clear and resonant. I would just observe in passing that more particularly in children much has yet to be learned relative to the connexion which subsists between a clear sound on percussion and a solidified lung, or even effusions into the pleuræ.

The third way in which death was caused I am somewhat at a loss to explain. No organ was particularly engaged, it appeared as if the general symptoms of fever ran so high as to be incompatible with life. I saw three children, who, within an hour or two of their death were not only sensible, but could swallow well, and put out their tongues or hands when bid, and yet I could not say that they were dying of any thing wrong with the head, chest, or abdomen. In one only of those cases was I able to get an examination. I found a very trifling amount of passive effusions in all the cavities. One symptom, however, did attract my notice: I observed for three or four days before death, the pulse at the wrist began to fail, this went on progressing, and finally became extinct, and in this state the children lived for several hours, the heart all the while acting apparently strong enough. It may be observed, that I myself have met, and others too have seen precisely analogous cases in some instances of typhus fever.

I have purposely avoided alluding to the renal secretion till now, as anything I had to offer applied equally to all the cases of the disease. This secretion presented itself to my notice in every variety; in some of the severest cases, where convulsions were present, I could not detect anything wrong either in quantity or quality; it may be right to mention that the only test used was that of heat. In other cases again, where the most urgent symptoms existed, the urine was albuminous; but this also was met with where the life of the patient was never in danger at all. In most instances the quantity seemed to be less than what is natural; but this is a point by no means easily ascertained. In only two instances have I seen that state of the urine which Wells seemed to think was very characteristic of this form of dropsy—that is where blood appears to be mixed with it. If asked, then, what connexion exists between albuminous urine and the anasarca which follows scarlatina, I feel myself justified in answering none necessarily; for albumen may be present, or it may not, and this in the mildest as well as the severest cases of the dropsy. Where albumen did exist it declined in quantity with the swellings. I have not yet met any instance where it persisted, the patient at the same time recovering.

To the pathology of the disease, I am unable to add anything new; the effusions were very generally of the passive kind, there being seldom any appearance whatever of inflammation of the serous membranes. Both acute peritonitis and pleuritis, with pneumonia, were however met with occasionally during the past year. As to the lungs themselves, a very great degree of engorgement from serous fluid, together with evidences of bronchitis, was what came most frequently under my own notice. Bright's disease of the kidney I have met with but once well marked. It is right, however, to state that in two other instances the kidneys did not appear healthy, though, on the other hand, I could not assert that they could be classed under any of the stages of the

disease as given by Bright. With all the light which has been thrown on this subject by the gentleman just alluded to, and by others, I am persuaded that it yet affords a wide field for investigation.

On the treatment of this form of dropsy, I shall be very brief. In the milder cases the treatment by purgatives appears to me decidedly preferable to that by diuretics. I have found them much easier managed, and more certain in their effects; they were given so that six or eight motions were obtained in the twenty-four hours. Where the more common purgatives, such as the compound powder of jalap or calomel, failed to produce the desired results, or where the patients could not be got to take them, I have not hesitated to use the croton oil, and with the most decisive results. In such I ordered half a drop to be put on the tongue: it commonly acted before the second hour was ended. Together, with these means, the child was kept strictly to bed; it got warm baths; it was put on the lowest diet; but, above all, I found it useful to lessen the quantity of fluid taken to the smallest amount. I have long satisfied myself that some forms of dropsy may literally be starved out of the system: this I believe to be one of them. Whether this theory be correct or not, I can at any rate answer for the value of the practice. It must not be forgotten, however, that where the diuretic plan is determined on, fluids should be given. In the instances where I saw the disease at an early stage, before the swellings had fully formed, I found that the treatment could keep them at bay; but it is worthy of remark that they would return again and again, and in this way show a degree of obstinacy for which every one should be prepared. Possibly more heroic treatment might have rendered the effects permanent; but I did not think myself justified in these mild cases in having recourse to it. When all my directions were fully carried out, the cure was generally complete in about ten days from the first appearance of the swellings; but when otherwise (and from the class of patients I had to deal with this was often the case) the disease was much more obstinate, and would then continue three, four, and five weeks.

In the severer cases of the disease where life was threatened by either the chest, the head, or both together becoming engaged, I am able to confirm a line of treatment which hitherto required more experience before it could be generally adopted; I allude to the antiphlogistic. I have found it more certain in the cure of urgent cases of this disease, than that of any other which it has been my lot to treat. It may be observed, too, that unintentionally it has been put to a sort of test which much more confirms its value, for at first being uncertain of its effects, it was not carried to that degree which subsequent experience told me the cases required, and in consequence some cases were lost, which I now believe it was possible to have saved. A decided antiphlogistic treatment, including both general and local blood-letting, and followed up by appropriate treatment according to the circumstances of each case, is then what I can strongly recommend as best adapted to the class of cases under consideration. I should state that the hint for this line of treatment was given me by having read a highly interesting case, which will be found detailed in Dr. Marshall Hall's last valuable work on the nervous system. In confirmation of what has been just stated, and as a conclusion to these remarks, I shall give the detail as briefly as possible of three cases which came under notice during the past year, two of them having been under my care. The first I saw through the kindness of my friend Mr. William Barrett. A boy, aged three years, had passed through a slight attack of scarlatina, which was very soon followed by swellings of the lower limbs and some effusion into the abdomen. In this state he continued six weeks, during the latter part of which he occasionally vomited, and it was observed that the pulse varied a good deal from day to day: the pupils also became dilated, the swellings now increased, being apparent in the arms, and finally in the face. In this state he continued a week longer, the swellings during these six or seven days, varying in degree a good deal from day to day; at last, on Tuesday, October the 13th, after having eaten a small breakfast, which he vomited, he was suddenly seized with violent convulsons of the right side of the body. This happened about eleven o'clock, and I saw him about three hours after, when I found the same side, including the leg, arm, and face, in a state of the most violent agitation from convulsive jerks repeated every instant, and exactly such as one would expect strong electric shocks to produce. The face was pale and the pupils somewhat contracted, one more than the other. There was some frothing of the mouth, and the breathing was both laboured and rattling: the pulse I could not accurately count: it was slow, however, and the heart's action was strong. The only vein I could find fit for opening was the internal saphena, and this was immediately done close to the right knee: owing to the convulsive movements of the limb the bleeding was very rapid, and in a very short time ℥vi. of blood were abstracted. The face became perfectly pallid, and perspiration broke out on it, showing that the bleeding had been carried far enough. Towards the close I observed that the convulsive movements were not so energetic, and there was evidently a longer interval between each. Half a drop of croton oil was put on the tongue. Within an hour all convulsive movement had ceased, and there remained only some rolling of the eyes to show what had been going on. In another hour there was some threatening as if the convulsions would recur, during which the bandage became loose, and there was lost at least ℥iii. more blood before it was controlled. A blister was now applied to the nuchæ, and, after it was taken off the surface was dressed with mercurial ointment, to which a small quantity of tartar emetic was added. It is enough to state, that within forty-eight hours this child had quite recovered its senses, labouring still, however, under the dropsical swellings. It was now transferred to the care of Mr. B. M'Dowell, under whom this child recovered completely. It should have been stated before, that during the whole progress of this case, the urine was highly albuminous becoming less and less so, as the disease approached its termination. I need only detain you to state the leading features of the case: they consisted in the long duration of the disease, being nearly ten weeks, in the sudden attack of convulsions after the swellings had existed six weeks, in the decisive effect of the treatment, in the large quantity of blood lost within two hours, amounting to ℥ix., the child's age being three years, and though last not least, the perfect recovery of the patient. The second case occurred in Sir P. Dun's Hospital, and for being able to give the details, I am indebted to the kindness of Dr. Law. A fine intelligent boy, age 14 years, passed through a very mild attack of scarlatina. At this time he was scarcely a whole day in bed. After being up and about for some days, it became evident he was about to labour under the anasarca which follows the disease. There were some slight feverish symptoms, with intermitting headache in the morning, and the stomach was occasionally sick, though not amounting to vomiting. Swellings now appeared, and in the course of three days there was evidence of effusions into the abdomen, and also some into the right pleura. In spite of well directed treatment the swellings still farther increased, the boy be-

came comatose, and finally was seized with violent convulsions. Between the fits, the symptoms were complete coma, with contracted pupils, the eyeballs being spasmodically turned so as to look downwards, a state which I never saw either before or since; the pulse 56 and regular: there was also vomiting, which act was performed with a degree of force which was truly remarkable, the fluid was literally ejected two yards from the bed, and this without the slightest warning. The treatment hitherto adopted, consisted in local bleeding to the head, combined with mercury and diuretics: as it was not thought advisable to take blood from the arm, this plan of treatment was continued, and local bleeding was again had recourse to. Out of a number of leeches applied, it is well worthy of remark that six of them bled profusely for fifteen hours. A blister was also applied to the nuchæ. Within a short period after this the convulsions ceased, the coma then gradually declined, and at the end of forty-eight hours the boy had quite recovered his senses, his mouth at the same time having become affected with the mercury.* For some days subsequently, this boy's state required close watching: he, however, went out ultimately quite well. It should be stated that this boy's urine did not from first to last give any evidence of the presence of albumen by the test of heat. The points of interest in this case were:—The short time which passed between the decline of the eruption and the first appearance of swellings, being little more than a week: the position of the eyeballs during the comatose state: the curious vomiting, and the subsidence of all the alarming symptoms precisely as the remedies took effect, together with the state which followed all this, requiring close attention for fully a week.

The third case which I would detail, though not ultimately successful, yet appears to me worthy of notice. I was brought to see a child, age 3½ years, labouring under dropsical swellings after scarlatina. One month had intervened in this instance between the decline of the eruptions and the commencement of the swellings; when they did commence, it was first of all in the face, and their progress was very rapid; they had reached the height I first saw them at in three days. A single glance was enough to show me that this child's life was in the most imminent danger—the face was pale—the lips livid—dyspnœa very urgent—respirations sixty in the minute—there was no pulse to be felt at the wrist, while the heart was beating upwards of 150. On applying the ear to the chest bronchitic râles were heard, which were confined apparently to the larger tubes; the child put out its tongue; it had, however, the appearance of being stupid and drowsy. The urine gave no evidence of albumen. A vein was opened in the arm; at first the blood came slowly, but finally more quickly; and what was very curious in a case of this sort was, that according as it flowed, the pulse at the wrist became more and more distinct, and when the arm was tied up after about ℥vi. was abstracted, it was full and of some strength. On the following day this child was manifestly improved in every respect: in the breathing, in the state of the pulse, and the general appearance; other treatment was then recommended. Unfortunately, however, some one had seen the child, who prophecied 'that it must die, and that there was no use in doctoring it at all at all;' to this the parents listened, and of course nothing was done. The child lived for two days after this. For an opportunity of seeing three or four very severe cases of this affection, I have been indebted to the kindness of Dr. John Ferguson.

* A case was lately given by Professor Benson where salivation succeeded in effecting a cure after other means had failed.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

OBSERVATIONS ON ENTROPION, WITH CASES, AND A DESCRIPTION OF DOCTOR JACOB'S OPERATION.

By O'B. Bellingham, M.D., one of the Medical Officers of St. Vincent's Hospital.

Catherine Donnelly, ætat. 14, admitted into St. Vincent's Hospital, November 1840, labouring under entropion of the upper lid of both eyes.

She states that she has had sore eyes for the last two years, and that the affection was originally brought on by exposure to cold. The early symptoms were great itching, pain and watering of the eyes, with intolerance of light, which have continued since. About a year ago, the eyelashes became inverted, and she says they have been occasionally pulled out, but with only temporary relief.

The superior tarsi of both eyes are completely inverted (except at the angles of the eyes) the lashes lying against the ball of the eyes; the eyelids are tumid and œdematous, and the external surface of both lids is excoriated; there is considerable mucous discharge with copious lachrymation, accompanied by great intolerance of light, so much so that it is with difficulty the lids can be separated sufficiently to get a view of the cornea; the conjunctiva of the ball of both eyes is vascular, and the cornea of the left eye is dull; on the right side it has not lost its transparency. There is in addition a spasmodic and involuntary contraction of the orbicularis palbebrarum muscles, which increases the friction of the eyelashes against the anterior surface of the eyes.

She suffers constant pain, with headache and loss of rest, accompanied by watering of the eyes and great intolerance of light; indeed she holds her head down, contracts her brows, and when in bed lies with her face against the pillow, as we see children do who labour under strumous ophthalmia.

Miles Donolly, ætat. 60, admitted into St. Vincent's Hospital, August 1840, labouring under entropion of the upper lid of the left eye.

He states that he has had sore eyes for the last sixteen years; the affection was originally brought on by exposure to cold. Eight years ago he laboured under entropion of the upper lid of the right eye, for which an operation (probably Guthrie's from his description) was performed, which did not succeed; and subsequently the edge of the tarsal cartilage with the bulbs of the eyelashes was excised, since which time the right eye has been relieved. Soon afterwards the left eye became affected, and continued so until his admission into hospital. There is considerable vascularity, pain and constant watering of the eye, with general opacity of the cornea; the tarsal cartilage is inverted except close to the angles of the eye, and the lashes are in contact with the globe of the eye.

Entropion (the consequence of neglected ophthalmia) is by no means an uncommon affection among the lower orders in this city. It is a disease which entails a considerable amount of suffering upon the individual the subject of it; and if not relieved, it invariably ends in more or less loss of vision.

In this affection, from whatever cause it may proceed, the margin of the tarsal cartilage being turned towards the globe of the eye, the eyelashes are necessarily brought into contact with the anterior surface of this organ, and the continual irritation produced by their friction causes a state of chronic inflammation, accompanied by pain, intolerance of light, and

continual watering of the eye, with increased and vitiated secretion of the meibomian glands, which ends in thickening of the conjunctiva covering the cornea, or in ulceration of this part, followed by more or less opacity of the cornea.

Entropion may occupy the upper and lower lids of one or both eyes, or it may be confined to the upper or lower lid of one eye. It may be partial, occupying only a portion of the margin of the tarsal cartilage; or it may be complete, and engage the whole. The former appears to be the most common.

The treatment of entropion is essentially surgical, the disease can only be relieved by operation; and several different operations have been at different times practised and recommended. In the simplest form of the disease, where the integuments of the lids are merely relaxed and lengthened; or when the entropion is confined to the lower lid, the excision of a fold, or the destruction by an escharotic of a portion, will generally be sufficient.

In the advanced stages of this affection, however, when the tarsal cartilage is corrugated and shortened, other proceedings are necessary; and among the operations for its relief, one of the earliest is that of Sir P. Crampton.

"Having raised the upper eyelid by means of the first and second fingers of the left hand, he passed a narrow, slightly curved, and sharp-pointed bistoury between the eye and eyelid at its internal angle, and pushed it through the lid, so as completely to divide the tarsal cartilage by a perpendicular incision about three lines in length; a similar incision was then made at the internal angle; the eyelid immediately felt unconfined, and its margin could with ease be turned outwards; he then by a transverse section of the conjunctiva united the extremities of the perpendicular incisions, which was effected by running the knife along the conjunctiva, beginning at the external, and terminating at the internal section. As soon as the bleeding ceased, the parts were washed and dried, and a suspensorium palpebrarum was then applied to retain the lid everted."

Mr. Guthrie combines the excision of a portion of the integuments of the lid with the operation proposed by Sir P. Crampton.

Mr. Lawrence, in bad cases, prefers the excision of the edge of the lid, together with the bulbs of the eyelashes; this, as he observes, is certainly effectual in removing the immediate cause of the evil, viz., the irritation caused by the inverted cilia.

The operation performed in the foregoing cases was that first practised by Dr. Jacob; it is a modification and improvement upon Sir P. Crampton's, and it possesses several advantages over those usually performed. It is equally effectual and more simple than Mr. Guthrie's; and it does away with the necessity for the application of any apparatus to preserve the lid in an everted state, as in Sir P. Crampton's and Mr. Guthrie's.

The patient being placed in a sitting posture, and the head supported by an assistant, the inverted upper lid was separated from the globe of the eye by means of the finger or a sharp hook, and then with a pair of strong scissors two perpendicular incisions were made through the tarsal cartilage, each about a quarter of an inch in length, one upon the temporal, the other upon the nasal side, avoiding the punctum, and including the whole inverted portion of the lid; this part being now everted and held in that position, the two perpendicular incisions were connected by a horizontal incision upon the conjunctival surface close to the ciliary margin by means of a scalpel, cutting through the conjunctiva and tarsal cartilage, and leaving the inverted portion of the margin united to the rest of the lid, *merely by the integuments*; taking care that the knife did not penetrate through the skin. The inverted portion of the lid now no longer turned against the ball of the eye, and as soon as the smarting from the operation subsided, the patient felt relief—a light pledget of lint wet with cold water, or a dilute solution of sulphate of zinc was then laid upon the eye, and moistened occasionally.

The success of this operation depends in a great measure upon the edges of the incision being prevented from uniting by the first intention, particularly the horizontal incision upon the conjunctival surface; this is effected by everting the lid occasionally during the first few days, and by touching the edges immediately after the operation with the sulphate of copper, so as to cause it to suppurate and fill up by granulation.

In the first of these cases both eyes were operated upon, and the patient left the hospital perfectly cured. I saw her about a year afterwards, at which time she was labouring under a recent attack of conjunctivitis; when it subsided there was a tendency to inversion of a portion of one lid, which, however, required only a little attention to cleanliness on her part to be removed.

The second patient also left the hospital perfectly well, the cornea having nearly recovered its transparency; some time afterwards a few cilia growing about the punctum internal to the incision of the cartilage gave him some annoyance; but there has been no return of the entropion.

ARTHRITIS.

TO THE EDITORS OF THE MEDICAL PRESS.

Belfast, July 16, 1842.

GENTLEMEN,—If you think the following cases worthy of insertion in the PRESS, I beg you will make use of them, and believe me, gentlemen, your's very truly,

H. M'CORMAC, M.D.

It occurs to me that if professional men were oftener to record the results of their peculiar experience, much advantage might accrue to medical science.

Collective is made up of individual experience; and there are few of us who have not met with facts, if not previously unknown, at least not previously described. These trite but true observations have been suggested by two cases of arthritis, one of which some years since, the other very recently, came under my notice.

When I say arthritis, I do not mean rheumatismal arthritis, podagric arthritis, or scrofulous arthritis; but idiopathic arthritis, otherwise arthritis arising from the joint operation of cold and moisture, or possibly causes unknown.

The first case to which I have alluded occurred in the person of a carpenter's son, a boy of eleven or twelve years of age. He assisted his father in his business, and was often exposed to cold and moisture from carrying tools and work to their destination. On one of these occasions, the weather being cold, wet, and stormy, he came home complaining of an acute darting pain over both the malleoli of the left ancle. This increased with pulsatile throbbing, and great general febrile uneasiness. The inflammation was superficial, in so far as it did not implicate the interior of the joint; and might, perhaps, with propriety have been termed an example of phlegmonoid exterior, or peri-arthritis. Conceiving it, but most erroneously, as proved by the sequel, a case for the application of the nitrate of silver, on Higginbottom's principles, I applied this substance accordingly. The immediate result was the usual discolouration of the epidermis, wherein of course all inflammation ceased.

This process, however, continued in the deep-seated tissues, eventually terminating in actual sphacelus. The boy died after great suffering on the fifth or sixth day.

The last case also occurred in the person of a boy about the same age; the situation was also the same, with this difference, that the external malleolus only was implicated. The symptoms were altogether alike; the suffering extreme, with complete loss of sleep and rest. I did not see the case till the second day. The parts were red, tense, and swollen, and the boy in a state of great distress. The parents were poor, their residence was a mountain slope; and there was no facility for procuring leeches, and no means of purchasing them, had such existed. To have applied the nitrate of silver would clearly have been trifling with the case, and might have ended fatally as in the former instance. I, therefore, took out a lancet, and made eight or nine parallel incisions, extending as far as the inflamed portions, down to the cellular tissue. Free, instant disgorgement was the immediate result; the pain and tension were relieved; and the boy slept the greater part of the night. A dose of calomel, with antimonials, was exhibited internally; the parts were stuped, and the limb kept in an elevated posture.

In the first of these cases, antimonials and aperients had both been made use of; but it appears from it that the method of Mr. Higginbottom is only sometimes available when inflammation extends below the surface. The boy was weak and strumous, and did not seem to me a subject for general depletion; but if I had resorted to free incisions, I think the case might have terminated favourably. I satisfied myself after the poor lad's death, by careful dissection, that inflammation had not extended to the interior of the joint; the exterior, however, manifested the usual products of inflammation—namely, pus, coagulable lymph, and mortified cellular tissue.

ACUTE LARYNGITIS IN A LAMB TWO MONTHS OLD—TRACHEOTOMY—RECOVERY.

TO THE EDITORS OF THE MEDICAL PRESS.

Green Lodge, Athboy, July 17th, 1842.

GENTLEMEN,—The novelty of the following case may probably induce you to give it a place in the pages of the PRESS. Your doing so would much oblige your's, very obediently,

THOMAS MOORE SUNTER, M.B. &c.

On the morning of the 27th of May, 1842, a lamb about two months old, a week "weaned," and previously most healthy, was observed, by the person in care of it with several others, to cough in a very peculiar manner. From the description given, it was what would be termed in a human being a "laryngeal cough." The little animal would cough in this way three or four times in quick succession—run on a little with its head to the ground—stop suddenly, and commence coughing again as before. His general appearance, (he said,) indicated much anxiety, and he did not eat as usual. He coughed as if he wished to get rid of something, but could not. In about three quarters of an hour after he was first observed to cough, my attention was directed to him, as much as a matter of curiosity as any thing else, and I found him labouring under the following symptoms:—The coughing had ceased, but was succeeded by a loud "hissing or wheezing" sound, both in inspiration and expiration, apparently proceeding from the upper portion of the windpipe—sides heaving violently—eyes exceedingly anxious and restless—head bent between the forelegs, and he was staggering about. Looking on these symptoms as indicative of something materially interfering with the passage of air through the upper portion of the windpipe, and which I felt should be promptly attended to, I introduced a probang, after a little difficulty, into the œsophagus, and passed it down nearly the entire length, but without its encountering any obstruction. This proceeding, so far from allevating the little animal's symptoms, only seemed to make them worse. The eyes now were assuming a fixed, *glazed*, expression, and were turned upwards. His head began to move rapidly up and down—his mouth open, and gasping as it were for breath—he was tottering about, and he fell on his knees. As it was quite evident he could not live many minutes longer, unless something were done to relieve him, I at once determined to make an opening into his trachea, and see what effect it might have upon the symptoms. With this view, I had him at once turned on his back, and firmly held in a sitting posture, the head being kept well extended, so as to elongate and bring forwards the front part of the neck; and with a dressing-case scalpel and forceps I made an incision in the direction of the middle of the trachea, about five inches in length, and dissected my way down to the trachea, which I clearly exposed to the extent of about half an inch, just as much as afforded me room to cut out a circular piece about the size of a sixpence, and no more, which I did with a crooked scissors, having first fixed the trachea, and brought it forwards by sticking a tenaculum into it. As soon as the opening was made, a hissing sound issued from it: the little animal rose hurriedly, and moved very restlessly about, coughing very much, which was produced, I suppose, by some of the blood (there was not much bleeding during the operation) trickling into the trachea through the incision, as well as by the irritation of the mucous membrane, from the contact of air which had not been "*aired*" by having previously passed through the mouth, as Mr. Adams used sometimes to say in his very valuable lectures on tracheotomy.

But this continued only a few minutes. The wheezing disappeared as soon as the opening into the trachea was made. In about two hours after the operation, a wet cloth was tied loosely round his neck, so as to cover the opening of the incision. For about twelve hours after the operation, his breathing was rather hurried, (though he ate and went about the fields as usual in a few minutes after he was operated on,) and after this he appeared as well as if nothing whatever had occurred. The cloth was not disturbed, nor the wound, until a month after—when, on removing it, and examining the neck, the only trace of the operation I could find was a red, slightly-elevated cicatrix, about half an inch in length, and situated about the middle of the neck, or somewhat lower.

OBSERVATIONS.

I think, gentlemen, the above case may be considered as an example of acute cynanche laryngea, successfully treated by operation. I am induced to look on it as such, from the *progressive increase* of the symptoms, by the short, hoarse, frequent cough, *at first* indicating incipient irritation, and inflammation of the mucous membrane of the larynx, followed by the *increasing severity of the symptoms*, the *wheezing*, *&c.*, *&c*; showing, in my opinion, that the passage of the rima was being rapidly diminished, from the violently-increasing inflammation of the membrane. From an extract which I have lately read in an English newspaper, headed "Distemper amongst Horned Cattle," stating *its extreme violence*; the great mortality that attended it; that few cattle-keepers escaped it altogether; and that in some cases the loss had been very great; *and that the symptoms*

were a violent inflammation, generally commencing in the throat, &c." From reading this, it struck me that the case I have just endeavoured to detail, might have been of a similar character, particularly as I have, within the last few days, heard of two or three other lambs having been similarly affected, and that they died; and in the beginning of April last, to my own knowledge, one of several bullocks, whilst being visited by the person in charge, was observed not to eat like the rest; but this was the only remark passed at the time. *In one hour afterwards*, he was found lying on his side—his tongue protruded from his mouth—*eyes very prominent and turned upwards*, and the animal *quite dead*. It was supposed at the time he was choked. The viscera of the chest and abdomen were examined, and were found perfectly healthy. Unfortunately the trachea and larynx were not examined, there having been no idea of an "epidemic" being entertained at the time, though it was just then very prevalent amongst the cattle about Dublin. In a month after this, the same stock of bullocks were inspected at night, and all were found well. In the morning another bullock was found quite dead, and exhibiting *precisely the same external appearances as the former*. I cannot help thinking that if these two animals had been observed as the lamb was, and similar measures taken, they might have been both saved. I shall not offer any apology, gentlemen, to scientific individuals like you, for taking up so much of your space, with the symptoms and treatment of a disease of one of the "lower classes" of animals. Indeed I feel it is not necessary; for when I consider that the study of *comparative anatomy* is now being pursued with that zeal and success so eminently characteristic of the *medical minds* of this country, and that the results arrived at, and the conclusions drawn, are considered of sufficient interest to amply repay the labour bestowed upon the investigation of them, I hope it is not presuming too much to entertain a hope that a detail of some of the results of *operative surgery, in the same field*, may prove to be not entirely without their interest either: indeed it is already beginning to extend its arms into this region, as the following extract from the "*Edinburgh Courant*," (in one of the numbers for June, 1842,) will testify:—

"EXTRAORDINARY VETERINARY OPERATION.—The rare and very difficult operation of extracting a stone from the bladder of a horse, was performed by Professor Dick, on an aged pony, on Wednesday last, at the Veterinary College here, in the presence of a great many of the most distinguished medical gentlemen of the city. This is the first time that this operation has been performed in Scotland on this animal, the disease being, as we believe, very rare. The stone was of a very large size, and weighed eight ounces after its extraction, although a *considerable portion of it had been taken off* during several attempts at its removal, which was rendered difficult from the depth of the wound, the roughness of the surface of the stone, and the presence of a large tumour, which was found to occupy the passage through which it had to be extracted. Several pairs of extracting forceps having failed to accomplish this, it was ultimately effected by Dr. Mercer passing his hand into the cavity of the bladder, and the depth and size of the wound may be conceived, when it is understood, that the whole of his hand and arm, nearly to the elbow, had to be introduced before the stone could be properly laid hold of. The animal bore the operation well, and on being untied, walked into its loose box, without apparently having suffered much pain."

The chemical analysis of the calculus is not given, but as *the patient was an old subject*, (reasoning analogically,) I suppose we may conclude it was principally composed of the phosphates.

Again, here is an instance of the *medical treatment* of one of the inferior classes of animals:—

"CURE FOR THE NEW DISTEMPER IN CATTLE.—We have been favoured with the following cure by W. H. Reilly, Esq., of Belmont. Bleed in the off-side of the neck from 4 to 8 quarts, according to the age and strength, &c.; next day, bleed in the opposite side, &c., If the animal is not better the third day, give *one scruple of calomel, one scruple of tartar emetic, every three hours, till the gum becomes red, and salivation sets in.*"—*Abridged from the Westmeath Guardian, for July*, 1842.

I think, gentlemen, sufficient nearly has been already stated in this paper, towards entertaining the belief which has been for some time forcing itself on my mind, that with regard to some of what are termed the "inferior classes of animals." (In the language of Shakspeare,) "though they are not fed with the same food, yet are they, *in many instances*, subject to the same diseases, and healed by the same means as a Christian is."*

EXTRACTS FROM PERIODICALS.

REMARKS ON THE NATURE AND TREATMENT OF STRIDULOUS CONVULSION IN INFANTS. BY MARSHALL HALL, M.D., F.R.S.

The disposition to this disease seems to consist in a peculiar susceptibility of the excito-motor property of the nervous system. The immediate attacks are the result of the action of sources of irritation or excitement of this property. This susceptibility should, if possible, be diminished, and the causes of excitement should be most carefully avoided. These are the *two principles* which must, I believe, guide us in our treatment.

I.—The most obvious sources of irritation and excitement are—

1. *Dentition.*
2. *Indigestible food.*
3. *Morbid alvine matters.*
4. *External agents.*
5. *Mental emotions.*

On each of these subjects I proceed to make a few remarks.

1. *Of Dentition.*—I have long regarded the process of dentition as not very dissimilar from a state of *sub*-inflammation. I have therefore prescribed the gum-lancet, not only in cases of actual dentition, but in cases in which I did not immediately expect the eruption of teeth through the gums, and even in cases in which *all* the teeth had already appeared. From the same motive I have prescribed scarification of the gums within and without the highest or lowest border of the gums, or the lines along which the teeth make their appearance.

I have prescribed the use of this remedy, in a word, to correct a state of the blood-vessels and nerves, which, though physiological, borders on a pathological character. I have prescribed it to be used daily. I have been satisfied with nothing short of the subjugation of the excessive action and fulness of the vessels, and of the disappearance of morbid actions, chiefly of a nervous character, in distant parts.

I have thought it right to continue the remedy, even when these effects have been produced, knowing, by painful experience, how apt they are to recur. I have considered that an infant had better have its gum lanced a thousand times unnecessarily even, than be subjected to *one* convulsive attack. I have compared the *operation* on the *gum* with the *morbid effect* of a convulsion on the *brain*.

My prescription has been met by opposition, but by no argument; by forebodings of terrible ulceration, and even mortification of the gums, but by no such occurrence.

In one word, I believe we have still to learn the

* Merchant of Venice.

measure and extent of the advantages to be derived from the full, free, and daily scarification of the gums during the process of dentition.

Interesting questions to determine would be—first, whether the temperature is, as is alleged, augmented during dentition; and, secondly, whether this elevated temperature be reduced by the use of the scarificator. It is well known that the new horn of the deer is extremely hot during its rapid growth. It is well known that frequent scarification of the conjunctiva reduces the actual inflammation of that membrane.

2. *Of Indigestible Food.*—The repetition of the attack of crowing convulsion has so often, within my own experience, been the result of improper and indigestible food, that I invariably fix upon some one article or kind of diet, of the most unquestionable character, to the exclusion of all others. In the case upon which these remarks are based, I desired that a young and healthy nurse might be procured, and that no other kind of diet might be allowed. We were fortunately successful both in our choice of a nurse and in the result of our experiment, and to this day the little patient has taken no food except the nurse's milk.

In other instances, when the child was too old for a nurse, I have recommended asses' milk, or a certain proportion of cow's milk and water, thickened with rusk or arrow root, and taken through a "bottle," as the *sole* diet.

In the case of the threatening of an attack, I have directed the fauces to be tickled by a feather, and the stomach to be thoroughly evacuated by vomiting.

3. *State of the Bowels.*—The bowels should be well moved daily. But in accomplishing this, we must avoid all *irritating* measures, which may themselves induce the attack, and *exhaustion*, which adds to the susceptibility to attacks.

If the secretions be wrong, a grain of calomel or blue pill should be given frequently. Large doses of calomel are, I am persuaded, injurious. They are the source of much irritation first, and of much exhaustion afterwards. The mildest effectual aperients are next required. The infusion of rhubarb, with the tartrate of potass and manna, is one of these. To such a draught a few drops of the tincture of hyoscyamus, of the aromatic spirit of ammonia, and a little of the syrup of ginger, may be added. But a *most* important remedy is the enema of warm water or barley water. To be administered in sufficient abundance, this must be given *very* slowly. It is then most effectual, *washing* out the intestine, and removing what even drastic purgatives would leave behind.

It frequently happens that in the crowing disease, there is a spasm of the gall-ducts, and the alvine evacuation is as pale as white clay. Nothing removes this state of things so effectually as the repeated use of an ample lavement. It has accomplished more than the blue-pill, the grey powder, or calomel itself. I shall never forget the surprise of a friend of mine, who had brought his child to me, saying, "all my remedies have failed in inducing the flow of bile." I said, omit all medicines, and give an ample lavement night and morning." In three days the desired event was accomplished. I have already suggested the propriety of avoiding the irritation of purgative medicine by adding the hyoscyamus.

4. *External Agents.*—The principal of the external agents which influence this disease, both injuriously and beneficially, is the external atmosphere. The baneful influence of the *north-east* wind, and the curative influence of *change* of air, and especially of *sea-breezes*, are not less marked in this affection than in hooping-cough; facts which, with many others, denote an intimate relation between these two diseases.

When the little patient has been long free from attacks, a sudden change of the wind to the north-east frequently induces a return of them; and when they have been long obstinately repeated, and have become, as it were, chronic, a change of air has induced a sudden suspension of them.

An interesting remark is made by Sir Henry Marsh (*Dublin Hospital Reports*, vol. v. p. 610.) Speaking of a little patient affected with this disease, he observes:—"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 second 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."

These observations are sufficient for my present purpose, and I proceed to make a remark or two on the effects of—

5. *Mental Emotion.*—Even in infants mental irritation is a frequent cause of convulsive attacks. The infant should not be suddenly awaked out of sleep. The infant should not be "slapped" by an angry nurse. If the nursing nurse be out of temper, there is frequently a *double* source of renewed malady; her treatment of the infant is rude, and her milk unwholesome. To *change* the nurse is, therefore, occasionally a judicious and necessary measure, when the patient does not proceed prosperously.

The slightest *alarm* is still more serious in its effects. No disease, generally speaking, is so formidable as that which is induced by *fright*. All sudden noises; all rapid movements in nursing, &c., should be carefully avoided. The infant should be addressed in a soft and soothing tone of voice. In a word, every source of mental emotion should be most carefully avoided.

II.—In reference to the *morbid susceptibility* of the little patient, it is, I believe, best subdued by the tincture of hyoscyamus and the infusion of the humulus lupulus. The system may be kept constantly under the gentle influence of these remedies; that of the exciting causes is then less injurious. The gentle tonic influence of sponging the general surface with tepid salt water is also highly beneficial. All inclemencies of the weather being avoided—for heat, cold, and the north-easterly winds, are alike injurious—the child should be much in the open air. It should be protected, not only by the *shade*, but by a flannel dress which should cover every part of the surface, whilst the clothing in general should be suited to the season.

III.—I must now make a very few remarks on the *pathology* of this affection, and especially on the connection which the condition of the *thymus* gland has been supposed to have with it.

Much has been said by various authors about the enlarged condition of this gland as the *cause* of the crowing inspiration and convulsion. They have been deceived by the morbid appearances. They have not reflected that enlargement of the thymus might be a natural *effect* of the convulsive efforts observed in this terrific malady. I have known the thyroid gland

become and remain enlarged in like manner after the efforts of severe and protracted labour. I have known the eyes to be bloodshot from hooping-cough; the eyelids to be ecchymosed, in spots, from epilepsy, and from the efforts of vomiting and parturition.

In this manner we may understand how enlargement of the thymus may be an effect of this formidable disease. Viewed in this point of light, we can readily imagine that it would subside with the disease. In this manner we are led to consider the disease as not necessarily incurable, which it must be if it depended on organic change of structure. This case affords another example of morbid anatomy, erroneously interpreted, leading to erroneous views of disease.

If we carry our views to the condition of the brain, and bear in mind the effect of the convulsive effort on the thymus gland, and on the face, we shall see the great importance of adopting measures which may relieve the congested encephalon. Unfortunately, depletion adds to the susceptibility of the nervous system, and therefore to the disposition to attacks. The spirit-lotion applied to the head seems to be the safest remedy, as well as the most efficacious one. In severe cases the ice-cap should be applied.

As a confirmation of these views, I may mention that it has never been my lot to see the veins on the forehead of a little patient so enlarged as in the case in question.

In conclusion, I may repeat that no case could present a more marked diathesis of the convulsive character than this little patient. One of nine children, all of whom had suffered from the crowing convulsion, three having died, and one having presented the appearance of enlarged thymus; the principle of the total removal of all irritation, gastric, intestinal, and dental, succeeded, nevertheless, in subduing the disease. The stomach and bowels having been cleared, we procured a healthy nurse, letting her milk be the only food; we kept the bowels free by the mildest measures (for I am convinced that rough ones, and especially calomel and senna, frequently induce the attack); and we kept the gums free from irritation by the use of the gum-lancet; and under this treatment the child has done well. A cold spirit-lotion applied to the crown of the head, and change of air, and especially the sea-breezes, doubtless also contributed their aid in the cure. I have frequently had to remark the baneful influence of the north-east wind, and the beneficial influence of change of air on this disease, as in pertussis, with which it seems, indeed, to possess various points of resemblance, not to say connection.—*Lancet.*

POST-MORTEM EXAMINATION OF THE DUKE OF ORLEANS, PRINCE ROYAL OF FRANCE.

The accuracy of the following details may be relied on. It will be seen that the Prince died in consequence of a *crushing (ecrasement)* of the head, to use the phrase employed by Dupuytren in his clinical lectures to designate the severest and most complex physical lesions.

In fact this injury combines contusion, laceration, rupture, and fracture, and we may add luxation—that is to say, separation of the sutures. The Prince consequently suffered every possible physical injury of the head.

These *crushes*, without division of the skin, are usually caused by a blow of a beam of timber, or heavy mass of stone—by the passage of a heavily laden waggon over the head—by a horse falling on his rider, and particularly by a cannon ball striking the head obliquely. Similar injury occasionally results from a fall, provided it be from a very great height, and that the head first strikes the ground. But the carriage of the Prince was a very low one; and therefore he must have been projected with a very considerable impulse, as the mere weight of the body falling such an inconsiderable height could not account for such numerous fractures—such extensive mischief. Further, the two forces must have been so directed that the head sustained almost the entire shock: or else we must suppose that there was extreme fragility of the bones.

Examination of the body forty hours after death by Dr. Pasquier, first surgeon to the Prince Royal, assisted by M. Pasquier, first surgeon to the King, and MM. Fouquier, Anvity, Moreau, Blandin, Blache, Destouches, Sauvé, and Seguin.

External appearances.—Commencement of putrefaction, especially over the abdomen, and on the posterior part of the trunk. Cadaveric rigidity of the limbs. Contusions on the right jaw, the right eyebrow, and right side of the forehead. Extensive bloody tumour on the back and right side of the head. Traces of contusion on the front of the knees, on the left hand, and over the left trochanter.

Sanguineous infiltration of the soft parts covering the superior, posterior, and lateral regions of the head, especially posteriorly, and on the right side.

Separation of the lambdoidal suture, of the squamous sutures, the left mastoidal suture, the sphenoidal, and both sphenopetrous sutures. Numerous fractures, which may be divided into three series.

1. *Right side of Head.*—A fracture commenced at the right side of the lambdoidal suture, passed a little above the posterior and inferior angle of the parietal bone, through the squamous portion of the temporal bone, extended into the temporal fossa, and terminated on the great wing of the sphenoid bone.

2. *Left side of Head.*—Another fracture commenced at the left side of the lambdoidal suture, divided the parietal bone from behind forward in half its extent, and separated from behind forward the scaly portion of the temporal from the rest of the bone; the squamous suture being, as has been already stated, disunited; this portion of the bone adhered to the soft parts only.

3. A third fracture divided the sphenoid bone transversely at the level of the sella turcica.

These fractures, together with the disunion of the sutures, separated the cranium into two portions, viz.:—1st. Anterior and superior portion comprising from before backward, the superior portions of the parietal bones, the squamous portion of the temporal bones, the frontal, the ethmoid, and almost the entire of the sphenoid bones. 2d. A posterior and inferior portion, comprehending the inferior parts of the temporal and parietal bones, and the posterior parts of the sphenoid. These two portions of the cranium admitted of considerable motion on each other.

The brain was very large. Its anterior inferior part, to the level of the fissure of Sylvius, was reduced into a reddish pulp as far as the bottom of the anfractuosities. A similar alteration, but much more limited in extent, existed behind and on the right side. There was considerable effusion of blood into the cavity of the arachnoid, and the sub-arachnoid tissue presented a very decided sanguineous infiltration. A few drops of reddish serum were found in the ventricles. The spinal marrow and vertebral column were uninjured.

There was effusion of blood into the pleura. The lungs were gorged with blood; but were perfectly free from any adhesion. The heart and pericardium were natural. The abdominal viscera were sound.

After the examination, the body was embalmed according to the Egyptian method.—*Gazette des Hôpitaux. July* 19, 1842.

REVIEWS AND NOTICES OF BOOKS.

THE RETROSPECT OF PRACTICAL MEDICINE AND SURGERY. Edited by W. BRAITHWAITE, Surgeon to the Leeds Eye and Ear Infirmary, &c., &c. No. V. January to July.

THE fifth number of Braithwaite's Retrospect of Practical Medicine and Surgery, from January to June, inclusive, is now before us. The volume has been increased in size, and an index added, which will materially facilitate reference to the different articles.

When noticing the earlier volumes, we took occasion to allude to the object which Mr. Braithwaite's publication is intended to fulfil, and to the great utility a work of this kind must prove to the busy practitioner; and we expressed our approbation of the manner in which his part had been performed. The present volume is not behind its predecessors: and the abstract of the contents at the end of the volume contains an excellent retrospect of the different articles previously noticed, and will be read with profit and advantage.

We give some extracts in our present number, and shall, perhaps, refer to the volume again.

ON THE USES OF THE LIVER. BY JOHN BOSTOCK M.D., F.R.S., &C.

When we take a general view of the animal economy, and especially, when we inquire into the relation which its different functions bear to each other, although we must consider the whole of them as bearing their part in maintaining the system in its perfect state, yet there are some which would appear to be more immediately essential to its existence; among these we regard that series of actions, by which the materials of which the body is composed are received into the stomach, and after experiencing the necessary change in the appropriate organs, are finally deposited in the blood, constituting the respective functions of digestion, chylification, and absorption. The matter thus deposited in the blood-vessels is destined to supply the demands of the system in the processes of growth and nutrition, as well as for the reparation that may be required, either from the effect of natural decay, or from accidental injury. Now, in order that there may be, at all times sufficient materials to supply every contingency, there must, in most cases, be a superfluity, and it therefore becomes necessary that there should be some regular mode of discharging this superfluous matter. The elements which enter into the composition of one aliment, and which, after due elaboration, are deposited in the blood, may be considered as essentially consisting of carbon, azote, hydrogen, and oxygen; and with respect to at least the three first of these elements, a distinct organ is provided for the removal of any superfluous quantity of them which may exist in the blood, after supplying all the wants of the system. The processes by which this removal is effected, and which may be styled *depurative*, are performed for the three elements respectively by the lungs, the kidneys, and the liver.

With respect to the lungs, I may remark that this organ affords a beautiful illustration of that admirable system of adjustment and contrivance, which forms so conspicuous a feature in the animal economy. We conceive the primary and specific object of the respiration to be the evolution of caloric, an effect which is produced by the union of a portion of the oxygen of the inspired air with a portion of the carbon of the venous blood. Now, this combination of oxygen and carbon, by which heat is liberated, constitutes one of the depurative processes; and it is the one which is the most essential to the well-being of the system; for the excess of carbon which affords the fuel for the "slow combustion" in the lungs, were it to remain in the blood, would render it totally unfit for performing its appropriate functions, or even for the temporary continuance of life.

The second of the depurative processes, that by which the superfluous azote is removed from the blood, is effected by the kidney. The removal of this element proceeds upon a somewhat different principle from that of the carbon. We are not aware of any immediate injury or deleterious effect which the excess of azote produces upon the system, and, therefore, it was not necessary that the whole of the blood should pass through this purifying organ; hence a comparatively small portion only of the blood is carried to the kidney, which secretes or separates from it the highly azotized substance, the urea. With respect to the circumstances which promote the action of the kidney, we may conjecture, that it will be excited by the nature of the fluid that is conveyed to it, and that, when the blood has any of its constituents in undue proportion, it may possess a stimulating quality, adapted to increase the secretion of the urea. And besides the urea, the kidney appears to be one of the great outlets by which the system is freed from any superabundant water which it may contain, and thus peculiarly well adapted to carry off all the urea which is generated, as well as any excess of saline matter which may exist in the blood. The kidney may, indeed, be regarded as a kind of secondary cloaca; the intestinal canal being the channel for carrying off the residual part of the food, after the separation of its nutritive matter, while the kidney discharges the heterogeneous substances which have been received by the blood-vessels, but which, being no longer required, or having performed their appropriate functions, are to be regarded as residual. And with respect to the discharge of water from the system, we have here another example of that plan of compensation, on which we have already had occasion to remark. A quantity of aqueous vapour is exhaled from the lungs, which is increased or diminished according to the temperature of the atmosphere, and various other circumstances, external and internal, but when it is not carried off by the lungs in due quantity, the superfluous fluid is discharged by the kidney.

The third of the depurative processes, that by which the superfluous hydrogen is removed from the blood, is effected by the liver, but by a different arrangement from that employed either in the lungs or the kidney. In the case of the liver, it is only a comparatively small portion of the blood which is conveyed to the organ for the purpose of purification, thus differing from the analogous operation in the lungs, while it also differs from that in the kidney, by receiving venous, instead of arterial blood. Although it may be difficult to assign any reason for this arrangement, which can be considered as more than conjectural, yet we may from some speculations on this subject, which are, I conceive, at least plausible. The blood, after passing through the pulmonic circulation, is sent into the great systematic arteries purified from its superfluous carbon. The superfluous azote, and the various saline substances are next removed by the kidney, after which the whole of the blood is returned from all parts of the body and conveyed to the great venous trunks. A portion of this blood is carried to the liver, which organ, like the lungs, exercises a double function; the blood is freed from a quantity of superfluous matter, while, by this

depurative process, a substance is generated, into the composition of which hydrogen enters in considerable proportion, and which is essential to the proper action of the digestive organs. I agree with Dr. Willis in the opinion, that the selection of any particular portion of the venous blood depends entirely upon the anatomical relation of the parts, and not upon any chemical difference in the nature and quantity of its constituents. And we may here remark upon the compensating power of the liver. When, from any cause, a less quantity of carbon is required for the evolution of heat in the lungs, than is inconsistent with the healthy constitution of the blood, the liver would appear to be the organ by which this irregularity is rectified, by an increased secretion of bile. We have thus an additional provision made in the arrangements of the system to prevent an undue accumulation of carbon, an element which, when it exists in excess, appears to exert a positively deleterious influence. But with respect to azote and hydrogen, the case is different. Although we must conceive than an excess of these elements is more or less inconsistent with the maintenance of the healthy state of the system, yet it is not so immediately injurious, and we, consequently, have no compensating organs, by which such excess may be removed, in defect of the due operation of the kidney and the liver.

With respect to the oxygen, there appears to be no depurative process by which it is removed from the blood. Probably the continued expenditure of this element, in almost every operation of the system, when either the muscles or the nerves are called into action, may prevent its undue accumulation, and even should we admit of the existence of a hyper-oxygenized state of the blood, we are not aware that any immediate evil would result from it. We may also conjecture, that when the blood contains an excess of oxygen, this redundant quantity becomes united to a portion of carbon, so as to form an oxide, which we may conceive to be less deleterious than the carbon in its uncombined state.

ON THE PREVALENCE OF CALCAREOUS SALTS IN THE URINE OF PREGNANT WOMEN. BY M. DONNE.

M. Donné supposes that the quantity of calcareous salts, commonly found in the urine, ought to be diminished during gestation, imagining that part of them is required for the formation of the bones of the fœtus. To determine this point, it would be necessary to know the normal quantity of the salts of lime, and then to compare the results with those furnished by the urine of women who are unquestionably gravid. To accomplish this object, pour into a graduated measure 50 parts of urine, and add to it 30 parts of hydrochlorate of lime, when a precipitate is obtained, which in normal urine ought to vary between 40 and 50 parts; so that in the urine of the pregnant woman its quantity will be much less, the greatest amount being 30 parts. Before making this experiment, it must be ascertained whether the urine be acid or alkaline; and if it is not alkaline, it must be made so, by adding some drops of ammonia. The precipitate which one ought to obtain is the phosphate of lime, a salt which is soluble in weak acids. In the same way the urine may be treated by adding a little of the water of barytes, when from normal urine a precipitate of the salts of barytes of from 12 to 15 would be obtained; and from the urine of a pregnant woman of from 5 to 8 parts. It is necessary to remark, that these precipitates are not got till the liquid has been allowed to remain at rest for about twelve hours.

It appears, then, that the difference in the proportion of the precipitates is very considerable, and not the mere result of chance. Donné convinced himself of this by a great number of trials. Thirty-six specimens of urine were brought to him—of pregnant, as well as non-pregnant females—and in two instances only did he make a mistake as to the class of patients to which each specimen belonged. It is well to state, that these specimens were from women in the obstetric clinical ward, where patients are only admitted at an advanced period of gestation. I have discovered pregnancy by this test, in three, in whom neither the *toucher*, nor auscultation, afforded any signs as to their condition, and whom this result proved to be in the family way. In one of these cases (that of a young woman, fifteen days behind her proper monthly period,) I sent a specimen of the urine to Donné, who found in it the peculiarity which we have noticed. This patient, however, had a miscarriage about a month afterwards, when the embryo, from its appearance, seemed to be in the third month. Donné observed a diminution in the calcareous salts of the urine, in a very remarkable manner, in a woman whose urine he examined for a totally different object. On the first occasion he found the normal quantity of precipitate; a short time afterwards, repeating his experiments upon another specimen, he discovered a notable diminution in the precipitate. From this he suspected pregnancy; and the result justified his suspicions, for she had an abortion three months afterwards.

We leave it to our readers to put what value they please upon this character of the urine of pregnant women: it is for them to repeat the experiments, which, as has been seen, are so easily performed.

Whatever truth there may be in it, we avow, that the theory which has conducted Donné to his researches, is a most attractive one. All authors who have written on embryology, consider ossification as taking place on the fifteenth or thirtieth day after conception. This new formation of osseous parts can only take place at the expense of the mother. It is, therefore, quite logical to endeavour to find out whether the calcareous salts of the urine of the mother are diminished.

Hitherto all the experiments made have been with the urine of pregnant women, as contrasted with those believed not to be so, but marriageable, and who, therefore, might be in that state. We do not know whether the proportions which we have given would remain the same, were we to compare the urine of women pregnant, or supposed to be so, with that of men, children, or women above the age of child-bearing. This is an important point to ascertain; for it may so happen that the quantity of calcareous elements in the urine is not the same in individuals of the same age, of different sexes. Judging from the difference which exists in the form, structure, and composition of the bones in men and women, and in the young and the aged, this seems very probable.

NEW SUBSTANCE, GRAVIDINE, AS A SIGN OF PREGNANCY. BY DR. STARK.

The fluid portion of the urine of pregnant women being drawn off, there appears a "natural sediment," which, whether held in solution, or separated by ether, has a striking resemblance to the serous globule, but when in a sedimentary state, bears an equally strong resemblance to the milk globule in recent milk. This substance differs from albumen and caseum, the two animal substances most analogous to it: from the former, in being soluble in water by means of heat; from the latter, in being soluble by sulphuric and nitric acids. From gelatine it also differs: first, in being precipitated from its solution in water on cooling; secondly, though partially precipitated by tannin, the precipitate was soluble in

water on boiling. The author calls it "gravidine," both from *gravidus* big with young, occurring as it does in pregnant women; and also from *gravis* heavy, seeing that it falls to the bottom of the vessel. Kiestein is but the pellicle which results from the decomposition of gravidine. As the globules forming the latter substance are decomposed, urates and purpurates are developed in the urine; and when these have broken up and assumed new combinations, the triple phosphates appear, with that beautiful crystalline appearance, described by Dr. Bird, as one of the characteristics of kiestein.

TO THE EDITOR OF THE EVENING MAIL.

London, 42, Great Ryder-street, St. James's, July 18, 1842.

SIR,—I find by letters received this morning that an attempt to raise the hopes of those individuals who expected to profit by Messrs. Nicholls and Phelan's late medical charities' bill, has been made, by circulating a report that a new edition of that bill is now in print, and in the possession of certain persons in Dublin. The following particulars regarding this matter may perhaps be interesting to some of your readers:—

On the 13th instant I received a letter from Mr. Tagart, President of the College of Surgeons in Ireland, stating that, on the 11th instant, Mr. Harrison (one of the authors of a pamphlet favourable to the poor-law commissioners) had asserted at a public meeting of the College, held on the 11th instant, that a new edition of the bill was in print, and had been given to him "confidentially," and that it contained all the objectionable clauses. I immediately, as agent for the College, wrote to Lord Eliot upon the subject, and was instantly favoured with a most satisfactory explanation, from which the following is an extract:—

"I told Mr. Tagart that the medical charities' bill, in the shape in which I mean to lay it on the table of the House of Commons, was not printed. It not only was not printed when I saw Mr. Tagart, but it is not in print at this moment."

His Lordship's letter bears date 13th July, 1842, so that it is plain that if, as Mr. Harrison is stated to have said, there was on the 11th instant any new edition of the medical charities' bill in print, it must have been a surreptitious document, got up without the knowledge and against the wish of Lord Eliot.

Your obedient servant,

H. MAUNSELL.

[COPY.]

TO THE MEDICAL ATTENDANTS OF THE DISPENSARIES OF THE COUNTY CAVAN.

Cavan, July 16, 1842.

GENTLEMEN,—In reply to your application for my opinion respecting the dispensaries of this county, I beg leave to say, that from my long and intimate acquaintance with almost every dispensary in it, and from my knowledge of the very great and deplorable want and call for medical and surgical relief throughout the whole of the county, I cannot feel surprised at your calling a meeting, and passing such a resolution, as I see you have done, to express your sentiments respecting the letter which has appeared in the public prints, and to which your resolution alludes, and in which (in my mind) a most *unjust and unjustifiable* censure is passed upon *all* the dispensaries of this county. That the dispensary system is faulty and bad, I am ready to admit; but I know and am certain that a very large amount of medical and surgical relief is given, with very limited and moderate means, and I know and feel that the great and leading defect of the dispensary system is the want of means to provide for urgent and dangerous cases of fever or casualties in their own locality. As I am preparing some observations and suggestions for the improvement of the medical charities of this, as well as the other counties throughout Ireland, I will not at present say more than that I am with great esteem and regard, your very sincere and faithful friend,

GEORGE ROE, M.D.,
Surgeon, County Cavan Infirmary, and Physician to the Gaol of Cavan.

THE MEDICAL POOR-LAW IN ENGLAND.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN, Permit me to request that you will publish the subjoined extract from a London paper, for the information of such gentlemen, if such there be, as may be disposed to expect justice or fair play for the medical profession, at the hands of the poor-law commissioners. How, with the experience of England before him, any man can hope for fair dealing towards medical men from the poor-law authorities, I am at a loss to understand, still more should I wonder if any set of men could be found who would voluntarily subject themselves to the control of such persons, but I feel no surprise at observing certain pamphleteers come forward to their support, nor at finding disinterested "friends to the profession" advocating the interests of the commissioners (in other words of *themselves,)* neither do I at all wonder that men can be found ready to recommend "a few hours exercise on the treadmill" for those who may be bold enough to obstruct measures calculated to effect the personal objects of a few at the expense of an entire profession. Your obedient servant,

A SEARCHER FOR HONESTY AMONGST POOR-LAW AUTHORITIES.

"TREATMENT OF MEDICAL MEN.—The concoctors of the late revised edition of the new poor-law bill appear to treat human life with the same regard that sea-voyagers have for the motley and crudely made articles which they purchase for their ephemeral use in a slop-shop, and which suit their purposes if they seem likely to last them for their short trip over the azure deep. Those *soi-disant* friends of the poor imagine that they discharge their duty, if they merely adopt such measures as are calculated to aid the wretched beings whom fortuitous circumstances have placed at their mercy, in prolonging for some time their miserable existences. They evince as little respect for the members of the medical profession as they betray pity for the poor. The charitable Solons of the Tendring union have had the audacity to insult that honourable profession by making out the subjoined scale of payment for the attendance of its members upon the inmates of that union:—For attendance upon a man, his wife, and children not exceeding twelve years of age, the pay of the medical man is to be one penny per week; for two single persons one halfpenny per week; for all servants in place three shillings a year, and for bleeding or extracting teeth, *sixpence each.* As according to the old proverb, 'what is sauce for the goose is sauce for the gander,' so if this penny and halfpenny quackery is sufficiently good for the wretched inmates of the workhouse, or for the labouring classes, it should be equally calculated to restore the guardians of the Tendring union to health and strength, should disease or sickness attack them. One is almost led to doubt that men who have the cruelty to affix such prices to the medical attendance upon the poor, possess a human heart. The medical men of the Tendring union rejected with scorn the proposition—conduct which has met the approval of every true Christian and every lover of his species. It is impossible to give an idea of the indignation with which this attempt to trifle with the sufferings of the poor, and to degrade the medical profession, has been met by every member of that profession, and by the public in general. The feeling of indignation is of so determined a character, that it is well calculated to compel the guardians of the Tendring union to abandon their cruel proposition."

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, JULY 21.—Council met.

Dr. Harvey, of Cork, was admitted a member of the Association, and his subscription of 10s. acknowledged by the Treasurer, who also acknowledged the receipt of the following sums:—

Dr. W. D. Murphy, Kilfinan Fever Hospital,	10s.,	renewal subscription.
" Renwick, Wexford,	10s.,	"
" Macartney, Enniscorthy,	10s.,	"
" Sharkey, Berehaven,	10s.,	"
" Boswell, Wexford,	10s.,	"
Do., do.,	10s.,	for Secretary's fund.
" Cranfield, Enniscorthy,	10s.,	"
" O'Grady, Lamancha, Swords,	£1,	"
" Macdonnell, Dublin,	£1,	"
Do., do.,	10s.,	renewal subscription.

Read the resolutions of the grand jury of the King's County, forwarded to Richard Carmichael, Esq., by the Secretary of the grand jury.

"Tullamore, July 18th, 1842.

"Resolved,—That the grand jury of the King's County, feel themselves called on to express their dissent from the statements made by the poor-law commissioners in their report to parliament upon the medical charities of Ireland, as well as from their recommendation that an entire change 'should be adopted in the manner in which such institutions are governed and supported;' also to their assertion that 'the individuals who are most desirous that this species of relief should be efficiently afforded, unite in calling for a change in the mode in which it is now administered.'

"It being the opinion of the grand jury of the King's County, that the medical charities of the county are, generally speaking, well managed, and have proved highly beneficial to the poorer classes.

"Resolved,—That the grand jury being strongly impressed that in the hands of the poor-law commissioners, and boards of guardians or committees appointed by them, the medical charities of Ireland would not be improved or more beneficially managed than under the existing arrangements, feel themselves called on to protest against the proposed measure, and to recommend that encouragement should be held out to the respectable and independent classes of the country to aid these useful establishments by voluntary subscriptions, and thereby continue themselves the dispensers of this mode of relief to the poor.

"Resolved,—That copies of these resolutions be forwarded to the Earl of Charleville, the Earl of Rosse, Lord Eliot, and Mr. Carmichael, and that our foreman be requested on behalf of the grand jury to sign a petition embodying these opinions to be transmitted to the Earl of Charleville for presentation in the House of Lords."

Resolved—That the thanks of the Association be given to the grand jury of the King's County for the foregoing communication.

Letter from Dr. Kingsley read, and the Secretary directed to reply.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, JULY 27, 1842.

MEDICAL LEGISLATION.

IT appears after all that we are to have no medical legislation this session, and that we shall therefore now have some breathing time to consider the course to be pursued to protect the institutions, for the medical relief of the poor, from the destructive incursions of place-makers; the members of the medical profession from the servitude sought to be imposed on them; and the poor from the tender mercies of the English new poor-law principle as regards their health. Let not the brief period, between this and the assembling of parliament, be spent in apathy; the physicians and surgeons of hospitals and dispensaries have now had full warning as to what is to be expected; and as it appears that *some bill* for the regulation of the medical charities is probably to be read a first time and printed, they cannot be ignorant of the real nature and amount of the changes contemplated. They have also learned, that whatever measure the poor-law office proposes to carry, is not to be entrusted for its successful accomplishment to its merits or value, but that resources of a very questionable character are to be made available. That the end justifies the means, appears now to be an acknowleged and adopted maxim, and that base arts, corrupt practices, and low intrigue, may be resorted to with impunity. To this maxim, and the practices to which it leads, let maxims and practices the very reverse be opposed, and the result need not be feared. Let every man interested in the welfare of the medical institutions discharge his duty to the poor, the public, and himself honestly and independently, and the evils now threatened may be averted.

We have particularly to set our friends on their guards against irresponsible agents or advocates, for such we pledge ourselves there are both in town and country, paid, or to be paid, if not in hard cash, at least by place, or promise of place. Let no man be so simple as to suppose that official people, whose official existence depends on their official success, will refrain from making all resources available; we have seen the very reverse to be the case. In fact it appears that this method of doing business is not only tolerated, but recognized and defended, and that subordinates are to effect the objects given them in charge, by fair means if they can, but they are expected to effect them at all events. In the case of the poor-law office, for instance, the law directs that a record shall be kept of all proceedings, correspondence, and returns; but this is evaded by employing one of the officers to write privately from his own residence, and to receive private answers, from which such letters are selected for publication as suit the purposes of his principal, while the others are suppressed. Yet this course is defended before the very highest tribunal in the land, and the perpetrators screened from the consequences which should follow. This, however, is found to be too dangerous an experiment to be repeated, and another plan is resorted to. Another agent is selected, but not appointed to any office, or paid a regular salary, yet he is as completely as the other the agent for irresponsible communications; he makes reports; writes pamphlets; circulates anonymous squibs; hands about "private and confidential" papers; pays for the insertion of echo letters from the country as newspaper advertisments; and performs other functions too numerous and varied to mention. While we know that all this is done under official connivance, neither the act nor the actor can be touched, and thus the important provisions made to render parties responsible to the legislature and executive are evaded and defeated. Thus also are surreptitious copies of public documents circulated, garbled statements of occurrences privately disseminated, and instructions to adherents conveyed. In our last number we gave an example of this, where a person admitted to be an agent or advocate was

found privately circulating a printed copy of a bill among adherents and partizans, while a sight of the same bill, either in print or manuscript, was not to be obtained by those who represented or had the confidence of the profession. In the same way the false statement, as to the exclusion of the British graduates from a medical charities' board, made by suppression of the truth as to what really took place, was promulgated on the strength of a document which could have been obtained from official sources only; thus proving the existence of confidential communication between a public department and the authors of an anonymous production of the most objectionable character. We repeat it, therefore, that every man should be on his guard against the insidious advances of these persons.

LITIGATION FOR A DISPENSARY.

THERE is a long argument, occupying three closely-printed columns of small type in the *Londonderry Sentinel*, relative to the appointment of surgeon to a dispensary at Portstewart, but the merits of the case are so completely obscured by legal technicalities and arguments that we cannot comprehend them. All we can gather from the mass of print before us, and we doubt whether we correctly gather that same, is, that Dr. Babington, who writes equally long, prosy, unintellegible letters in the newspapers, in praise of the doings of the poor-law commissioners, wants to get in by putting out Dr. Russel; but upon what ground of justice or fair play he relies we cannot discover. He may or may not have the law on his side for aught we know; but he does not appear to set up any claim to the situation on the ground of superior qualification. He is, however, so ungallant as to endeavour to oust the ladies, and if he succeeds, we rather suspect he will find the atmosphere of Portstewart too hot for him in the sequel. His counsel, Mr. Napier, proceeds thus:—

"And first, as to Mrs. Cromie, it was admitted that she was a married woman, and she voted by proxy, and she gave the proxy to her husband. It was said that her subscription was duly paid, but it was not said when it was paid. Now he said that she could not vote at all, being a married woman, and could not execute a proxy. A married woman hath no will of her own. In Coke v. Littleton, 112, A. the law was clearly stated. In fact, from the earliest to the latest authorities such was the law, (read from the work mentioned,) and it was said in 112 B, which seemed to bear a good deal on the present case, that she could not make a will or give property to her husband, because the law intended that it would be by the coercion of her husband, (quoted from the Mairy and Scott, Bridgman's Reports, page 239,) the point was clear from these authorities, that a *femme covérte* had not the power here contended for, being, in the eye of the law, but one person with her husband.

"Mr. Justice Burton—But this is a voluntary society.

"Mr. Napier—Be it so; but he did not see any bye-law authorising married ladies to vote; he did not say that they could not make a bye-law to the effect that a married woman could vote, but they had not done so.

"Mr. Justice Crampton—Suppose a parcel of married women enter into a society to maintain a dispensary?

"Mr. Holmes—They might meet and vote.

"Mr. Justice Crampton—And suppose the grand jury presented for them?

"Mr. Holmes—You would shake your head, my lord, before fiating the presentment.

"Court—A woman may have a separate estate, and may make what amounts to a will.

"Mr. Napier admitted that a married woman might execute a power in this way, but that was not the question here; that was in equity, but at law she could not be considered as sole. Mr. Napier next referred to Carne and Brice, to show that where a married woman had separate property in trust, the moment the trustees paid her money, it became the property of her husband.

"Mr. Justice Burton—But here the husband had the vote, and he concurred in the manner in which it was given.

"Mr. Napier—He did, and that is a ground of objection. It was entirely the husband's vote, he concurred in that vote, the wife had no will of her own, but in case of a proxy where discretion is required she makes a proxy of her husband, so he would concur in a bequest to himself, but his wife could not in law make such a bequest.

"Court—There was a second objection: if she had the power, if she might be a subscriber, might she not make the husband her proxy; she might charge her separate estate.

"Mr. Napier—In equity, and not at law, could she charge separate estate, but her charging her separate estate in equity does not enable her to make a proxy.

"Court—Could her husband recover back the money paid in such cases?

"Mr. Napier—If it were paid without his consent he might. The wife might be the agent of the husband in some cases, and she might bind him as her agent. But why could she not make a will? Why? Because she was incapacitated; because she had not a will of her own; and if she had not, how could she vote. In the case of Wilson and Risk, in Brownlaw and Gouldberry's Report (reads the authority) it was held that she could not join her husband in empowering a person by letter of attorney, because she had no separate existence in law or any will of her own."

And so it goes on leaving the question just as it was. It is a curious coincidence that Dr. Babington's friends, the poor-law commissioners, are also very anxious to put the ladies *hors de combat*. The first and most celebrated of Nicholls' bills, now commonly known as Phelan and Corrigan's, or the treadmill bill, bundled them out, *sans ceremonie*, and the last edition, now privately in course of circulation, and falsely asserted to be the government bill, as far as we can discover, does the same. To this point we direct the special attention of the medical gentlemen of Ireland—it is no laughing matter; for as surely as they allow the ladies of Ireland to be excluded from all management or interference with the medical charities, so surely will they allow the poor people to be deprived of one of the few resources which they enjoy toward the amelioration of their miseries. But to return to our case:—

"Mr. Holmes would then come to the vote of Mrs Cromie. According to the policy of the law, she had no right to appoint her husband her proxy; but, first, he would speak of the opinion whether it would be right to give this person a liberty of voting by proxy. He thought not, because different candidates appeared, having different qualifications and different certificates, and in this case a judgment was to be exercised; and the general rule of law was, that a power requiring discretion and judgment could not be delegated at all.

"Mr. Justice Crampton—How does a woman give a proctor authority in the Ecclesiastical Court?

"Mr. Holmes—His lordship might know what was done in the Ecclesiastical Court, but he (Mr. Holmes) hoped he would never join that establishment (laughter.)

"Mr. Justice Crampton did not think Mr. Holmes ever practised in the Ecclesiastical Court.

"Mr. Holmes—Never; whatever understanding he had was not perverted by the Ecclesiastical Court (laughter); but the cases in this court were mostly adverse. It might be good policy to allow her to sue for alimony: it might be good to enable her to sue for the purpose of having justice done her, as against her husband: but still he thought she would be better in a court of equity, or a court of law. But, in the case of this particular institution, the court would see how much it would be against the policy of the law and the act of parliament on the subject, even to allow her to have a vote. If Mr. Cromie paid two guineas, or even twenty, he could not have more than one vote, but by getting his wife to subscribe,

who had no will of her own, he could have two at his disposal: as to her proxy, the policy of the law was against that which might cause domestic strife; that was the reason, amongst other things, why a wife could not be a witness against her husband; but here, suppose a a married woman chose to vote against her husband, that very thing had a tendency to create what the law wished to prevent; if she voted contrary to him, this would introduce a principle against the policy of the common law. It was laid down that a married woman might do anything relating to her separate estate, yet she could not constitute an attorney: though she had a power over her estate, she should act by herself: she could not delegate to another that power of acting over her separate estate: here it was not even averred that she dealt with her separate estate; saying it was her own proper money did not sufficiently show that it was so. In the case stated by Mr. Napier, it was shown that the moment trustees paid money to a *femme covérte*, it was at that moment the property of her husband (referred to Yelverton, page 1, and Noy's Reports, 133.) It appeared here that the act of a *femme covérte*, by the power of attorney, was held bad. Mr. Holmes proceeded to cite from 4th Bacon's abridgment and other authorities. Judge Crampton had put an extreme case—that of a society of married women; that was an extreme case, and could scarcely ever occur; and he submitted it could not govern the present argument; but, supposing a society all of maried women, they should go further and say they had all a right to vote by proxy: supposing the numbers equal, and a set of married women on one side and their husbands on the other; and the married women to have proxies different from their husbands, and some of their husbands go to vote, they would think they had it hollow until they would find their husbands starting up against them in the shape of proxies. What did the court suppose would be the consequence when the husbands returned home? The husband would say, why I did not know you were a subscriber before. Where did you get the money? would be the first question; then he would inquire, are you as capable of knowing the qualifications of a physician as I am? and it might be imagined what a squabble and domestic strife this would cause—which it was the policy of the law to prevent. He believed that Mrs. C. lived on the best of terms with her family, but he might suppose a case. She might have her own favourite, and the husband might dislike that fellow exceedingly, but she puts in her favourite in spite of him. He did with great respect submit to their lordships that the return was bad for uncertainty: bad with respect to the bye-law, and bad with respect to Mrs. Cromie, on several decided cases, and on general principle.

"The Court postponed giving judgment."

And so the affair rests for the present, Dr. Russel having possession, and Dr. Babington a mandamus; but who is to pay doctors John Doe and Richard Roe for their attendance on the case, does not appear.

MEDICAL INTELLIGENCE.

HOUSE OF COMMONS—July 20.

Mr. D. Barclay begged to ask the right hon. baronet, the Secretary of State for the Home Department, whether he intended, in the course of the present session, to bring forward any measure relative to the charters of the colleges of physicians and surgeons?

Sir J. Graham said he must postpone the introduction of a measure on that subject until the commencement of the next session.

HOUSE OF COMMONS.—July 21.

Mr. J. O'Brien presented a petition from the medical practitioners of the City of Limerick, praying that medical officers to charitable institutions in Ireland might not be placed under the control of the poor-law commissioners.

Mr. Mackinnon gave notice that on Thursday, August 4, he would move for leave to bring in a bill to prevent interments in towns, or under churches or places of worship.

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	July, 17th,	77.5	59	29.800	
Monday,	18th,	67.5	54 5	29.800	.325
Tuesday,	19th,	71.5	55.5	29.850	.045
Wednesday,	20th,	61	52	29.800	.290
Thursday,	21st,	75.5	53.5	29.950	.325
Friday,	22d,	80	53.5	30.200	
Saturday,	23d,	75	51	30.300	

At a Meeting of the Medical Gentlemen, in charge of the several Dispensaries in this county, convened in Cavan, on the 11th day of July, 1842, and held in the Boardroom of the County Infirmary, to take into consideration a letter published in the *Dublin Evening Packet* of the 25th of June, addressed to Drs. Harrison and Corrigan, and signed "H. M'Donald, Physician to Fever Hospital, Cavan"

Charles Halpin, Esq., having been called to the chair, and Bernard Coyne, Esq., M.D., having been requested to act as Secretary, the following resolution was unanimously adopted:—

Resolved—That we individually and collectively feel ourselves called upon to deprecate that part of the letter alluded to, which describes the dispensary system "a disgrace to the profession, and a fraudulent and gross imposition on the public and the people." As not any one of us are now, or ever have been, connected with an institution which could permit of being branded with so foul a calumny, and we consequently have no hesitation in stating that the writer must be perfectly ignorant of a system he so very decidedly abuses; and, in confirmation of this, we refer with pride and pleasure to a petition to parliament from the Grand Jury of the County of Cavan, which contains the following paragraph:—

"That the Medical Charities, including the County Infirmary, Dispensaries, and Fever Hospitals, in the County of Cavan, have been conducted for many years, and continue to be so conducted, to the entire satisfaction of the Grand Juries, and with the undivided approbation and confidence of the public."

Charles Halpin, L.R.C.S.I., Stradone Dispensary.
Bernard Coyne, M.D. M.R.C.S.L., Physician and Surgeon to Cavan Dispensary and Union Workhouse.
John Myers Atkin, M.D., L.R.C.S.E., Virginia Dispensary and Fever Hospital.
Richard Baker, M.R.C.S.L., Ballinagh Dispensary.
John Finlay, M.D., Ballimachugh and Drumluman Dispensary.
Edward Kellett, M.D., L.R.C.S.E., Mullagh Dispensary.
Hantz Fleming, M.D., L.R.C.S.I., Bailieborough Dispensary and Fever Hospital.
John C. Egan, M.D., L.R.C.S.I., Arva Dispensary.
Henry Alcock, M.R.C.S.L., Mountnugent Dispensary.
George Nixon, M.D., Ballyjamesduff Dispensary.
Winslow Finlay, M.R.C.S.L., Swanlinbar Dispensary.
John Sheridan, M.R.C.S.L., Crossdoney Dispensary.
Alexander Finlay, A.B., L.R.C.S.I., Killeshandra Dispensary.
J. Adams, Medical Attendant, Shercock Dispensary.

Cavan, July 16, 1842.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION, (PAYABLE IN ADVANCE.)

Twelve Months..... £1 5 0
Six Months..... 0 13 0
Single Number 0 0 6

Wednesday, July 27, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXXXVII.] DUBLIN, WEDNESDAY, AUGUST 3, 1842. { PRICE SIXPENCE, STAMPED.

Lectures upon the Human Intestinal Worms, delivered at St. Vincent's Hospital during the Winter Session, 1841-2. By O'B. Bellingham, M.D., one of the Medical Officers of the Hospital.—Lecture I.—
Introductory Observations..... 65
Ascaris Lumbricoides..... 66
Ascaris Vermicularis..... 67
Ascaris Alata..... 68
Medical Report of the Fever Hospital, Cork-street. By Gordon Jackson, M.D., one of the Physicians to the Hospital..... ib.
EXTRACTS FROM PERIODICALS.
Excision of the Elbow-joint..... 73
Employment of Ergot of Rye in cases of Paraplegia ib.
Extemporaneous production of Milk.. 74
Report on the present state of our Knowledge respecting Respiration and Animal Heat, and on Professor Liebig's New Chemico-Physiological Theory—By Robert Dundas Thomson, M.D. (Concluded.)..... ib.
Dr. Laycock on a general law of Vital Periodicity. 75
Medical Evidence at Coroners' Inquests—Letter from M. Doyle, M.D., of Irishtown, to the Editors of the Medical Press..... 76
MEDICAL ASSOCIATION OF IRELAND—Proceedings of Council..... 77
Communications received from the Grand Juries of Meath and Armagh.. ..... ib.
Petition of the Grand Jurors of the County of Donegal..... ib.
Books received for review..... ib.
MEDICAL VISITATION OF POORHOUSES..... 78
MEDICAL INTELLIGENCE.—Houses of Lords and Commons..... 79
POOR-LAW INTELLIGENCE—Medical relief in England..... 80
Promotions..... ib.
Obituary..... ib.
Register of the Weather.. ..... ib.

LECTURES UPON THE HUMAN INTESTINAL WORMS,

DELIVERED AT ST. VINCENT'S HOSPITAL DURING THE WINTER SESSION, 1841-2.

By O'B. BELLINGHAM, M.D., one of the Medical Officers of the Hospital; Professor of Botany in the Royal College of Surgeons in Ireland, &c., &c.

LECTURE I.

GENTLEMEN,—In the following lectures I propose to call your attention to the species of worms which occur in the human intestines, as the subject is one upon which many erroneous opinions are entertained, and upon which considerable ignorance in many points appears to prevail. In this country very little attention has been paid to the subject; the earliest account of them, approaching to accuracy, is contained in a paper by Dr. Hooper, published in the fifth volume of the memoirs of the London Medical Society for the year 1799. He was followed by Dr. Bradley, who has not added much; and Mr. Chamberlain's pamphlet is rather an account of the virtues of a particular remedy against worms, than a treatise upon the subject. In the year 1828, a small work upon intestinal worms was published by Mr. Rhind of Edinburgh. The article "Worms," by Dr. Joy, contained in the Cyclopœdia of Medicine, evinces considerable research; and, more recently, Mr. Owen (in the article Entozoa of the Cyclopœdia of Anatomy and Physiology) has brought together much valuable information upon their anatomy and structure.

On the continent, however, the subject has attracted considerable attention, and numerous contributions to our knowledge of them have been derived from this source; I need only mention the names of Pallas, Bloch, Goëze, Müller, Brera, Rudolphi, and Bremser, all distinguished men, who have all made these animals their particular study. The researches of the majority of these writers, however, appear to have been directed rather to the natural history of worms, their zoological characters and classification, than to those circumstances connected with the species inhabiting the human body most deserving the attention of the practitioner; for few, except Brera and Bremser, have touched upon their symptoms or treatment.

Having, during several years, devoted considerable attention to the subject, I have been enabled in some instances to extend and verify the observations of the continental writers; and in others, to correct the inaccuracies or errors which have crept into their works. I commenced the investigation by examining carefully the intestinal canal of all the individuals who died in St. Vincent's Hospital (whose bodies were permitted to be opened) during a period of three years; in that time I examined the intestinal tube of ninety persons, and in eighty-three of them I found some species of intestinal worm, and in several, more than one species; only seven were altogether free from them; of these seven, three died of scirrhus or cancer; and in two very extensive ulceration of the cœcum and colon (preceded by long continued diarrhœa) existed; but I shall have occasion to recur to this part of the subject again. In the following lectures I shall first describe the individual species which occur in the human intestines; the causes which are believed to favour their developement or increase, and the symptoms which indicate their presence will next engage attention; and lastly, I shall make some remarks upon the medicines usually administered against them. In no department of medicine do so many errors remain to be corrected as in the treatment of the so-called verminous affections; how commonly are many of the

disorders of early life attributed to worms, when these parasites have in fact no connection with the symptoms: and how many unfortunate children are dosed for weeks to remove causes which perhaps in reality had no existence: no less remarkable are the errors committed by writers upon therapeutics. Thus the fern-root, which in all our works upon materia medica, is stated to be a powerful remedy against the tape-worm, and has been introduced into the Pharmacopœia as such, is only specific against a species of tape-worm, (*bothriocephalus latus*) which never, I may say, occurs among the inhabitants of the British islands; and the bark of the root of the pomegranate, which has also found a place in our Pharmacopœia, is a valuable anthelmintic when recent, (in which state of course it can only be used in the countries to which it is indigenous) but loses this property in a great measure by being dried. But I am anticipating observations which more properly belong to another part of the subject.

The intestinal worms which inhabit the human intestines are not numerous, and for the convenience of description, some arrangement or classification of them is necessary. Several writers have described them in the order of their supposed frequency, and commence with the ascaris lumbricoides; but, unfortunately for this arrangement, two other species occur more frequently than this. Here I shall follow the classification proposed by Rudolphi, and adopted by all the continental writers.

Rudolphi has arranged all the entozoa known in five orders or families; the species which inhabit the alimentary canal of the human subject belong only to two of these five divisions. His first order, nematoidea, includes the genera ascaris and trichocephalus; and his fourth order cestoidea, the genera tœnia, and bothriocephalus.

The genus ascaris (derived from σκαρίζω salio) is characterized thus—body long, cylindrical and elastic; attenuated at each extremity; mouth terminal, provided with three tubercles, of which one is superior, and two are inferior; anus, a transverse cleft close to the posterior extremity; male organ a double spiculum without any sheath; sexes distinct.

Rudolphi has made three divisions of the genus.

The first contains the species which are nearly equally attenuated at each extremity.

The second contains the species in which the anterior extremity is thicker than the posterior.

The third contains the species in which the posterior extremity is thicker than the anterior.

Each of these divisions is again subdivided into the species, in which the head is provided with lateral membranes, or what is termed winged, and into those in which the head is naked.

Three species of the genus ascaris inhabit the human intestines. The ascaris lumbricoides belongs to the first division, and to the subdivision in which the head is naked. The ascaris vermicularis belongs to the second division, and to the subdivision in which the head is winged or provided with lateral membranes—and the ascaris alata belongs to the third division, and to the subdivision in which the head is also winged.

ASCARIS LUMBRICOIDES—THE LONG ROUND WORM.

The ascaris lumbricoides has been longer known than perhaps any other intestinal worm; it is not, however, peculiar to the human subject, for it occurs also in the intestines of the ass, pig, wild boar, and ox; the species found in the horse, although resembling it, and for a long time confounded with it, is now known to be distinct.

This species varies in length from two or three inches to fifteen; as commonly met with it is from six to twelve inches. The body is cylindrical and elastic, of a reddish colour when alive, and semi-transparent, so that the digestive and genital organs are visible through the integuments. When it has remained for some time in spirits of wine, it becomes opaque and of a dirty yellowish colour.

The diameter of the body diminishes towards each extremity; the anterior, however, is rather more attenuated than the posterior, and terminates in the three tubercles of the mouth, which characterize the genus, and are visible to the naked eye; these tubercles or valves (as some writers call them) enclose the mouth; they are of equal size, rounded externally, triangular within, one is superior, and two are inferior.

The posterior extremity in the female is straight, conical, and rather thicker than the anterior. In the male it is curved inwards, and more flattened; the male is always smaller than the female; it is also more rare. In the female, at the junction of the anterior with the two posterior thirds of the body, we find a circular contraction of about two lines in breadth, which is more marked in some specimens than in others, and is never seen in the male; in the centre of this space upon the abdominal surface is the vulva.

The body of the ascaris lumbricoides is marked with transverse striæ, which are very numerous and fine; we observe on it also four longitudinal equidistant lines, extending from the head to the posterior extremity, two of which are lateral, of the other two one is dorsal, the other abdominal.

The lateral lines are believed to be vessels; they commence upon each side of the head; increase in width until they reach the middle of the body, when they again diminish and terminate at the posterior extremity; they are always of a redder colour and greater diameter than the others. The dorsal and abdominal longitudinal lines are supposed to be nerves, they are of a whiter colour, and are more obscure than the lateral lines, owing to their being more deeply seated; the abdominal line commences at the mouth and terminates anterior to the anus; in the female it divides at the vulva to enclose it; the dorsal line takes a similar course upon the dorsal surface.

The anus in both sexes is situated upon the abdominal surface, close to the posterior extremity; in the female it is easily seen with the naked eye, it is a transverse slightly-curved fissure, about half a line in width, bordered by two lips, an anterior and a posterior.

The integument of the ascaris lumbricoides is transparent and thin; its surface is polished and coated with an oily matter, which prevents water adhering to it; when dried it resembles a very thin layer of horn; it is destitute of pores, and is marked with the transverse striæ already spoken of; its internal surface is in intimate connection with the circular muscular fibres.

The muscular apparatus consists of two distinct layers of fibres, one superficial, the other more deeply

seated; the external layer consists of circular fibres, which pass completely round the body of the animal, throughout its whole length, and lie immediately under the integument to which they are intimately adherent; the longitudinal layer of muscular fibres (together with the lateral lines already noticed) are internal to them. The longitudinal muscular fibres consist of two distinct layers, a dorsal and abdominal, which extend from the head to the posterior extremity; they are separated from each other by the lateral lines, and are easily demonstrated.

The organs of digestion in the ascaris lumbricoides consist, in general terms, of an œsophagus, stomach, and intestine, extending nearly in a straight line from the mouth to the anus.

The œsophagus is thick, white, and muscular, about four or five lines in length; the stomach extends to the junction of the anterior with the two posterior thirds of the body, where it ends in an intestine, which is surrounded by the convolutions of the ovaries in the female, and of the seminal tube in the male. There are some other accessary organs of nutrition described by Cloquet; but I can only here refer to his work for a fuller description.

The genital apparatus in the female consists of a vulva, vagina, a double uterus, with very long and convoluted ovaries. The vulva is seated about the junction of the anterior with the two posterior thirds of the body; the vagina is short and continuous with the uterus; the uterus soon bifurcates, its cornua extend to near the posterior extremity of the body, diminishing gradually in diameter, and becoming continuous with the ovaries; the latter are very long and form numerous coils round the intestinal canal; when unravelled they can be extended upwards of four feet in length. In the male the genital apparatus consists of a double penis, a seminal reservoir, and a long filiform seminal tube. The penis is very frequently seen projecting, it is double, (and it appears strange how so accurate an observer as Cloquet should have described it as single,) formed of a substance apparently horny, it is flexible, elastic, and slightly curved; its base continuous with the seminal reservoir; the latter organ is cylindrical, and gives origin to the seminal tube, which is long, white, and filiform from two and a half to three feet in length, and forms numerous coils round the intestinal canal, in the same manner as the ovaries do in the female.

The ascaris lumbricoides inhabits the small intestines; they sometimes, however, ascend to the stomach or œsophagus, and in many instances have made their way out by the mouth or nares; when they get into the large intestines they are commonly passed by stool. In some instances they have insinuated themselves into the gall-bladder, or biliary ducts; they have never been found attached to the mucous membrane of the intestine; occasionally they have made their way out by an artificial anus, or a wound in the small intestines; in other instances they have escaped into the cavity of the peritoneum through an ulcer; but the stories of their perforating the coats of the intestine appear to be all idle.

This species is more common in early life than in the adult; between the ages of three and ten years it is said to have been found in one-fifth of the individuals examined; in old age it is very rare, they occur sometimes in considerable numbers, and their size is generally in an inverse ratio to their number.

In ninety instances in which I have examined the intestinal canal I found the ascaris lumbricoides but twice, and then only a single individual in each, the subjects were both adults, one a female, the other a male; of these ninety individuals, however, only five were under ten years of age, the period at which this species is most common.

ASCARIS VERMICULARIS—(OXYURIS VERMICULARIS OF BREMSER)—ASCARIDES—MAW OR THREAD-WORM.

The ascaris vermicularis is the smallest species inhabiting the human intestines, and has been known to physicians from a very remote period.

The male is from half a line to little more than a line in length, the female from two to about four lines in length: the body is slender, white, cylindrical, and elastic. The anterior extremity is obtuse, with an indistinct transparent semi-obovate membrane upon each side; the posterior extremity in the male is a little thicker than the anterior, it is obtuse and generally inflexed; in the female it is straight, gradually diminishes in diameter, until it ends in a very fine point. The three tubercles or valves which surround the mouth are very small, and somewhat indistinct; Bremser, indeed, from not having been able to satisfy himself of their existence, and from the general resemblance of this species to the oxyuris ambigua, (a common species in the cœcum of the rabbit,) has removed it from the genus ascaris, and placed it in the genus oxyuris; on the other hand, Rudolphi (whose authority is equally high,) states that after frequent examinations, he is perfectly satisfied of the existence of these parts, and consequently has retained it in the genus ascaris. Succeeding writers have referred it to either genus, as they followed Rudolphi or Bremser.

If this species be examined after having lain in spirits of wine for some time, the mouth, owing to the retraction of the tubercles, has apparently an orbicular character; but when recent specimens are submitted to examination, the tubercles of the mouth may be readily distinguished, as I have frequently satisfied myself. Bremser does not appear to have examined living, or very recent specimens of this species; I can account in no other way for the error into which he has fallen.

The alimentary canal of the ascaris vermicularis consists of an œsophagus, stomach, and intestine; the stomach has somewhat an hour-glass shape; the intestine, which is of the same diameter throughout, runs nearly in a straight line, and terminates at the anus, which, in the female, is seated at some distance from the extreme point; it is surrounded by the convolutions of the ovaries in the female, and of the seminal tube in the male: the vulva is situated upon the abdominal surface of the anterior third of the body.

With respect to the frequency of this species in the alimentary canal of the human subject, although set down by the majority of writers as the most common, in my experience it is much more rare than the trichocephalus dispar. In the intestines of ninety individuals, whose bodies I examined in this hospital, I found it but fifteen times, whereas, the trichocephalus occurred eighty-one times; and only once did I find them in any considerable number; none of the individuals in whom they existed had complained of any symptom indicating their presence. In all the works which treat upon intestinal worms, it is stated that the rectum is the common habitat of this species. 'The abode of ascarides (says Dr. Joy in the Cyclopædia of Medicine,) is the large intestine, and especially the rectum.' The ascarides (Eberle says) are usually found in conglobated masses, they reside in the large intestine, and are commonly most abundant in the rectum just within the anus.' I have, however, never yet met with them in that situation in a post-mortem examination; they occurred most frequently in the cœcum, next in the colon, twice in the ileum, and four times in the vermiform appendix.

With respect to the habits of this species, writers who have merely copied from one another, and have

not observed for themselves, state that this species is 'very vivacious and quick in its movements:' 'they are (says Rosenstein) of an incredible swiftness in their motions.' 'The head (says Rhind in his treatise on worms) is the first part which the animal puts in motion, turning it in every direction, sometimes forming a circle, at other times the figure of eight, but most frequently its tail appears fixed, while it turns its body sometimes to one side, and sometimes to another.' Other writers describe them as jumping from one place to another. 'They skip and move with very great vivacity (says Eberle) and when touched, contract to nearly half their length.' 'Their head (says the author of the article worms in the Cyclopœdia of Medicine) is in constant motion, and from their restlessness and vivacity they have received their name from ασκαριζειν to leap.'

The fact, however, appears to be that the name ascaris was given to the genus, not from the activity or powers of motion of this worm, but of some other species, many of those which occur in cold blooded animals, particularly fish, being extremely active, and living for many days after their removal from the animal's body. The ascaris vermicularis dies almost immediately when expelled from its natural abode, and consequently cannot exhibit much power of motion.

The ascaris vermicularis is confined to no age or station; in the cases in which I have met with them in adults after death, they occurred more frequently in the male than in the female. Although I have only once met with them in very considerable numbers on a post-mortem examination, we know that occasionally they are so numerous as to escape from the anus, and to be picked off the patient's clothes, or to make their way into the vagina, in which situation they have given rise to a train of very distressing symptoms.

There is a circumstance connected with this species which deserves mention—it is the comparative rarity of the male. In all the instances in which I have met with them in the intestines after death, I have only found the male once; in the others, females of this species alone existed.

ASCARIS ALATA.

The third species of ascaris, which occurs in the human intestines, was first described by me in one of the early volumes of the Medical Press. I named it ascaris alata, from the distinctness of the lateral membranes of the head; it belongs to the third division, in Rudolphi's arrangement of the genus, in which the posterior extremity is thicker than the anterior, and to the subdivision in which the head is winged.

In the two specimens which I possess, which are females, the length is three and a half inches, they are half a line in width anteriorly, and three-fourths of a line posteriorly.

The body is cylindrical, of a dirty yellowish white colour, probably from having remained in spirits of wine for some time; it is marked with the four longitudinal lines, and with the transverse very closely set striæ, which we find in the other species. The anterior extremity of the body is inflexed, the posterior straight; the anterior extremity is provided on each side with a very distinct semi-transparent membrane a line and a half in length, narrower anteriorly than posteriorly, which commence close to the tubercles of the mouth, and together give this part a triangular shape.

The three tubercles surrounding the mouth are prominent, small, but distinct; the diameter of the body very gradually increases from the anterior to the posterior extremity, its termination is conical, and at the very point there is a small dark coloured spot. The anus is a little in front of the posterior end on the abdominal surface; it runs transversely; is slightly curved; the convexity anteriorly, and consists of an anterior and a posterior lip, as in the other species of the genus.

The only instance in which as yet I have met with the ascaris alata, was on the occasion of my prescribing for a child who exhibited symptoms of worms; I ordered some vermifuge medicine, and desired the parent in case any worms were passed to bring them to me; a day or two after she brought me the two specimens, from which I have taken the above description, which had been expelled by the medicine; they were dead when I received them, and I could never learn that the child passed any subsequently.

Although this species of intestinal worm had not been previously described or named, it would appear that one closely resembling it, if not the same species, had been already observed in this country. In the fourth and fifth volumes of the Transactions of the Association of the King and Queen's College of Physicians, is contained a very interesting case, in which great numbers of insects and their larva were voided by a female residing in the county Cork; in several instances the ascaris lumbricoides, and a species similar in many points to the one I have described, were also voided by the same individual. Dr. J. V. Thomson, who examined and figured it, says it resembles the ascaris of the cat, but may probably be a distinct species. Dr. Pickel who has given the case, states, that about fifty specimens of various sizes were passed at different periods by this female while under his care, some per anum; on several occasions, however, they were also vomited.

The ascaris alata is very distinct from the ascaris lumbricoides of the human subject; in general appearance it is not unlike the ascaris mystax, which is common in some species of the genus felis; it differs, however, in being of a greater diameter posteriorly than anteriorly, and in the lateral membranes of the head not being so broad as in the ascaris mystax; there are some other points in which they also differ, which may be observed if we contrast the characters of the two species.

MEDICAL REPORT OF THE FEVER HOSPITAL, CORK-STREET,

FROM 1ST JANUARY TO 31ST DECEMBER, 1841.

By Gordon Jackson, M.D., one of the Physicians to the Hospital.

The influence of atmospheric vicissitudes in producing disease, whether sporadic or epidemic, is now admitted by most persons; hence the obvious necessity on the part of medical men of paying attention to meteorology, which has been hitherto much neglected in Ireland. Epidemic diseases are by many solely ascribed to some deleterious matter diffused through the atmosphere, commonly designated malaria, sensibly affecting the health of man; but the study of whose phenomena strictly attaches to the science of meteorology. The writer cannot forbear observing in this place the diary of the weather given in the Medical Press, which, in his opinion, adds much to the interest of that deservedly popular hebdomadal periodical.

It having fallen on me to write the medical report of this great hospital for the past year, 1841, I shall, in the performance of the duty which has thus devolved upon me, be as brief as I possibly can, compatible with the subject.

The following table exhibits the principal statistical events of the hospital for the year 1841.

Monthly return of the admissions, discharges, and deaths in the Fever Hospital, Cork-street, distinguishing the sexes, from 1st January to 31st December, 1841 :—

1841.	ADMITTED.			DISCHARGED.			DIED.			
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	
January,	116	345	461	94	365	459	11	13	24	
February,	121	323	444	110	273	383	10	15	25	
March,	126	273	399	107	266	373	11	10	21	
April,	92	212	304	104	247	351	5	9	14	
May,	72	149	221	67	168	235	6	16	21	
June,	75	146	221	86	126	212	6	11	17	
July,	75	183	258	73	146	219	6	8	14	
August,	88	149	237	73	173	246	8	11	19	
September,	71	165	236	67	156	223	5	8	13	
October,	75	180	255	68	156	224	8	12	20	
November,	89	221	310	79	180	259	5	13	18	
December,	63	142	205	62	157	219	8	8	16	
Grand total.	1063	2488	3551	990	2413	3403	88	134	222	
General mortality										1 in 16.

For a long time Dublin has not enjoyed, comparatively speaking, a more remarkable immunity from fever of the typhoid type, than during the past year. It is true, sporadic cases presented of great intensity; but when we consider that fever hitherto has been endemic to Dublin, we have much reason for thankfulness at the paucity of our numbers when contrasted with former years.

As a summary, it may be stated that the prevailing diseases during the different seasons of the year were as follow—namely, in winter and spring we had pectoral affections in preponderance; commencing in influenza, and ending in pleuritis, pneumonia, and pleuro-pneumonia; the typhus cases being in general complicated with pulmonic symptoms. As the spring advanced, malignant scarlatina became prevalent, and continued during the summer months with awful malignity: it however declined in severity and numbers as the autumnal season approached. The newspaper obituary during the year afforded lamentable evidence of the ravages this dreadful disease committed in private practice. With the exception of the past year, influenza has generally preceded the manifestation of fever or other disease. The Asiatic cholera of 1832 was not only preceded but followed by an epidemic influenza. The influenza of 1836, as we all recollect, was followed by a severe epidemic fever in Dublin, requiring extraordinary measures for arresting its progress. During the summer months some cases of Asiatic cholera appeared, happily few in number.

The epidemic catarrh that prevailed during the spring months, was characterized by no particular circumstances different from those detailed in former influenzas. The prostration of strength was rapid, the headache was exquisitely severe; but notwithstanding the intensity of headache, the cases where this symptom prominently prevailed were the freest from danger, being in such confined to the naso-frontal mucous membrane. In some instances, however, the disease passing downwards to the bronchia, became dangerous in the extreme, especially to the old and infirm, in whom previous asthmatic or bronchitic disease having existed, rendered them the more liable to the suffocative stage, if not promptly arrested. Amongst such the mortality was considerable, not however as relating to the hospital cases, but as affecting the community at large. The writer exhibited, with the most happy results, an emetic either of hippo or mustard; the latter he preferred. He, at the same time, applied hot spirits of turpentine to the chest. The decoction of senega was also found useful in combination with ammonia, æther, and hippo wine. The senega is a most excellent medicine in such cases; but it is more adapted to the chronic form of bronchitis than to the acute, that is, after the acute symptoms have more or less subsided.

It is curious to observe that a disease at this time prevailed amongst horned cattle, pigs, goats, and sheep; it was (I fear from ignorance) dreadfully fatal, and the cause of much distress to numerous poor families. It was a pleuro-pneumonia to all intents and purposes, divisible into two stages—primary and secondary. In the first there was ulceration of the feet, lining membrane of the mouth, nose, &c., with slavering of a frothy saliva; the fauces became swollen, like the strangles in horses; in cows, the the teats became inflamed; the lacteal ducts, as a consequence, suffered obliteration, rendering the animal useless as a milker. In the secondary form of the distemper, we had inflammation of the pleura and lungs, demanding active sanguineous depletion, followed by purgatives, calomel, tartar emetie, &c.*

It is gratifying to observe that for the last year the writer had but one case under his charge in hospital practice of delirium tremens. Formerly, there was scarcely a month during the year that cases of this formidable affection were not admitted into hospital. This form of brain and nervous disease may occur, however, in individuals not drunkards; but such is rarely the case, for in ninety-nine instances out of one hundred, it can be referred to the *poisonous* influence of ardent spirits on the nervous system.

This form of brain disease commences in general with gastro-enteric symptoms, which continue for a day or two; then sets in a tremour of the hands, with a gradual disturbance in the mind, which increases until the patient is completely delirious; hence the very appropriate name of 'delirium tremens' as given to the disease. The delirium differs from that of typhus fever so widely, as to be at once distinguishable by the experienced physician.

We have, in the delirium tremens of drunkards, optical illusion in co-existence with mental delusion. There is likewise an occasional lucid interval: this seldom is the case in the delirium of typhus. The patient in delirium tremens is more tractable than in typhus—the former being in general characterized by a state of timidity rather than violence: the writer has met with some cases, however, affording an exception to this rule.

The patient's mind in delirium tremens is, for the most part, engrossed with imaginary enemies, whom he fancies to be getting over the door of his room, with deadly weapons ready to destroy him. He will sometimes occupy himself in writing to those in authority, for military aid to assist in expelling his supposed foes. The writer, a few years back, on visiting a patient late in the evening, in delirium tremens,

* The reader is referred to the Medical Press for 22d December, 1841, in which will be found an excellent account of the disorder, from the pen of Surgeon William Fawcett of this city.

found him and his nurse on their knees in fervent prayer. Sometimes this religious turn will continue for a few days; in fact, the mental delusion and false vision which exist during the state of insomnolency, give rise to a train of ideas in the unfortunate patient, well worth the serious attention of the physician.

Much contrariety of opinion obtains amongst medical men, as to the treatment which should be adopted in the cure of this disease—some advocating the lancet, while others hold views quite the opposite. The writer, from observation and experience, is decidedly opposed to the general detraction of blood in this disease. If bleeding be at all admissible, it should be topically from the epigastric region, by means of a few leeches; and that only at the onset, when there is pain upon pressure in that region, or when complicated with pneumonia, or some other inflammatory affection.

The writer having adopted the following treatment with marked success in the cases of delirium tremens, which have come under his own immediate superintendence, has no hesitation in recommending the same line of practice to others—namely, shaving of the head, and on the shaven scalp the cold douche, the lower extremities being at the same time immersed in a hot bath up to the knees. The affusion and pediluvium to be repeated twice or thrice in the course of the day, the feet kept warm, and the head constantly cool by means of cloths wetted with cold lotion. The light being a stimulus to the brain, should be carefully excluded from the patient's chamber. In addition to the foregoing, the writer has adopted in his practice, with manifestly advantageous results, the exhibition of tincture of opium and tartar emetic, in combination with camphor mixture as the most suitable vehicle, the dose being apportioned according to circumstances. The following is the formula:—

℞ Tincturæ opii drachmam.
Tartari emetici, gr. vi.
Misturæ camphoratæ, ℥viii.
Dosis ℥j. 2is. horis, donec somnus supervenerit.

Local stimuli, as blisters, &c., the writer disapproves of, as not being productive of benefit, but, on the contrary, tending to increase the nervous disturbance. When opium fails by the mouth to induce sleep, anodyne enemata, as recommended by the French, will often succeed in procuring rest. The rectum, it is now admitted, is a good absorbing surface.

The several inflammatory affections of the organs within the thorax were more than ordinarily prevalent during the past year, particularly, as already stated, in the winter and spring seasons. Bronchitis, pneumonia, and pleuro-pneumonia increased as the influenza subsided.

It is supposed that the right lung, from its greater extent of surface, is more obnoxious to inflammation than the left. The writer cannot speak decidedly on this point, having found in his own practice both equally liable to inflammatory disease. It is curious, however, to observe that the inferior lobes of the lungs are almost always the seat of inflammation, whilst the upper lobes are those attacked by tubercular disease. The superior lobes do not enjoy an immunity altogether from inflammation, as it is well ascertained that inflammation will pass from lobe to lobe, differing in this respect from pleurisy, which is most commonly localized.

In bronchitis, blood-letting must not be carried too far, lest effusion might thereby be promoted. The writer has treated the acute forms of bronchitis by an emetic, and bleeding followed by slight mercurialization, or otherwise, as the case might be. Calomel and hippo, in combination, and given in suitable doses, the writer has adopted with much benefit. Blistering prematurely, the writer disapproves of, preferring counter-irritation to the lower extremities. In the chronic forms of bronchitis, the polygala senega, with æther, hippo, and the volatile alkali, cannot be too highly extolled as a remedial agent. The management of pneumonia in its several stages is so well known as to require no observation in this place; the lancet, calomel and opium, and tartar emetic being the sheet anchors in the treatment. The writer having observed that profuse ptyalism tends to retard convalescence, prefers slightly touching the gums with mercury to full mercurialization; tartar emetic fulfilling, after judicious depletion with the lancet, every necessary indication.

Amongst the numerous scarlatina cases that were admitted into the writer's wards, but three deaths occurred, and these were the cases of children who were admitted in a hopeless and moribund state. The recoveries from scarlet fever in Cork-street Hospital have been unusually great, considering the malignant type this disease has assumed for the last few years in this country. The good air, cleanliness, &c., of the hospital have conduced much to this happy result.

The writer regrets to state, that for the last few years back, the malignant form of scarlet fever has been the most general type of the disease as presenting in this country; or a state of disease intermediate between the scarlatina anginosa and the malignant. The usual concomitant lobster-coloured efflorescence was absent in several of the scarlatina cases that were admitted into the writer's wards during the past year. In this latent form of scarlatina, there was merely a swollen state of the internal fauces, extending to the upper part of the pharynx, the tongue at the same time exhibiting the red and pointed appearance so remarkable in scarlatina. The sequelæ supervening on this form of scarlatina were found to be, both in hospital and private practice, more severe than when the disease was marked by a greater intensity of symptoms. In some instances otalgia occurred, which increased much the sufferings of the poor patient. This symptom was altogether attributable to the propagation of disease through the Eustachian tube to the internal ear.

It is to be feared that in many instances cerebral congestion has been produced by the premature retrocession of the eruption, consequent upon the too early and injudicious use of purgatives, producing a tendency to coma and convulsions. The writer observed, that in cases where, early in the disease, brain symptoms co-existed with bad sore throat,* the efflorescence being at the same time well marked, a disposition to coma and convulsions became manifest. In such, the impending mischief has been happily averted by the prompt application of re-lays of leeches to the temples, behind the ears, and to the nape of the neck—the cold dash being at the same time occasionally adopted on the shaven scalp.

The following was the treatment adopted by the writer in his scarlatina cases, varied of course according to circumstances:—

In anticipation of brain symptoms, at once shaving the head—an emetic—numerous leeches to the external fauces, followed by the application of a poultice from ear to ear—the hot bath to favour the rash—tepid sponging of the surface—nitrate of silver in strong solution to the internal fauces, or the hydrochloric acid mixed with honey—(the latter application par-

* Parturient women bore the disease badly—confirming the observation of that able Pyretologist, the late Dr. Bateman.

ticularly in cases of a chronic character)—mercury, to equalize the circulation, as calomel in combination with James's powder—moderate attention being paid at the same time to the state of the bowels. The writer has, in a few cases, adopted cold affusion with benefit. This can seldom be used in hospital practice, the cases not in general coming under medical observation at the proper time for its adoption. There should be due precaution observed in the measure, as a remedial agent; the skin should be pungently hot, and sensibly above the natural standard; there should also be no local or internal inflammation present at the time. If the patient, although having a hot skin to the feel, at the same time should be acutely alive to the external impression of cold, this circumstance would, with the writer, contra-indicate cold affusion. Plentiful draughts of whey should be given immediately to the patient upon being placed in bed. Diffuse cellular inflammation occurred in several of the writer's patients in scarlatina. Abscesses formed in many; however, with the co-operation of Mr. Trant, the able and humane surgeon of the hospital, the cases did well.

Dropsy, after scarlatina, frequently followed during last year. This effusion took place, in a few cases, so soon as five days; the effusion seldom, however, takes place sooner than twelve days, or a fortnight after the subsidence of the rash. Dr. Wells states three weeks, in his paper on the affection, if the writer recollects rightly. Sometimes the anasarca manifests itself sooner, from incautious exposure to cold and sharp easterly winds. The dropsical affection is generally preceded by a febrile state of the system, more or less severe; the face and upper extremities generally become first dropsical; the breathing becomes impeded, with much distressing cough, the result either of pleuritis, pneumonia, or a congested state of the bronchial mucous membrane. The bronchial membrane in some instances becomes so infracted, and consequently swollen, as to obstruct the due transmission of air; the blood is thus prevented from being properly aerated; the pulmonary capillaries become, as a consequence, congested; the watery part of the blood is thus poured out, and serous infiltration takes place into the parenchymatous substance of the lungs.

The urine was most commonly albuminous, not from renal disease necessarily, but in consequence of a general inflammatory state of the system.

When the dropsy after scarlatina, in the patients who came under the writer's care in hospital, was manifestly associated with a phlogistic state, as indicated by the febrile symptoms, the writer has treated the affection with the lancet, followed by the exhibition of hydrargogue cathartics, consisting of calomel, powdered squill, the compound powder of jalap, with a small portion of ginger as a corrector—the dose being regulated according to circumstances.

Supplementary to sanguineous depletion and catharsis, the writer has, with much advantage, administered the nitrate of potash in solution with nitrous spirit of ether, and the tincture of digitalis; the quantities and dose being regulated by circumstances. The warm bath was also an adjuvant of much importance in the treatment. Where the dropsy, after scarlatina, assumed a chronic form, and where, from obvious reasons, depletory measures were out of the question, the writer has of course pursued a generous treatment, with the cautious exhibition of opium to allay the cough and general irritation.

Two cases of purpura hæmorrhagica came under the writer's notice in hospital during the year: both did well; in one it became necessary to deplete by the lancet, the pulse and accompanying fever affording conclusive evidence of a sthenic state of the system. The writer has found purgatives succeed in most of the purpura cases; but in the hæmorrhagic form of the disease, his sheet anchor has been the spirits of turpentine administered under proper adaptation. In some patients, where much debility prevails, it becomes necessary to exhibit the mineral acids, alternated by the sulphate of quinine, either in mixture or a pillular form.

As already stated, fever of the typhoid or adynamic type did not prevail in Dublin during the past year—at least to any great extent. In the provinces, where there was a want of hospital relief, fever prevailed to a much greater extent, and was in some localities exceedingly fatal, not only to the poor, but also to the clerical and medical men whose official duties brought them in close contact with the sufferers.

The typhus cases in winter and spring were complicated with an inflammatory state of some one or other of the tissues within the chest. In summer and autumn the cases were mostly of the gastric character.

The brain symptoms, in some of the cases, became intensely severe on the subsidence of the gastro-intestinal derangement. In others, the remission of the brain symptoms was coeval with the gastric.

The ordinary fever of this country (as already stated) is the synochus of Cullen. Fever purely typhoid from the commencement is rarely met with. In the former, the heart and arterial system may be said to be primarily engaged; in the latter the brain and nervous system, including the spinal chord. The stage of oppression may last for days; it is followed by a stage of excitement, and this again by that of depression. When early attention is directed to the synochoid form of fever, by the adoption of suitable depletory and other appropriate means, the disease may be shortened, and the state of typhoid depression if not averted, at least much mitigated.

There is no disease to which the human body is obnoxious, in the treatment of which, empirical as it may appear, symptomatology is of more moment to attend to than in idiopathic fever. I admit the physician should reflect seriously on the peculiarity of the prevailing type of fever, and, when practicable, to ascertain the habits of the patient, the duration of his illness, the present and past symptoms, and so on; but the symptoms must be attended to, and at once combated as they arise, due attention of course being paid to sympathizing organs; that is, to watch well that the organ apparently engaged be not altogether free from morbid derangement, and merely sympathetically affected, the seat of disease being in a distant part; for example, how often will the patient be distressed at the beginning of fever by vomiting, thirst, and an inability to retain fluids on the stomach? The writer has frequently had patients thus circumstanced admitted into his wards, when in fact the stomach was quite free from disease, the affection being altogether seated in the brain; the cerebral symptoms being at the time latent, and, as it were, masked; hence the obvious necessity of careful and minute examination into the patient's case. The writer, under such circumstances, never omits to examine manually the region of the stomach, and when the patient can bear pressure without wincing, he looks to the brain as the organ engaged, and has been often much gratified by the train of morbid phenomena that followed, confirming his views. By a providential interposition, the proportionate mortality in the hospital has always been greater when the number of patients has been least.

When fever attacks suddenly, without antecedent disturbance in the functions, it is always severer in

the symptoms, and the powers of life are more immediately depressed. In the year 1837, I had an opportunity, in private practice, of witnessing the truth of this axiom in medicine. A legal gentleman, on leaving his lodgings for the law courts, met, on his way thither, a maid servant of the house in which he resided, returning from the Hardwicke Fever Hospital. Her appearance bore evidence of having suffered much, and of having narrowly escaped from death. This gentleman instantaneously sickened, was obliged to return home and take to his bed. I saw him on the fifth day of his illness. His state was so alarming, that on my first visit I requested a consultation, which was acceded to by his lady, who until then had no idea of her husband's position. Dr. Harkan's able assistance was procured; and, despite of our conjoint efforts to save this gentleman's life, he fell a victim to an exquisitely appalling form of typhus gravior.

The writer treats fever according to circumstances, not allowing his mind to be prejudiced in favour of this or that remedy, but acting solely from the peculiarities of each case. When there is intense headache, with intolerance of light and sound, sharp pulse, &c., he detracts blood either from the temporal artery, or by means of leeches topically from the nasal septum, the temples, the nape of the neck, or from behind the ears. In some cases, cupping the nape of the neck has been adopted by the writer; but he prefers opening the temporal artery, when the head symptoms run high. This mode of depleting acts more immediately on the brain, and as it were locally from the anastomoses between the superficial and deep temporals, the middle meningeal artery must necessarily be influenced. In interrogating patients as to whether they have pain, it is a good plan to ask them where their pain is—the truth is thus elicited. The cold douche on the shaven head at intervals after bleeding will often be useful. Cold lotions to the head when indicated, must be sedulously applied, for if not carefully attended to, a reaction follows, which proves highly pernicious. When there is no gastro-enterite present, the writer has exhibited tartar emetic in solution, duly apportioned, after leeching; or arteriotomy, with manifest benefit; previously emulging the bowels, exhibiting at intervals calomel and James's powder in combination, with a view to equalize the circulation.

The stethoscope will enable the physician often to detect latent pneumonia, when otherwise he could not; in fact, by its assistance the precise seat of pulmonic inflammation can be ascertained, a desideratum of great moment in conducting a case of fever. The lancet was used by the writer more generally last year, than for some time back, with a happy result. This was in consequence of the fever cases that came under his immediate care, having being mixed up in numerous instances with inflammatory complication. With a view to ascertain the patient's tolerance with respect to bleeding, I direct him to be placed sitting up in bed, whilst the blood is being drawn. If he faints in this posture, on the loss of a few ounces of blood, the inference to be drawn is, that the loss will not be borne; and, *vice versa*, if syncope should not occur, it tends to prove the patient's tolerance with respect to the evacuation.

In two instances, canorum oris occurred in my wards during the last year. They were females, one aged eighteen, the other fourteen, in whom this gangrenous ulceration of the cheek and gums took place. This irregular and fœtid ulceration, if not speedily arrested, is sure to destroy the cheek by extensive and fatal sloughings. This ulceration may arise without mercury; in the two cases now alluded to, no mercury was given. I have seen the ulceration occur to children residing in crowded and ill ventilated cabins, during my incumbency in a county infirmary. The writer has no doubt, however, but that mercury will be sufficient to induce the disease, particularly when the constitution is depraved either by illness, bad food, or a residence in a vitiated and crowded atmosphere. The usual treatment succeeded in the cases above alluded to; it consisted in supporting the constitution by wine, &c., in restricted quantities, with good beef tea, and at the same the internal exhibition of the sulphate of quinine. Camphorated spirits of wine was applied in each case to the cheek externally, and the nitro-muriatic acid freely to the ulcers. The nitrate of silver will be found also an excellent local application.

The exhibition of wine in fever, the writer is of opinion must be attended to with extreme caution, and its effects closely watched. If the pulse under its use becomes more frequent, with increased heat of skin, its undue administration may be inferred; if, on the contrary, the pulse becomes soft and slower, it may be considered as presumptive evidence of its utility. Apopletic seizure has often occurred in fever, from the injudicious or at least incautious use of wine; it is however sometimes our best diffusible stimulus in malignant adynamic fevers.

Retention of urine, requiring for its relief catheterism, occurred but in one instance during the past year in the writer's wards. During the epidemic of 1837 it was of frequent occurrence. There is no part of the physician's duty of more importance than that of carefully watching the state of the urinary bladder in fever. The patients, when retention occurs, are mostly insensible; and the nurse will say often that the patient makes water freely, when in truth the viscus is distended to its utmost, and that which passes off is merely what the ureters pour into the bladder. Hence the necessity on the part of the physician to carefully explore the hypogastric region at his visits. The fundus of the bladder has before now given way, and fatal consequences have, as a matter of course, followed. The case in which the retention occurred did well; and it was interesting to observe, that as the brain symptoms improved, the bladder recovered its contractility.

The fever cases of last year in the writer's wards, were chiefly petechial of the purpural and morbillous character. The latter forms, as already noticed by Doctor Eustace, are accompanied with gastric distress, the former present most usually, where the brain and nervous system are concerned. It is the writer's opinion, from observation, that petechiæ are not always ominous of danger; the more early they appear in fever the better; the more advanced the fever is when the petechial eruption becomes manifested, the more unfavourable; the more florid, the better. Petechiæ are seldom met with in fever on the face, palms of the hands, or soles of the feet. The writer has never in his practice met with them in any of those three parts of the body. The dark vibices in malignant fever would appear to depend upon the lost balance between the arterial and venous systems, together with a relaxed state of the cutaneous capillary vessels, and a torpidity of the capillary veins, so far as their absorbent power is concerned.

The delirium of fever varies much in character, and manifests itself in some instances on the third and fifth day. When it occurs chiefly at night, intermixed with occasional slumbers, it augurs favourably. On the contrary, if it be attended with persistent pervigilium, and jactitation of the upper extremities, with the eyes open, it may be looked upon as an adverse omen. The temperature of the body is less, generally speaking, in the severe forms of typhus than in the synochoid form of fever, especially in the

cases accompanied with cephalic congestion; where the temperature of the body is moderately high, it is not to be looked upon as an adverse sign, but rather as indicating an active state of the vital powers.

Crisis, by sleep, with soft skin, occurred in most of the cases of last year—epistaxis in some; and in the typhus cases, complicated with catarrhal symptoms, I frequently observed the amendment coeval with the appearing of a vesicular eruption about the angles of the mouth: the 11th, 14th, and 17th were in general the critical days.

The convalescence in some of the cases was slow, owing to chronic antecedent disease. Dropsical effusions took place in a few cases after protracted fever; to such I have exhibited the hydriodate of potash in solution, with manifest benefit, at the same time adopting iodine frictions to the abdominal walls.

The worst symptoms of typhus are pervigilium, anxious and hurried respiration, singultus, or hiccup, picking at the bedclothes, involuntary discharges, and coma, stertorous breathing. Amongst the most favourable may be considered sleep, soft pulse, a moist tongue, deposit in the urine, with a solvent state of the bowels.

When there exist weakness of the heart's action, torpor of the capillary and nervous systems, with coldness and lividity of the surface, the topical and diffusible stimuli will be found serviceable. Hot stupes, and terebinthinate frictions, I have also adopted under such circumstances with manifest benefit.

In the advanced stage of typhus, and where there existed floccitation, delirium, and a concatenation of the most appalling symptoms, with a state of insomnia, the writer has, in former years, to patients thus circumstanced, and where due depletion had been previously adopted, exhibited a mixture consisting of tartar emetic, tincture of opium, and camphor mixture, with truly miraculous results.

Acute rheumatism, with high fever of the sthenic character, prevailed amongst the poor to a great degree during the last year.

Some cases of small pox were admitted into my wards during the year, five in number. Three were confluent, and two discrete cases. They all recovered, and had never been vaccinated. The writer adopts, in small pox, the cool regimen in the incipient stage; but as the disease advances, he administers opium in combination with the aromatic spirit of ammonia, apportioned in doses according to circumstances.

The cases of measles all recovered. In some, the pulmonic symptoms were urgent, but yielded to appropriate treatment.

EXTRACTS FROM PERIODICALS.

EXCISION OF THE ELBOW-JOINT.

M. Robert presented a woman, aged 26 years, on whom he had practised the operation of excision of the elbow-joint. The disease rendering the operation necessary was caries of the humero-cubital articulation, following a fall on the elbow. There were several fistulous openings about the olecranon. In the fold of the arm were two deep sinuses penetrating into the joint. The soft parts around were moderately engorged. The operation was effected by dividing and reflecting the integuments over the olecranon. The humerus was sawn through immediately above the condyles, the ulna below the coronary process, and the radius just below its articular extremity. The limb was placed in the apparatus of M. Guizot. But little reaction ensued, and the fever and sleeplessness which had previously harassed the patient ceased immediately. Nevertheless, the suppuration continued a long time, it being impossible to approximate the divided ends of the bones, and the wound was not completely cicatrized for eighteen months. At the time of observation, two years and three months after the operation, it was interesting to observe the manner in which the movements of the forearm were executed.

The limb had regained nearly the same size as that of the opposite side. When it was in repose, and hanging by the side of the thorax, there was perceived between the extremity of the humerus and the bones of the forearm a separation of nearly three fingers' breadth, occupied by a dense, but very flexible tissue, which allowed the forearm to move freely in all directions. The limb in this position looked as if impotent or paralysed. But when the patient attempted to bend the forearm, the space comprised between the bones of the arm and forearm was effaced by the ascent of the latter, which mounted to obtain a fulcrum from the lower surface of the humerus, and the bendment of flexion was then effected, being carried to such an extent that the forearm formed a right angle with the arm. The patient could easily carry the hand to the head or to the opposite shoulder, and could raise tolerably heavy weights, as a chair. The power of pronating the hand existed in a moderate degree. The movements of the fingers were perfectly free. She could grasp, with tolerable force, bodies placed in her hand, and could hold objects of very small size. For several months she had resumed her occupation as a sempstress; she is accustomed to use her needle with the left hand, holding and fixing the work with the right. To avoid the fatigue which would result from long-continued flexion of the forearm, she wears, while at work, a small apparatus composed of two pieces of leather, one embracing the upper, the other the forearm, which are joined at the fold of the limb.—*Séances de l'Académie des Sciences.*

EMPLOYMENT OF ERGOT OF RYE IN CASES OF PARAPLEGIA.

In an essay on this subject, M. Payan commences by stating that we should not consider the ergot of rye as an excitor of uterine contractions only, many facts showing that it acts also on the rectum, the bladder, and lower extremities, when these parts are in an asthenic condition, in the same manner as it affects the uterus in inertia of that organ. And as we cannot reasonably attribute to this agent similar specific effects on parts so essentially different, we must refer its action to some other organ on which these different parts are dependent. M. Payan, therefore, considers that the ergot of rye acts primarily and especially on the spinal cord.

This being granted, it follows that we may rationally have recourse to the employment of the ergot in paraplegia, and cases of weakness of the lower extremities, depending on defective action of the spinal cord, without alteration in its structure. M. Payan adds the three following facts in proof of the justice of his observations. A man, 40 years old, fell on his perineum, and paraplegia followed. He recovered entirely under treatment at Marseilles; and subsequently meeting with a similar accident at Aix, was admitted into the hospital of that place. In the absence of M. Payan various remedies were employed to remove the paraplegia, as liniments, blisters, &c., but without success. On the return of M. Payan, these measures were substituted by the ergot of rye, given to the extent of a drachm. Two hours afterwards the muscles began to agitate the limb, and he recovered a certain degree of power every day. At the end of six days the patient could walk with the assistance of a stick. During a fortnight the ergot

was administered in two-drachm doses; the treatment was then suspended on account of some gastric irritation, but the amelioration continued, and in a month the patient left the hospital.

A man, aged 30 years, was submitted to the care of M. Payan, with paraplegia. Various active remedies had been employed without success. The inferior extremities were able to bear the weight of the body, but if he attempted to walk many steps they gave way under him. The right leg was insensible, the left partly atrophied. The bladder had lost its power of contraction. A drachm of the ergot was administered each morning; after a few days the dose was increased to two drachms. At the same time friction on the spine and lower extremities with an irritating liniment was employed. After eighteen days both the lower limbs had become so far recovered, that the patient was enabled to return to his home.

A labourer was suffering under very advanced paraplegia as the result of a severe saturnine affection. Various remedies had been unsuccessfully employed to combat the disease. The ergot of rye effected a complete cure.

From these three cases M. Payan infers not only the efficacy, but also the entire innocence of this remedy, which he has in many instances employed in large and long continued doses without any ill effect.—*Journal de Pharmacie.*

EXTEMPORANEOUS PRODUCTION OF MILK.

M. Dichost, a Russian chemist, proposed the following plan for the preservation and extemporaneous preparation of milk. He evaporates newly-drawn milk, at a very gentle heat, till it is all brought to a state of fine powder. It is then put into small glass bottles, which are completely filled, and hermetically sealed, with ground glass stoppers. A small quantity of the powder thus obtained, dissolved in an appropriate quantity of water, affords on the instant a milk of very good quality. The powder will remain good for a great length of time.—*Gaz. des Hôp.*; and *Brit. and For. Med. Rev.*

REPORT ON THE PRESENT STATE OF OUR KNOWLEDGE RESPECTING RESPIRATION AND ANIMAL HEAT, AND ON PROFESSOR LIEBIG'S NEW CHEMICO-PHYSIOLOGICAL THEORY.

BY ROBERT DUNDAS THOMSON, M.D.

(CONCLUDED.)

Food divisible into nutritive and respiratory. From the previous considerations, Liebig infers that human food consists of two kinds, azotized and non-azotized. The former is adapted to form blood—the latter cannot produce blood. *Nutritive* or *azotized* food consists of vegetable fibrin, vegetable albumen, and casein, animal flesh and animal blood. In the *respiratory* or *non-azotized* food, are included,—fat, starch, gum, the different kinds of sugar, pectin, wine, beer, and spirits. Now it appears to be a fact well established by recent experiments, that the azotized constituents of food are identical in their composition with that of the solids of the blood; and no azotized body which differs in its constitution from fibrin, albumen, &c., so far as observation goes, is capable of sustaining life. This view of the subject of nutrition gives a most satisfactory explanation of the observations which have been more than once made, and which we recently in this *Review* took an opportunity of discussing (*Brit. and For. Med. Rev.*, April, 1842—On Food) in reference to the inefficiency of gelatine for the purposes of nutrition. Dogs, when fed on gelatine alone, died from starvation. But when animal flesh was given in conjunction with gelatine, or when vegetable azotized substances were united with gelatine, dogs were sufficiently and properly nourished. It is rather remarkable that no such simple explanation as that presented by Liebig should have offered itself to Magendie, who was sacrificing the inferior animals in multitudes, to satisfy himself of the accuracy of a fact which had been previously settled beyond all question by several individuals, and particularly by Donné. Magendie did not observe the fact, or at least made no use of it, that when gelatine is devoured by dogs, although they are not nourished, yet this entirely disappears, while bone earth alone is found in the excrement. The same observation applies to man when fed on strong gelatinous soup—not a trace of the gelatine can be detected either in the urine or fœces; it must consequently have been consumed for some ultimate purpose in the economy; but what that destination is does not appear so clearly; Liebig conceives it possible that gelatine in the dissolved state may again be converted into cellular tissue, membrane, and cartilage, and may thus serve for the reproduction of such parts of these tissues as have been consumed. In this way he explains the effect of animal jelly on invalids; the organic power by which the constituents of the blood are converted into cellular tissue and membranes, must of necessity be weakened by sickness, and under these circumstances gelatine dissolved, that is, in a form adapted for assimilation, may contribute to strengthen the vital power, as may be done in the case of the stomach by due preparation of general food.

Changes of the tissues. It is now satisfactorily ascertained that vegetables produce a substance, termed by chemists *protein*, which constitutes the basis of vegetable albumen; and it appears that out of the protein the various parts of the animal are produced by the vital power. Albumen is that form of protein which seems to constitute the matters from which we may deduce the resulting compounds. All azotized vegetable matters digested by animals must be converted into albumen before they can be endowed with nourishing power. This transformation is produced by chymification in the first instance, or a process which may be aptly enough compared to fermentation, inasmuch as both are changes produced in matter by the contact of another substance. By the action of muriatic acid upon the mucous coat of the stomach, a substance (pepsin) is formed which, by contact with the food, renders it soluble. This phenomenon is quite independent of the vital power, as is proved by the success which attends the experiment when made in vessels out of the body. Lactic acid does not appear to be generated in the healthy human stomach. In the action, therefore, of the fluid of the stomach on food, no other element appears to take a part except the oxygen of the atmosphere and the elements of water. Saliva affords an important supply of water, and also of oxygen, according to Liebig. No fluid possesses in such sufficiency the power of entangling air as saliva. Liebig considers that a large quantity of air gets access to the food on the stomach through the medium of the saliva; and there the oxygen combines with the food, and the nitrogen is given out by the skin and lungs. Rumination in the inferior animals may very possibly have for its object a renewed introduction of oxygen; physiologists have found that nitrogen is given out by the lungs in variable quantities; and Liebig accounts for this by the various proportions introduced into the stomach by the saliva. As a proof that gases can be absorbed into the system from the stomach, he quotes the examples of poisoning by feather white wine, where wine in a state of fermentation has its decom-

posing condition increased by the temperature of the stomach. The carbonic acid generated is absorbed and penetrates to the pulmonary air-cells, and the patient dies with all the symptoms of asphyxia; the best antidote has been found to be in these cases ammonia. Liebig has proposed some still more ingenious explanations of the source of the excretions. These he finds, by calculation from analyses, to contain all the elements of the blood. In order to form correct views on this subject, he has had the blood analysed by his well-known plan; not the separate constituents, but a portion of the whole mass: the composition thus deduced he finds to correspond with half the formula of choleic acid (that is, the bile,) 1 atom of uric acid, and 1 of ammonia, which is equivalent to saying that the blood ultimately appears in the excretions in the form of bile and urine. This important view is of the utmost consequence to the practice of medicine. In the higher classes of animals, uric acid disappears and is replaced by urea. This substitution obviously depends on the amount of oxygen absorbed in respiration, and also the quantity of water consumed by different animals in a given time. When uric acid is acted on by oxygen, it is converted into alloxan and urea. A new supply of oxygen, acting on the alloxan, changes it either into oxalic acid and urea, into oxaluric acid, or into carbonic acid and urea. The mulberry or oxalate of lime calculi are usually found in those in whom, from want of exercise, the supply of oxygen has been deficient. Calculi, containing uric acid, or oxalic acid, are never found in consumptive patients; and it has been remarked in France that when patients, affected with uric acid calculi, are removed for exercise to the country, they become subject to the mulberry calculus. It is erroneous to suppose that the mode of cooking food can have any influence on these diseases. Flesh, in whatever way prepared, is at once converted into blood, while the uric acid and urea are derived from the transformed tissues. If this azotized food is properly supplied, and if an equivalent amount of oxygen is afforded to the system, none of these concretions can occur; in other words, if the liver and kidneys are capable of transforming the tissues which are continually undergoing change into urea, uric acid, and bile, none of these concretions should occur. Uric acid calculi have never been observed in carnivorous animals in the wild state; and it is believed that gravel and calculus occur in persons who use very little animal food. In reference to the bile, Liebig considers it to be derived from the decomposition of protein and starch; and he infers that, if the elements of protein and starch, oxygen and water being also present, undergo transformation together, and mutually affect each other, we procure, as the results of this transformation, urea, choleic acid (or bile,) ammonia, and carbonic acid, and no other product besides these whatever. The metamorphosis of the compounds of protein present in the body is effected by means of the oxygen carried by the arterial blood, and of the elements of starch rendered soluble in the stomach, and carried to every part to enter into the newly-formed compounds. We have presented to us, the principal constituents of the animal excretions and secretions; carbonic acid, the excretion of the lungs—urea and carbonate of ammonia expelled by the kidneys,—and choleic acid separated by the liver.

Some of the speculations of Professor Liebig, relative to the action of vegetable alkalies on the system, are highly curious: all the azotized alkalies, with the exception of three or four, are poisonous. Caffein, the alkaloid of tea and coffee, is not poisonous; and this substance, by the addition of 9 atoms of water and 9 atoms of oxygen, may be resolved into 2 atoms of taurine, a substance procured from choleic acid (the bile) by the action of muriatic acid. This substance, like the medicinal alkaloids, may, from the similarity of its composition to the brain and nerves, combine with them and supply their waste. There is nothing so absurd in this as some might be inclined to infer; for we must remember that the animal organism has produced the brain and nerves out of compounds furnished by vegetables. If then we grant that the brain and nerves are formed from vegetable albumen, is it unreasonable to conclude that substances (vegetable alkalies,) intermediate in composition between the fats and the compounds of protein, may be employed in the organism for the same purpose?

In the foregoing report, we have confined ourselves to a scanty analysis of some of the most important of the new views of Liebig. We do not affirm that all these views are demonstrably correct; but we believe that he has assumed the proper ground for physiological research; that in short all his speculations are in the proper direction. His book when it appears will present a rich mine of ideas, which we have no doubt will be purloined and diluted after various fashions. We trust that the present outline will preserve some of the property to its proper owner; and that those who build other works, by assuming some of his ideas, and surrounding them by a multitude of their own common-places will, unlike the plagiarists who have borrowed from his work on *agriculture*, have the honesty to acknowledge the source of their materials. At another opportunity, we shall present to our readers Liebig's views respecting the mechanical movements.—*Brit. and For. Med. Review.*

DR. LAYCOCK ON A GENERAL LAW OF VITAL PERIODICITY.

(MEDICAL SECTION—BRITISH ASSOCIATION.)

(*From the Athenæum.*)

The Secretary read a paper 'on a general law of Vital Periodicity,' by Dr. Laycock.—The object of the paper was to establish, by induction, a law of periodicity, with a term of *seven days*, pervading the entire animal kingdom, and influencing the pathological manifestations of disease in man; the facts brought forward for this purpose were derived from periods of gestation, or of hatching, in fishes, reptiles, birds, and mammals, from the transformations of insects, the effects of morbid poisons on the animal economy, particularly illustrated from malarious and exanthematous diseases, typhus fever and gout, and even chronic diseases: in all of these classes of facts a periodical movement is found pervading the entire animal kingdom, with a strict reference to seven days or its submultiple or multiple. Of the numerous facts stated, the following are examples: of one hundred and twenty-nine species of birds and mammals, whose period of incubation, or uterogestation, was examined, in sixty-seven the period was a definite number of weeks or months, twenty-four were within one day of being so, and in the remaining thirty-nine the period was so loosely stated as not to be of much weight for or against the general law. The author stated, that the most remarkable confirmations and illustrations of the law were to be found in insects by observing the periods observed in, 1st, the hatching of the ova; 2nd, the caterpillar or larva state, and the moults which take place in this stage of development; 3rd, the pupa, or chrysalis period, and 4th, the imago state, or puberty. Numerous examples from these conditions in many species were given, in all which the period of seven days, or its simple multiple, was traced. The phenomena of disease in man were ex-

amined, particularly small pox, as the best example of the exanthemata, of intermittent fevers, and of gout; and the author endeavoured to show, that the stages, the principal changes, and the duration of these diseases were governed by the same law, which really affords the grounds for the establishment of the critical days of Hippocrates; of these days the most important being the seventh, fourteenth, and twenty-first, and the next in importance being the fourth, eleventh, and seventeenth, the half periods. These periodical changes were to be traced in chronic disease also; the prevailing doctrine of "septennaries" amongst the ancient physicians was founded on similar observations, and the fact of vital periodicity is assumed by them as if it were too well known to be doubted. The author extended this law of periodicity to health and the performance of healthy functions; and this, he contended, threw light on the subject of the latent periods of disease. This law was observable also in an entire population, as might be seen in epidemics.

MEDICAL EVIDENCE AT CORONERS' INQUESTS.

TO THE EDITORS OF THE MEDICAL PRESS.

Irishtown, July 15, 1842.

GENTLEMEN,—When speaking to you the other day respecting the system of jobbing carried on by the coroners of this county, and certain medical men, whom they invariably bring with them to every inquest they hold, you were kind enough to say, that if I sent you the particulars of those cases which came under my own observation, and in which I was personally concerned, you would do what you could respecting this abuse. My only reason for troubling you on this subject, is merely with a view that through your valuable publication you may call the attention of the profession to this infringement on their just rights; for, by permitting it to continue, without at least trying if the coroner have the power, which he says he has, is, in my humble opinion, a gross dereliction of duty on the part of the profession.

I would beg to call your attention to the act of 6th and 7th Wm. IV., c. 89, entituled "an act to provide for the remuneration of medical witnesses at inquests," and c. 116 of same, entituled the jury act, where the fee of £3 is mentioned for each attendance (under 10 Geo. IV., c. 37, it was limited to £5.) According to my reading of those acts, it is the duty of the coroner to summon the medical man who was in attendance on the deceased, or who lives near the place where the accident or death occurred; and that as long as he avoided this, and brought his own doctor, no matter how distant, he not only deprives the medical man of his just rights, but inflicts a great deal of injustice on the public; for, as long as this system continues, the coroner will feel it his *interest* to hold as many inquests as he can, because there is, beyond doubt, an understanding between him and *his* doctor that the fees which the latter receives must *be divided*, and hence the cause of so many unnecessary inquests; among others, those to which I have alluded, and which, I hope you will excuse me for detailing, are sufficient.

Mr. Coroner Paisley, with his medical adviser, Mr. Shannahan, held an inquest a short time since on a poor woman who died seven weeks after her confinement, and actually committed the woman (midwife) who attended her during her confinement for not calling in medical assistance; however the poor woman was allowed out on bail, and the grand jury ignored the bills.

A ship carpenter, named Mooney, took ill at 12 o'clock at his work on the 12th of April; complained of cramp or pain in his stomach, for which he took a small quantity of hot punch and some ginger, but was, from continual suffering, obliged to leave work: came home about 3 o'clock, P.M., and went to bed. I was sent for at half-past 4, P.M.; found him perfectly collapsed (indeed moribund) but sensible, referring all his complaint to the epigastrium. I ordered external and internal stimuli, but without effect. He died at half-past 7, P.M., same evening. His friends fearing an inquest might be attempted, and I seeing no necessity for it, gave a certificate to a sergeant of police, stating Mooney died from natural causes; but, notwithstanding this, Paisley and his friend Shannahan held an inquest, and Paisley did all he could to induce the jury to return a verdict on Shannahan's evidence, who stated he examined the body—saw no marks of violence—could not tell without a post-mortem what deceased died of, which would not be permitted by the friends or jury. The jury refused to return a verdict without my evidence, and Paisley was forced to consent. I refused until I ascertained who was to pay me; he threatened to commit me for refusing; I defied him; but ultimately he promised to see me paid. I then submitted to be examined, and the jury returned "died by the visitation," &c.

I asked Paisley for the usual order on the grand jury. He promised to send it to me, but of course I never since received it.

A similar occurrence took place between Mr. M'Carthy and me. He came down to Irishtown, accompanied by his doctor, Surgeon Mitchell, to hold an inquest on a woman who was drowned while bathing. I was called on previously, and after using every exertion to restore life, all failed. The jury in this case required I should be examined. Mr. M'Carthy promised me an order. After waiting a few days, I summoned him to the Court of Conscience, and obtained an order for £1. 1s. Mr. M'Carthy lodged the money, and after a patient re-hearing before Mr. Moore, on the 27th ult., he ordered the money to be paid back to the coroner, and intimated to me that my course was to apply to the Court of Queen's Bench or the grand jury. This of course I could not well adopt, and my reason for going to the Court of Conscience was to establish the rights of my brother practitioners, if possible, without involving ourselves in expensive litigation. I am sorry to say that has failed—I have done my portion of the business, but will be always happy in giving my humble assistance in any movement tending to uphold the rights and claims of the medical profession.

When I commenced this, I had no idea it would run to such a length, and hope you will excuse my so much intruding on your valuable space,

Believe me, very truly your's,

MICHAEL DOYLE.

[Nothing shows more remarkably the spirit and motives which lead to legislation now-a-days, than the neglect of the most pressing and serious abuses as to coroners' inquests, contrasted with the intense anxiety and furious zeal to remedy the real or assumed abuses as to the medical charities. The explanation is obvious. There are no fat places cut out yet to reward political adherents; no permanent jobs to secure employment for gentlemen who have just tasted the sweets of office, but have not secured a hearty meal. We would suggest the following plan to forward salutary legislation on this subject. Let it be proposed that the management of coroners' inquests be placed under the control of the poor-law commissioners; and let the inquests, instead of being at present conducted by local authorities, liable to be biassed by local influence, be conducted by the assistant commissioners, to report to the central office, as in cases of court-martial, before announcing the verdict. Thus uniformity of purpose and action would be secured, and from the acknowledged "integrity" of the head commissioner, the result could never be questioned. The powers of the assistant commissioners, sitting as coroners, should be enlarged, so as to enable them to enforce the attendance of medical witnesses, with or without payment, and to commit them for short periods with or without hard labour. Double travelling expenses should be allowed, as four horses would be necessary for despatch; and table money should also be doubled, as the commissioner might have to entertain the foreman of the jury and other local authorities. Annual reports should be laid before parlia-

ment of the inquests taken, with such parts of the evidence as the head commissioner might think necessary for the good of the service. Let all this be proposed, and we pledge ourselves that early next session we shall have "a bill" read a first and second time, committed, reported, read a third time, passed, and made the law of the land before any one knows that it was seriously contemplated.—Ed. M. P.]

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

Thursday, July 28.—Council met.

Letter read from Robert Fowler, Esq., to Richard Carmichael, Esq., containing an expression of opinion upon the medical charities' bill, adopted by the grand jury at the summer assizes of Meath, held at Trim, July 23, 1842:—

"Grand Jury Room, Trim, July 23, 1842.

"Sir,—By desire of the County of Meath Grand Jury, I beg leave to forward to you a copy of the statement of our opinion in regard to the medical charities of Ireland. I have by their wish sent the original by the same post to Lord Eliot.

"I beg to remain your obedient servant,

"ROBERT FOWLER.

"To Richard Carmichael, Esq., President of Medical Association, 13, Molesworth-street, Dublin."

[copy.]

"We, the grand jury of the county of Meath, assembled at summer assizes, 1842, having learned that a bill to regulate the medical charities of Ireland is likely to come before parliament, beg leave to offer it as our opinion, that there are some abuses under the present law. 1st. As to the mode of getting up dispensaries by nominal and fictitious subscribers. 2d. The number of them. 3d. The appointment of doctors not sufficiently qualified, who should be under strict medical inspection; and, 4th. The obligation on grand juries to present sums of money equal to the amount of subscriptions, all of which could be easily provided against. We, the said grand jury, are of opinion that the taking out of the hands of the subscribers, cess-payers, and grand juries, the control of such institutions, and vesting them exclusively in a board, will deprive those institutions of their charitable appearance, which, in their present form, are a kindly bond between rich and poor, and would leave them to be supported solely by compulsory taxation, which we entirely deprecate. We would also strongly recommend that every facility be given for establishing and maintaining more than one fever hospital in each county, where the extent and population are such as to require it.

"Signed,

"GUST. LAMBART, Foreman,

"For Self and Fellows."

Resolved—That the thanks of the Council of the Medical Association be given to the grand jury of the County Meath for the foregoing communication.

Letter read from the Secretary of the grand jury of the County Armagh, to Richard Carmichael, Esq., containing resolutions adopted by twenty-two of the grand jury of that county, at the summer assizes, held at Armagh, July 26, 1842:—

"Armagh, July 26, 1842.

"Sir,—Permit me to send you a copy of the resolutions passed by our grand jury at last assizes.

"I have the honour to be, sir, your respectful servant.

"THOS. K. EVANS."

"Richard Carmichael, Esq., &c. &c. &c."

"MEDICAL CHARITIES.

"The undersigned members of the grand jury of the County of Armagh, feeling called upon to express their opinion in reference to a bill which they are informed has been prepared and submitted to parliament by the poor-law commissioners, affecting, in an important degree, the medical charities of Ireland, and by which it is proposed to deprive the grand juries of the control they at present possess over the taxation of the counties for the support of the dispensaries and fever hospitals, and to transfer the power to themselves.

"Resolved—1st. That not having a copy of the bill before them, and understanding that it is not proposed to pass it in the present session, they refrain from expressing any opinion on its principle; but believing that the contemplated change would not be attended with any advantage, but, on the contrary, highly detrimental to those institutions, they deem it their duty hereby to record their decided objection to the proposed measure.

"Resolved—2nd. That our secretary be directed to send a copy of the above to the following noblemen and members of parliament, requesting they will be pleased to use their endeavours to prevent any such transfer from the grand jury to the poor-law commissioners:—

"The Lord Primate, the Earl of Gosford, the Earl of Charlemont, the Right Honourable the Lord Lurgan, Viscount Acheson, M.P.; Colonel Verner, M.P.; Viscount Newry, M.P.; Lieutenant-Colonel Rawdon, M.P.; Lord Eliot, M.P.; Mr. Secretary Lucas.

"M. Close, Foreman; James M. Stronge, jun.; Thomas Seaver, Roger Hull, Henry Alexander, Joseph Johnston, James Hasler, John Robert Irwin, William Jones Armstrong, Charles Hume, Thomas Atkinson, Edward Wellington Bond, James M. Caulfield, Sheriff; George Ensor, jun.; W. W. Algeo, Joseph Nicholson, W. Paton, A. W. Cope, Marcus Synnott, jun.; John Hantz, M. Cross, J. M'Watty.

"THOS. K. EVANS, Secretary.

"Grand Jury Room, July 22, 1842."

Resolved—That the thanks of the Council of the Medical Association be given to the grand jury of the County Armagh for the foregoing communication.

Treasurer read letter from James O'Loughlin, M.D., of Ballinasloe.

Treasurer read letter from Dr. Joshua Harvey, Upper Baggot-street, inclosing one pound.

PETITION OF THE GRAND JURORS OF THE COUNTY OF DONEGAL.

(copy.)

The Petition of the Grand Jurors of the County of Donegal, at Summer Assizes, 1842, *assembled*,

Humbly Sheweth,

That petitioners have learned that a bill is about to be introduced into parliament, in which it is intended to place the medical charities of Ireland under the management of the poor-law commissioners.

That petitioners are of opinion that those charities would not derive any benefit from being subjected to such control, and pray that no extension may be given to the power of the commissioners, already too great.

That petitioners fully admit the necessity of some change in the management of those institutions, but consider that such object could be best attained by entrusting them to the control of a central medical board, and a local committee composed of the magistrates, clergy, and landed proprietors.

James Stewart, Foreman; William Fenwick, Ferguson Knox, George V. Hart, John Maginnis, Baptist J. Barton, Thomas Batt, jun., Thomas D. Bateson, Thomas Brooke, B. G. Humfrey, Robert Bateson, Joseph Pratt, Charles Norman, Daniel Chambers, Alexander Hamilton, Thomas J. Atkinson, James Watt, James Johnston, Thomas Dougherty, Leonard Cornwall, John Law.

BOOKS RECEIVED.

The Climate of the South of Devon, and its influence upon Health. By Thomas Shapter, M.D., Physician to the Exeter Dispensary, &c. London.

The simple treatment of Disease, reduced from the methods of expectancy and revulsion. By James M. Gully, M.D. London.

A Practical Treatise on the Diseases of the Scalp. By John E. Erichsen, formerly House Surgeon to University College Hospital. London.

The Retrospect of Practical Medicine and Surgery; being a half-yearly journal containing a retrospective view of every discovery and practical improvement in the medical science. Edited by W. Braithwaite, Surgeon to the Leeds General Eye and Ear Infirmary. No. V. January to June. London.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, AUGUST 3, 1842.

MEDICAL VISITATION OF POORHOUSES.

No week now passes in which we have not to record some fresh attempt to bring the medical profession under the operation of the English poor-law act, and to subject its members to those unconstitutional powers which the necessities and difficulties of England have rendered necessary for the administration of poor relief in that country. Nicholls is determined to prove to the profession in Ireland, that he is ready, able, and willing, to exercise that authority over them, which he and his brother commissioners have exercised so successfully over medical contractors at home, and to show that resistance to his will, is not only vain and useless, but impolitic and dangerous. That the medical officers of poorhouses are as liable, as any other persons employed in these establishments, to be subjected to the rules and regulations of the poor-law office, as far as regards their general conduct, we were aware; but we certainly did not before believe that they were liable to be coerced or controlled in their practice, or dictated to as to the treatment of their patients, or the course to be pursued for the preservation of the lives or health of the poor people entrusted to their care. It seems, however, we were mistaken, for we find Mr. Denis Phelan strutting at the scene of his former labours and glories, not merely as assistant poor-law commissioner, but armed with ample authority over the details of the medical practice of the poorhouses. At Ennis, he announces "that in the exercise of his duties, he was *not only directed* to conduct the business heretofore done by Mr. Senior, but that, *being a medical man*, he was also *instructed to attend to the sick department, and that it should meet with his particular attention.*" At Nenagh, we find the following scene reported:—

"*Doctor* Phelan, the assistant commissioner, was in attendance. He said he had been directed to take the charge during Mr. Senior's illness.

"Chairman—The board will be very glad of your attendance, for your predecessor's visits were like angel's.

"Dr. Phelan—I will attend you every second day of your meeting. I have to attend twelve other places, and you know there are not that many days in a week. I came here on last Monday to see your place, and I *found fever prevalent. I was talking to your medical officers*, and to Mr. O'Brien, *and I have made some suggestions*, which I will submit by and by. There is only one bad case of fever in the hospital, and *if that patient die it will not be of fever, but of the badness of her lungs.*

"The minutes of the proceedings of the previous meeting were now read, amongst which was a resolution not to admit any more paupers on account of the spread of infection.

"Dr. Phelan—In referring to the resolution of not admitting any more paupers on account of the illness which prevails, I have gone through all the wards in the house, and I am perfectly prepared to state my opinion, both as an assistant commissioner, and *a medical man*, that no danger can arise from new admissions. *There is no infection in the wards.*

"Mr. Ryal—There is a paragraph in the papers saying that the fever came in with the Gradys.

"Dr. Phelan—There were two cases of fever before the Gradys came in.

"The Chairman expressed his ignorance of this fact, as well as others of the guardians

"Dr. Phelan—The house is this day in very excellent condition.

"Chairman—Since it has been opened, we have been weekly seeking for an improvement in the ventilation of it.

"Dr. Phelan—There have been orders given that such shall be put into effect.

"The Clerk of the union then read

"THE DOCTOR'S REPORT.

"Since last report there has not been much increase of fever, nor does it appear likely to spread, in consequence of keeping up a strict separation between the patients in hospital and the other inmates of the house, and also from the improved ventilation, &c. Number of cases in hospital this day, 40: 33 of whom are in fever, and 7 ill of other diseases. We had no death as yet from fever—the entire mortality being owing principally to consumption.

"By the suggestions of *Doctor* Phelan, assistant commissioner, we have converted the large upper rooms in the lunatic asylum into an hospital, for which will be required bedding, &c.

"R. KENNEDY, M.D."

It appears, then, that Mr. Phelan has been "directed" and "instructed" to "*attend to the sick department*," being "a medical man;" and to shew his readiness to discharge his new duty, he announces that "it shall meet with his particular attention." "I have been talking to your medical officers, and I have made some suggestions." "There is only one bad case of fever in the hospital, and if that patient die, it will not be of fever, but of the *badness* of her lungs." "I am perfectly prepared to state my opinion, both as an assistant commissioner and a "*medical man*," that no danger can arise from new admissions. There is no *infection* in the wards." By what authority Mr. Nicholls directs and instructs Mr. Phelan to "attend to the sick department," or what meaning he may please to attach to the words, "attend to the sick department," we cannot tell; but it matters little, for it appears that his will is his authority, and that no matter how illegal, irregular, insubordinate, or outrageous his conduct may be, he is not to be questioned. Suffice it to say, that the physicians and surgeons of poorhouses are now declared to be in the capacity of subalterns, not only with respect to the general regulations for the preservation of the health and lives of the poor people entrusted to their caae, but with regard to the diagnosis, prognosis, and treatment of disease. Mr. Phelan, authoritatively, and evidently elated with the power entrusted to him, tells the Nenagh guardians that he "has been *talking* to the medical officers, and has made some suggestions," and then gives his prognosis of a particular care, and says, "if the patient die, it is not of fever, but of the *badness* of her lungs." Now, we stop not to inquire whether this was also the opinion and prognosis of the physician; but let us suppose what is very probable, that it was not; suppose that the woman was in bad typhus fever, and that what *Doctor* Phelan so elegantly and scientifically calls a "badness of the lungs," was inflammation of that organ complicated with the fever, what is to be the result? "I am perfectly prepared to state my opinion, both as an assistant commissioner and a medical man, (says the *doctor*) that no danger can arise from new admissions. There is no infection in the wards." There is the inference; but what may be the result? The new admissions take place, and notwithstanding the commissioner's

opinion, the fever spreads, and the poor people die; but who or what has been the cause, or who is to bear the blame is another affair. That the man in authority will not bear it is clear, and of necessity the subaltern must be content to take it along with the despicable pittance awarded him in the shape of salary. This is not only a humiliating but a distressing consequence, and however individuals may make up their minds to submit to it, the profession at large must regard it as most deplorable. Hitherto physicians and surgeons were free agents, and answerable for the lives of their patients; now they are made the agents of others, and answerable for the errors, the ignorance, and even the crimes of their employers.

ERRATUM.

We have fallen into a grievous error, it appears, in stating that the Dr. Babington, who writes such brief, smart, and intelligible letters in the *Derry Sentinel* in praise of the poor-law people, is not the Dr. Babington who is at law about the dispensary at Portstewart. We take great shame to ourselves for displaying such "want of information" on a subject so interesting.

MEDICAL INTELLIGENCE.

HOUSE OF LORDS.—July 29.

MEDICAL CHARITIES—IRELAND.

Lord Glengall presented petitions against the proposed measure, and objected to the placing of said institutions under the management of the poor-law commissioners; from the grand jury of the Queen's County, assembled at summer assizes 1842; from the physicians and surgeons of the county and city of Limerick; from the medical practitioners of the infirmary, fever hospitals, and dispensaries in the county of Donegal; from the supporters of the Killala and Ballisakerry dispensary; from the members of the Mayo county grand jury, at summer assizes 1842; and from the governors of the Mayo county infirmary.

POOR-LAW (IRELAND.)

The Earl of Glengall presented a petition from Charles Paterson, of Rathkeale, in the county of Limerick, M.D., physician to the Rathkeale fever hospital, praying for the production of a letter written by him in answer to one from Mr. Denis Phelan, assistant poor-law commissioner.

MEDICAL CHARITIES—THE POOR-LAW COMMISSIONERS.

The Earl of Glengall said he had several petitions to present on the subject of the medical charities in Ireland. The first was from the surgeons of Limerick, praying that the medical charities may not be placed under the superintendence of the poor-law commissioners. The next was from the grand jury of the Queen's County, stating that the allegations contained in the medical charities report were not true. He had another of a like import from Killala, and another from Pallaskenry. The petitions from the surgeons of the county of Limerick complained that the letters written by them on the subject of the medical charities had been suppressed, and the petitioners now prayed that these communications may be published. He (Lord Glengall) had also received letters from several medical gentlemen in Ireland, complaining that their communications on the same subject had been suppressed—(cries of hear, hear.) The letters to which he alluded had been addressed to him by Dr. Paterson, of Rathkeale, Dr. Lindsay of Broadway, county Wexford, Dr. Peebles of Dublin, Dr. Healy of Ennis, Dr. Layard of Malin, and Dr. Haines of Cork. All these gentlemen expressed the strongest desire that their communications may be published, inasmuch as their opinions were at direct variance with the statements put forth by the poor-law commissioners. It appeared now beyond all doubt that the charge brought against the gentry of Ireland, namely, that the condition of the poor had been neglected by them, was totally groundless. It was admitted in the last report that in 1837, there were in Ireland 784 physicians, surgeons, and apothecaries paid for the purpose of taking care of the poor. It appeared further, that these 784 medical gentlemen actually attended in that year 1,423,000 poor persons—and this he (Earl Glengall) contended was a fair proportion out of a population of eight millions of inhabitants. As he was upon the subject, he thought this a fitting opportunity to call their lordships' attention to a return recently laid upon the table of the house. It appeared from that return that the assistant commissioners each received a fixed salary of 700*l.* a-year. They were further allowed for personal expenses—or table money, as it was called, one guinea per day; and, when travelling, the further sum of one guinea a-day. This gave them an income of from 1,300*l.* to 1,500*l.* per annum. What possible right, he would ask, could these persons have to a guinea a day for table money?—and this sum, it appeared, they received every day in the year; for, according to Messrs. Handcock's and Phelan's reports, they were always on duty, whether in Dublin or elsewhere. He (Lord G.) thought this allowance most extravagant in a country so cheap as Ireland, where, even in the first hotels in Dublin, no more than 3s. 6d. was charged for dinner. And then, with respect to their allowance for travelling expenses, this was, if possible, more extravagant still. What right had these assistant commissioners to receive a guinea a-day for travelling expenses, when the average charge for travelling fifty miles in Ireland was not more than eight shillings, and when once these commissioners arrived in their district, it was utterly impossible for them to expend anything like the sum allowed in travelling. If they hired the carriages which were common in that country they could travel several miles for a couple of shillings. The result was, that whilst these commissioners cost the country 70,000*l.*, the poor of Ireland received nothing.

The Earl of Mountcashel presented petitions from the medical practitioners of Donegal and Mayo, praying the house not to pass any measure which would place the medical charities of Ireland under the control of the poor-law commissioners.

HOUSE OF COMMONS—July 22.

Mr. Gore presented a petition from the grand jury of the County of Sligo, praying that officers of medical charities in Ireland might not be placed under the control of the poor-law commissioners.

THURSDAY, JULY 28.

MEDICAL CHARITIES (IRELAND.)

Lord Eliot moved for leave to bring in a bill to regulate the medical charities in Ireland. He did not intend to do more than lay the bill on the table this session.

After a few words from Mr. French, leave was given to bring in the bill.

The grand jury of the County Westmeath, and the governors of the Westmeath County Infirmary, have petitioned parliament against the principle of placing the medical charities under the control or management of the poor-law commissioners.—*Westmeath Guardian.*

Professorship of Surgery in the University of Edinburgh.—On Thursday, the Town Council of Edinburgh unanimously elected Mr. Miller to the chair of Surgery in the University, in the room of the late Sir Charles Bell.

The Concours for the Professorship of Clinical Surgery, vacant by the death of M. Sanson, has terminated in the election of M. Berard.

Mr. Costello has recently performed the operation of lithotrity on Espartero, the Regent of Spain. The results, we are assured, are most happy.

Drs. Bouillaud, Terme, Dezeimeris, Richond de Brus, and Delaveau, have been elected members of the Chamber of Deputies of France. M. Gerdy was an unsuccessful candidate.

POOR-LAW INTELLIGENCE.

POOR-LAW MEDICAL RELIEF IN ENGLAND.

At a meeting lately held at Colchester, the following observations were made relative to the system sanctioned by the poor-law commissioners as a substitute for proper medical relief of the poor. The chairman, Dr. Nunn, observed—

"With regard to the course lately adopted by boards of guardians, it was all very well for them to take proper care of their funds; but he would ask, did guardians take proper concern to preserve the lives of those poor creatures committed to their charge? To that question the answer must certainly be "No;" for it mattered not who the persons were they employed so long as their services were obtained at a cheap rate; thus dealing with human life as with any common saleable commodity. (hear.) He was glad they were met on that occasion, that with one voice they might protest against the measures of those from whom, considering their property and education, they should have expected better things; and he trusted that the medical gentlemen would upon this and all other occasions unite heart and hand to vindicate the dignity, the respectability, and the usefulness of their profession.

"Resolutions were passed declaratory of the insufficiency and inequality of the remuneration afforded to medical officers by the poor-law act. A petition to parliament and a memorial to the poor-law commissioners, were also adopted by the meeting.

"Mr. Partridge complained that the system of farming the poor was bad enough at all times; but when a body so respectable as their profession was attempted to be coerced, in opposition to every principle of right, it was most unjust; and if some system of opposition were not adopted by the medical profession, the screwing system would be applied still more closely (hear.) What he lamented was, that gentlemen in the profession did not hold more together; for if there was a firm and honourable compact among themselves, the guardians must ultimately succumb to their terms (cheers.) The system of forcing the independent men into medical clubs, and then compelling medical men to take the management of them, was most iniquitous and degrading to the profession. By so doing the guardians were not only taking upon themselves to estimate the value of the time and services of medical men, but were calling upon them to supply commodities at a much less price than they could be purchased for.

"Mr. Morris thought that, while it was their duty to petition the legislature, the effectual remedy for the evil must be found among themselves (cheers.) He was persuaded that if something like an honourable and efficient combination existed among the medical profession to guard their own rights and maintain their own dignity, the poor-law guardians and commissioners, all-powerful as they seemed to be, would be utterly unable to coerce them into the system they had endeavoured to adopt, and which, in his opinion, was at once degrading to the profession, and likely to be carried still further if the medical profession did not maintain a firm resistance.

"Mr. Blair said that reference had repeatedly been made to the system adopted by the board of guardians of the Tendring union. He considered that the only unpleasant part of that proposition was the saddling medical clubs upon the officers of the districts; but the same thing had been done in the Colchester union and other places; and, with regard to the clubs themselves, he could state from some experience and much careful observation that they had entirely failed (hear.) The Independent Medical Club, established in the Colchester union, had been an entire failure, and in his own district, comprising six parishes, he had not six members."

We do not understand exactly the nature of these medical clubs, but we believe they are contrivances to enable a low class of medical tradesmen to contract for supplying what John Bull calls "Doctors' stuff" to batches of poor people; and that the poor-law authorities have made the plan available for carrying out the humane principle so creditable to English feeling and morality, which is the acknowledged guide in the application of their system of poor relief—that is, to make the relief so unpalateable and revolting that all persons, who can possibly do without it, shall refrain from accepting it.

PROMOTIONS.

CIVIL.—Thomas Horan, Esq., M.R.C.S.L., was appointed Medical Attendant to the Cootehill Workhouse on 22d July.

NAVAL.—Surgeon, T. Lardner, to the Jaseur.

OBITUARY.

July 24, at his residence, Rockville, Ballyshannon, of inflammation of the lungs, Thomas W. Crawford, Esq., for many years Surgeon to the Donegal Militia.

M. Pelletier, the Discoverer of Quinine, died at Paris last week.

M. Edwards, Member of the Institute, died at Versailles on 23d July.

Just published, No. VI., Price 1s.

THIS NUMBER OF

DR. HAYDEN'S PHYSIOLOGY

for the PUBLIC relates chiefly to the

VALETUDINARIAN.

CONTENTS—I. Every-day Business. Mind and Body; Wear and Tear concluded. II. Exercise and Air. III. Enjoyments. IV. Articles of Food. V. Period of Meals. VI. Sleep. VII. Modifications, comprising Age, Sex, Temperament, Climate, Seasons, Habit. VIII. Recapitulation and Concluding Address.

This number (consisting of 84 pages) will complete the First Part, which in Cloth, will be sold for Six shillings.

Any number (price 1s.) may be had separately.

London: ORR, Paternoster-row; RENSHAW, Strand.

Dublin: FANNIN, Grafton-street; CURRY, Sackville-street; Machen, D'Olier-street; and all Booksellers.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

Mr. JAMES A. LONG, Arthurstown, County Wexford, having been solemnly and publicly examined on Two several Days, received Letters Testimonial qualifying him to practise Surgery, and to be elected a Member of the College.

By order of the Court of Examiners,

C. O'KEEFE, Registrar.

July 21, 1842.

ARMAGH MEDICAL ASSOCIATION.

THE QUARTERLY MEETING of the ARMAGH MEDICAL ASSOCIATION will be held in DR. COLVAN'S HOUSE, in ARMAGH, on TUESDAY, the 9th instant, at two o'clock, P.M.

By order,

A. ROBINSON, Secretary.

Armagh, August 1, 1842.

AT a Meeting of the GRAND JURY of the county Donegal, at Summer Assizes, 1842, assembled, it was

Resolved—That the experience as yet afforded of the mode of administration of the Poor-law in Ireland does not encourage the Grand Jury of this county to approve of any extension of the power of the Commissioners. They are, therefore, of opinion that the Medical Charities of Ireland would not derive any benefit from a change of system which would place them under the control of the Commissioners and Boards of Guardians.

Resolved—That a petition, embodying these sentiments, be transmitted for presentation to the House of Lords, by the Earl of Wicklow, and to the House of Commons by the Representatives of the county.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

Wednesday, August 3, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXXXVIII.] DUBLIN, WEDNESDAY, AUGUST 10, 1842. [PRICE SIXPENCE, STAMPED.

Inferences on the uses of the Spleen, and the Vena Portæ, derived from Anatomical Examination. By Professor Hargrave, &c. &c.... 81

REPORTS OF MEDICAL AND SURGICAL PRACTICE.

Case of Large Congenital Tumour. By Dr. Bredon, Portadown..... 84

Twelfth Annual Report of the Belfast District Asylum for Lunatic Poor..... .... ib.

MEETINGS OF SOCIETIES.

Zoological Society of London..... 85

EXTRACTS FROM PERIODICALS.

Case of Deformed Leg, from unsuccessfully treated Fracture, cured by an Operation... 86

Spontaneous Combustion..... 87

Case of Absence of External Genitals, and Formation of an Artificial Vagina.. 88

Note on Neuritic Sciatica.. .... ib.

Reduction of a Congenital Dislocation of the Humerus at the end of sixteen years..... ..... ib.

Ligature on the common Carotid Artery for an Erectile tumour of the Orbit.... 89

Aneurism at the origin of the left carotid treated by ligature on the distal side..... .... ib.

REVIEWS AND NOTICES OF BOOKS.

Gilbert on Pulmonary Consumption, its Prevention and Cure..... 89

Report of the Poor-law Commissioners on Medical Charities, Ireland—Supplementary Appendix.. 91

Medical Charities.—Petitions of the Grand Jurors and Governors of the County Mayo..... ib.

Petition of the Subscribers to the Mohill and Drumsna Dispensary.... 92

MEDICAL ASSOCIATION OF IRELAND.—Proceedings of Council..... .... ib.

Books Received for Review..... ib.

ATTEMPT TO PREVENT POST-MORTEM EXAMINATIONS IN A WORKHOUSE..... 93

THE MEDICAL CHARITIES' BILL..... 94

Rules recommended to be observed in sending for the Doctor..... ..... ib.

MEDICAL INTELLIGENCE.—Houses of Lords and Commons..... 95

Promotions..... 96

Obituary..... ..... ib.

Register of the Weather.. .... ib.

INFERENCES ON THE USES OF THE SPLEEN, AND THE VENA PORTÆ, DERIVED FROM ANATOMICAL EXAMINATION.

BY DR. HARGRAVE,

Medical Officer to the City of Dublin Hospital, and Professor of Practical Anatomy in the School of the Royal College of Surgeons in Ireland.

IN introducing the following subject to the notice of the profession, I am aware that I am entering upon a question that has been often investigated by our most celebrated anatomists and physiologists, and apparently with such little satisfaction as would induce me to abandon the investigation as hopeless, but feeling satisfied that it is only by repeatedly undertaking it, that we can ever arrive at a knowledge of the uses of the organ under consideration: decided by such a conviction, I submit the following views of the uses of the spleen to the profession, which are at least novel to me, and derived solely from examining its anatomy.

To establish the correctness of these inferences, it will be necessary to take a review of the anatomy of the vena portæ, particularly in relation to its hepatic and splenic branches, also of the spleen itself. The abdominal portion of the vena portæ is derived principally from three great trunks, the superior and inferior mesenterics, and the splenic vein, besides a number of minor ones received from the pancreatics, gastrics, duodenals, and from the vasa brevia veins. The origin and formation of these veins present nothing unusual from the other veins of this system, with the remarkable exceptions of the splenic, and vasa brevia veins of the stomach: the former, when traced into the spleen, divide into large branches, whose parietes are perforated by large and numerous foramina, which open directly into the cellular structure of the spleen; when the more minute veins are examined, those openings become larger, until finally the veins cease to present anything of a cylindrical appearance, the parietes of the vessels separating into filaments which do not differ from the parietes of the cells of the spleen, with which they are seen to be continuous. Such a mechanical provision in the splenic veins must admit a free exit to and from their interior into the structure of the organ from which they arise.

The vasa brevia veins are remarkable for the presence of valves in their structure, which open from the stomach towards the splenic vein with which they freely communicate; admitting, by such a mechanism, the free passage of absorbed fluids from the stomach into the splenic vein, and preventing any reflux of the contents of the latter vessel into the stomach. No other vessels entering into the formation of the vena portæ, either as regards the abdominal or hepatic portion of its ramifications, present scarcely a trace of a valve.

When the divisions and communications of the hepatic portion of the vena portæ are examined, it is seen that it divides into two sets of branches—one of them, and the most delicate, are distributed to the pori biliarii, and ramify in the cortical substance of the liver—the other set, by far the most numerous and the largest, anastomose freely with the branches of the hepatic veins by foramina of a line in diameter (Meckel); which explains the extreme facility with which the hepatic veins can be injected from the porta and the latter vessel from the former.

Such a distribution of the vessels of the porta, in its course through the liver, and communications with the spleen by the large splenic vein, indicate the value of this part of the animal economy in affording relief to the cardiac and pulmonary circulations in cases of

any irregularity occurring in the course of the blood through the right side of the heart into the lungs, and from them to the left auricle and ventricle. If any impediment is presented to the free passage of the blood through the channels just mentioned, either in consequence of disease, or from too accelerated a circulation dependent upon any cause, the blood is capable of being regurgitated into the large hepatic veins, which offer every facility for such a course by the numerous and wide orifices opening, almost directly, into the right auricle of the heart, by their permanently patulous mouths, rendered complete by the intimate adhesions between the parietes of the veins and the dense, firm structure of the liver; finally, the reflux of the blood into these veins is favoured in a most remarkable manner by the complete absence of valves.

From the hepatic veins the blood is conducted in its retrograde course into the large anastomosing veins of the vena portæ; while by the trunk of the last vessel it flows along the principal branches of the porta, chiefly into the splenic portion. Should the cause producing the regurgitation of the blood act very energetically, and for any length of time, the blood is shed from the splenic vein into the texture of the spleen, which can accommodate a large quantity of it, where it finds a temporary reservoir until the heart and lungs are relieved from the causes which produced the irregularity in the flow of blood through them, and allows it to resume its usual course.

To accommodate such derivations in the healthy condition of the system, we perceive the necessity of the non-existence of valves in the hepatic and portal veins to permit the reflux of blood through them in the normal condition of the circulating organs. Of what greater value must not such an arrangement be in the abnormal condition of these organs to relieve them from a congestion of blood, which, if long continued, must be attended by very distressing, if not fatal, symptoms.

From the structure of the veins now mentioned, it is a self-evident inference that the liver in the first instance serves as a diverticulum to the heart and lungs in the altered states of their circulation, and, if necessary, the blood so diverted from its usual course, will pass from the venæ cavæ hepaticæ into the porta, and thence into the entire of its ramifications, with the single exception of the vasa brevia veins, which, being supplied with valves,* will oppose any regurgitation of blood into their interior; the cause continuing to act which produces the regurgitation of the blood it will ultimately find a passage into the spleen, whose cellular structure, together with the peculiar mechanism of the splenic vein, readily admits the blood in the reflux course that has been impressed upon it; and to be shed from the vessels into the spleen, in which particular, it, as an erectile tissue, differs in a very evident manner from the other erectile structures found in the system, which are formed of a congeries of arteries and veins, chiefly of the latter.

* This is a point questioned by some anatomists.

The spleen is not alone subservient to the organs now mentioned as an occasional reservoir for their blood; but in certain conditions of the system performs the office for the great systems of the mucous and cutaneous membranes. In cases where the blood is driven from these membranes, either in consequence of cold, or of rigors affecting the general system, it is located for the time being in the spleen; and is subsequently taken up from it by the veins and returned to the general circulation, when the balance is restored to the blood circulating in the mucous and cutaneous membranes. This opinion receives no small support by considering the pathology of intermitting fever; for, after repeated attacks of this affection in the same individual, the spleen is always found hypertrophied in consequence of the repeated lodgment of blood in it, which produces such a degree of vital exaltation in it as to cause an increase of growth; or this increase in size can be explained in the following manner:—The blood being at rest in the cells of the spleen, may in part coagulate, and by the repetition of such phenomena, the organ ultimately enlarges and becomes solidified.

That the spleen serves such a function in the adult to the organs now indicated, is corroborated by contrasting it with that of the fœtus; at which period of existence the spleen is not only comparatively very small, but its vessels also partake of this diminution in size, the artery being much less than the hepatic, and the vein of corresponding diameter; it remains thus arrested in its development till after birth, as prior to this period the spleen is not required as a diverticulum for either the heart, lungs, or liver, whose functions are at this time of life comparatively inert, the lungs receiving but a small supply of blood, and the heart not exhibiting the complexity of structure and function which it does in after life; and the liver not so necessary to relieve the heart or lungs of an accumulated quantity of blood which passes with difficulty through them under certain conditions in extra-uterine life.

During fœtal life the relations of the spleen to the mucous and cutaneous membranes are not of that important value to afford *occasional* accomodation to the blood that is normally sent to these membranes; as the temperature of the fœtus is always equable, not dependent upon its own resources, nor directly liable to atmospheric vicissitudes, but is derived from the mother, consequently no irregular distribution takes place in the cutaneous circulation of the fœtus connected with any alteration in its temperature.

That the spleen is in this way closely allied to the two great tegumentary membranes, is I conceive supported by attending to the anatomy and functions of this organ in fishes, in which it is not alone very small, but is also supplied with a minute quantity of blood; its veins are in proportion to the size of the artery; while in these animals their temperature is seldom liable—indeed, I believe, never to the sudden variations that terrestrial animals are subject to.

The relative smallness of the spleen in the fœtus, besides being subservient to the apparatus already indicated, holds an important relation to the stomach, which exhibits none of those alternations in function that it does in after life consequent upon the process of digestion: from which it follows as a sequence, derived from the experiments of Bichat, Beclard, and others, that the circulation through the spleen is uniform and regular, offering none of the changes which are witnessed in it during extra-uterine life, dependent upon the varied conditions of the stomach, as connected with its period of distention and emptiness, also of its exalted vitality during the digestive process.

I scarcely consider it necessary to allude to the opinion of Broussais, who considers the spleen to serve as a diverticulum to the stomach and intestinal canal; or to Mr. Hodskin who looks upon it in the same manner, allowing it but a limited range.

Tiedemann and Gmelin attribute to this viscus a much higher and more important function in the animal economy than that of an occasional reservoir for the blood under certain conditions of the system; they consider it as a large lymphatic gland, and an appendage to the lymphatic system; secreting from the arterial blood a fluid of a reddish colour, which possesses the property of increasing the coagulating powers of the chyle, and rendering it of a deeper colour; their opinion is founded upon the immense number of lymphatic vessels which belong to the spleen, which they suppose convey this fluid to the thoracic duct.

The German physiologists have adduced one experiment in support of their theory; namely, having extirpated the spleen from a dog, after having recovered from the operation he was killed, and on examining the physical properties of the chyle in the thoracic portion of the thoracic duct, it presented a whiter colour than usual, and did not throw down as abundant a clot as it did in animals which were not deprived of their spleen.

Objections, and those of not a trifling character, can be brought against the hypothesis of the last named authorities; in structure the spleen does not present the least similarity to a lymphatic gland; the lymphatics which are distributed to it anastomose with the arteries, so it is not too much to infer that they contain a more or less quantity of blood received direct from the arterial branches distributed to the organ, which will tinge the chyle flowing through the thoracic duct in the normal condition of the system.

From such a communication between the lymphatics and arteries of the spleen, it follows that after the spleen has been extirpated, the source from whence the colouring matter of the chyle is derived being removed, it will no longer be tinged, as it would be, if the organ still remained in the system of the animal; these facts appear to be sufficient to disprove the hypothesis of Tiedemann and Gmelin.

The splenic vein, in addition to its serving the office of returning the blood from the spleen, and under certain conditions to permit the reflux of it into the spleen, answers the purpose of conveying the fluids received into the stomach almost directly into the heart by the medium of the vena portæ and hepatic veins, as the slightest attention to the anatomy of these vessels will establish.

The absorbing powers of the veins being now fully admitted, it follows, when fluids are introduced into the stomach, they are taken up by the vasa brevia veins, and conveyed by them to the splenic vein by which they are transmitted to the vena portæ, and through the branches of it, which inosculate with the large hepatic veins by the large communications already mentioned, directly to the heart. Such an anatomical arrangement is sufficient to explain the rapid absorption of fluids from the stomach, and their equally rapid discharge from the system by the urinary apparatus, under the designation of "urina potûs," without being under the necessity of seeking for any other explanation of a fact of such frequent occurrence. This anatomical structure permits us also to understand the cause why the liver becomes so frequently diseased in those individuals who indulge much in the use of ardent spirit; for it is absorbed direct from the stomach in its almost undiluted state, and is transmitted by the splenic vein into the porta to the liver, where it acts in this concentrated state upon the structure of that organ, and produces the morbid alteration known by the term cirrhosis, or the whiskey liver. This manner of inducing the disease in question by the too great indulgence in alcoholic fluids seems to me nearer to correctness than the opinion maintained by Andral, of chronic inflammation being excited in the duodenal mucous membrane by such pernicious habits, and thence extending along the ductus communis choledochus to the liver, and finally producing the disease.

It also appears to follow from this view of the anatomy of the parts in question, that vinous fluids are absorbed from the stomach, and carried directly by the splenic vein into the porta, and from it so quickly into the general circulation, as in this way to affect the sensorium commune without the intervention of the nervous influence. If the effect solely depended upon the nervous system, it should be more instantaneous than it is; that such is not the case is contradicted by the experience of almost every individual, which teaches that a short time elapses before the decidedly exciting effects of the vinous fluid is rendered evident on the system.

When it is stated that the spleen serves so many purposes in the animal economy, as a diverticulum to the lungs, heart, and liver, also to the stomach, and in some cases to the cutaneous and mucous membrane; and that the splenic vein is of such importance in conveying fluids from the stomach into the general circulation. A natural question will suggest itself, how have animals lived in the enjoyment of good health, from which the spleen had been extirpated? If they recovered from the operation, of which there are many examples. To this question it can be answered, that such an experiment proves the spleen not to be a vital organ; it can also be adduced as an instance of one of the beautiful examples of the compensating powers which the system possesses within itself, as will enable it still to maintain, healthily, the functions necessary for the well-being of the animal. It is scarcely necessary to cite any proof of such compensating power, which is admitted to exist between the skin and the kidneys in the normal state of the system, and between the lungs and uterus, when the former assume vicariously the function of the latter, and produce a monthly secretion to compensate for the menstrual flux.

What system acts the part of a compensating organ in the animal from which the spleen has been extirpated, and which serves the purpose of a sanguineous recipient to relieve the heart, lungs, and liver in their disordered circulation? In such cases, we still have all the vena portæ, (with the exception of that portion of the splenic vein which is given to the spleen) to serve such an office to the animal to compensate for the loss of the spleen.

It may be also asked, should not the spleen be hypertrophied in those instances where there is an excessive development of tubercles in the lungs, which must act mechanically in retarding the pulmonary circulation: the consequence of which should be a remora in the blood flowing through the liver, and finally in the spleen; this cause existing for sometime ought to produce an enlarged condition of it.

Such a result, would, in all probability, be the case if the individual suffering from this disease was able to take such a degree of exercise, as to send the blood rapidly through the pulmonary circulation, where, being impeded by the tubercular deposit compressing the lungs, and preventing the blood flowing with sufficient rapidity through them, some portion of it would regurgitate, and be deposited for sometime in the spleen, so as ultimately to give rise to an hypertrophied condition of the organ.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF LARGE CONGENITAL TUMOUR.

TO THE EDITORS OF THE MEDICAL PRESS.

Portadown, August 2, 1842.

GENTLEMEN,—Would you be good enough to insert the following case in your valuable periodical, if you think it worth publication, and oblige, yours respectfully,

ALEX. BREDON.

On the 22d of July, a male child was born with a tumour on the right side of its head. It extended from the middle of the os frontis to within about an inch of the ear, and from the upper eyelash to the coronal suture. Its circumference round the base was nine inches, and a line drawn across its middle measured seven inches; its substance was firm and doughy; its shape conical; and on the apex it contained fluid. Around its base the bone was raised into a circular ridge; but an opening into the brain could not be felt. The only disfiguration it produced to the other organs was to the right eye, which it closed up; the pupil muddy and elongated. In all other respects the child seems in good health and thriving. The mother expresses herself as having felt a particular disgust at seeing the entrails of a pig brought before her at an early period of pregnancy.

TWELFTH ANNUAL REPORT OF THE BELFAST DISTRICT ASYLUM FOR LUNATIC POOR, FOR THE YEAR ENDING 31ST OF MARCH, 1842.

ADMISSIONS DURING THE YEAR.

The aggregate number of patients admitted during the year amounted to one hundred and fifteen (the same as last year)—viz., fifty-six males and fifty-nine females, thirty-four being "urgent" cases: three less than in 1841, of whom were—

	Males.	Females.	Total.
Discharged, recovered .	15	16	31
Do. relieved, and on trial,	2	3	5
Died, . . .	3	4	7
Still under treatment, .	36	36	72
	56	59	115

Included in the above are six cases of relapse—viz., three males and three females, being two more than last year.

The ages of the above were as follow:—

	Males.	Females.	Total.
From 10 to 20 years, .	4	8	12
From 20 to 30 years, .	17	24	41
From 30 to 40 years, .	17	14	31
From 40 to 50 years, .	12	9	21
From 50 to 60 years, .	4	2	6
From 60 to 70 years, .	2	2	4
	56	59	115

OLD CASES.

Of the old cases, amounting to 245, and under treatment throughout the year, were—

	Males.	Females.	Total.
Discharged, recovered, .	20	21	41
Do. relieved, and on trial,	4	2	6
Died, . . .	6	14	20
Still in the house, . .	102	76	178
	132	113	245

Thus showing that the total discharges, in recoveries, were 72; relieved 11; and died 27; leaving on the books, at the close of the year, 250 inmates—viz., 138 males, and 112 females; the excess of the former over the latter being 26.

AGES.

Ages of the patients discharged, recovered, during the year:—

	Males.	Females.	Total.
From 10 to 20 years, .	5	5	10
From 20 to 30 years, .	10	11	21
From 30 to 40 years, .	5	10	15
From 40 to 50 years, .	11	6	17
From 50 to 60 years, .	3	4	7
From 60 to 70 years, .	2	0	2
	36	36	72

CAUSES OF DISEASE.

Table of the causes assigned for insanity, in the patients admitted during the year, ending 31st March, 1842:—

	Males.	Females.	Total.
Domestic differences, .	2	3	5
Intemperance, . .	10	2	12
Losses & embarrassments,	7	1	8
Bodily ailments, . .	1	4	5
Puerperal state, . .	0	7	7
Over study, . . .	4	0	4
Fright, . . .	1	6	7
Poverty, . . .	2	3	5
Fear of coming to want,	1	0	1
Chronic dysentery, .	1	0	1
Fever, . . .	1	3	4
Effects of cold, . .	0	3	3
Strong religious feelings,	2	0	2
Jealousy, . . .	0	1	1
Irregular habits, . .	1	0	1
Injury of head, . .	1	1	2
Indigestion, . . .	1	1	2
Grief, . . .	3	5	8
Fatigue, . . .	0	1	1
Paralysis, . . .	1	0	1
Abuse of mercury, . .	3	0	3
Unknown, . . .	14	18	32
	56	59	115

SPECIES OF DISEASE.

Table showing the forms in which the disease manifested itself, in the admissions, during the year:—

	Males.	Females.	Total.
Mania, .	33	43	77
Monomania, .	2	3	5
Melancholia, .	20	11	31
Dementia, .	1	2	3
	56	59	115

PATIENTS FROM THE GAOLS.—CRIMINAL LUNATICS.

The cases from the respective gaols of the district, as included in the new admissions, amounted to ten—viz., six males and four females, all of whom, with one exception, had been imprisoned, in the first instance, under the act I. Vic., for minor breaches of the peace, whilst the subjects of insanity; the exception being a female, who was tried at the late Lent assizes, at Downpatrick, for the murder of her own child, a girl of nine years of age, but acquitted, on the ground of being insane, at the time of its commission, and who will consequently be a prisoner for life in the asylum; thus adding to the number of "criminal lunatics," which is a class of inmates, of all others, the most subversive to the general interest and welfare of these institutions to have the charge of, and for whose removal to some more fitting place of incarceration, the renewed efforts of the governors, during the past year, have unhappily been unproduc-

tive of more success than those made hitherto; but still it is trusted that the time is not far distant when the difficulties connected with this matter will be overcome, and such an arrangement adopted as will at once save the asylums from the discredit and annoyance attachable to the existing system, besides better securing the safe keeping of those who, however sound in mind they may become, are never intended to be restored to the enjoyment of liberty.

SUICIDAL CASES.

As in former years, a number of suicidal cases was this year received into the asylum, who, from their unfortunate tendency and unceasing efforts, as well as ingenious contrivances, to carry their unhallowed purpose into effect, are always a constant source of painful anxiety to those entrusted with their care. Fourteen of such—viz., five males and nine females, were amongst the year's admissions, all of whom had, prior to becoming inmates, made determined attempts at self-destruction; but happily, during the time they have been in the house, nothing of an unpleasant nature, in this respect, has occurred with or been actually attempted by any of them.

DEATHS DURING THE YEAR.

The deaths amounted to twenty-seven—viz., nine males and eighteen females—the disproportion of the mortality in the sexes is rather remarkable, and the more so as the males, throughout the year now terminated, predominated on the books, as was the case also last year. It is to be observed, however, that several of the females were advanced in life, and four of the number were so enfeebled in bodily as well as mental health, prior to admission, as to be altogether beyond the reach of human means being made available for their benefit. One of the four referred to lived but three weeks after admission; another, four weeks; and a third, six weeks; six, from four to eleven months; and the remainder for periods varying from two to eleven years. Of the males, one aged forty-two, survived only eleven days after admission, having sunk from general paralysis, under which he had been labouring for sometime previously. Two were inmates between twelve and thirteen years each; three, from three to ten months; and the rest from one to eight years.

ANALYSIS OF DEATHS.

The following are the causes of the deaths which occurred, as well as could be ascertained:—

	Males.	Females.	Total.
Died of general debility,	4	7	11
—— of general paralysis,	2	4	6
—— of consumption, .	1	3	4
—— of intestinal disease,	0	1	1
—— of epilepsy, . .	0	1	1
—— of anasarca, . .	0	1	1
—— of apoplexy, . .	1	0	1
—— of rheumatic affection,	1	0	1
—— of lumbar abscess,	0	1	1
	9	18	27

The average age of the males, in the above list, was thirty-six and a half years; the oldest being fifty, and the youngest twenty-two; that of the females was forty-six; the oldest being seventy, and the youngest seventeen.

RESTRAINT OF PATIENTS.

The cases in which instrumental restraint—by the imposition of a strait waistcoat on the person, or muffs on the hands—was obliged being had recourse to from time to time during the past year, were confined to about four out of the entire number of inmates; and these almost exclusively amongst the females, some of whom were so uncontrollably violent in their general conduct, as well as destructively inclined, that all other methods were found totally inefficient as moral agents in repressing their disposition to commit acts of outrage, personal and otherwise. One of the females, in particular, for several months past, has been most unconquerable in destructive and turbulent propensities by breaking windows, doors, and locks; stripping and tearing off her clothes, striking the attendants, &c., &c.; neither persuasions, or threats, or even the offering of a reward for ordinary good conduct, when tried at large, having the least effect in deterring her from the commission of such acts as the above; and not only does she behave in this insubordinate manner herself, but, in her morbid proneness to mischief, endeavours to make other patients equally unruly, and to a certain extent succeeds in doing so; thus keeping up day and night at intervals a harrassing state of excitement and riot in the division to which she belongs; but these interruptions, in the entire personal freedom, general order, and comparative quietude which ordinarily prevail in the establishment, are after all but of small moment, and wonderfully few, when we consider the deplorable nature of the mysterious malady its unhappy inmates are the subjects of.

EXPENDITURE.

The total expenditure of the year now terminated, amounted to £3,565. 7d., making the annual average cost of each inmate, every charge of management included, £14. 8s. 10¾d; last year's expenditure was £4,051. 7s.; the expense of each patient being £16. 11s. 4½d.

ROBERT STEWART, M.D., Manager.

MEETINGS OF SOCIETIES.

ZOOLOGICAL SOCIETY OF LONDON.

TUESDAY, JULY 26, 1842.

A paper was read, entitled "observations on the seminal tubes and semen of mammalia and birds," by George Gulliver, Esq., F.R.S.

Size of the Seminal Tubes, with the Nature of their Contents at different Periods.

This is an interesting subject, because it is so much connected with the habits and economy of animals. The author, after alluding to the valuable labours of Professor R. Wagner, gives an extensive series of measurements of the seminal tubes, which it appears increase in size during the growth of the animal, and even before birth. The sudden enlargement of the tubes in mammalia, when they become capable of reproduction, and of the tubes of birds at the pairing season, was shown by a table, in which was also contained a notice of the state of the testes, and of the contents of the seminal tubes at the different specified periods. In birds, when these tubes become turgid, they are also thinned, their walls being so much attenuated and distended that they are almost ready to burst with semen, contrary to Professor Wagner's observation, that they expand and become thick.

Molecules of the Semen.

These much resemble "the minute oil-like spherules" depicted by the author (in his Appendix to Gerber's Anatomy, p. 103,) as constituting the bulk of the particles found in the juice of the supra-renal bodies. The most common diameter of the seminal molecules is 1-20,000th of an inch, and they vary from 1-35,000th to 1-8000th. The author is of opinion that these molecules are connected with the perfecting of the semen, since he finds that they are very abundant in the seminal fluid of birds and reptiles, just before the testicles become ripe, and wholly disappear or become scanty as soon as the spermatozoa

are most completely formed. The author remarks incidentally, in reference to a former notice in the *Atlas* to "Gerber's Anatomy," p. 59, on the difficulty of determining the exact shape of particles so extremely minute, that many which he has formerly described as spherules may, in reality, be discs, in conformity to some of the elaborate researches of Dr. Martin Barry.

Pigment of the Testes.

In certain birds the testicles are yellow or black. A particular examination of the black pigment, mentioned by the author, in the seminal tubes, or their coats, of the starling, disclosed very distinct pigment ramifications.

Spermatozoa of the Genus Cervus.

The author exhibited drawings of the spermatozoa of the wapiti, red deer, and fallow deer, noticing that he had found the spermatozoa in the testes of the latter animal at other periods than during the rut; and these drawings were exhibited in reference to the extraordinary statements in Sir E. Home's "Comparative Anatomy," vol. v., which have been well commented on by Dr. Davy, in his "Researches," vol. i., p. 338.

Chemical Characters of the Spermatozoa.

The spermatozoa of mammalia are but little, or not at all, affected by nitric, muriatic, acetic, oxalic, tartaric, and citric acids; by earthy, alkaline, and metallic salts; or by caustic alkalies. But the *spiral* spermatozoa of birds are very susceptible of the action of the acetic and other vegetable acids; although the *cylindrical* spermatozoa of birds, as of the common swift, are nearly allied in chemical characters to the spermatozoa of mammalia.

When the seminal fluid contains an abundance of corpuscles, it is quickly made ropy by alkalies and by many saline solutions; an effect which is produced by these reagents on other animal fluids containing great numbers of fresh primary or isolated cells, as more particularly noticed in the Appendix to "Gerber's Anatomy," pp. 91, 96, and 97. In some recent experiments, the lymph-globules were only a little mis-shapen, after having been kept many days in solutions of muriate of ammonia and other salts.

EXTRACTS FROM PERIODICALS.

CASE OF DEFORMED LEG, FROM UNSUCCESSFULLY TREATED FRACTURE, CURED BY AN OPERATION.—BY THOMAS D. MUTTER, M.D., PROFESSOR OF SURGERY, IN JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

About the last of August 1840, I was requested by Dr. Franklin to visit in consultation, George S. of Maryland, a young man of fine constitution, and 23 years of age. From the history of the case, it appears that some ten months prior to the period at which we saw him, he was engaged with others in blasting rocks, and that while so occupied, a large fragment of stone struck him on the right leg, producing a most severe compound fracture of both bones. He was immediately placed under treatment, but from some cause or other, profuse suppuration in the wound took place, with ulceration of the integuments on the back of the limb; and after having remained under the management of the gentlemen who first saw him, for three months, he "got up" with the leg shortened three inches and a half from the lower fragments overlapping the upper, and the foot so much turned in, that it was impossible for him to bring the heel to the floor. The upper extremities of the lower fragments present distinct prominences in front, while angular deformity of the whole member is very obvious. The limb is also diminished in its diameter in consequence of the state of inaction in which it has remained since the occurrence of the accident, the patient having used crutches, ever since his "getting up." There is no pain even when the limb is roughly handled, and no motion between the fragments, they having become firmly attached to each other by ledges or bridges of bone that passed from one to the other, and also by means of callus thrown out in the interossial space. The integument on the back of the leg presented nearly throughout the characteristics of a cicatrix, and near the centre there was a small ulcer. As in this condition the limb was worse than useless, he came to Philadelphia, for the purpose of having it amputated. After a careful examination of the case, and weighing the hazards of *amputation* and *resection* of the *bones*, both Dr. Franklin and myself came to the conclusion that the latter operation, as it gave us a prospect of saving the leg, was most advisable; and accordingly, after subjecting our patient to a few days of preparatory treatment, I undertook its performance, assisted by Drs. George W. Norris and Franklin, and in the presence of several of my private pupils.

September 4th.—The patient was placed on his back, upon a firm table, the limb secured by assistants, and a tourniquet loosely applied to the thigh, but it was not tightened during the operation, no large vessel being opened by our incisions.

The integuments were then divided directly over the projecting fragment of the tibia, the incision commencing an inch and a half above the most prominent point, and extending downwards about the same distance below it. The soft parts were next turned off on each side by a few strokes of the scalpel, and the bone being exposed, was found to overlap the superior fragment to which it was firmly attached by the ledges of bone, already referred to; with a small saw these ledges were divided, and we found the space included between them occupied by a tissue firmer than cartilage but softer than bone, and apparently perfectly organized, as it bled freely when the saw passed through it.

The fragments of the tibia being thus separated, we turned our attention to the fibula. An incision parallel to the first, of the same extent, and about two inches from it, was carried over the projection on the outside of the leg, the bone exposed, and the bony attachments sawn through.

An attempt was now made by drawing upon the foot and ankle, to extend the limb to its proper length, but the muscles both in front and behind having become rigid, and almost unyielding from the state of retraction and rest to which they had been so long subjected, resisted all our efforts, and it was found necessary, before we could straighten the limb to saw off one inch from the lower fragments, and nearly half an inch from the upper. The muscles yielding almost two inches, permitted the adjustment of the fragments, and the foot was readily placed in its proper line. In the separation of the bones, the muscles and integuments were held aside by curved spatulæ, and the rough edges of the bones smoothed off with short nippers. But one vessel required the ligature, and the patient did not lose more than six or eight ounces of blood during the whole operation, which occupied more than an hour. The fragments having been properly adjusted, the edges of the wound were brought together, retained by straps, and dressed with a light pledget of dry lint. The patient was then carefully removed to bed, and the limb placed in a fracture box, containing a soft pillow covered with oiled silk. The limb was left naked in order that the wound might be readily dressed, and at the same time kept cool, and also that the sore on the back of the leg

might be examined and attended to, as circumstances would indicate. Over the part there was placed the usual apparatus for protecting a fractured limb from the pressure of the bed-clothes. Directions were left that the patient should take weak tea and toast for diet, and the usual dose of laudanum if pain or restlessness supervened.

5th. Patient comfortable; skin natural; slight excitement of pulse; passed rather a restless night; not much pain in the part, but pain in back and side; has passed urine. Ordered barley-water for diet.

6th. Patient restless; bowels costive, pain in back of leg from pressure on sore; thirst; skin dry; tongue furred; pulse 90; anorexia. Ordered ol. ricini, ℥i; mist. neutral, ℥ss, every two hours: barley-water.

7th. Patient better; oil operated well; still pain in the leg, with some in the *foot*.

Nothing remarkable took place for ten or twelve days, the general treatment was antiphlogistic, and the wound dressed lightly with compresses of lint moistened with warm water. Being obliged to leave the city for some days, the case was left with my friend Dr. Franklin, who had been in attendance with me up to this period. Unfortunately Dr. Franklin was taken ill, and several days elapsed before the patient was seen; and when a professional friend, sent by Dr. Franklin, saw him, he found the whole limb bathed in pus, while the *wound itself had united almost throughout* by the first intention. This pus was secreted by the ulcer on the back of the leg which from the pressure, had extended very considerably. The skill and attention of Dr. Baugh soon improved this condition of things, and when Dr. Franklin and myself returned to the case, we found nothing but healthy suppuration, but so profuse as to occasion great inconvenience, and materially retard the "getting up" of our patient. The occurrence of this circumstance of course obliged us to place him on a better diet, and to use tonics; with great care and attention it was ultimately overcome, and at the expiration of ten weeks Mr. S. was placed upon crutches, the leg being almost as straight as the other, the fragments firmly united, the foot in its proper position, and a shortening of only an inch and a half. The ankle joint at first was stiff, and the sole of the foot very sensitive; but he now, eight months after the operation, walks without difficulty, bearing the weight of the body on this limb as much as upon the other, and conceals the shortness of the leg by a shoe with a false sole.

Remarks.—The advantages of "resection of the bones" over amputation of the whole limb, in cases similar to the one just detailed, are so obvious that it is needless to urge them; and yet there are but few examples reported in which the experiment has been tried; indeed, as far as I can learn, there are but six. M. Clemot, of Rochefort in France, was the first to report, and he gives us the results of two cases. In each the *femur* was the bone involved. The first operation was performed on a boy in the month of December, 1834; the second on a young man aged 27, and took place in February, 1835; and in both instances the results were most satisfactory.—(*Am. Jour. of Med. Sci.*, Aug. 1839.)

M. Wasserfuher, of Stettin, was the next who published, and in his case also the femur was involved, and the patient a child of five years old. The operation was difficult, and followed by severe symptoms, but eventuated favourably.—(*Ibid.*)

Mr. Aston Key, of London, operated in October, 1838, for a badly set tibia, by resection of the bone, and the patient, an officer in the East India Company's service, recovered perfectly.—(*Ibid.*)

Dr. Charles Parry, of Indianapolis, Indiana, reports a case of angular deformity of the leg, consequent to fractures of both bones, cured by an operation differing somewhat from the one which I have reported, but answering the end for which it was designed. Instead of detaching the fragments, and then sawing off the ends, he cut a triangular plug from the angle formed by the bones in front, and then brought the lower fragments in a line with the upper, treating the case afterwards as a compound fracture. The plan pursued here, is identical with that first performed by Dr. J. Rhea Barton, for the relief of anchylosed joints, where the members involved formed an angle with each other. I have performed a similar operation, but the details of the case will be furnished on another occasion; I may remark, however, that the result was in the highest degree satisfactory.—(*Ibid.*)

My own case is the fifth in which *resection*, as it is commonly understood, has been performed.

Recently another, making the *sixth*, has been reported by my friend, Dr. J. Rhea Barton. The result was such as might have been anticipated from the combined operation of prudence, ingenuity, and talent of the highest order. (*Medical Examiner*, No. 2, 1842. Report of an operation for deformed leg; drawn up by Dr. Ruschenberger of the U. S. Navy.) —*American Journal of the Medical Sciences.*

SPONTANEOUS COMBUSTION.

The following is the earliest case noticed in this country of that curious phenomenon. I am indebted for the particulars of it to the late William Dunlap, the Historian of the State of New York.

Hannah Bradshaw, aged about 30 years, had lived about a dozen years in the city. She was a healthy, hearty-looking woman, remarkably industrious, and neat in her person and manner of living, but bore a bad character with respect to chastity and sobriety. On account of her robust appearance and bold behaviour, she had obtained the name of *Man-of-War Nance*. She resided in an upper room, which had no connection with the rooms below, occupied by a family.

On the evening of the 31st of December, 1770, she desired a young woman who worked for her, and was going home, to come again early the next morning, and about seven o'clock the same evening another acquaintance parted from her, at which time she seemed to have drunk a little too freely. She was neither heard of nor seen again until the next morning, when the young woman returned to her work; after knocking and calling, and having waited until past eleven o'clock, this person, by the aid of a man who lived below, got in through a back window, and opened the door.

On looking within a screen, which went quite across the room and was fitted to reach the ceiling, she discovered the mutilated remains of Hannah. The body, or rather the bones, were lying near the middle of the floor, wherein a hole of about four feet in diameter was burnt quite away, and the bones were on the ground about a foot beneath that part of the floor. The flesh was entirely burnt off the bones of the whole body, except a small part on the skull, a little on one of the shoulders, the lower part of the right leg and foot, which was burnt off at the small, almost as even as if cut off, and left lying on the floor. The stocking was burnt off as far as the leg, and no farther. The bones, some of which were black, and others white, were so thoroughly burnt as to crumble to dust between the fingers. The bowels remained unconsumed. One of the sleepers, which lay under the shoulders, was almost burnt through; part of the head lay on the planks at the edge of the hole; and near it was a candlestick, with part of the candle in it, thrown down, but it did not appear to have touched any part of the body, or to have set anything on fire.

The tallow was melted off the wick, which remained unscorched by the fire, as also the screen, which almost touched the hole. The leg of a rush-bottomed chair, and about half the bottom, were burnt so far as they were within the compass of the hole on the floor, and no further. The ceiling of the room, which was whitewashed plaster, was as black as if covered with lampblack, as also part of the walls and windows; and the heat had been so great as to extract the turpentine from the boards and the wainscot. After all these operations, the fire went entirely out, so that, when the body was found, not a spark remained.—*American Journal of the Medical Sciences.*

CASE OF ABSENCE OF EXTERNAL GENITALS, AND FORMATION OF AN ARTIFICIAL VAGINA. BY W. MAGEE, M.D., PATERSON, N.J.

In April, 1838, I was requested to visit Miss ——, then about eighteen years of age. I found her suffering from severe pain, which intermitted, and returned in aggravated and excruciating paroxysms, similar to those of parturition. On investigating the history of the case, I was informed that the pains had first made their appearance about twelve months before, and were then slight and transitory, similar to those anomalous ones of which young females usually complain about the period of puberty; that they were not permanent, but returned about every four weeks, increasing in duration and intensity; that the last two or three attacks had continued each time for more than a week, and were so severe that the patient could find no relief, except from large and frequently repeated doses of opium. The case, indeed, was first brought to my notice by a relative of the patient, who came to my office for the purpose of purchasing that drug.

On visiting the patient, I was informed by her mother that the organs of generation were wanting, but that her breasts were fully developed. After considerable hesitation she permitted me to examine the parts. I found the mons veneris, and that part of the ossa innominata called the ossa pubis, entirely wanting, and their place supplied by a semi-cartilaginous membrane similar in appearance to a cicatrix from a large and deep burn or ulcer. The labia were also absent, as well as the clitoris and nymphæ; neither were there any signs of a vaginal or urethral opening. Indeed, the whole space from above where the pubis is usually found to the anus was one even surface, except some corrugations of the integument.

The urine escaped by a constant oozing from an uneven, spongy, and vascular excrescence, placed in the situation of the umbilicus, about as large and similar in colour to a ripe middle-sized tomato, but rough and palpillous on the surface. During a paroxysm of the pain, I thought I could perceive a slight elevation of the integument over that part which should be the situation of the vagina. I supposed, therefore, that as the breasts were well developed, notwithstanding the external generative apparatus was wanting, the internal and most important might exist, and that the pains arose from the expulsive efforts of the uterus to free itself from the accumulating menstrual fluid. I administered a full dose of morphine, and remained until its operation had quieted the pains. I then prescribed a mild purgative, and ordered a second dose of morphine to be given after the operation of the aperient.

The next day I returned with my friend, Dr. Donation Binsse. The patient had passed a good night; the medicine had operated freely, but the pains were returning. After examining the parts with great care, Dr. B. agreed with me that it would be advisable to make an incision to permit the escape of the fluid, which was supposed to have accumulated.

I had the patient accordingly placed in a convenient position, and with a scalpel commenced dissecting cautiously through that part which seemed to be elevated the day previous. I continued this dissection with great care, for I was fearful, from the abnormal condition of the parts, that I should meet with some unusual disposition of other important organs.

After dissecting down about half an inch, or perhaps more, a dark substance began to ooze from the wound, of the consistence of tar, and in colour a shade darker than Spanish-brown paint, but without any offensive odour. I then introduced a probe-pointed bistoury, with which I enlarged the opening both upwards and downwards. Through this from two to three pints of the fluid above described escaped in a short time, followed by almost immediate relief.

On visiting her next day I learned that the discharge had nearly ceased, and the patient was very comfortable. The opening was kept pervious by a roll of linen saturated with melted beeswax, and secured with a T bandage. I have seen her frequently since, and learn that the catamenial discharge is regular, and the opening permanent.

She has well-formed pleasing features, and a full figure, somewhat inclining to *embonpoint*. I have not inquired whether she has any sexual desires.

Since I operated, I have frequently requested permission to take a plaster cast of the parts, which she has always refused until last fall, when the skin immediately below the tumour, already described, became abraded from the constant flow of urine, and being very painful I was sent for to prescribe. I then obtained a mould, a cast from which I shall be happy to send you.—*New York Lancet.*

NOTE ON NEURITIC SCIATICA. BY DR. MARSHALL HALL.

The symptoms of true neuritic sciatica have not, I think, been fully described. They consist, *at the first*, of *augmented sensibility*, and of *augmented muscular contraction;* in other words, of *pain* in the nerve, and of *spasm* and *quivering* of the muscles to which the nerve is distributed. *Afterwards* there is *numbness*, or a sense of "*pins and needles*" in one (the outer) side of the foot, and muscular *debility*.

These symptoms are perfectly distinct and pathognomonic. During recovery they subside, and leave a distinct *tenderness* along the course of the nerve, and a disposition to augmented action, or *cramp* in the muscles. On one occasion when the pain and numbness, and muscular quivering and weakness had greatly subsided, there was such excruciating pain and spasm in the gastrocnemii, on attempting to pull off the boot, without the aid of the boot-jack, that the patient had almost fainted away.

Mercurial and other purgative medicines, but especially a hot bath every night on going to bed at 103° for fifteen minutes, were the most effectual remedies. Fomentation did good.

There was a disposition to an early morning exacerbation. The jar of a carriage was intolerable.

This neuritic sciatica is of an essentially different character from any muscular rheumatism, lumbago. As the latter is inflammation of the muscular fibre, the former is most distinctly, in its two-fold set of symptoms, a *neuritis*. The numbness is similar to that experienced in the second stage of odontalgia, doubtless from hyperæmia of the neurilemma and compression of the nervous substance.—*Lancet.*

REDUCTION OF A CONGENITAL DISLOCATION OF THE HUMERUS AT THE END OF SIXTEEN YEARS. BY DR. GAILLARD.

The head of the bone was thrown backward into the infra-spinal fossa of the scapula. The reduction

was accomplished very gradually, by means of the pulleys, at several sittings, of about twenty minutes each, and did not occasion much pain. Great difficulty was experienced in maintaining the bone in its place, as every muscular movement threw it out again, when however it was easily reduced again. Considerable pain and irritation followed the attempt to maintain the parts in situ by position and bandages.

The cure occupied several months by reason of the pain and swelling, but was eventually complete; and the author, seeing the patient two years after, found the head of the humerus maintained in its proper situation, and that all the normal movements of the extremity could be executed.—*Memoires de l'Academie Royale de Médecine.*

LIGATURE ON THE COMMON CAROTID ARTERY, FOR AN ERECTILE TUMOUR OF THE ORBIT. BY M. JOBERT.

M., æt. 60, came to Paris to consult the leading medical men, respecting a pulsating tumour, which, from being scarcely visible, increased in a few months to the size of an egg, and mounted up from the orbit to the frontal bone. Insupportable pain attended every movement of the eye, while vision on that side was destroyed. All remedies having proved ineffectual, it was determined to tie the right common carotid artery. Immediately after the application of the ligature, all pain and pulsation ceased. The wound healed by the first intention, but the ligature, detained by the cicatrix, did not come away for a month. The eye which had projected now returned within the orbit, and its various movements were performed without pain or limit. Little or no pulsation was perceptible in the arteries of the face on the right side, but on the left side they were anormally developed, while the healthy eye was unusually brilliant.

In this case, and in another which occurred to the author, no *cerebral* symptoms supervened upon the ligature of the common carotid; but, finding a great discrepancy of opinion in the works of various writers upon this point, he instituted several experiments upon animals. The result of these was, that the tying the carotids was followed not by the production of cerebral mischief, but by the indication of a true pulmonary apoplexy; and, moreover, that this operation might be performed with impunity upon the dog, sheep, rabbit, and calf, but was fatal in the *horse*. In this animal, the vertebral arteries, large on entering their osseous canal, become almost filiform before penetrating the cavity of the cranium; and thus, after the ligature of the carotid, the blood not passing to the neck, head, and brain sufficiently freely, large apopletic congestions of the lungs are formed. Bleeding, prior to and subsequent to the operation, was found to diminish the gravity of its effect, and M. Jobert suggests, that in strong men, depletion should be resorted to, to prevent any pulmonic stasis.—*Ibid.*

ANEURISM AT THE ORIGIN OF THE LEFT CAROTID TREATED BY LIGATURE ON THE DISTAL SIDE. BY M. COLSON.

F. Jaunet, æt. 63, applied for a pulsating tumour projecting below the left clavicle. A ligature was passed around the left carotid on the distal side of the aneurism with some difficulty, as the tumour thrust the axis of the vessel between the transverse processes of the vertebræ and the posterior border of the sterno-cleido mastoid. The same evening, some feverishness being present, 12 ozs. of blood were abstracted, and this was repeated the next day, making the fourth venesection, as she had been bled twice prior to the operation. She went on well for several days, with the exception of the wound, which yielded pus of a serous quality. On the 20th day, a slight transudation of blood proceeding from the wound, and some fever being present, she was bled for the fifth time, and the blood taken was buffed. On the 28th day the ligature came away easily. On the 48th day another slight hæmorrhage and a sixth venesection. After this she went on well, and was about to be discharged cured, when a rapidly destructive ophthalmia attacked the left eye and vision was lost; 75 days after the operation the wound closed. About this time the woman fell down, and an increase of size and violent pulsations were perceived in the tumour; inflammation and threatening of abscess followed, but were soon relieved. Six months after the operation she was considered as cured, being relieved of all urgent symptoms, although a large swelling and considerable pulsation remained.

This M. Colson states to be the thirteenth case on record in which the operation of Brasdor (the placing the ligature on the distal side of the aneurism) has been performed, and only the second instance of cure, the first being a case treated by Bushe. But surely it is premature to pronounce this case, operated upon in January as cured in July.—*Ibid.*

REVIEWS AND NOTICES OF BOOKS.

PULMONARY CONSUMPTION, ITS PREVENTION AND CURE, ESTABLISHED ON NEW VIEWS OF THE PATHOLOGY OF THE DISEASE. By HENRY GILBERT, Member of the Royal College of Surgeons, London. London. 1842. 8vo. Pp. 296.

Mr. Gilbert's work commences with some useful statistical observations relative to the mortality from phthisis; we are glad to see that the importance of many topics connected with public health, particularly of statistical investigation (which until within a few years attracted so little attention) is beginning to be acknowledged, and its value to be appreciated. Although the registration act for England has been in operation only for a few years, the annual reports have already, under the able superintendence of W. Farr, Esq., furnished data for clearing up more than one disputed point in medical science; and we trust before many years to see the same act brought into operation in this country.

It appears from the "Registrar-General's Reports," that from July 1st., to December 31st., 1837, inclusive, the total number of deaths registered in England and Wales amounted to 148,701, and of this number the large proportion of 27,754 were the result of phthisis; thus, during the six months referred to, pulmonary consumption destroyed 873 more human lives than all the following diseases together—viz., typhus fever, smallpox, measles, ague, cholera, influenza, apoplexy, hernia, rheumatism, diseases of the liver, stone, ulcers, hydrophobia, fistula, and mortification. This vast mortality from a single disease is sufficiently startling; but the authenticity of the returns cannot be questioned, and from the care taken in registering the deaths, it is probably as near the truth as it is possible to arrive.

Mr. Gilbert then shortly notices the "influence of climate on pulmonary consumption;" "the influence of occupation in inducing or preventing it;" and "the influence of sex and age," upon the disease; these subjects, however, we must pass over, and come to the "new views of the pathology of consumption."

Notwithstanding the talent which has been employed in the investigation of the pathology of tubercle, very contradictory views prevail upon many points con-

nected with its origin, mode of formation, and the nature of the action which leads to its deposition in the lungs. Mr. Gilbert has endeavoured to solve the difficulty, and for the benefit of our readers we shall endeavour to lay before them as full an account of his reasoning and facts as our limits will admit of.

After some remarks upon the process of nutrition in health, intended more for the general reader than for the profession, Mr. Gilbert observes—

"I have already applied the term organizable matter to the chyle or nutritious fluid prepared and separated from the food; it is termed organizable from its susceptibility of being converted into the tissues of which the organs are composed. But we have found that a great proportion of the food transmitted to the stomach does not undergo the changes necessary to qualify it for this purpose. It is in consequence inorganizable, or in other words it is not convertible into animal matter. Sometimes a portion of this matter is taken up by the lacteals, mixed with the blood, and circulated with that fluid, unchanged in its properties or composition. The atmospheric air in the lungs can consequently effect no change on it, and in whatever organ or part of the body it becomes deposited, there it remains as a foreign body. It is this inorganizable matter, absorbed from the alimentary canal, and circulated with the blood, that constitutes the seeds of pulmonary consumption. It is the irritation produced by these seeds, when deposited in the lungs, that leads to all the melancholy consequences attendant on this direful malady.

"Pulmonary consumption cannot take place till these seeds are absorbed and circulate with the blood. In medicine these seeds are generally known by the name of tubercular matter, and when deposited in the lungs in separate masses, they are termed *tubercles*, and the resulting disease is denominated consumption of the lungs.

"But it may very reasonably be asked what evidence or proof can be adduced to show that the inorganizable matter does come from the alimentary canal by the lacteals, and that it is afterwards mixed with the blood. It must be allowed that it is impossible to open the body of a living animal, and give ocular proof that such is the case. Another method must therefore necessarily be followed, but one almost equally conclusive. In the first place, every one will allow that a great portion of the contents of the alimentary canal consists of inorganizable matter; secondly, the lacteals, which, in the healthy state, only take up chyle, may, when in a morbid condition, also absorb inorganizable matter. Lister and Musgrave showed that the lacteals do absorb inorganizable matter; and Haller, Hunter, and Cruikshank, have all given similar evidence. We cannot therefore deny that they, when in a morbid state, may absorb a portion of that inorganizable matter; and in fact, the experiments instituted by the above named scientific authorities prove that they do."

Allowing Mr. Gilbert all credit for the ingenuity which he has displayed in his theory, we must admit that we cannot understand how this "inorganizable matter, the residue of the materials of nutrition," can ever pass beyond the mesenteric glands; or, if it should happen to reach the lungs, how it can become converted into tubercle—a substance known to undergo a series of peculiar changes, which inorganizable matter, the residue of the materials of nutrition, is incapable of; or why it should be deposited at the apices of the lungs in preference to their bases, which we know, in nineteen instances out of twenty, to be the case.

We must pass over the chapters on the "Diagnosis and Prevention of Consumption," which, however, we may observe will well repay the perusal.

Chapter five is devoted to the treatment of phthisis; and although we could not altogether agree with the author in his theory of the origin of tubercle, we must admit that many of his remarks upon the treatment of consumption are characterized by sound sense, and are evidently the result of considerable experience. We believe we shall interest our readers by a few extracts from this part of the work:—

"There are few remedies more effectual in removing inflammation than counter-irritants, and none that can with safety be more universally employed, caution being only required when much fibrile excitement is present. I am fully convinced that counter-irritation would be much more generally employed in the treatment of phthisis, and the good effects which ought to result from it very much more generally witnessed and appreciated, were it not that it requires to be regulated according to circumstances. The nature of the case must determine the counter-irritants to be used—the tuberculated portion of the lung must point out the part of the lung to be counter-irritated; and the obstinacy and degree of irritation and inflammation which may exist must determine the extent to which it must be carried. It is not therefore *indiscriminate* counter-irritation that is useful, but *regulated* counter-irritation. I have known phthisical patients blistered again and again, without a shadow of benefit, and afterwards I have relieved them of every symptom of their disease by little more than regulated counter-irritation.

"But while external applications are being employed, these medicines which prove so valuable when administered internally must not be neglected. They are prescribed with the view of subduing the irritation and inflammation consequent on tubercles, and to suppress any troublesome symptom that may present itself, and to bring and keep the system as near the healthy condition as possible.

"With this view I have very generally employed, and that with the greatest success, the muriate of morphia in solution, combined with the tincture of digitalis and antimonial wine, to which may be added the syrup of squills; of course circumstances may in some cases forbid the use of antimony, such as irritability of stomach and bowels; but when it is admissible, I consider it a valuable remedy. The morphia must also be administered with caution, and its effects on the bowels watched and counteracted. Although digitalis is not now so much appreciated in the treatment of phthisis, as at one time, nevertheless, it is a most valuable medicine in such cases, but ought never to be prescribed unless where the medical attendant can see the patient daily.

"The inhalation of volatilized substances is often of signal advantage. I have found none more useful than the preparations of opium combined with warm water, and inhaled through an instrument such as Mudge's or Scudamore's inhaler. The process of inhalation ought to last for five minutes each time, and be repeated every fourth hour, care being taken by the patient not to expose himself to a cold atmosphere after the inhalation.

"Tar, so strongly recommended by Sir A. Crichton, is not unfrequently extremely beneficial. It is best administered by heating the tar in a vessel over a spirit lamp, a small proportion of subcarbonate of potash being previously added to neutralize any pyroligneous acid which the tar may contain. The heat from the lamp ought to be moderate, and the vapour diffused in a chamber to which the patient may frequently repair. When it can possibly be avoided, the tar ought never to be volatilized in the bedroom of the patient.

"Various other medicines have been recommended and used for inhalation, among which iodine has held a conspicious place. Those who advocate the use of iodine in pulmonary phthisis, ought to specify against what symptom they employ it, and the principle upon which it acts. It is absurd to say, that a medicine is useful in consumption, without specifying in what way. The physiological pathologist naturally inquires what morbid condition it will relieve; and no one will venture surely to assert that it can dispel tubercles from the lungs I have often tested its effects in the form of vapour, and would never again venture to use it in phthisis, unless where there is chronic inflammation in the mucous membrane of the air passages. Dr. Stokes, in treating of phthisis, offers the following remarks on this medicine.—'I have not in the text alluded to iodine, because, that as yet, no case has been made out in favour of its exhibition. That its employment is generally adopted on the grounds of false analogy, and in ignorance of the pathology and pathological anatomy of tubercle, cannot be denied, and the consequence is, what we might expect, *that it is the favourite remedy of the harpies of medicine.*'"

REPORT OF POOR-LAW COMMISSIONERS ON MEDICAL CHARITIES, IRELAND—SUPPLEMENTARY APPENDIX.

(*From the Athenæum.*)

At the moment when we are writing, the medical world of Ireland is in a flame at a proposition emanating from these reports, for subjecting the medical officers, acting for charitable institutions, to the control and authority of the poor-law commissioners. Viewing the question from this narrow point, it will possess little attraction for our especial readers; but intimately connected, as it is, with the general condition of the medical man in these realms, it is one which comes home to the business and bosoms of all. Where is the father of a family who does not know and feel that much of his enjoyment of the present, and hope for the future, depends not only on the skill, but on the morals and respectability of his medical adviser? Such an adviser, necessarily admitted to the secrets of the domestic hearth, and expected to afford not merely consolation, but advice on prudential points extending far beyond the circle of medical science, has much in his power. If his morals are corrupt, he is a dangerous inmate; if his manners are coarse, he is a repulsive associate; if his mind is uneducated, his views narrow, he is as unfitted for the friendly duties of his position, as he is for the medical conduct of cases committed to his care. In no department of life is general respectability and independence of mind more valuable to society than in that of the medical profession. But how stands the fact? there is no profession less cared for—no class of men of less general importance. The clergyman is a co-partner in the state—with representatives taking rank among the peers of the realm. In his person he is a *quasi* nobleman, and, if not a magistrate, possesses an authority from opinion almost as great. The lawyer is surrounded by privileges scarcely less valuable; is represented in both houses of parliament by many of his own body, and in the cabinet, by law functionaries of all grades, coming in daily contact with ministers of every demonination. The medical man on the contrary, disconnected with political affairs, exerts no influence beyond the narrow sphere of his private practice. Thus removed from the great avenues to rank and wealth, what chance has he of a proper estimation in the eyes of a people, the idolators of mammon, and of aristocracy? Even his art itself, a mystery to the million is not respected as an exercise of the highest faculty of the best stored mind, but as the routine practice of a mechanic operation—a trading carried on by rules, like that of a carpenter or a locksmith. Among the higher professors of physic in the great cities, are a few who, by birth or fortune, associate with the aristocracy, and are looked up to in society: to these may be added the titled and titular *employés* about the court, who reflect some little lustre on the general profession: but these set on one side, the rest are regarded as persons to be sent for when wanted; and to be called on to give their services to the poor *gratis*, or at best as entitled only to the lowest remuneration which an unlimited competition will produce. It is a profession which, in a poor and thinly inhabited district, can never obtain more than the humblest rewards—it will therefore only be assumed in such situations by persons of the humblest expectations, and, for the most part, of inferior qualifications. But even in the capital itself, the habitual modes of thinking of the masses lead them to employ and encourage, not according to the worth of the professor, but according to the smallness of the reward he will consent to accept.

In this state of affairs, it would not be surprising to find the country dispensaries occupied by the lowest bidders, men of imperfect education, of vulgar manners, and of morals not above the temptations of poverty; and it really is most creditable to the education and habits of a medical life, that the public charities are attended by a class of men so universally superior to that position. A sense of the weight and dignity of the office committed to their charge, a consciousness of their own mental acquirements, and the filling up of every hour of their useful lives by the closest attention to business, raise them above the meaness of their position, and remove them from the possibility of those vices, which tend to degrade others oppressed by poverty, and beaten down by the exclusive vanities of their fellow countrymen. Among them, doubtless, are many rough diamonds, many deficient in the more showy branches of medical education: some ignorant, and others immoral; but there are very few, indeed, who have not (though it be but by practice) acquired considerable skill in the treatment of disease; and whose simple and blameless lives are an honour to their profession and to humanity.

If the emoluments of the medical practitioner be compared with those of the lawyer, the truth of this estimate will be fully borne out. A junior barrister employed in any, the most trifling, governmental commission receives a large sum; and all the salaried legal servants of the state have a gentleman's provision; while a medical "general practitioner," is expected to attend the parish poor of a populous district, and probably find medicines, for £50 or at most £100 per annum. This low estimate consigning the business to the humblest ambitions, opens it, at the same time, to the keenest competition; and it is not a matter for much wonder if it introduces some low cunning, some disreputable art, in the dealings of the holders of office, some practical abuse which ought to be prevented.

But the remedy for such evils is not by subjecting, for the sake of the offending few, the bulk of a profession to a degrading interference in the discharge of their professional duties, but by affording such liberal payment as would secure the services of the best talent, and place the elected above the temptations of a sordid poverty. It is no bad evidence of the general respectability of the actual medical profession in Ireland, to see them starting with indignation at a degrading proposition, and resisting with spirit and perseverance an attempt at legislation, which is not less an imputation on character than an attack on professional dignity and personal independence.

But we cannot hope to enlist the sympathies of our readers in a cause so remote; and we take the occasion it offers for advancing only the more general question in which all are interested. The state of the practice of physic in England, (in all its departments "out of joint,") is an immediate consequence of the bad education of the general public; and we anticipate little good from the happiest reforms in institutions, while the spirit which should animate the public is so lamentably deficient.

MEDICAL CHARITIES.

To the Right Honourable and Honourable the Knights, Burgesses, and Citizens in Parliament Assembled.

The humble petition of the undersigned members of the Mayo County grand jury at summer assizes of 1842,

HUMBLY SHOWETH—

That petitioners earnestly and respectfully call the serious attention of your honourable house to the proposed medical charities' bill for Ireland, which has for its object the withdrawal of control of the resident gentry of this kingdom from the management of fever hospitals

and dispensaries, and transferring such to poor-law commissioners. That they deprecate those changes sought for by the poor-law commissioners as destructive of a valuable part of the legitimate authority of the grand juries of Ireland, and likely to prove detrimental to the well-being of these charities in which the gentry of Ireland naturally feel a deep and sincere interest.

That whilst they seek from your honourable house a continuance of that control they have hitherto held over the local taxation for the support of medical charities, they would strongly recommend that their medical officers be subjected to the superintendence of a central medical board, and to strict and faithful inspections: and lastly—That they consider the extinction of voluntary subscriptions to the medical charities of Ireland as destructive to that link which at present so intimately binds together those great sections of civilized society, the possessors and producers of wealth.

To the Right Honourable and Honourable the Knights, Burgesses, and Citizens in Parliament Assembled.

The humble petition of the undersigned members of the grand jury at summer assizes, 1842, assembled, and of the governors of the Mayo County Infirmary,

HUMBLY SHOWETH—

That petitioners have observedwith regret that a legislative measure is in contemplation, by which the control of a portion of the medical charities in Ireland is to be vested in poor-law commissioners, which, though at present does not embrace county infirmaries, must, from the nature of the report of the poor-law commissioners, have an ultimate object to that effect.

That county infirmaries for more than half a century have been under the sole control of governors by whom they have been managed in general in a highly creditable manner—a fact that is admitted in the report of the assistant poor-law commissioners—the expenditure of their income placed under the inspection of the grand jury, and the medical and surgical charge committed to men of character and zeal, in whom public confidence exists, and from their extensive relief afforded to the sick poor. That your petitioners would consider it an extreme hardship to be deprived of a control they legitimately hold by vested rights (having purchased an interest in them) and if deprived of such by any new enactment, must tend materially to lower that bond of kindness and charity which these institutions have formed for the greater part of a century between the two classes of society in this kingdom. That your petitioners consider county infirmaries essential to the well-being of a class of persons who cannot be considered as *paupers*, but are nevertheless objects for public sympathy, and ought to be distinct from any poor-law legislation.

That whilst your petitioners claim the right of control over county infirmaries, they admit the importance of strict scrutiny and inspection, and are persuaded where such is carried out in a faithful and efficient manner the public will be much benefitted.—And your petitioners will ever pray.

TO THE EDITORS OF THE MEDICAL PRESS.

Drumsna, August 2, 1842.

GENTLEMEN,—I beg to inclose you a copy of resolutions entered into at one of the most respectable and numerously attended meetings of the subscribers to the Mohill and Drumsna Dispensary, held in Mohill, on the 27th of July, to take into consideration the report of Mr. D. Phelan, on the medical charities' of Ireland, particularly that part referring to the Mohill Dispensary.

I remain, yours most truly,

JOHN DUNN.

Rear Admiral ROWLEY in the Chair.

Resolved—That the report furnished to parliament by Mr. D. Phelan, respecting the Mohill and Drumsna Dispensary, is, in various particulars, incorrect and deficient; the affirmation of the physicians having clearly proved that the average of £68. annually has been expended on medicines, &c., instead of £24., as reported by Mr. Phelan; a branch of the dispensary being in operation in Drumsna, where above 1500 persons are relieved annually, where the greater part of the subscribers, as well as the physician resides, of which Mr. Phelan has taken no notice whatever.

Resolved—That whilst we admit some change is required in the management and control of the medical charities of Ireland, we are *decidedly of opinion* that such *management and control* should not be vested in *poor-law commissioners* or poor-law guardians.

Resolved—That we feel called upon from Dr. Dunn's efficient and unremitting attention in the discharge of his arduous duties from the time of his appointment to this institution, now nearly 20 years, to return him our united vote of thanks at this meeting.

(Signed)

S. C. ROWLEY, Chairman.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, AUGUST 4.—Council met.

The Treasurer acknowledged the receipt of the following sums:—

Dr. Donovan, Skibbereen, 10s., renewal subscription.
" Patterson, Rathkeale, 10s., "
" Do. do. 10s., for Secretary's Fund.
" L. S. Kearns, Ahascragh, 10s., "
" Corbett, Innishannon, £1. for Secretary's Fund.

Read resolutions adopted by the grand jury of the County Galway.

[We regret that our limits do not permit us to lay the whole of this document before our readers, because it enters into the subject of the management of the medical charities at considerable length. We, however, extract the following resolutions.]

"That the proposed measure for the regulation of the medical charities is founded on the report of the poor-law commissioners, which the grand jury consider to be founded on incorrect and garbled evidence.

"That the medical charities require to be placed under an improved system, but that this is not to be obtained by the means proposed by the poor-law commissioners; but on the contrary, that these means, if made law, would put an unconstitutional control over the public money in a body that ought not to have it; and give that body power over men and things, as to both of which it is impossible they can be sufficiently informed; thereby degrading a high profession, so that it could not be hoped that the services of any of the members of it, who prized character or deserved it, could be made available for the benefit of the poor.

"That dispensary districts should be defined, and wards provided in them for intern patients, and that they should be under the control of a medical board, and managed by the subscribers."

Resolved—That the thanks of the Council of the Medical Association be given to the grand jury of the County Galway for the foregoing communication.

The Council directed that the subscription received from Dr. Harvey, and acknowledged on the last day of meeting, should be divided between the Secretary's and Agent's Fund.

BOOKS RECEIVED.

Commentaries on some doctrines of a dangerous tendency in medicine, and on the general principles of safe practice. By Sir Alexander Crichton, M.D., F.R.S., L.S., and G.S., &c. London.

Deformities of the Spine and Chest, successfully treated by exercise alone; and without extension, pressure, or division of muscles. By Charles H. Rogers Harrison, M.R.C.S., &c., &c. London.

A Treatise on Irritation of the Spinal Nerves. By J. Evans Riardore, M.D., F.L.S., &c. London.

The New York Lancet. Edited by James A. Houston, M.D. Five numbers to July 9.

Hastings considered as a resort for Invalids, with tables illustrative of its temperature, salubrity, and the general character of the climate, showing its suitability in pulmonary and other diseases. By James Mackness, M.D., Physician to the Hastings Dispensary. London.

A Case of Carcinomatous Stricture of the Rectum, in which the descending colon was opened in the loin. By Alfred Jukes, Surgeon to the General Hospital, Birmingham. London.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, AUGUST 10, 1842.

ATTEMPT TO PREVENT POST-MORTEM EXAMINATIONS IN A WORKHOUSE.

At a meeting of the Kilkenny board of guardians, on Thursday last, the Hon. Mr. Wandesforde in the chair, the following conversation took place:—

"Mr. R. Smithwick said he had heard that the body of a pauper who had died in the house, had been dissected by the doctors. This he thought was wrong, as it would prejudice the poor against the house—he begged to move that the medical gentlemen should not in future dissect any dead body in that house.

"A guardian observed that, unless when the body was claimed by the relatives of the deceased, the law permitted the doctors to dissect, and the guardians could not prevent it.

"Mr. J. Kavanagh—This motion is premature; the medical gentlemen ought first to be heard. It is taking for granted that they have dissected where perhaps they have not.

"Dr. Shanahan said—The medical gentlemen would always dissect when they could, and the unenlightened mass of mankind would be always against such a practice, as he was sure the majority of that board would be. But how could such men as Colles, and Crampton, and Cheyne, arise, if there were no dissections. Dissection, while it could not injure the dead, was necessary to save the living. It would be highly improper to decide upon such a question in the absence of the medical gentlemen; and he thought that Mr. S. could not do more than give notice of a motion.

"Mr. Smithwick said that notice of motion was only necessary when it was intended to rescind a former resolution, and he would stand upon his rights.

"Mr. James remarked that though what Mr. S. said was true, it was usual on all important questions to give notice. He (Mr. James) did so on the education question, when, strictly speaking, he might not do so; and his motion, therefore, on that subject, he submitted, should take precedence of Mr. Smithwick's. He begged to move that the board avail themselves of the usual grant of books, &c., from the National Board of Education, on the condition of the schools being placed under the inspection of the latter.

"This resolution was carried unanimously.

"The chairman then moved, that it being supposed a dissection had taken place in the house the board were disgusted at it, and would not, in future, tolerate such a practice.

"Dr. Shanahan said, surely the chairman would not apply such strong language as that to the medical gentlemen in their absence. In order to defeat both Mr. Smithwick and the chairman for the present, he would insist that the regular business should take precedence of both their motions.

"After some further discussion Mr. Smithwick gave notice of his motion for Thursday next."

After all that has been said and done respecting this delicate question, and after the provisions made by the legislature to facilitate the prosecution of inquiries of so much value to the community at large, we are astonished to find the discussion revived, and the feelings of the populace excited on a subject which all men of common sense and education have agreed to keep out of public view. We stop not to repeat the arguments a thousand times urged in favour of the practice above objected to; it is enough to remind these gentlemen that it is sanctioned and regulated by the law of the land, and that its effectual prosecution is provided for by special statute. It is no matter of caprice or choice whether it shall or shall not be permitted; under the prescribed forms and rules it must be done if persons are willing to do it. It is true that those in authority may throw difficulties in the way, and indirectly defeat the intentions of the legislature; but in so doing, there can be no doubt that they pursue a practice which they are very ready to condemn in their humbler fellow subjects; they substitute their own will for the law of the land, if not in letter, at least in spirit. In the case in question it appears that the poor girl, who has been the cause of this questionable display of feeling, was a much more sensible and strong minded person than the tender-hearted guardians, who express such horror of a dead body. The *Kilkenny Journal* states that—

"The case referred to was that of a woman of the name of O'Brien, who died of a complication of dropsy and an affection of the heart, and who made a VOLUNTARY REQUEST on her dying bed that there should be a *post-mortem* examination of her remains by the medical gentlemen who attended her."

Mr. Smithwick says that it was wrong to comply with the woman's request, "as it would prejudice the poor against the house;" but the account given by the editor of the *Kilkenny Journal* leads us to conclude that the poor are more likely to be "prejudiced against the house" for a very different cause, and we shrewdly suspect that we should have heard nothing about the *post-mortem* examination if it had not been for the exposure of the naked corpse:—

"The brother of the deceased, on Thursday, obtained the body when coffined, and had it conveyed to the churchyard in Patrick-street. Having heard that it had been dissected, and being anxious to know the truth of the matter, or actuated by some more questionable motive, he removed the lid from the coffin, beside the grave, when to the horror of the spectators, the body lay as naked as at its birth. The greatest excitement was produced, and especially among the females who were present. Their denunciations of the barbarity were beautifully eloquent. They *complained not so much of the dissection* (for the body was dissected) as *that the corpse was coffined in a state of absolute nudity.* Some of these poor women generously parted with their own clothes to cover the dead. Great crowds of people thronged into the churchyard during the evening, and another funeral having arrived, added to the numbers. We cannot find words sufficiently strong to express our condemnation of the conduct of the brother of the deceased, who proceeded to Dr. Cane at four o'clock, and obtained 5s. to purchase a shroud, and then went to Dr. Lalor, who gave him half a crown for the same purpose, and yet he did not return to the corpse till night, and till after it was interred by the people. This ruffian evidently took advantage of the untoward circumstance to make a gain of the transaction. It was not humanity or natural affection that prompted his ac-

tions, but the base desire to obtain money by exposing his sister's nakedness. At the same time his conduct forms no excuse for those who permitted the body to leave the workhouse in such a state. With this the doctors clearly had nothing to do. They did, as was their duty, make an opening in order to examine the heart, and they closed it up again in the usual way: but it was not their business to see the body coffined in a decent manner according to the custom of the country. We cannot altogether acquit some of the board of guardians of blame in this matter. When one of the body a short time since introduced a motion to provide shrouds for the paupers that might die in the workhouse, he was laughed down by the majority of those then present. But we must do the gentlemen who met on Thursday last the justice to say, that they knew nothing of the poor girl being coffined naked, nor was any application made to them for a shroud. If she had been even wrapped in her own clothes which she brought with her into the house, it would have been better than to send her to her grave in a state of nakedness."

We can scarcely believe that the Hon. Mr. Wandesforde expressed his own feeling when he put a motion expressing the "*disgust*" of the board. We rather hope that he only discharged his duty by putting a motion made by another. The examination of a dead body may be disgusting to those who have not been in the habit of making it, or who are not sustained by a sense of duty or thirst of knowledge; but it ill becomes a board of guardians to express disgust, because their own officers have acted as they should have done. We recommend the board to procure, without delay, a copy of Mr. Warburton's bill for promoting the study of anatomy.

THE MEDICAL CHARITIES' BILL.

We have not yet laid hands on the bill for the regulation of the medical charities which Lord Eliot obtained leave to introduce. When we obtain a copy we shall not fail to lay it before our readers; but in the meantime, we strongly recommend them to observe the utmost caution, not only as to the statements respecting the details of its provisions which may be made to them, but even as to the reception of any printed copy, as genuine, which does not come to them authenticated by some person of character and veracity. We stated sometime ago, that a printed copy of a bill, purporting to be this one now introduced, had been privately circulated. This document we have never seen, neither have we met any one in whom the profession confides who has seen it; but we know that it contains two clauses, which were not in the amended bill, as transmitted from Ireland. The object of these clauses we see through at once. They are put forward merely to propitiate certain parties, and to secure their advocacy and support. Whether this surreptitious document is or is not now in course of secret circulation over the country, and in the hands of gentlemen who use "private and confidential" communications to influence those about them, we cannot tell; but we repeat it, that the greatest caution is necessary to avoid imposition. The original bill of the poor-law office—the "treadmill" bill—was privately circulated in the same way, and by the very same person to whom we have traced this spurious one. To see the business of a most important department of the public service thus conducted, is most deplorable; and to see such acts and conduct not merely tolerated, but screened and sanctioned, is greatly to be regretted. It is a "heavy blow and great discouragement" to honour and honesty.

While we thus advise caution and reserve, we have also to warn our readers that, as soon as this measure of the government is put into their hands, they must learn to consider its details calmly and disinterestedly. The physicians and surgeons of hospitals and dispensaries in the provinces are the parties most directly concerned in the matter; but every man who hopes to obtain public employment has an interest in it. As the welfare of the great majority of our profession will depend upon the course now taken, no one will venture to take the responsibility of dictating to them. They must now act for themselves, and make up their minds as to the choice of evils, for with sorrow we say it, we fear it will prove but a choice of evils, so little confidence have we in any legislation, which, in any shape or form, connects the medical charities with the poor-law system. Gentlemen who sit with their hands before them, and their mouths shut, taking great credit to themselves for their prudence, must not hereafter turn round on others and reproach them with having been the cause of the mischief which befals them. We are prepared to do our duty, and so we believe are all those who have hitherto exerted themselves in the cause of the profession; but the cautious gentlemen must understand that there are sins of omission as well as commission, and that a cause may be defeated by apathy and fear just as certainly as by rashness and violence.

We copy the following from an old newspaper. It is said to have been written by an eminent physician, since deceased, and being to the point, we think it not amiss to give it to our readers for the instruction of their patients:—

"RULES RECOMMENDED TO BE OBSERVED IN SENDING FOR THE DOCTOR.

"First—When you wish to call in your medical attendant, always send a written note and never a verbal message. A written note presents itself to the eye, and tells its own tale, without depending on the memory of the messenger. A message on the other hand, progresses through at least two, often illiterate, brains, before reaching the doctor, viz: those of the person who carries, and the person who receives it; and when not altogether forgotten by the latter, it is frequently so jumbled and confused with other messages, received at the same time, as to be altogether unintelligible.

"Secondly—Give the address as well as the name—this saves many mistakes. We know a medical man who lately attended three persons of the same name, at the same time, and more than once went in great haste to the wrong house, in consequence of the name not being mentioned. Similar mistakes are not of unfrequent occurrence, and are the source of much discomfort to the patient.

"Thirdly—When practicable, always send early in the morning. The medical man starts by times on his rounds, and if he receives notice before going out, where his services are wanted, he can generally make the required

visit when seeing his other patients in the same quarter, and so economise his time, and leave more time for minute inquiry. If, on the other hand, the notice is not delivered till after he has left home, his labour is doubled, and his time consumed, by going twice over the same ground. This rule is of immense importance in the country, where the distance is great.

"Fourthly—It is a good rule, especially when sending in haste, to state the supposed seat and nature of the ailment, for which advice is required. This enables the practitioner, as he goes along, to reflect on the constitutional peculiarities of the patient, and the probable influence of prevailing epidemic, and the precautions which a knowledge of these may suggest in directing the treatment. This rule is of much importance in sending for assistance in the night time; because, from having some previous notice of the case, the practitioner may carry remedies along with him, and give relief on the spot. And in all cases it, in some degree, prepares the mind of the adviser for the investigation of the phenomena.

"Fifthly—When any person is taken ill in the day time, and likely to need assistance, send for it while it is yet day; and never wait, as too often happens, till midnight darkness frightens you into alarm. In every sense the last is bad policy. By sending early you obviate mischief, and secure tranquillity, and disturb no one; and there is no medical man who would not rather make a needless visit now and then early in the evening, than be even once disturbed in the night time, when, perhaps, he s already exhausted with the labours of the day.

"Sixthly—When your medical attendant calls, proceed to business at once, and do not seek to occupy his time with the state of the weather or the news of the day, before telling him what you complain of. A doctor's time is like a stock in trade, and you may as well make free with a yard of broad cloth, in a merchant's shop, as with half an hour of his time. Finish your consultation first, and then, if he has time to bestow in a friendly chat, you and he can settle the affairs of the nation or the state of the crops with comfort, because you then leave him at liberty to depart the moment his leisure is expired, which he could not do if you were to take the generalities first and your case last. Every right-minded medical man will, even as a matter of professional duty, bestow some time in this way when not much pressed; for without doing so, he cannot acquire that complete knowledge of his patient's condition, or exercise that wholesome moral influence over his mind, which are essential equally to obtaining confidence and successful results. Many people complain of the hurried and unsatisfactory visits of their professional advisers, when they have themselves chiefly to blame for insisting on long disquisitions, which have nothing to do with the purpose for which they were consulted.

"Seventhly—When the doctor arrives, conduct him at once to his patient, or send away the friends who may be in the room, except the nurse or parent, if the patient be a young person; and follow this rule, however trivial the ailment. Professional inquiries, to be satisfactory, must often involve questions which delicacy shrinks from answering, in the presence of unnecessary witnesses; and even for a sore finger or broken shin, it may be required to enter upon such topics in order to prescribe successfully. Patients shrink from communicating their feelings and sensations in the presence of third parties, who may misunderstand and misrepresent them.

"Eightly—Never attempt to deceive your medical attendant; for, besides being thereby guilty of an immorality, the deceit is carried on at your own risk, and may lead to the injury of others. If you conceal circumstances concerning your disease, which ought to be known, and your attendant is thus misled to prescribe on erroneous information, your life may be in danger, as well as his reputation, which is unjustifiably made to suffer by your disingenuousness. If your confidence is not such as to make you reply on his honour, good sense, and skill, change him for another, but do not practise deceit. Or if he prescribe medicines which you do not choose to take, do not lead him to believe you swallowed them, and that the present symptoms or change have been the effects of such medicines. By doing so, you cause him not only to prescribe erroneously in your own case, but also in that of others which he may consider analogous to yours; and if by the persuasion of friends or otherwise, you have either broken through the regimen prescribed, or in any other way departed from what you know to have been the intentions of your adviser, do not add to the evil, by further deceit, but endeavour at once to obviate the consequences by a candid statement.

"And lastly—Do not, unknown to your regular attendant, call in another medical man to ascertain what his views are. If you wish for their advice, have recourse to it openly and honorably, in the form of consultation, allowing your first adviser to communicate his views and observations, both as regards the present, past, and future. This is required to enable the new comer to appreciate the situation of the patient, and decide as to treatment; and it is not only unworthy of an honest mind to obtain a surreptitious opinion, but the mingling of two methods of treatment, which almost always result from such a proceeding, does justice to neither, and is almost sure to hurt the patient, who alone deserves to suffer."

MEDICAL INTELLIGENCE.

HOUSE OF LORDS—August 1.

The Earl of Glengall presented a petition from Tipperary, praying for an amendment of the Irish poor-law bill.

HOUSE OF COMMONS—August 3

Mr. B. Baldwin, presented a petition from the grand jury of the King's County, praying that the medical charities of Ireland may not be placed in the hands of the poor-law commissioners.

THURSDAY, AUGUST 4.

Mr. Mackinnon moved for leave to bring in a bill to improve the health of towns by preventing the interment of bodies within their precincts. The hon. member said he had no intention of pressing this measure through parliament during the present session, but he wished the bill to be brought in and printed, in order to afford every individual whose interests might be effected an opportunity of considering the measure. One of the clauses would prevent any body being buried within one mile of the precincts of any town, except in the particular cases of illustrious individuals, who, under the certificate of the Secretary of State for the Home Department, would be allowed to be buried in Westminster Abbey or St. Paul's Cathedral. Some such measure as this he considered necessary for the health of large towns. He had done his best to carry the bill, and he had no doubt it would sooner or later be successful.

Mr. Cowper seconded the motion.

Sir R. Inglis said he should not oppose the introduction of the bill, but he wished it to be understood that he did not pledge himself to all its details.

Leave was then given to bring in the bill.

DRANGAN DISPENSARY—ELECTION OF DR. BURGESS.

(From a Correspondent.)

The election of a medical attendant took place on Monday, the 1st. inst. Three medical men have died of fever, caught in the discharge of their duty at this dispensary, within the short period of eight years, each leaving a family. Can anything speak more fully as to the necessity for the establishment of the Medical Benevolent Fund! The subscribers, candidates, &c., &c., had collected in the upper story of a new and unfinished house, and the business had just commenced, when the floor gave way, and upwards of one hundred individuals were precipitated, in confusion, amid broken furniture, boards, bricks, &c., &c. Fortunately, though there were a great many bruises, scratches, &c., &c., received, there were few serious injuries. The meeting being adjourned to a

neighbouring garden, where greater security of support was ensured, two candidates present resigned, and Dr. Frank Burgess, brother to the last and preceding medical attendant, was unanimously elected.

PROMOTIONS.

NAVAL.—Surgeon G. Burn, M.D., from the Magnificent to the Imaun.

Assistant-Surgeon, C. Robertson, late of the Benbow, to the rank of Surgeon; N. B. Alexander (additional) to the Caledonia; T. Little to the Phœnix, (acting) vice Mould, to the Inconstant; T. N. Derriman to the Sea Flower; J. Findlay to the Griffin; J. Woodcock, from the Magnificent, to the Imaun; M. Hamilton (acting) additional, to the St. Vincent; D. Thomas, additional, to the Imaun.

MILITARY.—9th Foot—Staff Surgeon of the Second Class, J. Malcolm, to be Surgeon, vice Sievwright promoted on the Staff.

32d Foot—E. Moorehead, M.D., to be Assistant-Surgeon, vice M'Gregor, appointed to the Staff.

33d Foot—Assistant-Surgeon J. G. Bowlby, from the 1st West India Regiment, to be Assistant-Surgeon, vice Mackintosh, deceased.

71st Foot—Assistant-Surgeon G. Carr, from the Staff, to be Assistant-Surgeon, vice M'Diarmid, who exchanges.

1st West India Regiment—F. Andrews, gent., to be Assistant-Surgeon, vice Bowlby, appointed to the 33d Foot.

HOSPITAL STAFF.—Surgeon J. Trench, M.D., from the 49th Foot, to be Staff Surgeon of the First Class; Surgeon F. Sievwright, M.D., from the 9th Foot, to be Staff Surgeon of the First Class, vice J. Lightbody, who retires upon half-pay; Staff Assistant-Surgeon S. M. Hadaway to be Staff Surgeon of the Second Class, vice Malcolm, appointed to the 9th Foot; F. Reid, M.D., to be Assistant-Surgeon to the Forces, vice Hadaway; Assistant-Surgeon J. D. M'Diarmid, from the 71st Foot, to be Assistant-Surgeon to the Forces, vice Carr, who exchanges; Assistant-Surgeon D. M'Gregor, from the 32d Foot, to be Assistant-Surgeon to the Forces, vice Greer, deceased.

OBITUARY.

On the 2d inst. in Upper Camden-street, T. Burke, Esq., M.D.

At Strabane, Dr. Hunter, of Ramelton, aged fifty-eight.

At St. Lucia, by drowning, Dr. Mackintosh, Assistant-Surgeon, 33d regiment, and Mr. Greer, Staff Assistant-Surgeon.

In the Bay of Bengal, on board the Carnatic, H. Travers Eales, Assistant-Surgeon, Bengal Establishment.

BARON LARREY.

We regret to announce the death of the veteran Baron Larrey, the Nestor of French military surgery. He expired on Monday, the 25th ult., at Lyons, in the arms of his son, who had accompanied him on his recent visit to Africa, to inspect the troops there, whence he had just returned. His professional life commenced in 1787, when he embarked for America as surgeon-major in the royal navy. He was afterwards attached to Napoleon's army, where he was highly esteemed. By that great general, whom he followed in all his campaigns, he was spoken of as a "most honest man." The Baron's skill as a practical surgeon is attested by his great work on military surgery, which contains the results of his long experience gained by constant practice in the most sanguinary wars that have ever devastated Europe. It is remarkably free from national prejudice, and abounds with interesting facts and useful observations. It, in addition, recommends itself to the general reader and historian as well as to the medical man, inasmuch as it contains an excellent sketch of his great master's victories and campaigns, graphically and philosophically drawn, and also furnishes information with respect to the internal arrangements of the army, for which the world was not prepared. It will scarcely be believed, that when Napoleon assembled that immense army of 400,000 men, for the subjugation of the Russian empire, little or no preparation was made for the relief of the wounded. Yet such was the fact. Larrey says, when describing the battle of Smolensko, "Here, as at Witepsk, we were in want of all sorts of things necessary for dressing the wounded. For lint we were obliged to substitute paper, and the parchment archives of the city were converted into splints." An excellent occasion certainly to bring forth the talent and ready zeal of the head of the surgical department, but one that will in no way increase the lustre of Napoleon's name. He evidently thought only of victory and was unprepared for defeat, and even for the inevitable consequences of success.

Larrey was with the troops throughout their advance, and accompanied them also in their disastrous retreat. He attributed his preservation during the return to his habit of marching on foot. He walked almost the whole way, and never approached a fire. Those who did not observe this precaution were so benumbed by the cold, that when the bivouac fires were lighted, they did not feel the heat till the seeds of gangrene were sown. The intense cold was their principal enemy.

At the fatal passage of the Beresina, Larrey nearly lost his life, owing to his anxiety to preserve his surgical instruments, but the attachment of the soldiers saved him, for he was no sooner recognised in the crowd, than he was raised over the heads of the troops, and passed forward from man to man until he reached the bridge, then blocked up with military materials and the bodies of the dead and dying.

Larrey, on his return, continued employed in a military capacity; and, at the time of his death, he held the rank of Inspecteur du Conseil de Santé des Armées. He has enriched medical science with many valuable observations, drawn from the experience of a long and active life—PEACE BE TO HIS MANES.—*Prov. Med. and Surg. Jour.*

REGISTER OF THE WEATHER.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	July, 24th,	80	57	30.200	
Monday,	25th,	79	58	30.060	
Tuesday,	26th,	68	56	30.100	
Wednesday,	27th,	70	53	30.300	
Thursday,	28th,	71	56	30.200	
Friday,	29th,	68	54	30.150	
Saturday,	30th,	66	50.5	30.250	.012
Sunday,	31st,	68	53	30.350	
Monday,	Aug. 1st,	75.5	54	30.316	
Tuesday,	2nd,	78.5	57.5	30.100	
Wednesday,	3d,	78.5	56.5	30.100	
Thursday,	4th,	76	56	29.850	
Friday,	5th,	75	62	29.800	
Saturday,	6th,	75.5	51.5	29.950	.030

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

Wednesday, August 10, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CLXXXIX.] DUBLIN, WEDNESDAY, AUGUST 17, 1842. { PRICE SIXPENCE, STAMPED.

Lectures upon the Human Intestinal Worms, delivered at St. Vincent's Hospital during the Winter Session, 1841-2. By O'B. Bellingham, M.D., one of the Medical Officers of the Hospital.—Lecture II.—
Trichocephalus Dispar—Trichuris Vulgaris Hooper—The Long Thread-Worm..... 97
Tœnia Solium—Solitary or Common Tape-Worm... 99
Bothriocephalus Latus—The Broad Tape-Worm.... 100
REPORTS OF MEDICAL AND SURGICAL PRACTICE.
Observations on the Pathology and Treatment of Hip-Joint Disease.—By S. Paterson Evans, M.D., &c., Newmarket-on-Fergus..... 101
Academy of Sciences, Paris.—
Formation of Membrana Decidua..... 107
Intimate Structure of the Lung.. 107

Commission of Oyer and Terminer.—Conviction of a Coroner and his Doctor for fraud..... ib.
Books Received for Review..... 109
CORONERS AND THEIR DOCTORS.. .... ib.
POST-MORTEM EXAMINATIONS IN THE KILKENNY WORKHOUSE... 110
MEDICAL INTELLIGENCE.—Houses of Lords and Commons..... 112
POOR-LAW INTELLIGENCE.—North Dublin Union—Medical Report by Dr. Duncan..... ..... . ib.
Promotions..... .... ib.
Register of the Weather.. .... ib.

LECTURES UPON THE HUMAN INTESTINAL WORMS,

DELIVERED AT ST. VINCENT'S HOSPITAL DURING THE WINTER SESSION, 1841-2.

By O'B. BELLINGHAM, M.D., one of the Medical Officers of the Hospital; Professor of Botany in the Royal College of Surgeons in Ireland, &c., &c.

LECTURE II.

GENTLEMEN,—Following the arrangement which I laid down in my last lecture, I propose today to call your attention to the remaining species of worms found to inhabit the human intestines, and to conclude their description.

TRICHOCEPHALUS DISPAR—TRICHURIS VULGARIS HOOPER—THE LONG THREAD-WORM.

The genus trichocephalus is thus characterized:—Body cylindrical and elastic; anterior extremity capillary, and suddenly passing into the thicker; mouth orbicular; male organ single, and contained in a sheath.

The name trichocephalus is derived from θριξ a hair, and κεφαλη head, from the anterior part of its body being capillary; by its discoverers it was called trichuris (derived from θριξ a hair and ουρα a tail,) under the erroneous supposition that the capillary portion was the tail of the animal.

The trichocephalus dispar is from an inch and a half to one inch ten lines in length, the capillary portion composing about two-thirds, or one inch. The mouth is terminal, small and indistinct, without tubercles, or lips.

The body is white; occasionally, however, it has a darker colour, owing to the food contained in its intestinal canal. In the capillary portion we see the commencement of the alimentary canal, which is slender runs in a straight line, and appears to be provided with valves at regular intervals. When it reaches the thicker part of the body, it suddenly enlarges, runs close to the abdominal surface, the rest of this part of the body being in the female filled by the convolutions of the ovary, and in the male by an opaque matter, with slight traces of a convoluted tube; as the intestine approaches the posterior extremity it diminishes in diameter.

The male is a little smaller than the female, the thicker portion of its body is spiral; in the female this part is straight or nearly so; and from this dissimilarity in the appearance of the sexes, Roederer and Wrisberg, who first described the animal, mistook the male and female for distinct species. The capillary portion of the body in the male is not quite so long in proportion as it is in the female. The sheath of the penis is funnel-shaped, visible to the naked eye, and is almost constantly found protruding close to the posterior extremity; the penis itself, which is a single spiculum, is long, and projects beyond the orifice of the sheath; the orifice, which in the female serves the purpose both of vagina and anus, is small, rounded, and terminal.

The part of the intestinal canal which the trichocephalus dispar most commonly occupies is the cœcum, particularly the neighbourhood of the ileo-cœcal valve. I have found them, however, through the whole tract of the colon, in the ileum close to the cœcum, and in the vermiform appendix.

We sometimes find the head of the animal adhering to the mucous membrane lining the intestine, but this is rare; more commonly they are quite unattached; and when an opening is made into the cœcum, they come out in its fluid contents. Although one of the latest writers on this subject says, "the head of the

animal is commonly found implanted in the walls of the intestine, while the other end or the tail moves freely through the fœces."

The trichocephalus dispar has not been so long known as the other parasites of the human intestines. Although it appears to have been seen by Morgagni, we find no notice of it again until the winter of 1760-61, when it was discovered accidentally at the anatomical theatre of Göttingen. A student in examining the large intestines of a child, æt. about eight years, made an incision into the cœcum, when a number of these worms appeared. Wrisberg and several others looked upon them as an undescribed species. Wagler took them for ascarides of an unusually large size; others said they were young lumbrici, and this led to serious disputes. Roederer hearing of the circumstance, examined the animals, and both he and Buttner agreed that they were of a new species, to which Buttner gave the name trichuris. After this the intestinal canal of every dead body was carefully examined, and about the same time an epidemic (called by the writers of that period *morbus mucosus*) raged in a division of the French army stationed at Göttingen, and as these worms were very frequently found in the bodies of the soldiers who died of it, the conclusion arrived at was, that they must have been a cause of the disease; on which (as it will appear that they are found in almost every individual) they could have had no influence. More recently a somewhat similar occurrence took place at Naples. When cholera raged in that city the physicians to the Hospital d'Ella Conzolatione, carefully examined the intestines of all the persons who died of the disease; and constantly meeting with these worms in the large intestines, the discovery appears to have delighted them not a little, and they almost ventured the opinion, that a probable cause of this disease had at length been arrived at.*

I have already observed that the discoverers of this animal mistook the head for the tail, and named it trichuris. However, after greater care had been given to its examination, the error was corrected, and it was named trichocephalus. It is, then, not a little extraordinary, that in works published in England within the last few years, the original error should have been repeated. In Baillie's works, edited by Wardrop, published in the year 1825, we find the following:—"It (the trichocephalus dispar) has a very long transparent tail. To their heads is attached a process, or horn, which they can protrude or retract." This process or horn being the *penis* of the male and *its sheath*.

Monroe, in his morbid anatomy of the gullet, stomach, and intestines, second edition, published at Edinburgh, in 1830, says—"This species has a long filiform tail; different authors (he afterwards adds) vary in their opinion respecting the anatomy of this worm; according to some it has a proboscis, which it can eject at pleasure; according to Göetze, that is the penis of the animal."

With respect to the frequency of the presence of the trichocephalus dispar in the human intestines, the same authors as well as later writers in this country are no less in error. Dr. Baillie in his large work on morbid anatomy, says, "this species of worm is not only rare in this country, but I believe in every other." Monroe (in the work before alluded to) says, "this species is rarer than any of the other intestinal worms;" and Dr. Hodgkin, in his valuable work on the morbid anatomy of mucous and serous membranes, says, "on the continent it would seem that this is the worm most frequently met with in the human intestines;" indeed some of the most distinguished helminthologists state that they scarcely ever fail to find them. Although I have frequently and carefully sought for it, I have *only once* been able to find it, in this instance it was lodged in the mucus, filling the appendix of an emaciated and cachectic girl.

On the other hand, most French and German writers (who speak of them) state that they are very common. Both Rudolphi and Bremser agree on this point. Rudolphi says, "in almost every subject which I have examined, I have met with them, and on one occasion I found above a thousand in the large intestines of a female." Bremser says "that they are met with in almost every individual, though very often we find only a single specimen." Cruveilhier says, "in every epidemic of acute follicular enteritis, I have met with a greater or less number of them, and they are very often found in the bodies of those females who die of puerperal peritonitis at La Maternité. Bremser (he continues) says "they exist in almost every subject; but I have in vain sought for them in a great number of cases, and rarely are they found in great numbers."

M. Gentrac, of Bourdeaux, in an article in the *Revue Medicale*, says, "the cœcum of most individuals, healthy or sick, young or old, contains almost constantly trichocephali; it is long since I made this observation, I have repeated and given it publicity in my courses of anatomy during the last fifteen years at the School of Medicine in this city. Every time, (he continues,) that I have been describing the large intestines, I have remarked as a circumstance worthy of attention, that these organs, and particularly the cœcum, are constantly the receptacle, the habitual domicile of these perfectly innocent worms. Their presence has been verified in persons dying suddenly in good health, as in criminals; I must add, however, (he continues,) that wishing to determine if, in the first periods of life, similar worms were found, I have searched with care for them in the intestines of numerous newly-born infants, but without success."

With a view to determine between the contradictory statements of the English and continental pathologists, I examined the intestinal canal of ninety individuals who died in this hospital during a period of three years, of whom thirty-five were males, and fifty-five females; and in eighty-one out of the ninety, I found a greater or less number of these worms. The ages of these individuals varied much, the youngest being but three years old, and the oldest upwards of seventy. The diseases which proved

* "'The only points which seem peculiar,' (says M. Thibault, in his account of the *post-mortem* appearances of those who died of cholera at Naples, communicated to the Royal Academy of Medicine,) 'and worthy of notice, are the presence of a rare species of worm, and of a vast quantity of thick and viscid mucus in the intestinal canal.'

"The discovery of this fact by the young Professor Ramoglia, was at first thought to explain the existence of cholera, for it had been ascertained, beyond doubt, that the appearance of this worm (which is a very rare one) did not precede that of cholera. On maturer reflection, however, the Neapolitan physicians determined to extend their inquiries to persons not dying of cholera, and by this sage precaution they have thrown very considerable light upon the nature of that disease. Thus, for example: the presence of the trichocephalus was determined in eighty non-choleric bodies, (without exception,) examined between the 10th of December and the 1st of February. They were generally in less quantity than in the bodies of choleric patients, but occupied the same places, and were exactly similar.

"The results deduced by M. Thibault from the observations of the Neapolitan physicians, were:

"1st. 'That the cholera at Naples was complicated with one of the most extensive verminous epidemics known in history.

"2nd. 'That this epidemic was not confined to choleric patients, but affected all the inhabitants of the place.'"

fatal to them also varied, some died of injuries, others of acute, and others of chronic diseases. In several instances I have found but two or three trichocephali: in others upwards of eighty; the largest number having been found in a boy aged fourteen, who died of dropsy, with disease of heart and kidneys, in whom I counted one hundred and nineteen. In some instances I examined the proportion which the male trichocephali bore to the females; in one individual I found nineteen males and twenty-five females; in another sixty-one males and twenty-four females; in another four, all males; and in another six, all females.

Not one of the eighty-one individuals, in whom the trichocephalus dispar existed, had complained, either before or during the illness which proved fatal, of any symptom that could lead to the suspicion that these parasites had been in the slightest degree prejudicial to their health.

TŒNIA SOLIUM—SOLITARY OR COMMON TAPE-WORM.

The fourth order, cestoidea (derived from κεστος a band, and ειδος form) in Rudolphi's arrangement, includes the genera tœnia and bothriocephalus. The term tœnia (from ταινια vitta) was employed by the ancients, who, however, confounded the two species of tape-worm, which occur in the human intestines, under this head. The following are the characters of the genus:—Body soft, flat, and elongated; composed of a great number of distinct articulations; head furnished with four oscula, or suckers; provided also in many instances with a rostellum, or prominence in front, which is often surrounded by one or two circles of recurved hooks, or what is termed "armed."

The tœnia solium has received a great many names. It is the tœnia cucurbitina of Pallas; tœnia vulgaris of Werner; tœnia armata umana of Brera; tœnia à long anneaux of Cuvier; and the tœnia cucurbitain of Lamarck. It appears to have been known from a very remote period. Hippocrates, Pliny, and Galen, all speak of it, although, no doubt, they confounded the bothriocephalus with it. The name *solium*, applied to this species, is not, however, strictly correct, as two or more have been frequently expelled from the intestines of the same individual. Of one hundred and sixty-six persons treated by M. Schmidt, of Berlin, only twenty (he says) had a single tape-worm, all the others passed several, and one as many as seventeen.

The tœnia solium varies in length from twelve inches to thirty feet and upwards. It is said to have been found in the body of a male subject, extending from the pylorus to within seven inches of the anus. The longest specimen which I possess is upwards of twelve feet, and the smallest, which appears to be nearly perfect, but is evidently a young animal, is about eighteen inches. Mr. Chamberlain states that one in his possession measured twelve yards in length; but this is not common. It varies in breadth in the different parts of its body; near the head it measures about the third or fourth part of a line across; while posteriorly it is from four to five lines. Its thickness varies according as the animal is contracted or fully expanded; its colour is white when alive, and its tissues are semi-transparent; but after it has remained for a short time in spirits of wine it becomes opaque.

The head is distinct, somewhat hemispherical, and more or less flattened anteriorly; its shape, however, varies slightly in different specimens. The four oscula are circular, and of equal size; they are visible to the naked eye, and surround the rostellum, which is a convex prominence upon the centre of the anterior surface of the head; it is short, retractile, and armed with (in general) a double row of minute recurved hooks. De Blainville, indeed, asserts that there is but one row; however these processes are not constantly present, being supposed by Bremser to disappear with age.

The neck (which appears to be destitute of articulations) is very short; is widest next the head; and its diameter diminishes slightly where it joins the body. The body of the tœnia solium is at first of the same width as the neck, and the increase in diameter is almost insensible. The articulations nearest the neck are exceedingly short, and appear to the eye even when armed with a lens, nothing but transverse rugæ; they increase in breadth very gradually, until they become nearly square, their length scarcely exceeding their width; at last they become oblong, their long diameter being twice or three times that of the transverse; and each succeeding articulation is slightly overlapped by that which precedes it.

Near the centre of the edge of each of the larger articulations, we observe a small papillary projection, sometimes upon one side, sometimes on the other, in the middle of which is an orifice of an elliptical shape in some specimens, but round in others: this is the commencement of the canal leading to the ovaries. It was for a long period supposed that the animal attached itself to the walls of the intestine by means of those marginal orifices, but they are now known to be subservient to generation; it is by the head alone, (and most probably by the recurved hooks which exist in the armed species) that any tœnia attaches itself to the mucous membrane of the intestine. In animals recently killed I have often found them so firmly adherent that they broke when force was used to detach them.

The digestive apparatus of the tœnia solium consists of two lateral canals, each of which commences by a bifurcation in the form of the letter Y at the two oscula upon the same side of the head, runs backwards close to the margin of the articulations, and communicates with its fellow by a transverse branch at the posterior edge of each joint; and (according to Rudolphi) they terminate in a common aperture at the last articulation. These canals are of the same diameter throughout, and have no communication with the marginal foramina; they appear to be provided with valves at regular distances, as size or mercury can be injected from before backwards so as to fill them; but it is impossible to force it beyond two or three joints in an opposite direction.

No distinct organs of circulation exist in either the tœnia solium or bothriocephulus latus. De Blainville supposes that the lateral canals serve the office both of alimentary tubes and of vessels; neither are they provided with any distinct respiratory apparatus. No trace of nervous system has been detected in these animals.

Concerning the organs of reproduction in the tœnia, much obscurity has prevailed. These parts are most conspicuous in the posterior articulations of the tœnia solium, and are readily seen with a lens of a moderate magnifying power, or even with the naked eye, before the animal has been immersed in spirits of wine. The centre of each of the posterior articulations is more opaque than the margin, owing to the ovaries being filled with ova; each ovary consists of a central canal from which branches proceed at each side, they admit of being injected, and we can press the ova up and down in the central canal. If we detach an articulation by force the ova comes out in masses, but we cannot press them through the marginal orifices; the ova themselves are spherical and visible to the naked eye, like exceedingly minute opaque points. If we dissect off the outer layer of a portion of an articulation, we

observe a black, hollow cylindrical body passing from the marginal foramen inwards, towards the centre of the joint, it soon makes a curve, the concavity towards the posterior end of the articulation, and becomes spiral where the curve takes place; it then runs backwards in the central canal and terminates in a small vesicle; the diameter of this organ is greatest immediately after it passes inwards from the marginal pore; it then diminishes slightly, and continues pretty nearly of the same diameter until its termination. This is probably the male organ, and those parts are well represented in an engraving given by Mr. Owen in the Cyclopœdia of Anatomy. It appears to me that some species of tœnia may be hermaphrodite, but that the greater number are androgynous. I possess a preparation in which two individuals are attached by their marginal foramina, most probably in the act of copulation; but when only a single individual exists in the alimentary canal, as is the case not unfrequently with the tœnia solium, impregnation, if it is ever effected, must take place from the approximation of two joints of the same animal.

The longitudinal muscular fibres in the tœnia solium are not continued from one joint to another, as they are in the bothriocephalus latus; hence, when the animal arrives at a certain age, the posterior articulations become detached and are passed by stool; these, from their resemblance to gourd seeds, were formerly called vermes cucurbitini, and by some were looked upon to be the ova of the tœnia; by others they were considered a distinct species of worm. Sir Anthony Carlisle supposed that each of such detached portions of the animal had the power of forming a head for itself, and thus of becoming an independent individual. Blumenbach for a long time held the opinion that the articulations of the tœnia were so many distinct animals connected together. Linnœus even denied the existence of a head to the tœnia solium. Such and other equally erroneous opinions are not yet quite exploded, and are at the present day occasionally put forward by individuals generally well informed upon other subjects.

The portion of the alimentary canal which the tœnia solium inhabits is the small intestine, particularly the jejunum and ileum; it sometimes makes its way into the stomach, when it is generally expelled by vomiting, of which I have known several instances. Van Doeveren mentions the case of a peasant, who, under the operation of an emetic, vomited up forty Dutch ells of tape-worm, and says he would have got clear of more, if he had not bit it off, *being afraid of puking out all his guts.*

The movements which the tœnia solium is capable of making are inconsiderable, and consist merely of contractions, lengthenings, or undulations; hence, their powers of locomotion must be very limited. Each articulation, however, having its own separate longitudinal and transverse fibres, continues to enjoy some power of motion when separated from the rest of the body.

Of the length of time which the tœnia solium takes to arrive at its full development, or the age which it is capable of attaining, nothing certain is known. It is, however, believed to be longer lived than the other parasites of the human intestines. With respect to its comparative frequency in the human subject, in the ninety instances in which I examined the intestines of individuals who died in this hospital, I found it but once. It is much more common in the adult than in early life. Of two hundred and six patients treated in the clinical wards of the University Hospital at Vienna, by Dr. Wawruch, the oldest patient was fifty-four, the youngest three and a-half years; the majority ranged betwen fifteen and forty.

It would appear from the statements of the majority of writers that the tœnia solium is more frequent in the female than the male. Of one hundred and sixty-six individuals treate l by M. Schmidt, of Berlin, only fifteen were males; all the rest were females. Of two hundred and six patients affected with tape-worm, admitted into the clinical wards of Dr. Wawruch at Vienna, seventy-one were males, and one hundred and thirty-five females. On the other hand, M. Merat, in his treatise upon the bark of the root of the pomegranate, has noticed one hundred and ninety-two cases of tape-worm more or less in detail, and of these the majority were males.

The tœnia solium is not uncommon among the inhabitants of England, Holland, Germany, North America, the East Indies, Egypt, and the greater part of France. In Switzerland, Poland, and Russia, it is replaced by the bothriocephalus latus.

BOTHRIOCEPHALUS LATUS—THE BROAD TAPE-WORM.

The genus bothriocephalus (derived from βοθριον depression, and κεφαλη head) is thus characterized:—Body long, flat, and articulated; head sub-tetragonal, with two or four opposite depressions. It contains one species of tape-worm which inhabits the human intestines, and which has received a number of different names. It is the "tœnia articulos non demittens," and the "tœnia à anneaux courts," of the old writers; "tœnia vulgaris, grisea, or lata," of others; "tœnia inerme umana" of Brera; "tœnia osculis superficialibus" of Hooper; "le tœnia large" of Cuvier; and "le bothriocephale de l'homme" of Lamarck.

We owe to Bonnet the first description approaching to accuracy of this species; but it is only within a few years that its zoological characters have been properly understood; and we are indebted to Bremser for having first determined these, and removed it from the genus tœnia to which it had long erroneously been considered to belong. He states that in the year 1812 he received from M. Soemmerring (the celebrated anatomist) several specimens of the bothriocephalus latus, among which was a perfect one that had been passed by M. S. himself, and of which he has given a figure. "What was my surprise (says Bremser) when I saw with a single lens the two oblong depressions upon the head of this worm, which had hitherto always been considered a species of tœnia. I immediately recognised the distinction between the two species which occur in man; which resemble each other so little that not only they do not belong to the same species, but must be referred to distinct genera; and I confess (he continues) that I was grieved at not sooner having removed this species from the genus tœnia merely from the characters of the articulations; for the orifices of the generative organs are situated in this species on the flat surface of the articulations, whilst in the tœnia they occupy the edges."

The colour of the bothriocephalus latus is white; seldom, however, so pure a white as the tœnia solium. After it has remained in spirits of wine, it often acquires a greyish tinge, from which circumstance Pallas gave it the name tœnia grisea.

The head has somewhat an ovoid form; it is elongated, and presents two lateral longitudinal fossæ or depressions; the neck is in general not distinct. The body is composed of a number of articulations, which are very broad in proportion to their length. These joints have not the marginal pores which are so conspicuous in the tœnia; but the orifices which lead to the ovaries are placed in the centre of the flat surface of each joint, and around them the oviducts are seen, which have a radiated or stellate appearance. In some instances, we can distinguish a minute body projecting from the genital pore, which is supposed to be the male organ.

The bothriocephalus is not uncommon in the intestines of Russia, Poland, and part of France. It is so general in some places in Switzerland as to have received the name "Ver de Genéve." It is very rare in England, Germany, Holland, India, Egypt, and the United States, where it is replaced by the tœnia solium. It seldom or never parts with single joints, owing to the longitudinal muscular fibres being continued from one articulation to another; whereas in the tœnia solium these fibres are distinct in each articulation.

The bothriocephalus latus inhabits exclusively the small intestines, and as many as three or four are not unfrequently found to exist in the same individual. Its length is variable, but is said to be in general greater than that of the tœnia. The longest which Bremser ever saw measured twenty feet. Goëze states that he received one from Bloch upwards of sixty yards in length; but as it was in separate pieces, it is probable that they were portions of different animals. Boerhaave, however, tells us that he caused the evacuation of one from a native of Russia which measured three hundred yards!

This species, as has already been observed, never or very seldom occurs in the intestines of the inhabitants of these countries. The only specimen which I possess is a portion of one found in the intestines of an individual (probably a foreigner) who died many years ago in one of the Dublin hospitals, which was given to me by my friend Dr. A. Smith of this city. I have only heard of two other instances in which it has occurred in Dublin—once it was met with by Dr. Macartney, and once by Dr. Graves; the latter gentleman exhibited the specimen at a meeting of the Pathological Society of Dublin.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

OBSERVATIONS ON THE PATHOLOGY AND TREATMENT OF HIP-JOINT DISEASE.

TO THE EDITORS OF THE MEDICAL PRESS.

Newmarket-on-Fergus, July 30, 1842.

GENTLEMEN,—On looking over the accompanying paper, on some points connected with the treatment and pathology of disease of the hip-joint, should you consider it of any value, I beg to say it is at your service. For the present, I have altogether confined myself to an examination of the following questions, viz:—

First—Are we at present in the possession of facts (not, however, *numerical* ones, according to the school of M. Louis, I am sorry to say) sufficient to warrant us in affirming what is the *safest*, the *speediest*, and most *effectual* method of treating disease of the hip-joint?

Secondly—In the present state of our pathological knowledge can we determine what is the form of tissue *primarily* the seat of morbid action in this affection of the joints?

Thirdly—Is the elongation of the diseased limb in hip disease *a real* or only an apparent phenomenon: if the former, what are the causes in operation to determine this state of elongation?

Believe me, gentlemen, very faithfully yours,

S. PATERSON EVANS, M.D., &c.

Coxalgia, morbus coxarius, or hip-joint disease, (as it is very commonly called) is one of those affections of the joints well known to, and minutely described by, the ancient physicians. Indeed, from the accuracy with which many of them notice its leading symptoms, as well as from their general plan of treatment, it would seem as if they understood its great pathological features with more distinctness than some of the modern school at all give them credit for.

The remedies of Hippocrates, Rhazes, Galen, Celsus, and Fabricius, differ but little from those pursued by the surgeons of our own times. The former used bleeding both local and general; rest; confinement in the horizontal posture; cooling drinks; opening with alterative herbs; the cautery, issues, moxas, and setons. But with many of the surgeons of our day, the fathers of medicine and the healing art, were altogether unacquainted with the power which *mercury* possesses, both as a controlling and curing agent, not only in scrofulous disease of the hip-joint, but in other simple inflammatory affections of the joints, bones, cartilages, and ligaments. This *power* was *first* pointed out and applied with success, in curing these affections, by our talented and distinguished countryman, Dr. O'Beirne, of Dublin. Until *his* happy application of this remedy, coxalgia was a malady seldom or never *perfectly* cured. If it did not ultimately terminate in death, the patient generally recovered a cripple for life, with permanent shortening of his limb, and a constitution broken down and shattered by long confinement, great pain with protracted suffering, and the continued drain of an issue kept open and discharging for months or years.

The symptoms of hip disease are to the attentive physician, even from an early period, well marked and characteristic, and they may, with convenience, be divided into three stages.

In the first stage the limb is not yet altered in its length—there is no elongation. We have, however, even at an early period, some well-defined premonitory symptoms—viz., an occasional stiffness of the limb coming on towards night, with a feeling of pain or weariness, and a sense of weight in the limb. The patient often when going to bed will limp or complain of actual lameness, particularly after exercise during the day. The pain is in many serious instances more referable to the *knee* than to the hip-joint. This is a symptom which ought always awaken our serious attention; and one which, if the *slightest lameness* is complained of at the same time, after exercise or towards evening, should make us examine very carefully, and dread some incipient disease of the hip-joint.

The second stage may be called that of *elongation*; in which we find the diseased member *longer*, by from one-fourth to two or three inches, than the sound one; and the third stage is marked by a decided *shortening of that limb* which at first was so much longer. Now, though this stage is quite incurable, and the limb never allowing of any healthy elongation by any remedial means we can employ, yet the *first* and *second* are perfectly *curable* by means of *mercury* given so as to effect a *rapid salivation*; and, indeed, it may be noticed, that even before the mercury has salivated, we find a most decided remission of many of the symptoms, such as the nocturnal pains, the stiffness and limping; but not until well-established mercurialism has set in do we find (under a milder course) the morbidly elongated limb to manifest any tendency to shorten.

Though it is a remark of many acute observers, who have written on diseases of the joints, that the symptoms of morbus coxarius are generally too indistinct during the early part of the first stage to render our diagnosis a matter of certainty, still I am of opinion, that if we, in every instance, attend minutely to the symptoms above noticed and complained of at the time; and if we carefully examine the region of the groin and hip we shall, in almost every instance, be fully satisfied as to the nature of the

disease, and able to pronounce with certainty as to the existence or non-existence of hip-joint disease. At an early period of its development, and for some limited space of time before the second stage has made its appearance, we shall find on comparing the two limbs together, the groin at the side affected by disease, *redder*, *hotter*, and *fuller*, under and about Poupart's ligament, with a swollen appearance of the joint both anteriorly and posteriorly, and a strong and bounding pulse in the femoral artery as compared with that on the sound side.

We shall likewise observe the thigh looking larger, as if swollen, redder, and giving a distinct feeling of morbid heat to the hand. And, finally, if we attend to it, we shall find that the patient, though making no complaint of it till questioned, when a steady well-directed pressure is applied behind the trochanter, or in the neighbourhood of the groin, shall at once be sensible of a deep-seated uneasiness, amounting at times to absolute pain.

Such a train of symptoms is at once enough to excite our suspicions; and we can have then no hesitation in pronouncing upon the nature of the disease, and at a *very early period* taking such *decided* steps as shall arrest it at once and immediately. At the same time, cases of morbus coxæ, are much more frequently brought under our notice during the second (or stage of elongation) than during the first or premonitory. Yet, so far as treatment is concerned, it is a consolation to know, that *mercury* is equally as powerful a remedy in the one stage as in the other. It is in fact our *sheet anchor* in *this disease*—it is our *safest* and most *certain* cure; and he who puts faith in its powers, will have no cause to regret having done so. Indeed to advocate its great efficiency, is the main object of the present communication, and to demonstrate its *powerful curative* influence in *all* affections of the *joints* and *ligaments*, as well as in hip-joint disease.

From numerous cases of hip-joint disease, in the first and second stages, treated with mercury, I select the following well-marked and instructive one:—

Patrick Tierney, aged 17 years and 6 months is, to look at, a stout well-made boy—with light hair, blue eyes, and fair skin. His father is a blacksmith; a robust muscular-looking man; but by no means as healthy as his appearance would indicate. He is a person of intemperate habits, and frequently complaining of ill health. His mother is a pale delicate looking woman, with a constitution decidedly scrofulous, who has had a large family.

Young Tierney was attacked after walking some miles from home, on a wet and cold day, with a feeling of uneasiness, not amounting to actual pain, and stiffness about the loins and hip-joint. Having been attacked some months before with rheumatic pains, his mother thought nothing of his present illness, and neglected having advice for him, referring all either to rheumatism, the effects of growing pains, (?) or a kick he got some time back. I was asked to visit him on the 3rd of March. He was then ten days complaining of pain and stiffness of the right leg, hips, knee, and loins. I found him up seated on a low stool near the fire. His pulse was weak, but resisting and quick; his skin was hot, and his tongue white, furred, dry, and red at the edges. He complained of much lassitude and thirst, and his bowels were confined, with his urine scanty and high-coloured. So much for the general symptoms. On his attempting to walk about or stir the limb, a good deal of pain was felt mostly about the hip-joint, but also extending down the thigh. He could not stand erect with *both* feet *flat* to the ground, nor walk without limping. When standing upright, he is seen supporting the weight of his body altogether upon the right leg and foot, with the left advanced a little; the toes turned inwards; the leg flexed upon the thigh, and the thigh upon the pelvis. I had him now placed on a bed on a plane perfectly level and horizontal. On comparing together both legs, I found that they did not correspond in length, the left being, at least, one inch and a half longer than the right. And here I would remark, that this elongation was by no means apparent only, nor was it caused, at least in this instance, certainly not (as suggested by Sir B. Brodie) by a curvature of the spine towards the side affected, producing an inclination of the pelvis downwards to that side.

The elongation in the present instance, as well as in others, of which I have now the notes of measurement before me, was not an apparent, but a real symptom.

I found in Tierney's case the malleolus and condyles of the femur *projecting*, and upon making him lie on his face and hands, I found the *trochanter* of the diseased leg *below* that of the sound one. Yet, not the slightest difference could be seen in the level of the cristæ of this ilia or the tuberosities of this ischium; nor upon the most minute and careful examination, could any *deformity* or *curvature* of the *spine* be detected. Following up the examination, I found the left hip, groin, and thigh generally looking redder and feeling hotter than the right. The knee-joint had a puffy appearance, and darts of acute pain were frequently felt there. The neighbourhood of the groin was the seat of a good deal of uneasiness; but when pressure was made over it, behind the trochanter, or when the limb was rotated or moved, or the heel struck with violence against the ground (in the direction of the cotyloid cavity, so as to cause the head of the femur to inpinge upon its surface) much severe pain was complained of for some time after. The groin was a good deal swollen, and the skin over it looked red and inflamed, and the femoral as it passed over the joint was felt to *pulsate stronger than at the other side*.

The nates had lost their plump, convex appearance, and the transverse fold at their posterior inferior aspect was found altogether obliterated. He complains of a dull aching pain, and suffers much at night from startings of the limb. As evening advances, the pain at the hip increases, while that of the knee-joint (so acute during the day) is now in abeyance or hardly felt until morning approaches, when it (the pain of the knee) again begins. This is a singular fact, and one I do not find noticed by writers on diseases of the joints.

Looking upon this, then, as a well-marked instance of coxalgia in its second stage, I was determined to treat the patient in accordance with this view, and put him at once (though of a *constitution* and *parents* decidedly *scrofulous*) under the steady but rapid influence of *mercury*.

As his bowels were confined for some days, I thought it well to begin with a purgative.

℞ Sub. mur. hydr. ℈i.
Extracti colocynth. comp. ℈ii.
Misce intime, et divide in pilulas, xii. Cujus capiat duæ tertia quaque hora donec alvus soluta sit.

Diet to consist of gruel, bread and milk, bread and tea, arrowroot, flummery, &c., and to have for drink water, milk and water, lemonade, water gruel, &c.

March 5th.—Bowels moved by the pills—feeling of general uneasiness less—slept better last night—not so much starting of the limb—pulse softer and fuller at 100—tongue moist, but foul.

Twelve leeches to be applied at once to

the left groin. After they drop off, the bleeding to be encouraged by the application of hot cloths.

℞ Sub-muriatis hydragyri, gr. vi.
Pulv. opii. gr. iij.
Antimonii tartarizati, gr. i.
M. fiant pillulæ, xii. de quibus sumat unam ter quotidie.

7th.—Says he feels much easier—slept better for the last two nights. The leeches have removed the redness and swelling of the groin. The limb has not the same degree of morbid heat, nor does pressure at the groin, or behind the trochanters, cause the same degree of acute pain. He complains today of a good deal of pain at the knee which looked puffed, and will not bear to be moved about.

Six leeches to be put over the knee-joint immediately; afterwards fomentations of warm salt and water—mouth not sore—pills to be continued.

9th.—This day he tells me he feels in every respect much better—pain at the knee gone—sleeps better, but has still startings of the limb at night—is not conscious of any mercurial action, though his gums look a little spongy—pulse 95, soft and compressible—tongue moist, white and loaded—appetite good—bowels rather confined.

11th.—Mercurialism now fully established—mouth sore—had no starting of the leg last night—pressure at the knee-joint, groin, or behind the trochanter, is borne much better. The inflamed appearance of the whole limb has almost disappeared. As yet no visible shortening of the limb.

13th.—Complete salivation has set in. All the local symptoms greatly improved—says he feels stronger than he did a week ago—sleeps without pain—bowels confined—some headache with griping.

Statim sumendus.
℞ Olei. ricini, ℥iv.
Tinct. rhei. ℥ij.
—— opii. gt. xv.
Aquæ, ℥j.
Syrupi. aurantii, ℥ii.
Misce fiat haustus.
Pills to be left off for the present.

15th.—Oil draught operated freely—pain and soreness of the belly gone—mouth sore—salivation continues—the whole appearance of the limb improved. On comparing together the two legs today, I find a decided difference by half an inch in the length of the left. No starting of the leg now at night, and can move it freely without pain.

18th.—I was not able to see Tierney for three days, during which time I found that the mercurial pills had been omitted. Complains today of not feeling his leg so well. The leg feels hot, and the groin looks redder than usual—pressure also causes some pain. He cannot move the leg as freely as on the 15th. Appetite not so good—skin a little hot—pulse quick—tongue furred—bowels free—salivation has ceased.

Whether the aggravation of the symptoms today has been owing to his getting out of bed, and making use of his leg; or whether caused by the cessation of the mercurial action, it is difficult to say. Perhaps both, acting with the visibly deranged state of the system, may have acted as exciting causes. However I ordered immediately—

Leeches to the groin, and a mercurial pill every fourth hour, until decided salivation was fully established again.

20th.—Full mercurialization has developed itself—all the local and the constitutional symptoms better today.

Continue he pills—one night and morning.

27th.—On measuring both legs today, I find the left but a very little shorter than the right. Says he feels the limb so strong, that he could walk if allowed to get up—pain all gone; in fact, he is better in every respect—no uneasiness about the hip-joint, either on pressing at the groin, behind the trochanter, or on rotating the leg—sleeps soundly—mouth a little sore—salivation almost ceased—pulse 80, soft and natural—tongue clean—skin cool—appetite good—bowels regular—urine clear and plentiful.

To have a mutton chop today. One pill every night.

April 1st.—Same as last report; but complains of weakness of the limb generally, and a little pain at the knee-joint.

The following embrocation to be used night and morning:—

℞ Linament. saponis, ℥iiiss.
Tinct. lyttæ. ℥i.
—— opii. ℥ss. M.—
Ft. linament.

℞ Syrupi. sarsaparillæ, ℥iv.
Aquæ rosæ, ℥ii.
Pot. hydriodatis, ℥ss. M.—
Ft. mist. de qua capiat cochleare amplum mane nocteque.

From this to the middle of April, he went on improving daily, and when next I saw him, he was walking about, looking better, and feeling stronger than he had been for some months. I considered him now quite well—he had no lameness, or pain of any kind—both legs perfectly straight and equal—stands firm and quite erect—stamping with the heel upon the ground causes no uneasiness whatever, nor does pressing upwards towards the cotyloid cavity. He can perfectly adduct, abduct, and rotate the femur in every direction.

He was advised to persist for some time in taking the sarsaparilla and iodide of potassium, and when the season arrived to be taken to the sea—to have some warm baths, and after cold sea bathing.

He now (July 22d) remains quite well, and there is not a stronger boy in the place.

OBSERVATIONS.

The foregoing is then a well-marked, interesting, and what would at first sight appear a formidable, if not an incurable, instance of coxalgia. Its progress exhibits very clearly the powerful influence of rapid salivation, in arresting and curing scrofulous inflammation of the synovial membrane, with, perhaps, ulceration (?) of the cartilages of the joint itself. That mercurialism is the *safest*, *speediest*, most *certain*, and most *potent* remedy we possess for arresting not only morbus coxæ, but also white swelling, and other inflammatory affections of the joints, I have, from experience, not the smallest doubt. In various cases which have come under my own notice, I have seen the limb begin to shorten—the nocturnal pains cease—the patient experience a feeling of comfort, and the disease gradually subside, the moment the constitution was brought under the decided influence of mercury. Further, I have no hesitation in stating from the results of some unhappy instances occurring in my own family, as well as from the results of many other cases treated in accordance with the old plan—by issues, the actual cautery, setons and moxa, with other painful and tormenting remedies (?) that had the present case, with five more which I have had the good fortune to bring to a successful termination, been treated, not according to Dr. O'Beirne's plan, but by moxa's, issues, and seton's, not only would I not have been so fortunate in my results, but, in all probability, if I did not lose my patients altogether

they would have recovered with *permanent shortening* of the limbs, or some other deformity maiming them for life. Thanks, however, to the acute observation of our distinguished countryman, Dr. O'Beirne, who has, with ingenuity and talent, demonstrated that we now possess as certain a remedy for the cure of morbus coxæ, white swelling, and other acute scrofulous inflammations of the joints, as for pneumonia, iritis, ague, peritonitis, or syphilis. And though some may attempt to rob Dr. O'B. of a *discovery* of which he may be justly proud, yet it is a pleasure to find the most distinguished men of both this or any other country—Professor Lisfranc, Von Hebber, Sir P. Crampton, Mr. Carmichael, Mr. Peile, Sir B. Brodie, Dr. Stokes, Professor Graves, and others—amongst those who award to Dr. O'Beirne all the honour and merit which he may so fairly claim. And, indeed, when we reflect upon the removal of this "opprobium medicinæ,"—when we reflect upon the misery and the deformity which the action of mercury can prevent in this disease, we must, I say, confess our debt of gratitude to Dr. O'B. for the great benefit he has conferred upon his profession generally, and upon society more immediately and individually: nor can we wonder at his honourable zeal to be recognised the *Discoverer* of the application of a remedy of which Jenner, Harvey, or Laennec, might be justly proud.

"Really," says Dr. O'B. himself, "I have been so long permitted to father and rear this bantling, and it has grown up so promisingly, that I have taken quite a fancy to it, and am not altogether willing to share its paternity, as some of my good friends may be disposed to think."

To those who still persist to claim for others the laurels which Dr. O'B. is *alone* entitled to, we would refer to the published opinions of one whose profound research into the literature of foreign as well as English medical history; and whose accuracy of observation, only equalled by his just and liberal sentiments towards his professional brethren, justly claim for those opinions some weight and respect. Professor Graves, of Dublin, alluding, in a clinical lecture, to the treatment of *scrofulous* diseases by *mercury*, thus speaks of what he *distinctly* calls a *discovery* of Dr. O'Beirne's:—

"An extensive experience," says Dr. Graves, "and deep reflection, first led Dr. O'Beirne to think that the acute stage of scrofulous inflammation of the hip and knee-joint, might be made amenable to active and energetic treatment; in other words, that inflammatory affections of the joints, which terminate in some of the worst and most fatal forms of disease, namely, morbus coxæ and white swelling, might be checked *in limine*, and before the stage of hopeless ulceration was established. He, therefore, proceeded boldly, and at once, to try whether the disease might not be arrested in the commencement by rapid salivation. Observe, this idea was *completely new*; it had *never occurred to any* other person, and was further diametrically *opposed* to the theories of the day. The prevailing opinion on this subject was, that *mercury* was *inadmissible*, and could only *produce mischief* in persons of a *scrofulous* diathesis. *Every one* said, do *not* give mercury in such a case, it exascerbates scrofula, it even brings on scrofula in many instances where there had been no appearance of it previously. You can do *no good with it*, and may do much mischief. Dr. O'Beirne, however, knew the difference between the proper and the improper exhibition of mercury—between mercurializing the patient at once and fully, and then stopping; and the perilous and pernicious custom of giving long and irregular courses of mercury. He tried the remedy and succeeded, and the surgeons of Europe have justly appreciated the *value* and *importance of that discovery*."

So much then for Dr. O'B.'s discovery. Now, as to the value and efficacy of this discovery in affections of the joints, I beg leave to quote the opinions of another equally eminent man—Professor Lisfranc.

M. Lisfranc, speaking of Dr. O'Beirne's plan of mercurial treatment, as pursued in the wards of La Pitié, in diseases of the knee and ankle-joint, thus remarks in his clinical instructions to his pupils:—

"If we," he says, "compare this *new treatment* (rapid mercurialization) with the old method (issues, moxa, cautery, setons) we must confess, that in acute cases it produces *immense advantages*; the incessant pain and irritability of the tumour, which require often four, six, or even ten *months* to dissipate, here yield in a *few days* and do not return. The patients are also spared the loss of strength, produced by frequent sanguineous emissions; finally, the latter frequently fail to relieve the pains which keep him constantly awake, and hitherto the *calomel* has *constantly succeeded*."

So much then for Dr. O'Beirne's discovery, and the value of that discovery.

Can we determine what is *the tissue* in *which disease of the hip-joint first commences?*

A great diversity of opinion exists with regard to the tissue in which morbid action first developes itself during the progress of disease of the hip and other joints.

Dr. O'Beirne seems to think, that in *nearly all* cases the *cartilage* lining the head of the femur and acetabulum is *primarily* diseased. At the same time he allows, that the synovial membrane lining the cavity of the joint may *sometimes* with the cartilage be simultaneously affected; but he affirms, that the *latter* tissue is often the seat of disease without the *slightest trace* being discovered of a synovitis. Besides the results of his post-mortem examinations, Dr. O'Beirne urges the pain which is generally complained of when the articular surfaces are brought into contact, the pain at the knee and the nocturnal pains; together with the influence which mercury possesses in removing and ultimately curing these pains, as proofs of the *cartilages* being the *primary*, if not the sole seat of the diseased action.

Other well-informed writers on diseases of the joints, look upon a *synovial* inflammation as the *first* link in the chain of morbid actions. This appears to be the view taken by Cruveilhier, Carmichael, Coulson, &c. Mr. Carmichael says, that the *synovial membrane* covering the head of the femur and acetabulum, where it is reflected from the fibrous tissue which forms the capsular ligament of the joint, *first* becomes the seat of scrofulous inflammation, from this it spreads itself to the cartilages, and from these again to the bones.

This view would, in the majority of instances at least, appear to be a correct one, and the true rationale of that primary pathological state of the hip-joint ending ultimately in morbus coxarius.

If it may be asked, in *every* case of hip disease the *primary* and *immediate* cause was *ulceration* of the *cartilages*, is it possible that mercury, a medicine which acts so decidedly the part of a specific remedy in inflammation of fibrous and serous membranes, would have so marked an effect in this disease; if it proceeded, as some writers say, in almost every instance, from *ulceration* of the *cartilages* in the first and second stage?

Then the nocturnal pain so characteristic of fibro-serous inflammation. The pain on pressure; the redness and swelling at the groin; the heat and fullness, together with the sympathetic pain at the knee, though unquestionably this pain is often caused by an actual *synovitis* of the knee-joint. All these are certainly considerations which go far to establish *primary scrofulous synovitis* as the immediate cause of disease of the hip-joint. Certainly if not alone, at least in connexion with a predisposition and leading to ulceration of these joints ultimately.

From analogy it was at one time supposed (but not upon sufficient grounds to render it a strictly anatomical fact) that the synovial membraneis reflected from the capsular ligament of the joints and passes over the articulating cartilages; a fact now fully established by the microscopic observations of Henle and Gerber. M. Henle says that "a fine cellular corium, covered by a delicate layer of epithelium, passes over the exposed surfaces of all the articular cartilages." And it is likewise important to observe, that both in a healthy and diseased state, the character of this synovial membrane is *influenced* most materially by the *class of tissue* which lies *subjacent to it*, and from which it receives its nutrition and supply of blood-vessels. The same degree of vascularity, and consequently the same susceptibility to take on morbid action, does not belong *equally* to all parts of this synovial sheet. Thus, the degree of vascularity of the synovial membrane of the same joint is no more fixed than is the vascularity of the different tissues entering into the structure and composition of that joint. For instance, the same membrane where it lines the *articular surface* is far *less vascular* than where it lines *cellular* tissue or *fat*; and *less vascular* again where it is reflected over *ligament* than where it lines the *bone* or *periosteum*. Therefore, the liability to inflammation and morbid ulcerative action, with the severity of results seen after inflammation of the synovial membrane will be *varied* in their appearance, and determined, not by a *certain* vascularity *peculiar* to the *whole sheet* of synovial membrane generally, but by the *immediate vascularity* of *that tissue* from which it receives its blood-vessels, and with which it is in organic connexion. It appears to me, that not having taken this view of the minute anatomy of the joints—a view whose accuracy is vouched for by Schwann, Valentin, Lutenberg, Henle, and Gerber, has led some of our best writers into an error when arguing on the pathology of this disease, and the tissue *primarily* affected in coxalgia.

One argument of Dr. O'Beirne's in favour of an exclusive or primary disease of the cartilages is, that though he very often found the venous tufts or fringes of the synovial membrane inflamed and ulcerated, yet he was not disposed to admit that the *entire* surface of the membrane was the seat of morbid action, because its surface *generally* did not present to the eye the appearance of disease. But in cases of pure and undoubted synovitis the results of disease are now known to develope themselves more severely, though not all exclusively, on those portions which overlie the most vascular structures; the results of disease in pure synovitis are more visible on the synovial membrane when it lies upon adipose tissue than when it lies over periosteum or bone; while on the immediate surface of the articulating cartilage it is developed too slightly sometimes for the unassisted eye to appreciate; though at the same time it is, at this point, the seat of as decided a morbid action as any other portion of the synovial membrane. *All* its surface is *equally* and simultaneously diseased, and the cause why we see the results of morbid action on one part so plainly, and so indistinctly at another is, not from any peculiarity, *per se*, in the synovial membrane itself, or because it is *deficient* in any one part of the joint, or differently organised in different parts of the same articular cavity, but simply because of the *peculiar vascularity* of the *different subjacent tissues* from which the synovial membrane receives its supply of blood, and its vessels of nutrition. It is *this* which determines its anatomical characters and peculiarities, as well as its different pathological phenomena.

Though I believe, that in most instances of hip disease the affection *begins* by a scrofulous *synovitis*, yet one cannot deny the very important part which ulceration of the cartilages plays in this and other scrofulous diseases of the joints.

That a cartilage is a tissue possessing a high degree of *vascularity* (that vascular organism peculiarly belonging to *white structures*) there can now be no doubt. Many experimental anatomists have at length overcome the difficulties hitherto opposing its minute injection, and have, at last, demonstrated in articular cartilage, vessels, which in a state of health allow of the passage of only a *single row* of blood globules; but when deseased (the arteries then becoming distended) many blood globules pass through the diameter of the vessel, now giving the parts, which were before perfectly transparent, a red and vascular appearance where they become the seat of morbid action. A beautiful instance of this presents itself to our notice in inflammation of the sclerotic coat of the eye; and Mr. Liston, of London, has exhibited before the Medico-Chirurgical Society some very beautiful specimens of injected articular cartilage in a state of disease.

Thus, then, we see that cartilaginous tissues do possess, *per se*, an independent organism; that it can no longer be a question of dispute whether they possess blood-vessels, nerves, and absorbents; that they possess an innate power of taking on a diseased action peculiar to themselves; and further, that the pathological appearances so frequently witnessed are not the results of disease in adjacent structures in every instance, or caused by the action of morbid products on the neighbouring cartilage, but are the results of *disease originating in* the *cartilages* alone.

From the foregoing facts, together with the results of the microscopic examinations of Brodie, Key, Mayo, Liston, Porter, Cooper, Colles, and Wickham, it is evident that the *cartilages* of articular cavities do *ulcerate*, *per se*, and in some *few* cases without the diseased action being *transferred* from, or any connection with the diseased synovial membrane.

And it may further be noticed, that any diseased action having its *primary seat* in *ulceration* of the *articulating cartilages*, is followed by the *worst* and most *fatal* forms of morbus coxæ. Experience would even warrant the conclusion, that synovitis of the hip-joint, to produce coxalgia, must occur in a scrofulous subject, and in connection with a predisposition of the bones and their cartilages to take on scrofulous ulceration.

To what causes are we to attribute the elongation of the limb in hip-joint disease?

A great diversity of opinion likewise exists among medical writers on this point; some ascribing it to one cause; some to another; while a third class deny altogther that any actual elongation of the diseased member *ever* takes place.

The late Mr. Forde, in his work on "Diseases of the Hip-joint and White Swelling," accounts for the lengthening of the leg by the filling up of the acetabulum, and the consequent pushing out of the head of the femur. This is very nearly the opinion come to by Key, Coulson, and others, to explain the fact of elongation. They state that the disease commences by inflammation of the ligamentum teres and synovial membrane, both of which becoming swollen pushes forward the head of the bone. It appears to me, however, that any amount of swelling in these tissues, and that acting *alone* would never be able, so long as the capsular ligament of the joint remained sound, and the muscles which surround it in a state of *active physiological contraction*, to force the head of the femur out of the cotyloid cavity, and cause an elongation of the limb amounting frequently to two or three inches.

Hunter's explanation, in which he was followed by

Falconer and Crowther, was that the diseased side of the pelvis became lower than the sound side, thus causing elongation. Sir B. Brodie inclines nearly to the same views His argument is, that from the position in which the patient stands when erect, with the weight of the body supported on the sound limb, the hip and knee being in a state of extension, at the same time that the diseased limb is inclined forwards with the foot considerably anterior to the other, not to sustain the weight of the body, but to keep the person steady when standing erect; by such an arrangement the pelvis on the diseased side becomes depressed, and a lateral curvature of the spine follows, with elongation of one of the limbs. This explanation, however ingenious it may appear to be, will *not account* for the *lengthening* in *all* cases; for, as I have remarked before, when detailing Tierney's case, *no* curvature of the spine was visible on the most careful examination, nor could any difference be detected in the weight of the *cristæ of the ilia*, either when the patient was standing erect or lying horizontally; and I have noticed the same facts before in other instances; besides, I have very often found on a minute and careful measurement, that when the body was quite horizontal, and the pelvis on a perfectly straight plane, that a line drawn from one trochanter towards the other did not inpinge on the *same* points of *both limbs;* it showed that the *trochanter* on the *diseased* side was an inch or two *below* that on the sound side, and consequently that the head of the femur must have been *pushed* out of the cotyloid cavity.

Mr. Wickham, in his "Practical Treatise on Diseases of the Joints," has ventured to deny that any elongation *ever* takes place, and suggests that the limb is rendered rigid by the action of the external rotators of the thigh, and a deception thereby created in the measurement of the two legs—the diseased limb being thrown outwards and away from the sound one. No doubt Albers, Valpi, S. Cooper, Lawrence, and Laennec, have, in a few rare cases seen, *very early* in the disease, shortening of the leg occur instead of elongation; but this anomaly may be explained on other grounds than those put forward by Mr. Wickham to support his theory; at the same time, I believe I am correct in saying that the actual observation and experience of all practical men will show Mr. Wickham's views to be incorrect, and will demonstrate that in most (if not in all) cases of coxalgia there is in the first and second stages an *actual elongation* of the diseased limb.

Mr. Tyrrell, of London, in the third number of Guy's Hospital Reports, has given us his views, which appear in the main to be correct, and with which I shall conclude this paper.

His explanation in the first part differs but little from that of Sir B. Brodie:—

"But there is," says Mr. Tyrrell, "another circumstance, and a very important one, which gives rise to an apparent (?) lengthening of the limb, when the patient is recumbent. The capsular ligament which comes from the acetabulum embraces the neck of the thigh bone; but as this joint admits of motion in every direction, abduction, adduction, flexion, extension, rotation, and the intermediate movements, we know that the capsule is longer than is absolutely necessary to retain the articular surfaces of one bone in contact with another; so, if you strip off the whole of the muscles from this capsular ligament you may then draw the thigh bone from the acetabulum to the extent of a couple of inches." * * * * * * * * * * * * *

"The head of the bone," continues Mr. Tyrrell, "is kept against the acetabulum in a healthy state by the influence of the surrounding muscles (their physiological contraction.) All the muscles which pass over the hip-joint have more or less influence of this kind; but more especially those close on the articulation. As we find the glutei lose their power, so the other muscles about the joint also lose their power; and if by force (when the patient is recumbent) you draw together the two legs, the separation of the head of the femur from the acetabulum takes place in the injured side from the muscles not offering resistance."

From many circumstances the foregoing observations of Mr. Tyrrell appears to me, in a great measure, to account (on more correct philosophical data than any heretofore offered) for the *actual lengthening* of the leg in the second stage of morbus coxarius. And though Mr. Tyrrell makes use of the words, *apparent* elongation, yet, as I have before insisted on, a very careful and minute examination, measurement, and comparison of the two limbs, will, if I am not greatly mistaken, demonstrate a *real* and not at all an apparent lengthening of the diseased limb.

Though the swollen state of the ligamentum teres, from inflammatory action, would not, acting *alone*, as I have remarked above, be in itself sufficient to force the head of the femur from the cotyloid cavity, yet it appears to me, that when the powerful muscles which surround the hip-joint, and tend so much to keep the head of the bone in the acetabulum, become passive, and in a state of vital organic *relaxation* (which state is favourable for removing the pressure of the contracted muscle from the inflamed synovial membrane, round ligament and cartilage, and so removing the pain which would otherwise take place from continual mascular contraction) these circumstances, added to the fact that the capsular ligament will allow of the head of the femur being separated for at least two inches from the cotyloid cavity; that the synovial membrane and ligamentum teres (according to Mr. Key) are greatly swelled, and consequently possessing some power when the external muscular pressure is removed, will serve to throw some light upon the elongation of the diseased limb in coxalgia, and further demonstrate, that it is by no means an apparent, but an *absolute* lengthening. At the same time, it must be confessed, that it does not satisfactorily explain the amount of elongation, which in some instances take place to the extent of from two inches and a half to four inches.

CONCLUSIONS.

1. That *mercury* may be regarded as a *specific remedy* in hip disease.

2. That we may employ it with equal *certainty* and *benefit* in *scrofulous* and non-scrofulous subjects.

4. That it is better to bring the system at once and fully under its action, than to give a *long* and *lingering* alterative course of mercury.

5. That we are on no grounds justified in having recourse, during at least the first or second stage of morbus coxæ, to *issues, setons, moxas, or blisters.*

6. That these violent remedies (?) *protract* the patient's sufferings, *hinder* the disease from being brought to a *favourable termination*, and have a tendency, from the *perpetual pain, irritation, convulsive* movements of the limb, which they occasion, and *constant suppuration* to harass the patient's nights, and ultimately to wear out his exhausted frame.

7. That we are now in possession of *facts* sufficient to warrant our *affirming* that *mercury* is the *speediest*, the most *certain*, and the most *efficacious* remedy we possess for the cure of hip disease.

8. That in the majority of cases, mercury alone, when pushed to salivation, will effect a cure. That the application of leeches are occasionally, though not always required, and when any little pain remains at the groin, a small blister will then be of benefit.

9. That rest, the horizontal posture, and attention to diet, regimen, &c., must be strictly enjoined.

10. That by a careful attention to symptoms, we shall frequently be able to diagnose hip disease during an early period of the first stage.

11. That hip-joint disease, if not in all, certainly in nearly all cases, is caused, *not* by *primary ulceration* of the *cartilages*, but by *scrofulous inflammation* of the *synovial membrane*—this morbid state being the first link in the chain of pathological actions.

Lastly. That the diseased limb is *really elongated* during the second stage of coxalgia, and that this appears to be in a great measure effected not by curvature of the spine &c., but by the pushing out of the head of the femur; this caused by the inflammation within the joint, aided by the organic relaxation of the surrounding muscles.

S. P. E.

ACADEMY OF SCIENCES, PARIS.—July 11.

FORMATION OF MEMBRANA DECIDUA.

M. Coste read a memoir, of which the following are the conclusions:—

1st. The deciduous membrane does not always consist of a shut sac, as in the human species, for example, it presents three openings, two corresponding to the Fallopian tubes, and one to the os uteri.

2d. This membrane is not in simple juxtaposition with the internal surface of the uterus; on the contrary, at a certain epoch, it adheres to it so intimately that the limits between it and the uterine tissue cannot be distinguished.

3d. The membrana decidua, instead of being scarcely organised, contains in its structure vessels so numerous and so large, that it may be compared to a kind of thyroid body, expanded like a membrane over the ovum.

INTIMATE STRUCTURE OF THE LUNG.

M. Bourgery read a paper, in which he lays it down as ascertained that the air passages do not terminate in the lobules as cul-de-sacs or *vesicles*, but by very tortuous canals which inter-communicate at their extremities and various points of their circumference by numerous orifices; so that these canals, thus anastomosing, form loops which have no terminus, save the orifice of entrance, which is also the orifice of exit, and which circumscribe a space divided by millions of tortuous ramifications. He thence terms these canals *labyrinths*.

Each lobule usually receives a single central bronchial branch; this branch reaching the peripheral base of the lobule, twines round it, becoming ramified towards one of its angles forming its terminal summit. This bronchial branch gives numerous alternate stellated ramuscles in every direction, which the author terms the *ramifying bronchial canals*, they constitute the last ramification of the bronchial tree, beyond which the *labyrinth* begins to be formed in the following way:—The capillary branches first open on its side into one or more *labyrinthine canals*, whose orifices are perpendicular to its direction. Further on it terminates by a small expansion, irregular in shape, sinuous, elongated, single, bifid or trifid, and perforated in each compartment by one or more labyrinthine orifices.

This theory resembles those of Malpighi and Helvetius, in assuming that the aerial capillaries all communicate with each other; but differs in supposing that these capillaries are canals, and not vesicles.—In this latter respect it agrees with the theories of Willis and Reissessen; but these authors supposed those canals to radiate from the centre towards the periphery, without anastomosing with each other, and that they terminate in cul-de-sacs.

COMMISSION OF OYER AND TERMINER.

THURSDAY.

CONVICTION OF A CORONER AND HIS DOCTOR FOR FRAUD.

The Queen *v.* Pasley and Shanahan.

John Pasley, Esq., senior coroner of the county Dublin, and B. R. Shanahan, surgeon, were arrainged on an indictment charging them with intending to defraud the rate-payers and treasurer of the county Dublin—the former by giving the latter an order upon the treasurer for £3 10s., as if he had given evidence before him and his jury—the latter for receiving same, knowing that he had not discharged the duty for which the money was stated to be a remuneration. There were six counts in the indictment.

John Fry, examined by Mr. Martley, Q.C.—Had a son, a medical gentleman; he was in the 27th regiment; his name was George Barlow Fry; my son was absent from me; he returned upon the 17th September; he was labouring under a very bad cold; I called in Surgeon M'Coy; he died upon the following Friday; no inquest that I know of was held upon the body; none was held in my house; my son died in the county of the city of Dublin; he was interred at Mount Jerome on Sunday, the 26th; I was present; I know Mr. Shanahan by sight; I did not see him at my house: the servant girl whom I had in my employment has left it; I was inquiring for her, but could not find her; did not see Mr. Pasley at my house.

Cross-examined by Mr. Walsh—My son's death was rather sudden; he was confined from Tuesday to his death; his death was very unexpected; it was so sudden that on the night of his death he was talking about taking another sail to India.

Surgeon S. M'Coy examined by Mr. M'Kane—Knew Dr. George Fry; attended him in September last at Sandymount; was first called in a week previously to his death; imagines that the cause of his death was the rupture of a blood-vessel; when I first saw him my opinion was that his constitution was very much broken up from intemperate habits; I expected his death to have occurred.

Cross-examined—I did not examine the body after death; I cannot say exactly what was the cause of his death, but I have known persons of his intemperate habits (he meant habits of intoxication) carried off in as short a period; he would take the cause of Mr. Fry's death to be apoplexy.

Mr. Charles Johnstone examined—I am register of the cemetery; Mr. Fry was buried upon the 26th of September last; he was never raised afterwards; Mr. Pasley never made any application to me to raise the body, nor did Mr. Shanahan do so; no inquest whatever was held at the cemetery on the 28th or 29th, or from the 26th to the 29th.

Cross-examined—I am the only person having charge of the registry; I was at the cemetery on the 28th; I will not swear that no application was made to disinter the body; the sexton is not here.

Mr. Francis Harty examined—I am a clerk in the office of the treasurer of the county Dublin; I know Mr. Pasley and Mr. Shanahan; the paper handed to me signed "John Pasley," was presented to me; to the best of my opinion it is in the handwriting of Mr. Pasley; the other signature is in the handwriting of Mr. Shanahan, by whom the coroner's order was presented to me; I paid the money on the 30th of September; Mr. Shanahan came to me on the 29th; I paid the money either at my own office or Mr. Shanahan's house in Kildare-street (the witness here read the coroner's order, which required R. Baker, Esq., the treasurer of the county Dublin, to pay to B. R. Shanahan, surgeon, on his order the sum of £3 10s. sterling for examining the body of the late George Fry, Esq., then lying dead at the Mount Jerome cemetery, and attending before Mr. Pasley and his jury, at an inquest held by him upon the 29th of September, and giving his testimony as a medical witness;) the names "John Pasley" and "B. R. Shanahan" were to the best of his opinion in the handwriting of those gentlemen.

Mr. Martley handed witness a declaration made by

Surgeon Shanahan before Mr. Callaghan, the magistrate, in which he affirmed that he viewed the body of Mr. Fry, and believed that his death was occasioned by the rupture of a blood-vessel.

Witness said that the signature B. R. Shanahan, was in the handwriting of that gentleman.

Cross-examined—Was four years in the treasurer's office. Mr. Shanahan presented there various orders from the coroner; those orders varied; and to one, two, three, or four guineas, as the case might be.

Mr. Pasley here handed to witness a notice which he had served upon the treasurer of the county Dublin, calling upon him to produce the books kept in his office for the last ten years, in order to show how coroners were paid; and he asked the witness to prove his handwriting to that document.

The court stopped this line of evidence as irrevalent to the inquiry.

Mr. Brewster—In order to support the indictment, then called Mr. Paul Barry, who deposed that he was a rate-payer of the county Dublin.

The crown here closed their case.

Mr. Walsh addressed the jury for the traverser, Shanahan.

Wm. Orr, examined by Mr. Walsh—I am a car owner and driver; I recollect the time of Mr. Fry's death, in Sandymount; I know Surgeon Shanahan; I took him from Westland-row to Sandymount; I saw him go into the house.

Cross-examined by Mr. Brewster—I don't always drive Mr. Shanahan to look at dead bodies; I don't know how much the coroner pays carmen; I did not drive the coroner (laughter.)

Mr. John Williams examined—In consequence of a representation from Mr. Fry, sen, I waited upon Mr. Shanahan to prevent an inquest being held; he said that it would not be held if I made a declaration that the deceased had died a natural death, and I made a declaration to the best of my belief that such had been the case.

Cross-examined—I was under the impression that Mr. Shanahan and Mr. Pasley intended holding an inquest upon the body of the deceased: Mr. Shanahan told me if I made the declaration it would prevent an inquest.

Mr. Charles Atkinson gave Mr. Shanahan an excellent character; he deposed that his character was irreproachable.

Captain Patrick Hurley also gave Mr. Shanahan a good character; his character was unimpeachable.

Baron Pennefather (to Mr. Pasley)—Do you desire to examine any witness or make any remark?

Mr. Pasley—No, my lord, I will leave my situation before you; but I served notice upon the treasurer to produce the county books in order to show how much I have been paid, but this has not been done.

Baron Pennefather—Do you desire that the notice should be read?

Mr. Pasley—I do, my lord.

A portion of the notice was read, but the court would not permit any more of it to be read, as it was not "entitled" in the present case.

Baron Pennefather addressed the jury. The charge was one unquestionably deeply involving the character of those charged; and it would be the duty of the jury, without regard to consequences, to examine the evidence and see if the crime had been committed. One of the persons charged was the coroner of the county Dublin, holding an office of great antiquity and trust, and in the due administration of whose office the public interest was much concerned; the other was a member of an honourable profession who had received a good character from respectable gentlemen, but who had done acts, if the evidence were true, confessedly against and in violation of an affirmation substituted by act of parliament for an oath. His lordship then drew the attention of the jury to the provisions of the 6th and 9th of Wm. IV., chap. 89, in reference to the expediency of procuring the attendance of medical witnesses at coroners' inquests—an act of parliament which he believed in many instances had been abused. Certain he was that in the present case its provisions had been violated. The act of parliament never designed that a coroner was to send his representative to discover bodies upon whom it might be proper to hold an inquest, nor to remunerate persons who might be sent before him with a view of holding an inquest. The act was intended to prevent improper dealings between the coroner and medical men, and preclude the possibility of the exercise of favouritism towards particular persons, which might lead to the holding of an unnecessary number of inquests, and prevent the giving remuneration when no inquest was held. The learned judge then adverted to the evidence; when he came to that part in which it was given in evidence that Mr. Shanahan was driven out by a carman to Sandymount, and that he went into the house of Mr. Fry,

Mr. Shanahan interrupted his lordship by saying that if the carman were recalled and examined he could prove that he told him that he had been commissioned by the coroner to proceed to Mr. Fry's house to examine the body.

Baron Pennefather said that even if the carman's evidence to that effect were admissible, it would not justify either of the traversers; for the coroner was not armed with an authority to send a precursor before him to make a report of the state in which he happened to find a body; nor was Mr. Shanahan justified in intruding into a private house, or demanding compensation for so doing. Having ably and minutely recapitulated and observed upon all the evidence, his lordship left the case with the jury.

The jury retired, and after a short consultation, returned to their box with a verdict of guilty.

Mr. Shanahan (to the court)—May I say a few words to your lordship?

Baron Pennefather—Certainly.

Mr. Shanahan—The facts of the case are these, my lord—I was called upon to report the cause of the death of Mr. Fry; I asked to see either Mr. or Mrs. Fry; I did not see either; I saw the servant girl; she told me that Mr. Fry had taken laudanum and porter on the night of his death, and that his father was holding him down in the bed when he expired; I understood that the deceased would not be interred till the Monday following, but he found afterwards that the deceased was decomposed; that the father of the deceased caused him to be buried on the Sunday. Mr. Pasley wrote to Mr. Fry to say that he would be compelled to take up the body unless there were depositions to the effect that his son's death was natural. I accompanied Mr. Williams to the police-office, where I made the affirmation, and Mr. Williams made the declaration. I have a gentleman here to prove that when I handed the order to the clerk I told him I viewed the body, and he said that I was entitled to compensation as a medical witness.

Chief Justice—The charge against you is, that you presented a certificate to the clerk containing the following words:—"For viewing the body now lying dead in Mount Jerome cemetery, and attending before me (coroner) and my jury." You state that you saw the body at Sandymount; the statement in the order is that you viewed the body in Mount Jerome, and that you attended before the coroner and his jury, no inquest having ever been held upon the body.

Mr. Shanahan—I have a large family your lordship depending upon me, and I trust you will extend your clemency.

Baron Pennefather—Let the prisoner remain in custody. We will not now give our judgment.

Mr. Curran said that Mr. Pasley had been insane. He wished to mention this fact to the court.

Chief Justice—It must occur to you Mr. Curran that Mr. Pasley should not fill the situation of coroner if he be insane, and as long as he holds his office he cannot yield his imbecility as a ground of defence.

Mr. Brewster—We shall feel it our duty to see what measures can be taken in point of law to remove Mr. Pasley from his office.

The prisoners were then removed in custody.

FRIDAY.

Mr. Brewster, Q.C., stated the crown did not mean to press the other indictments against the prisoners, as the ends of justice had been obtained by the previous conviction.

John Pasley, senior coroner of the county Dublin, and Surgeon R. B. Shanahan, were then placed at the bar to re-

ceive the sentence of the court for conspiring to defraud the county Dublin of £3 10s.

Baron Pennefather (addressing the prisoners) said—John Pasley and R. B. Shanahan, you have been convicted of an offence, which I am sorry to say reflects much discredit upon you. The one was exercising the functions of a public officer—the coroner of the county—an office which ought to be exercised with efficiency and integrity—and an office to which much is entrusted. The other is a gentleman of a liberal profession, having been admitted to which we must presume that he has been well educated, and has moved in respectable society. It is, therefore, painful to us to see him placed at the bar convicted of an offence like the present. We have considered the case very anxiously. We have considered what is due to the public—to the administration of justice—and what is incumbent upon us to prevent, if we can, a repetition of such an offence. If the indictment had been prepared in another manner—if it had been prepared under the statute for obtaining money under false pretences; and if the prisoners had been convicted, they would have been subjected to punishment much more severe than that to which it is now in our power to subject them to, namely, to be removed from this country, and to spend their lives—at least a large portion of their lives, in a distant land. I mention this in order that the extent and nature of the offence may be fully known, and that it may be well understood that the sentence of the court might have been much more severe. The coroner is entrusted by an act of parliament with a power of remunerating medical practitioners for their attendance before him upon inquests. Before the passing of that act he had no power to give this remuneration. The statute gives him the power of remunerating those who under the provisions of the act may be called on to give their services before the jury of the inquest; but the coroner has no power to make an order if there be not an inquest holden. The act of parliament, with a view of preventing instances of favouritism on the part of the coroner, has directed that wherein a medical attendant was with the deceased at his death that person should be summoned to the inquest. In the violation of that duty—in the violation of that trust, Mr. Pasley, as coroner of the county, signed an order untrue in point of fact, requiring the treasurer to give £3 10s. to Mr. Shanahan for his attendance before a jury upon an inquest alleged to have been holden by him upon the body of a person "now lying dead in Mount Jerome," as the certificate set forth. Can it be supposed that Mr. Pasley was ignorant of the fact that the order was untrue, or that a gentleman of education in the rank of a surgeon could accept that order, present it for payment, and be ignorant that in so doing, he was affirming that which was not true, and was obtaining money which he was not authorised under the act of parliament to obtain. It is not the wish of the court to say more upon the subject. Viewing the different situations in which the parties at the bar now are, the court thinks it may make a distinction in the punishment to be awarded against each. The breach of a public duty in a public officer requires at the hands of the court a larger portion of punishment than that which, perhaps, with too much leniency, will be dealt out to the prisoner. The sentence of the court is that you, John Pasley, be imprisoned for twelve months; and that you, R. B. Shanahan, be imprisoned for six months.

Mr. Shanahan heard his sentence in silence, and retired immediately from the dock.

Mr. Pasley addressed a few observations to the court, which were rather incomprehensible. He besought them, apparently in great distress of mind, to revoke the sentence, and grant him 15s. a week to support himself; adding, that if he received this allowance he would leave Ireland immediately, go to the Isle of Man, and end his days in peace. He described his former respectability, and represented that there were persons conspiring to ruin him.

Mr. Walsh stated to the court that he had been deputed by Mr. Shanahan to request their lordships to direct that he might be imprisoned in Kilmainham; the county of Dublin would not be put to any expense, because the unfortunate gentleman would maintain himself.

The court said they would if possible grant the request.

BOOKS RECEIVED.

Physiology for the Public. Part VI. By G. T. Hayden, A.B., M.B., M.R.C.S.I., &c. London.

Observations on the admission of medical pupils to the wards of Bethlem Hospital for the purpose of studying mental diseases. Third edition revised. By John Webster, M.D., &c., one of the Governors. London.

Methodus Medendi; or the Description and Treatment of the Principal Diseases incident to the Human Frame. By Henry M'Cormac, M.D., Consulting Physician to the Belfast Hospital, &c. London.

An Essay on Diabetes. By H. Bell, D.M.P., &c. Translated by Alfred Markwick. London.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, AUGUST 17, 1842.

CORONERS AND THEIR DOCTORS.

THE report of the trial of Pasley and Shanahan for fraudulently obtaining money under pretence of holding inquests, will, it is to be hoped, have the effect of compelling the executive and legislature to extirpate these abominations, root and branch. The toleration of practices, so utterly subversive of propriety and morality, is calculated to bring the administration of justice into contempt, and to lead people to conclude, that although the majority of crimes are liable to punishment, there are offences, which, for some reason unknown, are overlooked, if not actually tolerated or sanctioned. It is notorious that for many years abuses, defects, and mal-practices have existed in the administration of this department to such a degree, that no one is surprised at this example of the working of the system. Our readers must recollect the trial and sentence to transportation of a coroner of the name of Irwin, last March, in the county of Sligo for the same offence of which the present worthies are convicted; and Pasley, one of the present culprits, has been tried before for a similar one. Several years ago, a coroner in a midland county, returned an inquest as having been held on a person who was not dead at all, and may be alive at this moment. But this is not the only cause of complaint; the whole system is wrong, and the mixing up of our profession, with these fraudulent transactions, is disgraceful to it, and calculated to bring its members into contempt and odium. A regular "*coroner's doctor*" is now looked upon as a suspicious character, and the well-known fact that he "*goes snacks*" with his employer, makes juries entertain little respect for medical evidence. It is truly distressing to see a person exhibited as a member of the medical profession before such a man as Baron Pennefather, in the predicament in which this Shanahan appears. The learned judge might well express his regret at witnessing such a spectacle, and it is high time for us to take some steps to disclaim such black sheep, and to repudiate all knowledge of them, or connexion with them. For

ourselves, we have no hesitation whatsoever in openly declaring that we do not look upon the possession of a diploma or degree, for one moment, as affording evidence of the holder's claim to be considered a member of the medical profession, or entitling him to be recognised as a regular practitioner; and we would strongly recommend our brethren throughout the country to act on the same conviction, and to compel all persons settling among them to prove by some means or other, that they possess something better than parchment evidence of proficiency. It is now notorious, that by contrivances and subterfuges of various kinds, the regulations of the schools can be evaded, and diplomas obtained without study or attendance; and this is so well understood, that the London College of Surgeons proposes to introduce a clause into their new charter to enable them to get rid of such interlopers by a summary process.

The "coroner's doctor," in the case before us, we hear, rests his claim to be considered a member of the medical profession on a precious piece of parchment supplied by a fraternity in Glasgow, entitled 'the Faculty of Physicians and Surgeons,' originally authorized to provide doctors for two or three counties in the vicinity of Glasgow, but subsequently extending their operations to the Irish markets, have driven a pretty good trade there, especially in the northern counties. What qualifications may be necessary to entitle a man to become one of this faculty, we cannot exactly say; but this we know, that any grocer's boy who can lay hands on this documentary evidence of medical and surgical skill, is held to be eligible and qualified to take the medical charge of a union workhouse, and to receive, annually, the five and thirty or forty pounds awarded for such service. We know of one example, in which a gentleman of the highest qualifications, character, and experience, was set aside by a board of guardians, and a person who had no professional education, and who held no other qualification than this faculty diploma, was substituted for him. Notwithstanding all this, we have no hesitation in saying, that nothing of the kind entitles a man to be considered a member of the medical profession or a legally qualified practitioner; neither do we think that those who have respect for their characters, will allow themselves to be levelled to the rank of such folk by meeting them as regular practitioners.

POST-MORTEM EXAMINATIONS IN THE KILKENNY WORKHOUSE.

At a meeting of the board of guardians on Thursday, the following conversation took place respecting this matter:—

Mr. R. Smithwick said, that on the last day of meeting he gave notice of a motion to prevent dissection of dead bodies in that house by the medical officers of the institution. This motion, though suggested by a transaction of which he had heard some indistinct rumour, had reference more to the future than to the past. Though he would never hesitate to speak what he considered for the public advantage in what terms he pleased, he was not particularly anxious about the matter—it was open to any gentleman to proceed with it. The best way, perhaps, would be to hear the explanation of the medical gentlemen, as they were then present.

The Assistant-Commissioner—The more regular way would be to say you either move or withdraw the motion.

Mr. Joseph Loughnan thought it would be necessary to do something on the subject, and that it was taking the board rather by surprise to withdraw a motion in that manner.

Mr. R. Smithwick said he had to express his regret that the report had appeared in the paper, particularly as it reflected on the master, whose conduct, in his opinion, was not blameable, inasmuch as from the 11th of July last there was a requisition placed on the books by the master to provide shrouding for the paupers. The requisition was not attended to, nor did the visiting committee make any provision for the article in question. The master was not, therefore, to blame, but the guardians themselves. With regard to the case of Anne O'Brien, he was not in sufficient possession of the facts at the time he gave the notice of motion. Since then, he learned that no dissection had taken place, and he was therefore sorry that a report should go forth that would render the poor-law act more unpopular than it really was. He would therefore withdraw the motion, as he was now satisfied that the medical officers had not acted contrary to law or propriety, and he was sure they never would.

Mr. M. Sullivan said Mr. Smithwick had no right to give notice of a motion that had gained publicity and would imply a kind of censure upon the medical gentlemen, unless he was prepared to follow it up with proofs, and to withdraw it in this manner was not dealing fairly by the board.

The Chairman did not think it was a manly course to withdraw it.

Mr. M. Sullivan—Did no dissection really take place?

Mr. Smithwick—No dissection.

Dr. Shanahan—A post-mortem examination is different from a dissection. It was the former, not the latter, that took place, and that at the voluntary request of the girl herself.

Mr. J. Kavanagh—Dissection means the cutting to pieces of the human body in order to examine its structure. No one will say that such a thing occurred here.

Dr. Shanahan—There was a very correct account of the matter in the *Kilkenny Journal*, though he thought it would have been better to have omitted the report of the discussion on the subject on the last day of meeting: but the leading article that appeared was extremely useful. The true motives of the brother of the deceased, who raised the outcry, were exposed. He (Dr. S.) was glad to find that the popular dislike of dissection was dying a natural death, and it was a pity that anything should have occurred calculated to revive it. He hoped the matter would be allowed to drop, and that the present discussion would not be reported at all.

Mr. J. Loughnan—It has caused a complete flame in the city, and it will be necessary for the board to take some notice of it.

Mr. Maher said it appeared to him that the best thing to do would be to move a resolution that the visiting committee should provide shrouding. The medical gentlemen had done nothing but their duty, and had not the corpse been exposed naked, there would not have been a word on the subject. It was a most indecent and revolting thing to bury the pauper in such a manner.

Mr. Phelan—It was abominable. There never would have been a word about dissections or post-mortem examinations if the body had not ben exposed.

Two or three guardians here asked if any gentleman had seen the MEDICAL PRESS. (There were two or three copies of it on the table).

Dr. Shanahan—Yes, I have it here. After quoting the report in the *Journal*, the writer observes—[Dr. S. then read the article referred to.]

Dr. Shanahan, after concluding the reading of the foregoing, said it would be an absurdity to expect to find intelligent medical men if the doors of knowledge were shut in their face. The medical gentleman was worth nothing that would not do all in his power to acquire a deeper insight into his art by post-mortem examinations, and every other means within his reach.

It was then suggested that a resolution should be framed, that the medical gentlemen had only acted as was usual in other workhouses.

Dr. Shanahan—No. The Kilkenny board of guardians has too much intelligence, and too high a respect for itself to be bound by the decisions of any other board of guardians, for example, the Waterford board of guardians had stultified itself upon that very question. The better way would be to pass a resolution, declaring that the medical gentlemen had acted in strict accordance with the law of the land.

Dr. Cane having been called upon by the chairman to give a statement of the transaction in question, and to state his views upon the subject generally, said he begged to be permitted in the first place to return his colleague's and his own thanks to Mr. Smithwick for the handsome manner in which he had withdrawn the motion of which he had given notice. He (Dr. C.,) regretted that the medical officers had not been sent for on Thursday last, as by their explanation they probably would have prevented the discussion and the notice of motion. As regarded the case of Anne O'Brien, there were six witnesses ready to prove that the woman of her own accord requested a post-mortem examination. The operation was not a dissection but a simple opening in the chest, for the purpose of examining the deceased organ which had been the cause of death. It was but an ordinary post-mortem examination. Those inspections were common and were tolerated by the public to an extent that the board perhaps were not aware of. In the hospitals and infirmaries of Kilkenny and the surrounding counties, they were of every day occurrence. In consequence of Mr. Smithwick's notice he had written to a medical gentleman connected with one of the Dublin Union Workhouses, and had received a reply which he would read to them. [Here Dr. C. read a letter stating that post-mortem examinations were practised both in the North and South Dublin Union Workhouses with the perfect concurrence of the commissioners and guardians]. The tendency of Dr. Cane's further observations went to show that the medical officers had acted in strict conformity with the request of the deceased, the regulations of the commissioners, and the law of the land.

Dr. Lalor then further supported Dr. Cane's views by reading an extract from Warburton's anatomy act.

Mr. R. Sullivan said he was glad that Mr. Smithwick had withdrawn his motion, for the medical gentlemen would be rather abandoning their duty if they did not examine the body of Anne O'Brien.

Mr. R. Smithwick said, as the motion of which he had given notice was considered as reflecting in some measure upon the medical officers, though he did not intend it as such, he thought it due to himself and to them to propose the following motion :—

"Resolved—That in the case of Anne O'Brien, which came under the consideration of the board on the last day of meeting, the conduct of the medical officers to this establishment has entitled them to the unqualified approbation of the board—that no dissection took place in that instance, and the post-mortem examination then made was made at the request of the deceased in the presence of several witnesses, and in strict conformity to the act of parliament."

This resolution passed unanimously.

It was then proposed by Mr. Maher, and seconded by Mr. John Kavanagh—

"That the master be directed in future to provide shrouding for such paupers as might die in the house."

Carried *nem. con.*

The Assistant-Commissioner here observed, now that this discussion had terminated, he was gratified at the result, as far as concerned the medical officers. With regard to the exposure of the body, it was most disgraceful and revolting. He could not help remarking that if the master had exercised the discretion vested in him and purchased shrouding, they never would have heard of this affair. The woman, too, had clothes of her own which might have been used for the purpose. But, at all events, on no account should the master have allowed the body out of the house with or without the order of the board in a state of nakedness. He should have done what humanity suggested, and there was not a member of that board that would not have approved of his conduct and allowed him whatever might have been the expense.

Mr. H. J. Loughnan—I think the master is not to be blamed in this affair, he put the requisition for shrouding on the books on the 11th of July, and it was not attended to. With regard to her own clothes, the brother of the deceased demanded them.

The Assistant-Commissioner—I certainly cannot retract what I have said.

This termination of the affair gratifies us very much, affording as it does an example to others, circumstanced as the gentlemen in Kilkenny have been. It is not on this occasion only that they have by the assertion of their rights, and defence of the interests of our profession, proved that nothing is wanted but firmness, and a proper sense of duty to secure the co-operation of the gentlemen of Ireland.

ARTIFICIAL HARROGATE WATER.

Where the genuine Harrogate water cannot well be procured, the following will be found a good substitute :—

ARTIFICIAL HARROGATE WATER.

℞ Sulphatis potassæ cum sulphure, ʒj.
Potassæ bitartratis, ʒss.
Magnes. sulphat. ʒvj.
Aquæ destillat, lbij.
Solve.—Capiat dimidium p. r. n.

The above is sufficient for a quart, and ought to be taken early in the morning before breakfast, and be followed by a walk, to produce the desired effect.

The artificial Harrogate salts are very much employed, and not unfrequently by those who drink the genuine water, for the purpose of increasing its aperient power. The salts may be made as follows:

HARROGATE SALTS.

℞ Sulph. potass cum sulphure, ʒvj.
Potass bitartratis, ʒj.
Pulv. magn. sulph. ʒvj.
M. bene.

The usual dose of the above is one tea-spoonful in a small tumbler full of tepid water, early in the morning.—*Pharmaceutical Transactions.*

MEDICAL INTELLIGENCE.

HOUSE OF LORDS—August 8.

The Earl of Wicklow presented a petition from the foreman and twenty-one of the grand jury of the County of Donegal against the medical charitable institutions of Ireland being placed under the poor-law commissioners.

HOUSE OF COMMONS—August 10.

Lord Eliot brought up the medical charities' (Ireland) bill, which was read a first time, and laid upon the table.

POOR-LAW INTELLIGENCE.

NORTH DUBLIN UNION—AUGUST 10.

MEDICAL REPORT BY DR. DUNCAN.

The following report was read from the medical officer of the institution:—

"The expense of the hospital department having been brought under the notice of the board at their last meeting, and a comparison made between the expenditure in this workhouse and that of the South Dublin Union, I think it right to say that the mere fact of the aggregate numbers, and apparent condition of the two houses being nearly alike, is not sufficient to warrant that comparison. It should first be ascertained whether the relative proportions of sick and infirm in both are the same; whether the chronic diseases which they are affected with are similar; whether an equal number are admitted in a state of extreme destitution; and lastly, whether particular epidemics may have not prevailed to a greater degree in one than the other.

"On these points I can only hazard a conjecture, but peculiar circumstances lead me to believe that there is a greater difference between the two houses in all these respects than would at first be imagined; that in fact, this institution has been placed under much greater disadvantages than the South Union. It is notorious that the worst cases of the Old House of Industry were left here, and require necessarily a more expensive treatment than those who were removed. Many of these still remain to the heavy charge of the establishment. The great majority of English paupers transferred to this city are taken into this workhouse, and the state of exhaustion and disease in which many of these are admitted is well known to the board. Then I have the authority of Doctor Lees, the physician to the South Union, for stating, that several diseases, which are common enough here, are altogether unknown with them. Amongst these I may mention convulsions among children, and particularly scrofulous abscesses in the aged; the continual discharge from which would soon run down the unhappy victims, unless freely supported by nourishment. Then, again, I believe we have had a larger amount of epidemic disease during the last year, than they have had at the other side. I mention these things merely to show the board that, without any wish on our part to act extravagantly, there may be justifying circumstances, of which they are not aware.

"The cases in which a departure from the ordinary management of the house takes place, may be properly divided into three. The first, where the life of the patient depends on the giving or withholding these extras. In such a case as this there can be but one opinion. Let the cost be what it may, every member of the board would unhesitatingly answer, 'let it be freely given.' The second differs from the first in there being no risk of life, but only that the progress towards convalescence would be more rapid where nourishment is allowed, than it would be otherwise. Perhaps in this instance a greater diversity of opinion would prevail, and some persons might be disposed to subject the sufferers to a lingering, and, perhaps, critical recovery, from an idea that porter, and such things were not absolutely necessary. But I believe that besides being more humane, the liberal course is more economical in the end. The last description of cases of a more gloomy character; in it all hope of recovery is at an end; the only prospect for the patient is a lingering death. But even here the duration of life may be prolonged, and the passage to the grave may be smoothed by the occasional use of a little wine, or some other indulgence. It may be said, where would those patients get these luxuries in their wretched hovels, if they were let to die at home, and had not the shelter of the poorhouse to resort to, and that if they are made as comfortable here as they would be if left to themselves, they have no right to complain? But, independently of the various sources from which private charity is known to supply the poor with these comforts, I believe it is an undoubted fact that many a creature, far gone in consumption, cancer, &c., that, before the opening of the workhouse, used to find a shelter in the city hospitals, and there receive whatever they required, are now transferred, to wear out the miserable thread of life in the wards of the workhouse. I believe that a great part of the expense complained of has been incurred on account of such cases as these. Should it be the wish of the board for me to withhold from them the little comforts I have been in the habit of ordering, when medicine fails to relieve, I shall feel obliged by their stating so, as I have no wish, and I am sure my colleague has none, to do more in this respect than carry out the directions of the board of guardians."

Dr. Brady considered this to be a very satisfactory explanation, and owing to the northern district lying so convenient to the sea side they had most of the destitute paupers sent from England.

Captain Lindsay observed it was quite correct to state that they received the inmates of the Old House of Industry. He thought, however, that it was not correct to suppose that diseases were in the North Union which did not also prevail in the South, as the rates of mortality were nearly similar.

The report was laid on the table, several members expressing their approval of its contents.

PROMOTIONS.

Naval.—Surgeons—T. H. Harley to the Daphne; E. Davies to the Shearwater.

Assistant-Surgeons—Wm. Roberts to the Crane; R. J. Jack to the Meteor; G. H. Somerville to the Daphne; A. Baw to the Griffin, vice Findlay.

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Aug. 7th,	73.5	55.5	29.850	
Monday,	8th,	70	59	29.900	.015
Tuesday,	9th,	74.5	60	29.900	
Wednesday,	10th,	74	61.5	29.750	.040
Thursday,	11th,	70.5	50	30.000	.430
Friday,	12th,	74	58	30.150	.010
Saturday,	13th,	78.5	62	30.400	

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION, (PAYABLE IN ADVANCE.)

Twelve Months..... £1 5 0
Six Months..... 0 13 0
Single Number 0 0 6

Wednesday, August 17, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXC.] DUBLIN, WEDNESDAY, AUGUST 24, 1842. { PRICE SIXPENCE, STAMPED.

Observations on Discolouration of the Skin, from the internal use of Nitrate of Silver, and on the means of preventing and of removing that effect. By Charles Patterson, M.D., Physician to the Rathkeale Infirmary and Fever Hospital..... 113

REPORTS OF MEDICAL AND SURGICAL PRACTICE.

Case of Idiopathic Tetanus. By Andrew Nolan, M.D., of Wicklow..... 119

Case of Arm Presentation, in which the Operation of Turning was impossible. By J. M. Lynn, M.D., L.R.C.S.I., Markethill Dispensary.... 120

REVIEWS AND NOTICES OF BOOKS.

Erichsen on Diseases of the Scalp.. ..... ib.

Trial of Ellen Byrne for the murder of her Husband—Medical Evidence..... 121

MEDICAL EVIDENCE ON THE TRIAL OF MRS. BYRNE.. 125

MORE CORONERS' DOINGS 126

THE MEDICAL CHARITIES' BILL..... 127

Poor-law Commissioners Medical Charities' Bill.... ib.

MEDICAL INTELLIGENCE..... 128

Subscription for a Monument to Baron Larrey..... ib.

Promotions..... ib.

Obituary..... ib.

Register of the Weather..... ib.

OBSERVATIONS ON DISCOLOURATION OF THE SKIN, FROM THE INTERNAL USE OF NITRATE OF SILVER, AND ON THE MEANS OF PREVENTING AND OF REMOVING THAT EFFECT.

By CHARLES PATTERSON, M.D., Physician to the Rathkeale Infirmary and Fever Hospital.

NITRATE OF SILVER.

NITRATE of silver has been found efficacious in the hands of several eminent physicians, when internally administered in the treatment of spasmodic and painful diseases, and some other disorders of the human frame. It is reported to be particularly serviceable in epilepsy, chorea, pyrosis, gastralgia, and angina pectoris; and has been strongly recommended in phthisis and leucorrhœa. But the advantages derivable from the internal employment of this active remedy are counterbalanced by its great liability to stain the skin of a bluish black, or indigo hue. This danger of producing discolouration of the skin necessarily operates on medical practitioners to deter them from employing this medicinal agent as extensively as the sufferings of humanity require, or as its powers prompt them to do. It must, therefore, be an object of importance to devise some means of preventing that untoward effect. Dr. A. T. Thomson has proposed for that purpose the cotemporaneous exhibition of nitric acid, on the principle that it would prevent the formation of chloride of silver. He supposes that the nitrate is taken into the circulation undecomposed, and, arriving in that state at the capillaries of the skin, it is decomposed there and converted into chloride of silver, which is deposited in the *rete mucosum*. The chloride, he says, acquires a grey, leaden colour from its contact with animal matter; and as it is insoluble, it is incapable of being reabsorbed, is fixed in the *rete mucosum*, and a permanent stain is given to the skin; and to produce this effect, a more than usual quantity of muriates must be separated by the cuticular capillaries. He states that no remedy has yet been suggested, and offers the suggestion, that by ordering diluted nitric acid, at the time of administering the salt, its decomposition may be prevented.—*Elem. Mat. Med.* vol. I., p. 714. I have given Dr. Thomson's views at length, because it appears to me that they are entirely erroneous; and, coming from so high an authority, they demand a few observations.

In the first place, it is not easy to comprehend how the nitrate and muriates could be carried quietly in company together by the blood to the cutaneous capillaries; and then, at the moment of their separation through the mysterious agency of those vessels, that they all at once should react on each other. But to determine whether nitrate of silver could be taken into the circulation undecomposed, as he assumes, I instituted the following

EXPERIMENTS.

A.—Six drops of solution of nitrate of silver, containing a quarter of a grain, the ordinary dose of the salt, were added to two drachms of saliva, when a white, dense coagulum immediately formed. With a glass rod I broke up and diffused the coagulum through the saliva, and diluted the whole with two drachms of distilled water. I then threw the mixture on a filter, and a transparent, colourless fluid having passed, I tested this with solution of muriate of soda; it produced no precipitate, nor even the slightest opalescence, as it should have done if any soluble salt of silver were present.

B.—To a spoonful of the gruel prepared for hospital breakfast, I added one grain of nitrate of silver, dissolved in a little distilled water. Having mixed them intimately, I diluted the mass with four ounces

of common water, the same as that employed in making the gruel, and poured the whole on a filter. A little fluid having with difficulty passed, I repeated its filtration three or four times; but it still continued whitish and glutinous from the vegetable mucus present. However, on adding a drop of muriatic acid, it was seen descending to the bottom of the glass jar, and continuing perfectly transparent.

C.—Four grains of nitrate of silver, dissolved in two drachms of rain water, were mixed with two drachms of bread crumb, the material recommended by Dr. A. T. Thomson for forming the nitrate into pills. As much rain water was then added as made the whole up to four ounces, in which the bread was broken down and reduced to pulp. It was then filtered; and into some of the liquor a little muriatic acid was dropped, and a little of a solution of muriate of soda into another portion; but there was neither precipitate nor cloudiness produced in either instance.

D.—A man under treatment for pyrosis, on one occasion, in about twenty minutes after having taken half a grain of nitrate of silver, discharged half a pint of bitter fluid from his stomach. The matter vomited, on the addition of a few drops of muriatic acid to a little of it filtered, presented no trace of nitrate of silver.

E.—To about two ounces of the matter vomited by Sarah Mick, a patient whose case will be hereafter related, one grain of nitrate of silver in solution was added; the mass was then poured on a filter, and a little fluid having passed, it was tested in the usual way, without the least appearance of any precipitate.

F.—I procured the stomach of a calf just killed, which never had food either from its dam or otherwise; and having slit up the stomach, I macerated it for half an hour in ten ounces of lukewarm water. Its internal surface was loaded with slimy mucus, which dissolved in the water and rendered it very viscid and mucilaginous. With one ounce of this viscid fluid, I mixed two grains of nitrate of silver, dissolved in a few drops of distilled water, which produced partial coagulation of the animal matter. This I attempted to filter; but, owing to its viscidity, only a small portion got through the filtering paper, but it was quite enough for examination. To it I added a little of a solution of hydriodate of potash, which, producing no reaction,* showed that the liquor had not contained a particle of nitrate of silver. Thus twenty grains of that salt might have been administered to the calf; but immediately on entering its stomach, it would be entirely decomposed by the mere secretions naturally present in that organ. Seeing that nitrate of silver is so readily decomposed by the saliva, by the simplest articles of diet, and by the healthy and diseased secretions of the stomach itself, it must, I think, be admitted that not an atom of that salt, when administered in medicinal doses, is taken into the circulation. Consequently, it cannot arrive at the capillaries of the skin, there to be converted into the chloride; and we must infer the curious fact, that when a physician prescribes this preparation of silver, and his patient recovers his health, it is not the nitrate, but some other combination of the metal that accomplishes that happy result.

* I have found a solution of hydriodate of potash to be the most delicate of all tests for silver. It will produce a yellow cloud in water containing only 1–10,000 of the nitrate of that metal—where chlorine, from its combination with silver, being in the first instance white or colourless, will exhibit no effect whatever.

CHLORIDE OF SILVER.

In all these cases of decomposition which I have related, chlorine seemed to be the active agent. It was present in the saliva, in the aliment, and gastric secretions; and chloride of silver, formed in the laboratory of the stomach, would seem to be the medicinal preparation which produces the curative effects. It will be objected, perhaps, that chloride of silver, on account of its insolubility, must be inert. But the insolubility of a substance is no proof of its inactivity; on the contrary, some of our most powerful and certain remedies are wholly insoluble, as far as we know, in any animal fluid, or in any other fluid usually existing in the stomach. I need only mention calomel, ioduret of mercury, sulphur, subnitrate of bismuth, red sulphuret of mercury, or even charcoal, which has been successfully employed in the treatment of ague. It certainly is difficult to reconcile medicinal activity with insolubility. It may be that the blood and animal juices possess a solutive power over such substances, or that the digestive action of the stomach, by destroying the cohesive attraction of their particles, reduces them to a state fit for absorption. However, we know by actual observation, that insoluble matter may be taken up by the absorbent system of the digestive canal and carried into the circulation. Musgrave, Lyster, Haller, J. Hunter, and Cruikshank, have all detected indigo in the lacteals after it had been conveyed into the stomachs of animals.—*Bostock, Elem. ii.* 569. In the medicinal employment of silver, then, it would seem to be the preferable practice to prescribe the chloride directly; but in adopting that mode, the liability of the patient to discolouration of his skin continues in full force. That untoward circumstance would be as likely to arise whether the chloride be prepared in the human stomach, or in the chemists' laboratory.

CAUSE OF DISCOLOURATION.

The immediate cause of the discolouration, as well as that of its permanency, is wrapped in considerable obscurity. Dr. A. T. Thomson, as we have seen, conceives the blue tint to be the colour of the chloride, developed by its contact with animal matter. But chloride of silver, which, prepared and preserved without exposure to light, is perfectly white in open day, when entirely unconnected with animal or vegetable matter, has its surface quickly covered with a beautiful bluish purple hue: therefore, the alteration of colour is wholly independent of the presence of any organic principle. Neither can the permanency of the stain be owing to the insoluble nature of the chloride and its supposed consequent incapability of absorption. For that it is acted on by the absorbents of the stomach, I think is evident from what has been already said; besides the entire skin is not always blackened—therefore it may be presumed it must be reabsorbed from those portions of the surface of the body which do not suffer discolouration. From these considerations, I am induced to think that chloride of silver is not the colouring ingredient on which the blackness of the skin depends. When the chloride is exposed

to the sun's rays, their action extends no deeper than its very surface: and whether that preparation is in mass, or divided into minute particles, the newly-formed coloured substance constitutes the thinnest imaginable superficial film, within which the chloride remains white and unchanged. During the formation of this film, the chloride of silver parts with chlorine. If the white chloride be exposed to the sun, in the exhausted receiver of an air pump, or even in a bottle, free chlorine may be detected. This was long ago noticed by Berthollet. It shows a chemical change of constitution; and as the purple film is the only part sensibly changed, it may therefore be presumed to be that which has been chemically altered. Taking advantage of the free solubility of pure white chloride of silver in water of ammonia, I have been able to obtain this purplish matter separate, but in very small quantity. It is in the form of powder of such extreme exility that it remains for a considerable time suspended in the liquor of ammonia. Its colour is very dark, its previous bright tint having been owing to the reflection of the subjacent white chloride. It is insoluble in ammonia, by which and by its colour it is distinguished from the only known combination of chlorine and silver. Berthollet supposed it to be oxide of silver; but that cannot be the case, for oxide of silver has a reddish-brown colour, and is soluble in solution of pure ammonia. It appears to be pure metallic silver in a state of extreme disaggregation; at least such appears to be its state previous to exposure to the action of ammonia.

The discolouration of the skin then is most probably owing to the decomposition of the chloride of silver circulating in the cutaneous tissue through the chemical action of the sun's light, and the deposition there of its metallic basis. All persons are not subject to this accident; for the influence of the sun's rays can only be effective in those cases where the cutis is more than ordinarily vascular, and is clothed with a thin transparent cuticle.

The permanence of the stain is not easily accounted for; but physiologists have grounds to entertain the opinion that the absorbents possess a functional power of selection or elective attraction—selecting and imbibing some substances, and rejecting others through the exercise of their own independent sensibilities, and in accordance to unknown laws. The metals would seem to be one class of substances for which they have no attractive affinity, as is shown in those instances where bullets and even the smallest shot have remained for years in the body, in the use of metallic ligatures, and in the internal exhibition of quick silver. It is only in this way, on the principle of a functional power of selection and rejection in the absorbents, that we can form any plausible explanation of the non-absorbability of the particles of silver deposited in the cutaneous tissue, and of the consequent permanency of its discolouration.

MEANS OF PREVENTION—NITRIC ACID?

With respect to the means of obviating this discolouration, it is evident the cotemporaneous administration of nitric acid, proposed with the intention of preventing the decomposition of the nitrate of silver, must be entirely useless. We have even the authority of Dr. A. T. Thomson himself, that nitric acid undergoes decomposition in its passage through the circulation; consequently it can hardly reach the surface of the body to influence the chemical changes in operation: and even if it did, and met with nitrate of silver there, its action would be to promote and not retard the formation of the chloride of that metal; for this reason, that coming into contact with the soluble muriates, it would decompose the muriatic acid, with evolution of free chlorine.

IODURET OF SILVER.

It had been for some time occurring to me that the true way of preventing all risk of discolouration of the skin, would be to substitute for the nitrate some preparation of silver, not liable to be acted on by chlorine, or the sun's light. And happening lately to the employed in some photographic experiments, my attention was arrested by the property displayed by solutions of hydriodate of potash in rendering nitrate of silver insensible to the influence of the sun's rays. I saw when a piece of paper was washed with solution of nitrate of silver, and then immediately immersed for a few seconds in a solution of hydriodate of potash, its colour, even when exposed to the strongest sunshine, to remain unaltered. It was evident, in this process, the hydriodate and the nitrate were both decomposed, and that an ioduret of silver was the result. Ioduret of silver then appeared to be capable of resisting the chemical action of light, and at once suggested itself as a substitute for the nitrate: but it remained to be determined whether in contact with animal matter or medicinally administered in combination with chemical agents, it would retain that power. And to ascertain that point, I executed the following experiments:—

I mixed the ioduret with various animal and vegetable substances—with lard, white of egg, saliva, serum of the blood, with bread reduced to pulp, mucilage of gum arabic, mucilage of starch, simple syrup. I submitted it to the action of different chemical agents, letting it lie for several hours in solutions of muriate of soda,* subcarbonate of potash, subcarbonate of soda, dilute muriatic acid, and in vinegar. I then exposed each parcel experimented on in a large window, having a southern aspect to the full action of the summer's sun for several days; and in no instance was there the least darkening or change of colour perceptible.

Having thus satisfied myself as to the chemical habitudes of the ioduret, my next endeavours were applied to ascertain its therapeutic effects. The first and principal class of diseases, in which I had opportunities of administering it, were those various stomach affections to which the Irish peasantry are so very liable. It is in these affections, I believe the internal use of nitrate of silver has been found to be most generally successful. They, therefore, afford the best criterion whereby to judge of the comparative efficacy of the ioduret. In such cases, it will be seen that it has been almost uniformly beneficial. In epilepsy the result has not been so satisfactory; but having been able to administer it in only two cases, it has not had a fair trial in that disease. In hooping cough it has had variable success. But where that complaint was uncomplicated with fever or bronchitis, I think the ioduret produced an immediate improvement in the spasms, and hastened the final abatement of the cough. On the whole, the short time that has elapsed since I began to make use of this preparation, has not afforded me sufficient opportunities to form an absolute opinion as to its merits. However, I have had so much experience of its effects as just makes me anxious that other practitioners should give it a trial.

The following summary of cases contains a report of every instance, successful and unsuccessful, in which I have employed it.

* It is stated in systematic works on chemistry, that all the iodides are decomposed by chlorine. This is not true of the iodide of silver; at least, neither strong nor dilute muriatic acid, nor solution of muriate of soda, has any effect on it.

GASTRIC AFFECTIONS.

Case 1.—Maurice Roche, a labourer, aged 46, on the 20th of April last, complained of having an attack three or four times every day of severe gastric pain, usually continuing very violent for fifteen or twenty minutes. The pain sometimes abated on his having a discharge of watery fluid or of flatus from the stomach. He had been subject to such attacks every spring for the last few years. At this time he had been suffering since the first week in March, and the pain had become so frequent and violent as to prevent him from working. His bowels were free, and he had been taking sub-nitrate of bismuth during the previous week, without benefit. This being the first case in which I gave the ioduret, I commenced with the eighth of a grain, morning and evening. On the 24th, at noon, he reported that he had no return of pain, till his then application, when he was beginning to feel slight twitches. He slept well, without pain, the previous night, which he had not done for a week before. He now had a quarter-grain three times a day. On the 26th he had no accession of pain, nor discharge of fluid from his stomach; but he complained of flatulency and some epigastric tenderness under pressure. He slept well. The ioduret was continued, and he had a small blister to the stomach. On the 2nd of May, he was at work, the affection of his stomach having entirely abated, and I have not seen him since.

Case 2.—Mary Fitzgerald, aged 20 years, applied at the Rathkeale Hospital as an extern patient on the 25th of April. She complained of being attacked, generally twice every day, with pain in her stomach, and swelling of the abdomen. The attacks came on before breakfast, and in about thirty or forty minutes after dinner, and usually continued one or two hours. She suffered also from pain in the crown of the head, which pain never entirely left her—her tongue clean—bowels moved every second or third day—no discharge of food by vomiting, but she complained that "her food oppressed her as if she had a load in her stomach." The menses were very irregular as to time, but had appeared about a fortnight before. She got about twelve pills of ioduret of silver; the eighth of a grain in each—one to be taken three times a day. On the 29th, the headache was much better; the pain of stomach and abdominal swelling were diminished the previous two or three days, but returned that morning. Her bowels had become more regular. The dose of the ioduret was increased to a quarter-grain three times a day. The 6th of May, her headache and pain of stomach were entirely gone. She had occasional swelling of the abdomen—her bowels moved every day. Her medicine was repeated, and she did not again return to the hospital.

Case 3.—On the 1st of May, John M'Carthy, aged about 44 years, complained of having been for three or four years subject to pain in his stomach. It generally attacked him two or three times a day, and continued sometimes half an hour, other times one or two hours. He stated, that about every third day he had a discharge of brown, watery acid fluid from his stomach, with a little relief to the pain for a day or two. He suffered much from flatulency and distention. For these complaints he had been taking five grains of sub-nitrate of bismuth three times a day, from 24th of April to 1st of May, with considerable benefit at first; but on the 30th of April, the pain and flatulency were as bad as ever. On the 1st of May, he got twenty pills, a quarter-grain of the ioduret in each—to take one three times a day. Up to the 10th of May, he had no return of pain, nor discharge of fluid from his stomach. The medicine was then repeated, and he has not since applied.*

* August 10th.—He continues free from complaint.

Case 4.—William Kelly, aged 50 years, had been for four years affected with pain of stomach, flatulent distention of abdomen, and frequent "belching." There was great tenderness of the epigastrium; the pain of stomach was constant and unvarying, and so severe as to cause much suffering from any occasional concussion of the body, as in suddenly stepping down a height. Appetite bad—tongue clean—food did not aggravate the pain, but it produced nausea—no discharge of fluid from the stomach—and his bowels were not usually confined. He had been under treatment for these ailments in a county infirmary, about two years before his present application, where he was cupped, blistered, and had various medicines without benefit. On the 4th of May, he commenced to take the ioduret, a quarter-grain three times in the day. On the 9th, the pain and swelling were much lessened; but on the day before, he vomited, for the first time, three half-pints of greenish bitter fluid; and he repeated, that he was profusely purged four or five times daily since he began to take the medicine. The stools were green—the dose of the ioduret was then reduced to the eighth of a grain. In that proportion he continued to take it, and it elicited one or two free alvine evacuations every twenty-four hours. Under its use, the pain of stomach and abdominal swelling entirely subsided. The flatulency was the last to give way; but by the first week in June, his complaints became so trivial, as to be attended with little or no inconvenience, and he has not applied to me since.

Case 5.—Kitty Burke, aged 43 years, had pain of stomach of nine months' standing. She had no vomiting, but had occasional nausea, with slight tenderness of the epigastrium—her appetite good—fasting aggravated the pain, and food relieved it—she had white tongue, and her bowels were moved only once or twice a week. On the 10th of May, she got twelve pills of the ioduret, a quarter of a grain in each, to be taken in the usual manner, with directions to return in four days. But her next application at the Rathkeale Hospital was not until the 24th of May, when she stated that the pain had been greatly diminished while she had been taking the medicine, and for some days after: that it kept her bowels loose; but that the pain returned, and she was suffering as much as at her first visit. At this time she got fifteen pills of the ioduret.

On the 12th of June she came again, that was fourteen days after she had taken all her medicine. She said she felt herself much better since she had been taking the ioduret. She had no nausea, and only slight pain in the evenings. The ioduret had not this time affected her bowels. It was repeated as before. The 19th of June, she again attended, and for the last time. The pain was almost entirely gone; she "only felt a slight touch in the latter end of the day"—no nausea, nor tenderness of epigastrium—bowels moved only once in three or four days—her tongue was clean—she had her pills repeated, and got some sulphate of magnesia—to take a spoonful dissolved in half a pint of water every second morning, then omitting a pill.

Case 6.—Margaret Sullivan, aged 35, on the 10th of May, complained of having been for three months subject to violent pain of the epigastrium, just under the ensiform cartilage. It generally attacked her once in a day, about noon, two or three times a week, and then continued from two to four hours, being so severe as "to be compared only to a colic." It was occasionally relieved by vomiting bitter viscid fluid. Her bowels regular—tongue clean—and she had then no epigastric tenderness; but she said, when pain was present, her stomach became swollen and "sore."

She got four grains of the ioduret in sixteen pills; to take one three times a day. She did not again apply, but in passing her house on the 6th of July, I called to inquire about her. She told me that while she was taking the medicine she had no return of pain, nor had she had any since, except once very slightly about a week before my calling on her. She also said that she had no vomiting nor nausea.

Case 7.—Mary Herr, a tall stout woman, about 24 years of age, with full round face, rather florid complexion, and large head, applied at the Rathkeale Hospital as an extern patient on the 30th of May last. She complained that during the last year, she was always seized when in chapel or any crowded place, with reeling in her head, followed by sickness of stomach, and vomiting of yellow fluid, like yolk of egg. When attacked in this way, she often fell to the ground, or had to be supported. On these occasions, she lost neither sense nor recollection, and always became better when removed into the open air. The vertigo generally lasted about a quarter of an hour; but the vomiting usually continued two hours. She had neither headache, nor pain, nor tenderness of stomach—bowels free—menses regular—tongue white, with numerous elevated scarlet papillæ projecting through the fur—the appetite good—she had taken four or five emetics—they acted with much difficulty, except when she was suffering from a paroxysm, and then with great facility.

On the 30th of May, she commenced taking the ioduret of silver in the quantity of a quarter of a grain three times a day. On the 3d of June, the menses appeared, when she had an attack of vertigo without the usual vomiting, but she had nausea—was at chapel on the 5th, and had no attack of vertigo nor sickness of stomach. On the 6th, she complained of a disagreeable bitter taste, and that if she stooped and raised herself quickly, she would have a slight return of the reeling—her tongue was improved. On the 15th of June, she reported that she had had neither vomiting nor vertigo since the 6th, though she had been at chapel twice. She only complained of a sense of rolling in her stomach, without pain. The ioduret was now discontinued, and she got infusion of quassia with sulphate of magnesia; of which she was directed to take a wine-glassful every morning. At her last visit, on the 4th of July, she had continued quite free from vertigo or sickness of stomach.

Case 8.—On the first of June, Kitty Barry, aged about 21 years, came into the Rathkeale Hospital as an intern patient. She had been ailing for a few days, and on admission had pain of back—headache—hot skin—quick pulse—greyish furred tongue—lassitude, and other febrile symptoms. She had also much disposition to vomit. On the 2d, she had been purged by compound powder of jalap and calomel—her pulse was down to 84, and her skin cool, but she still complained of pain of back and headache, and also of severe pain of her stomach and right side of abdomen. She had nausea and some vomiting—there was tenderness of the epigastrium under pressure—and all these gastric symptoms were greatly aggravated towards evening—she then got one pill, containing a quarter-grain of ioduret of silver. On the 3d, the report was, that she had slept well during the night—that the epigastrium and abdomen were free from pain, and from tenderness under pressure—bowels free—tongue furred and swollen—some headache. The ioduret was repeated in the morning, and directed to be repeated again in the evening, but before she took the evening dose, she had a return of the vomiting, with most severe pain of the stomach. On the morning of the 4th, she was again free from pain and tenderness of stomach and abdomen—but she had some vomiting, and complained of severe headache. The ioduret was repeated—to be taken three times a day. On the 6th, she was entirely free from pain of stomach—she had neither headache, vomiting, nor nausea—her bowels were free, and tongue cleaning The ioduret was continued. On the 7th, she had no complaint, and on the 9th, she was discharged cured.

Case 9.—Sally Mick, a girl of unhealthy aspect, aged 24 years, on the 31st of May complained of having been for several days vomiting blood, of headache, and pain of stomach—pulse only 55 beats in a minute, and she had confined bowels. At first, for a few days, she was treated with purgatives. During this time, she had frequent vomiting, especially after taking food; but there was only an occasional appearance of blood. The matter vomited was for the most part of the proper colour of the food or drink, intermixed towards the end of the vomiting with small, isolated patches of dark-red, semifluid matter, resembling blood. The pain of stomach and headache were unabated, and there was considerable tenderness of epigastrium under pressure. On the 5th of June, she commenced taking the ioduret of silver, one-fourth of a grain three times a day. She persevered in its use, in gradually increased doses, until the 30th, when she had been four or five days taking two grains at a time, and it was then discontinued. Under its employment her symptoms were exceedingly changeable. She would be for two or three days almost entirely free from any complaint, and then have a return of the vomiting or of the headache. The latter was the most constantly troublesome of any of her complaints; the former became, perhaps, less frequent and less severe; but the pain and tenderness of stomach were greatly relieved. On the whole, with this latter exception, I did not think she obtained much advantage from this mode of treatment. The immediate cause of the discontinuance of the ioduret, was the supervention of a troublesome diarrhœa, with griping. Since then she has been taking hydrocyanic acid, bismuth, opium, nitric acid, and nitrate of silver; and the epigastrium has been blistered twice, without more success than attended the ioduret, except that she has now no pain of head; but she suffers again from the pain of stomach and from vomiting.

EPILEPSY.

Case 10.—Catherine Brown, aged 50, applied at the Rathkeale Hospital as an extern patient on the 21st of April. She stated that sometimes she was convulsed; sometimes she had "only a weakness or faint like." The convulsive fit occurred irregularly, generally every two or three days; now and then not for a week. She had no pain of head, except for a little time after a fit. Her tongue was clean—eyes normal—and mental powers unimpaired. She took the ioduret of silver very irregularly for about ten weeks. At first, in quarter-grain, afterwards half-grain, and then grain doses three times a day. During the first five or six weeks, she reported that the fits were greatly diminished in frequency and violence. In short, they had become so light, that feeling the approach of an attack, by a trembling ascending from her feet towards her throat, she was able to avert it by an effort of volition. In that time she had only two light fits, but afterwards she had them more frequently; and having had, I believe, one or two severe paroxysms, she has since neglected to attend. But her attendance all through was very irregular, coming only on the occasion of having had an attack, and then when she had been for several days without medicine. However, I was able to form an opinion, that it exerted considerable influence in protracting the intervals, and rendering the fits less violent.

Case 11.—J. D., a plump, fair complexioned, rather scrofulous looking girl, of about 20 years of age, had been for five or six months subject to epileptic fits. The paroxysms recurred regularly every four weeks, and came on suddenly, without any provocation. She had no complaint of either head or stomach—her bowels generally free—menses regular—and appetite good. She is at present under treatment with the ioduret, which she has been taking for five weeks; the first fortnight in quarter-grain, and latterly in half-grain doses three times a day. She commenced five or six days after having had a fit, and has not had one since, though the usual interval has elapsed. The ioduret seems to act on her bowels, causing them to be moved more freely than they had been accustomed to be, but not inconveniently so.

HOOPING COUGH.

Case 12.—James Cavanagh, aged 8 years, had hooping cough for four weeks—the paroxysms were frequent and severe. He had also quick pulse—hot skin—and white tongue—with headache and lassitude. The febrile symptoms were only of five days' duration; they abated in three or four days under the employment of purgatives, and he then got the eighth of a grain of ioduret of silver three times a day. When he had been taking it two days, his cough appeared to be much better—the paroxysms were lighter and less frequent; but on the third day, it became as severe as ever, with acceleration of pulse; and on the sixth, there being no appearance of amendment the ioduret was discontinued.

Case 13.—Thomas Enright, aged about 30 years, porter in the Rathkeale Hospital, had hooping cough for a fortnight. It was complicated neither with fever nor bronchitis. The paroxysms recurred five or six times a day, and very frequently, and with much severity, during the night. On the 5th of July, he commenced taking the ioduret; three-eighths of a grain three times a day. On the 8th, his cough was much better. He then had half a grain three times a day. The 9th, he reported he had coughed very little in the night, and had expectorated freely, which he had not done before. The 11th, he had a paroxysm only morning and evening; and on the 18th, having had no paroxysm for the four preceding days, he left off taking the medicine. He has continued free from any return of the complaint.

Case 14.—Norry Enright, aged four years, daughter to the last-mentioned patient, was affected with hooping cough from about the time that her father was attacked with that complaint. She had no appreciable bronchial affection, nor febrile excitement. The paroxysms were very frequent, returning every two or three hours, and generally with much severity. She began to take the ioduret of silver on the 5th of July. At first she had the eighth of a grain three times a day. The 8th, the dose was increased to three-sixteenths of a grain; and on the 12th, to a quarter-grain. Within two days after she had commenced to take this medicine, there was a well-marked abatement in the violence, as well as in the frequency of the fits of coughing; and the disease has since continued to grow lighter and lighter every day, until now, the 22d of July, it is so trivial that the child's mother will not be at the trouble of giving the medicine.

Case 15.—Margaret Shea, aged 11 years, was an intern patient in the Rathkeale Hospital, and convalescent after fever, when, about the 25th of June, she became affected with symptoms of hooping cough. From that time until the 9th of July, she was treated chiefly with tartar emetic and hippo; but the disease was becoming more and more distressing. She had several paroxysms both day and night; and on the 7th and 8th, the fits of coughing were so frequent and severe that a nurse had to remain up with her the whole of each night. The paroxysm generally terminated with a vomiting, and, during its continuance, her face usually became swollen and purple. On the 9th, she had a quarter-grain of the ioduret three times a day; and the report of the 10th was, that the cough was much better, and she had it very lightly during the night. On the 11th, it was reported she had only one slight paroxysm the previous night. She had three or four, not severe fits during the day; and the dose of medicine was now made half a grain each time. The cough continued very light, but a little frequent in the day, and infrequent at night, until the 15th of July, when the patient having an accession of febrile symptoms, with diarrhœa and partial bronchitis, the employment of the ioduret was suspended; and, though the fever, with some bronchitic cough and mucous expectoration, still, July 22d, continues, yet the spasmodic or hooping inspiration has entirely ceased.

I do not propose the ioduret of silver as an infallible remedy that will cure every disease of a certain class, or even every case of that form of disease in which I have found it most beneficial. I merely propose it a substitute for the nitrate of that metal; and in those instances, in which I have hitherto employed the former, it seemed to possess therapeutic effects analogous to those of the latter.

REMOVAL OF DISCOLOURATION OF THE SKIN.

In experimenting on the chemical action, under various circumstances of iodine on silver, I observed the following facts:—

1st. A small quantity of precipitated chloride of silver having been mixed with hog's lard, the mass was spread on a card, and exposed to the sun's light. In a short time, it acquired first a leaden, and then a dark-brown colour. I then let fall on its surface a single drop of solution of hydriodate of potash, and again exposed it to the sun's rays. In less than an hour, the spot wetted with the solution became yellow; and for two or three days, under the action of a bright summer's sun, continued to bleach paler and paler, until it became of the lightest canary tint.

2d. The bread crumb reduced to pulp, with solution of nitrate of silver, and remaining on the filtering paper, in experiment C, page 114, was placed in the sun's light, when it soon became hard, and dry, and blackened, forming a thin lamina spread over the paper. A portion of it was moistened with solution of hydriodate of potash, when, in a little time, its colour altered to a light orange red, which it retained, though exposed for upwards of a month to a strong light. At the end of the month, the whole paper having been so exposed, I applied more solution of the hydriodate to another portion of the blackened part, and in about ten minutes it assumed a light yellow hue, with a reddish tint.

3d. I took a napkin, on which my own name was written with "indelible marking ink," made of nitrate of silver. The napkin, with the name so written, had been several months in use. Having carefully removed from the written part, by washing, the starch with which the cloth was made up, and wet the name with solution of hydriodate of potash, but the writing remained unaltered. Conceiving that from the influence of soap and starch, and vegetable fibre, on the nitrate of silver in the writing, that metal had entered into some new combination, which rendered it incapable of decomposing the hydriodate, it occurred to me to present the iodine in a naseant state. I therefore wet the part several times, alternately, with dilute sulphuric acid, and the solution of hydriodate; and perceiving the letters to be growing pale, I

mixed some of the dilute acid, and of the solution in a cup, in which the marked portion of the napkin having been immersed for five minutes, every vestage of the name disappeared.

4th. My fingers were stained with the nitrate of silver. I wetted and rubbed them with some of the solution of hydriodate of potash, and in a few seconds the stains were removed, except in those parts where the skin had been cauterized by contact with the solid caustic. I then moistened part of my arm with solution of subcarbonate of soda; when dried by exposure to the air, I again moistened the same part with a solution of a sample of the nitrate in an ounce of distilled water, and held it uncovered in the sun, until it became black. I then washed it with solution of the hydriodate of potash, when immediately the stain cleaned off, as if it had been only a simple soil.

From these experiments, the inference is obvious, and there can scarcely be a doubt that in those cases, where the skin has become discoloured from the long use of nitrate of silver, the discolouration may be removed by the internal and external employment of suitable preparations of iodine.

PREPARATION OF IODURET OF SILVER.

Ioduret of silver is easily obtained by adding to a solution of the nitrate in distilled water a solution of hydriodate of potash, in atomic proportions. If one hundred and sixty-four grains, or one proportional of ioduret of potassium, be dissolved in two or three ounces of distilled water, and one hundred and seventy-two grains, or one proportional of nitrate of the oxide of silver, be dissolved in two or three other ounces of distilled water, on mixing the solutions, two hundred and thirty-four grains, or one proportional of ioduret of silver are precipitated. The whole is to be then thrown on a filter, and the ioduret of silver should be washed with repeated affusions of rain, or distilled water, and then dried in the sun, or before a fire. If the ioduret of silver, so formed, be in the slightest degree contaminated with any nitrate of silver remaining undecomposed, the former will be liable to discolouration. It is best then to use the ioduret of potassium in very slight excess; and for facility of practice, equal weights of each salt may be employed. Ioduret of silver, thus prepared, is a soft, rich-looking, granular powder, having the beautiful pale, greenish-yellow colour of the canary bird. Like calomel, it has neither taste nor smell, and is insoluble in water; it resists the action of the diluted nitric, muriatic, and acetic acid, of the alkaline subcarbonates, and of hydrochlorate of soda; and it is very sparingly soluble in solution of hydriodate of potash.

MODE OF EXHIBITION.

From the insoluble nature of the ioduret of silver, and the smallness of its dose, the form of pill seems best adapted for its exhibition. It should be reduced to the state of the finest possible powder, which is not easily effected, on account of its possessing a certain degree of coalescence that causes it to adhere to the pestle. For that reason, and for its more exact subdivision, it is necessary to triturate it with a few grains of some compatible salt. It is also of advantage to add a little liquorice powder to give some bulk to the pills, and a little sugar or syrup to prevent them from becoming too hard. The following is the formula which I have employed:—

℞ Iodureti argenti.
Nitratis potassæ ana grana decem, tere simul ut fiat pulvis subtil. dein adde.
Pulv. glycyrrhizæ, ʒss.
Sacchari albi, ℈i.
Mucil. arab. q. s. M. fiant pil xl., quarum æger sumat unam ter in die.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF IDIOPATHIC TETANUS.

TO THE EDITORS OF THE MEDICAL PRESS.

Wicklow, August 12, 1842.

GENTLEMEN,—If you think the case I forward worth inserting in your valuable paper, you are welcome to do so.

Faithfully yours,

ANDREW NOLAN.

On Monday evening, June 16, P. Foley, a boy aged 13, of spare habit, ill-fed and clad, was brought to me, complaining of pain in his back, which he stated he had since the preceding Thursday, and which he attributed to his having got wet in cutting grass late in the evening, when wet by the heavy dews; he was bent *forwards*, leaning on a stick for support. He referred the pain to the lumbar region, and complained of stiffness and spasm down the limbs—his countenance was expressive of much distress—his pulse quick, and hard, and his bowels confined. I took the case to be one of spinal inflammation, and directed him to be bled to ten ounces, and to have six grains of calomel, divided in three parts, to be given every second hour till the bowels were moved, and that he should attend at the infirmary next day to be leeched or cupped over the seat of pain. However, as he was rather better next day, and his parents unwilling to bring him into hospital, they contented themselves by applying a warm plaster across the loins, and he continued without remedy till Thursday evening, when they requested me to see him.

I found him lying in bed—the spine was curved backward—he had had during the last two days several severe attacks of spasm which had bent him backwards, and which were brought on whenever he attempted to move or speak—he complained of stiffness about his jaws, and much difficulty and pain in opening his mouth—his countenance was completely tetanic—he had shooting pains through the diaphragm, and the recti muscles were as hard as a board; in fact, a well-marked, though regular case of tetanus. I found on examination that he had received no wound, or bruise, or injury whatever, and the only source of the disease appeared to be the exposure to the heavy dews at night, the weather being particularly warm at the time—his pulse were 110—his bowels confined.

I ordered him three drachms of ol. tereb., three ol. ricini, to be taken immediately, and a blister to be put along the spine.

Next day his bowels had been freely moved. He complained less of pain in the back, and he thought the spasms had been rather less severe.

I ordered the blister to be dressed with mercurial ointment, and that he should have two grains calomel, and two Dover's powder, every third hour.

Next evening, he had taken eight powders—symptoms much the same—no appearance of tenderness of the gums.

Directed him to continue the powders, and that mercurial ointment should be rubbed into the jaws, and across the lower part of the chest.

Under this treatment, with an occasional warm bath in the evening, and purgative of castor oil and

turpentine, he continued four or five days, the spasms becoming less frequent, and the several symptoms gradually declining as he became under the influence of the mercury, till they ceased entirely; and under the use of sulphate of quinine, he recovered completely in about a fortnight.

CASE OF ARM PRESENTATION, IN WHICH THE OPERATION OF TURNING WAS IMPOSSIBLE.

By J. M. Lynn, M.D., L.R.C.S.I., Markethill Dispensary.

At four o'clock, A.M., on the morning of the 16th ult., my assistant was summoned to attend Mrs. P———, aged about 35, then in labour of her sixth child. On his arrival, he was informed that his patient had had very violent pains for some hours, and that the "waters" had come away at nine o'clock the preceding evening. Upon making an examination, the right hand and arm were found protruding from the vagina, the shoulders, part of the thorax and neck, firmly impacted in the upper aperture of the pelvis; and this state of things was momentarily becoming worse from tremendous and incessant uterine action.

After giving a strong dose of laudanum, he attempted to turn; but not being able to succeed, I was sent for. When I arrived, which was about seven o'clock, A.M., I found the patient to be a small, delicate woman, almost worn out with the excessive labour; and from these circumstances, together with the weak state of her pulse, not thinking it advisable to abstract blood, I gave another large dose of the tincture of opium, and after waiting a short time, I gently introduced my hand into the vagina; but the uterine action was so very violent, I found the greatest difficulty in getting my hand insinuated along the body of the child, and with every justifiable effort, which I was capable of making, I could not succeed in seizing the feet, but got my forefinger into the ham of the right leg, as it (the leg) lay bent upon the thigh, towards the sacrum of the mother. However, notwithstanding long-continued and powerful efforts, I was unable to bring down the leg, and my hand becoming paralyzed by the great pressure, I was compelled to desist.

Nothing now remained but to try and lessen the size of the child, and as the fœtus was, to all appearance, dead, I proceeded to eviscerate the thorax. When this was done, I again gently introduced my hand into the uterus, and was able, but with very considerable difficulty, to seize upon the right foot, which I brought down into the vagina, and applied a fillet around it. But although I used all justifiable traction upon this extremity, and in the proper direction, and for a very long time, yet *I was unable to move the child out of its impacted position!!* Such a circumstance never happened to me before, nor have I ever seen such a case upon record.

Of course I now eviscerated the abdominal cavity, and with the crotchet brought down the pelvis of the fœtus, the feet soon followed, and after them the thorax and the head.

The operative part of the proceeding occupied about an hour; and there was not half a pint of blood lost either before or after the delivery.

This is the *third successive* unnatural presentation which this woman has had. The case preceding the present was also an arm presentation, delivered by turning, and the case before that a footling.

This patient, I am happy to say, has made an excellent recovery, without any untoward symptom.

REVIEWS AND NOTICES OF BOOKS.

A PRACTICAL TREATISE ON DISEASES OF THE SCALP. By John E. Erichsen, M.R.C.S.L., Fellow of the Royal Medical and Chirurgical Society, and formerly House-Surgeon to University College Hospital. London. 1842. Pp. 192.

The cutaneous diseases of the scalp, or those affections which in common parlance are known under the names of "tinea capitis," "scald head," &c, have hitherto in a great measure passed from the hands of the regular practitioner into those of old women, and the tender treatment of their pitch caps; and they have been a fruitful source of profit to quacks and other impostors. This has arisen partly from the chronic nature of many of these diseases; partly from the confusion which exists in their nomenclature; but also in no inconsiderable degree from the inattention of medical men to their elementary characters, or from ignorance of their precise nature.

In fact, the cutaneous diseases of the scalp which may be either vesicular, pustular, tubercular, or scaly, are supposed by many practitioners to be merely species or varieties of *porrigo*—an error which originated with Willan, and in which he has been followed by many writers and teachers since. The result has been that notwithstanding much has been written upon the subject of these affections since his time—much error of diagnosis, and consequent confusion of treatment still exists, and it is (observes the author of this treatise) with the hope of remedying the one, and of simplifying the other, that this volume has been written.

We feel assured that the arrangement of the cutaneous diseases of the scalp, adopted by Mr. Erichsen, will materially facilitate these diagnosis, and consequently will lead to an improved, and more scientific method of treatment; and we must admit that his descriptions of the individual affections are characterized, not only by conciseness and clearness, but by fidelity and truth.

In the following extracts we give a summary of his arrangement:—

"Scalp diseases arrange themselves naturally into the orders vesiculæ, pustulæ, tuberculæ, and squamæ.

"But two genera of the order vesiculæ, *eczema* and *herpes*, affect the scalp. The former of these is divisible into acute and chronic eczema; eczema furfuracea, and eczema amiantacea.

"The genus herpes includes *herpes circinnatus*, and *herpes zoster*.

Impetigo is the only pustular disease that ordinarily affects the scalp. When occurring in this region it is divisible into three species—viz., impetigo eczematosa, (the impetigo or porrigo larvalis of others) impetigo granulata, (the porrigo or tinea granulata) and impetigo sparsa (the porrigo favosa of Willan.)

"For reasons to be afterwards explained, I have thought that favus could with more propriety be considered a tubercular than a pustular affection, meaning by tubercular not a disease like lupus, characterized by the presence of small tumours, but one in which true tubercle is deposited. I have therefore removed it from the order pustulæ, and have placed it by itself.

"The only squamous disease that commonly occurs on the scalp is *pityriasis*. Lepra and psoriasis are also occasionally, though rarely, seen in this region.

"Although these orders are for the most part well marked and readily distinguishable by characters that are broadly defined; yet, in some instances, two of them will be found gradually to run into one another, certain species of each partaking somewhat of the characteristics of both, and serving as links to bind them together. Thus, although a vesicle and a pustule are in general perfectly distinct, and do not pass into one another, yet the orders characterized by those elements are blended

together in one species—viz., *impetigo eczematosa*, which partakes to a certain degree of the peculiarities of both. And again, eczema furfuracea, and eczema amiantacea, may be said to form the point of junction of the squamous and vesicular diseases, the other affections of these orders being very widely separated. These remarks do not refer to diseases of the scalp merely, but are applicable to cutaneous affections generally; most of the orders into which they are divided being found to coalesce at certain points."

Having described at length the characters that distinguish each disease of the scalp, Mr. Erichsen, in chapter six, has given a recapitulation of their diagnostic symptoms, which we quote, believing that it will prove interesting to our readers:—

"*Eczema* of the scalp differs from *herpes* of the same region by the vesicles being small, very numerous, acuminated, and scattered irregularly in patches of a greater or less extent, but which do not assume any definite form; whilst in *herpes*, on the contrary, they are few in number, globose, and always arranged in groups that usually present a circular outline, the circumference being inflamed and studded with vesicles, whilst the centre is healthy.

"In their secondary characters, those diseases differ even more distinctly. In one form of chronic eczema, we find extensive, thin, laminated, yellowish-white or greyish scabs, matting the hairs together, and frequently attaining a considerable size; whilst in another variety of the same disease, a thin fluid constantly exudes for numberless small openings in the scalp, soaking the hairs, and forming them into small yellowish-grey, dirty-looking locks. In herpes, on the contrary, the scabs are thin, few in number, and small in extent, being chiefly confined to the circumference of the affected patch.

"The other species of *eczema*, namely, *eczema furfuracea* and *eczema amiantacea*, may be distinguished from herpes with the greatest possible ease; as those diseases possess no characters in common beyond the vesicular element, and indeed, although belonging to the same order, differ more from one another than from some other affections, such as pityriasis, which appertains to a different order.

"The varieties of *impetigo* are the only pustular diseases that affect the scalp. They are characterized in their earlier stages by an eruption of psydracious and achorous pustules, with which are occasionally intermingled some of a phlyzacious kind, and in one species (impetigo eczematosa) a few vesicles, which, however, soon become pustules.

In *impetigo sparsa*, the pustules which are usually but few in number, are of a mixed kind, being partly psydracious, and partly phlyzacious, surrounded by a slightly-inflamed base, and scattered irregularly upon the scalp. The pus which they contain is thick, yellow, and viscid, concreting into large, irregular, semi-transparent scabs, of a yellowish-green, or yellowish-brown colour, and presenting very much the appearance of concreted honey, and having usually a glazed, glistening surface. The pustules of *impetigo granulata* are achorous, usually of a small size, of a light yellow colour, and scattered irregularly upon the scalp, not being collected in clusters. The fluid contained in them has somewhat an ichorous character, concreting very readily into small, irregularly-shaped, hard grain-like scabs, which assume a dirty greyish colour, and are generally strung upon the hairs of the part affected, resembling, very closely, pieces of dirty mortar, or dried crumbs of bread.

"*Impetigo eczematosa* has a mixed elementary character, consisting of an eruption that is partly vesicular, and partly composed of achorous pustules; the fluid effused from which is viscid and tenacious, of yellowish-green colour, concreting rapidly into soft scabs, which are usually thin and laminated, but occasionally rather thick, and which frequently occupy a large surface, extending down upon the forehead, cheeks, and temples, producing very great temporary, but no permanent disfigurement.

"We have very rarely an opportunity of seeing the elementary form of favus, as this disease, when presented to us, has usually assumed its secondary characters. In its earliest stages, however, we should find it to consist of a number of small, round tubercles, exceedingly minute, of a circular form, and yellow colour, each of which is traversed by a hair, and appears to be seated within the structure of the cutis; these gradually enlarge until they form crusts, the characters of which, although differing somewhat in the two species, are very remarkable and peculiar.

"*Favus dispersus* is characterized by the presence of a comparatively small number of these tubercles scattered upon the surface of the scalp, which by increasing in size, gradually form crusts that in a great measure preserve their peculiar characters, being when isolated and distinct, perfectly circular, of a clear sulphur-yellow colour, depressed in the centre, which is traversed by a hair, and inserted as it were *into* the cutis, not seated upon the cuticle. They do not run together into large masses, although they sometimes form by their union patches of moderate size, which, however, always retain rudiments of the circular outline that is so characteristic of them when single. The affected parts are always more or less bald.

"*Favus confertus* does not differ from the preceding species, otherwise than in degree and arrangement. As is the case with *favus dispersus*, this affection is very seldom presented to us in its elementary characters, but is usually met with in the form of bald, circular patches of greater or less extent, studded with a number of small, yellow tubercles that are depressed in the centre, and implanted in the cutis; they are most numerous at the circumference of the patch, and are succeeded by dry, friable crusts of a yellowish-grey colour, which in some cases cover nearly the whole of the scalp, but which, whatever size they may attain by their union, will always present a sweeping circular outline, and here and there the characteristic central depression.

"The only squamous disease that ordinarily affects the scalp is *pityriasis*. The diagnosis of this affection is sufficiently simple; indeed it is impossible to confound the small, thin, white, or greyish, loose, scales, with the larger, more adherent, and regularly arranged squamæ of *lepra* or *psoriasis*."

Our extracts from Mr. Erichsen's work have insensibly occupied so large a portion of our space, that we must content ourselves merely with recommending his treatise to the attention of the profession, which we cordially do, believing that it is calculated materially to advance the knowledge, and improve the treatment of a very important and hitherto much neglected class of diseases.

TRIAL OF ELLEN BYRNE FOR THE MURDER OF HER HUSBAND.

MEDICAL EVIDENCE.

The prisoner was arraigned on an indictment containing the twelve following counts:—The first count was to the effect that the prisoner did on the 3d of July, feloniously and wilfully, and with malice aforethought, make an assault upon one Augustine Byrne, her late husband, and then and there feloniously, wilfully, and of her malice aforethought, did fix and fasten both her hands about the neck and throat of the said Augustine Byrne, and him did choke and strangle, of which choking and strangling he the said Augustine Byrne died. The second count charged the prisoner with striking, kicking, and beating the said A. Byrne on the head, neck, belly, and other parts of the body with her hands and feet, and casting and throwing him upon a certain bed with great force and violence, and thereby inflicting several mortal wounds and bruises of which he died. The third count charged her with fastening a linen cloth about the neck of the said Augustine Byrne, and thereby choking and strangling him. The fourth count laid the death in the same way, but described the murder as having been effected by a ligature or band about the neck. The fifth count laid the death by placing a linen cloth over the head, face, mouth,

and nostrils, and thereby choking and suffocating him. The sixth count laid the death in the same way, by placing a pillow on his mouth and nostrils. The seventh count laid the death the same way, by a bolster. The eighth count laid the death by placing a woollen blanket over the mouth and nostrils. The ninth count laid the like by a quilt. The tenth count the like by a sheet. The eleventh count the like by her placing, squeezing, and pressing both her hands over his mouth and nostrils. The twelfth count charged her with having committed the murder by turning him upon his face, mouth, and nostrils on the bed, while in a state of intoxication, whereby he was suffocated and smothered.

Mr. Brewster stated the case for the prosecution, detailing the facts with which the public are familiar.

Arthur Harvey examined by Mr. Martley—I am an apothecary, and live at Rathmines; I remember having, on Saturday evening, the 9th of July, seen the body of Mr. Byrne, in his own house, at Rathmines; I went to see it at a quarter or half-past seven o'clock; it was then in the back drawing-room, lying on the back on a bed; it was not lying straight in the bed; the head was towards the window, and the feet inclined towards the room door; the head did not appear to be on the bolster; the prisoner was in the room when I went in, or rather she met me at the door; I asked her who it was that I then saw lying on the bed there before me, and she said it was Mr. Byrne; I went to the side of the bed between it and the window; I told her that he was dead, and she said to me "see what you can do for him;" she had a sponge in her hand with which she was wiping the region of the abdomen; she then drew the clothes over the body; the latter was greatly swollen; the face was black; the tongue protruded out of the mouth to the length of nearly half an inch; the right eye protruded beyond its natural position; the left eye was closed; the lips were swollen; blood was issuing from the mouth and nose; the neck I did not particularly notice; the body was in a rapid state of decomposition; it must have been dead for four or five days; I did not at that time examine the body with minuteness so as to enable me to form an opinion as to the cause of his death; I do not remember that I made any other observation than what I have mentioned to Mrs. Byrne respecting the body.

Cross-examined by Mr. Hatchell—This occurred in the clear day light; the body when I saw it was quite bare of clothes; I said I thought that this body must have been four or five days dead: I do not mean to persevere in saying that it must have been inevitably so.

Thomas James Fox examined by Mr. Brewster—I am a licentiate of the College of Surgeons, Dublin; I examined the body of the late Mr. Byrne; I first saw it on Sunday, the 10th of July, the day after it was found dead; Mr. Byrne was rather a corpulent man—not very tall, but of full make; could not speak positively as to his exact height; would take him to be probably about five feet eight inches in height; he was heavy for his size; could not from the appearance of the body speak as to his age; but had seen him before, and took him to be a young man; when I saw the body it was in an almost perfect state of putrefaction; the upper parts, as the head neck, chest, arms, and as far as the loins, appeared to be in a more advanced state of decomposition than the legs; the head and neck were the most decomposed; the face was quite black; the neck equally so; I cannot form a positive opinion of the number of days that the deceased was dead, as we have not had opportunities of tracing the different stages of decomposition in human bodies in different cases; the eye was very much protruded, but I would not say that was, in this case, a mark of any particular kind of death; protrusion of the eye takes place in strangulation, but not to the extent in this case; in cases of putrefaction the eye is pressed out by air; I have met cases of putrefaction where only one eye was protruded, and this decomposition set in more upon the right than left side—therefore it was natural that the right eye should protrude; the body was generally swollen; the protrusion of the tongue, if it be thick and black, is looked upon as a mark of strangulation; but in this case it was thin and flabby, and I do not look upon it as a sign of strangulation; I should say that the blood was fluid; in some cases the fluidity is a mark of particular death, but I have known the blood to coagulate in a case of strangulation.

Cross-examined by Mr. Hatchell, Q.C.—If a body lay in a warm bed the gravitation of the fluids would give rise to the decomposition I saw, and would effect the protrusion of the tongue and eye.

Andrew Ellis examined by Mr. J. A. Curran—I am a member of the Royal College of Surgeons, Dublin, and am one of the examiners; I have for twenty-five years been connected with several schools of anatomy in this city; attended with Mr. Fox and others the post-mortem examination on the late Mr. Byrne; Mr. Fox operated on the occasion, and I took down the notes; there was a most offensive smell in the room that day; that was on Sunday the 10th of July; the body, generally speaking, was much swollen and discoloured; the face, the upper part of the neck, the chest, and part of the arms were very much discoloured; the face and upper parts of the neck were black; the lower part of the neck was of a dark green colour; there were appearances of maggots chiefly in the vicinity of the nostrils; saw a sort of bloody mucus issue from the mouth and nostrils; that is, I observed traces as if there had been such an issue from those parts; the fingers of both the hands were flexed to a certain extent.

From all the appearances of the body that you observed what would be your opinion as to the cause of his death? I would be of opinion that he died in a convulsive struggle, but what gave rise to the struggle I would be unable to say; every appearance seemed indicative of such a convulsive strugle; every appearance presented by the body was in keeping with my opinion, not connecting the subject with matters subsequently heard that the individual died in a convulsive struggle; the opinion I arrived at from all the appearances was, that the individual died in a convulsive struggle, and that the protrusion of the eye, of the tongue, the curvation of the fingers, and other appearances, took place immediately before death; as to the cause of the convulsive struggles, I could not form an opinion merely as a medical man; I think it possible that Mr. Byrne might have died from epilepsy; the interior of the body was healthy.

Counsel—Taking the interior as healthy, and then taking into account the external appearance which you remarked, do you think it likely that the deceased died from a fit? It is just possible, and if I were perfectly assured that the deceased was constitutionally prone to such a disease as that, I would, were I in that box, return a verdict of acquittal; but I should be satisfied on that subject.

Mr. Curran—From the non-medical facts given in evidence this day, coupled with your own medical examination, to what cause would you be inclined to attribute the death of the deceased?

Mr. Hatchell objected to this question as illegal and illegitimate. It was on medical questions alone that the witness should be interrogated.

Baron Pennefather assented to the position of the learned counsel, and agreed that the witness should only be examined in his medical capacity. If medical

men were to be examined in others, the investigation would grow to an interminable extent.

Mr. Curran—Well, my lord, I will vary the question. Are you able, Mr. Ellis, to form an opinion as to the cause of Mr. Byrne's death?

Mr. Hatchell—That will not do. Put it thus—are you able from the examination you made of the body to come to a conclusion as to his death?

Baron Pennefather—Yes, your answer must be given from what you saw yourself at the examination of the body. You must draw your conclusion from the appearances that presented themselves to you through your senses either of sight or smelling.

Witness—I would find it difficult to form a positive or medical opinion, but my conjecture is——

Mr. Hatchell—Oh, Surgeon Ellis, we don't want your guesses or conjectures, you must give us an opinion, or nothing.

Mr. Curran maintained that the witness was at perfect liberty to give his conjecture. No man's opinion in such a case was more than a conjecture.

Baron Pennefather—I really don't see how we can under such circumstances expect a decided and positive declaration from the gentleman. Every opinion in such a case must participate to a certain degree of the nature of a conjecture.

Mr. Hatchell—Go on, Mr. Curran.

Mr. Curran—What is your opinion as to the cause of the death of the deceased?

Witness—My opinion is that his death was the result of violence, but that opinion does not amount to an actual conviction in my own mind.

Mr. Curran—Protrusion of the eye was one of the appearances which you remarked—could that result from decomposition?

Witness—I don't think it would; first, because the eye is firmly held in by four muscles of strong texture; secondly, the optic nerve exercises such an effect as would prevent the eye from protruding from trivial causes; and thirdly, the socket of the eye is a part of the body which does not run rapidly into decomposition; I never saw an instance of the eye protruding from decomposition, nor do I know of any author who has described protrusion of the eye as a result of putrefaction.

Mr. Curran—Could the protrusion of the eye, in the case of the deceased, be accounted for by gravitation? Most certainly it could not be the result of any such thing; I never saw protrusion of the tongue arising from putrefaction, or gravitation from both; such a thing is exceedingly improbable; I do not think it could be accounted for by mechanical means; if the tongue in this subject were influenced by the laws of gravitation, it ought to have fallen back into the head when the body was turned on its back, according to the same principle as made it protrude when turned on its face.

Mr. Curran—Taking every appearance into consideration, the smell, colour, &c., how long do you think Byrne was dead? We all agreed in thinking four or five days as a minimum; as a maximum he might have been a week dead: the blood was not coagulated; in cases of sudden death it is laid down as a general rule that the blood does not coagulate; I am not prepared to say whether it coagulates or not in cases of epilepsy; there was a shirt and a web waistcoat on the body; I did not take much notice of these garments.

Cross-examined by Mr. Fitzgibbon, Q.C.—As I recollect you, Dr. Ellis, you say your conjecture, not amounting to conviction, is that the death was caused by violence? I said I had an opinion to that effect which did not amount to actual conviction; any violence used to obstruct respiration would produce the appearances I saw.

Mr. Fitzgibbon—Your opinion is, that the violence used, if any, must have been used to obstruct the respiration, in order to produce the appearances you saw? It is my opinion.

Mr. Fitzgibbon—The appearances you allude to are the protrusion of the tongue, the protrusion of the eye, and the flexion of the hands? These appearances I observed, and I formed my opinion also from the putrefaction of the face being worse than that of the abdomen, as that part runs sooner into decomposition; I have seen a good number of cases of death by intoxication; I have read in a medical work of a case, since the inquest was held, of death by intoxication, but I do not think that the case in question is a conclusive one, for it is, in my mind, doubtful whether or not it was caused by intoxication at all, or in what degree.

Mr. Fitzgibbon—Could death by intoxication cause protrusion of the eye and tongue? I would not expect protrusion of either parts in cases of death by intoxication; if convulsion took place such appearance might be found; the semiflexion of the hands I would not regard as of much importance, were it not that it was accompanied by many symptoms, and was one of a group of appearances.

If the thumb were to be bent on the palm of the hand is it not likely that the fingers might be bent also? They might.

Did you ever try to bend your thumbs on the palm of your hands without bending your fingers also? I am not aware that I ever made that interesting experiment (laughter.)

Do you think you could do so? Oh! indeed, I dare say I might. Perhaps you would illustrate it for me.

Mr. Fitzgibbon bent his thumbs as described.

Witness—Well, now, there is a similar appearance (bending his thumbs.) There is a demonstration for you, Mr. Fitzgibbon (laughter.)

Did you do that without an effort? Why, not exactly without an effort. The will was concerned in the action.

Yes, and a very strong effort of the will; for do you not think that if you had not made a strong determination to the contrary in your own mind the fingers would follow the example of the thumb when you bent it? They might.

Mr. Fitzgibbon—You never read Oxton's treatise on intoxication until after the inquest? It was then I first read it.

Is not Oxton a very eminent man? I do not remember ever hearing his name until Mr. Walsh mentioned it at the inquest.

The book in which that treatise was published—namely, the *Edinburgh Medical and Surgical Journal*, is a very noted work, is it not? It is looked upon as an excellent publication, but there are only a few pages of it occupied by Oxton's treatise; I did not read that number of the journal until lately.

Mr. Fitzgibbon—Well recollect there's one good book you did not read (laughter.)

Baron Pennefather objected to this course of examination as likely to lead to an interminable inquiry. He had already ordered beds for the jury for that night, but if that course of examination were pursued, he should secure beds for tomorrow night as well (laughter.)

Mr. Fitzgibbon here took up the medical journal and read out from it a report of the case of a woman named Robinson in whom similar appearances as were found in the deceased were discovered, and who had died in intoxication. The learned counsel asked the witness what he had to say to that case?

Witness—It is not a case proved in a satisfactory manner to my mind. We have only the husband's

word for it that she died from intoxication; and as they lived on very bad terms, it is quite possible he may have strangled or half strangled her while in intoxication, then flung her on the bed, and run for a doctor.

Mr. Fitzgibbon quoted a second case which the witness also considered unsatisfactory.

Did you ever dissect a body the death of which was caused by obstruction of the breath? Not to my knowledge; but I understand the subject as well as if I did; a man may be a very good astronomer, yet not live in the moon. I never dissected the heart of a man who had been hanged.

Did you ever read any treatise of the effects produced upon the human heart by strangulation?—I have read works on medical jurisprudence frequently, and in such works there were generally treatises upon such a subject. I have read a treatise by Coleman on suspended respiration. He gives a great many experiments which he made himself by hanging cats and dogs. It is a general rule, notwithstanding what Coleman says, that in cases of natural death, there is no blood in the left ventricle, and the right is sometimes nearly empty. The heart of the deceased was empty; but that can be explained. There was no blood in the heart of the deceased, and no one but an ignorant person would expect to find it there when putrefaction had set in and the blood in a liquid state.

Mr. Fitzgibbon—Is it not a fact that the four medical gentlemen who were examined on the inquest disagreed in their opinions?

Mr. Brewster objected, and the court ruled in his favour.

Witness to the jury—The habits of the deceased, living and drinking in a room, as is described, might not be unfavourable to epilepsy, if the deceased was constitutionally so disposed; but I cannot say positively that it would superinduce a first attack.

To the court—The drinking might superinduce convulsive fits.

To Mr. Curran—The stomach was empty; there was no spirit in it, nor was there any smell of spirits in it; all appearance of spirit, if any such there had been, would be removed by the putrefaction process; the liver was healthy.

Surgeon George Brassington examined by Mr. M'Donagh—I am a surgeon, and was present at the post-mortem examination; the body was lying on a bed; I turned the body round on the back; the head, neck, and throat were very much swollen, and were discoloured; there was a very bad odour, and there was a protrusion of the eye and tongue; when I touched the body I did not observe any of the skin come off; the body was dead some days I think; protrusion of the eye might be accounted for by decomposition; it is also considered as a proof of strangulation.

Mr. M'Donagh—Are you able to form an opinion to what cause the death of the deceased was referable? No, I am not.

The witness was not cross-examined.

Robert W. Harrison, Esq., examined by Mr. Brewster, Q.C.—I am a surgeon and professor of anatomy in Trinity College, Dublin; I was a professor of anatomy in the College of Surgeons before now; I have heard the medical evidence today; the protrusion of the eye I would attribute to muscular effort or convulsion before death; it could not be possibly accounted for by gravitation or decomposition; the protrusion of the eye could not be occasioned at all by decomposition; I know of no power by which the tongue is made to protrude after death; I have frequently examined the bodies of persons who died from hanging, from drowning, and strangulation; I can't say positively that I have examined a subject dying from suffocation.

Taking every thing that was deposed to here this day by the medical men into consideration, together with all the appearances described as having existed, what, in your opinion, was the cause of Mr. Byrne's death? From the evidence given this day I arrive at two conclusions: the one is, that the body must have been dead for several days; the other, that the deceased died in some violent convulsion, but whether epilepsy or what, I cannot even form a conjecture.

If the body had been examined at an earlier period after death, might not it have been easier to have traced the cause of death? Oh, assuredly yes. For instance, if death had been caused by means of stopping the nostrils or mouth, or by a ligature round the neck, if the examination had taken place at an earlier period, all the marks of violence would have been observed, which at a later period would have been made to disappear by the process of decomposition; and if he had died of apoplexy, traces of the disease could have been detected infallibly in the brain soon after death by signs, none of which can be afforded when decomposition sets in to a great extent.

You have seen many bodies of men who were hung? Yes. I think there were seven or eight hanged one year within a short period, and all these cases were submitted to my observation. In all these cases the blood was fluid, but in the case of persons who die suddenly from drink or from a convulsion the blood is not found in that liquid state. In cases of epilepsy and apoplexy the blood does not remain fluid at all as far as my experience goes.

Did you ever examine the body of a man who died from intoxication? I have seen in Baggot-street Hospital men brought in by the police drunk, some of whom died in a state of intoxication, and others of whom recovered.

Did you ever anatomise any such subjects? In Baggot-street Hospital I have anatomised some.

In the cases of drunkenness which came under your consideration, were the appearances presented by the subject like those of a man who died from violence or of a man who died a natural death?—There was nothing that I would call a mark of violence; hundreds die of intoxication on whom no mark of injury whatsoever is observable—so much so that many medical men have broached the doctrine, men in intoxication die from nothing else than the poisonous matter of the spirits working on the vital parts.

Does intoxication cause fits or convulsion? If a man have had a fit, and that he takes to drinking, his habits of intoxication will be very apt to produce epilepsy; apoplexy is a common and natural consequence of drunkenness; the blood is not fluid in apoplexy.

Cross-examined by Mr. Hatchell, Q.C.—If a drunkard died in a fit of intoxication, I would find his stomach to contain a quantity of such spirit; there are cases recorded where the liquid is not found.

Suppose a man was in extreme insensible drunkenness lying in his bed, that he turned on his face, might he not suffocate himself? I have never met with any such case, but such cases are on record I believe.

Baron Pennefather—You said the blood is not fluid in apoplexy; you have heard the evidence given as to the state of the blood in this case, is it consistent to say that Mr. Byrne might have died in apoplexy? I find it hard to answer that question, my lord; the state of the blood has not been accurately described by the last witness; I could certainly say that the appearances, such as they have been described, would not be found in a case of apoplexy; however the question is a very important one, and I would not like to pass more than an opinion on it.

Cross-examined by Mr. Fitzgibbon—The circumstances under which the body was found were favourable to decomposition; the protrusion of the eye of the deceased was undoubtedly caused by decomposition; I thought it right to test this fact with as much certainty as I could, and accordingly I procured a body on which I operated; on the 6th day after death the eyes were prominent, and on the 13th day they were very much protruded; I placed a portion under water, and discovered the existence of air which would be alone amply sufficient to account for the protrusion.

Mr. Fox was again called, and being asked by the court whether the blood was liquid or coagulated in the body of the deceased, he replied that it was very fluid.

Mr. Ellis re-examined—The blood in the vessels of the scalp was in a fluid state; there was not a particle of coagulated blood in the body; I have frequently known of bodies decomposing in thirty-six hours.

Dr. T. Geoghegan—I examined the stomach and intestines left at my house, as those of the deceased by Dr. Fox; I also examined a piece of a sheet; the stomach was empty, with the exception of a small strawberry seed; there was no smell of spirituous liquors in the stomach; the stomach was in a state of decomposition, and was of a uniform dark red; it was open; it is impossible to say whether the seed entered the stomach exteriorly or as found.

In strangulation do you know of one eye being protruded and the other not? I have not read of any instances of protrusion of one eye only, but I can imagine such a thing. It might arise from the fact of the body being pressed or suspended more at one side than the other. In cases of strangulation the protrusion of one eye and the non-protrusion of the other might, perhaps, be accounted for by the pressure having been at one side; the protrusion of the eye was occasioned by decomposition.

Suppose a case of death being effected by squeezing the hand over the mouth and nostrils—in such a case would there be protrusion of the one eye, and non-protrusion of the other? No, there would not.

Chief Justice Doherty—Suppose a body lying on one side, and that a pressure which produced death was applied to the side uppermost, would that cause the uppermost eye to protrude more than the undermost? It is possible, but difficult of occurrence. The subject on which I operated to ascertain whether the eye would protrude by decomposition, was a still-born child.

Whether is it considered that a child or a man putrifies the sooner? A child.

(TO BE CONTINUED.)

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, AUGUST 24, 1842.

MEDICAL EVIDENCE ON THE TRIAL OF MRS. BYRNE.

In our present number, we lay before our readers that portion of the medical evidence given by the witnesses called for the prosecution at the trial of Mrs. Byrne for the murder of her husband, our space not permitting us to lay the whole before our readers until our next publication. Although much of this evidence was favourable to the prisoner, we are glad to find that the agents and counsel for the crown called all the witnesses indiscriminately, without selecting those ascertained to have taken a view unfavourable to the accused, because, as far as we have heretofore observed, such has not been the general practice. We certainly have known cases in which the crown prosecutors have refrained from calling for medical evidence, previously ascertained by them to be almost decisive as to the innocence of the accused, leaving it to the prisoner's counsel or agent to discover and produce it if they thought proper. This practice has always appeared to us objectionable, because a capital conviction might take place in such a case from the neglect or ignorance of a prisoner's agent. There is another feature in this case which attracts our attention. Some of the witnesses appear to have been produced simply to state the facts established by the examination of the body, whether favourable or unfavourable to the prisoner; while others appear to have been employed to establish the guilt of the prisoner, or were produced because it had been previously ascertained that they entertained views having that tendency. Mr. Fox and Mr. Brassington were directed by the coroner to make the anatomical examination of the body; and Dr. Geoghegan, the Professor of Medical Jurisprudence in the College of Surgeons, was directed by the same functionary to analyze the contents of the stomach. This was the usual and regular practice in such cases; but if we understand the matter, Mr. Ellis attended the inquest, and appeared as a witness at the trial at the suggestion of the friends of the deceased, and if so, obviously to provide that no evidence should be deficient or omitted which was calculated to explain the cause of his death; and Mr. Harrison appears to have been produced as a witness at the trial because he entertained opinions leading to the conclusion that death had taken place from violence. Mr. Ellis, we are bound to suppose, was retained and paid for his time and trouble by the friends of the deceased; and Mr. Harrison, if not similarly connected with the case, must have volunteered his services directly or indirectly. We consider that we should not discharge our duty if we failed to direct the attention of our brethren to these circumstances, in order to lead them to consider whether the course pursued was a safe and eligible one. That a competent medical adviser should be employed in such cases, we are quite satisfied, because it is obvious that no lawyer is capable of conducting this branch of the inquiry; but we are equally satisfied that he should not be a witness. The medical witness should never appear, except as the unbiassed and unprejudiced vehicle of information to the judge and jury. If he appears in any other character, he subjects himself to imputations of the most distressing nature, and the profession to which he belongs to insinuations little calculated to sustain it in public estimation.

MORE CORONERS' DOINGS.

THE *Clare Journal* of Monday contains the following account of an inquest held not far from Ennis by Mr. Whitestone, one of the coroners for the county Clare:—

"CORONER'S INQUEST AT QUIN.

"Thomas Whitestone, Esq., having received private information that a man named John Nihil of Cahercalla, near Quin, who had been interred in the church-yard of Quin, on last Monday week, came by his death from a gun-shot wound inflicted through mistake by one of a party whom he had employed to take away a gun by night from a neighbouring house, proceeded on last Tuesday with an intention of holding an inquest on the body; but finding the father and mother of deceased determined not to allow the body to be exhumed, considered it prudent to postpone any proceeding until a sufficient police force could be had. Accordingly, on Wednesday Sub-Inspector Kelly with a strong party were in attendance. Strong symptoms of a disposition not to allow the body to be disinterred were manifested by the crowd, but the appearance of a large police force prevented any interruption. Not an individual of the crowd would lend the least assistance, nor even supply an implement; consequently the disagreeable office of exhuming the body devolved on the police. The jury and and coroner having viewed the body, which was in a state of decomposition, proceeded to examine witnesses, from whom no evidence of any importance could be extracted, excepting Dr. Carson, who gave the following evidence:—I have examined the body of John Nihil; found the body much discoloured; the epidermis in some places separated, and in all easily separated from the skin; I discovered a small wound in the anterior part of the thigh, about three inches above the knee; it penetrated the skin; its course was traced from the place of its entrance to the back part of the thigh where it joins the hip, and lying under the integument I found a large slug which I extracted. Throughout the entire course of the wound the parts were in a state of gangrene, which must have taken place before death. The man had also a scrotal hernia. The contained gut was opened by me and found perfectly healthy. My opinion is that the man's death was occasioned by a gun-shot wound.

"This statement caused a very great sensation amongst those who were anxious to prevent the investigation. The jury unanimously signed the following verdict:—

"We find that the said John Nihil came by his death from a wound caused by a leaden bullet on the left thigh, of which he died on the 31st of July last, but where or by whom said wound was inflicted we have no evidence.

"A large temperance card was placed on deceased's breast.

"We are surprised to perceive that the medical gentleman examined at this inquest was the assistant-surgeon of the depot quartered at Clare Castle. If this case (which is probable) should hereafter become the subject of criminal inquiry, we have no doubt but the testimony of the medical witness will be very important, indeed indispensable, and it is very likely that the evidence of the military surgeon may not be available; by which the ends of justice would be defeated. Perhaps the coroner may be able to explain why he did not engage the attendance of some resident medical practitioner as required by law."

Familiar as we are with the doings of coroners, we are at a loss to account for this selection of a military man to perform duty in the civil service. It is obvious that a gentleman, liable to be ordered on foreign duty at a moment's warning, should not be employed to make an investigation to be followed up hereafter. On the medical evidence in this case will probably depend the result of the trial of the perpetrator of this murder, and the person capable of affording that evidence may in the mean time be ordered on foreign service. This the coroner must have foreseen, and the surgeon must have been very forgetful when he allowed himself to get entangled in such an affair which may involve him in disagreeable difficulties. We are of opinion that the less military medical officers meddle in the medical affairs of the locality in which they are quartered, the better. We conclude that Mr. Whitestone must be able to assign some very valid reason for thus passing over the physicians and surgeons resident in and near Ennis; and now that acts of this kind are held to be evidence of deliberate intention on the part of those who commit them, and proof that they do thus for some good reason, we would strongly recommend our friends of the Clare Medical Association to take such steps as they may consider best to remove any imputation this functionary may have thought proper practically to make respecting them. But there is really no end to these doings of coroners. The following letter is another proof of the manner in which they conduct business:—

TO THE EDITORS OF THE MEDICAL PRESS.

Irishtown, 18th August, 1842.

GENTLEMEN—I have to apologise for again trespassing on you relative to the doings of the coroners in the county Dublin; but being disappointed in the hope that the recent well-merited punishment of Pasley and Shanahan would put an end to the jobbing carried on by these worthies, I am reluctantly compelled to bring before the public, through the medium of your valuable paper, another case similar, if not a great deal worse, than either of the former cases referred to by me.

Mr. M'Carthy, with his *friend* Surgeon Fox, came down to Irishtown yesterday to hold an inquest on a servant man (Thomas Shaw) in the employment of the Rev. Mr. O'Sullivan. He drove his mistress to Dr. Wall's residence here, the day before in perfect health, but complained suddenly of pain in the stomach. I was sent for, and saw the man immediately after he was attacked. I found him collapsed, and although I used every exertion, and applied the usual remedies, he expired. On the coroner proceeding to examine Surgeon Fox, I protested and stated I had a prior right to be examined, and that I was borne out in this opinion by the observations of Baron Pennefather in Shanahan's case, who stated that it was the duty of the coroner to examine the doctor who was in attendance on the deceased. He stated he did not care for Baron Pennefather's opinion—that he would act as he liked, and examined Fox. The jury were not satisfied, and requested the coroner in writing (as pointed out by the act) to examine me—he did so, and then the jury returned their verdict. On requiring the usual order for my attendance, he peremptorily refused it, alleging there was no power to compel him to give it—that the jury might compel him to *examine*, but they could not compel him to *remunerate*. Here was a complete evasion of the statute—in other words, "Could not compel him to take the fee out of his friend Fox's pocket, and give it to the man who *earned* it"—namely, he who was in attendance, and had all the trouble previous to the decease.

Therefore it is evident the jobbing is not yet put an end to, and what I consider an aggravation of the system is, that Mr. Fox is resident a distance of seven miles from Dublin, and presumed to be in attendance on a dispensary which he has to attend to, and of course it is

well known it cannot be for his great scientific talents he is selected; but there is an old adage, and although a *vulgar one*, might be applicable, "It's not for nothing the cat jumps."

It is time the system should be put down; and I think it is the duty of the profession, more especially those who have been treated similarly, to get up a meeting and have this jobbing put a stop to, by calling on the government to interfere.

It is not the pecuniary remuneration on such occasions which induces me to notice the matter; but the disrepute the profession is brought into by those gentlemen, who you very properly designate by the, at present no enviable cognomen, of coroners' doctors. Hoping you will excuse me for so long intruding,

I remain, gentlemen, your obedient servant,

MICHAEL DOYLE, M.R.C.S.L.

MEDICAL CHARITIES' BILL.

We received a copy of this bill just as we were going to press, and have time to give a short abstract only of its contents, proposing to lay the whole of it before our readers in our next publication. It consists of seventy-five clauses, and provides as follows:—The Lord Lieutenant to appoint a medical charities' board, composed of not less than five, and not more than seven physicians or surgeons, who shall have practised as such for ten years. The board to meet at such times and place as the Lord Lieutenant shall direct, and four to be a quorum. The board to report as soon as they conveniently can to the Lord Lieutenant upon the state of disease, and the number and condition of the medical institutions, and also at the end of every six months, setting forth the number of poor receiving relief, and the description of diseases. The board to report, when required, upon the extent of dispensary relief requisite in any union, the number of dispensaries, and the amount of hospital accommodation for fever and contagious diseases to be provided. The board to make orders for the medical economy and management of dispensaries and fever hospitals, with consent of the Lord Lieutenant. The members of the board to be members of the general board of health. The Lord Lieutenant to appoint four physicians or surgeons of seven years' standing to inspect the medical institutions. These inspectors to examine into the administration and state of all medical charities, the medical qualifications of medical officers, and the income, and expenditure, and number of patients. The poor-law commissioners to make orders for the government and regulation of dispensaries and fever hospitals, and regulating the expenditure. These orders, which require the sanction of the Lord Lieutenant, to be promulgated by the commissioners, (this clause is obscure and appears to effect more than it professes.) All orders of medical charities' board to be sealed with the poor-law commissioners seal. Poor-law commissioners, with consent of the Lord Lieutenant, may form dispensary and fever hospital districts, and as they think fit to dissolve the same. The ex-officio governors of fever hospitals and dispensaries to be the poor-law guardians of the electoral division of the district, the resident justices of the peace, the rector or curate of the parish, and the priest or minister of each religious denomination. If ex-officio governors fall short of a certain number, not specified, the deficiency to be supplied from the rate-payers. Donors of twenty pounds and subscribers of two pounds to be governors. The donations and subscriptions to be applied in aid of the poor-rate. The Lord Lieutenant to have power to remove governors, whether they be ex-officio or by subscription. The governors to manage the institution subject to the orders of the Lord Lieutenant, the medical charities' board, and the poor-law commissioners. The Lord Lieutenant to authorise governors to appoint medical officers, and the poor-law commissioners to define their duties and salaries. Salaries to be paid out of the poor-rate. The Lord Lieutenant may dismiss any medical officer at the suggestion of any one of the poor-law commissioners, assistant-commissioners, or medical inspectors, or any four of the governors.

We must stop here, having neither time nor space to proceed. The whole shall be laid before our readers in our next publication. It would be premature to enter upon any comment as to those provisions; but we do not wish one moment to pass without expressing our conviction, that the thing before us is an unmitigated poor-law scheme, constructed and intended to bring the medical profession, body and soul, within the grasp of these officials, and to convert its members into obsequious tools and official dependents. It carries out the principle of concentration with a vengeance!

POOR-LAW COMMISSIONERS MEDICAL CHARITIES' BILL.

We adverted in a former publication to a petition from the grand jury of the King's County, praying that the administration of the medical charities of this country should not be transferred to the poor-law commissioners. The petition to the House of Commons was confided to Mr. Barry Baldwin, the talented member for Totnes; and the observations of that gentleman on its presentation are worthy of being recorded. Were all our Irish members as well acquainted with the working of the poor-law act as Mr. Baldwin, and were the grand juries of the several counties to exhibit the same energy in protesting against augmenting the power of the "three kings" sitting at Somerset-house, the government would perceive that the country was utterly opposed to the medical charities' bill. Mr. Baldwin said—

"He most cordially concurred in the sentiments expressed by the grand jury of the King's County. From his knowledge of the feeling that pervaded all classes in Ireland, with reference to the poor relief act, he felt assured that the distrust with which the people regarded the measures of the commissioners would be very much increased by finding that the present medical institutions in Ireland were to be remodelleled, and their future operation committed to the discretion of parties who, in the administration of the poor-law, exhibited a lamentable incapacity. He (Mr. Baldwin) was desirous of assuring the house that the boards of guardians in Ireland were as hostile to this medical charities' bill; they felt how fettered and circumscribed were their functions with regard to the poor-law act, and they have a very natural repugnance to incur a responsibilty where the paramount powers of the commissioners deprive them of all discretion. It is perfectly notorious, that in several districts in Ireland the poor-rate is an exceedingly unpopular impost, and in some cases the people have resisted the payment

of it. He thought he was justified in asserting, that this in a vast measure proceeds from an impression, that a large proportion of the rate is appropriated to sustain the expensive machinery of the act, and the enormous salaries and other charges of the officials, and that a very small amount is devoted to its legitimate purposes. This must be the reason why the rate is resisted; for every body who knows the Irish people well, must admit, that they are generous and charitable to a degree. If, then, the present poor-rate be an unpopular impost, and collected with difficulty, what must be the measure of resistance to it, when it is materially increased by the addition of a sum for the purposes of the medical charities' bill. I think it unnecessary to say more at this moment; but when the bill comes before the house I shall be prepared to shew that the report of Mr. Phelan, upon which this measure was framed, is manifestly a document deserving of no such weight as to warrant the founding of a legislative enactment upon it; that it is notoriously partial and incorrect, and that Mr. Phelan was not a proper person to select for such a duty, whilst gentlemen of the medical profession were to be found in Ireland of as high honour and as distinguished attainments as could be produced in any country."

We earnestly hope that this matter will be taken up in a proper spirit by all public bodies in the country, and the people generally; let petitions be framed in all quarters, and forwarded for presentation to parliament; and we are persuaded that the government will not press upon the country any measure, having thus ascertained that the sense of the country is against it.—*Leinster Express.*

MEDICAL INTELLIGENCE.

THE MEDICAL PROFESSION.

At the Shrewsbury assizes, the case of "Keate *v.* Clarke" excited much interest. Mr. Keate, a Shrewsbury Surgeon, had attended Mr. Samuel Parkins in the last twelve months of his life, and sent in a bill to the executors of the deceased as follows:—

From June 23 to Dec. 31, 1840.

33 visits at 7s. 6d.	£12	7	6
Medicines	3	7	6
	£15	15	0

From Jan. 2 to June 7, 1841.

174 visits at 7s. 6d.	£65	5	0
Three ditto in the night at 10s. 6d.	1	11	6
Medicines	15	4	0
	£82	0	6
Amount of first bill	15	15	0
Total	£97	15	6

The executors resisted payment, on the ground that the charges were exorbitant. It appeared, however, that when the first bill was presented to the patient, he expressed himself perfectly satisfied; and in the second bill, it will be seen, the charges are on the same scale. Judge Erskine said:—"If patients gave extra-trouble, and were content to pay for it, during their lives, it was not for their administrators after death, and when sufficient funds remained to pay for that trouble, to complain of such charges; and he thought it much better that surgeons should be remunerated in that manner, rather than in proportion to the amount of drugs they prevailed upon their patients to swallow." The jury returned a verdict for ninety-seven pounds fifteen shillings and sixpence, being the whole amount claimed—"a decision says the *Shrewsbury News*, "which was received with the greatest satisfaction by the numerous friends of the plaintiff who thronged the court, and by the public generally."

SUBSCRIPTION FOR A MONUMENT TO BARON LARREY.

In the *Gazette Médicale* for August 6th, is a letter bearing the signatures of MM. Casimir Broussais, Michel Lévy, and E. Millon, proposing that a subscription may be set on foot to erect a monument to the late Baron Larrey, as was done three years ago for M. Broussais. They request that the appeal may not be confined to France, but extended throughout Europe; "for the name of Larrey," they say, "has found admirers wherever science and humanity have obtained honour and credit; therefore, let the monument which we desire for him, be the produce of an European subscription. A crowd of our brethren entertain the same wish. It is the duty of medical men to guard the honour of their profession; and statues and monuments are but little common among them: happy is the age which has occasion to raise them!"

PROMOTIONS.

MILITARY.—Hospital-Staff.—Surgeon Charles M'Lean, M.D., from the 53d foot, to be Staff-Surgeon of the first class, vice Peter Smith deceased.

NAVAL.—Assistant-Surgeons—Alexander Barr to the Comet; Wm. Roberts to the Alfred.

NATIONAL VACCINE INSTITUTION.

A meeting of the Medical Board of the National Vaccine Institution was held on Tuesday the 9th instant, for the purpose of appointing a successor to the late Mr. Gillham, resident medical superintendent of the institution. The choice of the Board, consisting of Sir Henry Halford, Bart., Dr. Holland, and Anthony White, Esq., President of the Royal College of Surgeons, fell upon Mr. Tomkins, vaccinator at the Surrey station; and Mr. George Simpson, surgeon, of Bedford-street, Bedford-square, was elected to the latter appointment, which thus became vacant.

M. Begin, first professor at the Val-de-gracé, has just been elected to the post of inspector-general and member of the "Conseil de santé des armées," in the place of Baron Larrey.

OBITUARY.

August 6, in Cork, Richard Beamish Teulon, Esq., M.D.

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Aug. 14th,	80.5	58	30.400	
Monday,	15th,	79	59	30.312	
Tuesday,	16th,	80.5	56	30.350	
Wednesday,	17th,	78.5	57.5	30.050	
Thursday,	18th,	79	58	30.000	
Friday,	19th,	71.5	59	29.750	
Saturday,	20th,	66	54.5	29.850	.380

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION, (PAYABLE IN ADVANCE.)

Twelve Months	£1	5	0
Six Months	0	13	0
Single Number	0	0	6

Wednesday, August 24, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXCI.] DUBLIN, WEDNESDAY, AUGUST 31, 1842. { PRICE SIXPENCE, STAMPED.

A Bill for the better regulation and support of Medical Charities in Ireland. [Prepared and brought in by Lord Eliot and Mr. Solicitor-General for Ireland.]—Ordered by the House of Commons to be printed. August 10, 1842. 129

REPORTS OF MEDICAL AND SURGICAL PRACTICE.

Sequel of a case of Empyema and Displacement of the Heart, with a Description of the Morbid Appearances after Death. By Henry Croly, M.D., (Edinb.) Licentiate of the Royal College of Surgeons in Ireland, Surgeon to the Mountmellick Dispensary..... 138

Case of Tape-worm. By John F. West, M.D., Dispensary, Ballinacargy..... 140

To Correspondents..... 141

THE MEDICAL CHARITIES' BILL..... ..... ib.

TRIAL OF ELLEN BYRNE FOR THE MURDER OF HER HUSBAND:—MEDICAL EVIDENCE CONTINUED..... .... ib.

MEDICAL INTELLIGENCE.—University of Edinburgh—London Private Schools..... 144

Register of the Weather..... ib.

A BILL FOR THE BETTER REGULATION AND SUPPORT OF MEDICAL CHARITIES IN IRELAND.

[PREPARED AND BROUGHT IN BY LORD ELIOT AND MR. SOLICITOR-GENERAL FOR IRELAND.]

Ordered by the House of Commons to be printed. August 10, 1842.

[Note.—The words and clause printed in *italics* are proposed to be inserted in the committee.]

1. Whereas it is expedient to provide for the better regulation and support of medical charities in Ireland; be it therefore enacted, by the Queen's most excellent majesty, by and with the advice and consent of the lords spiritual and temporal, and commons, in this present parliament assembled, and by the authority of the same, that it shall be lawful for the Lord Lieutenant of Ireland for the time being, by warrant under his hand, from time to time to appoint during pleasure any number of persons, not less than five, and not more than seven, being physicians or surgeons residing in Ireland, who shall have practised as such for not less than *ten* years previous, to be commissioners for the superintendence of the medical charities of Ireland, and who shall be called "The Medical Charities Board," and shall act under such regulations as the said Lord Lieutenant shall from time to time think fit to prescribe.

2. And be it enacted, that the said Medical Charities Board shall meet at such times and at such place as the said Lord Lieutenant shall from time to time direct; and every act done or performed by any *four* members of such board, at any such meeting, shall be as valid and effectual to all intents and purposes whatsoever as if done by all the members of the said board.

3. And be it enacted, that the said Medical Charities Board shall, so soon as conveniently may be after its formation, report to the said Lord Lieutenant upon the state of disease, and the number and condition, and description of every medical institution for the relief of the sick or convalescent poor in the several unions in Ireland; and shall from time to time make a like report at the end of every *six* calendar months thereafter; and in every such report subsequent to the first, the said board shall set forth the number of poor persons who shall have received medical relief in each union during the *six* calendar months next preceding such report, and the descriptions of the diseases or maladies of such poor persons respectively.

4. And be it enacted, that the said Medical Charities Board shall, from time to time, when so required by the said Lord Lieutenant, report to him upon the extent of dispensary relief requisite in any union, or portion of an union; and the number of dispensaries which, in the opinion of the said board, ought to be provided for the relief of the sick poor in such union or portion of an union; and shall also from time to time, when so required by the said Lord Lieutenant, report to him upon the amount of hospital accommodation for poor persons affected with fever or contagious disease requisite in any union or portion of an union, and the description and extent of the hospital accommodation for poor persons affected with fever or contagious disease, which in the opinion of the said board ought to be provided in such union or portion of an union as aforesaid.

5. And be it enacted, that the said Medical Charities Board shall, from time to time, make such orders for the medical economy and management of dispensaries and fever hospitals, and revoke or alter the same, as to the said board shall seem proper; and every such order, and every order revoking or altering any order

previously made, shall be submitted by the Medical Charities Board to the said Lord Lieutenant; but no such order, nor any revocation or alteration thereof, shall operate or take effect without his consent.

6. And be it enacted, that every member of the said Medical Charities Board for the time being shall be a member of the general board of health for Ireland, without further appointment or nomination.

7. And be it enacted, that it shall be lawful for the said Lord Lieutenant, by warrant under his hand, from time to time to appoint, during pleasure, any number of persons not exceeding *four*, being physicians or surgeons, who have practised as such for at least *seven* years previous, to inspect under the direction and control of the said Medical Charities Board, the medical institutions in Ireland, and such persons shall be called "Inspectors of Medical Charities."

8. And be it enacted, that it shall be lawful for any one or more of the said inspectors of medical charities, from time to time, when and as the Medical Charities Board shall direct, to inspect and examine into the administration, management, and state of any hospital, infirmary, dispensary, or other institution for the relief of the sick or convalescent poor, whether as intern or extern patients in Ireland, and the nature and extent of the relief so afforded; and also to inquire into and ascertain the medical qualification of each person in the receipt of any salary or payment as a medical officer of any such institution; and also to require such returns and reports of the annual income and expenditure of each such institution, and of the number of patients annually relieved or treated thereat, and of the rules, regulations, and bye-laws, whereby any such institution is regulated; and of all and singular other the matters connected with the administration or condition of any such institution, as may be directed by the said Medical Charities Board.

9. And be it enacted, that the poor-law commissioners shall from time to time, as they shall see occasion, make all such orders for the government and regulation of dispensaries and fever hospitals, and for the keeping, examining, auditing, and allowing or disallowing of accounts, and for the making of contracts and for regulating the expenditure for the medical relief of the sick poor, and for carrying this act into execution, in all other respects, and revoke or alter the same, as they shall think proper; and every such order, to the validity whereof the consent of the Lord Lieutenant may be requisite under the provisions of this act, shall be submitted by the said commissioners to the said Lord Lieutenant, and no such order shall operate or take effect without his consent.

10. And be it enacted that the consent of the Lord Lieutenant to any order of the Medical Charities Board, or to any order of the poor-law commissioners whereto the same may be necessary, shall be signified by warrant under his hand, which shall, together with such order, be transmitted by the Chief or Under Secretary to the said poor-law commissioners; and every such order so consented to, shall come into operation and take effect upon and from the transmission thereof to the said commissioners, and not before: provided nevertheless, that it shall be lawful for the said Lord Lieutenant, at his discretion, from time to time, by warrant under his hand, to revoke or suspend such orders or any of them.

11. Provided, and be it enacted, that nothing in this act contained shall be construed to enable the Lord Lieutenant, or the Medical Charities Board, or the poor-law commissioners, or any of them, to interfere in any individual case, for the purpose of ordering medical relief.

12. And be it enacted, that the poor-law commissioners shall cause to be sealed or stamped with the seal of the poor-law commissioners for the time being all orders made by them in pursuance of this act; but no such order, to the validity whereof the consent of the Lord Lieutenant may be requisite, shall be sealed or stamped till such consent shall have been signified; and they shall also cause to be sealed or stamped with their seal all orders of the said Medical Charities Board which shall have been assented to by the said Lord Lieutenant; and all such orders, or copies thereof, purporting to be sealed or stamped with such seal, shall be received without further proof thereof as evidence of such orders, and that the same have been duly made and issued, and that such consent has been given where the same is requisite; and no such order or copy thereof shall be valid, or have any force or effect, unless the same shall be sealed or stamped as aforesaid.

13. And be it enacted, that all general orders made by the said Medical Charities Board or by the poor-law commissioners for the time being in force at the commencement of every session of parliament, and which shall not previously have been submitted to parliament, shall from time to time within *one week* after the commencement of every such session be laid before both houses of parliament.

14. And be it enacted, that the poor-law commissioners shall from time to time, so soon as conveniently may be after the printing or publication thereof respectively, transmit to the Medical Charities Board a copy of every order and other document which shall be printed or published by their authority in execution of or by virtue of the provisions of this act.

15. And be it enacted, that it shall be lawful for the poor-law commissioners at any time, with the consent of the said Lord Lieutenant, by their order, to constitute any one or more electoral divisions of any union a district for the medical relief of the sick poor, by dispensaries, and with the like consent, by a like order, to constitute so many electoral divisions of any union or unions, as they may think fit, a district for the administration of medical relief to poor persons affected with fever or other contagious disease, and to denote such dispensary districts and fever hospital districts respectively by such names as they shall by such orders direct.

16. And be it enacted, that it shall be lawful for the said commissioners, from time to time as they may think fit, with the consent of the said Lord Lieutenant, by their order, to declare any such dispensary district or fever hospital district to be dissolved, or any electoral division or electoral divisions to be added to or separated therefrom; and in case of any addition to or separation from such district, or of any other alteration of the limits thereof, to make, with the like consent such orders as they may think fit for adapting the constitution, management, and government of such district to its altered state; and in case of a total or partial dissolution of any such district, or other alteration of the limits thereof, to ascertain to the best of their judgments the proportionate value to each electoral division affected by such dissolution or alteration, of any property held or taken for or relinquished by the district in its altered state, and also the proportionate amount chargeable on each

electoral division in respect of all the liabilities of such district existing at the time of such dissolution or alteration; and the commissioners shall thereupon, with the like consent, fix by their order the amount to be received or paid, or secured to be paid, by such district, or by any electoral division affected by such alteration, as the justice of the case shall appear to them to require; and all sums to be received, if any, by such district or electoral division shall be paid or secured to be paid to such person, and in such manner, and shall be applied for the benefit of such district or electoral division, as the said commissioners shall, with the like consent, by their order direct; and all sums to be so paid, or secured to be paid, shall be charged on the poor-rate, or raised by special rates on the property liable to be rated under an act passed in the session of parliament holden in the first and second years of her present majesty, intituled, "An act for the more effectual relief of the destitute poor in Ireland," or any act amending the same, situate within such district or electoral division respectively, as the commissioners may see fit: provided always, that no such dissolution or alteration shall in any manner prejudice, vary or affect the rights or interests of third persons in respect of contracts entered into by or on behalf of such district or electoral division previous to such dissolution or alteration.

17. And be it enacted, that when any district for the medical relief of the sick poor by dispensaries, or any district for the medical relief of poor persons affected with fever or other contagious disease shall have been declared, governors for such dispensary district or fever hospital district, as the case may be, shall be severally constituted; and every guardian of the poor elected for and resident in any electoral division comprised in such districts respectively, and every justice of the peace residing therein, and acting for the county in which he so resides, and not being a stipendiary magistrate or assistant-barrister, and the rector or vicar or curate officiating in each parish whereof any part shall be comprised in such district, and the principal officiating priest or minister of each religious denomination and congregation therein, shall respectively be ex-officio governors for such dispensary district or fever hospital district, as the case may be.

18. And be it enacted, that when and while the number of ex-officio governors for any dispensary district shall fall short of and when and while the number of ex-officio governors in any fever hospital district shall fall short of so many male persons of full age residing in such dispensary district or fever hospital district, as the case may be, and rated to the relief of the poor in the rate for the time being last made in each electoral division constituting or forming part of such district as may be necessary to complete such number of or as the case may be, shall be governors for the time being, together with such ex-officio governors; and such persons shall be the persons resident in such district, who shall have been rated under the rate for the time being last made at the largest sums of money; and in case any two or more such persons shall have been rated in equal sums of money, the ex-officio governors for such dispensary district or fever hospital district, as the case may be, shall decide who of such persons so equally rated shall be such governor or governors together with them.

19. And be it enacted, that every male person of full age, whether resident within such district or not, who shall pay to the collector for the time duly authorised to collect the poor-rate in such district, or any part of such district, a sum of not less than twenty pounds as a donation for the purposes of such dispensary district or fever hospital district, as the case may be, shall also be according to the purpose of such donation a governor for such dispensary district or fever hospital district, as the case may be; but no person being a governor by donation for such district shall vote in the election or appointment of any paid medical or other officer for such district, (save in the first election of medical officers under this act) unless he shall have been such governor for and during the twelve calendar months next previous to such election or appointment.

20. And be it enacted, that every male person of full age who shall pay to the collector for the time duly authorised to collect the poor-rate on any dispensary or fever hospital district or any part of such district, a sum not amounting to twenty pounds and not less than two pounds, for the purposes of any dispensary district or fever hospital district, shall also for and during the space of twelve calendar months next after every such payment, whether resident within such district or not, be, according to the purpose of such subscription, a governor for such dispensary district or fever hospital district, as the case may be; but no person being such governor by virtue of such subscription shall vote in the election or appointment of any paid medical or other officer for such district (save in the first election of medical officers under this act) unless he shall have been such governor for and during the twelve calendar months next previous to such election or appointment.

21. And be it enacted, that every sum of money received by any collector of poor-rate for the purposes under this act of any dispensary district or fever hospital district, shall be paid by him to or for the use of the electoral division or divisions comprised in such district, to be applied in aid of the poor-rate of such electoral division or divisions; and all such monies so received by any such collector shall be duly accounted for by him, and all securities given by him, or on his behalf, shall extend to such monies.

22. And be it enacted, that it shall be lawful for the said Lord Lieutenant, from time to time, upon an application in writing under the hands of any *five* or more of the governors for any dispensary district or fever hospital district, and upon such investigation and inquiry in that behalf, as to such Lord Lieutenant shall seem proper, by warrant under his hand, to remove any governor (whether ex-officio or by donation or subscription) for such district, and thereupon such person shall cease to be such governor.

23. And be it enacted, that the governors for every dispensary district and the governors for every fever hospital district shall be severally incorporated by the respective names of "The Governors for the Dispensary District of ," and "The Governors for Fever Hospital District of ," and shall by such names respectively be separate and distinct bodies corporate, with perpetual succession, and have power to purchase and hold lands, within the restrictions hereinafter contained, for the purposes of this act; and the governors for each such dispensary district shall enter into and execute all contracts connected with the medical relief of the sick poor by dispensaries within such district, and govern and manage the dispensaries, and direct the officers of such dispensaries in the execution of their duties; and the governors for each fever hospital district shall enter into and execute all contracts connected with the medical relief of poor persons affected with fever or contagious disease within such district, and govern and manage the fever hospitals, and direct the officers of such fever hospitals in the execution of their duties; but all such dispensary governors and fever hospital governors shall be subject therein to the orders of the said Lord Lieutenant, signified by warrant under his hand, and to the orders of the

Medical Charities Board and of the said poor-law commissioners, signified under the seal of the said poor-law commissioners; and all lands, tenements, and hereditaments, and all goods and chattels, real and personal, taken, used or purchased under this act, for the medical relief of the sick poor by dispensaries within each district, shall be deemed at law to be the property of the governors of such dispensary district; and all lands, tenements, and hereditaments, and all goods and chattels, real and personal, taken, used, or purchased under this act for the medical relief of poor persons affected with fever or contagious disease within each fever hospital district, shall be deemed at law to be the property of the governors of such fever hospital district.

24. And be it enacted, that the governors for every dispensary district, and the governors for every fever hospital district, shall meet from time to time, as they shall think fit, but so nevertheless that they shall meet once at the least in every week; and all acts done at such meetings by a majority of governors present thereat shall be as valid and effectual as if done by all the governors: provided, that no act of such meeting shall be valid unless five governors shall be present thereat.

25. And be it enacted, that no governor of any dispensary district or fever hospital district shall have power individually to act or interfere with any dispensary or fever hospital, or to take any part in the management thereof, except at a meeting of such governors, respectively, and as one of such meeting.

26. Provided always, and be it enacted, that (save only in the case where any person not duly entitled shall have been admitted to vote in the election or appointment of any paid officer) no defect in the qualification of any person acting as a dispensary governor or fever hospital governor at a meeting of such governors respectively, shall vitiate or make void any proceeding in which he may have taken part.

27. And be it enacted, that it shall be lawful for the said Lord Lieutenant, as and when he shall see fit, by warrant under his hand, to authorise and require the governors of any dispensary district or fever hospital district severally to appoint fit and proper persons to fill such medical offices and other offices as such Lord Lieutenant shall deem necessary for carrying the provisions of this act into execution in such respective districts; and the poor-law commissioners shall, with the consent of the said Lord Lieutenant, by their order, define from time to time the several duties of such officers, and the places or limits within which the same shall be performed, and the time of the appointment of such officers respectively, and the amount and nature of the security to be given by such of the said officers (not being a medical officer or officers) as they shall think ought to give security; and the commissioners shall, when and as they, with the like consent, may see occasion, from time to time, regulate, by order, the amount of salaries or allowances payable to such officers respectively, and the time and mode of payment thereof.

28. Provided always, and be it enacted, that if the governors for any dispensary district or any fever hospital district shall for the space of one calendar month next after the receipt of any such warrant refuse or neglect to appoint any such medical or other officer or officers as they may be thereby respectively required to appoint, it shall and may be lawful for the Lord Lieutenant for the time being, by warrant under his hand, himself to appoint such medical or other officer or officers for such district.

29. And be it enacted, that the salaries of all such medical and other officers for each dispensary district shall be chargeable on and payable out of the poor-rates of the electoral division or electoral divisions comprised in such dispensary district; and in every case where two or more electoral divisions shall be comprised in any such dispensary district, such salaries shall be chargeable on and payable out of the poor-rates of such electoral divisions in the proportions of and according to the net annual value of the rateable property comprised in such electoral divisions respectively; and the guardians of the union comprising any such dispensary district are hereby empowered and required to raise by rate accordingly such sums as shall be sufficient to pay such salaries.

30. And be it enacted, that the salaries of all such medical and other officers for each fever hospital district shall be chargeable on and payable out of the poor-rates of the electoral divisions comprised in such fever hospital district, in the proportions of and according to the net annual value of the rateable property comprised in such electoral divisions respectively; and the guardians of every union, whereof any part shall be comprised in any such fever hospital district, are hereby empowered and required to raise by rate, accordingly, such sums as shall be sufficient to pay such salaries, or such union's proportionate part thereof.

31. And be it enacted, that it shall be lawful for the said Lord Lieutenant from time to time, upon an application in writing under the hand or hands of any one or more of the poor-law commissioners, or assistant poor-law commissioners, or medical inspectors, or of any four or more of the governors of any dispensary districts or fever hospital district, as the case may be, and upon such investigation and inquiry in that behalf as to such Lord Lieutenant shall seem proper, by warrant under his hand, to remove any paid medical officer appointed under this act, for any dispensary district or fever hospital district, from his office, and to require a fit and proper person to be appointed in his room; and in default of such appointment by the governors, required to make such appointment, it shall be lawful for such Lord Lieutenant at any time after the lapse of *one calendar month* himself to make such appointment.

32. And be enacted, that the poor-law commissioners shall have power and authority to remove any paid officer, not being a medical officer, appointed under the provisions of this act, whom they shall deem unfit for or incompetent to discharge the duties of his office, or who shall refuse or neglect to obey any order of the said commissioners, and to require from time to time the governors for the district to appoint a fit and proper person in his room; and in default of such appointment by the governors required to make such appointment, it shall be lawful for the Lord Lieutenant at any time after the lapse of *one calendar month*, to appoint a fit and proper person in the room of the person so removed; and any person so removed shall not be competent to hold any office (whether paid or unpaid) connected with the purposes of this act, except with the consent of the commissioners.

33. And be it enacted, that when any dispensary district shall have been declared, every dispensary theretofore, either wholly or in part, supported by grand jury grant, or by any compulsory rate or contribution, situate within the limits of such dispensary district, and all lands, tenements and hereditaments and chattels real or personal, belonging thereto, and the produce of any such grant, rate or contribution, shall vest in the governors of such dispensary district, and their successors, and be held by them, according to the nature and quality of the same property and premises respectively, and subject to the debts, charges and incumbrances affecting the same respectively, in trust for the purposes for which the same are now respectively applicable.



34. And be it enacted, that when any fever hospital district shall have been declared, every fever hospital theretofore, either wholly or in part, supported by grand jury grant, or by any compulsory rate or contribution, situate within the limits of such fever hospital district, and all lands, tenements, and hereditaments, and chattels real or personal, belonging thereto, and the produce of any such grant, rate or contribution shall vest in the governors of such fever hospital district and their successors, and be held by them according to the nature and quality of the same property and premises respectively, and subject to the debts, charges and incumbrances affecting the same respectively, in trust for the purposes for which the same are now respectively applicable.

35. And be it enacted, that every dispensary or fever hospital which shall become so vested in either of such corporations of governors as aforesaid, shall, if and when the said poor-law commissioners shall, with the consent of the said Lord Lieutenant by their order so direct, become a dispensary or fever hospital, as the case may be, of the district in which the same may be situate; but every such dispensary or fever hospital shall, subject always to the orders of the commissioners, consented to in manner aforesaid, be maintained and supported in the manner in which the same is now by law maintained and supported until or unless the said commissioners shall, with such consent by their order, otherwise direct.

36. And be it enacted, that when the said commissioners shall, by and with the consent of the said Lord Lieutenant, have by their order, declared any dispensary of any district to be fit for the administration of medical relief to the sick poor, it shall be lawful for the said Lord Lieutenant, if he shall so think fit, to direct, by his warrant, that so much of the provisions of all general and local acts made before the passing of this act as shall in any way relate to any dispensary, or to any presentment, tax or contribution in respect of any dispensary in such dispensary district shall cease and determine; and when any fever hospital of any fever hospital district shall have been in like manner declared fit for the administration of medical relief to poor persons afflicted with fever or contagious disease, it shall be lawful for him in like manner to direct that so much of all such acts as relate to any fever hospital or to any presentment, tax or contribution in respect thereof, in such fever hospital district, shall cease and determine, and the same shall cease and determine according to the tenor of such warrants, from such time and subject to such provisions as shall be therein severally specified in that behalf.

37. And be it enacted, that it shall be lawful for the said Lord Lieutenant from time to time, when he may see fit, by warrant under his hand, to order and direct the governors of any dispensary district to build a dispensary or dispensaries, and to purchase or take on lease land of any tenure for the purpose of building the same thereon; or to purchase or take on lease, or hire any building or buildings for the purpose of being used as or converted into a dispensary, or to enlarge or alter any dispensary or building capable of being converted into a dispensary and to direct the size and description of any dispensary so to be provided, and prescribe the plan thereof; and the said Lord Lieutenant may from time to time, as he may see fit, by warrant under his hand, order and direct the guardians of any union to uphold and maintain any dispensary therein, and to furnish and fit up any such dispensary, and to provide any utensils or instruments for the purposes of the medical relief of the sick poor thereat; and all lands and buildings so purchased or taken on lease in any dispensary district shall be conveyed or taken to the governors of such dispensary district and their successors, in the same manner as hereinbefore provided concerning dispensaries in dispensary districts, at the time of the declaration thereof; and all the expenses incident to the building, repairing or providing of a dispensary in any dispensary district, or to the purchase of any lands or premises for that purpose, and the rent of any premises taken on lease or hired for that purpose, and any expenses incident to the upholding or maintaining of any dispensary, or to the furnishing or fitting-up of any dispensary, or to the providing of any utensils or instruments for the purposes of the medical relief of the sick poor thereat, shall be chargeable on and payable out of the poor-rates of the electoral division or electoral divisions comprised in such dispensary district; and in every case where two or more electoral divisions shall be comprised in any such dispensary district, such expenses shall be chargeable on and payable out of the poor-rates of such electoral divisions in the proportions of and according to the net annual value of the rateable property contained in such electoral divisions respectively; and the guardians of the union comprising any such dispensary district are hereby empowered and required to raise by rate accordingly, such sum or sums of money as shall be necessary for the purposes aforesaid.

38. And be it enacted, that it shall be lawful for the said Lord Lieutenant from time to time, when he may see fit, by warrant under his hand, to order and direct the governors of any fever hospital district to build a fever hospital or hospitals, and to purchase or take on lease land of any tenure for the purpose of building thereon, or to purchase or take on lease any building or buildings for the purpose of being used as or converted into a fever hospital, or to enlarge or alter any fever hospital or building capable of being converted into a fever hospital, and to direct the size and description of any fever hospital so to be provided, and prescribe the plan thereof, and the said Lord Lieutenant may, from time to time as he may see fit, by warrant under his hand, order and direct the guardians of the union or unions whereof any part shall be comprised in any fever hospital district, to uphold and maintain any fever hospital within such district; and all lands and buildings so purchased in any fever hospital district shall be conveyed to and vested in the governors of such fever hospital district and their successors, in the same manner as hereinbefore provided concerning fever hospitals in fever hospital districts, at the time of the declaration thereof: provided always, that in every case where the Lord Lieutenant shall deem it necessary or requisite to direct the building or alteration of any fever hospital in any district, the plan of such building or alteration shall, previously to the making of any warrant in that behalf, be referred to the Medical Charities Board for the opinion of the said board.

39. *And be it enacted, that it shall be lawful for the said Lord Lieutenant from time to time, when he may see fit, by warrant under his hand, to direct the grand jury of any county to present at any assizes for such county any sum or sums of money which he shall deem necessary or requisite for the purposes of building, hiring, repairing, enlarging, rebuilding, furnishing or fitting-up any fever hospital within such county; and the grand jury of any county to whom any such warrant shall be directed are hereby authorized and required to present at such assizes the sum or sums of money specified in such warrant, and to set forth in such presentment that sum or sums shall be raised and levied within the period of six years, by half-yearly or yearly instalments, and also to set forth in such presentment what part thereof shall be raised upon any*

barony or baronies, or portion of a barony, in such county, or on the county at large; and the treasurer of such county shall from time to time, without further authority or presentment in that behalf, insert in his warrant, at each assizes, the portion or portions so set forth of the sum or sums so presented, and the same shall be raised and levied in like manner from time to time, and with the like remedy in case of non-payment, as all other money directed by such warrant is by law to be levied; and when and so soon as such presentment shall have been duly certified by the acting clerk of the crown, it shall and may be lawful to and for the commissioners of her majesty's treasury, or any three or more of them, by warrant under their hands, to direct the amount of such sum or sums of money so presented, or any part thereof, to be advanced out of the produce of the consolidated fund to the treasurer of such county, to be applied for the purposes for which such presentment shall have been made; and such money so advanced and paid to such treasurer shall be accounted for by him in like manner as any other monies received by him for the use of such county, and all securities given by him or on his behalf shall extend to such money; and such treasurer shall from time to time pay to such bank or person as the said commissioners of her majesty's treasury shall direct all such sums as shall from time to time be received by him, by virtue of the presentment on account of which such money shall have been advanced, until the whole sum advanced shall be repaid; and all and every the sum and sums of money which shall be received by or shall come to the hands of the treasurer of any such county, by virtue of the provisions herein contained, shall be paid to such person and applied in such manner as the Lord Lieutenant for the time being, by warrant under his hand, shall from time to time direct.

40. And be it enacted, that when the said poor-law commissioners shall, with the consent of the said Lord Lieutenant, have by their order declared any dispensary of any district to be fit for the administration of medical relief to the sick poor or any fever hospital of any fever hospital district to be fit for the administration of medical relief to poor persons affected with fever or other contagious disease, and not before, it shall be lawful for the governors for such dispensary or fever hospital district, as the case may be, at their discretion, but subject in all cases to the orders of the commissioners, to take order for the administration of medical relief by such dispensary or in such fever hospital to poor persons residing within such dispensary or fever hospital district, as the case may be.

41. And be it enacted, that the poor-law commissioners shall cause to be printed for the use of every dispensary district and fever hospital district, a sufficient number of register-books for making entries of the descriptions of persons admitted into and relieved in such districts respectively, and of the particulars of such relief, according to such form as shall be approved of by the Medical Charities Board, and shall furnish the medical officer or (if more than one) the principal medical officer of each dispensary and fever hospital, with one of such register-books from time to time as may be necessary, the cost whereof shall be included in the expenses of such dispensary or fever hospital; and every such medical officer shall register in the said book the particulars required to be registered according to the form of registration therein set forth, touching every person to be relieved at such dispensary or fever hospital; and such register-books shall be produced at every meeting of the governors of such districts respectively for their examination and approval, and when so approved shall be signed by the chairman.

42. And be it enacted, that the respective governors for every dispensary district and fever hospital district shall severally cause accounts to be kept of the expense incurred in respect of the relief afforded to poor persons at each such dispensary or fever hospital, as the case may be; and such accounts shall be made up at the end of every *six* calendar months: and such several accounts or copies thereof shall, from time to time, so soon as conveniently may be after the same shall have been made up respectively, be furnished by the governors of every such dispensary district to the guardians of the union wherein such dispensary district may be situate, and by the governors of every such fever hospital district to the guardians of every union whereof any part shall be comprised in such fever hospital district.

43. And be it enacted, that all the expenses which shall be incurred in the execution of the provisions of this act in relation to the medical relief of the sick poor in any dispensary district, and which are not otherwise provided for by this act, shall be chargeable on and payable out of the poor-rates of the electoral division or electoral divisions comprised in such dispensary district; and in every case where two or more electoral divisions shall be comprised in any such dispensary district, such expenses shall be chargeable on and payable out of the poor-rates of such electoral divisions, in the proportions of and according to the net annual value of the rateable property contained in such electoral divisions respectively; and the guardians of the union comprising any such dispensary district are hereby empowered and required to raise by rate, accordingly, such sums as shall be sufficient to pay such expenses.

44. And be it enacted, that all the expenses which shall be incurred in the execution of the provisions of this act in relation to the medical relief of poor persons affected with fever or contagious disease in any fever hospital district, and which are not otherwise provided for by this act, shall be chargeable on and payable out of the poor-rates of the electoral divisions comprised in such fever hospital district in the proportions of and according to the net annual value of the rateable property comprised in such electoral divisions respectively; and the guardians of every union whereof any part shall be comprised in any such fever hospital district are hereby empowered and required to raise by rate, accordingly, such sums as shall be sufficient to pay such expenses or such union's proportionate part thereof.

45. And be it enacted, that the respective governors for every dispensary district and fever hospital district shall, so soon as conveniently may be after the formation of each such district, severally cause to be made an estimate of the sum or sums requisite in the case of each dispensary district for defraying the expenses of dispensing medical relief to the sick poor within such district, and in the case of each fever hospital district, for defraying the expenses of medical relief to poor persons affected with fever or other contagious disease within such fever hospital district, during the six calendar months then next ensuing; and such respective governors shall, from time to time, at the end of every *six* months afterwards, cause to be made a like estimate of the sum or sums requisite for defraying the like expenses within each such district severally, during the *six* calendar months next ensuing every such period; and every such estimate or a copy thereof made by the governors of any dispensary district shall be laid before the guardians of the union wherein such dispensary district may be situate, so soon as conveniently may be; and every such estimate or a copy thereof made by the governors of any fever hospital district shall be laid before the board of guardians of

every union whereof any part shall be comprised in such fever hospital district, so soon as conveniently may be.

46. And be it enacted, that if the fever hospital of any such fever hospital district shall be situate at a distance of not less than fifteen miles from the nearest county infirmary, it shall be lawful for the governors of such fever hospital district, with the consent of the Medical Charities Board, but subject to the sanction and approval of the said Lord Lieutenant, to provide for the reception and surgical relief in such fever hospital, or in connexion therewith, of any number not exceeding twenty, poor persons labouring under severe injuries, for which surgical relief may be requisite; and all and every the provisions of this act for the medical relief of poor persons affected with fever or other contagious disease shall in such case and to such extent apply to the surgical relief of poor persons labouring under such injuries as aforesaid.

47. And be it enacted, that no person shall be capable of being appointed physician to any dispensary district or fever hospital district, who shall not have previously obtained the license or letters testimonial of the King and Queen's College of Physicians in Ireland, or the diploma, license or degree in medicine of some other college or university in Great Britain or Ireland, duly authorized by royal charter or statute to grant the same.

48. And be it enacted, that no person shall be capable of being appointed surgeon for any dispensary district or fever hospital district who shall not have previously obtained letters testimonial of his qualification to practise surgery from the Royal College of Surgeons in Ireland, or the diploma of the Royal College of Surgeons of London, or of the Royal College of Surgeons in Edinburgh, or the degree or diploma in surgery of some other college, university, or body in Great Britain or Ireland, duly authorized by royal charter or statute to grant the same.

49. And be it enacted, that no person shall be capable of being appointed apothecary for any dispensary district or fever hospital district, who shall not have previously obtained a license or certificate of his fitness to practise pharmacy or the art of an apothecary from the governor and company of the Apothecaries' Hall in Dublin, or from the Incorporated Society of Apothecaries of London.

50. Provided always, and be it enacted, that it shall be lawful for the said Lord Lieutenant in and by his warrant directing the appointment of any medical officer for any dispensary district or fever hospital district to require and thereby render it essential to the qualification of any person in that behalf that he shall be qualified in manner aforesaid as a physician and surgeon and apothecary, or as a physician and surgeon, or as a physician and apothecary, or as a surgeon and apothecary; or that he shall, in any of the cases aforesaid, also possess the certificate of some hospital proper for a practitioner in midwifery.

51. Provided always, and be it enacted, that every person being, at the passing of this act, a medical officer for any dispensary or fever hospital, situate in any dispensary district or fever hospital district which may be declared under the provisions of this act, shall, notwithstanding he may not be qualified in manner aforesaid as a physician or surgeon, become subject to the provisions herein contained, a medical officer for such dispensary district or fever hospital district, as the case may be, from the declaration thereof: provided always, that if such person shall not be so qualified as a physician or surgeon, he shall within *three* calendar months, to be computed from the time of the publication in the *Dublin Gazette* of the order declaring such district, obtain a certificate from the Medical Charities Board of his competency and fitness for such office, and in default of his obtaining such certificate within such time, he shall cease upon the expiration of such time to be such officer: provided also, that where there may now be in any such district two or more such medical officers of dispensaries or fever hospitals, as the case may be, and where so many may not be required for the purposes of this act in such district, it shall be lawful for the said Lord Lieutenant, upon the application of a majority of the governors for such district, by his warrant to direct any one or more of such persons by name to be retained as the medical officer or medical officers for such district; and thereupon such person or persons so nominated shall become, subject to the provisions herein contained, the medical officer or medical officers for such dispensary or fever hospital district as the case may be, and the other such person or persons shall cease to be the medical officer or officers for such dispensary or fever hospital as the case may be.

52. And be it enacted, that all and every the enactments and provisions of the said act for the more effectual relief of the destitute poor in Ireland, and of every act passed or to be passed for the amendment thereof, which affect or relate to the making or levy of poor-rates, shall be held to apply to the making and levy of rates for the purposes of this act.

53. And be it enacted, that all and every the provisions of the said act enabling corporations and persons otherwise incapacitated to contract for, sell and convey lands, tenements or hereditaments required for the purposes of the said act, shall apply and extend to enable all such corporations and persons to contract for, sell and convey any lands, tenements or hereditaments which may be required for the purposes of this act, and that all conveyances so made for the purposes of this act shall have the like power and effect as conveyances made under and for the purposes of the said act.

54. And be it enacted, that all and every of the provisions of an act passed in the seventh year of his late majesty King George the Fourth, intituled, "an act for consolidating and amending the laws relating to prisons in Ireland," which affect or relate to the lodgement, payment and application of the purchase-money of the lands purchased or taken under the said last-mentioned act, or to petitions to the High Court of Chancery in Ireland, and the powers and orders of the said court relative thereto, or to any payment of purchase-money, or to any rights and titles of parties interested, shall, so far as the same shall be consistent with the provisions of this act, be held to apply to the lodgement, payment and application of the purchase-money of lands, tenements or hereditaments to be purchased or taken for the purposes of this act, and to the rights and titles of parties interested therein: provided always, that every act in relation to the matters aforesaid, whereto the concurrence or signatures of *three* of the commissioners of works in the said act mentioned are required, shall and may be done by and under the hand of any one of the poor-law commissioners: and provided further, that the said poor-law commissioners shall not, nor shall any dispensary governors or fever hospital governors, be bound to see to the application of any such purchase or compensation money, nor shall any such contract or conveyance be in anywise vitiated by reason of any defect of title of the person or corporation so contracting or conveying: and provided also, that so often as any purchase or compensation-money shall, under the provisions of this act, be payable into the Bank of Ireland in the name and with the privity of such accountant-general to be placed to his ac-

count, and such money shall not be placed to the account of such accountant-general to the credit of the parties interested in the lands, tenements or hereditaments, under the provisions herein referred to, such purchase or compensation-money shall be placed to the account of the said accountant-general, ex parte the poor-law commissioners.

55. And be it enacted, that it shall be lawful for the governors for any dispensary district or for any fever hospital district, by order of the poor-law commissioners, but with the sanction of the said Lord Lieutenant, to sell any lands, tenements or hereditaments which may have become vested in such governors respectively by virtue of this act, and to convey the same as the purchasers shall direct; and the receipt of any one of the said commissioners, or of any person to whom the purchase-money shall be paid by the order of the said commissioners, shall be sufficient discharge for such purchase-money, and such purchase-money shall be applied in such manner as the said commissioners shall think advisable for the benefit of the district, for the benefit or purposes of which such hereditaments shall have been holden.

56. And be it enacted, that all conveyances or assignments on the purchase or sale of any lands, tenements or hereditaments by any person or persons, or body or bodies politic or corporate, under the provisions of this act, may be made according to the form set forth in the schedule to this act annexed, or in such other form or forms as the said poor-law commissioners shall from time to time direct, or as near thereto as the number of parties, the nature of the interests and the circumstances of the case will admit; and such conveyances shall be valid and effectual in the law, without livery of seisin being made, or any bargain and sale to vest possession being executed or recited or referred to, and without being enrolled.

57. And be it enacted and declared, that it shall not be lawful for the said poor-law commissioners or any guardians or governors, or other persons acting in the execution of this act, to apply, directly or indirectly, any money raised under the authority of this act to the medical relief of the poor in any manner, or to any purpose not expressly mentioned in this act.

58. And be it enacted, that any contract entered into by or on behalf of any dispensary district or fever hospital district for or relating to the medical relief of the poor, or for any other purpose connected with the execution of this act, which shall not be made and entered into in comformity with the orders of the poor-law commissioners, shall be voidable, and if the said commissioners shall by notice, published in the *Dublin Gazette*, so direct, shall become null and void from the date of such notice; and all subsequent payments made under or in pursuance of any contract so declared null and void, as aforesaid, shall be disallowed; and it shall be lawful for the commissioners, by their order, to direct the governors of any dispensary district or fever hospital district to institute such proceedings, civil or criminal, as the commissioners may think fit, against any contractor guilty of any violation of contract or fraud in relation thereto; and the expenses of such proceedings shall be chargeable on and paid out of the poor-rates of the electoral division or electoral divisions comprised in the dispensary district or fever hospital district interested in such contract.

59. And be it enacted, that no governor, paid officer or other person concerned in the providing, ordering, management, control or direction of the medical relief of the poor in any dispensary district or fever hospital district, shall, either in his own name or in the name of any other person, provide, furnish or supply for his own profit any medicines, instruments, furniture or goods for the use of any dispensary or fever hospital in any district for which he shall act as such during the time for which he shall retain such office, nor shall be interested, directly or indirectly, in any contract relating thereto, under pain of forfeiting the sum of *twenty pounds*, with full costs of suit, to any person who shall sue for the same by action of debt, or on the case, in any of her majesty's courts of record at Dublin.

60. And be it enacted, that every person having the collection, receipt or application of any monies assessed for or appropriated to the medical relief of the poor in any dispensary district or fever hospital district, or holding or accountable for any balance or sum of money, or any books, deeds, papers, goods, or chattels relating to the medical relief of the poor within any such district, or the collection or application of poor-rate, or for the funds, property, rents, profits or income of any institution which shall be liable to become vested in any dispensary governors or fever hospital governors under this act, shall, as often as the orders of the commissioners shall direct, render to the auditors, who may audit accounts under the provision hereinafter contained, a full and distinct account in writing, in such form as the commissioners by any such order shall direct, of all monies, matters and things committed to their charge, or received, held or expended by them on behalf of any such district or institution; and if thereunto required by such auditors, shall verify upon oath (which oath every such auditor is hereby authorized to administer) the truth of all such accounts and statements from time to time respectively, or subscribe a declaration to the truth thereof in manner and under the penalties in this act provided for parties giving evidence or refusing to give evidence under the provisions of this act; and all payments, charges and allowances made by any guardian, governor or other person, and charged upon any poor-rate contrary to the provisions of this act, or at variance with any order of the commissioners made under the authority of this act, are hereby declared to be illegal, and shall be disallowed accordingly; and all balances found by any such auditor to be due from any guardian, treasurer, governor or other person accountable for such balances, may be recovered in the same manner as penalties and forfeitures are recoverable under this act: provided nevertheless, that no such proceeding shall exonerate or discharge the liability of the surety of any such person as aforesaid: provided also, that no allowance or disallowance by any auditor shall exonerate or discharge any person so liable to account as aforesaid, from any penalty or legal proceeding to which he may have rendered himself liable by having acted contrary to the orders of the commissioners, or to the provisions of this act.

61. And be it enacted, that it shall be lawful for the said commissioners, by their order, to appoint auditors to audit the accounts of all persons liable to account under this act, with all the like powers and authorities, and subject to the like revocation and variation, as auditors appointed by them under the provisions and for the purposes of the said act for the more effectual relief of the destitute poor in Ireland.

62. And be it enacted, that all and every the enactments and provisions of the said act for the more effectual relief of the destitute poor in Ireland, which authorize, prescribe, require or relate to the delegation of the powers and authorities of the said poor-law commissioners under that act, and the effect of such delegation, or the transmission, publication and inspection of orders made under that act, and furnishing copies of such orders, or the summoning and examination of witnesses, or the administration of oaths or

declarations, or the production of books, accounts and other documents, or writings or copies thereof, or the service of summons for the purposes of that act, or which impose any pains or penalties for refusing to obey summons issued under that act, or for refusing to produce any book, account or other document, or writing or copy required by virtue of such act to be produced, or for altering or destroying the same, or for giving false evidence or wilfully making a false declaration on any examination or proceeding under that act, shall apply and extend to the delegation of the powers and authorities of the said commissioners under this act, and to all orders made under this act, and to the summoning and examination of witnesses, and the administration of oaths or declarations, and the production of books, accounts and other documents or writings, and the service of summons for the purposes of this act, and to impose the like pains and penalties for refusing to obey summons issued under or by virtue of this act, or for refusing to produce books, accounts or other documents or writings required to be produced by virtue of this act, or for altering or destroying the same, or for giving false evidence or wilfully making a false declaration on any examination or proceeding under this act, and that as fully and effectually as if the said enactments and provisions were made specially applicable hereto and inserted herein: provided always, that nothing herein contained shall extend to authorize or empower the said commissioners to require the production of the title, or any papers or writings relating to the title, of any lands, tenements or hereditaments not being property vested in some dispensary governors or fever hospital governors by virtue of this act.

63. And be it enacted, that every assistant-commissioner, secretary, assistant-secretary, clerk and other officer appointed by the poor-law commissioners, shall, so far as the commissioners shall direct, and as shall be consistent with the provisions of this act, be officers for carrying this act into execution.

64. And be it enacted, that it shall be lawful for any one or more of the commissioners, in any case where he or they may see fit, by writing under his or their hand or hands, to order and allow such expenses of witnesses, and such expenses attending the production of any documents or copies thereof to or before any person authorized by this act to require the production thereof, as such commissioner or commissioners may deem reasonable, to be paid out of the poor-rates of the electoral division or electoral divisions, which, in the opinion of the commissioners shall be interested or concerned in such testimony or production respectively.

65. And be it enacted, that no advertisement inserted by or under the direction of the commissioners in the *Dublin Gazette* or any newspaper, nor any contract or agreement made or entered into for the purposes of and under the provisions of this act, nor any conveyance, demise or assignment respectively, to or by the commissioners, or the governors of any dispensary district or fever hospital district, nor any receipt for rate, nor any other instrument made in pursuance of this act, nor the appointment under this act of any paid officer engaged in the administration of the laws for the medical relief of the poor, shall be charged or chargeable with any stamp duty whatever.

66. And be it enacted, that if any person employed by or under the authority of the governors of any dispensary district or fever hospital district, shall purloin, or embezzle any of the monies, goods or chattles belonging or in any wise appertaining to such district, every such offender shall, in addition to such pains and penalties as such persons so offending shall incur, independently of this act, forfeit and pay, upon conviction before any two justices, for every such offence any sum not exceeding *ten pounds*, and also treble the amount or value of such money, goods or chattles so purloined or embezzled; and every person so convicted shall be for ever thereafter incapable of holding any office under this act.

67. And be it enacted, that in case any person shall wilfully neglect or disobey any order of the Lord Lieutenant, or any order of the said poor-law commissioners or assistant-commissioners, or of the Medical Charities Board, made under and in conformity to the provisions of this act, such person shall, upon conviction before any two justices, forfeit and pay for the first offence any sum not exceeding *forty shillings*, and for the second and every subsequent offence any sum not exceeding *five pounds*, nor less than three pounds.

68. And be it enacted, that in all cases in which any penalty or forfeiture is recoverable before justices of the peace under this act, the matter shall be heard and determined in the manner by the said recited act for the more effectual relief of the destitute poor in Ireland directed, in respect of any penalty or forfeiture so recoverable under that act; and such penalty or forfeiture incurred under this act shall be levied and recovered, and payment thereof enforced, in the like manner and by the like means as penalties and forfeitures incurred under that act; and the justices before whom any conviction may take place under this act shall have and exercise all the like powers and authorities for such purposes, and for the punishment of offenders under this act, as any justices before whom any conviction may take place under that act: provided nevertheless, that all penalties and forfeitures levied under this act shall be paid to or for the use of the electoral division where such offence shall have been committed, to be applied in aid of the poor-rate of such electoral division.

69. And be it enacted, that no rate-payer or inhabitant of any electoral division shall be deemed an incompetent witness in any proceeding for the recovery of any penalty or forfeiture inflicted or imposed for any offence against this act, notwithstanding such penalty or forfeiture, when recovered, shall be applicable as aforesaid.

70. And be it enacted, that all and every the provisions of the said act relating to distresses made for any sum of money to be levied by virtue of that act, or to any person concerned therein, or to any action, suit or proceeding founded thereon, shall apply and extend to all distresses made for any sum of money to be levied by virtue of this act, and all persons concerned therein, and to any action, suit or proceeding founded thereon; and all and every the provisions of the said act relating to actions or suits against any commissioner, assistant-commissioner or other person, for any thing done in pursuance of or under the authority of the said act, shall apply and extend to any action or suit against any commissioner, assistant-commissioner, governor or person, for any thing done in pursuance of or under the authority of this act, and that as fully and effectually as if the said enactments and provisions were made specifically applicable hereto and inserted herein.

71. And be it enacted, that no order of the commissioners or assistant-commissioners, or guardians or governors, or any of them, made under the powers of this act, shall be removed or removable by writ of certiorari into any court of record, except her majesty's court of Queen's Bench at Dublin, nor otherwise than as by the said last-recited act provided in respect of orders of the said commissioners or

assistant-commissioners or guardians made under that act, and that all and every the enactments and provisions of the said last-recited act relating to the removal by writ of certiorari of any order made thereunder, and the notice to be given of the application for such writ, and the recognizance to be entered into previous thereto, and the effect of the removal of such order, and of the judgment of the court, and the costs of such proceeding and the recovery thereof, shall apply and extend to the removal by such writ of any order made under this act, and to the application for and notice thereof, and the effect of such removal and judgment and the costs thereupon, and that as fully and effectually as if the said enactments and provisions were made specifically applicable hereto and inserted herein.

72. And be it enacted, that there shall be laid annually before both houses of parliament, on or before the first day of May, a general report of the proceedings of the poor-law commissioners in execution of this act, together with an account of the expenditure upon the medical relief of the sick poor in each union, and of the total number relieved in each union, and of the total number relieved in each union during the year ended on the first day of January preceding.

73. And be it enacted, that nothing in this act contained (other than and except the provisions relating to the inspection of medical institutions) shall be constructed to extend or apply to any medical institution, supported by parliamentary grant, or being a private foundation.

74. And be it enacted, that in the construction of this act the words and expressions hereinafter mentioned, which in their ordinary use have a more confined or different meaning, shall, except where the context excludes such construction, be interpreted as follows; every word importing the singular number or the masculine gender only shall be understood to include and shall be applied to several persons, matters or things as well as one person, matter or thing, and females as well as males respectively; the word "order" shall include general rules; the words 'general rule" shall be construed to mean any order relating to the execution of this act which shall, at the time of issuing the same, be addressed to more than one such union or district as aforesaid, or to more institutions or objects than one, when such institutions or objects shall not be contained in or shall not appertain to any one such district as aforesaid; the word "union" shall mean any union for the relief of the poor, formed under or by virtue of the said act for the more effectual relief of the destitute poor in Ireland, or any act or acts amending the same: the words "electoral division" shall mean any electoral division of an union formed under or by virtue of the said last-mentioned act, or any act or acts amending the same; the words "rateable property" shall mean all property rated, or liable to be rated, under or by virtue of the last-mentioned act, or any act or acts amending the same; the words "net annual value" in this act shall be constructed in the same manner, and shall have the same meaning as the words "net annual value" in the last-mentioned act; the words "assistant-commissioner" shall mean any assistant-commissioner appointed in pursuance or by virtue of any act or acts passed for or in relation to the relief of the destitute poor; the word "county" shall mean any county, county of a city or county of a town in Ireland; and the words "Lord Lieutenant" shall mean the Lord Lieutenant, lords justices or other chief governor or governors of Ireland.

75. And be it enacted, that this act may be altered or repealed by any act to be passed in this present session of parliament.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

SEQUEL OF A CASE OF EMPYEMA AND DISPLACEMENT OF THE HEART, WITH A DESCRIPTION OF THE MORBID APPEARANCES AFTER DEATH.

By Henry Croly, M.D., (Edinb.) Licentiate of the Royal College of Surgeons in Ireland, Surgeon to the Mountmellick Dispensary.

In the Medical Press of July the 8th, 1840, I briefly sketched the history and symptoms of a very interesting case of displacement of the heart, the result of effusion consequent on intense inflammation of the pleura, and the other structures of the lungs. Although the symptoms of empyema were at that time rather obscure, I formed an early impression of the probable state of disease existing in the chest. I considered from the beginning that the heart's displacement was produced by *purulent* effusion into the pleural sac. The patient's peculiary cachectic habit of body, resulting from his previous severe illness and delicate frame, led me to that opinion. Dr. Graves, who examined him, thought that *effusion of blood* was more likely to have taken place, probably in consequence of purpura having at the time appeared on the lower extremities, and from the absence of some of the symptoms which usually characterise empyema, such as œdema and tumefaction of the affected side of the thorax, &c. The subsequent progress and issue of of the case confirmed the correctness of my diagnosis. From that time to its late fatal termination (a period of more than two years) I had almost daily opportunities of watching its symptoms, marking its progress, and finally, of testing my diagnosis by a comparison of the morbid appearances recognised after death with the pathological phenomena observed during life. The subject of the disease was Mr. Henry Jones, aged twenty-three years, a young man of very delicate frame, and narrowly-formed chest. His patient endurance of protracted suffering, his amiable disposition, and the peculiarity of his case, excited considerable interest amongst several medical men who had seen him, as well as amongst his friends and acquaintances. In my description of the acute attack, in which his subsequent tedious and trying illness had its origin, I stated that he had intense bronchitis, pneumonia of the lower lobe of each lung, and extensive pleuritis—that in fact each of the structures of the lungs were acutely engaged—a combination of disease demanding prompt, energetic, and decided measures. A reference to the appearances observed after death will show to how extensive a degree pleuritis had existed, numerous strong adhesions having intimately and firmly agglutinated the several opposed surfaces within the cavity of the chest. Indeed a review of the case, from its commencement to its termination, excites surprise that life could have so long continued under so very unnatural a condition of vital organs. It is indeed strange, as before remarked, that the heart pushed by a mechanical cause from its natural habitation to the right side of the chest, with a corresponding contortion of the large vessels, could continue for a period of more than two years to perform its functions and accommodate itself to its new position, insomuch that, separately considered, such mal-position did not materially interfere with the due performance of the circulation. But when we further consider that the heart, as revealed by the post-mortem investigation, was intimately and inseparably adherent to the pericardium and diaphragm, besides the other morbid alterations yet to be detailed, our surprise is further excited that life could have con-

tinued thus long under so weak a tenure—that the system could have been so habituated to so unnatural an alteration of parts as to admit of an approach to the enjoyment of even comparative health; yet for a considerable period during the two years that the heart was thus transposed, this young man was enabled to pursue his avocations, and at times was comparatively free from suffering or distress. It in fact, during the period alluded to, required a medical observer's eye to notice the evening febrile excitement portending insidious and lurking disease. A beautiful instance, among many others, of the power which the animal economy possesses of *adaptation*, by which organs are made to adjust and accommodate themselves, under new and extraordinary circumstances, to strange internal relations. The pulse, however, continued quick, as might be anticipated; the unnatural circumstances in which the heart was placed by transposition, kept up its irritability, and was the cause of the permanent acceleration of pulse, independent of any febrile excitement. Every precaution was observed to prevent the circulation being further excited. Occasional palliative medicines, and a seton in the left side, were the only measures had recourse to at this period. Within the last few months, however, his health became again broken—irritative fever set in with violence, and the collection of fluid, which it was hoped might have been absorbed, became obvious, and ultimately distended the parieties of the left side of the chest, and produced so much pain and distress as to require the operation of paracentesis. There was now palpable evidence of empyema. The side was obviously enlarged, with protrusion of the intercostal spaces, more particularly between the tenth and eleventh ribs, anteriorly and posteriorly, the integuments of which were œdematous and painful, with an erythematous blush, and conveyed to the touch a sense of fluctuation. Even the patient himself at times experienced the sound of fluctuation in the chest. He was unable to lie on the sound side, (the right) his usual position in bed being either on his back or on the diseased side. Respiration was partially audible at the posterior part of the left lung, along the side of the vertebral column. This, however, was rather bronchial respiration than the respiratory murmur or vesicular respiration. Respiration was null over the remainder of the left side. The sound on percussion of the same side was dull or tympanitic, according as the patient assumed the horizontal or erect posture, varying with the situation of the contained fluid. I distinctly recognised *metallic tinkling* on applying the cylinder beneath the left clavicle. This, with the sound of fluctuation on succession, were proofs that air as well as matter were contained within the sac of the pleura; that in fact pleuro-pneumo-thorax existed. From the pressure of the fluid, the diaphragm was forced downwards into the abdomen, and produced a fulness and sense of distention in the epigastrium. It may not be without interest to repeat here how the heart was circumstanced in its abnormal position. It was situated in the *right side of the chest*, and its pulsations were plainly to be felt and even seen near the right nipple, about one inch from its sternal edge, in the space between the fifth and sixth ribs. Its sounds were natural, (although its action was permanently rapid) and were audible all over the chest. Arterial pulsations were discernible in the head and neck, so much so as to communicate a tremulous motion to the bed curtains. Throughout the right lung the healthy respiratory murmur was plainly audible, and even puerile, owing to the increased and compensating action devolving upon it, and the sound on percussion was particularly clear. By the conjoined advice of Drs. Graves and Stokes, and Surgeons Peile, Cusack, and Morrison, who all took a great interest in the case, the fluid was drawn off by Surgeon Morrison, whose kind and disinterested attention to this young man could not be exceeded. A large collection of unmixed pus, totally devoid of odour, was discharged, a considerable quantity being allowed to remain, it not having been deemed judicious to draw off the entire quantity at once. The fever and general distress were thereby temporarily diminished, however only to return. The fluid, having been rapidly secreted again, was obliged to be drawn off a second time, at the urgent solicitation of the patient, and then by the daily introduction of a probe, and the occasional insertion of a tent of lint, the orifice was kept patulous and continued to discharge the fluid to the amount of half a pint or a pint daily, which afforded temporary relief. Large quantities of air issued from the orifice at each dressing. Battley's sedative liquor was occasionally had recourse to to procure rest. After the operation, the patient's health at one time appeared to improve, so that a hope was entertained that nature would have taken the cure into her own hands—that she would cause the fluid to be absorbed, and prove triumphant when art had exhausted its resources to no purpose. To promote that much-to-be-desired consummation, small doses of hydriodate of potash, in combination with quinine, were prescribed, and the general strength endeavoured to be sustained by the most nutritive food. However, little was to be expected from so untoward a combination of circumstances. The irritative fever now assumed a well-marked hectic type. It became a slow, wasting fever. The pulse never fell below 120, and was generally more rapid—the skin was hot and dry during the day, and towards morning a profuse perspiration bathed the upper parts of the body—the cheeks were brightly crimsoned at one time, pale and haggard at another, with an expression of countenance bespeaking anxiety and distress. Respirations were twenty-four, and embarrassed, being short and jerky; but strange to say, throughout his entire illness the patient seldom had cough—the appetite soon failed—the muscles became atrophied, and emaciation extreme—the position of the body was now habitually bent—the stomach became latterly much deranged. This symptom, together with pain in swallowing, distressed him considerably, and was so much increased by lying down, that during the latter part of his illness, he continued for days and nights together sitting up, supported by pillows. These sensations (accounted for by the close association and sympathy of the respiratory and circulatory apparatus, with the stomach and œsophagus, through the medium of the eighth pair of nerves,) derived some relief from compound rhubarb pill and dried soda. He also suffered much from severe pain in the front of the chest, apparently of a pleuritic nature. This was attempted to be relieved by the counter-irritation of croton oil and a blister, with a dose of the acetous tincture of opium. However, at length, œdema of the feet and legs supervening, rendered the prognosis more gloomy—the dilapidated system gradually gave way—remedies and art proved unavailing, and this young man at length sunk, apparently worn out from his struggle with disease, and the exhaustion of protracted hectic.

Post-mortem Examination.—From the above outline (I fear but imperfectly detailed) of this very interesting case, it will be perceived, that although much was learned during the patient's lifetime of the morbid changes which had taken place within the chest, yet doubts and conjectures as to the actual condition of the heart and left lung still existed. An inspection of the cavity was therefore most desirable. The following is a description of the appearances revealed at the post-mortem examination:—Autopsy,

August 5th, 1842, thirty-eight hours after death, in presence of my intelligent friend, Dr. Hanlon, of Portarlington. Decomposition far advanced, especially in the abdomen; extreme emaciation. On raising the sternum, numerous thick and strong bands of lymph, of various length, were observed passing from the pleura costalis to the pleura pulmonalis of the right side. An *immense cavern* presented itself in the left side of the chest; it appeared as if the contents had been completely lifted out of it, *nothing in fact but the bare bony case was to be seen*, except about a quart of dark sanguinolent matter lying at the bottom. The sides of the cavern were densely lined with a coating of lymph, constituting a factitious membrane, which, during life, possessed the physiological property of secreting the morbid inorganic matter of empyema. It presented rather the appearance of a cavity of a large abscess than of a surface lined with a serous membrane. Several very strong bands of lymph stretched across the cavern, particularly at the upper part, forming so many shelves or partitions. At first no trace of the left lung could be detected, but, on a close examination, its compressed parenchyma was found lying on the sides of the vertebræ, and reduced to the smallest possible dimensions. At first view it was not recognised as lung. On examining it more particularly, it was found studded with tubercles, about the size of hemp seeds, and gritty to the touch. No remains of vesicular structure were observable; in fact it presented the appearance called *carnified lung*, the pulmonary vessels and bronchial tubes being completely matted into one condensed tissue. No communication could be detected between the bronchus and the cavity. This, however, might have escaped notice from the very unfavourable state in which the parts were for making such an examination. The *heart*, instead of occupying its natural position in the left side of the chest, was found lying at the *right side*, its apex corresponding to the space between the fifth and sixth ribs. *A strong band of lymph of a ligamentous appearance, arising from the anterior mediastinum, attached itself to the right lung; this, with the adhesion of the pericardium to the diaphragm* fettered the heart in its abnormal position. The pericardium was universally adherent to the heart; so closely and intimately, that it could not be separated without removing the muscular fibres of the heart. The muscular substance of the latter was pale and flabby. The aortic and other valves were healthy. The right lung seemed rather larger than usual, (probably owing to its having had double duty to perform during the last two years of the patient's life) its structure was sound and free from tuberculous deposit. It was gratifying to find that the examination after death fully confirmed the views entertained of the case during life. What moved the heart from its natural position to the right side was sufficiently obvious; but why it did not resume its original situation, when the accumulated fluid was drawn off, remained problematical until explained by dissection. The strong bands of organised lymph which passed from the anterior mediastinum to the left lung, and the adhesion of the pericardium to the diaphragm in the new position, explain the physical impossibility for the heart to have ever been restored to its pristine situation. Either of these morbid adhesions would have separately been sufficient to fetter the heart, and keep it permanently displaced. Although no communication was discovered between the bronchus and the enormous cavern, owing to the disorganised state of the parts, yet that such an opening existed, there can be little doubt, from the fact of the metallic tinkling, and the sound on succession being so obvious during life; besides the fact of large quantities of air having passed out through the orifice in the side. It is, indeed, doubted by the most respectable writers, "that pneumo-thorax ever occurs by the putrefactive decomposition of a pleuritic effusion." The pleural cavity having been occupied by air and pus, (the lung being compressed against the spine and mediastinum by both these fluids,) the double lesion of empyema and pneumo-thorax existed, constituting the complication called pleuro-pneumo-thorax. The acute pain of the chest complained of by the patient in the last days of his illness, which I considered pleuritic, was probably produced by inflammation of the pleura forming the walls of the enormous cavern, or perhaps, more correctly speaking, of its adventitious false membrane, such structures being liable to a variety of morbid actions. The admission of atmospheric air into the cavity would alone be capable of producing inflammation of that membrane. There are several other points of interest arising from a consideration of this case, which it might be improving to dwell on, but this paper having already exceeded the limits I had intended, I shall not occupy further space by any additional observations.

CASE OF TAPE-WORM.

TO THE EDITORS OF THE MEDICAL PRESS.

August 20, 1842.

GENTLEMEN,—From seeing in the PRESS the interesting lectures on worms, in the human intestines, by Dr. O'B. Bellingham, perhaps it may not be outré to mention a case which came under my notice relative to the tœnia solium or tape-worm.

P. K., a young man, 23 year's old, applied to me, ten or twelve months since, suffering, from what he stated, to be "a lump inside of him." From his general appearance, and from his saying he some time before passed worms, I commenced treating him with anthelmintics. Having persevered in giving him ol. terebinthinæ, he returned, (having taken it three weeks) with part of an enormous tape-worm, which I have in my possession at present, in a state of perfection, having it immersed in alcohol ever since: he brought me nine yards. He was in a bog, cutting turf, when he felt a desire to stool. It came away apparently free of fœces. He said, "he thought all his guts were coming out of him." He ran up on the bog where his father was, having in his race, left as much more of the worm in a rush bush behind him, where it *became entangled*.

Is there any peculiarity in this case, as he passed sometime previously, another species of these parasites, the ascaris lumbricoides, or long round worm? I must observe, that up to the present, he is in perfect good health. If you think worth while, pray give this a place in your interesting and instructive periodical.

I remain, gentlemen, yours very faithfully,
JOHN F. WEST, Dispensary, Ballinacargy.

TO THE EDITORS OF THE MEDICAL PRESS.

August 28, 1842.

GENTLEMEN—It appears that the poor-law commissioners consider that surgeons and assistants in the army and navy, are qualified to administer relief to the sick poor in England. They say a naval surgeon is not qualified for medical attendant to a poor-house in Ireland, and have ordered the guardians of the Manorhamilton Union to re-consider their late appointment.

The commissioners, I suppose, must be right, or they would not act with such apparent inconsistency.

The council of the Medical Association would confer a benefit on the profession, by stating what are the legal qualifications requisite.

It did appear, in a former PRESS, that if the commis-

sioners did not annul, within fourteen days, the resolutions, or acts of the guardians, they could not do it afterwards.

I remain, your obedient servant,
A MEMBER OF THE MEDICAL ASSOCIATION.

TO CORRESPONDENTS.

The communication from the Faculty of Physicians and Surgeons of Glasgow came too late for this day's publication; it shall be attended to in our next.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, AUGUST 31, 1842.

MEDICAL CHARITIES' BILL.

We lay this measure before our readers as it has been laid on the table of the House of Commons, without abridgement or curtailment, and postpone, to another occasion, the observations and explanations which its provisions require. We are unwilling to discuss its details prematurely, or to bias our readers by our opinions before they have time to consider the measure; but, at the same time, we advise them not to come to any conclusion respecting its objects and effects until the real nature of the enactments are explained to them. It is at all times difficult and sometimes impossible to understand the real meaning of clauses in an act of parliament, but it is still more difficult to form a judgment as to their practical operation. This difficulty the framers of bills are often not very anxious to diminish or remove; but, on the contrary, seem frequently to make it their business to construct their measures in such a way that the real intention is kept out of sight, and something very different is made to appear to inexperienced persons. There is in fact, strange as it may appear, as much legal chicanery resorted to by lawyers, employed to frame bills for special objects, as by those employed by individuals to accomplish objects in which they are interested. Of this, the bill before us affords abundant proof. The ingenuity displayed in the contrivances to keep out of sight the obnoxious and destructive provisions of the measure, and to provide what appear to be guards and securities against encroachment, are creditable to the legal acumen of the framers, but we must not allow ourselves to be cajoled by them; every clause, and every sentence must be scanned to ascertain their real object and ultimate effect.

In laying this document before our readers it is our duty to inform them distinctly that it has neither been sanctioned or approved by the metropolitan members of the profession, or any class or section of them, and we think we may say the same with reference to our brethren in the provinces; for this plain reason, that no opportunity was afforded them of ascertaining its real nature and character, or suggesting any alterations or improvements. Good or bad, it is the bill of Messrs. Nicholls and Phelan, retouched by Mr. Lucas, and altered by his lordship, the Chief Secretary. In fact, it is neither more nor less than the original treadmill bill, divested of its more glaring and offensive features, but retaining all the essentials of its original character. The mask is cast off, and the parties now appear in their real characters. That the medical profession has been treated unhandsomely and ungenerously on the occasion, we have no hesitation in asserting; and from the course pursued, we come to the conclusion that it is determined to carry matters with a high hand, and to appeal to the majority in the House of Commons, rather than to the common sense and right feelings of those best-informed and most interested as to the matter.

TRIAL OF ELLEN BYRNE FOR THE MURDER OF HER HUSBAND.

MEDICAL EVIDENCE CONTINUED.

In the report of the first part of this trial in our last, part of the evidence given by Dr. Geoghegan was erroneously reported as having been given by Dr. Harrison. Dr. Harrison, it appears, swore with respect to the protrusion of the eye, that he attributed it to muscular effort or convulsion before death, and that it could not possibly be accounted for by gravitation or decomposition; and in another paper he is reported to have added, that "in decomposition the effect is quite different, for the eye becomes dry, and shrunk, and shrivelled in the head." Dr. Geoghegan said, "the protrusion of the eye was undoubtedly caused by decomposition;" and added, "that he had tested the fact by observation of the progress of decomposition on the body of a child since the inquest, and found that on the sixth day the eyes were prominent, and on the thirteenth were much protruded." Mr. Brassington informs us that he was not directed by the coroner to make the anatomical examination with Mr. Fox; but that, on the contrary, the coroner declined making use of his services, although in attendance on the 9th of July at the request of the inspector of police. Mr. Brassington, we conclude, is naturally anxious to avoid the suspicion of being a "*coroner's doctor*," and we therefore state this to relieve him from such an imputation.

Mr. Hatchell, for the defence, observed respecting the medical evidence—

Without attempting to go minutely through the evidence of the five medical men who had been examined, he thought he would have no difficulty in showing that notwithstanding their minute examination, not one of them had been able to arrive at that conclusion on which the verdict of the jury should be founded, by ascertaining the cause of death beyond all doubt. The first of the medical witnesses examined was Dr. Fox, and he said that he would not give it as his opinion that there was the slightest evidence of a violent death; on the contrary, he thought from the appearance that the death had not been caused by violence. He had been there asked his opinion respecting these predominant appearances in the body, and he replied that these appearances would naturally have arisen from the state of decomposition in which the body then was. The next witness was Dr. Ellis, and to his evidence he had now to come.

When that gentleman had been first examined, he swore he could not account whether the death had proceeded from violent or natural causes. He said that the appearance of the body would be evidence of a muscular or convulsive struggle in death, but would it be said that death from other causes except violence would not also be attended by convulsive struggling? Convulsions might in fact be the very immediate cause of death, as in the case of epilepsy, apoplexy, self-suffocation, or a variety of other modes. Dr. Ellis, having been worked up by counsel, arrived at the conclusion that, indeed, in his opinion, the deceased died from violence. It did not amount to a conviction, but, simply, to an opinion with him, and to sustain that opinion, he was examined as to the appearances of the body. It should not be forgotten that Dr. Ellis had come there to maintain the opinion to which he had pledged his oath on another occasion, and, he might be supposed, actuated by a feeling that his professional skill and character were at stake in consequence of the opinion which he had there given, he was prepared to show that that opinion of Dr. Ellis was perfectly fallacious and false, and that the partial protrusion of the tongue and eye could have arisen from natural causes. Dr. Ellis had known that his opinion was public, and that he was pledged to it, and, accordingly, when on his cross-examination, the case of Mary Robinson was mentioned to him, and which death had been caused by drunkenness, though the symptoms were the same as those in the present instance, he doubted the accuracy of the circumstances as described in that case. He would say it would be more honourable, more independent, and more creditable to his own character if, when that case had been cited to him, he had admitted that he was ignorant of its existence, and that he might have been mistaken in the opinion he had previously formed. He would therefore put the evidence of Dr. Ellis out of the question, for whether his feelings had been elicited in favour of the relatives of the deceased, or whether they had been excited by a desire to protect his own character, he thought his evidence was of too partisan a character to be allowed to influence the jury. The awful issue of the evidence which he had to give should also not be forgotten, for on his oath was hanging the very existence of the unfortunate prisoner. He had been asked if he had ever examined any subjects in which death had been caused by strangulation, suffocation, or drowning, but he replied in the negative, and then, with a feeling of levity added, that a man might be a good astronomer without living in the moon. He contended, under all the circumstances, that the evidence of Dr. Ellis ought not to be allowed to influence the decision of the jury. Then came the evidence of Dr Brassington, who delivered his opinion calmly, fairly, and like a professional gentleman. He said he could not tell the cause of the death, and that the protrusion of the eye might have arisen from decomposition. The next witness was Dr. Harrison: there could be no question that that gentleman was a most eminent man in his profession, and that he filled an important office in the university of Dublin, but then his evidence was given on the report of others, and his opinion was given on a subject which he had himself never seen. When the matter came to be investigated by one of their lordships, it appeared that the entire of the blood in the deceased's body had not been examined, and on re-examination the witness also stated that blood which had coagulated after death might afterwards at the stage of decomposition to which the body had arrived. They were called on to say that the evidence of Dr. Harrison contradicted that given by Dr. Fox and Dr. Brassington, and that there must have been a violent struggle or convulsion in the body at the time of death, but the evidence of Dr. Harrison was not decisive on that point; and could there be a doubt that if the party had died of apoplexy, or of taking poison—and alcohol or ardent spirits was included in the list of poisons as being destructive of human life—that the body would have presented the same appearance? The learned counsel then read several extracts from medical works, to show that death caused by intoxication and self-suffocation would have the effect described as occurring in the case of Mr. Byrne. He then proceeded to observe that Dr. Geoghegan's evidence was the next in order, and the substance of it was that when he had examined the stomach it was empty, and he found in it a small seed, which he thought to be a strawberry seed. He would pass that matter by for the present, though he considered it to be most important for consideration. The evidence was that the right eye was protruded and the left eye depressed. The body had been lying on the right side, and according to all the principles connected with the process of putrefaction, increased as it must have been by the foul and filthy bed on which it had been stretched, would have induced the gravitation of the fluids towards the under side of the body, and the protrusion of the eye on that side. Having thus gone through the medical evidence, he would dismiss it with the observation that it was the sole evidence on which the crown relied, and the jury were called on to ground their verdict on the hypothesis, contradictory and inconsistent as it was, which might be drawn from that evidence. He would venture to say that on that evidence alone no jury on earth would be found to convict any prisoner of a capital offence.

Dr. Robert Adams examined by Mr. Fitzgibbon—I belong to the medical profession; I am a member of the Royal College of Surgeons since 1818; I have been constantly occupied in hospitals and private practice; was here the entire of yesterday, and attended to the medical evidence then given.

What is your opinion from the evidence you have heard as to the protrusion of the eye? I think that the protrusion of the eye most probably arose from the decomposition of the rest of the body; that is my opinion as to the protrusion of the eye.

Then as to the protrusion of the tongue? I should think that that arose from the position of the body; the gravitation of the fluids of the tongue—the decomposed state of the body—the circumstance of the mouth being open was more likely to produce this than any other cause that I am aware of.

Suppose that the tongue protruded while the body was warm, and that it remained so when the body got cold, would it continue in that state still, notwithstanding the turning of the body? I think that the tongue, notwithstanding that, would still remain in the same position.

Then as to the state of putrescence in which the body was described to have been found, could you form any opinion as to the period it had been dead? The state of putrescence varies so in the bodies of various persons that I could not, from the state of putrescence in which this body was found, undertake to tell how long it had been dead.

Could you safely, or in your opinion, could any one safely predicate from the state in which the body was found, that it was not less than six hours dead? From what I heard stated, I would say that it was more than six hours dead; but I certainly would not say that that was beyond any doubt; I speak from my own experience, and upon my own opinion.

You will recollect that the time of the post-mortem examination was four o'clock on Sunday: then noting to that from the time of death, would you say that it was incredible that the body was not more than thirty hours dead? I would not say that it was incredible by any means.

If death had been produced in drunkenness or from drinking, carried to excess, before death, and the body in that state laid on a wet bed, what effect would it have in producing putrefaction? All these circumstances would tend to hasten putrefaction, particularly where ardent spirits were taken, and in the month of July.

The body lying on the face, and that lower than any other part, would increase putrefaction more in that locality than in any other part? That circumstance would account for a great deal of the putrescence about the face.

Assuming that the face was lower than the rest of the body, and that consequently there was a profusion of moisture to that place, and including the gases, that might have the effect of protruding the eye? The elasticity of the gases would have the effect of protruding the eye to a certain extent.

Cross-examined by Mr. Brewster—Now, having heard all the medical evidence, be so good as to give your

opinion as to what time the body might have been dead before the Saturday night? I should say that, judging from my experience with other bodies, thirty hours would be a fair time.

I put my question from the period when you heard Dr. Harvey give his evidence as to having turned the body in the bed—that was about nine o'clock on Saturday evening. How long was he dead antecedent to that in your opinion? To say the minimum I would say thirty-six hours—the maximum three or four days.

Mr. Fitzgibbon—Can you say the minimum to be thirty-six hours—do you say that that opinion is free from doubt? I do not think that almost any medical opinion is free from doubt (a laugh.)

Surgeon John Kirby examined by Mr. Walsh—I am a surgeon, and have been engaged as an anatomical lecturer for a great number of years; I am a member of the Royal College of Surgeons, and have seen a great many persons who died suddenly; I attended here yesterday, and heard the evidence.

Having heard that, can you tell us what you consider to have been the cause of his death? There is nothing to induce me to think that the deceased died from external violence.

Are you enabled from the evidence to give an opinion as to the cause of his death? I cannot give a positive opinion.

Can you give any opinion? Yes, it is the opinion of my mind founded on personal experience, I do not mean to insist that it is a correct one, but my opinion is that deceased died from an epileptic seizure from drinking; that is the opinion I entertain.

Baron Pennefather—You think that nothing appeared in the evidence inconsistent with that opinion? Not that I know of.

Cross-examined by Mr. Martley—How long would you say, from the appearances of the decomposition as described, that the person was dead before Saturday? I have seen a great number of persons dead; some bodies run to putrefaction in an inconceivably short period; I have seen a body in the degree of putrefaction described in this case within twenty-four hours.

Do you think that that is the shortest time in which such putrefaction could take place? I would say yes from my own experience; from my reading I would say no.

From all the medical evidence you have heard how long do you think had deceased been dead? I think he was alive on the Thursday before.

What part of the evidence induces you to think that he was alive on Thursday? The strawberry seed found in his stomach, and the ejected fluid from his stomach; it was quite plain from Dr. Geoghegan's evidence that digestion had gone on to a certain extent, and, therefore, the man must be alive to effect digestion.

Baron Pennefather—Do you think the appearances in this case are reconcilable to a death by violence?

Witness—No, I do not; for instance, the emptiness contradicts it, as also many other appearances of the heart; it is often found empty where there is no decomposition; the heart being void of blood is inconsistent with a violent death: the heart might be void of blood although there was no putrescence; in that advanced state of decomposition, the heart might be void of blood, although there had been violence.

Re-examined by Mr. Walsh—If the vessels of the heart were empty, my impression would be that there was not violence.

To the court—Persons who have died of strangulation, and are examined shortly after death, have blood in the head and vessels; and if decomposition had set in, the blood would be carried to the adjacent vessels; I have seen bodies which died from suspension.

Baron Pennefather—I wish to ask you one question. You say that you were induced to think that deceased was alive on the Thursday before the Saturday in question, and that you were much led to that opinion by a strawberry seed being found in the stomach. Now, would it be possible that that strawberry seed might be taken into the stomach anterior to that Thursday or Wednesday? Yes it might; but I take my opinion from the evidence I heard.

Could it be taken in a week before, and have remained in the stomach? I should think such a thing possible.

Chief Justice—You have heard the evidence of Dr. Geoghegan, when he stated that it appeared to him that the stomach was empty, excepting the strawberry seed. Now, do you think would any medical man, without the aid of evidence that strawberries had been taken to deceased's room, be able to distinguish that particular seed? I should rather think not, a medical man would not, I should suppose, pronounce it as being such a seed, without some other external evidence.

Chief Justice—So I take it; and Dr. Geoghegan did give his evidence with caution in that matter.

Witness—A gardener might be able to distinguish it.

Mr. Fitzgibbon—Dr. Geoghegan can be at once asked the question—he is in court.

Dr. Geoghegan—was called, and in answer to Mr. Fitzgibbon said—I came to the conviction of its being a strawberry seed almost immediately after I had found it in the stomach; I stated to your lordship that I found in the stomach what I thought to be a strawberry seed; I was not then aware, at least the strong conviction on my mind is that I was not aware of strawberries having been brought to deceased's room.

Court—Can you undertake to say beyond all doubt that it was a strawberry seed? No; I can only state as before, my conviction that it was a strawberry seed.

Mr. Martley, in his address in support of the prosecution, observed respecting the medical evidence that—

The evidence of violent death was of two kinds. First, there was the evidence of the medical men upon the appearances presented by the body of the deceased. It appeared to him, and he said so with every respect for the medical witnesses, that there was a more valuable class of evidence than that given by them—the evidence of circumstances. His learned friend, although he suggested that in point of law he was entitled to call upon the jury to acquit his client, in consequence of the discrepancy in the evidence of the medical men, denied the right of the crown to call in the aid of the other circumstances of the case, which he (Mr. M.) thought had the tendency to lead them to a more satisfactory determination upon the evidence than the medical witnesses. Some of the medical men were of the highest attainments, and were possessed of most eminent intellectual powers; but he thought that there was one conclusion which the jury could draw from all the evidence, and that was, that under any circumstances medical opinions were uncertain, and in the present case there appeared hardly a ground for forming them at all. The evidence of the persons produced by the crown had been commented upon by the learned counsel with a good deal of severity. The medical men themselves were divided into two classes—those who saw and those who did not see the body. Amongst the former class Mr. Ellis was a prominent person. He was a gentleman whom he (Mr. M.) had always understood to be a practitioner of very remarkable experience in anatomical studies. His evidence had been commented upon by Mr. Hatchell, with great severity, and with great respect to his learned friend, with, in his opinion, unwarrantable severity. It had been suggested—nay it had been asserted that Mr. Ellis presented himself in that court of justice as a partisan. That was, in his judgment, a very shocking charge. Even if a person had no character to support as a medical man or a gentleman, he must have one as a man and a christian; and it was very shocking to suggest that he came into court to make statements believing the facts to be the reverse of those statements; but his astonishment at the charge was greatly increased when he considered the evidence given by Mr. Ellis. He presented himself in the box, and detailed the appearances which he saw. There was no suggestion that in detailing those appearances he made the least misrepresentation, because as to the appearance of the body the surgeons were all agreed. Then, as to his opinion, he said, he (Mr. Martley) thought, in answer to a question from the counsel at the other side, and without volunteering his statement, that his general impression was that the signs mentioned were indicative of a violent death, but

this impression did not amount by any means to a conviction. If they could believe that a person of Mr. Ellis's high profession would come forward and assist in inflicting an unjust judgment upon the prisoner, his was evidence upon which the crown could not rely; but he stated his opinion, and merely his opinion, founded upon circumstances in which all the medical gentlemen agreed, corroborated too by Surgeon Harrison, of whose character it was idle to say a word. But, independently of the conflicting medical evidence—and there never was a case in which the old adage that "doctors differ" was more verified—the jury had their common sense, to which each of them laid claim, to guide them; and if they heard that a person was found dead, with his tongue and eye protruded, his face black, and his hands curved, they would say, judging from common sense, that these appearances were indicative of and consistent with the violent death of the party. Surgeon Harrison had corroborated the evidence of Surgeon Ellis; so that unless he too was charged as a conspirator with Mr. Ellis to pervert the truth, there was nothing in that imputation of partisanship brought against Mr. Ellis. There was another gentleman also produced (Dr. Geoghegan) who he had every disposition to believe was an able man; but he thought his reply to a question by the counsel at the other side, that "decidedly putrefaction was the cause of the protrusion of the eye of the deceased," savoured more of rashness than deliberation. He would not go into the evidence of medical men, but this conclusion they could not fail to draw from their testimony, that the appearances were consistent with violent death; this had been conceded by Surgeon Kirby, with the exception of one circumstance which he considered inconsistent with it, but which ultimately appeared to be no inconsistency at all. Another conclusion which they could not fail to draw was, that whatever might have been the cause of the death of the deceased, the decomposition had mainly contributed to render it obscure. Therefore, upon the whole, they might take the conflicting testimony of the medical men to come to this, that the appearances presented by the body at the time did not necessarily import that the deceased had died a natural death, but that they were also perfectly consistent with the fact of a violent death having taken place.

Baron Pennefather in his charge said—

It does not appear by the evidence, as given to you, gentlemen of the jury, what progress the decomposition had made in the body between Saturday and Sunday, when the post-mortem examination was held. It appears that living bodies (maggots) made their appearance about the nostrils and neck of the deceased; and the body, according to the evidence of all the surgeons, exhibited marks not common in bodies who died under ordinary circumstances. The face and back of the neck were so much blackened as to obliterate marks of violence which may have previously existed. One of the eyes protruded as did also the tongue; and the lips were swelled; the fingers were bent. Some medical men (of great eminence in their profession) were examined, and they state that in cases of this kind certainty cannot be arrived at as to the cause of death; but opinions may be formed (and therefore they ought to be attended to with much care) as the judgment of such gentlemen entitled their opinions to respect at least. Much was said for the prisoner with regard to one of these gentlemen—I mean Surgeon Ellis—(and it would be for you to judge if he gave his testimony in a manner derogatory to his professional character, or his credit as a witness.) I will say a few words. He has been assailed, not only for an error in his judgment (which was all perhaps that was intended), but for improper motives, so that I feel myself bound to say (whenever I see any gentleman attacked for giving his opinion, even admitting it to be unfavourable), a few words as regards that evidence. In this case I do not think there exists the smallest grounds for the imputation cast upon that gentleman. I therefore do not consider it would be right in me to suffer for one moment such an imputation to go uncontradicted or unexplained.

Mr. Hatchell—I beg leave to say, my lord, that I did not intend, in the most remote degree possible, to insinuate anything against Surgeon Ellis, but merely as regarded an error in his opinion of the deceased's death.

Baron Pennefather—Of course not, Mr. Hatchell, and I take it as such; for I am persuaded nothing else was intended by you. Gentlemen, in the first place I am bound to tell you that the opinion of these gentlemen is not to sway you one way or the other. You must not satisfy yourselves which way the preponderance of testimony bears with reference to such opinions as I have alluded to. If the opinions went so far as to say that death was the result of violent means then the opinions would be of a very different class.

We have thought it right to place the medical evidence in this case on record in our columns, although the majority of our readers have already seen it in the public papers, because it affords an instructive lesson and useful warning to our readers, and especially to juniors. We are of opinion that in the present disgraceful state of the law and practice in this department, the physician or surgeon who is anxious to preserve his character should shun this duty rather than seek it. In the present case, the evidence for the prosecution, given by Mr. Ellis and Mr. Harrison, entailed the necessity of producing Mr. Kirby and Mr. Adams for the defence, and thus conflicting opinions were elicited little calculated to raise the character of the profession at large in public estimation. But the less our friends of the law chuckle at the differences of doctors the better. The fault is theirs not ours. Their blundering legislation, for they are the legislators, and their absurd methods of investigation, are the real causes of the ridiculous scenes which every day occur in courts of justice.

MEDICAL INTELLIGENCE.

UNIVERSITY OF EDINBURGH.

Dr. Henderson has been elected to the Professorship of Pathology, vacant by the resignation of Dr. John Thomson.

Dr. Home has resigned the Professorship of the Practice of Medicine, to which Dr. Alison has been unanimously elected. Dr. Alison and his successor in the Chair of the Institutes of Medicine will have each to relinquish £150 annually during Dr. Home's life, so as to make up a retiring allowance of £300 per annum for him.

LONDON PRIVATE SCHOOLS.

Nearly all the private schools of London have, as we anticipated long ago, been closed. The only ones remaining are the Aldersgate-street school, and the school adjoining St. George's Hospital. The once celebrated school of Mr. Grainger is defunct.—*Prov. Med. Jour.*

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Aug. 21st,	67.5	49	30.050	.028
Monday,	22d,	71	49	30.150	.035
Tuesday,	23d,	73.5	51.5	29.950	
Wednesday,	24th,	76	53.5	29.900	.130
Thursday,	25th,	69.5	47	30.050	
Friday,	26th,	61	51.5	30.050	
Saturday,	27th,	69	56	30.150	

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.
Wednesday, August 31, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXCII.] DUBLIN, WEDNESDAY, SEPTEMBER 7, 1842. { PRICE SIXPENCE, STAMPED.

Lectures upon the Human Intestinal Worms, delivered at St. Vincent's Hospital during the Winter Session, 1841-2. By O'B. Bellingham, M.D., one of the Medical Officers of the Hospital.—Lecture III.—
Circumstances which favour the development or increase of Worms..... 145
Symptoms of Worms—Local Symptoms—General Symptoms..... 147

REPORTS OF MEDICAL AND SURGICAL PRACTICE.

Case of Blue Foot from supposed Gouty Diathesis. By Wm. Kingsley, M.D., Roscrea..... 148

EXTRACTS FROM PERIODICALS.

Medicinal properties of Leontodon Taraxacum..... 149
Collection and preservation of Hyoscyamus..... 150
Lymph-globules of Birds..... ib.
Smallest blood corpuscles known among Mammals. ib.
On Opium Smoking, as a remedial agent..... 151
Mode of passing the Ligature for Popliteal Aneurism..... 151
Provincial Medical Association of England..... ib.
MEDICAL ASSOCIATION OF IRELAND—Proceedings of Council..... 156
Books Received for Review..... ib
QUALIFICATIONS OF MEDICAL ATTENDANTS TO POORHOUSES..... 157
FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW..... 158
THE MEDICAL CHARITIES' BILL..... ib.
MEDICAL INTELLIGENCE.—University of Edinburgh—Physiology Chair—Stammering—Criminal Prosecutions in Ireland..... 159
POOR-LAW INTELLIGENCE—Mr. Nicholls' opinion of his friend Phelan.—Waterford Union..... 160
Promotions..... ib.
Obituary..... ib.
Register of the Weather..... ib.

LECTURES UPON THE HUMAN INTESTINAL WORMS,

DELIVERED AT ST. VINCENT'S HOSPITAL DURING THE WINTER SESSION, 1841-2.

By O'B. BELLINGHAM, M.D., one of the Medical Officers of the Hospital; Professor of Botany in the Royal College of Surgeons in Ireland, &c., &c.

LECTURE III

In my last lecture, I concluded the description of the several species of worms found to inhabit the human intestines. The opinions and theories respecting the origin of these animals (which would next engage our attention) though of considerable interest to the physiologist, are not of a sufficiently practical nature to be dwelled upon here. I shall therefore at once proceed to the consideration of some of the causes which appear to favour their increase or development.

CIRCUMSTANCES WHICH FAVOUR THE DEVELOPMENT OR INCREASE OF WORMS.

Whatever may be the manner in which intestinal worms are orginally produced, the causes which favour their increase are pretty generally understood; as when once developed, in common with other animals, they possess the power of propagating and continuing their species; and, under certain circumstances, often to a degree inconsistent with the health of the animal which nourishes them. These, however, vary much according to the age, sex, constitution, manner of life, &c., of the individual. Thus it is rare to find any species of intestinal worm in very young infants; indeed up to the third year they are not common. Between the age of three and ten the ascaris lumbricoides is more frequently met with than at any other period of life, having been noticed in about one-fifth of the individuals whose bodies have been examined at that age. After ten years it becomes again rarer, and in old age this species is very uncommon.

A residence in an unhealthy, ill-ventilated, and gloomy situation, is set down as a common pre-disposing cause of worms. Hence the children of the poor, who are brought up in crowded cellars in this and other cities, are very commonly affected by them. Both Drs. Jenner and Baron found that by feeding young animals (as rabbits) upon unwholesome food, depriving them at the same time of exercise, by confinement in a dark and damp place, the liver soon became studded with hydatids.

Another pre-disposing cause, particularly in the impure air of crowded cities, is a sedentary occupation; and this may be one reason why females are in general more troubled with them than males. It is not unlikely that the pre-disposition depends in some degree upon constitution, as we find that individuals with fair skin, light hair, and effeminate constitution are more subject to them than persons of an opposite character. Rudolphi attributes their greater frequency in women to the smaller quantity of stimulants which females in general use with their food, as well as to their sedentary habits and less vigorous constitution; he considers the moderate use of wine and other stimulants to have somewhat of a preventive tendency.

Among the pre-disposing causes of worms, incomplete assimilation of the food, arising from the want of a due balance between the powers of the digestive organs, and the substances taken in, is regarded as one of the most powerful; and this may depend either upon debility of these organs, or as is more frequently the case, upon the indigestible nature, or over-

abundant quantity of the ingesta. Thus infants brought up by hand are generally afterwards more subject to worms, than those which had received the food prepared for them by nature. "In some parts of France," says Cruveilhier, "verminous affections are endemic, from the intervals between meals being filled up with fruits and substances of an indigestible nature; and thus the ingesta are constantly accumulating and never properly digested."

The influence which a cold and moist climate, or a damp, marshy situation, exercises in disposing to the production of worms has been often remarked; thus the inhabitants of Holland, and of several countries or districts which unite these conditions, are said to be very subject to them; but in some animals, particularly sheep, these causes are found to act more directly. Thus the disease, known under the name of rot, (which is always accompanied by the development of a particular species of worm, *distoma hepaticum*, in the biliary ducts of the liver of the animal) is produced by their being pastured upon wet, spongy lands, which do not admit of being drained; (salt marshes, however, and the bogs in Ireland form an exception) or on clayey soils, which retain wet for a considerable time after rain falls; or if the disease occur on other lands, it is only in very wet seasons that it is at all prevalent; and it does not appear to be generally known in how very short a period this exciting cause will produce the disease. Dr. E. Harrison (in the letters and papers of the Bath and West of England Society) says that sheep contracted the rot by grazing for a few hours only upon the moist soft land which had been flooded by the River Barlings. Another writer upon agriculture states (from experience) that in driving sheep a distance, if they be suffered to lie only for a single night on a wet spot of ground, they are very liable to the rot. And it is reported of Mr. Bakewell, that when his sheep were past service, he used to rot them purposely previous to disposing of them, which he always readily did by overflowing his pastures; and it was sufficient to flood his lands a few times only to produce the rot.

In warm and moist climates intestinal worms are very common. At Sierra Leone, and in Egypt, the tape-worm is very prevalent. "The tape-worm (says Dr. Hasselquist in his travels in the Levant) is a plague, from which the inhabitants of Egypt are not yet exempt; it is so common that M. Fournace, surgeon at Cairo, who practised there for several years, believes two-thirds of the inhabitants of Cairo to be troubled with it; the Jews and the common people are the most affected with this disorder." It has been also asserted, apparently on very good authority, that in some parts of Switzerland, the bothriocephalus latus is so very common, that scarcely a single female is free from it.

In the West India Islands, the ascaris lumbricoides is so common, that it was usual to put the negro slaves through a course of medicine once or twice a year. "It was my constant practice (says Mr. Chamberlaihe) while in Jamaica to have the children of the estates that I had the care of, from the youngest infant to those of twelve years old, brought to me once in two months, to all of whom, without exception, I gave the cowhage for three mornings, whether they had symptoms of worms or not."

The bilious temperament is supposed to be unfavourable to the development of worms; the scrofulous constitution on the other hand, is considered to predispose to them; and, as this constitution may be transmitted from parents to their offspring, we not unfrequently observe the children of individuals who had had worms to be affected by them likewise.

But of all the causes which pre-dispose to the development of worms in the intestines, none (as has already been observed) is more active or more frequent than indigestible or unwholesome food, or a diet composed of substances which contain but little nutriment in proportion to their bulk. Dr. Thomson, in his remarks on tropical diseases, says "the food of most children here (Jamaica) is entirely vegetable, and the constant succession of fruits so abundantly supplied by nature causes a secretion of mucus in the intestines, which is highly favourable to the development of worms." Mr. Chamberlaine, who spent several years in the West Indies, says "among the negroes, whose diet consists chiefly of vegetables, complaints arising from worms are much more frequent than among white people. The principal part of the diet of the negro slaves consists of plantains, yams, and maize, or Indian corn. Very little animal food comes to their share, and of this only such as is of the most indigestible kind, as salt herrings, Newfoundland salt-fish, cured beef, salt-pork, and the like."

"In India," says Dr. Annesly, "the pre-disposing causes of worms are present in a very remarkable manner, among which the farinaceous diet of the natives, the moist and relaxing state of the atmosphere, the nature of the soil, and the great exuberance of the vegetable creation which covers it in warm climates, and the consequently impure state of the atmosphere, are particularly deserving of notice. Several of these causes also operate upon Europeans residing in this climate, as well as upon the natives. Very few cases of disease are met with among the Hindoo population, where intestinal worms are not found in the alvine evacuations procured during medical treatment. Whilst the native hospital at Arnée was under our direction, there was scarcely one patient in ten, in whom intestinal worms, chiefly ascarides and lumbrici, did not exist." Very probably it is from the nature of the diet that the children of the poor are more commonly affected by worms than the children of persons in easy circumstances; and it has been remarked, that worms are more common in summer and autumn, than at other periods of the year, and particularly in those seasons when the commoner fruits are abundant. Cruveilhier fed some dogs for six months upon brown bread and water only, and it was inconceivable what a quantity of tape-worms their intestines contained; the entire of the small intestines being completely filled with them. The same writer observes that he has often been surprised at the abundance of worms which he found in the intestines of idiots. In one case in particular, that of an epileptic idiot, who eat every thing, even his own excrements, the entire of the small intestines was filled and obstructed by them. When removed, they filled a large bason, and amounted to more than one thousand in number.

Mr. Chamberlaine mentions the case of an individual who suffered five years incarceration in Gloucester jail, during the first three years of which he was fed upon bread and water, excepting only six ounces of meat twice a week. Before his confinement he had been always strong and healthy, and never knew himself to pass worms; after he had been imprisoned for two years, he began to pass fragments of tape-worm daily, in large quantities; from which time, until his liberation, he suffered much, and was greatly emaciated; and even after his liberation he continued to pass portions of it for a long time.

Dr. Knox, in one of the early volumes of the *Edinburgh Medical and Surgical Journal*, has described the unusual, and hitherto unnoticed circumstance of an epidemic of the tape-worm among the troops at the Cape of Good Hope in the year 1819. In an old book of travels, however, by Dr. Sparman, it is remarked, that one of the most frequent and trouble-

some disorders to which the inhabitants of the Cape are liable, is worms; and he adds, that adults, and even elderly persons, seemed more troubled with them than children.

That the several causes already enumerated, may pre-dispose to the development of worms, there can be little doubt; but it is probable there is some other cause which hitherto has escaped observation, which is more active at one period of life than at another; and acts more powerfully upon one individual than on another. As we find that in many instances children affected with ascarides or with the long round worm, become free from them after puberty, without undergoing any treatment, and without any change in external circumstances. It would even appear, that in some instances, a pre-disposition to worms runs in families, or is hereditary. Thus Rosenstein mentions an instance where some of the individuals of a family were affected with the tape-worm through three successive generations: and it is not uncommon to find all the children of a family affected with worms, particularly ascarides.

SYMPTOMS OF WORMS.

Every one at all conversant with disease must have observed how very frequently in measles, small-pox, and particularly in fever, worms are voided by children who were in perfect health previous to the attack, and in whom their existence had not been previously even suspected. No practitioner of the present day, however, regards them as anything more than an accidental complication.

Children between the ages of two and twelve years are liable to a species of gastric fever, called infantile remittent fever (formerly better known under the name of *worm fever*) the symptoms of which were for a long time supposed to be identical with those of worms; hence many symptoms, which are alone indicative of gastro-intestinal irritation, or inflammation, and have no connection with worms, have been introduced into the semeiology of worms; and each succeeding writer has contributed to keep up the error; indeed there are few diseases to which childhood is liable which have not been supposed either to originate in, or to be aggravated by, the presence of these parasites; and there is hardly a symptom of infantile disease which some author has not made a symptom of worms.

"Worms (says Dr. Eberle in his treatise on therapeutics) are capable of producing great disturbance in the system; not only do they aggravate ordinary diseases when present, but they also give rise to a great variety of very alarming and anomalous affections. The whole train of spasmodic and convulsive diseases may proceed from the irritation of worms. Chorea, epilepsy, catalepsy, tetanus, paralysis, mania, convulsions, as well as a variety of other nervous and convulsive affections, are not unfrequently the immediate effects of this cause. Besides these diseases, worms have been known to produce pleuritic and rheumatic pains, dysentery, remittent fever, hydrocephalus, consumption, chronic and spasmodic cough, &c., &c.

Dr. Thomson, in his remarks on tropical diseases, says, "the death of the greater number of children in many parts of this island (Jamaica) and I believe in general over the West Indies, is referable to worms."

Baglivi says, "let the disorders of children be what they may, we ought always to suspect worms;" and Sauvages has given a list of twenty different diseases which he supposed might have their origin in worms. More than one epidemic has been attributed to worms, and it is not many years since (as I before remarked) the Neapolitan physicians supposed the trichocephalus dispar to have some mysterious connection with the Asiatic cholera.

That there is no such disease as an idiopathic worm fever; in other words, that there is not any specific disease which we can pronounce to be caused exclusively by worms, is the opinion of the best-informed practitioners of the present day; and indeed the number and vagueness of the symptoms of worms laid down in books, are proof sufficient that there can be no signs *truly* pathognomonic of their presence.

The symptoms which are generally supposed to indicate the presence of worms in the alimentary canal, may be arranged under two heads, the local and the general (although each species appears to have some symptoms peculiar to itself.) The latter are as numerous and as various as the sympathies which exist between the alimentary canal and the other organs of the body.

I shall only here notice the symptoms which are most prominent, and which when combined, give a certain degree of probability that worms exist in the intestines.

LOCAL SYMPTOMS.

The local symptoms are pain in some part of the abdomen, which is usually intermittent, and is commonly referred to the umbilical or epigastric region. The character of the pain is very variable in different cases; sometimes it resembles colic; sometimes it is described as a sensation of gnawing, tearing, or creeping within the abdomen. The bowels are at one time constipated—at others too loose; the stools are often unnatural, and contain much slimy mucus, occasionally mixed with worms, or fragments of worms. Sometimes nausea or vomiting is present. The appetite is very variable—in some instances it is voracious—in others it is diminished. Some feel a constant inclination to eat, and are only comfortable after eating. The abdomen is often tumid, and tense, particularly in children. To these may be added, foulness of the tongue, fœtid breath, an increased flow of saliva, itching at the nose or anus, the latter felt particularly at night.

It is not to be supposed, however, that all these symptoms are ever found combined in a single individual.

GENERAL SYMPTOMS.

The following are the leading general symptoms which have been supposed to indicate the presence of worms in the alimentary canal.

The countenance is pale, the pupil dilated, and there is a bluish streak under the eyes—the alæ nasi and upper lip are swollen. There is occasionally epistaxis, at other times headache, vertigo, noise in the ears, or dimness of sight. The rest is often disturbed—there is moaning, or starting, or grinding of the teeth during sleep; in some instances, the individual awakens suddenly in a fright. A short, dry, tickling cough is frequently present, with a certain degree of emaciation; and in children it is often observed that the temper is altered; they are indolent, not easily amused, and peevish; the urine is occasionally turbid, resembling milk with which a large quantity of water had been mixed. Pains of a rheumatic character, or weakness of the limbs, are sometimes complained of.

Although all the symptoms which have been enumerated, taken either separately or conjointly, are equivocal, yet some of them have been considered by writers upon the subject to be almost pathognomonic of worms. Thus the dilatation of the pupils has

been insisted on by many as a never-failing sign of worms. No symptom, however, is more fallacious, and in my experience at least, it is more frequently absent than present.

The itching at the nose and anus are symptoms upon which great stress has also been laid, and certainly in cases where joints of the tœnia are daily passed, or where ascarides find their way into the rectum, itching at the anus is sometimes present in a very marked degree. Dr. Rush, however, observes of the former—"There is not a symptom said to indicate the existence of worms which has not deceived me, and one more frequently than the picking of the nose, which has been so much depended on." Even when both are present, they only denote the existence of some irritation in the alimentary canal; not that such irritation is necessarily caused by worms.

Dr. Home, in his clinical observations, mentions as a certain diagnostic symptom an œdematous swelling of the alæ nasi, upper lip, and often of the contiguous part of the cheek; the apertures of the nostrils become diminished, and ultimately less than half their natural size. "This diagnostic sign (he adds) is useful, as the patient is not always able, from infancy, to tell his complaints. It is not the first symptom which appears, but is always seen soon enough for the cure, and it accompanies the disease when there is no suspicion of scrofula, and retires with the other symptoms of worms on their evacuation."

Dr. Thwaites, in a small treatise recently published upon infantile remittent fever, seems to think that a peculiar fœtor of the breath often accompanies the presence of worms and disappears after their expulsion. "It is (he says) quite distinct from the heavy unpleasant smell in remittent fever, and resembles that emitted by a dead lumbricus; this, when once perceived, can never be forgotten."

With respect to some of the other symptoms, such as pain in the belly, and head; moaning and grinding of the teeth during sleep; the variable state of the bowels, and the unnatural appearance of the stools, they are common to several other diseases of early life.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF BLUE FOOT FROM SUPPOSED GOUTY DIATHESIS.

TO THE EDITORS OF THE MEDICAL PRESS.

Valley House, Roscrea, August 22, 1842.

GENTLEMEN,—The following anomalous and complex case having come under my observation, in consultation for the last two years, and not having been permanently improved by any plan of treatment hitherto adopted, I take the liberty of requesting a place for this very brief sketch of it in your valuable and widely-circulated periodical. I do so with the hope that it may meet the eye of some experienced physician who will kindly favour me with a useful suggestion for the future treatment, and perhaps cure, of this intractable disease.

Believe me to be, yours faithfully,

WILLIAM KINGSLEY,

Physician to the Roscrea Fever Hospital and Dispensary, &c., &c.

Miss A., aged sixteen, was attacked in November, 1840, with a severe circumscribed pain in the sole of the left foot, under the little toe: up to this time she was very healthy, with the exception of *occasional* confinement of her bowels, and pain and difficulty in passing water; the catamenia were regular. Both her grandfathers were martyrs to gout, and her paternal grandmother was also subject to it. The pain was supposed to have been caused by some slight injury, either from the prick of a thorn, or from a nail, and was poulticed. A small vesicle made its appearance, the discharge from which was trifling; but the small sore caused by it was very slow in healing, which prevented the application of leeches to the painful part for fear of producing unhealthy ulcers by the leech bites. The pain extended to the foot, increasing daily in severity; the calf of the leg was a little swollen and painful on pressure, as also the upper and inner part of the thigh. The entire of the foot became very much swollen, particularly in the day time, when sitting up, but at night, and while in the recumbent posture, the tumefaction nearly subsided. The whole foot now assumed quite a blue appearance; the least touch produced considerable pain; the entire surface of it exhibited the greatest morbid sensibility; it felt as cold as ice, or marble, just like a person in the last stage of Asiatic cholera; but the skin, &c., were not shrivelled, as in the latter disease, but on the contrary were swollen; those appearances still continue now almost two years. The disease was treated as inflammation of the lymphatics of the limb, and subsequently as a gouty affection. Mild fomentations were employed, with the foot bath, to which mustard and horse radish were afterwards added. Anodyne liniments were used, as were warm and cold applications, but all with the unhappy effect of aggravating the disease. All sorts of anodynes were tried, and the whole of them disagreed, making the stomach sick, and causing severe headache. The bowels all this time (six months) were obstinately confined, and the most active purgatives, and in large doses, failed sometimes to produce feculent evacuations. At the end of this period, she was attacked with pain of the right side, between the lower ribs and crista of the ilium, extending forwards to the abdomen; this prevented her from taking carriage exercise and walking, or even moving about. Leeches were applied for its relief, followed by fomentations, anodyne liniments, and blisters, which had the effect of producing metastasis to the chest, causing a sense of suffocation, which is always relieved by æther and volatile aromatic spirit, but returns again to the side, and when very bad, she loses all power of the foot, and cannot bear it to be touched in the slightest manner, even with the top of the finger or bedclothes; there is pain and difficulty in making water at those times particularly. She has complained for some time of pain along the spine at different parts of it, to which leeches and blisters have been applied along with cupping, but with very little good effect. The catamenia became obstructed for some time, apparently with no injury to her general health, and they have returned without any improvement of it. She has tried colchiuum, tonics in every shape, camphor, quinine, &c., &c., without the slightest benefit. The nitras argenti, combined with pil. rhei comp. appears to agree better with her than any other medicine, keeping her bowels free without much pain; it is now, however, beginning to be inert. All through the disease there has been the greatest possible difficulty in keeping the bowels open. Lavements give violent pain when being thrown up, and during their operation; and in like manner purgatives given by the mouth produce the same distressing effect. The head laterally becomes painful every night, and sometimes continues so through the day, attended with great thirst. With all this complication of symptoms, she has at times a tolerable good appetite, and to a common observer looks healthy and well, yet the pain

of the side and foot is very distressing, as is the obstinate constipation of the bowels, which resists almost every attempt at keeping them in a soluble state. The right foot has for some time assumed the same appearance as the left, but is not quite so bad: the hands too have been slightly affected. This young lady was at the sea side for three months, and used the tepid shower bath, but not with any beneficial result.

Recapitulation.—The most prominent and distressing symptoms of the disease are—constant and severe pain, swelling, blue colour, and death-like coldness of the feet, particularly of the left, in which the complaint originated; pain of the right side, sometimes violent, and subject to metastasis to the chest, causing difficulty of breathing. Upon making local applications to it, such as mustard poultice, anodyne liniments, &c., *obstinate* constipation of the bowels, and when acted on by lavements or by purgative medicine, the production of intense pain and suffering, which are also induced by the throwing up of enemata—spinal irritation. The present plan of treatment is as follows:—Pills of the crystall. argent. nitrat. et pil. rhei comp. which, if left off, would induce constipation of the bowels for ten or twelve days. Lavements are thrown up occasionally. The nitras argenti is the only medicine that has given her any relief. The pain of the side and of the feet is still the same, and becomes very violent when the latter are moved. She is quite unable to move, or to be moved. I omitted stating, that fomentations and warm applications render the pain intense. I have suggested a trial of inspissated ox-gall in consequence of the very favourable mention made of this remedy for obstinate constipation in the last number of the Medico-Chirurgical Review.

EXTRACTS FROM PERIODICALS.

MEDICINAL PROPERTIES OF LEONTODON TARAXACUM. BY JOSEPH HOULTON, ESQ., F.L.S., &c.

A very excellent paper on this plant was published in 1828, in the *Medical and Surgical Journal*, which we are glad to see once more before the public; as it is very probable that the different opinions respecting this useful plant are owing both to the improper mode in which it is prepared, and the indiscriminate way in which it is used. Mr. Houlton gives an account of the opinions of different eminent practitioners on the use of this medicine. Bergius considered it as aperient and diuretic, and useful in obstructions of the liver, &c. "The late Dr. Pemberton used it in chronic inflammation and incipient scirrhus of the liver, and in chronic derangement of the stomach, with great success." Dr. Wilson Philip says, "For the purpose of lessening the quantity of mercury, I have also combined with it such other means as tend to promote a regular and healthy secretion of bile. Of all the means which I have employed with this view, I have found none equal to dandelion." In his treatise on indigestion, he states, that "nitro-muriatic acid and the dandelion appear to be the best substitutes for mercury; and that the dandelion appears to possess greater powers in this disease than are usually ascribed to it, but that it requires to be taken in very large doses. It is best adapted to those cases in which the bile is deficient or much disordered, while the power of the stomach is still considerable. In such cases I have seen the patient restored by a strong decoction of dandelion, used for common drink, without the aid of other medicine. In addition to its effect on the liver, it tends to cool and consequently to allay the inflammatory diathesis, and often it excites both the bowels and the kidneys." There is very little correct information given respecting the time of gathering the root, either by the college or Dr. Paris in his Pharmacology. Mr. Houlton proceeds to say—

My own observations perfectly coincide with those of Bergius. In the month of March, the juice obtained from the bruised root by pressure, is a thin, watery, and brownish fluid, weak in flavour; whilst that procured by the same process towards the end of summer is thick, opake, and cream-coloured; and in a few minutes after being expressed, it sets to a much more solid consistence, becoming as thick as common paste; it is very bitter and saponaceous. This is the season in which I have chosen it for medical purposes, and from many years of observation upon this plant of disputed virtues, I have been led to a conviction that it has medicinal powers, varying essentially according to the time of the year in which it is gathered and the mode in which it is prepared.

The extractum taraxaci, as commonly sold in the shops, I believe, has but very little virtue. I have myself taken more than one ounce *per diem*, of a good looking article, without perceiving any sensible effect from it. If the juice be boiled, a very great change takes place in its sensible properties; it loses its bitter flavour, and forms a sweetish and ductile mass. The same is observed in an extract formed from an evaporated decoction, as ordered by the college. I cannot speak with much confidence of the virtues of the decoction of the roots. My observations on it have not led to a satisfactory result. It is, in fact, no easy task to determine with accuracy the medicinal powers of the less energetic agents in the materia medica.

The most uniform and active preparation of this plant, I believe, may be obtained, by carefully evaporating spontaneously the expressed juice of the roots taken up in August and September. The extract formed in this manner I have found to be a valuable medicine, both in my own person and in practice, and have the concurrent testimony of practitioners of different departments of the profession who have used it with success. A physician, who had been long resident in India, observed to me, after taking some of the extract prepared as above stated, "I have never before found any benefit from taraxacum." It is a tenacious, saponaceous mass, not ductile; it keeps remarkably well if evaporated sufficiently. It is a valuable anodyne, deobstruent, slightly aperient and diuretic. In some cases of chronic diarrhœa it has soothed the bowels, and has given that relief which no other medicine was found to afford.

In cases of chronic disorder of the digestive organs, not produced by intemperance, its efficacy is frequently very decided. In visceral derangements from intemperance I have not found it of much service, but in females, and other persons of sober habits and of studious and sedentary pursuits, it has been very beneficial, increasing the flow of bile, and allaying that uneasiness which the dyspeptic frequently experience about the hepatic region. If practitioners would employ the taraxacum in the form here proposed, I feel confident that a proper estimate of its virtues would be ascertained, and that the opinions of the filii Apollinis would, respecting this medicine, cease to be discordant.—*Pharmaceutical Transactions.*

Mr. Houlton was accustomed for some time previous to the writing of the above paper in 1828, to prepare his extracts of dandelion and hemlock by spontaneous evaporation, and he has specimens of those extracts prepared in 1829 which are still in excellent condition. "The power of a current of dry air in inspissating vegetable and other fluids exposed to its influence is very great."

Those who may feel disposed to make an extensive

trial of the plan, I would advise to appropriate a room to the purpose, at the upper part of the house; to have stands made with shelves one above another, on these to place plates or table dishes, and pour into them the juice, the less at a time the quicker will be the entire process; when one dish is finished it may be scraped out, or a fresh quantity of juice added. A small fire in the room will facilitate the process, and if the atmosphere is humid the fire is requisite, for the air must be dry in order to abstract the moisture of the juices. I believe the foregoing remarks are all that are required for the guidance of the practical pharmaceutist.—*Ibid.*—*Braithwaite's Retrospect.*

COLLECTION AND PRESERVATION OF HYOSCYAMUS. BY JOSEPH HOULTON, ESQ., F.L.S.

I have known this plant of doubtful duration forty years, and have seen it growing in various parts of this country in its wild state. I cultivated it for several years in my garden, and from what I have seen I am quite satisfied that it is a biennial; and such is the opinion of the herb-gatherers with whom I have conversed on the subject. If there is, as some assert, an annual variety, it is rare as an indigenous plant. I wish those who call it an annual would give its habitat as such; I only know it as a biennial, which bears fine petiolated leaves in the latter summer months of the first year of its duration; the plants at this period are called by the gatherers seedlings; their leaves are very specious, and meet with a ready sale in the market; if carefully examined, they will be found to possess but little of the clamminess and fœtid odour that belong to the true medicinal leaves; their footstalk is the positive characteristic of the first year's leaves, which are not fit for medicinal purposes. I have asked the gatherer why he carried about the seedling leaves; his answer has been, "A cos they like 'em better than t'others, cos there an't no stalk." These leaves die down to the root in the autumn, at which time the root has attained its mature state, and is in full possession of its poisonous properties. In the following spring the root sends up a curious tuft of small light green woolly leaves; a stem soon rises, plentifully furnished with leaves which have no footstalk, but closely embrace the stem; they feel clammy, and send forth a strong and unpleasant odour, very similar to that of the black currant. These are the true medicinal leaves, and are in perfection when the plant comes into flower. I prefer them as soon as the first flowers open; the plant flowers in June; the period varying with the temperature of the season. Now to guard the practitioner in large towns, where he must depend upon the herb-collectors for his supply, I would advise him to have the leaves brought to him on the flowery stem. On receiving the herb, if it should not be convenient to strip off the leaves at that time, the flowering heads should be cut off immediately, and the plants strewed separately, in a dry but not a dark place. These cautions are important, and are proved to be so both by physiology and experience. When the leaves are separated from the stem, they should be dried without artificial heat, as quickly as possible in the open air, on some waterproof substance; when they are a little dried, the midrib should be removed, which may be done with more facility than when they are quite fresh; at the same time the large leaves may be divided transversely, and as the drying process goes on, it is as well to have the leaves carefully rolled between the hands into small loose masses; when quite dry, they should be kept secluded from the light and the atmosphere. From hyoscyamus thus prepared, a tincture may be produced, after the form of the pharmacopœia, that will be veritable, and seldom disappoint the practitioner. —*Ibid.*—*Braithwaite's Retrospect.*

LYMPH-GLOBULES OF BIRDS.

It is well known that the blood of the vertebrate animals contains, besides the red discs, a few pale globules which have commonly been regarded as those of lymph. But in birds I have found that the globules of the juice of the lymphatic glands, are rather smaller than the pale globules of the blood; and the same fact is observable in mammals. Yet the descriptions, since Hewson's time of the lymph globules of birds, have always been drawn from the pale globules of their blood.

This distinguished physiologist states that the particles of the fluid of the lymphatic glands of birds are oval, like the nuclei of their blood discs. In the *Phil. Magazine*, for February 1840, I described the lymph-globules of the Napu musk-deer, as hardly differing from those of man, although the blood corpuscles of that little ruminant, as I had discovered and published in Nov., 1839, are the most minute yet known: and although the Camelidæ have oval blood discs, I found that the globules of the juice of the thymus, and of the lymphatic glands, and of the pus of these animals, have the same figure, and nearly the same size, as the corresponding globules of other mammalia. (*See Med. Chir. Trans., vol.* 23.) It was, therefore, to be expected, that the lymph-globules of birds would be similar in form; and such I have lately ascertained to be the case. In a few instances, from one to five of the lymph-globules were inclosed with granular matter in a cell. The following table exhibits, in fractions of an English inch, the average size of the lymph-globules of birds. For the numerous measurements from which these averages have been deduced, the original paper may be referred to:—

Columba livia, Briss. 1–5274.
Turdus musicus, Linn. 1–5090.
Gallus domesticus, Briss. 1–5261.
Strix flammea, Linn. 1–5227.
Ardea cinerea, Lath. 1–5150.
Corvus frugilegus, Linn. 1–5053.
Corvus monedula, Linn. 1–5238.
Corvus pica, Linn. 1–5001.
Pale globules the blood of the same. 1–3555.
Sturnus vulgaris, Linn. 1–5152.
Garrulus glandarius, Flem. 1–4414.
Fringilla chloris, Temm. 1–4924.
Fringilla domestica, Linn. 1–4682.
Emberiza citrinella, Linn. 1–4572.

The considerable difference in size between the white globules of the blood and the lymph-globules is shown for example in the magpie (Corvus Pica.) The magnitude of the lymph-globules does not differ much in different birds, although these globules are generally slightly smaller than in mammalia.—From *Mr. Gulliver's Contributions to Minute Anatomy.*—*Lond. and Edin. Phil. Magazine*, for June, 1842.

SMALLEST BLOOD CORPUSCLES KNOWN AMONG MAMMALS.

Before Mr. Gulliver's discovery of the singularly minute size of the blood discs of the musk-deer, (as announced in the MEDICAL PRESS, November 27, 1839; *Med. Chir. Trans., v.* 23; *London and Edin. Phil. Mag., Dec.* 1, 1839; *Annals of Nat. History* of the same date; and *Valentin's Repertorium* for 1840,) those of the goat were the smallest known. He now announces that the blood corpuscles of the ibex are slightly smaller than those of the goat, and therefore intermediate in size to the corpuscles of the goat and those of the musk-deer. The following average sizes of the discs were given in fractions of an English inch:—

Goat, (*Capra Hircus*, Linn.) 1–6366.
Ibex, (Capra Caucasica?) 1–6858.
Musk-Deer, (*Moschus Javanicus*, Pallas.) 1–12325.
—*From a paper read at the Meeting of the Zoological Society, August* 9, 1842.

ON OPIUM SMOKING, AS A REMEDIAL AGENT. BY DR. JAMES JOHNSON.

[An interesting paper on the opium smoking in China, has been published by G. H. Smith, Esq., surgeon, in Penang, and communicated to Dr. Johnson, who makes the following remarks on the subject.]

First—I think it will be admitted that the Chinese mode of taking opium by smoking or inhalation, induces the peculiar sedative effects of that drug more powerfully and more speedily than when taken into the stomach.

Second—There can, I believe, be little doubt, that these effects are produced chiefly, if not entirely, through the medium of the nervous system, and not by digestion, absorption, and the circulation.

Third—It does not appear that the casual or temporary smoking of opium is more dangerous or injurious to the constitution than that of swallowing the drug, whether in substance or solution. On the contrary, I believe it is less so, and not so likely to impair the functions of the stomach, liver, and bowels as when directly applied to the digestive apparatus.

Fourth—The *habitual abuse* of a drug, by which, in fact, it is converted into a poison, is no argument or reason against its occasional exhibition as a remedial agent.

Fifth—If the above observations be admitted as rational, I see no reason why we should not employ the Chinese mode of inhaling the fumes of opium, in certain dangerous and painful maladies where the common mode is found to be inefficient, and attended with great derangement of the digestive organs. It is clear that we can very seldom induce that profound sleep and insensibility to all mental misery and corporal pain, by opium taken into the stomach, which we find to be produced by the inhalation of its fumes acting directly on the brain, through the medium of the nerves. Might not the Chinese mode, then, be adopted in tetanus, hydrophobia, tic-douloureux (especially of the facial nerves), violent spasms, and painful diseases that defy the power of opium taken in the common way?

The various preparations of opium might be easily smoked by means of a common pipe, and the powerful effects induced in a very short space of time, without the possibility of their being rejected by the stomach, or prevented from acting energetically on the sensorium, and throughout the whole nervous system.—*Medico-Chirurgical Review, April*, 1842.—*Braithwaite's Retrospect.*

MODE OF PASSING THE LIGATURE FOR POPLITEAL ANEURISM. BY BRANSBY COOPER, ESQ., F.R.S., SURGEON TO GUY'S HOSPITAL.

In a case in which Mr. Cooper tied the femoral artery, instead of the usual mode, when the artery is exposed, of drawing the saphenous nerve outwards, and then passing the aneurismal needle, armed with the ligature, between the artery and vein, Mr. Cooper adopted the following plan:—Immediately on opening the sheath, he passed an aneurismal needle, unarmed, below the whole of its contents, from without to within, and to such a distance, that its curved extremity appeared close to, and on a level with, the upper and inner edge of the artery. There were two branches of nerves in this case, running along the upper surface of the artery: having gently detached these, by means of the blunt edge of a small probe, Mr. Cooper "tilted" them over the exposed end of the aneurismal needle; on which, therefore, remained lying only the artery and vein. Between these, Mr. Cooper now insinuated the end of the probe; and through the space thus made, passed the needle, having removed it cautiously from its former position. In this situation, the needle was armed by an assistant, and the ligature then secured in the usual way. This method appeared to place the separation of the artery from the nerves and the vein more under the command of the operator, while it caused the least possible disturbance to its cellular attachments.

"I may remark," says Mr. Cooper, "that the position in which the thigh is placed before the operation is of great importance, in reference to the subsequent passage of the ligature. By the full rotation of the thigh outwards, and by the bending of the leg, all the muscles are relaxed; and by a pillow being placed under the leg, the patient is freed from the apprehension of moving the limb, and thus interfering with the operation. In regard to the direction of the incision necessary to expose the artery, there is no doubt that, as a general rule, the inner edge of the sartorius muscle is the best guide; but frequently in cases, where, from œdema extending over the thigh, this edge cannot be distinguished, a line may be taken from the centre of Poupart's ligament to the inner side of the patella, and the point at which it is intersected by another line, taken from the anterior superior spinous process of the ilium to the tubercle of the inner condyle of the femur, marks the spot at which the ligature should be applied. The artery, in the case in question, was, as before narrated, seen pulsating on its exposure; but I may state—though to many the remark may be superfluous—that this is far from being uniformly the case. I have seen even the carotid lie so perfectly quiescent after exposure, that a surgeon has thought, from the total absence of pulsation, that it could not be an artery. The whitish-coloured vessel which is exposed in these operations is only discovered to pulsate by being pressed between the finger and thumb. From the details in case No. 2, I think that the advantage of passing the needle before it is armed with the ligature, is sufficiently shown. It is necessary to take great care that the point of the needle be not too sharp; or there will be considerable danger of wounding the vein, whilst the needle is being passed between it and the artery. As to the tightness with which the ligature should be drawn, the surgeon should exercise his discretion, and is best taught by experience. It is frequently stated, that the inner and middle coats of the artery should be felt by the operator to give way under the ligature; but in a very great majority of cases, I have not been able to detect any thing of the sort. In old persons, where the coats are more likely to be indurated or ossified, a less degree of force will of course be proper.—*Ibid.*—*Braithwaite's Retrospect.*

PROVINCIAL MEDICAL ASSOCIATION OF ENGLAND.

IMPORTANT matters, which we could not postpone, hitherto disabled us from noticing the anniversary meeting of this Association, lately held at Exeter. As our limits do not permit us to give the whole of the proceedings, we confine ourselves to the reports of the council and of the reform committee. The meeting, it is stated, was attended by about two hundred gentlemen from various parts of the provinces. The chair was filled by Dr. James, of Exeter, and Dr. Hastings, the secretary, read the following

REPORT OF COUNCIL.

Your council congratulate the members of the Association on assembling together to celebrate the tenth anniversary, for they consider that never since the establishment of the society were the prospects

of its continued and increasing prosperity more bright and encouraging than at the present time.

TRANSACTIONS.

The society has, since the last meeting, published the tenth volume of Transactions, and a copy of it has been supplied to every member not in arrear. This work well sustains the original character of the Association, as the contributions to it relate chiefly to those subjects for the investigation of which the society was instituted. The continuation of Mr. Ceely's experiments on vaccinæ and variolæ, and the engravings from the beautiful drawings by which they are illustrated, afford ample testimony to the liberality with which such inquiries are encouraged by the society; and must lead the members to consider that the money subscribed by them is well bestowed in forwarding such pursuits, and in being the means of diffusing so much valuable information. But not only have the members enjoyed as heretofore the advantage of receiving a copy of the Transactions; they have likewise, without any call for an increase of the annual subscription, had a periodical supplied weekly to them. For this great benefit the members are in a considerable degree indebted to the editors of the *Provincial Medical Journal*, who, actuated by the most liberal views towards the Association, have enabled the council to purchase, at a reduced price, the number of copies necessary for the members of the Association, who thus, for the small annual subscription of one guinea, have supplied to them an annual volume of Transactions and a weekly medical periodical. These great benefits should induce members cheerfully to pay their subscriptions: and indeed it becomes more than ever important that there should be no arrears, for it is impossible that the great expenditure now incurred can be maintained unless the income is regularly paid to the treasurers.

FINANCES.

The expenditure, during the year that has passed, amounts to a larger sum than in any former similar period. The different items are given in the accompanying statement of accounts, from which it will be seen that the expenses of the poor-law committee are to a large amount; but it should be remarked that these extend over a period of three years; and that, notwithstanding these and other heavy payments which appear in the accounts, there is yet a balance to carry to the next year's receipts. The gross income and expenditure are as follow:—

	£.	s.	d.
Income, including the balance of £582 1s. from last year	1721	1	0
Expenditure	1185	11	0
Balance	535	10	0

MEMBERS.

The number of members is greater than it was at the time of the last anniversary, the number now on the list being thirteen hundred and fifty. There is every reason to expect that the list of members will receive still further additions, as the advantages which now accrue from membership are so considerable as surely must induce those who take an interest in the advancement of medical science to join an Association which, for a small annual contribution, affords them, by means of its Transactions and weekly journal, so bountiful a return of professional information.

Your council also may be permitted to observe that, considering the very liberal manner in which the editors of the journal have placed that work in the hands of the members, it is not too much to expect that the latter will lend such literary and other assistance as may be in their power, to support so praiseworthy an undertaking.

EMPIRICISM.

The views of the Association having been fully expressed on former occasions, no special report on empiricism will now be presented.

MEDICAL REFORM.

During the past year the subject of medical reform has continued to be discussed by the profession, and your council have endeavoured to give an unbiassed consideration to several propositions that have been submitted to them. They have, however, thought they should best discharge the duties intrusted to them by adhering, as strictly as circumstances would permit, to the principles which have been recognised at the several anniversary meetings when this question has been discussed; and it may be as well to remind this meeting, that at the last anniversary a memorial was agreed to and directed to be forwarded to the government, in which the Association forcibly points out many of the evils that have resulted to the public and to the profession from the want of a suitable legal organisation, which, they maintain, can only be obtained by the intervention of the legislature; and they consequently desire that a well-formed bill be submitted to parliament; but they go on to observe, that much importance attaches to the source from which such a bill should emanate. Speculative reformists, from a too ardent zeal to realise speedily all their conceptions, would be liable to seek too much. Existing institutions, on the contrary, if intrusted with the framing of a bill, would concede too little. In this emergency, it is most desirable that any bill for reforming the medical profession, for calling forth its full energies, and adapting it to the necessities of all classes of the community, should issue from those who would be untrammelled by either extreme party—namely, the ministers of the crown.

It is highly gratifying to find that the course recommended in the above memorial has been adopted by her majesty's government. Early in the present session of parliament, the Secretary of State for the Home Department announced that a bill for amending the polity of the medical profession was in a forward state, and he was not without hope that he might be able to submit it to the House of Commons before the prorogation of parliament. This announcement was, as might be expected, received by the profession with every mark of satisfaction, and much speculation was immediately called forth as to the nature of the provisions of the proposed bill. Your council could not fail to see that an important crisis had now arrived, as upon the nature of the proposed bill the future destiny of the profession in a measure depended; and they therefore, after having met several times and considered the question, thought it right to address Sir James Graham, and to inform him what the principles were that have been maintained at the successive anniversary meetings of this numerous and influential Association. They therefore, on the 5th of March, unanimously resolved to send the following memorial to the Right Honourable the Secretary of State:—

"We, the undersigned members of the council of the Provincial Medical and Surgical Association, respectfully beg leave to offer you our thanks for the declaration made by yourself in the Commons' House of parliament, that her majesty's government are about to bring a bill into parliament for the better regulation of the medical profession.

"That this duty might be undertaken by her majesty's government was the hope expressed by the very numerous body whom we have now the honour to represent, at their late anniversary meeting holden at York, in the month of July last; and it will perhaps be in your recollection that a memorial to that

effect, having been adopted at the meeting, was subsequently laid before you.

"To the principles expressed in that memorial we take the liberty of again drawing the attention of yourself and your right honourable colleagues, embodying as they do the sentiments and wishes of a very large and influential portion of that profession, for the welfare and protection of which you have been pleased to signify your intention to provide.

"The evils complained of by the members of the medical profession, in the redress of which it should be observed the general community as well as the medical profession are deeply interested, are the imperfections and unequal character of the existing methods of qualification for medical licenses and degrees, and the inefficiency and exclusiveness of the existing medical corporations, together with their want of power to afford protection to the public and to the medical profession against the arts of unqualified and ignorant pretenders.

"In applying to her majesty's government for redress of these evils, we are desirous neither of injuring existing institutions nor of abrogating those distinctions in the profession which we believe to be useful to the public service; but we feel that we should be guilty of a dereliction of duty if we did not express respectfully, but firmly, that unless the present medical corporations shall undergo extensive changes in their constitution they can never become fitted for the government of the profession at large, seeing that they have not hitherto secured the confidence of its members.

"We beg leave to express our opinion that the members of the medical profession, not only in consideration of the character of their education, but in accordance with the general institutions of the country, are entitled to elect the medical members of the councils, or of the corporations to which they severally belong; and that any measure which shall fail in securing to them such a privilege will be felt as the denial of a right to which they think they have a just claim.

"The principles to whch we are desirous of calling your attention, as being those recognised by the Provincial Association, and upon which, as we conceive, any measure intended for the regulation of the medical profession should be founded, are *uniformity of the primary qualification*, to be tested by sufficient examination; *equal right*, in every member of the profession, to practise throughout her majesty's dominions; and *the adoption of the representative system* in formation of the councils or governing bodies.

"In submitting these views, we are assured that we express the wishes not only of the numerous Association with which we are ourselves connected, but also those of a very large number of our professional brethren throughout the country."

The receipt of this memorial was politely acknowledged by Sir James Graham, but his letter contained no information as to the nature of the bill which it was understood the government was intending without much delay to introduce into the House of Commons. It therefore became a question whether it would not be desirable still further to urge upon the attention of the government the principles of medical reform which had been adopted by this Association; and as several letters were written to the council, pointing out that some good result might arise from a deputation of members being appointed to have a personal interview with the Home Secretary, the council met again on the 26th of March, and unanimously resolved, "that it appears expedient to this council that a deputation, consisting of six members of the Association, should seek an interview with the Right Honourable Sir James Graham, and explain to him the views which are entertained by this Association on the subject of medical reform, and request his attentive consideration of the same."

The deputation however did not go up to London, for within a short space of time after the above meeting, it became generally known, by a communication from the Secretary of State to Dr. Webster, that it was very doubtful whether the state of public business would permit the government to legislate on medical affairs during this session of parliament. This being the case, it appeared to the council far better that the deputation should directly emanate from the anniversary meeting, as thereby the whole weight and influence of the Association would be brought more immediately to bear on the question. It may be right to mention further that, on a notice being given by the Right Honourable Secretary of State that he contemplated introducing a bill into parliament to empower her majesty to grant charters to the Colleges of Physicians and Surgeons, the council thought it right to petition both houses that they would not entertain any measure of partial medical legislation until the whole subject of medical reform was brought before them. It remains, therefore, for the members present to decide upon the course now to be pursued, in which they will doubtless be assisted by the reform committee who have given due consideration to the information which has been more lately communicated upon this question, and who are prepared with a report to be read at this meeting.

POOR-LAW MEDICAL RELIEF.

It has been the aim of the Association, ever since the year 1836, to obtain some legislative enactment for the better regulation of medical relief for the poor. To this object the attention of the council has been specially directed during the past year.

The publication of the reports of your poor-law committee, and their extensive circulation among members of parliament and other influential persons, although involving the Association in considerable expense, were deemed essential preliminaries to any parliamentary discussion on the question.

In accordance with the advice of Mr. Serjeant Talfourd, your council communicated in January last with Sir Robert Peel and Sir James Graham, and requested their consideration of the principal statements and suggestions of your poor-law committee.

The distinguishing features of the several plans proposed by that committee were laid before her majesty's ministers, who expressed their thanks for the information thus afforded, and promised particular attention to the subject, but declined pledging themselves to any parliamentary measure.

Anxious to obtain the assistance of all who might be endeavouring to promote an equitable settlement of this question, your council requested the co-operation of the president and council of the London College of Surgeons. The secretary of that body stated, in reply, that the president had conferred with the commissioners, and hoped to effect an amendment of the system. The college, therefore, declined to assist in bringing the subject before government and parliament, and recommended the Association to refrain from further proceedings until after the publication of the alterations then about to be made by the poor-law commissioners, which the college believed would "be found to redress nearly the whole of the grievances of which the medical officers of unions have complained."

Shortly after the propositions of this Association had been submitted to the government, the poor-law commissioners published and circulated their new medical regulations, obviously the result of the long-continued efforts of the medical profession. The

advantages and defects of these regulations have been considered in the late special report of your poor-law committee, which was adopted by your council, and is now in the possession of every member of the Association.

Acting on the suggestions contained in that report, your council again memorialised the Secretary of State, soliciting him to introduce such provisions into the poor-law amendment bill as might remove the remaining imperfections of the medical arrangements. This application has been politely acknowledged; and from an important communication very recently made to your council, they have reason to believe that the appeals of this Association, together with the personal exertions of the late president of the London College of Surgeons, have induced the Secretary of State to accede to the augmentation of the salaries of union medical officers.

In the absence of definite information respecting the intentions of government it would be obviously premature to pronounce an opinion on the expected improvements; but your council feel persuaded that there can be no adequate security for an efficient and satisfactory administration of this department of the public service until it be placed, partially at least, under the superintendence and direction of medical authorities.

The attainment of this object, therefore, in connection with other legislative provisions for the public health, demand the continued and vigilant attention of the Association; meanwhile, your council congratulate the members upon what has been effected, and hope that the wide diffusion of correct views and right principles which they have been instrumental in promoting, may in the end produce further results, alike advantageous to the members of our profession, and gratifying to every humane and philanthropic mind.

BENEVOLENT FUND.

The council regret to say that the benevolent fund has not yet been enabled to resume its operations in conformity with the resolutions passed by the Association at Southampton in 1840; great exertions have, however, been made during the past year, and the central committee confidently anticipate that in a short time they will again be able to fulfil the benevolent intentions of the donors and subscribers to the fund. A more detailed account of the state of the fund will be given in the report, to be presented to the meeting by the central committee.

CONGRATULATORY ADDRESSES TO THE QUEEN, &c.

Since the last anniversary the birth of H.R.H. the Prince of Wales has occurred, and this auspicious event could not fail to call forth from the medical profession, as well as from all classes of her majesty's subjects, the most lively expressions of joy and gratitude; and your council felt that the occasion demanded that the Association should testify in an appropriate manner the participation of the members in the general rejoicing. Congratulatory addresses have accordingly been presented to her Majesty, and to H.R.H. Prince Albert.

DISTRICT BRANCHES.

Your council have to report the formation of three district branches; one at Hull, called the East York District Branch; another at York, called the Yorkshire District Branch; and a third at Exeter, entitled the South Western District Branch. The rules by which these branches are governed are similar to those of the branches which were before in existence. It is also right to observe that the Bath and Bristol branches are united into one branch, which is now the Bath and Bristol District Branch.

CONCLUSION.

Your council are deeply solicitous for the progressive advancement of the Association—a result which can only be insured by the united endeavours of the members to promote the objects for which we associate—namely, the increase of medical knowledge, and the maintenance of the honour and respectability of the profession generally in the provinces, by promoting friendly intercourse and free communication of its members, and by establishing among us the harmony and good feeling which ought to characterise a liberal profession.

It cannot be denied that the prosecution of such objects must be beneficial, and exert a salutary influence in obtaining for our noble profession that proud position in public estimation which, as a class, we are entitled to occupy. Indeed, the successful prosecution of these objects will do more for us than any legislative enactments can effect, for it will bind us together by the ties of mutual regard and kindness, and will enable us, under all vicissitudes of life, to cherish the consoling reflection that we have unremittingly endeavoured to render the art of medicine more perfect, and consequently ourselves more instrumental in administering relief to the sickness and sorrow of our fellow-men.

The doctor was repeatedly cheered during the reading of the report; after which Dr. Miller, of Exeter, moved, and Mr. Barnes, of the same place, seconded, "That the report of the council, now read, be adopted and printed," which was passed unanimously.

Mr. Soden, of Bath, inquired the amount of money received by the secretary in the shape of subscriptions, and being informed that it amounted to a little more than £1,000, said that it appeared to him that there must be a large amount of arrears upon the books. If the society now numbered 1,400 members, its income ought to exceed the sum which had been given by the worthy secretary.

A conversation ensued, in which it was declared that a large amount of arrears did appear upon the books of the Association, and that it was not correct on the part of members, who neglected to pay their subscriptions, when they were receiving not only the annual volume of Transactions, but also the weekly journal of the Association, amounting in value to nearly double the sum required annually from them. After further discussion, Mr. Soden concluded by giving the following notice of motion for the next year:—"That the names of the members whose subscriptions are two years in arrear be printed as a separate supplementary list" (cheers.)

Mr. Rumsey, of Gloucester, proposed to make the following addition after the sixteenth rule of the society—viz., "That members of district branches be allowed the option of paying either the annual guinea with other members of the Association, or a third part of the guinea annually, without being entitled to receive a copy of the Transactions or of the *Provincial Medical Journal.*

It was not supported by any member, and consequently fell to the ground.

REPORT OF THE REFORM COMMITTEE.

In the present report your committee have but few remarks to offer on the important subject of medical reform, so fully have the proceedings of the Association in respect of it, through the agency of the general council within the past year, been recorded in the general council's report already laid before you. The committee, however, cannot refrain from congratulating the Association on the decided advance which the reform cause has made within the year. In accordance with the memorial addressed last year by the Provincial Association to her majesty's principal Secretary of State for the Home Department, it was announced in parliament that a bill for

the general regulation of the profession would be speedily introduced, with the sanction of her majesty's ministers, and prepared by the Right Honourable the Home Secretary. Anxious to impress on the framer of the bill the principles of reform by which such bill, to be at all adequate or effectual, should be characterised, and which its provisions should display, the general council deemed it advisable to transmit to the Right Honourable the Home Secretary a further memorial enforcing these principles, and explicitly stating them to be "uniformity of the primary qualification tested by sufficient examination; equal right to every member to practise throughout her majesty's dominions; and the adoption of the representative system in the formation of the councils or governing bodies."

So far the council have ably and diligently discharged the duty devolving on them, leaving nothing to your committee to suggest in addition to what the council had so judiciously determined.

The results of these several procedures your committee have closely watched, and they have anxiously awaited the appearance of the promised bill, hoping to find in it the principles indicated in the council's memorial carried into full effect.

This expectation of your committee, however, has not yet been realised; for though your committee have reason to believe that the meditated bill has been actually prepared, its provisions have not been divulged so as to afford subject for comment. The "heads" of this intended bill your committee have seen; but, as the communication was private and confidential, your committee do not feel themselves at liberty to advert to them further. Whenever any bill shall be actually introduced, your committee conclude that full publicity will be given to it, and ample opportunity afforded to the whole profession for scrutinising its provisions, and judging of its fitness and sufficiency.

It has seemed to your committee, however, an unwise procedure, inverting what reason would regard as the natural course of events—that, previously to the introduction of any bill for the general regulation of the profession, the Right Honourable the Home Secretary had notified to parliament his intention of bringing in a preliminary bill for empowering her majesty to grant a new charter to the Royal College of Physicians in London. This appeared to your committee a mode of prejudging the general question, which they conceived could not lead to good. Their impression was that the general profession should be first regulated by legislative authority; and that, afterwards, if new charters for the existing colleges should be requisite, these charters should be in conformity with the general enactment.

The general council, having taken the same views of the subject, lost no time in petitioning both houses of parliament to abstain from entertaining any measure of partial operation until the general question should be first decided by the discussion and enactment of the proposed bill. Several petitions to the same effect were presented from different parts of the kingdom; and your committee have the satisfaction of announcing that these have not been disregarded, the Right Honourable the Home Secretary having signified in parliament his intention of not proceeding with the charters this session.

Such is the progress of the reform question carried down to the latest period, and such the present position of the profession in respect of it. In this position your committee see much cause for gratulation—for it manifests clearly how much advance the reform question has made since we were last assembled. The profession are now more awakened to the necessity of legislative interference, and they daily acquire a clearer comprehension both of the evils of their political condition and of the means by which these evils would be best rectified. The community, too, have become more sensible of how deeply their interests are involved in a right adjustment of the question; and neither the legislature nor the government now evince any indisposition to give the subject a patient investigation. Whenever this can be adequately obtained, your committee feel too much confidence in the justice of their cause to harbour any doubt of the final result. It only requires for the profession itself to think calmly, reason justly, and devote to the accomplishment of its wishes the energies necessary in all human undertakings, to ensure the ultimate realisation of all that unbiassed reason would sanction.

But, in all attempts to amend social institutions, there ever and always will be differences of opinion and conflicting interests, which demand that they who think alike should combine for the effective support of the opinions which they hold. It is not enough that they who think alike may actually constitute a large majority of the whole body. To repose with any confidence on the mere fact of such a presumed preponderance is a great weakness, and contradictory to all experience. However just the cause, or however preponderating in numerical amount its advocates, it will be sure to be circumvented by even small minorities, unless resort be had to those expedients by which minorities so often triumph. These expedients are—*union*, to combine strength—*organisation*, to render strength effective—and *energy*, to carry into effect the measures which mature deliberation indicates.

These three brief terms, which are worthy of being embodied in a political axiom, specify the elements of that policy by which combined endeavours for the attainment of a common good should ever be directed. Neglect of them has occasioned the cause of medical reform long to linger unadvanced. The time, however, is at length arrived when longer disregard of them would be neither safe nor excusable. Reform of some kind is at hand, and if it be not wisely directed it will beget evil instead of good. It rests with the profession to make that reform whatever their matured judgments most approve; for if they be true to themselves, and take the necessary measures for impressing on their rulers their genuine and honest convictions, no opposition can long continue to defeat them.

Your committee deem it needless to pursue the argument further. If what they thus faithfully and earnestly represent as their own convictions meet a corresponding feeling on the part of the Association, no difficulty can arise in instituting and elaborating those combined measures by which alone can success in any undertaking be attained.

In conclusion, your committee would respectfully submit to the Association, that, for all measures requiring the intervention of the Association during the intervals of the anniversary meetings, the general council is entitled to its fullest confidence; and, as some procedures will be inevitably called for ere the general Association meet again, the committee recommend that the hands of the council be strengthened by the following resolution being this day adopted:—

Proposed Resolution.—"That the general council be specially enjoined to watch vigilantly, during the ensuing year, over all proceedings in parliament and elsewhere, which have any relation to the subject of medical reform; and that they be empowered to employ every means which their judgments may direct for upholding the principles of reform which the Association has so long and so steadily advocated; these principles being clearly and unequivocally declared in

the several reports heretofore presented to the Association by their reform committees, and explicitly specified in the memorial lately submitted to the Right Honourable the Secretary of State for the Home Department, by the general council."

Dr. Barlow having concluded reading the report, Mr. Crosse, of Norwich, moved, "that the report of the reform committee be received and printed—that the thanks of this meeting be given to them for the trouble they have taken in preparing it, and that the committee be re-appointed, and that the general council be especially enjoined to watch vigilantly, during the ensuing year, over all proceedings in parliament and elsewhere, which have any relation to the subject of medical reform, and that they be empowered to employ every means which their judgment may direct for upholding the principles of reform, which the Association has so long and so steadily advocated, these principles being clearly and unequivocally declared in the several reports heretofore presented to the Association, by their reform committees, and explicitly specified in the memorial lately submitted to the Right Hon. the Secretary of State for the Home Department by the general council."

REPORT OF THE BENEVOLENT FUND.

The central committee for the management of the benevolent fund of the Provincial Medical and Surgical Association have the satisfaction, after more than two years' suspension of their functions, as far as appertained to relieving the wants of their necessitous brethren, to state to the Association that they are now placed in the situation contemplated by the resolution passed at Southampton in the year 1840—viz., after paying off the debt due to the donation fund, they have now, as will be seen by the treasurer's report, somewhat more than *one hundred pounds* of subscriptions available for the purpose of relieving cases of urgent distress; but they deeply regret to add, that immediately after this anniversary meeting it will be their duty to take into consideration a great number of very urgent cases that have been brought before them, especially during the past year, and for the moderate relief of the most urgent of which the sum in their hands is totally inadequate. They trust, therefore, that they will stand excused in once more making a very strong appeal to the benevolent members of this Association for a small annual subscription to this fund. The amount of good that might be effected is incalculable, would only each individual member of this Association give annually *five shillings* to this charity; from the more wealthy members of the profession the committee would hope to receive a more liberal contribution. They would also strongly urge upon *all* the propriety of interesting the more wealthy amongst their patients in the cause of this charity. It certainly can scarcely be looked upon as otherwise than a reproach to the medical profession that this fund should have been in existence no less than *seven years*, and had met with such very inadequate support and countenance. With the small means confided to them, the committee had been able to effect much good, to smooth many difficulties for unfortunate brethren, and to succour and solace the widows and orphans of others; and if the Association and other benevolent individuals would but afford them the means, they would be enabled annually to present such a report of cases relieved as could not fail to be gratifying to every friend of humanity, and reflect honour upon the Association and profession in general.

But, although the committee have for the last two years been unable to give any account of cases relieved by the fund, they have the satisfaction of announcing to the Association that the constitution, rules, and regulations for the management of the fund have been considered so excellent, that they have been adopted almost *verbatim* by the Medical Benevolent Fund Society of Ireland—an institution lately formed, and which appears to be taken up with great spirit and energy by the members of the profession in the sister country. The institution of this society was, indeed, suggested by our Benevolent Fund, which has thus served as their model, their fund being one of pure charity, similar to our own. Thus, although our fund may have failed in procuring direct support to the extent that we hoped and expected, it has at least been the means of doing good, by inciting others to adopt similar measures.

It may be, too, that the obligation due to us for directing them to a safe and efficient constitution in their body may be returned to us in the benefit of their example, and that the energy with which their design is followed up, and the countenance given to it, may incite our members to "go and do likewise."

Let us all, then, endeavour to the utmost of our ability to support this admirable institution, and to interest all our friends in its support. We shall thus assist in relieving the anxious cares of many a deserving but unfortunate brother, and at the same time gratify the best feelings of our nature.

JOHN BARON, M.D., President.
W. CONOLLY, M.D., Sec. and Treas.

Mr. Newnham rose to move the resolution, and complained that, after having examined the list of subscribers to the Benevolent Fund of the Association, the amount received was principally from non-professional friends, through the interest of a few medical brethren; and he inquired, could the fund be supported, seeing the source from which the money had emanated? Could they again ask their non-medical friends to give donations? No; the support must come from the members themselves, whom, it would appear, took but little interest in its success, when, from about 1,350 members, only a little more than £100 had been subscribed. He wound up a very able appeal by relating an anecdote, which concluded by showing the sympathy of a *friend* who could feel for the sufferings of his fellow-men in every place but his pocket. This, he thought, was the case with the members of the Association. (Cheers.) He then moved, "That the report of the benevolent committee be received and adopted, and that the thanks of this meeting be given to them for the exertions they have made to increase the funds of this important branch of the Association."

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, SEPTEMBER 1.—Council met.

The medical charities' bill received.

Resolved—That it be taken into consideration at the next meeting.

MEDICAL BENEVOLENT FUND OF IRELAND.

Dr. Kingsley thankfully acknowledges the receipt of ten guineas from Dr. Kidd, of Armagh, constituting him a governor for life of the above benevolent society.

BOOKS RECEIVED.

A Treatise on Mineral Waters, with particular reference to those prepared at the Royal German Spa at Brighton. By J. C. Franz, M.D., M.R.C.S. London. Pp. 156. 1842.

A Description of the Mineral Springs of Aix-la-Chapelle and Borcette, with some account of the curiosities of both places. By L. Wetzlar, M.D., Physician at Aix-la-Chapelle. London. Pp. 88. 1842.

An Essay on Diabetes. By H. Bell, D.M.P. Translated by Alfred Markwick, Late Externe to the Hôpital des Veneriens, Paris. London. Pp. 96. 1842.

Observations on Ulcers of the Legs and other parts, to which are appended some remarks on Scrofulous Disorders. By Archibald Maxfield, Surgeon to the South Hants Infirmary and to the Southampton Dispensary, &c., &c. London. Pp. 80. 1842.

Forty-sixth report of the Institution near York, called the Retreat for Persons afflicted with disorders of the Mind. York. 1842.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, SEPTEMBER 7, 1842.

QUALIFICATIONS OF MEDICAL ATTENDANTS OF POORHOUSES.

We have two letters before us asking for information as to the qualifications required from candidates for the situation of medical attendant to a poorhouse. We refer them to number 170, April 4, 1842, and number 180, June 15, 1842, of our last volume, the seventh. In England and Wales the candidate must be a member of the College of Surgeons of London, holding also the licence of the London College of Physicians, or of the Apothecaries' Company of London, or the medical degree of Oxford or Cambridge. Surgeons and assistant-surgeons of the army, navy, and East India Company are eligible, *if appointed previous to the first of August*, 1826. No member or graduate of an Irish or Scotch College is eligible, unless the guardians are unable to procure an English graduate in the district, or unless the English graduate has been dismissed or declared incompetent by the commissioners. As a particular favour, a Scotch or Irish surgeon, holding the licence of the London Apothecaries' Company, or of the London College of Physicians, or the medical degree of Oxford or Cambridge, may be admitted by the commissioners, if the guardians request it. The reasons assigned by the commissioners for this monstrous injustice is, that the law declares that the medical attendant should be "a person duly licensed to practice as a medical man," and that "this indicates the necessity of a distinct and positive licence to practice, derived from some special authority empowered to give such licence," and that the commissioners "should not be satisfied if the testimonials did not constitute a specific licence to practice in England and Wales, and that "as the medical officer must perform his duties in England and Wales, the licence must be derived from some body capable of conferring privileges and intervening in the restraint of non-qualified persons," and that "the terms of the statute exclude all, however capable they may be, who practice *by sufferance only*, and with *impunity*, but without a positive licence from some authority competent to confer a licence in England and Wales." Then follows a long piece of special pleading, unwarranted assumption, distortion, perversion, and misconstruction of statutes and charters to justify this ex-parte decision, evidently prepared with great labour and legal research, and obviously furnished by the parties interested in establishing this system of exclusion. Respecting the correctness of this decision we have not the slightest doubt. It is neither founded in law or justice, and looking to the channel through which it was transmitted to the profession in England, and the tone and bearing of it from beginning to end, we are convinced that it was resorted to, more for the purpose of conciliating and enlisting the medical practitioners of England, than to secure properly-qualified medical officers.

With respect to the qualifications required from candidates for the situation of medical officer to a poorhouse in Ireland, the Irish poor-law act makes no provision; even the brief and vague provision of the English act, that he "shall be duly licensed to practice as a medical man," has been cautiously omitted, in order to secure to the commissioners uncontrolled power in a matter which the framers of this act at the time well knew was of great importance with respect to their designs on the medical institutions. By the 3d clause of the Irish poor-law act, the commissioners took the power "to make such orders for the government of workhouses, and the guidance, control, *appointment*, and *removal* of the officers as they shall think proper." And by the 21st section, they are empowered "to direct the guardians to appoint paid officers, with *such qualifications as commissioners shall think necessary*," the medical attendant being, of course, a paid officer. It does not appear that they have ever made any general order on the subject, as the act enables them to do, and as they have done in England; and the reason is very obvious. Mr. Nicholls, with his friend Phelan at his elbow, saw that it would answer much better to make no general rule or order on the subject, which might inconveniently tie up their hands; but to reserve their power for each particular case, by which they could be enabled to decide on the respective claims of individuals, and thus exercise that kind of influence which they are so anxious to enjoy over the medical profession. They also saw that they could not make a general rule to apply to Ireland on the same principle they have adopted in England, without prejudice to the English medical institutions. So the matter now rests, and thus are the medical officers of workhouses and candidates for these situations placed in this, as well as in other respects, under the uncontrolled power of these functionaries; and under this uncontrolled power is it contemplated to place the physicians and surgeons of hospitals and dispensaries.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

We have received a communication from this body, complaining bitterly about our observations respecting their right to grant licenses to practice medicine and surgery in Ireland. Before entering into any discussion on the subject, we wish to say that we did not intend to make any injurious imputation against them individually, or to say that, collectively, they are more to be blamed than many similar bodies. They do not, we hope, expect that we are to sit down quietly and acquiesce in the self-applauding opinions entertained of themselves by the medical corporations, or that we are not to express the feelings we entertain respecting the system which enables associations, under the sanction of some nonsensical old parchment, to endanger the lives of the community, and to ruin the character of the profession, to which we belong, by sending forth scamps and blockheads with the brand of doctor on their foreheads. We believe that the gentlemen, composing the faculty of physicians and surgeons of Glasgow, are individually incapable of doing an improper or dishonourable act; but we have lived long enough to know from experience that men who scorn to commit acts of doubtful propriety as individuals, to forward their own personal interests, hesitate not to lend their names to public bodies habitually and systematically, acting in an objectionable manner. Hence the delinquencies of the medical and other corporations, boards, and commissions. Each man casts the responsibility from his own shoulder to that of his neighbour, and very often even disclaims the acts of which he is partly the author. The gentlemen of this faculty say to us, "Surely it is not possible that any gentleman of education, far less a medical man, and still less the editor of a medical periodical, can have so little respect for medical science, and the medical profession, as to suppose that any licensing board would confer a diploma without having had sufficient evidence that the candidate had completed the requisite curriculum, and given his examinators such proof of his knowledge and qualifications as to entitle him to a license." To which we have to reply, that it is not only possible but very certain; and it is because we respect medical science, and the medical profession, that we publicly express our conviction that licensing boards confer diplomas without sufficient evidence of education or qualification. They may, we admit, require proofs of the candidate's having completed the requisite curriculum, and satisfied the examiners by his answering; but everything turns on what is meant by this curriculum, and what description of answering may satisfy the examiners. It is as notorious as the sun at noon day, that a boy may go into the certificate market and purchase a handsome *curriculum* at a very cheap rate, and that he may drive through most of the medical arenas in the same, without any very particular inquiry as to the value of the vehicle; and it is equally notorious that he can satisfy examiners by his answering that he is "entitled to a license;" but, at the same time, he may know no more of medicine or surgery than a horse. We are, however, very glad to find that whatever may have been the terms upon which coroners' doctors formerly obtained diplomas from the faculty in question, at present they have adopted as respectable a system, and require proofs of qualification as valuable as most other corporations. Their regulations are as follow:—

REGULATIONS OF THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW, RELATIVE TO THE ADMISSION OF CANDIDATES FOR A SURGEON'S DIPLOMA.

The Faculty *recommend* that candidates should attend Elementary Courses of Study in Mathematics and Natural Philosophy. These branches, however, are not *imperative*.

Every candidate's knowledge in Latin shall be tested, at his examination, by being required to construe some part of Gregory's Conspectus Medicinæ Theoreticæ.

CURRICULUM.

Anatomy—Two courses of six months, enacted 7th June, 1830. Practical Anatomy—One course of six months. Surgery—Two courses of six months. Chemistry—One course of six months. Practical Chemistry—One course of three months, enacted 8th Nov. 1831. Theory of Medicine—One course of six months. Practice of Medicine—One course of six months. Materia Medica—One course of six months. Midwifery—One course of six months. Clinical Medicine—One course of six months, enacted 7th June, 1830. Clinical Surgery—One course of six months, enacted 7th June, 1830. Medical Jurisprudence and Police—One course of six months, enacted 4th April, 1831. Botany—One course of three months, enacted 3d February 1834. A Public Hospital—Eighteen months, enacted 3d Feb. 1834. A Surgeon's or Apothecary's Shop—Six months, enacted 3d Feb. 1834.

The above lectures must have been delivered by Professors or Lecturers in an University; or by resident members of the Royal Colleges of Physicians or Surgeons respectively of London, Edinburgh, or Dublin; or by members of faculty.

Every candidate must have been employed in the above course of studies for four winter sessions, or for three winter sessions and two summer sessions, so that the whole period of attendance shall not be less than three years complete.

The fee of seven guineas shall be deposited with the president previous to the examination, and at the same time satisfactory documents shall be produced, that the above curriculum of education has been duly completed by certified attendance.

N. B. The branches, whose dates are specified, are not required of those students who commenced their studies anterior to these enactments. The commencement of education is ascertained by the date of the first ticket.

ALEXANDER PANTON, M.D.,
President.

Faculty Hall, 28th Sept. 1838.

MEDICAL CHARITIES' BILL.

We extract the following from the *Evening Mail*, and accept it as an intimation that fair and candid objections to this measure will not be received unfavourably by government, and that it is not proposed to carry it in its present objectionable shape:—

Our readers and the public are under the impression—an erroneous one, to a certain extent—that the new bill as given in this journal, and which called forth the commentaries by which its publication was accompanied, is *the* bill intended to be supported by government, and carried through parliament. The fact, we believe, is—and we state, in justice to the parties who are supposed to have its conduct—that it has been laid upon the table, and printed—that, during the recess, the Irish public may be afforded an opportunity of maturely considering its proposed enactments, and giving an expression of opinion as to the probable operation of its clauses. It now be-

comes the business—indeed it is the duty—of the landed proprietors, the gentry, and the subscribers to hospitals and dispensaries throughout the kingdom, to hold meetings, adopt resolutions, and give instructions to their representatives upon the subject.

Preparations are already in progress in both Ridings of the county of Tipperary, and, as we learn, in most of the southern counties for a demonstration against the pill—we beg pardon—bill of Doctors Nicholls and Phelan. The medical wants of the poor are admirably well attended as matters stand, and require not the legislative nostrums of such political empirics as the gentlemen named, against whose prescriptions men of all religions and parties protest.

While we concur in the opinion that this is not *the* bill intended to be supported by the government, and that important modifications of its clauses may be conceded, we most earnestly recommend those opposed to it not to allow themselves to be thrown off their guard, or for one moment to be persuaded that if they leave the matter to take its course, it will be disposed of in a safe and satisfactory manner. The only chance of defeating the objectionable provisions depends on the resistance offered, and the proofs afforded, that the proposed changes are unpalatable to the public, and considered subversive of principles and institutions long cherished and valued by the community. We counsel not any violent or angry resistance to the measure, but a calm and firm expression of opinion, with reasons for the objections made; and in order to refute the statements made by Mr. Nicholls, that the resistance to the proposed plans are factious and vindictive, we advise that the objections be addressed to the Irish government in as brief and business-like a form as possible. Should it afterwards become necessary to resort to petitions, and other public expressions of opinion, there is ample time for such a course; but no time should be lost in making known to the government the opinions entertained on the subject. To our medical brethren we have to offer this additional advice, that they shall refrain, as much as possible, from exclusively urging objections on the ground of the effect the proposed measure may have on their personal interests, especially in a pecuniary point of view. That their rights and interests should be respected, and that they should not lose sight of them, must be admitted; but we wish to see the physicians and surgeons of Ireland taking higher ground, and entertaining more general views. We wish to see them constituting one of the three parties deeply interested in the present discussion, being the gentry, the poor, and the medical profession. The present system of medical relief has had the effect of establishing this relationship, and it is only by keeping in view its value and importance that it can be perpetuated. We are firmly convinced, both from reasoning and facts, that the grand object contemplated by Nicholls and Phelan is to sever this connexion, in order to exercise influence through the instrumentality of a low class of medical creatures to be substituted for the present more independent and educated men; and we are equally convinced, that if the present men do not make common cause with the gentry and the poor people entitled to medical relief, that they will succeed. We can tell our brethren in the provinces, that Nicholls has all along endeavoured to neutralize the effect of the representations of the medical profession, by urging that they are made from interested motives merely, and we know that he has often succeeded; we therefore offer this advice, in order that he may not succeed on the present occasion. In our next publication, we will endeavour to point out the more objectionable and dangerous clauses of this bill, and to expose the real object of many of its provisions, obscured, as they are, by the legal phraseology, and designedly complicated and confused to conceal the ultimate operation. In the meantime, let preparations be made for plans to bring the matter under the consideration of the governors of hospitals and dispensaries, as well as of the public generally; and let the proposed bill be read and studied, and compared with the existing statutes which provide for the medical relief of the poor.

MEDICAL INTELLIGENCE.

UNIVERSITY OF EDINBURGH.

The Town Council held a meeting on Tuesday, August 23d, when—

Mr. Lothian protested against the accuracy of the minutes of August 9, in so far as they bore that Dr. Henderson was elected to the office of Professor of the Chair of Pathology in the University of Edinburgh. He farther protested that Dr. Craigie was duly elected to that office; and reserved to himself and the supporters of Dr. Craigie their relief at law.

Mr. Black said he had a motion to submit to the council with respect to the mode of voting in elections of professors; and he wished to bring it forward now, because, if allowed to lie over till next election, he would, no doubt, be met with the objection that it was wrong to bring it forward with respect to an election just about to take place. What he wished to propose was, that, at next election, they should have no double voting, but they should at once come to the vote, and that whoever was at the top of the poll should be declared elected. (Cries of "No, no.") Mr. Black was proceeding to show the evils attending the practice of double voting, when he was persuaded by several members to defer going into the discussion of the subject just now, and give notice of a motion for next meeting, which he accordingly did.

PHYSIOLOGY CHAIR.

Letters from Dr. Allen Thomson and Dr. J. Hunter Lane, of Lancaster, were read, announcing themselves as candidates for the vacant chair of physiology.

Baillie Richardson stated that Dr. Reid of St. Andrews, was also a candidate.—*Edinburgh Courant.*

STAMMERING.

An operation for the cure of stammering by M. Velpeau, recently terminated fatally, in consequence of purulent absorption. The operation has long since been abandoned by M. Dieffenbach.

CRIMINAL PROSECUTIONS IN IRELAND.

We understand that the object of the commission, vaguely alluded to by some of our cotemporaries, and which is about to commence its sitting in Dublin, is to inquire into the mode of conducting criminal prosecutions in Ireland in the superior as well as the inferior courts; the functions of the commission will also extend to the mode of administering the duties of the office of coroner. The commission, we are informed, consists of Mr. Serjeant Greene, Mr. J. L. O'Ferrall, the police commissioner, Mr. Studdert, the police magistrate, and two other gentlemen, with whose names we are not at present acquainted.—*Mercantile Advertiser.*

POOR-LAW INTELLIGENCE.

MR. NICHOLLS' OPINION OF HIS FRIEND PHELAN.

In a parliamentary return, "ordered to be printed 21st May, 1840," on the subject of Mr. D. Phelan's appointment as assistant-commissioner, the following copy of a letter from George Nicholls, Esq., to Charles Shaw Lefevre, Esq., appears:—

DEAR LEFEVRE—I received your's of the 8th, yesterday, enclosing copy of a letter from Mr. Lewis, and I note your concurrence in the appointment of *Doctor* Phelan. He has just called on me with the accompanying letter from Lord Morpeth, and I cannot do better than send him at once to London, as you suggest. I am satisfied we shall find him *a good man*, not medically (!) only, but as an assistant-commissioner, without reference to his *professional qualifications*.

The best thing to do will be for Phelan to get to work with Dr. Kay as speedily as possible, and after a *fortnight's run* in his district, to go to some other—say to Wales—after which, and when he has become tolerably perfect in our English practice, let him come hither, and I *will couple* him with Earle for a time.

This would be the best training even for *a medical inspector!*—but I hope to be able to *use* Phelan as an assistant-commissioner, until we have our unions formed; FOR, UNTIL WE HAVE GOTTEN SOME HOLD OF THE COUNTRY IN THIS WAY, I DO NOT SEE HOW WE CAN DEAL EFFECTIVELY WITH THE MEDICAL CHARITIES!

Will you be good enough to say to Dr. Kay, with my kind regards, that I shall feel obliged by any aid or information he can afford to Mr. Phelan.

All the assistant commissioners left me yesterday, except Mr. Voules and Mr. O'Donohue, who go to day. It has been very hard work I assure you, but *extremely useful* (?) Indeed without the aid of the discussions we have had during the last four days, they would scarcely have been able to get through their work. Much of the preliminary difficulty is now swept away, but there is still a *large crop* of difficulties to be removed, which we must endeavour to deal with in detail.

Believe me, dear Lefevre, sincerely yours,
(Signed) GEORGE NICHOLLS.

WATERFORD UNION.

At a weekly meeting of the board, held on Thursday last, the clerk read the following letter:—

Poor-law Commission Office,
Dublin, Aug. 26, 1842.

SIR—The poor-law commissioners acknowledge the receipt of your letter of the 26th inst. enclosing a report on the arrangements proposed for carrying out the provisions of the vaccination extension act in the Waterford union.

The commissioners infer from this report that it is proposed to appoint vaccinators but not to enter into contracts with them, and the commissioners therefore desire to call the attention of the board to the sixth section of the vaccination extension act, which renders it obligatory on the guardians to enter into contracts, and the requirements of the legislature cannot therefore be dispensed with.

With reference to the rate of remuneration proposed to be given, the commissioners desire to state that it is higher than that generally adopted in other unions, and found to be sufficient. The remuneration generally paid is 1s. per case for the first two hundred successful cases, and sixpence per successful case for all above that number, and the commissioners are not prepared to sanction a higher rate of remuneration than 1s. per case.

By order of the board,
A. MOORE, Chief Clerk.

Clerk of the Guardians, Waterford Union.

The clerk next read the section of the act referred to in the letter.

TO THE EDITOR OF THE TIMES.

SIR—The enormous expenditure and the present state of insolvency of the several unions under the poor-law in Ireland have not a little astonished the public, and no small anxiety prevails to see, if possible, an accurate summary of the monies expended. Some months ago Lord Bernard moved for a return of the expenses of the several unions in Ireland, open to a certain period, and from the simple and plain detail which his lordship's motion embraced, that return might have been made to the house in a few days, but to the present it has not seen the light. Are the commissioners afraid to bring it forth? Is it to be a "suppressed letter" affair? I should think not if the *Times* demand it; and seriously do I hope that the *Times* will call upon the Somerset-house dictators to obey the order of the legislature.

I am, sir, your obedient servant,
A GUARDIAN.

PROMOTIONS.

MILITARY.—49th Foot—Staff Surgeon of the Second Class, W. M. Ford to be Surgeon, vice French, promoted on the Staff.

53d Foot—Assistant-Surgeon T. G. Logan, M.D., to be Surgeon, vice M'Lean, promoted on the Staff.

Assistant-Surgeon, J. de Verd Leigh, M.D., from the 76th Foot, to be Assistant-Surgeon, vice Logan, promoted.

HOSPITAL-STAFF.—Staff Assistant-Surgeon, J. Marshall, to be Staff Surgeon of the Second Class, vice Ford, appointed to the 49th Foot.

NAVAL.—Surgeon—J. M. Moody to the Daphne. A. Stewart, M.D., to the Orestes.

Assistant-Surgeons—John Jackson to the Thunderer; C. N. Williams to the Queen; W. W. Baynes to Bermuda Hospital; W. Henderson to the African; C. Coffee (additional) to the Caledonia.

OBITUARY.

At Callowhill, county Cavan, William Cockburn, Esq., M.D., aged 27 years.

MILITARY.—Surgeon B. Wake, h.p., 111th Foot.
Assistant-Surgeon Ingram, h.p., 11th Foot.

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Aug. 28th,	69.5	52	30.120	
Monday,	29th,	69.5	57.5	30.100	
Tuesday,	30th,	71	52	30.150	.017
Wednesday,	31st,	68.5	46	30.250	
Thursday,	Sept. 1st,	65.5	54	29.950	.365
Friday,	2d.	69.5	59.5	30.200	
Saturday,	3d,	73	58.5	30.250	

DOCTOR GRAVES' CLINICAL MEDICINE.

Early in October will be published, in one large octavo volume, A SYSTEM OF CLINICAL MEDICINE, by ROBERT J. GRAVES, M.D., one of the Physicians to the Meath Hospital and County of Dublin Infirmary, lately Queen's Professor of the Institutes of Medicine, &c., &c.

Dublin—FANNIN and CO.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION (PAYABLE IN ADVANCE.)

Twelve Months..... £1 5 0
Six Months..... 0 13 0
Single Number..... 0 0 6

Wednesday, September 7, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXCIII.] DUBLIN, WEDNESDAY, SEPTEMBER 14, 1842. { PRICE SIXPENCE, STAMPED.

Lectures upon the Human Intestinal Worms, delivered at St. Vincent's Hospital during the Winter Session, 1841-2. By O'B. Bellingham, M.D., one of the Medical Officers of the Hospital.—Lecture IV.—
Symptoms of Worms continued—..... 161
Unusual Symptoms attributed to Worms—..... 162
Useful Effects attributed to Worms..... 163

REPORTS OF MEDICAL AND SURGICAL PRACTICE.

Case of Purpura.—By J. N. Walshe, Esq..... 164
Case of Disease of the Wrist-Joint. By J. N. Walshe, Esq..... 165

EXTRACTS FROM PERIODICALS.

Case of a Pin passing from the Appendix Vermiformis into the Bladder..... ib.
Case of Tumour developed in the midst of the Cauda Equina..... 166
Case of Laryngo-Tracheotomy for Croup, in the Sick Children's Hospital..... 167
Peritonitis from perforation of the Appendix Vermiformis..... 168
Rhinoplastic Operation..... 169

REVIEWS AND NOTICES OF BOOKS.

Maxfield on Ulcers of the Legs and other parts.. ... 170

POWERS OF THE POOR-LAW COMMISSIONERS..... 171
Poor-law Expenditure..... 174
Medical Charities' Bill—More Centralization—Further Powers to the Poor-Law Commissioners..... 175
POOR-LAW INTELLIGENCE—Drogheda Union..... ib.
Waterford Union..... 176
Obituary..... ib.
Register of the Weather..... ib.

LECTURES UPON THE HUMAN INTESTINAL WORMS,

DELIVERED AT ST. VINCENT'S HOSPITAL DURING THE WINTER SESSION, 1841-2.

By O'B. BELLINGHAM, M.D., one of the Medical Officers of the Hospital; Professor of Botany in the Royal College of Surgeons in Ireland, &c., &c.

LECTURE IV.

SYMPTOMS OF WORMS CONTINUED.

IN my last lecture I enumerated the principal, local, and general symptoms which are usually trusted to in the diagnosis of worms; but there is not one (if we except the passing of joints of the tape-worm by those affected with it) which is truly pathognomonic. All those symptoms may exist, and yet no worms be present; and they may all be absent, and yet the patient's alimentary canal may contain abundance of them. I know adult individuals who have been infested with ascarides from their earliest years, and yet feel no particular inconvenience from them. Dr. Heberden and other writers have made the same remark.

Dr. Thomson (in his observations upon the diseases of tropical climates) states that when the sugar-making season commenced in the West Indies, he has had gourds, filled with the long round worm, brought to him, which had been passed by children who showed no symptom of them whatsoever; and in many examinations of the body, he has found masses of them in the intestines of negroes who died of very different causes. Dr. Ainslie (in his work upon the diseases of India) observes, that very few cases of disease are met with among the Hindoo population—scarcely one in ten—where intestinal worms, chiefly ascarides and lumbrici, were not found in the alvine evacuations procured during medical treatment. Dr. Rush says, "in many instances he has seen worms discharged in different diseases by children who were perfectly healthy previous, and who never before discovered a single symptom of worms." I have myself found in examinations after death, the tœnia solium, ascaris lumbricoides, and many times the ascaris vermicularis, (not to mention the trichocephalus dispar) in individuals who had never exhibited any symptoms of them during their lives.

It is certain, however, that in several instances, dangerous and even fatal symptoms have been occasioned by worms; and it would be an interesting point to determine what combination of circumstances is capable of producing such a result.

We know that plumb-stones, or cherry-stones, in considerable numbers, as well as various other extraneous substances, frequently pass through the alimentary canal, without giving rise to any symptom of note; and from the gradual manner in which intestinal worms must be developed, it may be presumed the parts become in a certain degree accustomed to their presence; at the utmost, they can only act as foreign bodies: therefore it appears to me doubtful that these parasites could be a cause of death, as long as they occupy that part alone of the alimentary canal, in which nature has destined them to live, unless they occur in such numbers as mechanically to obstruct or block up the intestinal canal.

The small intestine is the natural habitat of the ascaris lumbricoides; at times, however, this species ascends into the stomach or œsophagus; in which situation it may give rise to disagreeable and unusual symptoms, which will continue until its expulsion by vomiting. Dr. Thomson (in the work already quoted) mentions the case of a negro woman, sixty years of

age, who had been troubled with them all her life, and generally vomited one three or four times a year. She described a peculiar sensation in the region of the stomach, which gave her warning of its presence, when she had recourse to an emetic which seldom failed to dislodge it.

As this species sometimes makes its may out by the mouth or nose, it is easy to conceive that it might also get into the larynx, in which situation it would give rise to the formidable train of symptoms of a foreign body in this part: indeed Andral has mentioned an instance in which sudden death was produced from this cause. In the *Edinburgh Medical and Surgical Journal* a case is related where an ascaris lumbricoides had become impacted in the vermiform appendix of the cœcum, causing sudden and violent symptoms which terminated fatally. On examination after death, it was found to be the only one which existed in the whole tract of the alimentary canal. Several instances, however, have occurred, where other foreign bodies, becoming fixed in the same part, had caused equally rapid and fatal symptoms. On the other hand, I have several times met the trichocephalus dispar, or the ascaris vermicularis, in the vermiform appendix, in post-mortem examinations of individuals dying of various diseases. Sir Henry Marsh, at a meeting of the Pathological Society of Dublin, mentioned a case where an ascaris lumbricoides had become impacted in the ileo-cœcal orifice in such a manner as to obstruct the passage of the contents of the small into the large intestines, causing the death of the patient from inflammation. A large quantity of fœces was contained in the small intestines above the ileo-cœcal valve.

In Rust's magazine, a case is given by Doctor Ebermaier, in which the irritation, caused by an enormous collection of lumbrici in the small intestines, occasioned in a child, previously in good health, a sudden attack of abdominal pain and vomiting, terminating speedily in fatal convulsions. The intestines were not inflamed, but were completely obstructed in many parts of the ileum by masses of the ascaris lumbricoides, rolled up together, and enveloped in an adhesive paste, formed of half-digested bread, cemented by a tenacious mucus; the worms amounted to many hundreds.

In the second volume of the *Edinburgh Physical Essays*, a case is given by Mr. Duguid, a surgeon practising in Jamaica, of a child seven months old, who died of vomiting and convulsions. In its intestines, on examination, were found twelve large ascaris lumbricoides, one of which filled the appendix vermiformis, and three were twisted in such a manner as to block up the ileo-cœcal orifice, so that nothing could pass from the small to the large intestines.

Such, then, appear to me to be the only instances in which fatal symptoms can be traced to worms, and only one of the species inhabiting the human intestines seems to be capable of producing such a result—viz., the ascaris lumbricoides.

UNUSUAL SYMPTOMS ATTRIBUTED TO WORMS.

But unless we deny the accuracy of the testimony which has been adduced, we are compelled to admit that in several instances, diseases of different forms, which had been unsuccessfully treated by the usual routine of remedies, have yielded on the evacuation of worms; thus cases of chorea, epilepsy, mania, convulsions, &c., &c., are given by writers, (whose veracity cannot be called in question) which appeared, if not to have their origin in, at least to be kept up by the presence of these parasites in the alimentary canal.

In two instances which have occurred to me (says Dr. Heberden) there was ground to suspect that the tape-worm had occasioned epileptic fits, madness, and idiotcy.

M. Ferrus (in a communication to the *Academie Royale de Medecine*) mentions the case of an individual who laboured under mental alienation, who, after passing a tape-worm, began to amend, and in fifteen days was perfectly cured.

M. Esquirol (in the *Archives Générales de Médécine)* states that he was consulted about an individual affected with mania, in whom the exhibition of anthelmintic medicines (which caused the expulsion of a tape-worm) was followed by a return to health. A year afterwards the same individual became a second time insane, and a similar treatment was used with the like success, after which he continued well. In the same journal, M. Esquirol notices the case of a female who was affected with mental alienation and hysteria, and passed fragments of tœnia. The exhibition of anthelmintic medicines caused the evacuation of two tape-worms, and from that time she had no return either of the hysteria or the mental affection.

In the *Revue Medicale* for the year 1835, M. Foureau de Beaurigard has related at length a very remarkable case of homicidal monomania, which persisted for several years, and was immediately and permanently cured on the evacuation of a large mass of the ascaris lumbricoides. In the same communication, he alludes to two cases of suicidal monomania which occurred in his practice, in both of which the monomania subsided immediately after the expulsion of a tape-worm.

Bremser has given the case of a boy, aged nine years, who for two years was subject to very frequent and violent attacks of epilepsy, and passed at the same time fragments of tape-worm. After the expulsion of the tœnia, no further attack ensued, and five years afterwards he was seen by Bremser, up to which time he had had no return of the epilepsy. The same author also relates the case of a young female who was affected with a dry, distressing cough, and was observed to pass portions of tape-worm. He prescribed anthelmintics, and a large portion of tape-worm was evacuated; the cough disappeared for two months, at which period joints of the tape-worm again appeared in the stools. A considerable portion was again passed on recurring to the medicine, and again she remained free from the cough for a time. The same symptoms returned three or four times, until the tape-worm was completely expelled, when the cough ceased, and did not again trouble her.

Dr. Graves, in his clinical lectures has related a remarkable case of tape-worm, simulating bronchitis and cured upon its expulsion.

"A young lady, whom he attended with Dr. Shekleton, was attacked with violent and alarming bronchitis. The fits of coughing went on for hours, with extraordinary intensity; it was dry, extremely loud and hollow, and repeated every five or six seconds night and day, when she was asleep as well as when awake.

"Its violence was such, that it threatened, to use a vulgar phrase, to tear her chest in pieces, and all her friends wondered how her frame could withstand so constant and so terrible an agitation; and yet, she fell not away proportionally in flesh, and had no fever. She was bled, leeched, blistered, and got the tartar emetic mixture, but without experiencing the least relief. We next tried antispasmodics, varying and combining them in every way our ingenuity could suggest, still no change. We next had recourse to narcotics, exhibiting in turn the various preparations of conium, hyoscyamus, opium, and prussic acid, but without the slightest benefit. Foiled in all our at-

tempts, we gave up the case in despair, and discontinued our visits. Meeting Dr. Shekleton some time afterwards, I inquired after our patient, and was surprised to hear that she was quite recovered, and in the enjoyment of excellent health. She had been cured by an old woman, a servant in the family, who suggested the exhibition of a large dose of spirits of turpentine with castor oil, for the purpose of relieving a sudden attack of colic: two or three hours afterwards, the young lady passed a large mass of tape-worm, and from that moment every symptom of pulmonary irritation disappeared."

In a late number of the *Medical Gazette*, a case is given in which the usual symptoms of tetanus were present in a man, aged about forty-five, in whom the exhibition of purgatives caused the evacuation of three large lumbrici, and a large quantity of offensive feculent matter; from which time he gradually recovered. In the same communication, the case of another individual is alluded to, in whom the lower extremities were in a complete state of spasm, the muscles rigid and contracted, with frequent cramps. As soon as two large lumbrici had crawled from the mouth, the spasms began to relax, and the patient rapidly recovered.

A case in which somnolency was supposed to have been caused by worms is related in Rust's magazine. The subject of it was a girl, aged seventeen, whose catamenia had never appeared; she had slept uninterruptedly for four days and nights. Her physician learning that she had often been troubled with worms, and that she had passed none for six months, resolved to treat the case with anthelmintics. Laxatives, in combination with vermifuge medicines, were given; the following day she was seized with colic pains, and discharged twenty-four lumbrici, rolled up in a mass, from which time the somnolency left her: some time afterwards the catamenia made their appearance, and she soon perfectly recovered.

In the thirteenth volume of Corvisart's journal, two cases somewhat similar are noticed, which however terminated fatally. Both were adults; the symptoms antecedent to death were of a comatose nature. No other appearance could be detected in the bodies, except an enormous accumulation of lumbrici in the intestinal canal.

M. Goupil, of Nemours (in the *Archives Générales de Médecine*) has given the case of a boy who became epileptic, and at the same time passed portions of tape-worm. After the exhibition of anthelmintic medicines, the epilepsy completely disappeared, and did not return.

M. Serres relates the case of a child three years of age, who was bitten by a dog; six months afterwards, she was seized with all the symptoms of hydrophobia, which proved fatal in a short time. On examination after death, the brain, spinal marrow, lungs, and larynx were found quite healthy; the small intestines were filled with the ascaris lumbricoides, so as completely to obstruct its cavity, and M. Serres is disposed to attribute the death of the child to them, and not to hydrophobia.

Dr. Thomson (in his observations upon tropical diseases) mentions the case of a negro who laboured under cough, difficult respiration, sense of globus, and spasmodic affection of the jaw, who was bled and blistered, &c., without any relief, until he voided twelve large round worms. He also notices the case of a negro boy, twelve years of age, who was affected with all the symptoms of chorea (the negroes imagined that he was bewitched); the symptoms yielded to emetics, purgatives, and fœtid enemata; after a dose of turpentine and aloes, he vomited five large round worms, and subsequently passed several others by stool.

In another instance where a child, two years of age, was seized with a spasmodic contraction of the jaw, and general rigidity of the body, blisters, frictions, and the warm bath, had been used without benefit. "An injection of a solution of aloes and oil caused the discharge of nearly a handful of worms; relief was speedily obtained, and the child ultimately recovered."

It would not be difficult to multiply instances of a similar description, although it cannot be doubted that many cases of disease, noticed by authors, have been ascribed without foundation to worms. Enough, however, have been cited to convince any person that occasionally unusual and dangerous symptoms have accompanied their presence; but until the pathology of the diseases which have been noticed is better understood, we shall not be in a condition to determine how far the co-existence of worms was anything more than an accidental complication; for, as has been already observed, these parasites are often present in considerable numbers, without giving rise to a single symptom, even without their existence being suspected.

USEFUL EFFECTS ATTRIBUTED TO WORMS.

Although many writers consider the intestinal worms to be a frequent cause of disease in themselves, and a dangerous complication with others, particularly in early life, yet others have taken quite the opposite view of the subject, and have arrived at a very different conclusion. Thus, Rush, Parr, and Butter, assert that in most cases intestinal worms are not only harmless and innocent in themselves, but that they probably serve some useful purpose in the animal economy.

Dr. Rush says, "when we consider how universally worms are found in all young animals, and how frequently they exist in the human body, without producing disease of any kind, it is natural to conclude that they serve some useful and necessary purpose. Do they consume (he adds) the superfluous aliment which all young animals are disposed to take before they have been taught by experience or reason the bad consequences which result from it? Is it not probable that children may be sometimes disordered for the want of worms? Nine out of ten of the cases of worms, which I have seen, have been in children of the grossest habits, and most vigorous constitution: and in weakly children I have known the most powerful anthelmintics given without bringing away a single worm."

Dr. Parr says, "worms seem to form a part of a healthy constitution, and are scarcely injurious but from accidental causes."

Dr. Butter, in his valuable treatise upon infantile remittent fever observes, "worms are nature's remedy for destroying the superabundant morbid humors, and for stimulating the first passages, by their crawling motions; and thereby assisting the peristaltic motion of the guts to carry off what remains of the offending load; whoever therefore directs his whole attention to the destruction of these innocent vermin, has not even so much to plead in his own behalf, as he who only attempts to remove a symptom, instead of the cause of the disease. In fine, whoever makes himself perfectly acquainted with the natural history of the species of worms, commonly found in children, must be strongly prepossessed with their innocence in relation to the human body; and an attentive practical physician will, through such a prepossession, wonder how worms ever come to be so generally considered as a morbid cause."

"The evil effects attributed to worms (says Rudolph) are only occasional and accidental, and when they do occur, depend as much or more upon a debilitated, disordered, or over irritable state of the body,

especially of the alimentary canal, as on the mere presence of these its natural inmates. In a very great majority of cases they do not produce any inconvenience, and even with regard to the tape-worm, the most dreaded of all, the first suspicion of its existence is often awakened by the appearance of portions of it in the evacuations. The ascaris lumbricoides and tœnia solium in such peculiar cases as those just alluded to, and in those only, are capable of exciting convulsions, and certain other spasmodic affections; and the ascaris vermicularis may produce itching at the anus or genitals. All the other evils ascribed to the worms which inhabit the human intestines are fictitious."

"Intestinal worms (Cruveilhier observes) are very often present without any symptom accompanying them or indicating their existence. I am far however (he says) from denying that they cannot give rise to more or less severe consequences; I only wish to be understood, that this opinion has been much exaggerated, and that in a number of instances intestinal worms of any species hardly give rise to symptoms worthy of notice."

"It is evident, says Dr. Underwood (in his treatise upon the diseases of children) that worms are oftener suspected to be the cause of children's complaints than positively ascertained; and of this the practitioners who deal in secret remedies have in every age made their advantage; it being certain that a mere foulness of the bowels will produce most of the evils attributed to worms."

The species of worms which inhabit the intestinal canal of the human subject, have not organs by which they could irritate to any extent the mucous membrane of the stomach or intestines; indeed the mucous membrane lining these parts possesses very little sensibility—a fact which wounds of the stomach and intestines appear to have sufficiently proved. "The mucous membrane which lines the alimentary canal, says Dr. Osborne, (in his valuable observations upon gastric affections) is insensible to the sense of touch; no one ever feels an inclination to *scratch* the inside of his stomach; were it not so, it would most probably cause a constant direction of our thoughts to it, to the neglect of every thing else."

How frequently is the lining membrane of the intestines affected with inflammation, or even partial or total disorganization, without being accompanied by any prominent symptom. It is even rare, in persons dying of chronic diseases, not to find ulceration of some portion of the alimentary canal, although in many cases scarcely a symptom during life could have led us to anticipate it. It may therefore, I think, be fairly questioned whether the worms, which inhabit the human intestines, are capable of producing the many injurious effects which have been set down to them; and it is probable, when we shall be more familiar with the exciting causes of the diseases which worms are supposed to simulate, we shall no longer attribute them to an irritation which these animals seem hardly capable of producing; and a more enlarged experience will, I think, convince us that the symptoms set down in many works as indicative of verminous irritation, depend in general upon other causes; and when we shall be more familiar with the pathology and exciting causes of disease, we shall wonder, with Dr. Butter, "how worms ever came to be so generally considered as a morbid cause."

But it is difficult to do away with prejudices which have been handed down from one generation to another: the popular opinion is still in favour of their being injurious. Witness the numerous specifics or pretended specifics for worms—almost every family possessing one—indeed by many persons it would be considered little less then heresy in a medical man to express doubt upon the subject. Besides, what a convenient subterfuge—what an excellent resource are worms in children's diseases when at a loss for a diagnosis; it is so natural for a child to have worms, and so likely to chime in with popular prejudices; and if fortunately worms are expelled during the treatment, how gratifying to have our diagnosis confirmed; and, as it has been ascertained that in at least one-fifth of the children who die between the ages of three and ten years, the ascaris lumbricoides, or long round worm of the intestines exists, the chances are that some will be expelled during the treatment.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF PURPURA.

TO THE EDITORS OF THE MEDICAL PRESS.

Ballinakill, September 10, 1842.

GENTLEMEN—If you consider the two following cases deserving of a place in your most able and valuable Journal, the insertion of them will oblige, yours very faithfully,

J. N. WALSHE.

July 20, 1842, was called to visit G. K., twenty-three years old, a large, muscular young man, always in the enjoyment of good health. About four days ago he complained of general weakness, his limbs sinking under him, decline of appetite, and a desire for sour drinks; however, he felt no alarm about himself till yesterday, when he perceived a "black rash" all over his skin, flow of blood from his nose, and his mouth constantly filling up with blood. I found him in bed labouring under great prostration of strength—skin in general cooler than natural—*extremities very cold*—pulse 65, and feeble—no pain in any part—abdomen full and tender *on pressure*—no discharge from the bowels since ere yesterday—very little appetite—thirst moderate—urine dark coloured, scanty, and loaded with a purplish sediment—his body and extremities were covered with maculæ of a densely black hue, numbers of them running into each other, and several nearly as large as a shilling-piece—his gums were greatly swollen, almost covering the teeth, soft and spongy—the tongue, when protruded, appeared like a mass of black flesh, which, when well sponged, exhibited numerous dark, warty, ulcerations, from which, and from the nose, arms, and lips, blood flowed so freely, that the pillow-cases, on which his head lay, were quite wet, and stained as if with black currant juice, nothing like clots or coagulation appearing.

I immediately cleansed the mouth, and applied nit. argenti freely to the lips, gums, and over the mucous surface of the tongue. Had warm applications put to his feet.

Ordered: his bowels to be opened with ol. ricini, and sp. tereb., of each ℥ss. To use a gargle of decoct. cinchonæ et hydro-chloric acid every hour; lbiss of the former to to ℥ss of the latter, and after the operation of the purgative to take one of the following draughts every four hours, and to have a bath strongly impregnated with common salt in the evening:—

℞ Pulv. cinchonæ ℈i.
Sulph. alumen. gr. xv.
Acid. sulph. dil. m. x.
Inf. cinchonæ, ℥iss.
M. ft. haustus.

Beef-tea, and gruel, soured with lemon-juice, as drink.

21st.—Had three large motions of tarry matter from the bowels—fullness and tenderness of abdomen relieved—urine more copious, still very dark, and loaded with sanguineous matter—nose, gums, and tongue bleeding, but not to so great an extent as before—extremities continue cold, except when the artificial heat is kept up—every part of the body covered with the eruption—pulse 70, and weak—general debility very great—took four of the draughts—drank freely of the beef-tea and acidulated gruel, and used the gargle as directed. I again rubbed the gums, lips, and tongue, well with arg. nit. Ordered the draughts to be continued, substituting three grains of sulph. quinæ for the pulv. cinchonæ, alternating them every two hours with ℥i. of port wine. The bath in the evening, and, if necessity existed, at night—the aperient to be repeated—beef-tea and gruel as before.

23d.—Gums and tongue greatly improved—strength better—eruption assuming a reddish hue. Took the aperient last night, which carried away large quantities of the tarry matter—urinary secretion considerable, much cleaner and less loaded—discharge of blood from the mouth greatly declined.

App. nit. argenti, cont. medicament omnia, et balneum vespere.

25th.—Tongue and gums greatly improved—scarcely any oozing of blood—eruption declining—urine clear and free of sediment—discharge from the bowels from last night's draught not so dark—strength increasing, and appetite better—no thirst—pulse 76.

App. nit. argenti, cont. medicamenta, et balneum vesperi.

28th.—I did not see this man again till this morning, when he described himself "as well as ever"—gums and tongue no trouble—eruption greatly gone—urine clear, and bowels natural—appetite and strength rapidly increasing. This patient, while under treatment, took an opening oil draught each night; had the nit. argenti applied five times—took the bath every second evening—pulse 96, and continued the quinine and alum draughts and port wine without intermission till yesterday—pulse now 72, and strong.

As to the treatment, I shall only say that I attribute much of the success, which so quickly followed, to the use of the mur. sodæ bath, in which the patient remained each time twenty minutes.

DISEASE OF THE WRIST-JOINT.

June 20, 1842.—M. C., a strong healthy girl, aged twenty years, complains of a great pain in the left wrist-joint, which she says commenced in April last, after several days hard labour. "Thinking it would wear away," she neglected doing anything for it till the present application. On examining the joint it exhibited considerable swelling, felt rather hot, and appeared a little redder than natural; the pain was very great, and the slightest motion aggravated it to a torturing extent. Considering the length of time the disease existed, without being subjected to treatment, I was anxious to try at once what mercury would effect, but in consequence of the decided objection of the girl's parents, I was obliged to try other means. I therefore had eight leeches applied, directed a roller to be carried round the joint, and kept constantly damp, with a cooling lotion, and gave her some aperient medicine. Though she slept but very little, her general health did not seem to be very much influenced by the local disease.

26th.—Says the leeches bled well, and that the lotion kept the joint cool and easy, but that the least motion still causes extreme pain. I persevered for nearly a fortnight longer in consequence of the continued objection to mercury, repeating the leeches, trying vesication, giving her fifteen grains of hydr. potassæ daily, and easing pain with occasional opiates; still the relief afforded was but trifling, and continued suffering compelled her at length to consent to use mercurials. I therefore gave her ℥i. pil. hydr. in pil. xx; one to be taken three times a day. In six days her mouth was smartly affected, and as if by magic, all uneasiness in the joint ceased, and up to the present it continues well.

The above case had certainly a great effect on my mind as to the powerfully sanative influence of mercury in affections of the joints. I verily believe no other remedy would have controlled the disease, or saved the poor girl (who is wholly dependent on her labour,) the perfect unimpaired use of the affected part, and the extremity connected with it. It must, therefore, be a source of great satisfaction to Dr. O'Beirne to know, that to his able and talented exertions, my poor patient is indebted for the capability she now enjoys of earning her daily bread. Judging by my own limited experience, I would be inclined to say, there is scarcely a discovery amongst the numerous improvements in modern medicine, better entitling its author to rank with the enlighteners of the medical profession, and the benefactors of the public, than the introduction of the treatment by mercury, of diseases of the joints, for which we stand indebted to Dr. O'Beirne.

J. N. WALSHE.

EXTRACTS FROM PERIODICALS.

CASE OF A PIN PASSING FROM THE APPENDIX VERMIFORMIS INTO THE BLADDER. BY WILLIAM D. KINGDON, M.D., PHYSICIAN TO THE EXETER DISPENSARY.

J. P., aged seven. In the early part of January, 1836, he awoke in the night time, complaining of great difficulty of micturition, not being able to pass more than two or three drops of urine at a time. In this state he continued, suffering little pain, and that only from the retention of urine for upwards of a week; when one morning, making greater efforts than usual, he perceived something of a whitish colour moving about at the orifice of the urethra, and taking hold of it, drew out a female worm *(ascaris lumbricoides)* which was followed by an immediate relief from the foregoing symptoms. No farther notice was taken of the circumstance until twelve or thirteen months afterwards, when the dysuria recurred, and lasted nine or ten days, at the expiration of which term he had severe pain at the neck of the bladder, and said that there was something crawling in his penis; on examination, his mother discovered another worm, and drew it out, as in the former instance, and with the same relief. In six months afterwards the same symptoms returned, but subsided in a few days on the evacuation of another worm. On the 4th of October, 1838, he complained of pain in the perineum and at the extremity of the penis, which continued night and day for more than a week, when it entirely subsided on the passage of another worm. He remained free from pain until January 11, 1839, when the same distressing symptoms again recurred with aggravated severity, and lasted for two or three days: during this period he was unable to emit any urine, and it was for the first time thought necessary to call in the aid of a medical practitioner, who, on introducing the catheter, drew off a large quantity of water; in the course of the same afternoon a worm crept from the urethra, and, as before, the little sufferer experienced immediate relief. The pain however recurred much more frequently, and the urine was obliged to be drawn off repeatedly. The boy's

appetite began to fail, and he lost flesh rapidly. Various professional gentlemen were consulted, but he received no benefit, and gradually became worse.

On the 8th of February, 1839, he came under Dr. Kingdon's care in the Exeter Dispensary. He then complained of occasional pain in the perineum and at the extremity of the penis; to make use of his own words, "Like as if there was a worm there, wanting to poke his way out." There was at times difficulty in passing his urine, but not requiring the use of the catheter. Under the use of sedative medicines, he was much relieved, but, on the 12th of April, the symptoms returned with more severity than ever. The catheter was introduced, and afforded instant relief; shortly afterwards a worm made its way through the urethra, as on a previous occasion. Up to this period the boy had always voided his urine through the natural passage; but subsequently *per anum*. The pain alleviated as soon as he could evacuate the urine from the bladder; the pain was likewise lessened on pressing the perineum with his hand; occasionally too a day would pass without any uneasy symptom. In the beginning of May, he was sounded, but no calculus was found. He became much worse, and frequently complained of the worm attempting to force its way out, and when in great pain a quantity of purulent matter oozed from the urethra. On the 20th of October he became blind—the pulse averaged 120—the countenance was anxious—the appetite for food very small, and that only for liquids. Very little urine was voided for the space of a fortnight, and his pain was more severe than ever; for this he took one-eighth of a grain of belladonna every five or six hours, and with considerable temporary relief. On the 24th his sight returned, and he became so much freer from pain that his medicines were omitted. On the 9th of November he was entirely free from pain, and any urine secreted was voided through the natural passage. Two worms were brought away by stool, and a third was found in the bed next morning. Still he became gradually weaker, and on the 15th he died.

Examination of the Body.—Emaciation. The whole intestinal canal discoloured and presenting traces of inflammatory action, but the colon and rectum much more so than the small intestines; mesenteric glands enlarged; the *appendix vermiformis*, instead of occupying its natural situation, had descended into the pelvis, and about an inch from its termination was firmly united to the superior and lateral portion of the bladder a little above the junction of the ureter with this organ; the bladder itself was smaller than natural, and firmly contracted at its lower part upon a hard substance, which on laying open the cavity, proved to be a calculus of the triple phosphate form, measuring in length one inch and six-tenths, and in circumference two inches and nine-tenths; the parietes of the bladder were much thickened, and on laying them open about half an ounce of purulent matter escaped; the calculus was firmly pressed upon the internal orifice of the urethra, preventing almost entirely the flow of urine in that direction; the mucous coat of the bladder was ulcerated in two places, and on the mesial side of the opening of the right ureter, and a little above it, were two fistulous openings, the septum between the two being very slight, communicating with the interior of the *appendix vermiformis;* both ureters were much enlarged and inflamed, and both kidneys larger than natural, and so completely filled with pus that scarcely a healthy portion was discernible.

The calculus being carefully divided, displayed in its centre a large pin, which, as Dr. Kingdon justly remarks, satisfactorily accounts for the singular appearances above detailed. The poor boy must have swallowed the pin, which, after traversing the small intestines, found a lodgment in the *appendix vermiformis;* here the irritation caused by it must have given rise to inflammation and adhesion of the process to the exterior of the bladder, and subsequently, by ulceration, to the passage of the pin into the urinary bladder, where it formed the nucleus of the calculus discovered after death, though not detected during life. The fistulous communication with the bladder will likewise very readily account for the voiding of the urine from the anus, the natural orifice being closed by the calculus; and also for the passage of the worms through the urethra on the several occasions mentioned.—*Medico-Chirurgical Review.*

CASE OF TUMOUR DEVELOPED IN THE MIDST OF THE CAUDA EQUINA. BY W. W. FISHER, M.D., DOWNING PROFESSOR OF PHYSIC, CAMBRIDGE.

Taylor, a tailor, aged 38, intemperate, first seen, January, 1840. In 1837, he injured, whilst riding, the lower part of the loins by the back part of the saddle, and from that period he began to suffer from pain in the lumbar and sacral regions, which was attributed to rheumatism; the pain gradually became more violent, and extended down the legs, which began to swell. He was obliged to give up work in June, 1839, and became bed-ridden in the September of the same year; he could not however lie down, but rested on his hands and knees. He was then unable to move either his loins or lower extremities; but he had the free use of neck, shoulders, and arms. The pain, which had formerly been chiefly confined to the region of the sacrum, was now more particularly felt across the seat, extending from one ischium to the other. There was great numbness throughout the lower extremities; and although no sensation was in the left leg or toes by touch, nevertheless he complained strongly of a feeling of heat in the parts. There was some degree of feeling, on touch, left in the right leg. The legs were very œdamatous: there were large ulcerations on those parts of the knees on which he rested, yet he did not experience pain from them. He was generally sleepless, but did not suffer from headache; his breathing was easy, his pulse undisturbed, and his appetite good. He had difficulty in making water; and his bowels were generally confined, and at times so obstinately constipated as to resist the action of cathartics and purgative injections. An issue had been placed on the region of the sacrum, the discharge from which was thin; this was rendered of a more purulent character by the use of iron, from which he seemed to derive more benefit than from any any other medicament, especially as regarded the making of water. He died in May.

Examination.—Back only inspected. The sacrum seemed more protuberant than usual; this appearance however arose from the loins being more depressed. The arches of the dorsal and lumbar vertebræ and the posterior wall of the sacrum were removed; the laminæ of the lumbar vertebræ, as well as their bodies, were partially affected with caries.

Viewed posteriorly, the dura mater appeared to be in its natural state until it reached the extremity of the spinal cord; but from that point to the end of the sacrum it was wanting, so that the mass of tumours was exposed to view. The morbid growth extended more towards the left than the right side of that portion of the spinal canal in which it was situated. The spinal cord was cut across, about the middle of the back, and the inferior portion of it was removed; nearly the whole of the diseased mass came along with it. The cord appeared to be quite sound throughout. The diseased mass had a lobulated form, and was involved in the cauda equina; and although it

was traversed by a few of the nerves, nevertheless the greater portion of the latter could be detached from it.

It was difficult to determine the seat of the tumour when examined posteriorly; but anteriorly the dura mater was sound throughout; and the arachnoid membrane, especially at the upper portion of the tumour, could be traced intact between the latter and the dura mater. Here and there processes were observed to pass from the arachnoid to the diseased structure, but they were similar to those met with between the arachnoid and the pia mater in their natural state. The morbid growth presented several traces of vascularity in the centre, and had a scirrhous appearance. The upper portions of the tumour were softer, and were involved in a fine glistening covering; sections of several portions of them showed them to be composed of a grey, semi-transparent, jelly-like substance, infiltrated amidst reticulated tissue, and marked with sanguineous striæ, several of which appeared like true vessels.

Dr. Fisher thinks there can be little doubt that the disease was seated in the pia mater.—*Ibid.*

CASE OF LARYNGO-TRACHEOTOMY FOR CROUP, IN THE SICK CHILDREN'S HOSPITAL. BY M. A. CONTOUR.

Tracheotomy, as a means of treatment in croup, is too well established in medical science by its great success, to have any thing to apprehend from the publication of some few unsuccessful results; many of which might be attributed to the operation having been too long delayed, and not undertaken until the pathological changes had proceeded too far.

The 18th of February, 1841, a boy, seven years old, was taken into the hospital, under M. Bonneau.

The child appeared to be of rather a good constitution. He complained merely of slight headache, and some colicky pains, and of diarrhœa—no fever—respiration free and easy. On the following day he complained of considerable soreness of the throat—could breathe only through the mouth, the nose being stopped with thick mucus.

On examining the posterior fauces, redness and swelling of the isthmus faucium was observed, as also a false membrane on the right side of the velum palati, and another on the tonsil of the same side—no swelling of the sub-maxillary glands—the child answers questions, but his voice is slightly changed. Cough hoarse, and already evincing somewhat of the croupal character. Breathing not embarrassed—percussion elicits a clear sound in every part of the chest—the vesicular expansion audible over every part.

Tartar emetic in warm water—aluminous insufflations—hot cataplasms to the feet.

20th.—The tartar emetic made him vomit several times, and in the matter vomited a false membrane seven or eight lines in length, with four or five in breadth was found; it was thick and hard, and was supposed to be that seen the day before on the right side of the velum; other fragments of false membrane were also found, some white and others greyish. The child was relieved after discharging these false membranes. The alum insufflations were continued, and the rest of the day passed off very well, but he spent a bad night, and became delirious.

In the morning a remarkable change was observed to have taken place since yesterday—countenance presented a peculiar aspect—it was dejected and pale, with a purple tint on the cheeks—eyes dull, and the upper eyelid evinced a constant tendency to cover the globe of the eye. The pupil, without being either dilated or contracted, retained its natural sensibility. Breathing very difficult, without, however, that laryngo-tracheal whistle so often observed in croup being heard; at each inspiration the alæ nasi became very much dilated and the shoulders raised. The lower lip was depressed at each inspiratory movement, and the commissures of the lips were drawn slightly outwards—thirty-two inspirations per minute. The patient, whose intellectual faculties are for the time intact, has still sufficient strength to sit up, and on examining his throat, the false membrane observed the day before on the side of the velum is no longer visible; the place it occupied bleeds a little. The rest of the velum and the uvula are covered with a whitish false membrane of recent formation, and which seems to be very thin. On introducing a spoon into the bottom of the throat, to examine the isthmus faucium, we brought up thick, whitish mucus, mixed with streaks of blood.

Auscultation of the larynx detects a peculiar and very strong sound, which seems to be produced, either by a thick, moveable mucus, or by a floating false membrane, agitated by the air at its entrance into and egress from the air-passages. The respiratory murmur in the chest has no longer the natural softness of the vesicular expansion; it is rough, and, as it were, ill-formed, and the reverberation of the sound formed in the larynx is heard on both sides. The voice is extinct, and the patient can answer only by signs, or in a very low voice. The cough is decidedly croupal. At each fit of coughing the respiration is whistling. The diarrhœa was rather increased by the tartar emetic—heat of skin natural—pulse 160, weak and compressible.

Syrup of ipecacuan—two small blisters along the course of the carotids—insufflation of alum in powder; hot cataplasms to the feet, &c.

Sometime after the visit delirium came on, and the breathing became more and more embarrassed; towards noon the little patient lost all consciousness; the face, which was covered with sweat, presented a bluer tinge than in the morning—lips purple—respiration very laborious; tracheal râle heard at some distance; asphyxia seemed to be approaching, and the child appeared on the point of dying; pulse 172. Some strength still remained. Tracheotomy was now determined on, and resorted to.

Though the operation lasted but a few minutes, still towards its termination the patient was attacked with syncope, which lasted for about ten minutes. In about half an hour after the pulse was 156, and the respiration 32. An attempt was made to raise the patient's strength by administering some vinous sugared water, but he could not swallow, and the liquid fell into the air-passages. Sinapisms were applied to the thighs, and in about an hour after he was able to swallow a few spoonsful of the sugared wine-water. By the contraction of the muscles of the face, it was evident he felt the pain of the sinapisms. He was now perfectly come to himself, and seemed to have recovered strength; he was able to place himself on his right side, to support his head with his hand, to put out his tongue, and to answer some questions put to him, by making signs; the face, still pale, was less blue—pulse now 144; the respiration was now regular and easy; in a word, he was much better than before the operation. This amendment, however, was but of short duration: delirium came on again, and the child made several attempts to leave his bed; the respiration became embarrassed, and the symptoms of asphyxia re-appeared. Matters became worse and worse, and the child at length died seven hours after the operation.

Autopsy, thirty-six hours after death. Temperature rather cold; a little moisture.

External Appearance.—Body well formed—no rigidity.

Cranium.—Cerebral membranes much injected—

veins perceptibly distended with black blood. The adherence of the membranes to the brain not abnormal. Cerebral substance of a good consistence—no serum in the ventricles.

Air-passages.—Posterior fauces lined by a false membrane which is observable equally on the entire anterior surface of the velum palati, on the uvula and the tonsils. But it does not every where present the same characters; on the velum it is of a yellowish, white colour, thick and elastic, and easily separated from the mucous membrane, to which it is attached by small filaments. On the uvula, on the contrary, as also on the tonsils, it is of a grey colour, is much less thick and consistent, and it breaks when an attempt is made to remove it; the subjacent mucous membrane is slightly injected. On the posterior surface of the velum this false membrane presented the same differences as on the anterior—the false membrane of the body of the velum was more dense and resisting than that of the tonsils and uvula, where it is somewhat soft, and resembles a sort of detritus of a dirty grey colour. This substance covers all the internal surface of the pharynx, as far as the thyroid cartilage, sometimes in the form of well-formed false membranes, varying in size and thickness, sometimes in the form of that species of greyish detritus easily raised with the finger, whilst the truly membranous parts adhere more closely to the subjacent mucous membrane, which is every where injected and presents a bright colour.

The false membrane on the posterior surface of the velum palati ascends into the right nasal fossa, of which it lines the inner surface formed by one of the sides of the septum; but it has this peculiar character, that being thick inferiorly, it diminishes perceptibly according as it ascends, and is very thin in the upper part.

The epiglottis on its anterior and posterior surface, and the larynx through its internal surface, are lined with false membranes of less consistence and thickness than those of the velum palati, but they adhere closely to the mucous membrane. The cordæ vocales are entirely covered, and on viewing the larynx when opened posteriorly, we can neither see the ventricles, nor the projection of the thyro-arytenoid ligaments.

The trachea through its entire length, from the first cartilaginous ring to the bifurcation, is red and very much injected, and there are observed here and there some traces of false membranes. This however may be accounted for by the fact of our having had recourse several times, after the operation of tracheotomy, to cleansing out the trachea. The proof, that this was the means of destroying the false membrane, is that this membrane is found at the bifurcation of the trachea, and it may be traced in the bronchi of the left side as far as the fourth ramifications: no trace can be discovered in the bronchi going to the right lung; these present merely a very marked redness and injection without the least tumefaction. The false membrane of the left bronchi, of a dull white colour, and extremely thin, adheres but slightly to the subjacent mucous membrane; according as we advance into the bronchial ramifications, it becomes less formed, and terminates in a number of small white points, deposited in a light transparent tissue.

The two lungs present numerous traces of inflammation. The left lung, more involved than the right, is hepatized over the entire lower half of the upper lobe. In the lower lobe some points of hepatization are observable. The right lung, which is engorged posteriorly, presents in its three lobes a considerable number of circumscribed points of lobular pneumonia in the stage of red hepatization. No trace of pulmonary tubercles. The bronchial glands and the pleura healthy. Heart of the normal size, and its parietes of a natural consistence—no serum in the pericardium—stomach in the normal state.

Small Intestine.—Through the entire extent of this intestine the glandulæ solitariæ present the appearance of small globular bodies of a dull white colour, but they are neither softened nor ulcerated. Peyer's glands are considerably developed, and present a peculiar appearance; they are all, or nearly all, of a violet colour, and the mucous membrane covering them, without any alteration either in thickness or consistence, presents sometimes mamillated elevations, some of them with a broad base, others with pedicles, resembling in some degree small mucous polypi; sometimes it presents folds of greater or less regularity which may be compared to the valvulæ conniventes—nothing remarkable in the liver, spleen, kidneys, or bladder.

On perusing this case we shall find that croup does not always faithfully follow the course assigned to it in books.

Thus the hoarse cough never even for once came on in kinks; it occurred from time to time, and presented itself under the form of one or two paroxysms followed by a whistling inspiration. The laryngo-tracheal sifflement usually heard at a distance, at each inspiration, did not exist for an instant in the case before us. Delirium and convulsions, two symptoms so rarely observed in such cases, occurred in this case.

This case is also a good instance of those croups in which it is impossible to meet the three stages described by authors, and the course of which is so rapid that the medical treatment has not had time to act. Thus we see the disease commence on the night of the 18th—and on the noon of the 20th, that is, about thirty-two hours after its commencement, the physician was obliged to have recourse to a surgical operation. Probably in those cases where the course is so rapid, valuable time should not be lost in employing means, which, if not always, nearly always, are found powerless, but we should have recourse at once to operation, before the pseudo-membrane has seized on the trachea and bronchi. Indeed this case comes in support of this opinion—accordingly we see that the operation, though practised a few hours after the commencement of the disease, was resorted to at too late a period; for, as the autopsy proved, the false membranes had already extended into the first ramifications of the left bronchi, the pulmonary tissue was already attacked; circumstances which diminished considerably the chances of success.—*Ibid.*

PERITONITIS FROM PERFORATION OF THE APPENDIX VERMIFORMIS.

T. K., aged 18, was admitted into the U. C. H., June 21, 1842, under the care of Dr. Taylor. He is of the ordinary conformation and florid complexion; he is a shoemaker, and single: always had enough to eat; always lived regularly and temperately: never been intoxicated; resides in a dry but confined situation; parents dead; does not know of what they died. He generally enjoys good health, and thinks he has an excellent constitution. About eight years ago, he states that he had inflammation of the left chest, accompanied with pleurisy. He does not recollect coughing or spitting at the time; he had shortness of breath, severe sharp pain below the ribs, and not above the margin of the lower ribs. He was bled, leeched, and blistered; has had no complaint since. The present attack commenced on Sunday, June 19, at three, A.M., suddenly, with severe, sharp pain all over the abdomen, with sickness, vomiting, and some diarrhœa; no rigor or feverishness preceded the pain, which has continued to increase until the present time; it is constant and unremitting, but increased at

times, and upon motion, taking a deep breath, and upon pressure, but not by pinching; it extends all over the abdomen, but is worse on the right side of it and in the hypogastrium; the sickness and vomiting are much better than they were at first; the matter vomited is of a deep green colour. He has shortness of breath on account of the pain in the abdomen; his breathing is entirely costal. His bowels have not been open since Friday until this morning, when they were opened freely; the motion was of a white colour, and very watery. Yesterday he took ninepenny-worth of castor oil, four doses of a mixture, a powder and two pills, and applied sixteen leeches to the abdomen last night. The leeches did not afford him any relief. Tongue moist, covered with a light, brown fur—papillæ at the apex more distinct than usual—great thirst—skin hot—countenance flushed, but very little anxious—pulse 116, full, moderately firm, and rather jerking—urine scanty, high-coloured, when passing it causes pain in the abdomen. He lies on his back with his knees drawn up—the abdomen seems moderately distended, and yields a tympanitic sound on slight percussion—heart's impulse a little strong—no murmurs. He has not eaten or drank anything but his usual diet, and has followed his employment as usual. He was ordered to be bled to eight ounces, to have three grains of calomel every three hours, and to have the abdomen fomented with turpentine.

June 22.—Dr. Quain saw him at eight yesterday evening, when he felt somewhat better. He was ordered an injection, consisting of two ounces of starch with forty drops of tincture of opium; this gave him great pain. His bowels were opened several times before the injection, but have not been since. Dr. Quain saw him again at six this morning—his pulse was 160—abdomen more full, and felt doughy and firm. Ordered beef tea—he did not sleep above ten minutes in the night—he felt more pain during the night than previously, and was very feverish. This morning, at ten, he has not much pain—still lies on his back, with his legs drawn up—somewhat restless—countenance anxious—great thirst—vomits frequently a matter of a brown colour, having no odour—extremities cold—general surface of body cadaverous. Died at twenty minutes to twelve to-day.

After-death Appearances.—The body was examined twenty-four hours after death. Abdomen much distended, and tympanitic. On cutting into the peritoneum some turbid, fœtid serum escaped—there was pus mixed with the serum. The peritoneum redder on the right side than the left. The serum in the neighbourhood of the gall-bladder yellow. Intestines matted together by recent adhesion, and much distended. The peritoneum adherent to the gall-bladder. The redness ceases where the intestines are agglutinated, but passes over—mesentery much thickened and softened—stomach marbled at the pyloric orifice with black colouring matter, much reddened at the cul de sac—mucous membrane not softened. In the large intestines the solitary glands are very distinct and elevated; but in the small intestines, they and Peyer's glands were scarcely visible. The vermiform appendix dark coloured, with thickened coats. Two perforations with rounded edges were seen. Mucous membrane throughout inflamed, and riddled with ulcerations—the exterior was also much inflamed. A gritty brown substance, about the size of a bean, was found in it. On a section a nucleus was found, the matter surrounding the nucleus appeared to be fœcal.

Chest.—The whole of the left lung was found adherent to the walls of the chest by firm old adhesions—about two ounces of bloody serum in the right chest—right lung, of a deep red colour, crepitates freely, very lacerable at the back part; pleura of the left lung adherent to the pericardium. The whole of the left lung smaller and firmer than usual, crepitates less than the right—lower lobe lacerable—pericardium loosely adherent to the heart by old adhesions. Heart covered with much fat—surface redder than usual—firm coagulum, partly fibrinous, in the right auricle and ventricle. Cavity of the left ventricle natural in size—endocardium thickened and opake—walls darker coloured than usual, and fully as thick—mitral valve admits two fingers. Walls of the right ventricle thicker than usual—endocardium thick and opake. Nothing unusual was observed in other organs.—*Lancet.*

RHINOPLASTIC OPERATION.

John Jarmey, a healthy-looking youth, aged 18, was admitted into the University College Hospital, under the care of Mr. Liston, May 18th, for the purpose of having a new nose made, he having lost the former one. He states that about four years ago his nose was broken by the kick of a horse; at the same time, from his account, he must have received concussion of the brain, but soon recovered from it; and two of the incisor teeth of the upper jaw were also knocked out. About twelve months after the accident abscesses began to form about the nose, and were followed by exfoliation of portions of the right superior maxillary bone, and loss of the remaining superior incisors. Piece by piece, in the course of two years, the ossa nasi and turbinated bones followed; the alæ and cartilages being also destroyed by ulceration. At about the end of the two years the soft parts cicatrised, and there has been since no further exfoliation of bone.

In his present state, therefore, all the external parts of the nose are gone, together with much of the internal structure. The sense of smelling is completely destroyed: there is also an ugly distortion of the mouth towards the right side, from contraction of cicatrices. Ulceration, as far as can be judged by sight, has entirely ceased; but he says there is occasionally a fœtid discharge from the "cavern," that remains in place of the lost member. The youth being in perfect health, Mr. Liston determined on operating without much delay.

May 20.—The operation was commenced by cutting a groove in the integuments on each side of the cavity, about two lines in width, to receive the edges of the flap, which was to form the new organ. A piece of soft leather, of the size and form required for the flap, being laid on the forehead, a corresponding portion of integument was cut through and dissected up, being left adherent only by a long, narrow pedicle, towards the root of the nose (this portion is dissected up as deeply as possible, without denuding the subjacent bone, to ensure the nutrition of the flap.) The flap being thus raised was allowed to hang down until hæmorrhage ceased, after which it was twisted round, and laid down, and its borders, accurately adapted to the grooves prepared for them, were fixed by four or five points of interrupted suture. Dossils of lint being then placed under the attached flap, it presented the appearance of a very "seemly nose." No kind of dressing was applied to secure coaptation of the flap to the grooves, in addition to the sutures.

21.—He seems to be going on well; the new nose maintains a good temperature.

23.—Some of the sutures were removed; progress favourable.

24.—The remaining sutures were removed; the dossils of lint were also removed from within the cavity, and replaced by fresh; suppuration is going on in the under surface of the new member, which is

adherent almost entirely by the first intention; a few strips of isinglass plaster were now applied to secure a just coaptation; the wound in the forehead is commencing to granulate, and is dressed with water dressing.

June 7.—The progress of the case has been in every way satisfactory, the new organ looking rather thick and œdematous; to remove this condition a sort of "saddle" was made, to be placed over the nose, and secured behind the head by tapes. This instrument, which is made of a pretty good shape for a nose, is supplied with a screw and spring, by which it may be dilated, or made to contract, and exercise a pressure on the organ. The apparatus was worn throughout the greater part of the patient's stay in the hospital, being removed occasionally, as it tended to produce ulceration of the cicatrix, by which the new organ is united to the face.

28.—On this day, the wound in the forehead being cicatrised, the attachment of the flap to the forehead was divided, and a groove being made for it in the integument, it was laid down, and fixed with a point of suture. No dressings were applied in this instance, the blood being allowed to coagulate about the wound, and keep the edges together, as in the operation for hare-lip. Adhesion soon took place; the cavity of the nose got nearly filled up by the granulation from the under surface of the flap, and required daily a smaller dossil of lint to be introduced. The young man has continued throughout in good health—has had a good meat diet, without any beer, or other liquor.

July 1.—Every part is now firmly united; the nose is getting solid and substantial, and able to support itself, and the wound of the forehead cicatrised. In consequence of the narrowness of the upper lip it was not considered advisable to make a new columna, as might otherwise have been done.

21.—He left the hospital this day, much satisfied with his improved personal appearance, and with a nose indeed, if not of a true Grecian or Roman caste, yet still very respectable, and one that will do very well in the world.—*Ibid.*

REVIEWS AND NOTICES OF BOOKS.

OBSERVATIONS ON ULCERS OF THE LEGS, AND OTHER PARTS; shewing that the most obstinate and intractable cases may be speedily cured by mild methods of treatment. By Archibald Maxfield, M.R.C.S.L., Surgeon to the South Hants Infirmary and to the Southampton Dispensary, and formerly House-Surgeon to St. Bartholemew's Hospital. London. Pp. 80. 1842.

Mr. Maxfield's work is not to be considered a complete treatise upon ulcers of the legs, but rather a series of observations upon some of the supposed prevalent errors in their treatment, and an endeavour "to inculcate a more efficacious plan for their local management than is usually pursued."

At page fifteen, Mr. Maxfield has proposed the following classification of ulcers, founded on the causes which produce these diseases, or which operate chiefly in their maintenance:—

"1. *Simple Ulcers.*—Such as are occasioned by accidental injury to structures previously healthy, and which may be either of recent formation or of long existence.

"2. *Varicose Ulcers.*—Dependent on enlargement of the veins for their production or continuance.

"3. *Integumentary Ulcers.*—Dependent on, or combined with, a diseased state of the skin and the subjacent tissue, and accompanied by various degrees and kinds of inflammation, as the phlegmonous, erysipelatous, &c.

"4. *Constitutional Ulcers.*—Dependent on organic derangements of the system or other disturbing cause of the general health; or on habits too plethoric and gross, or too spare and debilitated.

"5. *Specific Ulcers.*—Possessing local characteristics in accordance with the nature of the disease from which they arise—as scrofula, the venereal disease, cancer, phagedœna, and any other that has its own peculiar symptoms.

"6. *Mixed Ulcers.*—Dependent on the combined operation of local and constitutional causes for their origin or continuance."

As we have not space or inclination here to criticise this classification, we shall pass at once to the more practical part of the work—viz., the treatment of ulcers of the legs.

Mr. Maxfield's general plan of topical treatment (which, however, he does not put forward as novel) consists in the application of gentle and equal pressure to the whole cavity of the ulcer, assisted by simple dressings, without any kind of greasy ingredient, and firm support of the affected limb, by means of a bandage carefully applied. For the application of pressure to the cavity of the ulcer, he sometimes employs sponge cut to the proper size, and secured by a bandage; sometimes charpie, and at others a sort of *dough* composed of equal parts of prepared chalk and flour, mixed with a sufficient quantity of water to give it the requisite consistence.

"The ulcer is filled with the mass so formed, and when hardened by the evaporation of the water used in the blending, it is sufficiently stimulating when pressed upon by a bandage to cause the ulcer to send forth those small florid granulations which indicate a healthy condition. When sufficient time has been allowed for the excavation to be filled to the level of its circumference, simple dressing to cover and protect the surface is all that is required; while the continuance of the general support to the limb favours the other natural reparative processes to complete the cure by the formation of new skin."

In speaking of poultices as a local application to ulcers of the legs, Mr. Maxfield makes the following remarks:—

"Another of the practical errors in the treatment of ulcers, is the constant and almost universal recommendation of poultices by the profession; this must result merely from the force of habit—it cannot be from observing that any general benefit is derived from such indiscriminate employment of them, because daily experience proves the contrary. In some few cases, they doubtless afford temporary alleviation of suffering; for instance, in those which arise from recent injury, and are attended with inflammation; but their continued employment month after month to ulcers of every type, is not only useless, but prejudicial to the part affected. In all ulcers dependent on local debility, or an enfeebled state of the constitution, the use of a poultice increases the weakness of the part, and is the very thing to protract and not to promote their cure."

These animadversions of the author upon the abuse of poultices in the treatment of ulcers of the legs, however they may be deserved by the mass of English practitioners, certainly do not apply to Irish surgeons. We believe that poultices in these affections are seldom or never employed in the Dublin hospitals. If we ever employ them in such cases, it is only during the first twenty-four hours after the patient's admission, and then only with the object of cleansing the ulcer, or perhaps diminishing inflammatory action in the parts immediately about it.

The chapter upon the use and application of bandages, contains some useful practical remarks, which appear to be the result of considerable experience in these kind of cases; and although there is nothing novel in them to us, we believe we shall interest our readers by giving some extracts.

"The purposes for which a bandage is applied in the treatment of sores on the legs are—to preserve dressings in their proper situation—to compress enlarged veins—to reduce œdema and chronic thickening of the integuments by its pressure, which gives a stimulus to the absorbent vessels; and to afford equal and general support to the limb.

"The dexterity necessary to render the application of a bandage efficient, can only be acquired by experience and frequent practice. In applying it to an ulcerated leg, the object is to give the limb firm and equal support from the toes to the knees. If it be too loosely applied, it will not fulfil this intention; if it be too tightly bound, especially on the upper part of the leg, it will occasion, even to a healthy limb, much pain, swelling, and inflammation, and such an interruption to the circulation as to produce venous turgescence of the foot and the lower part of the leg.

"The method I adopt in applying bandages to the lower extremities is—to put the heel of the leg to be bound on the edge of the table, about a foot higher than the cushion of the chair on which the patient is seated, in which situation it remains for two or three minutes before the rolling commences, and until that process is finished. The intention of placing the limb in this elevated position is, to empty the veins of the blood they contain, whether preternaturally full, or only circulating in proper quantity; which, being accomplished the individual can bear a much greater degree of pressure from the bandage, than when it is applied in any other posture; and when the upright position is resumed, the superficial veins in the leg, bound evenly and firmly, cannot become unequally or much distended; and consequeutly the patient is enabled to walk about during the cure of almost every variety of ulcer, with the most perfect freedom from pain.

"A strip of good calico, about two inches in breadth, and six or eight yards in length, without either join or selvage, is perhaps the best bandage out of many that have been devised to fulfil the various intentions for which it is employed in the diseases under consideration. This band of calico is firmly rolled up, and then applied smoothly and spirally round the limb, so as to afford equable support to it; or when requisite, to make additional compression on any particular part; as in those situations when the venous enlargement is most conspicuous. When this additional compression is necessary, it should be made not with the lower or upper edge, but with the entire breadth of the roller applied flatly to the varix.

"The roller is first pressed twice or thrice round the foot, then over the instep and backwards round the bend of the heel, then again over the instep, and under the sole of the foot. It is afterwards to be wound gradually up the leg to the knee, each circle of the roller overlapping by rather more than one-third of its breadth, that which last preceded it. After it has made two or three revolutions above the ancle bones, it will be requisite to reflect the upper edge of the roller obliquely downwards after every circular turn, so as to prevent bagging, which proceeding is rendered necessary by the varying dimensions of the limb."

Mr. Maxfield's work terminates with a selection of cases of ulcers of the legs treated upon the foregoing plan—appended to which are some observations on scrofulous affections, diseased mesenteric glands, rickets, &c.

In conclusion, we shall only observe that the treatise before us contains many valuable remarks upon the treatment of ulcers of the legs, in addition to those which we have quoted; and we can recommend it as a safe guide to those who are desirous of treating these very common and very troublesome affections upon sound and scientific principles.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, SEPTEMBER 14, 1842.

POWERS OF THE POOR-LAW COMMISSIONERS.

As we are very anxious that our readers should make themselves thoroughly acquainted with the nature and amount of the powers sought by the poor-law commissioners over the medical charities of Ireland, we print for their information the clauses of the poor-law acts which declare the general powers conferred on these functionaries, without which information the extent of authority enjoyed by them cannot be understood. There are two acts—one the English poor-law act, 4 and 5 William the IV. c. 76; and the Irish poor-law act, 1 and 2 Victoria, c. 56. By both of these acts, the commissioners are armed with powers almost unlimited; but those conferred by the Irish act differ materially from those of the English one. By the first clause of the English act, the Queen is empowered to appoint three commissioners, who, by the Irish act, are declared to be the commissioners to carry that act into execution; and by the 119th clause of the Irish act, a fourth commissioner may be appointed. The second clause of the English act, declaring the style of the commissioners and their authority to sit and act *as a board*, is as follows:

"And be it further enacted, that the said commissioners shall be styled 'The poor-law commissioners for *England* and *Wales*;' and the said commissioners, or any two of them, may sit, from time to time as they deem expedient, *as a board of commissioners for carrying this act into execution;* and the said commissioners *acting as such board* shall be, and are hereby empowered, by summons under their hands and seal, to require the attendance of all such persons as they may think fit to call before them upon any question or matter connected with or relating to the administration of the laws for the relief of the poor, and also to make any inquiries and require any answer or returns as to any such question or matter, and also to administer oaths, and examine all such persons upon oath and to require and enforce the production upon oath of books, contracts, agreements, accounts, and writings, or copies thereof respectively, in anywise relating to any such question or matter; or, in lieu of requiring such oath as aforesaid, the said commissioners may, if they think fit, require any such person to make and subscribe a declaration of the truth of the matters respecting which he shall have been or shall be so examined: provided always, that no such person shall be required, in obedience to any such summons, to go or travel more than ten miles from the place of his abode: provided also, that nothing herein contained shall extend or be deemed to extend to authorise or empower the said commissioners to act as a court of record, or to require the production of the title, or of any papers or writings relating to the title of any lands, tenements, or hereditaments not being the property of any parish or union."

The second clause of the Irish act, declaring the powers of the commissioners, is as follows:—

"And be it enacted, that it shall be lawful for the said commissioners, or any *one* of them, at any time or place, by summons under the seal of the commissioners, or under the hand and seal of *any one* of them, to require the attendance of all such persons as they or he may

think fit to call before them, or any of them, upon any matter connected with the objects or purposes or the execution of the provisions of this act, and to make inquiries, and require returns, and to administer oaths, and examine all such persons upon oath, and to require and enforce the production upon oath of books, contracts, agreements, accounts, maps, plans, surveys, valuations, and writings, or copies thereof respectively, in any wise relating to any such matter, or, where the commissioners or commissioner shall think fit, in lieu of requiring such oaths as aforesaid, to require any such person to make and subscribe a declaration of the truth of the matters respecting which he shall have been or shall be so examined: provided always that no person shall be required, in obedience to any such summons, to go more than twenty statute miles from the place of his abode: provided also, that nothing herein contained shall extend to authorise or empower the commissioners to act as a court of record, or to require the production of the title or any papers or writings relating to the title of any lands, tenements, or hereditaments, not being property vested in the commissioners by virtue of this act."

Contrasting these two clauses, we find, that while in England two commissioners, sitting *as a board*, are required to carry the act into execution. In Ireland, any *one* of them, at *any time or place*, may act in the same capacity; and by a subsequent clause, the 122d, it is provided, that he "shall have the same power as is given to the board of commissioners, except the power to make general rules." By the English act, the commissioners are empowered to require the attendance of all such persons as they may think fit to be examined upon "any matter" *relating to the administration of the laws for the relief of the poor;*" and no person is required to travel more than ten miles from his abode for that purpose. In Ireland, the commissioner may summon all persons to answer on any matter "connected with the objects, or purposes, or the execution of the provisions of the act;" and he shall be required to attend twenty miles from his abode. The powers given to the Irish commissioners to enforce the production of books, contracts, agreements, and other documents are also much more extensive than those given to the English board of commissioners. These differences may not at first sight appear so important; but, on consideration, it must be obvious, that the powers conceded to the English commissioners, and admitted to be extraordinary, are still greater in the hands of one uncontrolled individual entrusted with the execution of the act in Ireland. It must also be obvious, that these additional powers, given to the commissioners for Ireland, must have been deliberately and designedly conferred, otherwise we should have had the clause of the English act merely adapted to the Irish measure. The Irish act also provides, clause 11, that the commissioners shall be empowered to delegate "any of the powers and authorities given to them, except the power to make general rules," to the assistant-commissioners, who are empowered to summon before them, and examine on oath, such persons as they may think necessary, "upon any question or matter which the commissioners themselves might entertain or inquire into;" and "if any person shall refuse or wilfully neglect to attend, or shall alter, suppress, or conceal, or refuse to produce any books, accounts, or writings required, he shall be deemed guilty of a misdemeanor." To make assurance doubly sure with respect to the powers of the commissioners in Ireland, it is provided, that those which they enjoy under the English act, as well as those they possess under the Irish act, shall be available. By the 120th clause of the Irish act, it is provided, that "the said commissioners, or any two of them, may, from time to time, as they may deem expedient, sit in England and Wales, *or Ireland*, as a board of commissioners for carrying this act into execution, and for exercising *all or any* of the powers which may be exercised by the said commissioners, under the authority of the said act of the fourth and fifth years of the reign of his late majesty, or any other acts," being the English poor-law act.

To the power given these commissioners to make rules, regulations, and orders; and the penalties for disobedience of them, we have to direct the particular attention of our readers. We cannot here enter into an inquiry as to the causes which have led to such an extraordinary delegation of legislative functions from Queen, Lords, and Commons, to three individuals constituting a public board; suffice it to say, that nothing but the most pressing necessity—nothing but absolute danger of some great national calamity, could have justified a course so contrary to the principles of the constitution, and so unprecedented. Such pressing necessity—such danger may, for aught we know to the contrary, have existed in England; but certain we are that no such necessity or danger existed in Ireland. That the old English poor-law, and its consequences, afforded at least some excuse for this departure from the regular course of legislation, as regarded that country, may perhaps be admitted; but it was a resource much of the same nature as the suspension of the habeas corpus act. We repeat, therefore, that we have to entreat our readers to apply their minds to this point, and to consider well the consequences of permitting this system to be established as a precedent, by tamely submitting to its extension to the government of the medical charities of Ireland, and through them to the medical profession. Let them look closely to this attempt to extend, establish, and perpetuate principles and practices, sanctioned by the legislature, as temporary expedients only, and bear in mind that it is resorted to in conformity with preconcerted plans for their general application to the government of all the institutions of the country. It is an insidious attempt to insinuate the concentration system into the country, and to bring into operation machinery which will ultimately place the destinies of Ireland at the disposal of the public offices and clubs of London.

The following is the clause in the Irish act which confers on the commissioners the power to make rules, regulations, and orders:—

"And be it enacted, that from and after the passing of this act the administration of relief to the poor throughout Ireland according to such laws as shall be in force at the time being shall be subject to the direction and control of the commissioners, and for executing the powers given to them by this act *the commissioners are hereby autho-*

rised and required, from time to time as they shall see occasion, *to make* and issue all *such orders for the government of workhouses*, houses of industry, and foundling hospitals, and of the poor therein, *and for the guidance and control, appointment and removal of the officers* thereof, and for the guidance and control, according to the intention of this act, of all guardians, wardens, and other officers, paid or unpaid, acting in the management or relief of the destitute poor, and for the keeping, examining, auditing, and allowing or disallowing of accounts, and for the making of contracts in all matters relating to such management or relief, or to any expenditure for the relief of the destitute poor, and for carrying this act into execution in all other respects as they shall think proper; *and the commissioners may, at their discretion*, from time to time *suspend, alter, or rescind, such orders* or any of them: provided always, that nothing in this act contained shall be construed as enabling the commissioners, or any of them, to interfere in any individual case for the purpose of ordering relief."

That the commissioners should be authorised to make rules for the conduct of the officers of the service, and details of business, may perhaps be admitted; but that they should be enforced by penalties, such as are provided by the two following clauses, the 102d and 103d of the Irish act, is a very different question:—

"And be it enacted, that in case any person shall wilfully neglect or disobey any of the orders of the commissioners or assistant commissioners, purporting to be sealed or stamped with their seal of office, such person shall, upon conviction before any two justices, forfeit and pay for the first offence any sum not exceeding five pounds, for the second offence any sum not exceeding twenty pounds nor less than five pounds; and in the event of such person being convicted a third time, such third and every subsequent offence shall be deemed a misdemeanor, and such offender shall be liable to be indicted for the same offence, and shall, on conviction, pay such fine, not being less than twenty pounds, and suffer such imprisonment, with or without hard labour, as may be awarded against him by the court by or before which he shall be tried and convicted.

"And be it enacted, that all penalties and forfeitures by this act inflicted or authorised to be imposed for any offence against the same shall, upon proof and conviction of the offences respectively before any two justices, either by the confession of the party offending, or by the oath of any credible witness or witnesses, (which oath such justices are in every case hereby fully authorised to administer,) or upon order made as aforesaid, be levied, together with the costs attending the information, summons, and conviction, by distress and sale of the goods and chattels of the offender, or person liable or ordered to pay the same respectively, by warrant under the hands of the justice before whom the party may have been convicted, or on proof of such conviction by a warrant under the hands of any two justices (which warrant such justices are hereby empowered and required to grant;) and the overplus (if any,) after such penalties and forfeitures, and the charges of such distress and sale, are deducted, shall be returned, upon demand, unto the owner or owners of such goods and chattels; and in case such fines, penalties, and forfeitures shall not be forthwith paid upon conviction, then it shall be lawful for such justices as aforesaid to order the offender or offenders so convicted to be detained and kept in safe custody until return can be conveniently made to such warrant of distress, unless the offender or offenders shall give sufficient security to the satisfaction of such justices as aforesaid for his or their appearances before such justices on such day or days as shall be appointed for the return of such warrant of distress, such day or days not being more than seven days from the time of taking any such security, and which security the said justices as aforesaid are hereby empowered to take, by way of recognizance or otherwise; but if upon the return of such warrant it shall appear that no sufficient distress can be had thereupon, then it shall be lawful for any such justices as aforesaid, as the case may be, and they are hereby authorised and required, by warrant or warrants under their hands, to cause such offender or offenders to be committed to the common gaol or house of correction of the county where the offender shall be or reside, there to remain, without bail or mainprize, for any term not exceeding three calendar months, unless such penalties and forfeitures, and all reasonable charges attending the same, shall be sooner paid and satisfied; and the penalties and forfeitures, when so levied, shall be paid to or for the use of the union where such offence shall have been committed, to be applied in aid of the poor rate of such union, and, if such offence shall not be committed within any union, shall be paid to the treasurer of the county in which such offence shall have been committed, in aid of the county cess."

It appears that a "general rule" of the commissioners' means any rule addressed to *more than one* union, or to more than one institution; and that "orders and regulations" mean any rule, order, regulation, or bye-law, addressed to one only; and by the poor-law continuance act of last session (5 and 6 Victoriæ, c. 57) it is provided, in order to correct the practice of evading or defeating general rules by temporary orders, that "it shall not be lawful for the said commissioners to issue any particular rule, order, or regulation addressed to any single parish or union by which such general rule, or any part thereof, would be rescinded or suspended, unless one of her majesty's principal secretaries of state have first signified to the said commissioners his approval of such particular rule in writing.

Now, we do not mean to say that these powers to make laws, either general or particular, temporary or permanent, exist without check or restraint; on the contrary, we are most anxious to point out the nature of the provisions to prevent the undue exercise or abuse of these powers, because we are convinced that they are not practically effectual. Precautions which look very well on paper, when they come to be acted on are often found inoperative, and not unfrequently are merely put forward to allay suspicion and remove the jealousies which arbitrary or unprecedented measures naturally create.

The fourth and fifth clauses of the Irish act provide as follows:—

"And be it enacted, that no general rule of the commissioners shall operate or take effect until the expiration of forty days after the same, or a copy thereof, shall have been sent to one of her majesty's principal secretaries of state, unless one of her majesty's secretaries of state shall sooner allow the same; and if at any time after such general rule shall have been so sent her majesty with the advice of her privy council, shall disallow the same, or any part thereof, such disallowance shall be notified to the commissioners by one of her majesty's principal secretaries of state; and such general rule or the part thereof so disallowed shall not come into operation, if such disallowance be notified to the commissioners at any time during the said period of forty days; but if such disallowance be so notified at any time after that period, then from and after such disallowance shall have been so notified such general rule, so far as the same shall have been so disallowed, shall cease to operate, subject however and without prejudice to all acts and transactions under or in virtue of the same previously to notice of such disallowance having been given by the commissioners in manner hereinafter mentioned.

"And be it enacted, that all general rules for the time being in force at the commencement of every session of parliament, and which shall not previously have been sub-

mitted to parliament, shall from time to time, within one week after the commencement of every such session, be laid by one of her majesty's principal secretaries of state before both houses of parliament."

From these clauses it appears that these "general rules," equivalent to acts of parliament, must be so far sanctioned by higher authority that it is necessary to lay them before the Secretary of State for the Home Department, and that if they be not disallowed by the Queen in council, they become law after forty days; but the Home Secretary may allow them to come into operation at once. It is not necessary that they should be passed by the Queen in council, or even that they should be declared law by the Home Secretary; it is only necessary that they should remain in the Secretary's office for forty days without notice, when they become law. The Home Secretary may allow them, to enable the commissioners to carry them into effect at once; but he cannot disallow them without the authority of the Queen in council. Of the value or security of this check or guard against undue exercise of their executive or legislative powers by the commissioners, we do not think much boast can be made, especially as it might so happen that the Home Secretary was particularly favourable to the commissioners, and most anxious to give the fullest effect to the poor-law in all its bearings. As to the protection afforded by printing the rules, and laying them in the form of a blue book on the table of the House of Commons, we do not think that much value can be attached to it.

But it is well worthy of notice, that here, as elsewhere, we find that the law for Ireland differs from that for England. In England, "no general rule shall operate or take effect until the expiration of forty days." In Ireland, it is added, "unless one of her majesty's principal secretaries of state shall sooner allow the same;" so that a friendly secretary can at once fiat the edicts, which in England must undergo a probation of forty days.

The Court of Queen's Bench may declare rules and orders illegal, if removed into that court, by writ of certiorari; but on application for such writ the commissioners may show cause against it, and the court may allow the cause shown and refuse the writ. The party applying for the writ must also give security in the sum of fifty pounds for costs, and if the writ be refused must pay them; but if the rule or order be quashed, it does not appear that the commissioners are to pay the costs. It is scarcely necessary to say, that there is very little probability, under such circumstances, that any individual, or even public body or association, will encounter expensive litigation to cause an illegal order to be quashed, and that therefore in practice, although the provision may operate to prevent gross injustice, it will not obviate minor acts of oppression.

This explanation of the general powers of the commissioners has run to such length that we cannot go into the subject of their application to the government of the medical charities, as proposed in the bill introduced by Lord Eliot, until our next publication. In the meantime, we most earnestly entreat our readers to take the trouble of perusing this explanation which has cost us some trouble in preparing, and thereby to prepare themselves to form a judgment as to the operation and results of the proposed measure. If with their eyes thus opened to the dangers which threaten them they remain passive, they can only blame themselves.

POOR-LAW EXPENDITURE.

The report of the poor-law commissioners on the working of their penal code for the past year has been just published in its complete form, with appendices, tables, &c., and from this the authorised version of all that appertains to the administration of the law by these high functionaries, we may gather something that it may interest our readers to be made acquainted with. The report has been sometime published, and we have already noticed the wilful misrepresentations by the careful omission of facts wherewith these gentlemen have endeavoured to carry out their private objects and opinions. The appendices were at that time not published, and we, therefore, felt called upon to reserve our notice of that portion of the report that refers to the general operation of the law for their appearance.

The overbearing demeanour of the commissioners and their assistants towards those with whom their duties brought them in contact has been, from time to time, made the subject of remark and conjecture. Never has any distinct cause been assigned for it, save that to be found in the fact of their being uncontrolled officials; but having often met with civility from even such persons, we were disposed to doubt the sufficiency of the cause, but could find from none a suggestion of any more assignable. It was reserved, however, for the commissioners themselves to give the explanation, and we have it given in unmistakable language in their report, wherein they have the temerity to tell the people of Ireland that, in common with many others, they (the commissioners) apprehended that, from among a nation of nine millions, fit persons could not be found to fill the petty offices created by the opening of the workhouses! What! Ireland not able to furnish turnkeys and gaolers for her own poor! Has the union indeed had such an effect on this country that we, who have given naval and military commanders to every nation in Europe—from whom Napoleon and Washington received their best and most beloved generals—are now, in the estimation of Messrs. the Poor-law Commissioners, unable to produce gate-porters for workhouses? We must, however, do these gentlemen the justice to say that they "rejoice" at being able to state "that the difficulty arising from this source has been much less than was anticipated, and that IN GENERAL" the Irish are capable of learning to act as gate-keepers after a very tolerable fashion! Can we feel surprised, then, at the contumely with which the guardians, the gentry, and rate-payers have been treated by men who hesitated not, when addressing the Secretary of State, to make use of such language towards nine millions of people?

Well, having discovered that it was not necessary to import workhouse officers, Irishmen were employed, and eighty-one workhouses were opened prior to the date of the report. Let us now turn to the appendix, that we may see what benefit has been derived, and whether it be commensurate with the expense incurred. In the Athlone workhouse, 138 paupers were relieved from the 22nd November to 31st of December, a period of thirty-nine days. No one pauper then could have had more than thirty-nine days food, at a cost to the union of one thousand and seventy-five pounds. In Ennis, 132 paupers were relieved for a period of fifteen days, and the cost to the rate-payers was £1,197. In Sligo, forty paupers, for fourteen days, cost nine hundred and ninety-five pounds; and in Drogheda, 147 paupers, during fifteen days, cost one thousand two hundred and ninety-five pounds. We

have selected these few cases to show the proportionate benefits, when compared to the cost, of the system. A large amount of this expenditure having been incurred for the outfit, it may be deemed unfair to judge of the economy of Mr. Nicholls' system by the examples we have given. Were we disposed to swell the cost of each pauper we would have added the cost of building the workhouses, without the incurring of which no pauper can get a meal's meat under the present poor-law, and which, in the cases alluded to, raised from five to ten thousand pounds each. But the sums we have given comprise only the actual sums disbursed in preparing food and clothing for the persons relieved, and for the officers who had to see that they got up in the morning and went to bed in the evening, that they eat the food given to them, and did all things else as became the inmates of a workhouse.

Let us now look to these accounts in another point of view, and see how they tell for the system. For the half year ending 10th December, 1841, the establishment charges of the Limerick union amounted to £2,553, the law expenses and expenses of elections to £553, and the maintenance of paupers to £952 13s. 9¼d.! During the same period the officers' salaries, exclusive of their rations, amounted to £320 16s. 10d., or more than one-third the cost of the maintenance of all the paupers. Now, if the rations allowed in Limerick bear the same proportion to the salaries given, as they do in Dublin, the cost of the officers would amount to more than £600, being two-thirds the cost of feeding all the paupers! In every union a nearly similar proportion is found to exist between the cost of the machinery and the cost actually incurred for the poor. In the Newcastle union, salaries and wages amount to above £300, the maintenance of paupers to £656. In the Tipperary union, salaries of officers, £150, maintenance of paupers £337. We might transcribe every account in the appendix, and in all, the result would be nearly the same. The report shows this important fact, that on an average of unions the cost of feeding the poor bears a comparatively small proportion to the aggregate cost of establishment expenditure, salaries, and perquisites of office, and the ordinary per centage of the money expended in the erection of the houses, or, in other words, that the machinery invented by Mr. Nicholls costs more to set it in motion, and maintain it so, than does the maintenance of the poor, for whese benefit it is said to have been created.—*Freeman's Journal.*

MEDICAL CHARITIES' BILL—MORE CENTRALIZATION—FURTHER POWER TO THE POOR LAW COMMISSIONERS.

(FROM THE CORK CONSTITUTION.)

The medical charities' bill has at last made its appearance, and, although ushered into the legislature under the auspices of Lord Eliot, there can be "no mistake" in tracing the hand of one who, in a six weeks' incognito tour through Ireland, considered himself so well acquainted with our wants and woes as to fulminate a report, having thrown overboard the mass of evidence taken by gentlemen appointed to inquire into the state of pauperism, and saddled Ireland with the incubus of an inefficient poor-law—inefficient, because it does not meet the misery which is abroad in our land. It is monstrous to think that the poor-law commissioners, who are already absolute dictators in the country, should have such additional powers granted them as this bill contemplates; and it is to be hoped that every guardian and ratepayer will declare their sentiments on the proposed enactment, and by resolutions and petitions be prepared to show, on the re-assembling of parliament, that the commissioners have already entailed intolerable expense on the country, which will eventually reduce the property of persons who previously enjoyed a competency, so as to render them fit objects for the workhouse. The very machinery required to set the provisions of this bill agoing, would add to the poor-rate more than would support the whole of the charities as at present constituted for one year; and when these officials get the reins in their hands, we may well ask, from past experience, where will expense stop? Were there any controlling power over their "orders" and their "seal" it would be well; but the Lord Lieutenant, the medical board, and inspectors contemplated by the bill, would, in our minds, be just as the guardians are at present, mere ciphers. It cannot be credited that any government will accede to a measure which public opinion has already pronounced as arbitrary and unnecessary. Men of all parties and politics have condemned it, and we trust that the members of both houses of the legislature will give due consideration to public opinion, when calmly, constitutionally, and decidedly expressed. We find the penal clause (67th) still exists, but, thanks to our former exposures, divested of the "treadmill" alternative in case of non-payment of fines. Still we must look on it as disgraceful. We now say little to the medical profession as to the provisions of the bill—they did their part on a former occasion, and we have no fear that they will now flinch from supporting their independence as a part of the community. We cannot conclude better than by giving a "note" on the minutes of the board of guardians, forwarded to the poor-law commissioners of the Fermoy union with respect to the Fermoy workhouse.

* "This is an ugly affair, and just calculated to make a stir in parliament in Lord Mountcashel's hands. It is unfortunate that it has been allowed to get to such a head."

(Signed,)

"G. N."

"24th June, 1840."

TYPHUS FEVER IN PARIS.

For six weeks or two months, typhus fever has raged in Paris to as great or greater extent than it did in the year 1831. It is not confined to the hospitals, where several wards are filled with persons suffering under it, but it is extensively spread throughout the city, in the middle classes. There being none of the usual causes of such epidemics present, in the distress of the lower classes or the bad nature of the food, it has been attributed, though perhaps with insufficient reason, to the dry and hot weather which has prevailed for three or four months. The disease follows pretty much its ordinary train of symptoms, with the exception that many of the patients present a marked bilious state, and have a great disposition to vomit bile, which is excited by the least movement or cough. But the course of the affection appears to undergo no great change from the development of these phenomena; and it is said that in spite of the number of persons severely affected, the average of mortality is not greater than is usual in this disease.

POOR-LAW INTELLIGENCE.

DROGHEDA UNION.

A meeting of the guardians of this union was held on Thursday, September 1.

The clerk mentioned that since their last meeting, Commissioner Nicholls had been there, and that in visiting the house, he remarked that the blinds affixed to the windows of the infirmary were hung too high, which defect obstructed the ventilation of the wards.

Dr. Kelly—Gentlemen the contrary is the fact; if the blinds were hung any lower, they would be quite useless; but placed as they are they produce a current of air. The visiting committee will be kind enough to recollect that on several previous occasions, I pointed out the original plan upon which your hospital was erected to be so completely deficient, that the necessary ventilation is quite prevented. I have got

* Page 7 of "Returns to Parliament, ordered to be printed 22nd April, 1841."

six windows altered already to admit some air; on the north side of the infirmary there are no windows at all.

Mr. Gargan—The house was given up to us in very bad order.

DROGHEDA UNION.

A meeting of this board took place on Thursday last, September 8.

The minutes of the last meeting having been read, the medical report was received, from which it appeared that during the last week there were—

Under treatment	53
Discharged cured	10
Died	1—11
Remaining	42

A small quantity of tea and sugar granted for the use of a female pauper, who had sat up two or three nights with two midwifery cases, next occupied the attention of the board.

The chairman stated that the commissioners *would not allow it;* but advised that it should be entered in the list of petty expenses.

Mr. Langan—We should not be ashamed of any of our proceedings, it will save the union a nurse-tender, and it should be at the discretion of your physician to allow any thing necessary in such cases; I should charge these expenses in a way that the commissioners should see them.

The Chairman—This item will come under the inspection of the commissioners under the head "Petty Expenses," as well as any other.

A list of items wanted for the use of the house was presented to the Chairman. The clerk said that a person who had come from the architect's office, and was sent here from the commissioners to alter the sewers and dress up the yards, needed them for that purpose.

Mr. Langan—I suppose it is *some spy* the commissioners have sent down here—they wish to supersede your visiting committee.

Mr. P. Mathews—Its likely they wish to correct the blundering plan on which the same sewers were constructed—this blunder was like all the rest of their blunders.

Mr. N. Markey—I dare say as all the poor-houses are built, they want *to find employment* for some of their hangers-on.

Mr. Langan—They are very ready at dismissing our officers for the blunders they may commit—*if the plan were tried on themselves we'd soon get rid of them.—Drogheda Journal.*

WATERFORD BOARD OF GUARDIANS.

Mr. Dobbyn requested attention to the suggestion he had made last week to have the vaccination performed by the medical officers of the house. They were in attendance, and might be called upon for an opinion.

Mr. Muggeridge said that the medical gentlemen here were unwilling to comply with the terms prescribed by the act—so much per case. Without that, no arrangements could be entered into, though the entire of the inhabitants of Waterford were carried off by the disease.

Drs. Sheehan and Burkitt were then introduced on the subject of vaccination. They said that an arrangement could be made to have their services available as the medical officers of the board, but that the system of "head money," or so much per case, was in the view of the faculty an insurmountable objection. In other respects also the commissioners' requirements were impracticable.

Mr. Muggeridge said that the law rendered that system indispensable. In the county Wicklow and other parts of the country most respectable medical practitioners had acceded to the commissioners' terms, and with respect to their impracticability, it was proved in a return to the House of Lords, that 150,000 cases had been successfully treated and observed according to the commissioners' regulations.

Dr. Burkitt said that the apothecaries were probably as competent, or probably more competent, as they had establishments open, and in all likelihood they would be satisfied with the commissioners' rate.

The medical gentlemen retired after this.

Mr. Nicholls, chief poor-law commissioner, shortly leaves Dublin for Somerset-House, and will be succeeded either by Sir E. Head, or Mr. Hall, son-in-law to Chief Justice Pennefather.

Denis Phelan, Esq., will in a few days retire from this district as poor-law commissioner, and will be succeeded by W. J. Gilbert, Esq., who was lately nominated to the Dundalk station.—*Nenagh Guardian.*

The Clonmel guardians have declared three rates within eight months.—*Waterford Chronicle.*

Six thousand pounds are due by the Cork union to the bank.—*Ibid.*

OBITUARY.

With feelings of the deepest regret we have this day to record the melancholy and sudden death of Dr. Wethered, of Lisburn, which took place yesterday evening about four o'clock.—*Ulster Times.*

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Sept. 4th,	68	56	30.350	.070
Monday,	5th,	70	58	30.150	
Tuesday,	6th,	69.5	55.5	30.050	
Wednesday,	7th,	69.5	51	29.800	
Thursday,	8th,	64.5	52.5	29.600	1.000
Friday,	9th,	69	54.5	29.416	.030
Saturday,	10th,	71	50.5	29.650	.265

DOCTOR GRAVES' CLINICAL MEDICINE.

Early in October will be published, in one large octavo volume, A SYSTEM OF CLINICAL MEDICINE, by ROBERT J. GRAVES, M.D., one of the Physicians to the Meath Hospital and County of Dublin Infirmary, lately Queen's Professor of the Institutes of Medicine, &c., &c.

Dublin—FANNIN and CO.

MIDLAND MEDICAL UNION.

The Members of this ASSOCIATION will meet at BRUNDLEY'S Hotel, Nenagh, on WEDNESDAY, September 28.

The Chair will be taken at THREE o'Clock, precisely.

Dinner at SIX o'Clock.

The Meeting, &c., will be open to all Members of the Medical Profession.

By order,

J. WATERS, Secretary.

Parsonstown, September 10th, 1842.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION (PAYABLE IN ADVANCE.)

Twelve Months	£1 5 0
Six Months	0 13 0
Single Number	0 0 6

Wednesday, September 14, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXCIV.] DUBLIN, WEDNESDAY, SEPTEMBER 21, 1842. { PRICE SIXPENCE, STAMPED.

Lectures upon the Human Intestinal Worms, delivered at St. Vincent's Hospital during the Winter Session, 1841-2. By O'B. Bellingham, M.D., one of the Medical Officers of the Hospital.—Lecture V.—
Symptoms peculiar to each species—Symptoms of the Ascaris Lumbricoides..... 177
Symptoms of the Ascaris Vermicularis—Symptoms of the Trichocephalus Dispar—Symptoms of the Tape-Worm..... 178
REPORTS OF MEDICAL AND SURGICAL PRACTICE.
ST. VINCENT'S HOSPITAL.—Aneurism of the External Iliac Artery—Ligature of the vessel close to the Bifurcation of the Common Iliac Artery By Mr. Bellingham..... 180
REVIEWS AND NOTICES OF BOOKS.
M'Cormac's Methodus Medendi; or, the Description and Treatment of the Principal Diseases Incident to the Human Frame. 181
Franz' Treatise on Mineral Waters..... 184
Rev. E. Thackaray, to Lord Eliot, on the Medical Charities' Bill.—..... ..... ib.
MEDICAL ASSOCIATION OF IRELAND—Proceedings of Council..... 188
MEDICAL CHARITIES' BILL.... ... . ib.
FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.... 189
Medical Charities' Bill..... 190
MEDICAL INTELLIGENCE.—French Medical Deputies—Lock Hospital, London—Mountmelick Petty Sessions— Caution to Small Pox Inoculators..... . 191
POOR-LAW INTELLIGENCE.—Mr. Denis Phelan's opinion of Himself..... 192
Register of the Weather.. .... ib.

LECTURES UPON THE HUMAN INTESTINAL WORMS,

DELIVERED AT ST. VINCENT'S HOSPITAL DURING THE WINTER SESSION, 1841-2.

By O'B. BELLINGHAM, M.D., one of the Medical Officers of the Hospital; Professor of Botany in the Royal College of Surgeons in Ireland, &c., &c.

LECTURE V.

SYMPTOMS PECULIAR TO EACH SPECIES.

THE local and the general signs which are supposed to indicate the presence of worms in the alimentary canal, having been now pretty fully described, together with the circumstances which occasionally complicate the inquiry, it remains only to notice those symptoms which are referred to the species individually; each, apparently, having some peculiar to itself.

SYMPTOMS OF THE ASCARIS LUMBRICOIDES.

The symptoms (Dr. Heberden observes) which have been found joined with these worms, and which, upon their being brought away, have ceased, are—pains in the head, giddiness, restless sleep, and waking out of it in a fright, and with outcries, convulsions, feverishness, thirst, paleness, bad taste in the mouth, offensive breath, cough, shortness of breath, itching of the nose, pains of the stomach, sickness, loss of appetite, voraciousness, wasting of the flesh, tenesmus, itching of the fundament towards night, and lastly, slimy stools.

The symptoms which attend the round worm of the intestines (says Dr. Baillie) are a swelled belly, emaciated extremities, an offensive breath, and deranged appetite; the appetite is often greater than in health, but sometimes it is much less. The stools are slimy, and the patient frequently picks his nose, and during sleep grinds his teeth.

With a view to determine the comparative value of these different symptoms, and their relative frequency, I have carefully analysed twelve cases, in which the ascaris lumbricoides had been either passed a short time before the treatment commenced, or had been voided during the treatment; ten out of the twelve were between two and ten years of age, and only one was above twenty. Hence we see at once that between the ages of two and ten years is the period of life at which this species is most common.

The only symptom which was not absent in any one of these twelve individuals, was pain in some part of the abdomen. It varied somewhat, however, in its character in the different cases; but all complained of more or less pain—in some, it was felt most about the umbilicus—in other cases, at the lower part of the abdomen.

The next most frequent symptom was itching or picking of the nose. This was present in nine cases out of the twelve: none complained of itching at the anus. In one half there was more or less tumefaction of the abdomen; and in six likewise the stools were slimy and unnatural. In five, grinding of the teeth, during sleep, was observed; and in four, the sleep was disturbed by startings, &c. In four of the cases also the appetite was greater than natural; while in the others, it was variable. Headache, cough, &c., were noticed in one or two of the cases; and dilatation of the pupils in only one.

Thus, then, as far as the numerical method in twelve cases will enable us to decide, the most frequent symptom of the ascaris lumbricoides is pain in some part of the abdomen; next, itching or picking of the nose; and it is remarkable, as contrasted with

the symptoms which sometimes accompany ascarides, and the tape-worm, that none of the patients suffered from itching at the anus.

Tumefaction of the abdomen, and a slimy, unnatural appearance of the stools, were the next most frequent symptoms; closely following which was grinding of the teeth during sleep, and next disturbed sleep, and voracious appetite; while dilatation of the pupils, headache, and cough, were hardly observed, or when present, appeared to have little or no connection with the other symptoms.

SYMPTOMS OF THE ASCARIS VERMICULARIS.

The ascarides (says Dr. Heberden) are almost always attended with an itching of the anus, particularly in the evening; but this symptom excepted, I hardly know any which particularly belongs to them; the itching, and the consequent rubbing of the part, occasion little tumours to arise about the anus, which are very different from piles.

In a paper, communicated to the College of Physicians in London, and published in their Transactions, he says "Knowing an experienced and intelligent physician, who had from his infancy been troubled with ascarides, I desired to be informed by him what were the inconveniences which they had occasioned. The account which I received was, that according to his experience, the peculiar symptoms of this species of worm are a great uneasiness in the rectum, and an almost intolerable itching at the anus. These sensations most usually come on in the evening, and prevent sleep for several hours; they are attended with heat, which is sometimes so considerable as to produce a swelling in the rectum both internally and externally; and if these symptoms be not soon relieved, tenesmus and mucous stools are brought on. Sometimes there is a griping pain in the lower part of the abdomen, a little above the pubes; if this pain be very severe, there follows a bloody mucus, in which there are often found ascarides alive."

The general health of this patient (Dr. Heberden observes) did not seem to have at all suffered from the long continuance of his disorder, nor the immediate inconveniences of the disorder itself to have increased.

When ascarides are lodged in the rectum (says Dr. Baillie) there is an uneasy feeling there, and a violent itching at the anus. There is also a sense of heat in the parts, with occasional tenesmus and mucous stools. The mucus is sometimes tinged with blood, and along with it some ascarides are often discharged.

Dr. Chapman says, he has known even inflammation, and a considerable swelling about the fundament to accompany them, with tormina, tenesmus, and bloody stools.

The symptoms which, in many cases, accompany this species are— (along with their occasional presence in the evacuations)—a gnawing or uneasy feeling about the pit of the stomach—itching and heat at the anus, which, though complained of, little or not at all during the day, commence as soon as the patient has become warm in bed, and sometimes increase until they become quite unbearable—often accompanied by slimy stools—occasionally by diarrhœa—occasionally by costiveness; and in children sometimes by tenesmus, and prolapsus of the anus. There is another symptom of this species not very uncommon, but which either is not generally known, or if observed, has been attributed to some other cause—it is a mucous discharge from the vagina in females under puberty. This is probably the effect of sympathy, owing to the close connection between the rectum and vagina; it always ceases upon the destruction of the ascarides.

However, as it is not unusual to meet with persons who have been affected with this species of worm all their lives, and who suffer little or no inconvenience from them, and as in above one-sixth of the individuals dying of various diseases, whose bodies I have examined, (as before mentioned) ascarides were detected, although they had never been complained of during the lives of the patients, these symptoms cannot be exclusively relied upon. I have known the itching at the anus to be much more severe in a case of tape-worm than I ever remember to have seen it in any individual labouring under ascarides. In this instance, however, the itching and irritation at the anus were as troublesome, or more so during the day than at night; and joints of the tape-worm, to the number of thirty in the day, continually came away from the patient, even while walking about.

In individuals who have been long troubled with ascarides, and in whom they are present in unusual numbers, it is not uncommon for these animals to make their way out of the anus during the day, and to be found on the patient's clothes. Hence it is easy to suppose, that in females, they may easily get into the vagina; in which situation they have, on several occasions, given rise to a different and far more disagreeable train of symptoms.

Bremser states that he has seen several instances in which ascarides in this situation produced all the symptoms of nymphomania. Scharf and Becker have also each given a case where analogous effects followed from the same cause. In Becker's case, that of a female eighty years of age, the irritation in the vagina was so excessive and constant, that he says her condition may be imagined when the following lines of Juvenal were applicable to it—

"Et resupina jacens, multorum absorbuit ictus,
Et lassata viris, sed non satiata recessit;"

and that the symptoms were produced by the presence of ascarides in this situation, was proved by their disappearing as soon as these animals had been destroyed by injections into the vagina.

SYMPTOMS OF THE TRICHOCEPHALUS DISPAR.

I have already observed that the long thread-worm is almost constantly met with in the large intestines, particularly in the cœcum of the human subject; indeed it appears to be rather the exception to the general rule not to find any. However, I have never yet seen a case, nor have I met with a well-authenticated one, of any symptom being produced by this species, although in post-mortem examinations I have sometimes found them still adherent to the mucous membrane lining the cœcum; and only in one instance have I known them to be passed by stool in any considerable numbers.

SYMPTOMS OF THE TAPE-WORM.

As the tœnia solium and bothriocephalus latus appear to give rise to similar symptoms, we may treat of these two species together.

The symptoms which commonly accompany the tape-worm, and are supposed to indicate its presence are—a sensation of gnawing or dragging at the epigastric or umbilical region, with a feeling of weight or undulation in the same parts—frequent attacks of colic—appetite unequal, sometimes greater than natural, re-appearing soon after eating; at other times diminished—bowels variable, at one time constipated, at others there is diarrhœa—headache, cough, an increased flow of saliva, and vomiting, are also occasionally present, with severe itching at the anus and disturbed sleep; and lastly, the passing of frag-

ments or joints of the worm with the stools, which alone is pathognomonic of the disease. Another symptom, hardly noticed in books, of which I have seen some well-marked cases, is a feeling of general debility with pains of a rheumatic character in the joints and muscles, particularly in the lumbar region and inferior extremities, which may be so severe as to oblige the patient to give up all business. I have known them to be so harassing as to prevent the patient from taking exercise, or from making almost any exertion, and to cease altogether on the expulsion of the tape-worm. A medical practitioner in this city was attending a gentleman subject to frequent attacks of lumbago which prevented his attending to his professional avocations. In one of these he was directed turpentine in small doses, and by mistake took a much larger quantity than had been directed, which purged him, and caused the evacuation of a tape-worm several feet in length, since which he has had no return of the lumbago.

The symptoms of tape-worm (according to Dr. Baillie) are a gnawing, uneasy feeling in the region of the stomach, which is removed or diminished by eating; the appetite is commonly somewhat voracious; but occasionally, it is less than natural—itching at the nose is commonly present, and nausea, colicky pains, or giddiness—sometimes cough—more rarely convulsions.

The bothriocephalus latus and tœnia solium (says Mr. Rhind in his treatise on worms) are the most difficult to dislodge, and the most prejudicial to the system of all those which infest the human intestines. From the great length to which they grow, occupying in many cases the whole range of the small intestines, from the lower orifice of the stomach downwards; from the pertinacity with which they adhere to the coats of the intestines; from the consequent irritation which their presence must cause, and the great consumpt of the chyle necessary for the due nourishment of the body, they are generally the cause of excessive uneasiness, great derangement of the alimentary functions, and emaciation of the whole body!

On the other hand, Rudolphi (who devoted himself for a long period almost solely to the study of the entozoa, and whose opinion consequently possesses the highest value) says—"The two species of tape-worm are found in very healthy individuals, and are generally known to exist only in consequence of joints or fragments of them being evacuated. They appear in general to remain at rest, and though individuals sometimes complain of their producing an undulatory sensation, yet this is probably often the result of fancy."

I had taken notes of a series of cases of tape-worm, with a view to determine which symptoms are common to all, and which are only accidental, as it appeared to be the true way to arrive at a knowledge of the value of the numerous symptoms, usually put down as indicating their presence; but as this has already been done by M. Louis, whose talents as an accurate observer of disease, a careful recorder of facts, and a judicious reasoner from them, are so well known, I shall quote his analysis.

In the *Archives Générales de Médécine*, M. Louis has given the details of ten cases of tœnia, treated at La Charité, of which the following is a summary:—

Several of the patients were in easy circumstances, and all had been accustomed to a nutritious diet, consequently the bad quality of the food could not have acted as a predisposing cause.

Their ages varied from twelve to seventy-four, and the constitution of all, with the exception of two, was good; and they had all led active lives. Hence the complaint could be attributed neither to age, weakness of constitution, or to a sedentary life.

All dated their complaints from the time they observed fragments of tœnia in their stools; the greater number had been passing joints of tape-worm daily for a number of years—nine, ten, or twelve years—or from their infancy; sometimes joints came away between motions, and were found in their clothes.

None of the ten individuals were quite free from derangement of their health; the principal symptoms were colic-pains in some part of the abdomen—itching at the nose or anus—more or less derangement of the appetite, and of digestion—pain at the epigastric region. Headache was rare, but pains and weakness in the limbs were common, so that several had been obliged to suspend their occupation at intervals.

The most frequent symptom was pain in the abdomen; all complained more or less of it, but it existed in very different degrees. Sometimes it was colic, or a pain difficult to be described, which usually intermitted, and returned at longer or shorter intervals, and was neither accompanied nor followed by diarrhœa.

After pain in the abdomen, the next most frequent symptom was itching at the anus; it was absent in only three cases, and in one of these the individual passed portions of tape-worm between motions; itching at the nose was not so common, and in one case there was neither itching at the nose or anus.

The appetite was increased in one case; in four there was no alteration; while in the others it was diminished or liable to vary.

In two of the females only was severe pain in the epigastric region complained of; in one of them this symptom may have been owing to the remedies which had been employed previously, as it persisted after the worm had been expelled; in the other cases the pain ceased on its expulsion.

In only one case was vomiting present, which disappeared when the tœnia was evacuated.

Headache was rare; in the two females it seemed to depend upon the presence of the tape-worm.

The majority had suffered for some time from weakness, pains, and sometimes cramps in the extremities, which at times were so severe as to oblige them to suspend their occupation.

In most of the cases the individuals had lost flesh, but none to any extent; the females complained of a noise in their ears—one of dimness of sight—in all, however, the pupil was natural. This fact (says M. Louis) although negative, is remarkable, as it indicates that dilatation of the pupil is not one of the commonest symptoms of worms.

It was in the females that the greatest variety of symptoms were observed.

All the individuals, then, (he continues) had complained of pain in some part of the abdomen—colic more or less severe, and at longer or shorter intervals, accompanied generally by itching at the anus and nose, and not followed by diarrhœa; and when these symptoms exist in combination, they may lead to the suspicion of the presence of tape-worm. The other symptoms, such as loss of flesh, pains in the limbs, lassitude, and disinclination to work, are deserving of notice, but are not at all so frequent as the former.

M. Merat (in a treatise upon the efficacy of the bark of the pomegranate root against the tape-worm) has given an analysis of one hundred and ninety-two cases taken from different works, and concludes with the following summary:—

Every age appears to be more or less liable to the tape-worm. In one case, the individual was only one year old; in another, nearly eighty; but the period of life at which they were most commonly met with was between the age of twenty and thirty.

The affection was rather more common in the male than the female, and in one instance appeared to be hereditary.

No profession or business seems to give a predisposition to it, although M. Deslandes asserts that it is most common with butchers. The appetite was sometimes greater than natural, at other times, not altered or diminished; the bowels are often regular, and the individual may be fat and have a good complexion.

In some instances the symptoms persisted for several days after the expulsion of the worm; but in general they ceased on its evacuation.

In no instance has death been produced solely by the tape-worm, and in the majority of cases it was single.

The bothriocephalus latus is rare in comparison with the tœnia solium, as in the one hundred and ninety-two cases, only five were cases of bothriocephalus, two of which occurred at Calcutta and two at Anvers; it is uncertain (he says) if this species ever occurs at Paris; but in other countries both have been found in the same individual.

Several diseases (he concludes from the cases which he quotes) appear to be simulated by the tape-worm.

In four instances a kind of intermittent fever seemed to have been kept up by it, as it ceased as soon as the worm was expelled. In one case, hysteria; in one, convulsions; and in two, epilepsy seemed to have had a similar origin. In another, where several symptoms of phthisis were present, they disappeared upon the expulsion of the tape-worm. Hœmaturia in one instance, loss of memory in another, and a chronic gastro-enteritis in a third, appeared to have been kept by its presence, as they disappeared on its evacuation.

Dr. Wawruch has given a summary of two hundred and six cases of tape-worm admitted into the clinical wards of the Vienna Hospital, during a period of twenty years; of these, seventy-one were males, one hundred and thirty-five females. The oldest patient was fifty-four, the youngest three and a half years old; the majority ranged been fifteen and forty.

Some patients suffered very little, and were unaware of their being affected, until a portion of the worm was discharged; in other cases the symptoms were better marked.

Those constantly observed were a dull pain in the forehead, with vertigo, and ringing in the ears.

Troubled sight, with a bluish circle round the eyes; œdema of the upper lip; dilated pupil; rolling of the eyeballs; various disturbances of vision, as double vision, muscœ volitantes.

Frequent changes of colour; loss of appetite, interchanging with voracious appetite, and a taste for certain substances.

Foul breath; earthy taste in the mouth; salivation; nausea and vomiting of a watery fluid towards morning.

Itching of the nose, anus, or vagina; grinding of the teeth, particularly during sleep.

Enlargement of the abdomen; rumbling of the bowels; a pinching, biting feel about the umbilicus, with the sensation of a foreign body moving in the intestines, especially towards morning; disappearance of these symptoms on taking warm broth, &c. Diarrhœa, interchanging with constipation.

When the disease is of long standing, melancholy, and a great number of nervous derangements; loss of some sense, partial or general convulsions, epilepsy, chorea, &c.

The most certain sign is the discharge of a portion of the worm, which may occur without any evident cause, or during some disease, as typhus, &c., or be the effect of remedies.

In females, the presence of the tœnia was almost always accompanied by some derangement or anomaly of the menstrual secretion, generally consisting in a late appearance of the discharge.

The tœnia is not exclusively a solitary worm; for in nine cases there were two worms of different development; in two cases three worms; in one very remarkable case four worms were discharged; and this patient still suffers from the complaint.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

ST. VINCENT'S HOSPITAL.

ANEURISM OF THE EXTERNAL ILIAC ARTERY—LIGATURE OF THE VESSEL CLOSE TO THE BIFURCATION OF THE COMMON ILIAC ARTERY.

BY MR. BELLINGHAM.

Matthew Daly, aged thirty-two, a slender and healthy man (in other respects) was admitted into St. Vincent's Hospital August 18, 1842, under my care, labouring under aneurism of the external iliac artery on the right side. He has never suffered from any illness of consequence; had been in the habit of drinking, but has given it up for the last two years. He is a brush-maker by trade, and his occupation consists in constantly turning a leathe with the right foot. He continued to work until three or four days previous to his admission, under the impression "that the disease would wear away."

The aneurism is of about three months' duration. His attention was attracted to it by the swelling, which at that time (he says) pulsated strongly. It was, however, quite unattended by pain, and it has increased slowly in size. Recently, he has begun to suffer pain of a dull, aching kind in the part, which obliged him to give up work, and to seek admission into hospital. He has never received any injury in the part, or ever strained himself that he recollects.

The aneurismal tumour is about the size of a moderately-sized orange, but more oval in shape, seated above Poupart's ligament, and extending about half an inch below it. A very strong impulse is communicated to the hand placed on it, but no fremissement. Immediately below Poupart's ligament, however, there is a slight fremissement, and on applying the stethoscope a loud single bruit is heard. There is no swelling or œdema of the foot; the circulation is perfectly regular and tranquil, and the heart's action natural.

In consultation with Sir Philip Crampton and Mr. Cusack, it was determined to place a ligature upon the common iliac artery on the right side; as it was supposed there would not be found sufficient room between the aneurism and the division of the common iliac, the external iliac being probably diseased above the aneurismal tumour.

A purgative draught was given on the night before the operation, and a cathartic enema administered the following morning, by which the bowels were well cleared out; an hour before the operation the patient took forty drops of laudanum.

The patient being placed on his back, slightly inclining to the sound side, having the thorax elevated, and the thigh bent upon the pelvis, I commenced the operation (assisted by Sir Philip Crampton, Mr. Cusack, and Professor Porter) by a semi-circular incision, beginning on a line with the last rib, and terminating nearly opposite the anterior and superior spinous process of the ileum, and about an inch and a half internal to this process. Its length was about five inches, and the concavity towards the umbilicus; by this the integuments and superficial fascia were divided; the fibres of the external oblique muscle were then incised in the same direction, and next those of the internal oblique; by which the transver-

salis muscle was exposed. A cautious incision was made through the fibres of this muscle at the lower part of the wound, and a director endeavoured to be introduced under them. This muscle, however, was found to be considerably hypertrophied, being double or treble its natural thickness. On arriving at the transversalis fascia, it also was found to be increased considerably in thickness, and presented almost a tendinous character. A portion of it was raised with a forceps, and cautiously incised; a director was then introduced, and an incision made sufficient to admit the finger, upon which this fascia was divided by a probe-pointed bistoury, both upwards and downwards. No artery was divided in this part of the operation requiring a ligature; the bleeding appeared to be altogether venous.

The peritoneum was now very cautiously raised from the subjacent iliac muscle by insinuating the fingers behind it, and this proceeding appeared to give much more pain than was expected. As the peritonœum was detached, Mr. Porter, with his hand in the wound, drew this membrane and the intestines towards the opposite side; the separation of the peritoneum was continued until my finger reached the upper extremity of the external iliac artery; and the expected difficulty from the protrusion of the intestines was much less than had been anticipated. After a short time I succeeded in getting a view of the vessel, and, as it appeared to be perfectly healthy, its sheath was opened to a small extent, by means of the blunt extremity of a director; and Mr. Trant's aneurism needle was then passed under the artery, from without inwards, without much difficulty; and here the advantage of his instrument was fully proved, for as soon as the eye of the needle appeared at the opposite side of the vessel, the ligature was drawn up by it, which, owing to the depth of the wound, and the distance of the artery from the surface, must have been attended with delay and difficulty, if the common aneurism needle had been employed. A single silk ligature was used, and as soon as it was tightened, the pulsation in the aneurism ceased. The edges of the incision were then brought together by the interrupted suture and adhesive plaster; the patient was placed in bed, and took sixty drops of laudanum. The operation was completed in less than thirty-five minutes.

Eight o'clock, P.M., reaction has completely set in—both lower extremities feel warmer than natural—he has a little thirst. Pulse eighty, and has had some sleep since the operation.

August 27th.—Slept well last night—no pain any where except in the wound—no tenderness on pressure over the abdomen—no sickness of stomach—some thirst—wishes for something to eat—pulse seventy-two—temperature of the ham, on right side eighty, on left ninety.

28th.—Did not rest quite so well last night—was annoyed by distention of the abdomen from flatulence, which occasionally gave him pain—pulse seventy-six—no thirst, nor pain on pressure over any part of the abdomen—the aneurismal tumour appears to be somewhat diminished in size.

29th.—Pulse seventy-two—slept comfortably last night—feels hungry, and wishes for some solid food—temperature of both limbs similar. The wound was dressed to-day; the lower portion has united by the first intention—water dressings and adhesive plaster applied—sutures not disturbed. As the bowels have not been moved since the operation, a little castor oil was directed to be administered immediately, and repeated at intervals, until it operated.

30th.—Bowels moved freely—feels more comfortable since—no tension or uneasiness in the abdomen—the aneurismal tumour appears to be more solid.

31st.—Wound suppurating freely—no thirst—appetite good—temperature of both limbs equal—pulse eighty. Ordered some weak chicken broth.

September 2nd.—He complained last night of pain over the middle sternal region, increased on inspiration. A mustard cataplasm was applied, and this morning the pain is much relieved—his pulse was slightly increased in frequency, about eighty-eight—in every other respect his condition is satisfactory.

5th.—The wound was dressed with charpie to-day—the discharge is abundant, and of a good quality—healthy granulations are springing up from the bottom; the upper and lower portion of the incision have united by the first intention—pulse regular—no thirst—appetite good—has eaten chicken for his dinner the last two days.

8th.—The wound has contracted considerably, and the discharge is diminishing—he sleeps well, and says he has not felt so well since the operation—no pulsation can be felt in the femoral or anterior tibial artery—he eats mutton chop for dinner with appetite.

13th—19th day.—The aneurismal tumour within the last day or two has become painful when pressed about the centre, and its contents at this point are evidently more fluid than before; he also suffers from a feeling of distension in the part, otherwise he is in very good health, eats his breakfast and dinner with appetite, and has been allowed porter for some days. The ligature is not yet loose, and it gives him pain when it is gently pulled.

15th.—21st day.—To-day the dressings were found to be deeply coloured with blood, and, on examination, a small orifice was detected at the inferior angle of the wound, through which a mixture of pus and blood could be squeezed. The aneurismal tumour is smaller and less tense, a portion of its contents having been evacuated in this way.

16th.—22d day.—The discharge of pus and blood continues, but in diminished quantity, and the aneurismal tumour is much smaller. The ligature was gently pulled to-day, when it yielded a little. This proceeding, however, caused, apparently, very great pain, which was referred to the hip.

17th.—A feeble pulsation detected to-day in the femoral artery high up in the thigh; none in the anterior tibial.

18th.—24th day.—The ligature came away this morning without any pain, and was not followed by the discharge of a drop of blood. The wound is very much diminished in size, having filled up by granulation nearly to a level with the skin, except at the point where the ligature presented. His health is very good: he eats heartily, and sleeps well; the aneurismal swelling is diminished in size; but the integuments at one point covering it, are discoloured and thinned, and its contents at this part are very fluid.

REVIEWS AND NOTICES OF BOOKS.

METHODUS MEDENDI; OR, THE DESCRIPTION AND TREATMENT OF THE PRINCIPAL DISEASES INCIDENT TO THE HUMAN FRAME. By Henry M'Cormac, M.D., Consulting Physician to the Belfast Hospital, and Professor of the Theory and Practice of Medicine in the Royal Belfast Institution. London. Pp. 574. 1842.

Under this quaint title we have a very valuable Practice of Medicine, containing a vast quantity of useful information, the result of practical observation and great research, condensed into a middle-sized octavo volume.

Dr. M'Cormac's character as a writer and a practitioner led us to expect a good deal, and we have not

been disappointed. We looked over his book with pleasure and with profit, and think ourselves justified in recommending it to our readers. We would, however, try to convey to them some idea of the work by letting them see the *Preface* and the *Contents*, making one or two extracts to show the style, and perhaps passing a few remarks as they shall occur to us:—

"PREFACE.

"It might be supposed that the number and excellence of treatises on the practice of medicine, should render any addition unnecessary. The science, however, is progressive, and much has been added of late to our knowledge.

"As regards the present work, irrespective of the author's experience, a considerable amount of new and interesting matter, from our own as well as continental writers, will be found embodied. The pathology of many diseases has been simplified, and the diagnosis, it is hoped, further elucidated.

"It has been the intention to condense a large amount of useful information, and to convey it in language at once perspicuous and precise. The labour required to pourtray so great a variety of morbid conditions, and to present a faithful outline of the views of successive observers, has not been inconsiderable.

"Should the undertaking prove in any degree serviceable to the profession, or conduce to the diminution of human suffering, the writer's object will be sufficiently realized."

Such is the Preface—very concise, very unpretending, and very well sustained by the manner and the matter of the work.

"CONTENTS.

"CLASS I.—FEVERS AND FEBRILE ERUPTIVE DISEASES.

"Continued Fever, Intermittent Fever, Yellow Fever. Plague, Cholera, Variola, Rubeola, Scarlatina, Erysipelas, Urticaria.

"CLASS II.—DISEASES OF THE RESPIRATORY ORGANS.

"Laryngitis, Bronchitis, Pleuritis, Pneumonia, Pertussis, Asthma, Phthisis, Asphyxia.

CLASS III.—DISEASES OF THE ORGANS OF CIRCULATION.

"Carditis, Hypertrophy, Cyanosis, Angina Pectoris, Syncope, Aneurism, Phlebitis, Varix, Scorbutus, Plethora.

"CLASS IV.—DISEASES OF THE DIGESTIVE ORGANS.

"Difficult Dentition, Odontalgia, Stomatitis, Glossitis, Cynanche, Gastritis, Muco-Enteritis, Musculo-Enteritis, Sero-Enteritis, Piles, Entozoa, Hepatitis, Splenitis, Pancreatitis.

"CLASS V.—DISEASES OF THE URINARY AND GENITAL ORGANS.

"Nephritis, Cystitis, Urethritis, Syphilis, Anaphrodisia, Metritis, Cancer of the Uterus, Amenorrhœa, Leucorrhœa, Ovaritis, Chlorosis, Hysteria.

"CLASS VI.—DISEASES OF THE ABSORBENT SYSTEM.

"Struma, Lymphatitis, Rabies.

"CLASS VII.—DISEASES OF THE ORGANS OF RELATION.

"Pustular Eruptions, Vesicular Eruptions, Papular Eruptions, Squamous Eruptions, Epizoa. Phlegmon, Anasarca, Osteitis, Arthritis, Ophthalmia, Amaurosis, Otitis, Œzena.

"CLASS VIII.—DISEASES OF THE NERVOUS SYSTEM.

"Phrenitis, Apoplexy, Myelitis, Neuritis, Paralysis, Epilepsy, Mania."

We have given the contents at full length (they are not very long) to show the classification which he has adopted. It does not differ much from that which is used by our Professor in the Dublin College of Surgeons. The organs are arranged according to their functions, and then their principal diseases are treated of in order.

The organs of respiration, circulation, &c., form the basis of the classes, and the derangement of the organs is then brought before us, pretty much in the order that an anatomist or physiologist would adopt in describing the healthy structure or functions of those organs. Seven of the classes are thus accounted for—the other (the first) is formed of fevers and febrile eruptive diseases, which cannot be referred to any particular locality. We think these classes are very well chosen, but we would object to the disposition of some of the affections under these heads. We think cholera would be better in the fourth class, and urticaria in the seventh. We do not see why scorbutus should be in the third class, or chlorosis in the fifth, or rabies in the sixth, or anasarca in the seventh. But we do not dwell on these matters as of much importance. Dr. M'Cormac does not assign any reason for his choice of classes, or genera. In fact, he does not give a single word beyond what we have quoted, no explanation, no apology, but enters at once on the description of disease, thus—

"CLASS I.—Fevers and febrile eruptive disorders.

"I.—Fever, typhus.

"Fever may be preceded by sound health or previous indisposition. Weakness, inappetence, and disturbed sleep, are usual premonitory signs. Prior acts of indiscretion, undue exposure, or excessive exertion, are not unfrequent. In some, the excitement is great and protracted; in others, brief and feeble: many are stricken down at once, while a few pursue their wonted avocations for days. After the disease has fairly set in, the most powerful frame and vigorous mind in vain resist its influence: the energies of both, for the time, are effectually subdued and broken.

Headache, giddiness, and shivering, followed by a quick pulse, hurried respiration, hot skin, muscular debility, sighing, yawning, and despondency, are phenomena attendant on the invasion of fever. A few, though warm to the touch, complain of extreme cold. These manifestations, however, vary with the constitution and previous health of the patient, the season and period of the year, as well as the manner in which the disease has been contracted. The cephalalgy is often oppressive; in the plethoric, there are stupor, weight, and throbbing in the temples. The eyes are suffused and tearful, occasionally red and injected, the mouth hot and clammy, the tongue white, the point and margins, perhaps, natural; at the same time, the breath is heavy and offensive, there is a bad taste in the mouth, and, perhaps, a stench in the nostrils; the thirst is commonly urgent. During the first period, the surface is red and dry; there is often considerable cutaneous transpiration; but, in more advanced stages, the skin is either wholly locked up, or covered with a tenacious moisture, while the temperature is so pungent as to obtain the name of *calor mordax*. The countenance is heavy and meaningless, or sorrowful and apprehensive; sometimes, the patient is dull and taciturn; or hilarious and talkative. As the disease goes on, individuals, at other times vigorous, become incapable of the slightest effort; the posture is commonly supine, and the patient, perhaps, slides to the foot of the bed. Yet, should the nervous centres become implicated, persons, seemingly overwhelmed with debility, will display a delirious animation, and even make efforts, that call for forcible repression. Now, or earlier, one or both parotids inflame, and, perhaps, suppurate; at the same time, some of the more important viscera may be implicated. Though the disease be styled continued, there are partial remissions towards morning, which, after a few hours, give place to the evening exacerbation. These remissions are most obvious at the commencement, and towards the close. Sometimes, after one so prolonged as to suggest recovery, the malady resumes its previous violence, and runs, as it were, its course afresh."

This quotation will serve as a specimen of the author's concise and comprehensive style. His research may be judged of by the following:—

"Lesions after death are not constant; I have often not discovered any, or any adequate to the production of death. Of those dying of what are termed essential fevers, observes Andral, the small, and, more frequently,

the large intestines, are exempt from every change. Louis, Dalmas, Cayol, Martinet, and Bouillaud, all record fatal instances without any local affection. The mucous membrane of the small intestines, writes Louis in one instance, likewise the cleptic plates of the ileum, were free from all traces of alteration. Bouillaud and Chomel, and others, aver that the digestive tube was perfectly healthy; and Alison, Neumann, Gerhard, and Lombard, make similar admissions. Marks of gastric disease are far less frequent than the affirmations of Broussais, Bouisseau, Roche, Stokes, and others, would imply. Commonly, there is no departure from the healthy state; sometimes, there is slight discoloration, occasionally, softening and ulceration of the inner surface; alterations, however, not confined to fever, and very equivocal indications of inflammation * * *

"The abnormal development of the mucous follicles of Peyer and Brunner, along with enlargement, induration, or softening of the corresponding mesentric glands, are frequent occurrences in fever. These glands have been seen as large as a pigeon's egg, perhaps soft and tending to suppuration, of a red, violet, or blackish aspect. Louis found one near the cœcum, which had undergone purulent conversion by the forty-ninth day; and the parieties were so thin, that rupture and effusion, had the patient lived, could not have been remote. The glands contiguous to the altered plates, are those principally affected. Sarcone, Rœderer and Wagler, Prost, Broussais, Petit and Serres, Andral, Bretonneau, and Louis, describe the alterations here adverted to, while they are portrayed in the plates of Baillie, Cruveilhier, Carswell, Hope, and Bright. The plates or agglomerated follicles of Peyer, when affected with disease, are of an oval form, often apparent through the coats of the intestines. The term dothinenteritis, meaning pustular enteritis, has, in such cases, been applied. The cœcum and close of the ileum, being the principal seats of the plates, are parts mostly affected: the isolated follicles, or those of Brunner, may be similarly implicated. * * * * *

"Worms are a coincidence not uncommon in fever, but, contrary to popular estimate, the disease rarely, if ever, owes its origin to them. Lumbrici are expelled, occasionally, alive: Rœderer and Wagler drew attention to the prevalence of the trichuris in the epidemy at Göttingen. Striking changes are undergone by the spleen, hypertrophy and softening, sometimes excessive, more especially. This organ is even more frequently implicated in continued, than periodic fever. Structural changes are not discernible in the liver: neither Bouillaud nor Andral lay any stress on such. Louis and Chomel, indeed, once detected softening so considerable, as to admit the finger on pressure. Hepatitis is adverted to in Barker and Cheynes' Account, but seems to be inferred from the symptoms, rather than demonstrated after death. Nephritis has been observed, but the kidneys are rarely affected. Bouillaud is one of the few modern writers who refers a form of fever, angeio-carditis, to inflammation of the great vessels. The sanguineous tinge, however, on which he could found it, as demonstrated by Trousseau and Rigot, is of cadaveric origin. Imbibition, indeed, is readily induced by immersing portions of aorta in blood. The heart has been found soft, while fibrinous concretions have been detected in its cavities. In a few instances, the epiglottis and larynx ulcerate, and are deprived of their cartilages. The bronchial lining, perhaps, is less frequently affected than the pulmonary tissue, but the dark red swollen aspect of the former, as Tweedie remarks, is different from the pale pink hue of health. Hepatization of the lungs, unfortunately, is not rare, but it seldom goes the length of the grey stage, unless the inflammation, as in lobular pneumonia, be confined to a small portion of the organ. Sometimes the lungs are congested so as to resemble spleen, and so soft, as not to resist the pressure of the finger. Infiltration of the air cells with a frothy or bloody mucus, has also been noticed. The tissues, even before death, occasionally lose their vital resistance, so that different fluids transude; hence accumulations of blood and serum, as well as the hypostatic pneumonia signalized by Piorry. Analogous cadaveric changes are regulated by the prone or supine position of the remains Nothing is more common than are sanguinolent effusions after typhus, in the pleura, pericardium, peritoneum, and ventricles. The integuments, likewise, are commonly infiltrated.

"Notwithstanding the opinions of Clutterbuck, Marcus, Percival, Mills, and Smith, as to phrenitis being always or often the point of departure in fever, it would be difficult to gather, even from their works, evidence of its frequent occurrence. Pathologists, indeed, are at variance as to what constitutes cerebral inflammation, the appearances considered conclusive by one class, not being so regarded by another. Granting with Chomel, the frequency of functional disorder, we must coincide with him, that the organ in question is one in which structural mischief is rarely discoverable. Louis and Andral make similar admissions in equally decided terms. Injection and infiltration of the arachnoid and pia mater, softening of the brain, and bloody points on making a section, are the alterations usually insisted on. Those copious adhesions and effusions, the modifications of texture, and purulent deposits indicative of decided inflammatory action, are rarely met with.

"Our knowledge of the pathology of fever is unhappily limited. After describing the complaint, its varieties, complications, and making a few inferences beyond, little remains to be said. We know nothing of the indoles of the complaint, or its proximate cause—why it lasts a given period, and then declines. Fever is a disease of the whole system; it affects the solids and the fluids, the organs of digestion, circulation, respiration, and relation; it affects the body, and it affects the mind. It is a disorder with peculiar characters, often propagating itself by a poison, which, not unlike a leaven, sets up a new series of actions in the system. In other respects, individuals are variously affected: in some there is inflammation, in others none; some get better and recover, while others grow worse and die. The intestinal follicles are inflamed in one person, the lungs in another, while the brain is affected in a third A few perish in whom there is no discoverable lesion, while others gain health and strength in cases where organic derangements have been numerous and severe. As fever pursues its course, there is progressive deterioration of structure and function; yet, for all this, when the disease is at its height, when destruction seems to impend, it quickly or slowly takes a turn, and all does well."

Our author renounces the division of continued fevers into synocha, typhus, and synochus—or into nervous, gastric, and soforth—he considers that "all known varieties run into each other, and that every modification may present itself concurrently or successively in the same individual."

"Pinel, commencing his Nosography, observes that an immensity of writings have appeared on the subject of fever, some confined to the sterile language of the schools, and worthy of eternal oblivion, others filled with changeable theories or stuck out with vain therapeutic formula; for all this, however, he proceeds to treat of fever under innumerable heads. Many writers indulge in similar prolixities, and though far from denying varieties, I do not think they indicate the fundamental distinctions they were meant to point out. Pneumonia, dysentery, variola, and rubeola, might, with almost equal propriety, be submitted to similar divisions. Some would distinguish typhus, from typhoid fever, confining the latter to large towns, as Paris, and referring the former to the febris bellica or castrensis, and the Kriegspest of the Germans. Lombard and Gerhard insist largely on this, and affirm not merely that typhus and typhoid fever are distinct, but, that the latter is not contagious, and that it presents exclusively, the pustular alteration of the follicles or dothinenteritis, already signalized. No such distinction, however, subsists; all known varieties run into each other; every modification may present itself concurrently or successively in the same individual, and similar alterations are met with in all. The brain and nerves, in what is styled nervous fever, the stomach and bowels in gastric or mucous, the liver in bilious, and the blood-vessels in inflammatory fever, severally, exhibit no peculiar alterations. The great frequency and fatality of fever have induced writers, with a very contrary object, to create divisions that merely serve to obscure the subject. * * * * * * *

"Those writers, who, like Pinel and the Franks, divide fever into numerous varieties, complicate and embarrass the treatment. According to such, we no longer have a given malady, with certain symptoms and complications to deal with, but a number of distinct affections, bearing such epithets as mucous, nervous, putrid, adynamic, ataxic, and typhoid. I would not advocate a simplicity that nature did not sanction; but assuredly, fever does not present varieties more numerous than most other diseases."

There is much truth in these remarks.

The following observations are humane and judicious:—

"As regards the prophylaxis, our knowledge exceeds our practice. In fact, the community have neither information nor sympathy adequate to prompt the proper steps. Medical men may recommend measures, but cannot ensure their adoption. Were the zeal which prevails during general sickness, sufficiently active at other times, the annual mortality would be greatly lessened, and epidemics, probably, prevented altogether. Fever does not spread under ordinary circumstances; but should there be a succession of bad harvests, with damp, cold, and destitution, its progress is rapid and frightful. During the Irish epidemics, those who had steady employment escaped, a fact which speaks volumes. As points of contact multiply with the extension of the disease, there is no cessation of its ravages, till the majority of the susceptible be affected, or till a more favourable period arrive. When fever spreads, it is among the poor, the destitute, and the toil-worn: it is from them that it unfortunately originates; for who ever heard of an epidemy springing from, or confined to the rich? We should sedulously avail ourselves, therefore, of all the expedients which ingenuity and philanthropy have devised to better the condition of the poor, and to prevent the origin and dissemination of the complaint. Provident societies should be encouraged, and useful information diffused; while a code of health, intelligibly and concisely drawn up, ought to be circulated. A sanatory police might be made the instrument of much good. Towns should be drained, cleanliness enforced, ventilation ensured, and water liberally supplied. Baths, warm and cold, should be established on a large accessible scale. Drunkenness, by every direct and indirect means, should be repressed; and, as one of these, the duties might be lowered on wines and groceries, and increased on raw spirits. The cheap, and comparatively wholesome stimulus of the one, might replace, with every advantage, the pernicious excitement of the other."

But we are quoting too freely from this interesting work for our very limited space, and must hasten to a close. We intended to make selections from different parts of it, but this is now impossible. Enough, perhaps has been done to enable our readers to form a judgment of it. The style, it will be seen, is very concise. It is at the same time very lively, and for the most part clear, but it sometimes, in its studied brevity, becomes obscure, and contains unusual expressions—for example, "expectoration, sparse and limited." "In those who died during the algid period of cholera, &c."—"In chronic cases little else than regimenal measures are available." "Zealous teachers, unaware of the laws of the human mind, and ill-provided with discretion, announce with too little qualification the terrible dictum—believe and be saved, or disbelieve and be damned. Belief is involuntary, but what wots the unhappy victim?" We would also criticise some of his hypotheses, as the following, to which we think neither the symptoms nor the exciting causes give support.

"As for spasm of the bronchial muscular structure, described by Reissessein, the hypothesis is uncertain as the structure in question. Laennec's curious experiment of inspiring gently, so as to take the spasm, as he phrases it, by surprise, is in no ways confirmatory. In fine, there is not a shadow of proof, either that air does not permeate the minute bronchi, or reach the terminal cells. If I might venture on an hypothesis, I would signalize asthma, apart from structural change in the organs of circulation and respiration, as neuralgia of the lungs, in fine, pulmonary neuralgia; just as angina pectoris, so long misunderstood, is neuralgia of the heart. This view would resolve many difficulties connected with the patholgy of asthma, at once simplify the phenomena of the disease, and include the latter in the widely-extended family of cognate maladies. The disordered respiration, might naturally enough be referred to instinctive desire to get rid of the intolerable pain and oppression; just as tumultuous and irregular motions in the heart ensue in angina pectoris. If the bronchial tubes remain patent, and that they do so the sound of expiration, so obvious on applying the stethoscope, amply proves—and, further, if the powerful inspiratory muscles retain their energy, and that they do so, any one who will look at an individual labouring under asthma, may readily convince himself, the inference seems clear, that the disease is a neuropathy, a form of nervous suffering—in fine, a neuralgia."

But, although we cannot pronounce this work blameless, and it is confessedly not a complete practice of medicine, (as the preface and the contents acknowledge,) still we do not hesitate to repeat our recommendation of it to our readers—not, perhaps, to students, for it is not sufficiently explanatory, and elementary, and systematic for them; but to such as are actively engaged in the practice of their profession, and who have neither time nor money for voluminous works. It contains a great quantity of useful information in a small compass—there is no time lost in disquisitions—no room wasted in type or margins. It was not got up by a bookmaker, but by an able physician, anxious to put forth a cheap volume that would be "serviceable to the profession, and conduce to the diminution of human suffering."

A TREATISE ON MINERAL WATERS, with particular reference to those prepared at the Royal German Spa, Brighton. By J. C. FRANZ, M.D., M.R.C.S. London. Pp. 156.

This little work, the author informs us, is intended principally for general readers; it furnishes a succinct account of the properties, virtues, and mode of administration of the factitious waters prepared according to Struve's method, and which purport to resemble, closely in composition and efficacy, the celebrated German springs. Although we do not advocate the principle of encouraging patients to undertake the treatment of their disorders on their own judgment, we may observe, that the treatise before us furnishes some useful hints and general directions, suited to the perusal of such as require the adoption of these powerful, and (amongst us) not sufficiently estimated remedies.

REV. E. THACKARAY, TO LORD ELIOT, ON THE MEDICAL CHARITIES' BILL.

TO THE EDITORS OF THE MEDICAL PRESS.

Vicarage, Dundalk, September 9, 1842.

GENTLEMEN—The enclosed letters, addressed to Lord Eliot during the last session of parliament, will explain the object I have in transmitting them to you. If you are of opinion that these letters will call the attention of landlords and gentry *of every creed* to the consideration of the bill now before the public, and that the thoughts contained in them deserve their attention, you will, I am sure, give them a place in your columns.

My opinion on this subject, as heretofore given, is in no way altered since I have read the proposed bill,

and I hesitate not to state, that I cannot conceive a step could be taken more injurious to that cause, which all of every station ought to have at heart—a sympathy, such as the present course, is calculated to establish and preserve, between those in health and wealth, and those in sickness and distress, of every religious persuasion; and such as will be annihilated so soon as the proposed bill, if carried, will have had time to work this great evil.

In one of my letters I stated to Lord Eliot that the information possessed by government is insufficient to enable it to judge aright in this matter. I have before me a document respecting the hospital of Louth, made, I believe, in 1839. At that time other establishments throughout the country were also visited and commented upon by the same individual. It is supposed that upon these statements the government formed their judgment, and came to the determination of making such a change in the whole system as I conceive is embraced, though not altogether expressed, in the bill proposed.

I have heard complaints of these statements from various persons connected, as governors, with other county hospitals; but I am bound, in justice to the course pursued by the governors of this (Louth Hospital) to declare, that I cannot understand how such a misrepresentation of facts and motives could have been offered to the public.

The good that I expect will result from the production of this bill, is great indeed. It will induce every governor or trustee of county hospitals and dispensaries to consider what has been done by themselves, and what it is proposed shall be done through other and paid agency, on the supposition of their own deficiency—I had almost written *delinquency*—the result, I feel confident, will be at their meetings before the next session of parliament. Each body will convey to their respective representatives in parliament their objections to such an alteration as is contemplated by the proposed bill, and thus the subject will pass from before our legislators; but not from the services and continued contemplation of landlords, gentry, and the well-disposed of this country. They who have taken an interest in these matters from convenience, position, or any other cause, more than others, will not slacken their labours, or sleep on their posts; and others, who may have not felt sufficiently the importance of these eminently useful charities, will be more ready to contribute and glad to watch over their well-being.

I can bear testimony to this important fact—that as regards these establishments, so far as they are known to me, charity is of no party. May no invasion of the duty or privileges of all who can afford to become contributors, governors, and trustees of these invaluable institutions, deprive us of this neutral ground, and diminish our opportunities of working together for good.

I am, gentlemen, your obedient servant,

ELIAS THACKARAY, Vicar of Dundalk.

Chester, March 9, 1842.

My Lord—I observe in the papers that a bill is about to be introduced into the house intended to regulate the medical charities of Ireland.

Permit me to enclose to you the report of the governors of the County Louth Hospital, assembled last month, and to request of you to examine the report of the medical assistant poor-law commissioner, Mr. Phelan, on whose reports it may be likely the proposed bill shall be founded.

I will not speak of establishments, of which I have not personal knowledge, further than to assure you, that in other counties of Ireland, similar complaints have been made (I speak on the authority of those whom I ought to believe) *of the first statement* made by the same person some years back, and that it is considered *more information* is necessary than the public yet possesses through his representations, to enable it to decide upon the *actual state* of these establishments, or upon the mode in which they might be improved for the benefit of the country.

A false step in legislation we have proof cannot easily be retraced, and I cannot easily conceive a more injurious one, as regards public charities in Ireland, than that which, in place of stimulating landlords and other gentlemen (residing in town or country of every view as regards politics or religion) to increased vigilance and care for the poor of their districts, shall have the effect of disconnecting them with these institutions; and here I might add, take from under their feet the almost only neutral ground left to them in these times of excitement and agitation on which they could meet in good will towards each other. Their object in meeting being charity towards their humbler and afflicted neighbours—feelings which I never saw for a moment interrupted in the district in which I reside, through a course of near forty years, and during seasons of cholera, and typhus, when meetings were held almost daily for months together.

The general opinion in the district in which I reside is, that the dispensaries of the county will be placed under the guardianship of the poor-law commissioners; and with some, that county hospitals will, in a greater or less degree, be subject to their control.

I shall advert first to the latter of these charities, because the most important.

In the county hospitals, at least in that of Louth, very many poor persons, male and female, most gratefully avail themselves of these establishments in the hour of sickness and accident; very many who would pine away even to death in their own houses rather than seek an asylum in houses connected with *direct pauperism*. I think I cannot be mistaken on this point; and my earnest desire is to see this just feeling among the humbler class of our neighbours improved, and not deteriorated; and that the tie between the richer and the poorer of the community, be strengthened, not weakened—and I think that there is no nearer approach to the heart of a poor Irishman, than sympathy with him in the hour of his suffering, or that of his wife or child.

This bond of union in our society would be broken by removing from the more prosperous the *superintendence* of public charities; and numbers now partaking of the good they offer, would deprive themselves of the benefits they present to them, because they feel they had not fallen *so low* as to be of that class which should be numbered directly or indirectly under the guardianship of the poor-laws.

It may be asked, perhaps, is their such superintendence by the gentry of the counties to those institutions, as that reliance may be placed upon their sufficient protection of them?

The answer may be found in the accompanying report, or rather in the statistics (I believe that is now the term) which accompany it. It is true that some, from the conviction that there is sufficient vigilance on the part of those who may reside more conveniently near, may not feel it necessary to attend, except when more particularly summoned, and then the same report will show that there is no deficiency in attendance on the part of governors.

But what will be the benefit to the public by the change which is supposed?

At present, all donations and subscriptions from governors are in aid of the grant made by the grand

jury; now remove the gentry from such superintendence and duty—donations and subscriptions will cease altogether, and the whole weight of expense to be incurred for these charities must fall upon the landholders; and this applies more strongly in the case of dispensaries than of county hospitals; for the aid given to dispensaries is only in the *exact proportion* to the voluntary subscription of the well-disposed around. It is difficult to see how the change (which is supposed) namely, the transferring these establishments from the care of those who voluntarily give one half for their support, and who witness the sufferings of those around them, into the hands of strangers perhaps to the immediate district, and to medical commissioners whose visits must be "few and far between," can be an improvement upon the present system. Correct what is amiss in us—stimulate us to new and increased exertions; but I entreat of your lordship to weigh well any change that shall remove from us the responsibility of protecting and fostering our charities for the sick and maimed; that shall, by causing donations and subscriptions to cease, throw the whole weight, where it is *not now*, on the landholders; and by so doing, diminish the attachment and connection which ought to exist between all classes of our community, and which I feel certain may be strengthened by every arrangement that shall bring them more in intercourse with each other, and particularly in the hour of sorrow and of suffering. I hope your lordship will find my excuse, *in my subject*, for so long an epistle. I am a stranger to you, but I think not to the subject on which I am writing. I hope you may be induced to declare the object of your proposed bill, and let it stand over till the next session, during which period the gentry of Ireland may have time to consider the system of medical charities as they are now conducted, and that which your bill shall propose; but I think it quite impossible that the public has sufficient knowledge upon this matter to legislate at present, if the only source of information possessed by it, is that which has been given by the medical poor-law commissioner, as far as I have had of judging; and that you may ascertain whether I am correct or not, I beg of you to read the report which accompanied this, and the *few meagre lines*, he has written respecting the Louth Hospital after his visit to it, and his interview on that occasion, with, I think, sixteen governors assembled to meet him, in order to give him every information, and in return to ask it from him.

I have the honour to be, my Lord, your obedient servant,

ELIAS THACKARAY.

Right Hon. Lord Eliot, Irish Office,
London.

Vicarage, Dundalk, April 20, 1842.

My Lord—I had lately occasion to trouble you with my thoughts on the subject of the medical charities of this country, as regarded these establishments in country districts, and more particularly the county hospitals.

In support of my opinions affecting these latter, I forwarded to you the last report of the governors of the Louth Hospital, and a general view of it for the last seven years, that you might judge of its workings, *not under* the apprehension of parliamentary or medical inquiry, but under its usual guardianship—the gentry of the district—of those who ought to be its natural and most efficient protectors.

Very lately the annual meeting of the subscribers to the Louth Dispensary took place, and it occurred to me it might be useful to transmit to you our report respecting this charity also, together with an outline of its expense, working, and usefulness, not only during this year, but generally for the last seven: and for the purpose above stated, I hope to be able also to forward to you a similar return of the dispensary of Forkhill—the only other dispensary with which I have any connexion, and therefore of which I can speak under responsibility and with certainty.

Since my first communication with your lordship on these subjects, I have availed myself of the opportunities (and many have offered) to draw the attention of gentlemen to the subject of hospitals and dispensaries; and the opinion expressed by every one of them I think was, that they hoped the bill proposed would be printed and circulated through all parts of Ireland; and that time would be given to all interested that they might examine into the present state of these valuable institutions—consider what improvement might be made in the management and guardianship of them—and compare their present and improvable state with any system that might be contemplated by the supposed bill, which shall have for its object the placing the care and responsibility of these houses of charity in other hands than those to whom they are confided at present—persons, some or other of whom are always resident in the neighbourhood, to correct the misrepresentations of patients to the injury of the medical officer, who may have the charge of these institutions; and prevent neglect, should there be danger of it, on the part of the medical officer towards those confided to his care.

I find also that the total separation of dispensaries from the hospitals of the district could not but be injurious, and that it is thought a mode might (and not with much difficulty) be discovered, whereby the latter (hospitals) might be made available to the poor of the district, where diseases require closer attention, and other benefits *in food*, &c., than it is within the reach of dispensaries to afford.

I am desirous not to intrude upon your attention more than seems to be unavoidable; all I shall add is this, if the observations I have felt it my duty to offer to you on the subject of hospitals and dispensaries, shall induce you to lay your bill for medical charities &c., before parliament, and have it printed and transmitted to the treasurers of county hospitals and dispensaries in Ireland, leaving it for their serious consideration and examination, until the next session of parliament, I shall feel convinced that I have done the most valuable act of usefulness that could be within my reach, as an inhabitant of a country to which I owe a debt of obligation, that it is impossible I should ever forget so long as I have the power of recollection.

Calculating upon the usefulness of dispensaries, by those with which I am connected, I cannot easily conceive how they can be more beneficially conducted, and at less expense to the public. Our course of supplying, annually, a return of the various diseases, if made general, might, in the hands of able medical investigators, lead to the most useful results, by exhibiting the diseases peculiar to different districts, from the varieties of soil and of elevations connected with them. The more I inquire, the more I am convinced that you have not sufficient data upon which to make the alterations supposed. All I ask is, that there may be time for consideration of the bill *on this side of the water*, and no evil can result from the delay of a session.

I have the honour to be, my Lord, your obedient servant,

ELIAS THACKARAY.

Right Hon. Lord Eliot, Irish Office,
London.

Vicarage, Dundalk, May 7, 1842.

My Lord—I beg leave to acknowledge, with my

best thanks, the courtesy with which you have received my communications on the subject of hospitals and dispensaries in this country.

I had occasion to go to Dublin this week, and I find there the subject of these institutions one of general discussion; and, as far as I had an opportunity of learning, the general view was in accordance with that I stated to you from my own experience and conviction.

To some, on whose judgment and discretion I could rely, I showed the communication I had made to you, and it was their desire that I should insert it in some paper in which such documents are received, and so let it reach the public for consideration; as they suppose the subject yet to be brought before parliament, and they think the sentiments I have expressed will generally meet the concurrence of all concerned in the welfare of hospitals and dispensaries throughout the island; and a confident hope was further entertained, that if there be districts in which these institutions have been too little regarded or superintended by the natural protectors of such establishments—the proprietors of land, the wealthy, &c., of the country—(whether residing in it or not) their attention being drawn by various ways to this important duty might occasion a more anxious care for them in future, and thus not only prevent an alteration (and which nothing could justify but the neglect of their natural guardians) but stimulate them to increased exertions in their care of them.

After the kind reception you gave to these communications, I do not feel myself quite at liberty to accede to those wishes of the individuals referred to, in giving publicity to letters addressed to you, though I am not without hope they might operate in some degree in the way they suppose.

Should you be of opinion that I might comply with their views on this subject, the only use I shall make of your replies would be to express my acknowledgment for the kind reception you gave to the letters which caused them.

I am certainly deeply interested in this question, from witnessing how well these establishments may be conducted under the present system, if fairly worked out; and from the conviction that the plan, said to be under consideration, of placing them in other hands than those of their natural guardians, must be one, if attempted, which will be a failure in all the ways my former letters have suggested.

I think it quite impossible that I can be under a mistake as to the sentiments of all parties on the subject of these charities *to the extent I have given*; and that the deferring to consider the subject until another session, will be universally approved of as a judicious proceeding on the part of government.

I have the honour to be, my Lord, your obedient humble servant,

ELIAS THACKARAY.

Right Hon. Lord Eliot, Irish Office,
London.

Vicarage, Dundalk, May 13, 1842.

My Lord—I beg leave to return you my best acknowledgments for the favourable manner in which you have received my communications, as regards hospitals and dispensaries in this country, and to express my joy that you view them as a subject of so great importance, and that these are still under the consideration of her majesty's government.

From what I hear, and what I read in the papers, there seems reason to hope, that the plan, which should take these establishments out of the care of the natural protectors of such charities—landlords, clergy, &c.,—and place them under the poor-law commissioners and guardians (if it ever were contemplated) ceases to be so at present.

If I am correct in this hope, I have no occasion to leave my retired path, and appear before the public as an advocate for a cause that is not in danger.

I have stated in my former letters to your lordship all that nearly forty years of experience, some reflection and opportunities almost daily taught me, on the subjects of these establishments; yet, what is more to the purpose, I have also transmitted the reports of the Louth Hospital, and its working for the *last seven years*, and for the same period, those of the two neighbouring dispensaries, with which my position here has necessarily brought me in connexion. *In these*, evidence is supplied of the usefulness of such establishments *that is irresistible*. It is quite possible, however, that this usefulness may be further extended, and I hope you will permit me to suggest in what way, without making such deviations from the present system, as shall convert these establishments into asylums of absolute pauperism, which would exclude many who are now very glad to avail themselves of these charities, as at present conducted, and to whom they are absolutely of great importance; and if to them, they must be so to the community at large. I conclude, too, that this evil must follow—the race of what are termed empirics in the county would be reinstated; and they who remember the influence and the injury which the public sustain by them, must earnestly wish that no opportunity may be given for their re-establishment.

I have stated that the usefulness of these asylums of charity may be made more extensive, and I think in these two ways—

First—I would connect more closely dispensaries with public hospitals, by making the former *branches* of the latter (this I think was the original intention.) Now, many patients are recommended by governors to hospitals who, when arrived there, are not fit objects for admission. Much, therefore, of expense, and pains, and certainly of disappointment, is the consequence of their *non-reception*.

On the other hand, it often happens that persons, fit and proper objects for hospitals, are excluded from the benefits of an hospital, because the medical officer of a dispensary does not feel it within his office to give a certificate which would make it an object with an hospital governor in the neighbourhood to recommend them for admission.

These difficulties, I conceive, might be removed by connecting more closely dispensaries with hospitals, in effecting which I cannot see any obstacles that may not easily be overcome.

The other mode by which I conceive the usefulness of hospitals may be extended is, by granting the privilege of admission to patients from parishes (where the county hospital, properly connected with it, may be at an inconvenient distance) into an hospital of the adjoining county. Nor do I see any difficulty in such an arrangement; where such a point was agreed upon in a parish, the grand jury might transfer that portion paid for the support of an hospital to the treasurer of that institution into which its patients were admitted. Thus, I think, all the advantages would be secure to poor sufferers from disease, which in reason could be expected from such charities.

The questions respecting these establishments now raised, will, I have no doubt, prove one of very great benefit, by calling forth the attention of many under whose consideration these establishments may not have been hitherto sufficiently brought as regards their vast importance; and now, concluding that the care of them must always form a part of the gratification, as well as of the duty, of the gentry of Ireland of every creed, whether resident or not, and

praying that it may never be taken from them, I beg leave to thank you for the courtesy of your replies, and to subscribe myself,

Your obedient humble servant,
ELIAS THACKARAY,
Vicar of Dundalk.

Right Hon. Lord Eliot, Irish Office,
London.

TO THE EDITORS OF THE MEDICAL PRESS.

Manorhamilton, 17th Sept., 1842.

GENTLEMEN—My attention was attracted a few days ago, by a letter in the MEDICAL PRESS of the 31st ult., complaining warmly of the poor-law commissioners for not ratifying the appointment of a naval surgeon to the Manorhamilton Union Workhouse.

Might I beg to ask the writer (who, I believe, is personally interested,) did he ever obtain a diploma from any College of Physicians, Surgeons, or Society of Apothecaries, in the empire. Also, how many courses in medicine, surgery, &c., did he take during his professional education. Or is it only from a warrant granted him, some forty years ago, by a Naval Medical Board, to act as a supernumerary, that he assumes the rank of surgeon.

In conclusion, I would say, that the commissioners have acted most honourably in this affair, by refusing to confirm the appointment of one who appears to hold no legal qualification.

Publicity for these remarks, in your next PRESS, will much oblige, yours faithfully,

A MEMBER OF THE MEDICAL ASSOCIATION.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, SEPTEMBER 15.—Council met.

R. Malcomsom, M.D., of Kingscourt, admitted a member of the Association, and the Treasurer acknowledged the receipt of 10s. his subscription.

Also from Dr. Burkitt, of Tallaght, 10s. renewal subscription.

Do. do. 10s. Secretary's Fund.

TO CORRESPONDENTS.

Communication signed "Medicus," came too late for the present number. It shall appear in our next.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, SEPTEMBER 21, 1842.

MEDICAL CHARITIES' BILL.

"Until we have gotten some hold of the country in this way, I do not see how we can deal effectively with the medical charities."—*Nicholls' letter to Lefevre.*

IN our last, we endeavoured to make our readers acquainted with the nature and extent of the powers enjoyed by the poor-law commissioners, and we have now to explain how far they propose to make their powers, with additional authority, available for the purpose of governing the medical charities. We do not commence with allusions to the clauses in the order in which they stand in the bill, but direct attention at once to those which embody the essential provisions. Every one must see that the document has been studiously and ingeniously contrived to keep the obnoxious provisions out of view, and to place the less objectionable ones in a conspicuous position.

Our readers are, we conclude, aware, that the medical charities of Ireland are established and maintained by various statutes passed within the last fifty or sixty years. The bill before us, does not, however, as is usual in such cases, declare in the preamble, that these statutes are bad or insufficient, and that others should be substituted for them; neither does it provide in the first clause for their repeal; it merely declares that "it is expedient to provide for the better regulation and support of medical charities in Ireland;" and very quietly, in clause thirty-six, declares that, "when the *said commissioners* shall, by and with the consent of the said Lord Lieutenant, have, *by their order*, declared any dispensary (or fever hospital) district to be fit for the administration of medical relief to the sick poor, it shall be lawful for the said Lord Lieutenant, if he shall so think fit, to direct by his warrant, that so much of the provisions of *all general and local acts* made before the passing of this act, as shall in any way relate to any dispensary or fever hospital, or to any *presentment, tax, or contribution*, in respect of any dispensary or fever hospital in such district, *shall cease and determine.*" Here, then, is the provision for getting rid of the grand jurors, and with them of the influence of the gentry, and substituting the poor-law guardians with the commissioners. The dispensaries and fever hospitals are, by clause forty-three, in future to be supported out of the poor-rates of the electoral division in which they are situated, and the amount of support is to be determined as follows:—By clause forty-six, the governors are at the end of every six months to prepare an estimate of the sum requisite for defraying the expense, which is to be *laid before* the poor-law guardians of the union; but is this estimate to be adopted by them? or are they to have a voice in the matter? No such thing. On first looking over this bill we were at a loss to discover where the power of declaring the amount of support to be given was placed. We knew that by the present law, the grand juries grant funds in proportion to the subscriptions, or according to expressed provisions in statutes; but in this bill we could find no clause to settle that most important matter. On looking more closely, however, into it, we found in clause nine, that the commissioners had, *en passant*, and, as if it was quite a matter of course, reserved to themselves this duty. By this clause it is provided, that they "shall make all such orders" "*for regulating the expenditure for the medical relief of the sick-poor*, as they shall think proper;" thus taking an unlimited power of taxation, and an equally unlimited power of denying relief. It is true that the consent of the Lord Lieutenant is required to give validity to these orders; but every one knows that in the routine of business, such consent becomes a mere matter of

course, and moreover, this clause is so ambiguously worded, that we have great doubts whether his consent is necessary at all. Here, then, is a precious specimen of the present spirit of legislation, and the principles and views which guide such legislators. By the present law, the amount of support is first checked by a numerous body of governors, then by the rate-payers at presentment sessions, and finally, by twenty-four grand jurors: by the proposed law, one man in a public office in Dublin settles the matter with a stroke of his pen. Now, the people taxed have some control over the amount of taxation; by this bill all they have to do is to register the edicts for the levy of the money, and to pay it.

The source of income being settled, the authors of this bill next proceed with the utmost composure to dispose of the property of the existing medical charities, never for one moment troubling themselves to doubt their right to appropriate it to their own use, and to deal with it as best suits their purposes. Clauses thirty-three and thirty-four provide that, "when any dispensary or fever hospital district shall have been declared, every dispensary or fever hospital theretofore, either wholly or in part supported by grand jury grant, or by any compulsory rate or contribution, situate within the limits of such dispensary or fever hospital district, and all lands, tenements, hereditaments, and chattels, real or personal, belonging thereto, and the produce of any such grant, rate, or contribution, shall vest in the governors of such dispensary district," such governors being previously provided in another clause, and the present governors being extinguished. This certainly is very free and easy; but we should be glad to know whether it follows as a matter of course that these institutions, established and supported by voluntary subscription, donations, and testamentary grants, as much, in many cases, at least, as by grand jury presentment, are to be wrested from their present trustees and handed over to others. We do not pretend to be great lawyers, but it certainly appears to us that heretofore the rights of property have been respected, no matter whether public or private. Has it never occurred to these wholesale dealers in change, that some at least of the present institutions might still be supported by benevolent and independent individuals, without either grand jury presentment or poor-rate? If we are not greatly mistaken, such will be the case in many instances, should this most iniquitous scheme of spoliation and uprooting be persevered in; and we strongly recommend the physicians and surgeons of hospitals and dispensaries, likely to be seized and carried off to other places, to begin to consider this point seriously. There are many men who would prefer working for nothing rather than become the slaves of the poor-law despots for the miserable pittance they will afford.

Our limits do not permit us to proceed with this analysis; but we will return to it in our next. We have shown how the present sources of income are to be extinguished, and those which are to be provided in their place; and we have shown how it is proposed to seize the existing institutions, and to assign them to others. We have next to show how the present medical attendants are to be got rid of, and others substituted, and how the present governors are to be dismissed, and others appointed.

FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

TO THE EDITORS OF THE MEDICAL PRESS.

September 9, 1842.

GENTLEMEN—There are three questions which I wish you would attend to when you next animadvert on the Faculty of Physicians and Surgeons of Glasgow.

First—Does the law in Ireland allow that the legal status of a medical man, or of a general practitioner, belongs to him who practises there, because he holds the surgical diploma of the said faculty, while he does not hold any license in medicine, surgery, or pharmacy, from any other medical corporation? And the reasons why I put this question are—first, that though the said faculty have chartered powers for licensing to practise surgery, and for licensing to practise pharmacy, they have no chartered powers whatever for licensing to practise medicine; and secondly, that the said faculty are a chartered body, not for England, nor for Ireland, nor for the British colonies, nor even for Scotland, but only for the four Scotch shires of Ayr, Dumbarton, Lanark, and Renfrew.

Second—Are the said faculty bound in honour and honesty to inform each man who applies to them for their surgical diploma—that in all probability it will not entitle him more than any other person, male or female, to act as accoucheur—that, to a certainty, it will not entitle him to act any where as physician; and that it will simply entitle him to act as surgeon within the four shires mentioned, and in no other place?

Third—Since the said faculty are not a chartered body for medical teaching, should they be acknowledged as a teaching body by the other medical corporations? Do they practise deception in allowing the public to believe, that while the right to be medical teachers is denied by law to unincorporated practitioners, it is by law inherent in them? Are they chargeable with assumption and presumption in representing every one of their members to be a qualified medical teacher, because he is a member, and in permitting the title of professor to each of their teaching members?

ENSIS.

THE best reply we can make to our correspondent is to quote a statement, furnished to us by the President of this body, as to the nature of the corporation and the powers they possess. He says, "The faculty of Physicians and Surgeons of Glasgow have a charter from James the Sixth of Scotland, dated 1599, and are of course one of the oldest incorporated Colleges of Surgeons in the kingdom; that they are as much a royal college as the royal signature can make them; although, like the faculty of advocates, they have taken the name faculty as the only one in use at that period to designate literary and scientific corporations, and that they have been granting diplomas in surgery for nearly two centuries and a half. This charter has been ratified by act of parliament, and confirmed by numerous decisions of the courts of

law, and particularly by one lately pronounced in the House of Lords in 1841. It is precisely of the same tenor as those granted to the London, Edinburgh, and Dublin corporations. All have have got a similar right of surgical superintendence over a certain district, and the diplomas granted by each are equally valid as a certificate of qualification beyond their own bounds. The Faculty of Physicians and Surgeons in Glasgow consists of nearly one hundred members, some of whom are professors in the Universities of Glasgow, Edinburgh, and London; others, lecturers on the different departments of medical science; and all regularly licensed practitioners in medicine and surgery. Previous to their admission as members, they must undergo an examination and print an essay on some medical subject. Out of this number, twelve examinators are annually elected by ballot, whose duty is to examine all candidates for licence to practice surgery, on their knowledge of, and proficiency in surgery, and the collateral branches of the medical art. That this examination is as strict and searching as that of any other licensing board in the kingdom, none but those who have an interest in thinking and saying otherwise can gainsay."

As to what constitutes a medical practitioner in Ireland, or in England, or Scotland either, we cannot inform out correspondent. The statute law settles the qualifications of apothecaries in England and Ireland, and provides penalties in cases where persons practise that department without license; but no law declares the right of any man to practise medicine or surgery, or inflicts punishments on those who do so without license. The medical corporations have been authorized by the crown to grant diplomas or degrees in medicine and surgery; but the crown has not, and could not, authorize them to confer on the holders of these degrees any exclusive right to practise, or to punish those who practise without them: that must be done by act of parliament, and has been done in the case of the London College of Physicians and Apothecaries' Company. A license, diploma, or degree, is accepted as evidence in courts of justice, that a party is a medical practitioner; but we doubt whether he might not recover a *quantum meruit* for work and labour done, although he should hold no such qualification. In Ireland, therefore, all licenses, diplomas, and degrees, are of equal legal value, if they have any legal value at all, and this one, granted by the Glasgow faculty, is, we conclude, as good as any other for general practice; but to act as physician or surgeon to an infirmary, the party must be a licentiate of the College of Physicians or Surgeons of Ireland; and to hold a fever hospital or dispensary, we are of opinion that he must be a *physician or surgeon;* and in case of litigation, we are not quite sure what the lawyers would settle to be strictly a physician or surgeon. In England, as we have lately shown, the poor-law commissioners have ruled that graduates of Scotch and Irish Colleges, are not "duly licensed to practise as medical men," and consequently, are not eligible to be appointed medical attendants to poorhouses. In Ireland, the resident commissioner appears to be authorized to decide in each individual case, and has, we believe, lately ordered a board of guardians to revise their decision when a navy surgeon was appointed to a poorhouse. Such is the state of the law respecting medical qualification, and such the value of degrees and diplomas.

In a former number we spoke in rather a disparaging manner of the value of the license granted by the Glasgow faculty as evidence of medical competency, being unacquainted with their present improved system, as given in a subsequent number. From that, as well as from the above explanation of the President, we are satisfied that the terms upon which they now grant their licenses are as fair as the majority of the corporations. On that occasion we said, and we now repeat it, that neither this diploma nor any other, should entitle the holder to the rank of a medical practitioner, if obtained without the requisite education; and we hold that a boy, who runs up from a country town to some medical school for a few months during one or two winters, and gets "ground" to answer an examination has, strictly speaking, no professional education, and therefore cannot be made a regular practitioner by any diploma. While on the subject of Glasgow, in particular, we have to remind the medical authorities there of what we suppose they are not entirely ignorant, but what is well known to us in Ireland, and that is, that gentlemen, who find it inconvenient to remain from home for any length of time, are in the habit of visiting Glasgow in the early part of the session, to "take out the tickets," and then returning to their native towns, remain until spring, when they return to "take out the certificates," and in due time "take out" the diploma. We really do not know whether the faculty in question does or does not adopt any very vigilant precaution to detect such spurious evidence of education; but this we know, that it behoves both them and the university professors to look to the matter, for the notoriety of the practice has been bringing Glasgow diplomas into disrepute.

MEDICAL CHARITIES' BILL.

GRAND JURY OF THE COUNTY MONAGHAN.

We have much pleasure in recording the fact, that the foreman and twenty members of our county grand jury assembled at the summer assizes, after taking the important subject of the Irish charities into consideration, have followed the example of the juries of Armagh, King's County, Queen's County, Meath, Westmeath, Mayo, Sligo, Longford, Louth, Galway, Donegal, &c., in giving expression to their opinion on a subject of such vital importance to the sick poor of our country. From what we can learn the petition for presentation to both houses of parliament is concise and embraces all that is required, praying for such an alteration in the law as may tender the medical charities of Ireland efficient, and regulate their administration, and that they may not be subjected to the control of the poor-law commissioners. From a careful review of the petition, or resolutions emanating from the county board rooms above alluded to, we perceived that all unite in one common prayer which

is that the legislature should save those charities from desires of the poor-law officials. This seems right and proper; the liberal and munificent gentry who have hitherto supported those valued institutions have as deep an interest in their efficient arrangement and management as the poor-law commissioners, and it is only when philanthropy and benevolence cease to exist in the breast, and to warm the hearts of the generous landlords, and clergy of all denominations, throughout Ireland, that we could admit for a moment such monstrous proposals, as were lately dragged into light, from the bureau of the commissioners; nay, it is only when lunacy in its vacant gaze lets fall its withering curse to the same extent, that we will entertain this novel proceeding, that paid—well paid, aye, more than paid commissioners should usurp the natural powers which are vested with more safety and economy in the local resident gentry. That there is any difference in the men, but one, with uplifted hands, we do deny; but Irish as we are, we admit that *one* to be material. The efficient governors of the charities on one hand, *unpaid;* and the gentry of the poor-law office *with their fifteen or sixteen hundred a year*, on the other.

We almost rest assured, no government would proceed with any measures calculated to throw the charities into the hands of the commissioners, after such dignified protests. "The Fourth Estate" repelled the insidious plans with indignation, supporting the cause of the poor, the profession, the gentry; and the disinterested exertions of Sir H. Marsh, Carmichael, Cusack, and Stokes, added to the loud and universal cry of opposition on the part of the profession that winged its way throughout the land, brought the matter in time for re-consideration before Lord Eliot and Mr. Lucas, whose knowledge of the management of the medical charities of the country, enabled him to do much toward softening down the evils of the bill, and will we trust enable him to correct some of the clauses of the future.—*Northern Standard.*

SPONTANEOUS GANGRENE OF THE NECK OF THE UTERUS.

M. Baron communicated the history of the following case:—A female was admitted into La Charité with symptoms of endocarditis: she had no other symptoms of any disease of the uterus except an abundant mucous discharge; about fifteen days after her admission she was seized with severe hæmorrhage from the vagina, and on examination being made a moveable body was found blocking up the entrance of the vulva; this was easily extracted. M. Baron exhibited it to the members of the Academy, who easily recognized that it was formed by the neck of the uterus and the upper wall of the vagina. The structure of the parts appeared to be unchanged, but a dark line marked the place at which they had been separated by gangrene. The hæmorrhage did not continue long after the removal of the parts alluded to, and the woman recovered in a short time.

EXTIRPATION OF THE SUBMAXILLARY GLAND. By M. Colson, of Noyon.

It has been questioned, especially by M. Velpeau, whether this operation was really ever performed, or whether the supposed diseased salivary gland was not in each case merely a diseased submaxillary gland which was removed seems nearly complete. The patient was sixty-five years old, and had had for eleven years a cancer of the lower lip, which had been treated by a variety of caustics. At the time of the operation this was as big as a large nut, and was ulcerated extensively; and there was besides, towards the right side of the base of the lower jaw and below it, a lobulated tumour, which was supposed to consist of enlarged absorbents. After removing the cancer of the lip, the author proceeded to this tumour, but was astonished to find that it was situated much more deeply than he had expected, and that, in the removal of it, it was necessary to divide the lingual branch of the fifth nerve and the submental artery; and to expose the facial artery, the digastric, stylo-hyoid and mylo-hyoid muscles, and the hypoglossal nerve. The operation was with much difficulty accomplished; and the tumour when removed was found to consist of the submaxillary gland (which was recognised by its being still enclosed in a fibrous capsule) and of a few enlarged, but not otherwise diseased, absorbents. The gland was converted throughout into encephaloid tissue, which was in parts softened and nearly fluid; it measured an inch and a half in one direction, and about an inch in the other. The patient rapidly recovered from the operation, and eight months after remained perfectly well.

MEDICAL INTELLIGENCE.

FRENCH MEDICAL DEPUTIES.

The election of M. Bouillaud has been declared invalid by the Chamber of Deputies, arising out of an informality in the number of resident members required in each department.

LOCK HOSPITAL, LONDON.

Mr. Samuel Lane has been elected Assistant-Surgeon to the institution.

ENNISTIMON UNION—FRIDAY, SEPT. 15.

Mr. Morony said, I have been directed by Dr. Shannon to bring under the notice of the board, that there are two male paupers in the house to whom he considers tobacco ought to be given as medicine.

Mr. Slattery—Of all the jobs that ever came under the notice of the board, this job is the greatest. I will poll it to the last if it is to be given out of the public money. Let the doctor risk his reputation if he chooses.

Mr. O'Brien defended the propriety of giving tobacco. The question was, whether Dr. Shannon should be their doctor or not. Tobacco, when not used to excess, is good, and therefore he should not object to have it given by the doctor as a medicine.

It was then agreed that tobacco should be given whenever the doctor thought fit.—*Clare Journal.*

MOUNTMELICK PETTY SESSIONS—CAUTION TO SMALL POX INOCULATORS.

A man named Edward Dunne was brought before the magistrates at Mountmelick petty sessions on Monday last, charged with having been in the practice of inoculating the children of the poor with the poison of small pox, contrary to the provisions of the statute. Dr. Croly, surgeon to the dispensary, at whose instance the case was brought on, stated that he felt it his duty, as an officer in charge of the public health of the district, to bring the subject before the notice of the authorities, with the hope that the publicity which the case would obtain, should be the means of preventing the repetition of a practice so dangerous in its effects on society. He begged to read for the court the clause in the act, constituting the inoculation of any person with variolous matter, a misdemeanour in point of law punishable with imprisonment. Mr. Ince, solicitor, appeared for the defence, and stated that his client, who was a very decent man, was not until that day conscious of having been guilty of any crime in inoculating with small pox, and hoped the bench would take that circumstance into consideration. The enactment itself, too, was of a very recent date, and no complaint had been grounded upon its infraction before the present case, at

least in this district. Mr. Ince added that he would not feel himself justified, upon any future occasion, in undertaking the defence of a similar case, where the health and lives of the community would be at all endangered. Dr. Croly said it was not his wish to press the matter further, his only object, in bringing forward the case, was to give publicity to the act of parliament through the medium of the court, as at that moment the disease of small pox was prevailing to a fearful extent amongst the poor, while he was making every exertion to encourage the parents to have their children vaccinated. In consideration of the novelty of the case, and the accused party having promised not to tamper again with the public safety, the magistrates thought there were sufficiently mitigating circumstances to justify their acting leniently on the occasion, and discharged "the operator" with a suitable warning, and an advice to quit for the future "the domain of surgery" for some more consistent employment.—*Leinster Express.*

POOR-LAW INTELLIGENCE.

MR. DENIS PHELAN'S OPINION OF HIMSELF.

TO THE EDITORS OF THE MEDICAL PRESS.

September 10, 1842.

GENTLEMEN—You should not have omitted Denis Phelan's own opinion of himself, declared in a letter to Lord Morpeth, and printed with that of Mr. Nicholls to Mr. Lefevre. It is as follows:—

"TO LORD VISCOUNT MORPETH.

"Clonmel, August 23, 1838.

"MY LORD—I was unwilling to write to your lordship until parliament had been prorogued, knowing how much your time was occupied, and remaining satisfied with your kind expressions to Lord Lismore and Mr. Ball respecting me, and now I merely wish to inform your lordship that if *I have the honour of being appointed an assistant-commissioner*, I shall be ready, when called on, to go to London, and put myself under such instructions as the commissioners may think necessary. I do expect, however, that *from the attention I have long paid to the poor-law question, I shall have no difficulty* in making myself acquainted with the details which are necessary to act in Ireland, if ordered to act there; and as the commissioners *are intrusted with an inquiry into the state of the various medical charities*, and are to report on them, and *on such additional institutions as they may consider wanted*; and further, as by the 47th clause of the poor relief bill, they may be called on to suggest measures for the *better management of the hospitals and infirmaries*, I should hope *that my knowledge of this branch of the subject (!) will enable me to be useful*, and that the commissioners may be induced to employ me in Ireland.

I will confess to your lordship, and I hope you will pardon me for the observation, that *feeling how much our infirm and our sick poor require relief*, and *thinking* that I have *some capacity* to assist in suggesting how this relief may be afforded them with ECONOMY (say nothing of Denis's £700 per annum) and a *proper regard* for the public interests (!) I am *on this account anxious* to be enabled to devote *any practical* knowledge (?) I MAY HAPPEN to possess to the benefit of those classes of my countrymen; but, at the same time, I shall be quite satisfied to act wherever the commissioners desire. (How civil!)

"I have, &c.,

"Signed,

"DENIS PHELAN."

The letter from Mr. Nicholls to Mr. Lefevre, published in last week's PRESS, so completely refutes Phelan's oft-repeated assertion to the governors of the dispensaries which he visited during his tour of inspection ("that the commissioners did not seek, nor would they have the controlling power under any bill that might be submitted to parliament, but that the present governors should continue to administer them,") that I am greatly pleased at the exposure of the cloven foot. I most sincerely trust that that exposure will stimulate the governors and subscribers of these institutions to meet and record, in strong and decided terms, their determination that these men shall not rule over them. The bill laid on the table of the House of Commons by Lord Eliot, whether it be the government or the commissioners' bill, and no one can question its being the latter, is a measure solely intended to uproot the influence of the gentry of the country; to degrade the medical profession; and to fix the commissioners permanently on the country. The rate-payers are only anxious to be informed how they can resist the carrying such a measure; and it strikes me if a form of petition were drawn up, pointing out the inefficiency of, and the enormous expense which will be attendant on the effecting the provisions of this bill, and that the poor-law commissioners are to be the directing lords of the measure, under their "orders and seal," there would be a copy, numerously signed, forwarded from every parish in the kingdom.

I am, gentlemen, your obedient servant,

A RATEPAYER.

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Sept. 11th,	62	50	29.850	.040
Monday,	12th,	68	50	30.050	
Tuesday,	13th,	69	55	30.200	.020
Wednesday,	14th,	70	59.5	30.250	
Thursday,	15th,	70	55	30.150	
Friday,	16th,	68.5	56.5	30.000	
Saturday,	17th,	71 5	55	29.700	.050

DOCTOR GRAVES' CLINICAL MEDICINE.

Early in October will be published, in one large 8vo. volume, closely printed,

A SYSTEM OF CLINICAL MEDICINE.

By ROBERT JAMES GRAVES, M.D., Physician to the Meath Hospital and County Dublin Infirmary, lately Queen's Professor of the Institutes of Medicine, &c., &c.

This work will be systematically arranged, so as to present to the profession a connected series of Lectures on Fever, Diseases of the Lungs, Heart, Stomach, Skin, &c., &c., and will embrace all the improvements in Practical Medicine up to the present period.

Dublin—FANNIN and CO.

SCHOOL OF MEDICINE, PARK-STREET, DUBLIN.

The WINTER COURSES of LECTURES and DISSECTIONS will Commence in this School, as usual, on the First Week in November.

Particulars may be learned by application to the Secretary, JOHN HOUSTON, Esq., 31 York-street, or to any of the other Lecturers.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchil, 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION (PAYABLE IN ADVANCE.)

Twelve Months..... £1 5 0
Six Months..... 0 13 0
Single Number 0 0 6

Wednesday, September 21, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXCV.] DUBLIN, WEDNESDAY, SEPTEMBER 28, 1842. { PRICE SIXPENCE, STAMPED.

Lectures upon the Human Intestinal Worms, delivered at St. Vincent's Hospital during the Winter Session, 1841-2. By O'B. Bellingham, M.D., one of the Medical Officers of the Hospital.—Lecture VI.—
Treatment against Worms (conclusion)..... 193
Mechanical Anthelmintics — Specific Anthelmintics..... 194
Purgative Anthelmintics—Treatment against Ascarides..... 196

REPORTS OF MEDICAL AND SURGICAL PRACTICE.

Memoranda and Cases. By R. Cane, M.D., of Kilkenny..... 197

EXTRACTS FROM PERIODICALS.

Removal of the Os Maxillare Superius for a Cephalomatous Disease..... 198
The Independence of the Fœtal Circulation.... ... 200
Disease of the Nasal Fossæ..... ib.
On a Peculiar Inflammatory Affection of the Cornea in Nurses..... 200
Observations on Medical Reform—By a Member of the Profession..... 201
Letters of a "Subscriber" and "Medicus," on the Medical Charities' Bill..... 205
Letter from the Treasurer of the Kenagh Dispensary on the Poor-law Commissioners' Report... ib.
MEDICAL ASSOCIATION OF IRELAND —Proceedings of Council..... ib.
To Correspondents 206
MEDICAL CHARITIES' BILL..... ib.
MEDICAL INTELLIGENCE 207
POOR-LAW INTELLIGENCE.—Letter from Doctor Darbey to the Editors of the Medical Press on the Vaccination Act—..... ib.
Bandon Union..... 208
Obituary..... ib.
Register of the Weather.. ..... ib.

LECTURES UPON THE HUMAN INTESTINAL WORMS,

DELIVERED AT ST. VINCENT'S HOSPITAL DURING THE WINTER SESSION, 1841-2.

By O'B. BELLINGHAM, M.D., one of the Medical Officers of the Hospital; Professor of Botany in the Royal College of Surgeons in Ireland, &c., &c.

LECTURE VI

TREATMENT AGAINST WORMS—(CONCLUSION.)

UNDER the general terms vermifuge or anthelmintic, are included a large number of medicinal substances which have at different times been employed in the treatment of worms; and, perhaps, there are few affections for which so many infallible remedies have been discovered and recommended. If we only looked to the expulsion of worms, all the substances belonging to the class purgatives would deserve the name, as they all have been more or less employed with this object. These terms, however, have a wider meaning, and may include all those measures which, in addition, contribute to prevent their development or reproduction.

At one period it was supposed that we might arrive at a knowledge of the comparative vermifuge powers of different medicinal substances by experimenting upon the worms removed from the body, and calculating the amount of anthelmintic virtue possessed by the medicine, by the length of time these animals lived when immersed in their solutions. Redi appears to have been the first who instituted experiments with this object. He states that he found the ascaris lumbricoides to live from sixty to seventy hours in cold water; in an infusion of coralline more than sixty hours; in water rendered bitter by aloes more than thirty hours; water saturated with salt was speedily fatal to them; brandy still more speedily; in syrup they lived within three or four hours; in wine, one lived twenty-four, another forty, and a third seventy-four hours. Coulet affirms that he found the tœnia solium to live as long in oil of almonds as in any other fluid. Arnemann states that he found the ascaris lumbricoides from the human subject, as well as that from the pig, to live several days in oil when kept in a warm situation. In the Medical Commentaries for the year 1791, an account is given of some experiments upon a tape-worm from the dog, which are so curious that I shall quote the writer's words:—"On two tape-worms, voided by a pointer dog, each several feet in length, boiling water was poured, which did not appear to inconvenience them much. When the water was cool they were taken out and immersed in the strongest whiskey, by which, instead of being killed, they acquired additional vigour, and their motions, which were before languid, now became brisk and animated; they were only at length killed by adding a quantity of corrosive sublimate to the spirit."

Rosenstein, in his work upon the diseases of children, mentions that several persons, besides himself, observed, in a dish of bream, boiled and brought to table, a tape-worm still alive and actually moving about. The same author also states that he saw a worm, which, in the morning, had been expelled from a child, and in the evening was alive, notwithstanding that it had been immersed all that time in spirits of wine.

The fact, however, is—that every species, which inhabits the bodies of the warm-blooded animals, dies very soon after being expelled; and the movements observed, when these animals have been transferred from water into spirits, are only the irregular con-

tractions produced by the action of the alcohol upon the animal matter of their bodies. Bremser states (as I have myself observed) that when we remove one of these animals from spirits of wine into water, although they may have been a long time immersed in it, they will appear to move, until the alcohol adhering to them, has become perfectly mixed with the water.

Some of the species, however, which occur in cold-blooded animals will live for a considerable time when removed from their natural habitat; thus Bremser mentions that the spiroptera cystidicola (found in the swim-bladder of the trout) lived for eight days in cold water; and I have kept the ascaris capsularia (from the abdomen of the herring) alive for upwards of twenty-eight days in a vessel of cold water.

It was formerly believed that the human intestinal worms originated exteriorly; indeed, the common earth worm, and the large round worm of the intestines (ascaris lumbricoides) were, until within a few years, supposed to be identical. As in a work published so recently as the Cyclopœdia of Practical Medicine, the author of the article "Worms," has thought it necessary to describe the characters by which the two species may be distinguished; and it having been found that the earth worm was killed by being immersed in solutions of the salts of iron, this mineral was supposed to be also poisonous to intestinal worms.

Another equally erroneous opinion was also long entertained—viz., that intestinal worms breathed in the same manner as insects and their larva; and as immersion in oil is fatal to these animals, by obstructing their spiracles or breathing pores, it was presumed that it had the same effect on the intestinal worms, which have no such organs. To this property part of the anthelmintic virtue of castor oil was supposed to be due; however, when this oil causes the evacuation of worms, it is only by its action as a purgative. Indeed, Arnemann states that the ascaris lumbricoides lived in castor oil for a longer period than in any other oil, except that of almonds.

The medicines employed, as vermifuges or anthelmintics, are, as I have observed, sufficiently numerous; they may all, however, be classed under a few heads.

Thus, some are supposed to act mechanically, irritating in some manner the worms, and thus assisting in their expulsion. This division includes the mechanical anthelmintics; the principal, or indeed the only two used for this purpose, are metallic tin in the state of powder, and the setæ of the pods of the mucuna pruriens.

A second division includes those substances which are supposed to act in a peculiar or specific manner upon intestinal worms, and to be poisonous or destructive to them, without at the same time exercising any sensible influence upon the organs which contain these animals. These are called specific anthelmintics, and include, amongst others, oil of turpentine, the fern root, and the bark of the pomegranate root.

A third division act as anthelmintics, owing to their cathartic powers by which the peristaltic motion of the intestines is increased and the worms displaced. This division includes the purgative anthelmintics.

Lastly, some medicinal substances, when administered internally for a longer or shorter time, tend more or less to increase the tone or strength of the digestive organs, and of the system generally; and in this way may contribute to prevent the reproduction of worms. These are the corroborant or tonic anthelmintics, amongst which the preparations of iron hold the first rank.

However, in order to apply remedies of this kind, with a prospect of success, several circumstances require to be borne in mind.

The several species of intestinal worms are nearly or altogether limited to different parts of the alimentary canal. Thus, the ascaris vermicularis and trichocephalus dispar are confined to the large intestines; while the ascaris lumbricoides and tœnia solium are commonly only found in the small intestines.

We should also recollect that the species which inhabit the alimentary canal of the human subject, are not in general the same at every period of life. Thus, the ascaris lumbricoides is most common between the ages of three and ten years, and is comparatively rare in after life; while the tœnia solium (which is rarer in early life) is most common between the ages of twenty and thirty.

Lastly, and in a therapeutic point of view of considerable importance, (although very little attended to, and by many writers altogether unnoticed) we should bear in mind that though certain medicines have a specific power against one species, they have not against others, and *vice versa*. Thus, the fern root (which was so much vaunted at one time as a specific against the tape-worm, and for the publication of which to the profession a large sum of money was paid) is a very efficacious remedy against one kind of tape-worm—the bothriocephalus latus—the species most common in Switzerland, the country where it acquired its celebrity as an anthelmintic; but has very little effect upon the tape-worm (the tœnia solium) which alone occurs in these countries.

MECHANICAL ANTHELMINTICS.

The only substances belonging to this division, employed in medicine, are metallic tin and the setæ of the pods of the dolichos, or mucuna pruriens. At one period, these substances enjoyed considerable reputation, but they are now comparatively rarely used; and indeed it is doubtful if the vermifuge powers attributed to them do not depend more frequently upon the purgative medicines always used along with, or after them, than upon the mechanical irritation induced by these substances.

SPECIFIC ANTHELMINTICS.

The second division includes those medicines which are believed to have some peculiar or specific action upon the worms which inhabit the human intestines, and are supposed to destroy them, by some poisonous principle, without at the same time exercising any sensibly injurious influence upon the organs which contain these animals. They have hence been called specific anthelmintics.

The medicines which deserve this name are not numerous, and while one of them (oil of turpentine) is employed with success against every species of human intestinal worm, the others would appear to be specific against, or poisonous only to certain species, but not to others.

Oil of Turpentine.—The earliest published account of the efficacy of oil of turpentine, as an anthelmintic, is contained in a communication from Dr. Fenwick, of Durham, to the Medico-Chirurgical Society of London, and printed in the second volume of their Transactions, in which he has related several cases where this medicine in large doses, as two ounces, was employed with complete success against the tape-worm. This paper of Dr. Fenwick's attracted considerable attention at the period it was published, and led to the extensive employment of the medicine in similar complaints.

Bayle, in the fourth volume of the *Bibliotheque de*

Therapeutique, has given the results of eighty-nine cases of tape-worm treated by oil of turpentine, of which number seventy-seven were perfectly cured, eight received benefit, but the complaint returned, and to four only it was given without any effect.

All the individuals noticed by him had laboured for a longer or shorter time under symptoms of tape-worm, and all passed fragments of it. The oil of turpentine was administered in large doses from half an ounce to one or two ounces in one or several doses. Those who were cured passed the tape-worm in a very short time, after one or several stools; the worm was almost always entire, or nearly so, and dead when passed; several voided it in a state of putrefaction.

The eight individuals, who were merely relieved, not cured by the remedy, passed considerable portions, but without the filiform part or head; they experienced a diminution or cessation of the symptoms, but after a time these recurred, and with them fragments of worm reappeared in the stools.

In the same work, Bayle has noticed seventeen cases in which oil of turpentine, in nearly similar doses, had been administered against ascarides and lumbrici; in some instances it was given in the form of enema; in the majority, by the mouth; and in sixteen, it had the effect of causing the discharge of a greater or less number of these worms; it failed in only one case.

As a specific remedy against worms, oil of turpentine is one of the few medicines which deserves the name, and it is now prescribed (where nothing contraindicates its use) to the exclusion of most others. Indeed, it possesses several advantages over the medicines of the same class; it is quick in its operation, and if worms do exist in the alimentary canal, we may be almost sure that it will destroy them. However, it is not in general necessary to administer this medicine in the large doses which formerly were thought essential; it will be equally effectual if the system is kept for some time under its influence by giving it in moderate doses two or three times in the twenty-four hours, occasionally exhibiting a larger dose; and if no cathartic effect follows, we may combine it with castor oil, or this medicine may be administered in the intervals.

The mode which I have found most effectual of exhibiting this medicine against the tape-worm, is as follows:—I commence (supposing the individual to be an adult, and not to have taken oil of turpentine previously) with a small dose, as from half a drachm to a drachm, repeated three times a day: by this means I ascertain whether a large dose may be given with safety, as if half a drachm or a drachm produces strangury, I never venture upon a large dose. On the third or fourth day I give an ounce, either with or without the same quantity of castor oil, and repeat it again the following day. This will probably bring away a considerable portion of the tape-worm. I then again diminish the dose to half a drachm or a drachm, repeated as before for four or five days, after which the larger dose is exhibited once or twice according to circumstances. The patient is then allowed to rest for a few days, when I recommence with the original dose of half a drachm or a drachm, which is to be persevered in for a week or a fortnight. It is in general difficult to induce the patient to continue the medicine for such a length of time. If we can, however, this plan of exhibiting oil of turpentine is certain to remove the complaint.

Fern Root.—The rhizoma of the aspidium filix mas, or the fern root (as it is commonly called) was employed as a vermifuge by the older physicians. It had, however, fallen into neglect until about the middle of the last century, when it was brought again into notice by the discovery that it constituted the active ingredient in a secret remedy, which, in Switzerland, had attained notoriety as a specific against the tape-worm.

At Morat, in the Canton of Berne, in Switzerland, this nostrum was employed by a Madame Nouffer with considerable success against the bothriocephalus latus (the species of tape-worm most common in that country.) Her cures had made considerable noise, and numerous persons, affected with the disease, annually flocked to her from different parts of Europe. Among her patients at one period, was a Russian Prince, in whom her remedy caused the evacuation of four yards of tape-worm. It would appear, however, that he was not perfectly cured, as six months afterwards the symptoms reappeared: he sent for Madame Nouffer to Paris, and a second time underwent her treatment. This time he appears to have been perfectly cured, as he passed a bothriocephalus eight yards in length. Several other individuals, who applied to her about this period, were also successfully treated; and these cases attracted so much attention in Paris, that Louis XV. was induced to order a commission to test the virtue of Madame Nouffer's medicines, and their report was so favourable, that the secret was purchased for the sum of 18,000 francs, and published in the year 1776. It consisted in the administration, early in the morning, of two or three drachms of the fern root reduced to a fine powder, followed up a few hours after by a bolus composed of ten grains each of calomel and scammony, and six grains of gamboge, made into a bolus with an aromatic confution. If the first dose did not succeed in causing the expulsion of the worms, it was repeated after a short interval. The efficacy of this mode of exhibiting the medicine appears to consist principally in the strong purgative administered after it, though there cannot be a doubt that the fern root has some specific effect against the bothriocephalus, the species which is most common in Switzerland. Upon the tape-worm of these countries (the tœnia solium) however it appears to have little or no effect, and several writers deny that it possesses any power as an anthelmintic. If trusted to alone against the tape-worm, it will be sure to disappoint. Indeed, the fern root appears to have been introduced into the pharmacopœia at a time when the framers of it were unacquainted with the distinction between the two species of tape-worm which inhabit the human intestines; and as the bothriocephalus latus never occurs in this country, and as experience has proved this medicine to be nearly inert against the tœnia solium, it might very safely be left out of the list of the materia medica in the next edition of the Dublin Pharmacopœia, particularly as we possess so very effectual a remedy in oil of turpentine.

Pomegranate Root.—The rind of the fruit of the pomegranate had been long employed in medicine as an astringent, but it is only within a few years that the vermifuge property, which the fresh bark of the root possesses, has attracted attention in Europe; although it is evident, from some passages in the writings of old authors, that they were acquainted with the fact. These notices, however, by the early writers, like many others, were overlooked, until some medical men, practising in the East Indies, (where the tape-worm is not uncommon) learned its virtues from the native practitioners, by whom it had been used from time immemorial in the treatment of the tœnia.

The bark of the fresh root is the part which should be selected; if the roots, however, are not thick or coarse, they may be employed entire, and the following is the mode in which it is administered in India: Two ounces of the bark are boiled down in a pint

and a half of water, until about three-fourths of a pint remains; of which, when cold, a wine-glassful is drunk every half hour until the whole is taken. The first dose is occasionally vomited, in which case it is still to be persisted in, and the others will in general be retained. A sensation of heat in the epigastrium, with eructations, or slight colic pains, are soon experienced, after which an inclination to go to stool is felt; the evacuations are more or less numerous and abundant, the first usually consisting of feculent matter, the succeeding of mucus, with which the tape-worm is often expelled. In order that this medicine may act with certainty, it is essential that the patient should be in the habit of passing fragments of the tœnia daily, otherwise it is often ineffectual.

All writers are agreed that the bark of the dried root is much inferior as an anthelmintic to that of the recent root. M. Latour says, it acts simply as an astringent, and appears not to be possessed of any vermifuge property; indeed, he states that its analysis differs materially from that of the recent bark. M. Merat, in a treatise upon the subject, has noticed one hundred and ninety-two cases where the recent bark had been successfully employed. "When we employ the dried bark it produces scarcely any action upon the alimentary canal. I tried it (he observes) in three cases of tape-worm, and in the three it failed; indeed, I have altogether abandoned its use. At Auxerre (he continues) where the tape-worm is common, this medicine has always failed, as they employ there the dried root alone; and this is sufficient to explain the want of success which has been experienced in England, Prussia, Russia, and Poland, where the plant is not sufficiently common to admit of the recent root being employed."

Thus, then, (although the bark of the recent root of the pomegranate is a very valuable remedy against the tape-worm) it appears to lose its vermifuge properties by being dried; and consequently it can alone be efficaciously employed as such in those countries to which it is indigenous.

PURGATIVE ANTHELMINTICS.

Among the various remedies employed in the treatment of verminous affections, purgatives are perhaps more frequently used than any other. All the medicines denominated purgatives produce, as the name denotes, purging, and if worms are present they may contribute to their expulsion along with the slime, mucus, or other contents of the bowels. Several of those anthelmintics, which have the reputation of being specific, require, in order to be effectual, to be combined with, or followed up by a purgative; and from this circumstance many writers affirm that the most effectual part of the treatment consists in the purgative; in fact, granulated or powdered tin requires always to be followed up by a cathartic: the same may be said of the fern root, and of several other remedies of this class; the active ingredients too of most of the nostrums advertised for the cure of worms are purgatives.

In many instances, where nothing contraindicates their use, purgatives are valuable adjuncts to the treatment of worms, particularly in the early periods of life. They contribute materially to carry away the slime or mucus which (though regarded by some as the cause, and by others as the consequence of the presence of worms) seldom fail to be present, when these animals exist in any considerable number in the alimentary canal. But, on the other hand, we ought to be careful not to run into the opposite extreme, and carry the purgative plan of treatment too far, or we may give rise to the evil we are trying to correct. Most purgative medicines irritate, in a greater or less degree, some portion of the gastro-intestinal mucous membrane. Many of them increase the secretion of mucus, or bile, or of the pancreatic fluid, or cause a more abundant serous exhalation to be poured out in the first passages; and others stimulate the muscular fibres of the alimentary canal, and increase and quicken the peristaltic movements. The tendency of this class of medicines, if continued for any length of time, is to enfeeble the system; and as debility (no matter how produced) is considered to be a predisposing cause of worms, we can easily understand how such medicines may prove rather injurious than useful, if preserved in for too long a period, or injudiciously administered.

In prescribing purgatives as vermifuges, there are several circumstances, which, if attended to, may help to render their exhibition more effectual, at least less uncertain. All the medicines classed under the head of purgatives do not act upon the same portion of the alimentary canal; some, as jalap and rhubarb, produce their effects upon the small intestines; others, as aloes, act upon the large intestines; and some, as the saline and oily cathartics, operate upon the greater portion of the canal; and, as we have seen that all the species of intestinal worms do not inhabit the same part of the intestinal tract, a knowledge of this fact is not without importance.

The purgatives which are most commonly employed in these cases are calomel, scammony, gamboge, jalap, aloes, rhubarb, and castor oil; and from the preceding observations it must be evident that the selection of the article, best adapted to each particular case, is not altogether a matter of indifference. These medicines are, however, seldom given alone as anthelmintics, more generally in combination either with one another, or with some other class of medicines, particularly tonics; indeed, it is generally advisable, and frequently necessary, to follow up the treatment by a course of tonic medicines, by which the tendency to their redevelopment will be prevented; for frequently, though many worms are expelled, the disposition to their reproduction exists, and unless this is removed by appropriate means, they are very certain to recur. The general indications of treatment after the expulsion of worms are (in the words of Dr. Baron) to keep the alimentary canal in a healthy condition, by apportioning the diet, both in quantity and quality, to the wants and powers of the system; by avoiding everything whereby these powers may be too much exhausted, and by promoting the healthy action of the skin, by bathing, frictions, and well-regulated exercise.

TREATMENT AGAINST ASCARIDES.

In the case of ascarides we are usually obliged to have recourse to different measures: the several modes of treatment found effectual against the other species of worms fail frequently here. Medicines administered by the mouth are incapable of removing them, and the various mechanical means which have been employed, as well as enemata, as ordinarily administered, only afford temporary relief. It is the common opinion that the rectum is the usual habitat of this species; this, however, is not the case. If they happen to be very numerous in the cœcum and colon, they certainly often make their way into the rectum, and create considerable annoyance there; and enemata, by removing them from this part, will afford temporary relief, but it will be only temporary. The only means by which a radical cure can be effected, consists in destroying them in their nidus, and this can readily be done by employing the long tube recommended by Mr. O'Beirne in cases of obstinate con-

stipation, strangulated hernia, &c., and injecting through it, into the cœcum and colon, infusions or decoctions of medicinal substances capable of destroying them; such as an infusion of quassia, decoction of wormwood or rue, aloes suspended in milk, lime water, oil of turpentine in the form of emulsion, &c. In the case of young children, a male gum-elastic catheter will be found perhaps the best kind of tube to employ.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

MEMORANDA AND CASES.

By Robert Cane, M.D., M.R.C.S.L., Kilkenny.

Provincial practitioners are frequently deterred from publishing isolated cases; partly from an apprehension, that though some of the features of the case may be new, yet that they are not of sufficient importance to merit publication; and partly, because being isolated cases, it is fitter that they should be laid aside until the occurrence of some one or more similar cases are brought to bear upon the views of the note-taker. Hence, it occurs that the case being laid aside for a time, may ultimately escape memory, and thus suffer under the effects of that procrastination so fatal in all the affairs of life. This may be, and frequently is, small loss indeed to science; yet, when we recollect that almost every case supplies something that is new—or if not new, that is at least a fit subject for reflection; and finally, that some of our most valuable facts have resulted from the accumulation of the evidence supplied from many unimportant sources, and in such insignificant streams as were at first deemed scarcely capable of constituting the flood of knowledge supplied by their union; we should not hesitate from false delicacy, or from a wish of ultimately doing more, to add our humble mite to the general mass. Under this impression, and with these views I do offer for your useful Journal a few cases from my note book.

1. DISLOCATION OF THE HUMERUS INTO THE AXILLA.

It is now some years since my mind became impressed with the notion, that this dislocation, when recent, can be reduced without any assistance, other than the hands of the operator, or at most an assistant to fix the scapula, and that thus, the force, or what is perhaps worse, the appearance of it, resulting from bandages, several assistants, and the passing of the knee or foot under the axilla, may, in many cases, be dispensed with. The first case I will give occurred in 1837.

Mrs. L———, James'-street, a stout, muscular woman, aged about 40 years, of sanguine temperament, fell on the left side, and suffered a dislocation of the left humerus into the axilla. The accident occurred at night. I was called to her on the following morning. She was taken out of bed and placed on a chair; standing in the usual position at her side, I passed the fingers of the left hand under the edge of the pectoral muscle, the back of the fingers close to the side, and the apices directed up until they rested on the side of the head of the humerus, the dislocated arm *not* being abducted at the time, and my right hand being on the patient's elbow, so as to sustain it upwards. I next grasped the humerus firmly in my right hand, just over the condyles, and abducting the arm a little, the fingers of my left hand were brought more fully in contact with the head of the bone. The abduction was now somewhat increased, and the hand and wrist of the patient placed under my arm, and held firmly grasped there by forcibly pressing my arm against my side, when I commenced the extension, exercising three powers upon the dislocated limb; direct extension by the right hand over the elbow, further aided by the grasp my arm had of the patient's hand and wrist, and which I effected by steadily inclining my body backwards; while both movements were powerfully assisted by my left hand, the fingers of which pressed the head of the bone upwards and outwards, while the palm and heel of the hand pressed firmly against the whole upper half of the humerus, the bone slipped quietly into the glenoid cavity. For facility of description, the reduction appears to have been divided into stages, but it was not so in reality. The whole proceeding was as one movement, and the reduction was effected within a couple of minutes.—The scapula was not fixed. My friend Dr. Scott was present during the reduction.

Case 2.—A labourer, aged about 30, throwing manure with a fork upwards upon a high cart, fell forwards, while his arm was extended, and the fork laden with dung, his left shoulder was dislocated into the axilla. It was reduced in the same manner, save that he was standing while I effected the reduction, and I think the operator has more power while the patient is standing.

Case 3.—M. Ryan, aged 50, of Bennet's Bridge, while attending a funeral was thrown off his horse; he came to me with the left shoulder dislocated into the axilla. It was reduced after the same manner.

Case 4.—February 5, 1842, Mrs. H., of Palmerston, fell through a trap-door, and dislocated the right humerus into the axilla, by catching on the edge of the trap while falling. The accident occurred in the evening, and she was brought in the following day. As she was exceedingly violent, I requested my friend Dr. Scott to assist me by fixing the scapula, and I reduced the dislocation in the same manner as in the three foregoing cases.

Of those four dislocations, one was reduced within an hour—one within six hours, and the remaining two after a lapse of twenty-four hours—the latest period at which as yet I have succeeded without assistance. I have had no opportunity of trying it between twenty-four hours and ninety-six hours. At the latter period I was obliged some months since to have considerable assistance; so that what I feel warranted in saying is, that in recent dislocation of the humerus into the axilla (I cannot say how far the mode may be applicable to other dislocations of the bone) the reduction may, in the majority of cases, be effected without assistance, with little trouble to the attendant, slight uneasiness, and no alarm to the patient. Perhaps a good deal of the secret may lie in the fact of the patient having so little alarm excited as to be scarcely aware of what is doing until it is done, and thus the muscles are taken by surprise. At all events, the fact that dislocations may be thus quickly reduced, is of much consequence, especially to the private practitioner, who will have to deal with hysterical and nervous patients; and with cases where it will be of consequence (as in pregnancy) neither to use force nor create alarm.

2. PARALYSIS OF THE PORTIS DURA NERVE.

March 18, 1842.—Miss W———, aged 17, consulted me for what was termed a *swelling of the face* from a diseased tooth. Her face presented little that was remarkable, except the absence of the muscular outline at the left side, giving to it an apparent fulness; while speaking no alteration was visible in the countenance, but when she smiled or laughed she became herself conscious that her countenance was disfigured, and her mouth drawn to the right side. On desiring her to close both her eyes, the left remained partially open, and upon closing the right nostril, she could not take snuff with the left—the tongue

protruded naturally—taste, smell, and sensation remained perfect. She complained of considerable pain upon pressure being made over the portio dura at left side, where there was a little fulness just anterior to the tube of the ear, but there was no heat or redness—pulse 70, natural—tongue clean—eyes natural—all the secretions healthy. Traced the attack to having sat while heated at an open window with that side of her face exposed to a current of cold air. From the nature of the symptoms, and the pain and tenderness on pressure, it was evidently a case of paralysis of the portio dura nerve, resulting from some inflammatory action in or around the nerve, and caused by cold; there was no dental disease. I prescribed accordingly—

To have a saline aperient, to have six leeches applied over the affected nerve, and to be followed by a blister in the same situation.

March 20th.—Symptoms not improved.

Leeches to be repeated.

March 24th.—Symptoms stationary, save that all pain and tenderness are gone.

The blister to be repeated, and dressed with one quarter of a grain of strychnia twice daily.

March 27th.—When she smiles the features are less drawn to the opposite side, and the power of the orbicularis palpebrum is restored, as she can now perfectly close the lids when desired to do so. She mentions that after each dressing she has felt "a sort of start or jump" at that side of her face, usually occurring in about an hour after each dressing.

Strychnia to be increased to one-third of a grain for each dressing.

April 2d.—Action of muscles gradually returning. The strychnia was continued from this date to the 20th of April, when the action of the parts was completely restored. During the latter period it was rubbed in firmly, instead of being applied as a mere dressing as at first. The total quantity of strychnia used was ten grains. I felt particularly interested about this case, as illustrative of the views of Dr. O'Beirne, regarding the physiology of the seventh nerve, and of the maxillary branch of the fifth. His views being to be explained by the inflammation of the portio dura, involving the temporo-auricular branch of the inferior maxillary, which accounts for the inability to close the eyelids at first present, but which yielding within a few days, left the paralysis of the branches of the seventh remaining for three weeks longer.

(TO BE CONTINUED.)

EXTRACTS FROM PERIODICALS.

REMOVAL OF THE OS MAXILLARE SUPERIUS FOR A CEPHALOMATOUS DISEASE. BY J. C. WARREN, M.D.

The patient, Mr. I. G., is 35 years old, well constituted, and in every particular strong and healthful, with the exception of the disease which called for this operation. About nine months since he began to be affected with frequent and considerable bleedings from the nose. These bleedings occurred about once a week, and were sometimes profuse. During the occurrence of one of these attacks, he was led to pass the finger deep into the left nostril, and discovered there a tumour about the size of a pea, in the outer side or wall of the cavity.

The bleedings continued, and the tumour grew till it made a visible appearance in the aperture of the left nostril. Alarmed at this, he consulted Dr. Winslow Lewis, who, suspecting a formidable disease, advised him to apply at the Massachusetts General Hospital for advice and assistance. He was there examined by Dr. Hayward and myself, and presented the following appearances. The left nostril was filled by a tumour of a deep red colour and soft consistence, discharging blood freely on being subjected to a slight touch. A probe could be introduced into the cavity on the inner side of the tumour along the septum of the nose; but, on the outer wall, was soon arrested in its progress by the tumour, which appeared to be connected with this part, and bled so copiously as to prevent a continuance of the examination in this direction. The external appearance of the face being examined, the nose was seen to be tumefied on the left side by the protrusion of the nasal process of the upper jaw, and also by that part of the bone forming the exterior wall of the nasal cavity. On opening the mouth, the hard palate was seen to be the seat of a tumour of an elastic character, oval form, and size sufficient to occupy a considerable portion of this cavity, obviously produced by the pressure of a substance in the nostril above. The mucous membrane of the mouth was not altered in colour or consistence.

On passing the finger through the mouth into the posterior opening of the nostril, this aperture was found to be filled by a soft elastic tumour, similar to that which occupied the anterior aperture. The septum of the nose was slightly inclined into the right nostril.

Such were the history and appearances of this tumour. Its vivid red colour, soft consistence, disposition to bleed, rapid growth, and consequent breaking down of the bones which surrounded it, satisfied me that it was a cephaloma, a malignant fungus, which would destroy the patient's life in a short time unless extirpated; and I, therefore, advised him to enter the hospital, and have it removed. The patient agreed to this course, and went home to make his arrangements.

In nine days after, he entered. When I came to examine the tumour again, I found that, during this short period, it had enlarged considerably, and especially that it had extended to the right side of the palate so far as to leave a small space only between it and the teeth of that side. I was now seriously apprehensive that no operation could wholly eradicate the tumour, and felt much doubt whether it would be expedient to attempt one, in itself always severe, and which in this case would be attended with dangerous bleeding. After weighing the arguments on both sides for three or four days, I came to an affirmative conclusion, provided other gentlemen were of the same opinion. On the Saturday following, the 4th of December, a consultation was held, consisting of Drs. Hayward, Townsend, and Holmes, and these gentlemen being satisfied that as there was no other ground of hope for the patient, and that he must die in a most distressing manner, the operation was decided on, and immediately after executed.

The principal difficulties I anticipated in this operation were the following:—1. Profuse bleeding, which the character of the tumour, the tendency of blood to the head produced by it, and the fulness of the patient's habit, seemed to promise. 2. Impracticability of dividing the bones without sawing, as the patient was of an aspect which indicated unusual solidity of the osseous texture. 3. Fatal syncope, from the quantity of blood lost and the pain of the operation.

To obviate these dangers I proposed—1. Compression of the carotid arteries, tying of the wounded vessels when they bleed freely, and the use of the actual cautery. 2. Division of the bones by the cutting forceps, which I had caused to be made and used for the last twenty years. 3. Waiting occasionally to give the patient time to recover, and recruiting him with cordials.

Everything being arranged, the patient was placed in a chair, his head well supported, and the operation was then begun in presence of the medical class and a considerable number of medical gentlemen of the city.

I made an incision from the middle of the external edge of the left orbit to the left angle of the mouth, down to the bone. A most copious gush of blood succeeded. The internal flap was then quickly dissected up to the middle of the nose, cutting up at the same time the cartilage of the left wing of the nose, and freeing the globe of the eye from the inferior part of the socket by the division of the inferior oblique muscle, the fascia of the eye and the periosteum. The outer flap was then rapidly dissected from the os malæ and os maxiliæ, and around the latter bone as far as its union with the pterygoid process of the sphenoid; but the uniting space was not at this time penetrated on account of the large pterygoid branch of the internal maxillary, which would have been difficult to secure in this stage of the operation.

The two flaps being separated, the anterior extremity of the spheno-maxillary fissure was perforated, and I then proceeded to the division of the bones. The os malæ was attached directly opposite to the perforation in the spheno-maxillary fissure. The cutting forceps were then applied to the broadest part of the malar bone, and divided it smoothly in a few seconds. Second, the same instrument was applied at the internal angle of the eye, in an oblique direction from the lower edge of the orbit to the lower termination of the os nasi. Here the projection of the tumour into the orbit occasioned some difficulty, from the little space left for its introduction into the orbit; but, the instrument being fixed, the bone was divided without difficulty.

In the meantime, the blood continued to flow in torrents. One considerable artery required immediate ligature; and the bleeding of the others was controlled by compression of the carotid artery. The mouth of the patient filling with blood, frequent pauses were required to afford him an opportunity of ejecting it, and occasionally he was recruited by a little wine.

The most difficult part of the operation remained: that of dividing the sound from the unsound parts within the mouth, and separating the maxillary from the sphenoid and palatine bones without injury to the latter; so as to leave the patient the whole of the soft palate, with the palatine plate of the os palati to support it. In order to accomplish this, without dissection, I made an incision through the mucous membrane of the hard palate, beginning at the edge of the palatine plate of the os palati, and extending the incision forwards to the external edge of the jaw, then upwards across the alveoli into the bone. To facilitate this incision, the middle incisor tooth of the left side was taken out in such a way as to break the anterior part of the alveolus. Then by a single stroke of the cutting forceps the upper maxillary bone was divided, and its palatine plate cut through as far as its junction with the os palati. In order to separate the palatine plates of the maxillary and palatine bones, I hoped to be able to clear the mouth of blood for a moment to make a transverse cut between these plates. But to see was impossible, from the flow of blood. Therefore, passing the forefinger of the left hand into the mouth, I felt the last molar tooth, and turning the pulp of the finger forwards to receive and support the instrument, I struck a strong-pointed knife through the hard palate at the union of the maxillary and palate bones, separated these bones, and was able also to separate the maxillary bone from the pterygoid process of the sphenoid, and thus accomplished the disunion of all the bones concerned. Finally, the knife was passed externally behind the upper maxillary bone into the space between this and the pterygoid process, to divide the second branch of the fifth pair of nerves. This was done by a stroke of the instrument, and the patient made a great cry, evincing that this nerve had been reached.

Seizing the bone with the left hand by its orbitar and alveolar portions, it was by a gradual movement started from its situation, and aided by a few touches of the knife, its remaining periosteal attachments were divided, and the whole bone and tumour dislodged from the face.

The patient having lost much blood, had now become faint, and was, therefore, placed on a table. The portion of swelled mucous membrane on the right side of the palate was cut off with ease, and it now only remained to arrest the hæmorrhage. A ligature was applied to the superior ethmoidal branch, or continuation of the maxillary artery. The hæmorrhage from a second artery also required to be arrested. This was not easily done, for it was impossible to discover the orifice of the wounded vessel. It was, therefore, touched with caustic potass, and lint applied to it. As the bleeding might recur, the wound was not immediately brought together, but was covered with a cold-water compress, and the patient left in the operating theatre. He was able to swallow and speak, notwithstanding his exhaustion and the length of the operation.

The time expended during the operation I do not know, having always considered it the part of folly to measure an operation by time, rather than the exigencies of the case. I was informed, afterwards, it was over forty minutes. The principal part of this time was expended in waiting for the patient to relieve his mouth and throat of blood, which appeared to embarrass him more than I had expected. But the time employed in the incisions, both of the soft and hard parts, was short, and certainly could not have exceeded ten minutes.

In three hours after the operation, no bleeding having occurred, the wound was dressed by passing five sutures and applying a cloth of four thicknesses wet in cold water, to be moistened from time to time; and then he was carried to his bed. He passed the night rather uneasily; but the next day he was more quiet. The pulse, for four or five days after the operation, varied from 80 to 112; at the end of six days it was 72. The third day, the wound being wholly united, the stiches were withdrawn by Mr. Hayward, the house-surgeon, at my request. In two or three days, the patient was able to take softened bread; and, in three weeks from the operation, went home to pass Christmas with his family—in two days after which, he was discharged. At the present time, eight weeks after the operation, he is at home, takes food freely, and speaks intelligibly. The left eye, at first much swelled, is in a natural state, and he uses it without uneasiness. On the left side of the palate there is an aperture of a triangular form. Through this, the os ethmoides may be felt, the projections of which were mistaken by the patient for a return of his disease. The food occasionally passes through this aperture into the nostrils, and embarrasses the patient momentarily. The soft palate is entire. There is a slight paralysis of the left side of the upper lip, from the division of the facial nerve; and a want of sensibility in the left side of the nose and the left upper lip, from the division of the second branch of the fifth pair of nerves.

Description of the Tumour.—The tumour, after its removal, exhibited the following appearances. At its summit appeared the lower floor of the orbit of the eye, at the inside of which was a portion of the nasal process of the os maxillare superius. On its

outer part projected one half of the os malæ; below appeared the left half of the palate, with the exception of the part which belongs to the palatine plate of the os palati. A portion of the fossa canina, and the whole alveolar margin, with the correspondent teeth, were visible. On the inner wall of the mass appeared three considerable red-coloured lobes, attached to the outer and inferior part of the maxillary cavity, by something like a pedicle, about an inch in diameter—the three lobes being connected at their attachment, but separated at their internal or nasal extremity into an anterior, middle, and posterior lobe. The superior maxillary nerve was seen in and behind the orbit. The whole was covered by membranes which separated it from the parts in contact. One lobe had made its way through the bone of the face; the others through the partition between the nostril and antrum.

Examined by a glass magnifying from twenty to thirty times, the substance of the tumour was found to be composed of semi-transparent globules, which became opaque in alcohol. These were connected by a fibro-cellular substance, which appeared to form a larger part of the tumour than the globules themselves. The texture was in consistence somewhat spongy and elastic, and was very vascular; differing in these points from a tumour of the upper jaw, for which I removed that bone two years since—in which the globules were red and fleshy, though very small, and the interstitial substance was of a firm scirrhomatous character, and not highly vascular.

At this time, three months subsequent to the operation, he seems to be quite well, and has resumed his former occupation. The edge of the wound, and the projection of the os ethmoides above it, appear sound; and probably will soon with safety permit insertion of a substance to cut off the communication between the mouth and nostril.—*American Journal of the Medical Sciences.*

THE INDEPENDENCE OF THE FŒTAL CIRCULATION.

There is a memoir on this subject by Dr. Villeneuve, professor in the school of medicine at Marseilles, which rather confirms the already received opinions on this subject than proposes any thing new. The conclusions he arrives at are chiefly these:—1. There is no anastomotic communication between the fœtal and maternal circulation in the human being, as in the generality of quadrupeds. This absence of communication is proved by the existence of an elementary apparatus for circulation in the embryo, before the formation of the placenta; by the plethoric condition in which the fœtus is often found in cases where the mother has suffered severely from uterine hæmorrhage, as in placenta prævia when the placenta has not been injured, and by the continuance of the placento-fœtal circulation without hæmorrhage in an ovum expelled entire. 2. The death of the fœtus is only due to the want of oxygenation of the blood, and may therefore be prevented by accelerating delivery. It is never due to anemia, except when the umbilical vessels of the placenta are torn. 3. The death of the mother may be occasioned by the separation of a small portion of the placenta, which proves it to be rather owing to venous than arterial hæmorrhage, inasmuch as the utero-placental veins have numerous communications with one another, both in the placenta and in the uterus, whereas the arteries present few if any anastomoses. 4. Ergot of rye is injurious both to mother and child in hæmorrhage from placenta prævia, because it determines the constriction of the uterus as much or more at the lower part than at the upper, without producing dilatation of the external orifice, and by the contractions which it excites it expels from the uterus the blood which the mother has need to preserve. 5. The plug, if employed at the proper period, is the best treatment for such cases. It determines more certainly than ergot the proper contraction of the uterus. If applied too late, it is ineffectual in controlling the hæmorrhage. 6. It is very bad practice to pass the hand through the placenta in the endeavour to effect the artificial delivery of the child. It is always easy to separate the placenta at the point from which the hæmorrhage proceeds. By the former method the death of the child is most decidedly accelerated, in consequence of the rupture of the umbilical vessels. 7. We may hope to find the child alive, even after the death of the mother, especially in cases where severe hæmorrhage has quickly proved fatal to her. Hence the obligation to practise the Cæsarean operation on women who die during labour.—*Medical Gazette.*

DISEASE OF THE NASAL FOSSÆ.

This is a case related by Dr. Münchmeyer, of Limeburg. A man, aged 71, suffered at the end of last winter from a severe cold, which subsided under proper treatment. On the 6th of April he was attacked with pain about the left side of the forehead, extending to the left side of the face and the left ear; it was very severe and deprived him of rest. The left nostril was dry, but nothing abnormal could be seen in it. The left eye was pushed forward, and had an amaurotic appearance, but the sight remained. Various topical remedies to relieve congestion were employed, in spite of which the disease rapidly progressed. The pain increased, the eye was projected beneath the orbit, vision became impaired, and paralysis of the upper eyelid took place. At the same time a small, firm swelling appeared at the inner canthus, and acquired the size of a pea. Several severe hæmorrhages occurred from the nose, which reduced the patient to an extreme degree of weakness, and he died, May 17, without having experienced any cerebral symptoms.

On examination of the head, a pretty considerable layer of gelatinous substance was found upon the surface of the brain; but it does not seem clear that this had any connection with the other disease. In the left upper nasal cavities was found a growth, resembling in texture a fleshy, very firm polypus, which was situated beneath the cribriform plate and in the sinuses of the left æthmoid bone, being principally confined to this situation, but constituting also the projection at the inner canthus. The posterior æthmoidal cells and the sphenoidal sinuses were enlarged, and filled with a mass resembling in consistence and appearance thick pus. The mucous membrane lining these cavities was destroyed, and the inner surface of the bone carious to a considerable extent. There had been no escape of the matter towards the interior of the cranium, but it appeared to have gained a partial exit into the nostrils.

The author remarks that, although morbid growths in these cavities are by no means rare, such expansion of the sphenoidal sinuses with destruction of their sinuses are very seldom found. He states that he had been unable to find a similar case recorded in the works of several authors to which he has referred.—*Oppenheim's Zeitschrift für die gesammte Medicin.—Medical Gazette.*

ON A PECULIAR INFLAMMATORY AFFECTION OF THE CORNEA IN NURSES. BY PROFESSOR NASSE.

A malignant form of keratitis or inflammation of the cornea occasionally accompanies puerperal attacks, and in general terminates fatally. This affection, however, is not of a malignant nature, and appears at any time during the whole period of nursing, from a month after delivery to a year and a half, if the child be suckled so long. The eye is felt

irritable, and the conjunctiva is seen injected with blood. Occasionally the catarrhal symptoms attend the complaint, at other times little vessicles appear over the surface of the conjunctiva. Sometimes rheumatic symptoms are present; at other times it comes on with a vesicular cutaneous eruption over the face. The conjunctival inflammation rapidly passes to the cornea, and is accompanied by the usual darting pains in the eye and margin of the orbit. From the third to the eighth day an abscess forms within the layers of the cornea, when the inflammatory symptoms diminish, and if nothing be done to put an end to the complaint, it bursts into the anterior chamber, and occasions hypopion.

The disease is not peculiar to any age, constitution, or season; but is in every case preceded by great lassitude, debility, and leanness, brought on by excessive lactation; in fact, it seems to be a disease of debility. Blood-letting is consequently never indicated, but blisters behind the ears, diaphoretics combined with bitter infusions, quinine and sulphuric acid, a tonic diet, and above all the giving up suckling the child, generally effect a cure in about three weeks. It is mentioned that the separation of the child is the most important part of the treatment; and cases are related where the child being allowed to suckle before the cure was completed, brought it back with increased severity, and could not be stopped till the child was again removed, when the disease rapidly gave way.—*Ammon's Monatschrift für Medicin; and Edinburgh Medical and Surgical Journal.*

MEDICAL REFORM.

BY A MEMBER OF THE PROFESSION.

OUGHT THE QUALIFICATIONS OF MEDICAL PRACTITIONERS TO BE REGULATED BY LAW? THE ABSURDITIES OF EXISTING LAWS. THE NECESSITY FOR UNIFORMITY OF QUALIFICATION AND PRIVILEGES IN PRACTITIONERS OF MEDICINE.

(From the Spectator.)

There has of late years been much agitation in the medical world in regard to what has obtained the title of medical reform. The number of pamphlets which have lately issued from the press on this subject, owing their production to men in every department of the profession, and to men, in the majority of cases, of the highest standing—the universal advocacy of change by the medical periodicals, some of which have sprung up in order to aid in the promotion of reformation—and the forming, in all parts of the united kingdom, of associations, with the express object of seeking for improvement in the institutions affecting their members, among men who work not in classes but separately, who do not herd in communities but are dispersed over the surface of the country, while their pursuits, from their own nature, are at variance with political turmoil—would all yield *prima facie* evidence of strong grievances. But the evidence is strengthened by the fact that the necessity for *some* change is universally *acknowledged* by the profession; even those members who have risen to affluence and the highest honours under the old system (and who may, therefore, according to a general rule, be considered prone to conservation) admitting the desirableness of a reform. It is time, then, that the importance of the subject should be fully understood by the public, who have hitherto been too apt to consider it as something affecting a class merely, and as a matter in which they are but little interested; and that the public should know that the question involves, or not, as it is met, an immense deal of social improvement. Indeed, it is principally on the latter and broader ground that the matter should be argued; for while it may be shown that the medical profession has just cause to demand a change, or rather a new system of law in reference to itself, it may be also established that a large and liberal plan of medical reform might be the instrument of great good to the community. An enlightened foresight would demonstrate to each individual that he is as necessarily *concerned* in the question, as in a statistical account of the duration of human life—as much *interested* as in the mortality of a climate or the prevalence of epidemics.

There ought either to be no laws affecting the practice of medicine,—that is, every one should be allowed to practise it who might think proper to do so,—or there ought to be such laws. It is either for the public good that medical practitioners should be examined as to their competency before they deal with matters touching the lives of their fellow-citizens, or it is not. At first sight, one is sometimes apt to suppose that to leave the profession to itself entirely, to allow a perfect freedom of trade in it, so to speak, would be for the best. It would undoubtedly be better to have no system at all than to have such an incongruous, absurd collection of medical laws—a thing of shreds and patches, incomplete and inefficient—as we have now. But nevertheless, legislation might be applied to the practice of medicine with advantage to the public, which is the main object to be kept in view. It might be desirable to leave a citizen to choose as his attendant in disease the man whom he deemed fittest, or who was most to his liking, irrespectively of all legal qualification, did the mischief rest with the patient himself; but the crimes of quacks must be kept under at the expense of individual likings, for the good of the community, as much as inoculation with small pox matter is to be suppressed; the lives of the lieges are to be saved from the ravages of empiricism, as much as from the hardly more palpable calamities of a fearfully contagious malady. It can be demonstrated that medicine is a science, which, though it can never arrive at exactness, depends nevertheless, as much as do the exact sciences, on facts and reasonings. "A competent geometrician," says Mr. Green, in the *Touchstone of Medical Reform*, "in the demonstration of any problem or proposition, feels assured, that if all the geometricians in Europe were present to contribute their aid, the result would be the same, the evidence no greater. Now, I need not say that this is an advantage that can belong only to the so-called abstract sciences—those which are concerned with the forms of the mind, wholly separate from the changeable materials and objects to which they may be applied. Nevertheless, it remains the ideal standard, however great the difference may be in the comparative distance from the goal, however unapproachable this may be: this is the goal; and to that which we never reach we may be gradually approximating." A knowledge of medicine is but to be arrived at by a knowledge of principles; and the practice of medicine consists in the ability to apply these principles to varying, variable, and complicated circumstances. Much learning and much patient study are requisite to the attainment of a degree of proficiency in the treatment of disease: few individuals are able of themselves to decide on the comparative merits of different medical practitioners, and very many are unable to judge between the pretensions of an empiric and the qualifications of a scientific man. It would therefore seem that there would be no hardship, but a benefit for the people, in legislation taking care that their interests should be attended to in matters of which a great portion of them are necessarily unable to judge for themselves—in taking care that, while they were allowed to select their own medical attendant, they should make their choice from a class of men each of

whom had been *proved* and found fit to be intrusted with the care of life in sickness. The law has as undoubted a right to prevent the destruction of citizens by the mal-treatment of their diseases, as it has to see that the lives of her majesty's subjects are not sacrificed to the ignorance of pilots or of engineers. One ought to argue rather on principle than on mere precedent at all times; but it may be mentioned, that no enlightened state has existed in modern times, which has not acknowledged the necessity for some supervision of the capabilities of those engaged in the treatment of disease. If only a portion of the people have the ability to choose a medical adviser, even that portion is often placed in circumstances, by sickness, or by time or place, incapacitating from a choice, and rendering it desirable that the state should have provided some guarantee of safety in those professing to take on them the serious responsibilities of the physician. But a choice of medical practitioners for the *greater* part of the community rests with the *lesser*, whether the latter have the ability to choose safely or not: the physician or surgeon is generally provided by the head of a family: and till we allow to a man the license of killing his wife, his child, or his domestic, we ought not to concede to him the power to slay any of them through a more indirect process—through his own want of knowledge of scientific principles—through his own superstitious faith in some brandy and salt, or some cold-water-cure delusion—or through his fanatic faith in the spells of any other sort of empiricism. Men are not to be allowed the liberty of trifling with the lives of their compeers, whether in a ship, in a workhouse, or in a family.

The only feasible objection that can be made against restraining persons more or less incapable from practising medicine, is that such restrictions are apt to increase the price of the article *medical skill* in proportion as they enhance its value; that if medical men be made better physicians and better surgeons, they may be made so good that some people shall be unable to pay for their medical services. Now, it can be shown that there is a certain amount of knowledge of medical principles necessary for the safe treatment of disease. Nobody can say exactly where the line is to be drawn under which it is unsafe to prevent men from treating their fellows in illness; but it is the business of the law to make an approximation—to fix the qualification required of practitioners in medicine as near the line as possible; and while it prevents them from falling below it, to encourage them to rise as high as possible above it. It might be demonstrated that the public is to be benefited by preventing the qualifications of medical practitioners from falling under a certain minimum, even though such an arrangement could only be effected by a higher rate of remuneration. But the poor man, who could not pay for a practitioner at all, who had been educated up to this minimum qualification, what is to be said to his case, when his choice is to be limited to such practitioners? This: that rather than he should employ a practitioner not possessing the minimum qualification—that rather than he should employ a quack, or one whom it might be *unsafe* to trust—who might strike Nature when he levelled blows at Disease—that, rather than do such things, he should leave the healing powers of Nature to their own efforts. Such an argument can but appear unreasonable to those who are ignorant that it is not the physician but Nature who cures all disease; and to those who, putting confidence in yellow pills or pink bottles, are in the habit of employing retailers of drugs to prescribe for their diseases, capriciously overlooking the equal claims of their cooks and bakers. After all, this is but supposing the extreme case of an individual being unable from the state of his purse to obtain safe medical advice, for the sake of argument; for as long as professional knowledge is to be increased by experience, so long will the doors of every hospital, every dispensary, every practitioner's private dwelling, be open, and part of the time of every practitioner be ready to be devoted to the relief of disease; so long will practitioners not only be prepared to administer relief, but be earnest in ferreting out cases for the experience they are to yield. But were it otherwise, it ought to be considered a duty of the state to provide safe medical aid to such individuals as were unable to pay for it themselves. We live in a community: men's lives are to be protected against the sins of commission, and they must not be sacrificed to errors of omission: people ought not to be let die for the want of medical knowledge.

Let it be supposed, then, that it is granted that there ought to be laws to regulate the medical profession. Now, it is generally allowed that laws, of whatever kind, *ought* to be as simple and efficient—as wise as it is possible to make them. The laws at present affecting the medical profession are far from being so. On the contrary, they are incongruous, and many of them have become obsolete from their sheer absurdity: and a single statute might simply and speedily remove the sources of the complaints of medical practitioners, while it conferred a boon on the people at large, did the public but take upon itself to care about the matter. The profession might receive the necessary aid, were it possible for the public to become possessed of the facts of the case, and interested in its merits.

There exist within the united kingdom eight different medical corporations, besides the nine universities; and each of these bodies, corporations, and universities, grants some kind of degree, license, diploma, or qualification, to exercise the art of healing; each takes a method of its own of training its graduates, its members, or its licentiates; each produces a distinct kind of practitioner. There are, besides, the medical departments of the army, the navy, the ordnance, and the East India Company, each of which prescribes a course of education of its own, and examines the candidates for admission into its own service; and there exist too, as sources of the highest honours in medicine, the Archbishop of Canterbury, and "the bishop of the diocese;" such learned ecclesiastics possessing still the power to examine individuals touching their skill in the art of medicine, and to license them to practise accordingly. Now, this body grants certain privileges of practice in one part of the kingdom, that in another; the members of one corporation can practise merely in this department of medicine, and the licentiates of another are not allowed to step beyond the boundaries of their province of the science. A licentiate of the College of Physicians cannot infringe the privileges of the Apothecaries' Company; a surgeon cannot act as a physician, that is in medical cases; and when a physician first joins the London College, he must renounce all the connexions he may previously have formed with other grades or departments of his profession; though nobody has been able to draw a line between medical and surgical cases—though physicians have a right to treat surgical disease—and though it is well known that some of our most eminent pure surgeons have been most excellent physicians, and have had more of a medical practice, so called, than a surgical. A Scotch surgeon-apothecary, who is considered legally qualified to practise medicine in Dumfries, is incompetent to do so in Carlisle; an apothecary may treat patients in London, who is quite incapacitated in Dublin; and if an Irish apothecary were to venture across the channel in the hope of being allowed to exercise his calling in the sister island of an united

kingdom, he would find that he had calculated without his host—that the Apothecaries' Company in Ireland and that in England, not only had each a monopoly of its own, but was besides composed of different sorts of practitioners, the Irish being nearer to the original character of an apothecary, while the English were not apothecaries at all. Army and navy surgeons are not legally qualified to practice, according to the usual mode of general practitioners, in England and Wales; though the medical charge of the flower of British manhood is intrusted to them abroad and at home, by land and water. A medical graduate of a Scotch university, however learned he may be—though he be a Fellow of the Edinburgh College of Physicians, which Dr. Grant instances as one of the most amiable and most virtuous of the medical corporations—cannot be admitted among the fellows of the London College, because he has not studied at Oxford or Cambridge, where there are no means afforded for enabling men to become practical physicians: this happens in consequence of a narrow-minded by-law of the London College, at variance with the spirit of the charter obtained from King Henry VIII. in favour of a few metropolitan physicians, most of whom held degrees from some of the Italian universities, while many of them were foreigners by birth. (Dr. Kidd.) Though the treatment of persons in London, and within seven miles, is confined to Fellows of the College of Physicians, and such as they choose to tolerate, any one who buys a degree may practice in the provinces of England, notwithstanding that it is supposed that the legal right of doing so is confined to graduates of Oxford and Cambridge and those whom the College of Physicians may approve: in fact, there are very few legal physicians in the provinces, inasmuch as the majority of them practise in consideration of degrees obtained out of England. There is no law in operation to prevent any one, without a degree or qualification of any kind, from practising in England; and it is not necessary to have a surgeon's diploma either to practise or to charge for the art of surgery; though the poor-law commissioners have lately, by some crab-like process of their own, discovered that medical practitioners must be members of the Lincoln's Inn Fields College of Surgeons. Of course it cannot for a moment be supposed that their ignorance has been *preyed* upon by any representations of *interested individuals*. It is only in practising as an apothecary in cases strictly medical, (which it is impossible to define) that any one without a qualification can be interfered with; and then not for dangerous practice, but for selling medicine. Strange to say, this power has been exercised not so much against quacks as against members of colleges or faculties giving better diplomas than the apothecaries themselves.

Here, reader, is an entangled skein of legal fictions and absurdities. But, after all, it is but a sample, picked at random, of the endless incongruities in the law as it affects the practice of physic. Incongruities! for what can they be else, when we know that one kind of physiology, or one kind of pathology, is not peculiar to one country or section of the kingdom—not peculiar to one part of the world—not even peculiar to the human race? when we know that medicine and surgery are one science—that the practice of each is but the application of certain principles common to both—that the education of the surgeon is the education of the physician—that a practitioner who knows nothing of external diseases can know but little of internal ones—that topical ailments depend on constitutional causes, while general affections of the system are referable to a local origin? What can the laws at present affecting the medical profession be called but anomalous, when we acknowledge that the lives of her majesty's subjects are of as much consequence here as there, in London as in the provinces, in Scotland as in Ireland, and are as worthy of safe medical treatment in the colonies as at home. It seems ridiculous that practitioners of an art which is the same everywhere should have geographical limits set to their individual exertions in a single country. It does not seem proper that the public should be deprived of the effects of a free competition; nor does it appear right that a medical practitioner should not only be deprived of the power of carrying his knowledge to the best market, but actually have his particular part of the united kingdom assigned him. Yet so it is; he is not free to carry his skill where he would wish; nor could he be unless by acceding to all the contrary regulations, and passing all the different examining boards of the various universities, colleges, and faculties—which would be next to impossible. It would be as reasonable to prevent farmers who had been bred in Hampshire from farming in Middlesex, as it is to continue the present anomalies in regard to the "practice of physic." A knowledge of French *law* does not involve necessarily an intimacy with English jurisprudence, and a good English lawyer might be a bad American one; but science is the same in one country as in others; if a man is skilful in medicine in Cincinnati, an Englishman may safely be guided by his advice; if a practitioner be bred in the French hospitals, it will answer the same purpose as if he had "walked" Guy's or Bartholemew's. But this would appear a new light, quite at variance with the received hypothesis that there are about a score of different kinds of human constitutions, and consequently about twenty different *species* of practitioners in these little islands.

If every one of the corporate bodies had exercised its peculiar privileges by charter or by act of parliament, we should have had such a pulling at cross-purposes that the evils must have corrected themselves long ago. This but proves the necessity for abolishing such as still stand out in bold relief to inflict grievances and to do discredit to an enlightened state. If corporate bodies, for the general advantage, had tolerated each other, and the necessity for the possession of one of their diplomas had been left to public opinion, the profession would have been in a much healthier state; for in Scotland, where one corporation or university does not use its power to put down the licentiates of a different faculty, (except when the Faculty of Physicians and Surgeons of Glasgow prosecute the C.M's of the University of the same city, as emanating from a source which has no right, as the faculty thinks, to make surgeons at all,) we do not hear much of grievances. We may mention incidentally, that the holders-up of the old system against a partial reform of it which was proposed by a bill in 1833, called the "Apothecaries Amendment Act," took advantage of the *letter* of the charters of the different medical bodies in Scotland, to make believe that the privileges conferred by these charters were carried into force by one corporation or university against its neighbours; while it was not stated that such privileges as had become inconsistent with common sense and the spirit of the age had fallen almost altogether into desuetude, that the Northern petitioners for reformation had long, in their own country, set the example, voluntarily, of the practical working of a principle which they wished to see carried out in other parts of the empire. But what could be expected of men, one of whom in his evidence before the parliamentary committee which sat on medical matters in 1834, objected to medical reformation on the part of the Apothecaries' Company, because such a reformation would make Scotland the

thoroughfare to supply England with practitioners? Though the position is a false one, the apothecaries may, *á fortiori*, on their own reasoning, cast away all their sea-borne commodities, as not being indigenous articles, and John Bull forego for ever his indulgence in figs or plum-pudding. The evil of being "dependent on foreign countries" has been amply insisted on; but it was not before publicly announced that it was dangerous for one part of the same kingdom to be dependent on another part. Without saying more about the fact enunciated by the witness above alluded to, we may state that we had hoped, in the nineteenth century, to have it generally allowed that the good of the people of England was to be consulted in preference to the private interest of a city corporation of druggists.

The reader will allow, that if a medical practitioner is qualified to practise medicine in one part of the united kingdom, he ought to be qualified in any part, and thereby accede to one of the grand principles of medical reformers. But his argument must be gained to another leading principle of equal importance in the question of a reformation of our medical institutions—that it is absurd to parcel out the practice of medicine into departments by acts of parliament or old-fashioned charters, which, however well suited in their time for the wants of their age, are now but ill-assorted with a state of more advanced intelligence and liberality—that while a medical practitioner is not to be confined within certain geographical boundaries, neither is he to be limited *by law* to the practice of one part of his profession.

Medicine is one science; the physician, the surgeon, the general practitioner, must each be educated in the same way—must each be acquainted with the same principles, to be qualified to practice in his own province. The same kind of knowledge, the same amount of information, must be required of each practitioner before he can safely be trusted to visit the sick bedside. External diseases are not always surgical diseases, neither are internal diseases always medical: the treatment of each class comprehends medicines as well as surgical operations and appliances: no line can be drawn between them. Diseases of the skin are considered more particularly the province of the physician, and stone in the bladder is always conceded to the surgeon. No doubt that if one individual, on his groundwork of principles, should devote his practice to one part of science, he may surpass in it: no doubt that a surgeon can amputate a limb better than a physician, or that a physician can excel a surgeon in cases in which the latter has had little experience, while the former has had much: but if the profession is to be divided by the operation of law on such grounds, why is the principle of division not carried out? why have we not physicians and surgeons everywhere? why are army surgeons and navy surgeons the army and navy physicians? why have not oculists, aurists, orthopædists, and other individuals who give all their attention to diseases of one class—of the chest or skin, for example—each of them a faculty as well as the surgeons and the physicians? An individual may certainly excel, by accumulated experience, in one department of his profession; but what society should require ought to be, that before he practices he should be acquainted with the principles of medicine to an extent which should prove a sufficient guarantee for his practice being safe towards the public. Now, if society has to exact, necessarily, from every practitioner the same qualification, it follows, in common justice, that each practitioner should be left to practise one, or more, or all of the branches of his art, as best suited his own inclination, his talents, his turn of mind, or his local or social position. While such an arrangement would be but just to the practitioner himself, the public would enjoy the benefit of having the talents of each member of the medical profession directed to that kind of practice which most suited his own case.

But if the necessity for there being the same qualification required for whatever department of practice, and for individuals possessing such qualification being allowed to exercise their profession in what particular mode they might choose, be made evident by the very nature of medical science, the circumstances of society, apart from the philosophical view of the subject, point out the same necessity. The bulk of practitioners are "general practitioners," that is, such as combine the practice of all the different departments of their art. Physicians are found in the greater towns: London, the head-quarters of the "higher grades" of all professions, contains something more than two hundred and fifty physicians, while it probably contains about two thousand general practitioners. The "pure surgeons" in the metropolis cannot make up the fifth part of the number of the physicians; there are a few pure surgeons in Edinburgh and in Dublin; in the other towns it would be difficult to find a single pure surgeon. The reader will be astonished then to learn, that the great opponents of an uniformity of legal qualification to practice are physicians and pure surgeons, especially such as are fellows or members of the council of corporate bodies (but this was to be expected); but he will be more astonished when he considers that such members of the profession as move in the higher walks do so, not in virtue of degrees or diplomas altogether, but on account of success, whatever may have caused it—on account of public esteem; for many general practitioners are doctors of medicine, and many physicians practice on purchased degrees; while pure surgeons, so much opposed in general to uniformity, call themselves surgeons in virtue of a diploma possessed, nearly uniformly, by all the younger generation of general practitioners in England, and are actually *pures* in consequence of hospital practice and public repute. The opposition of the "higher grades" to uniformity of qualification seems the more unreasonable, when we consider their own declaration that "society makes the grades;" of course it does: the "uniform qualification" may be likened to a door, through which, for the advantage of society, each member of the medical profession should have to pass before being left at liberty to follow his own course—to become a physician, a surgeon, or a general practitioner. There must still be physicians, still be surgeons; while each man in the profession would have the opportunity, by practising in what mode he might choose, of being recompensed for the talent he could claim; and while the public would reap the advantage of having its *bona fide* physicians and surgeons gathered from a larger field—shaken up, as it were, like the larger grains in a vessel full of sand when it is agitated. A merchant may increase his business by means of parties hired to conduct it, but a medical man can but carry on his work by his own head and hands: his only reward, then, for increased merit, comes to be the power to demand increase of fees: he ought not to be tied down by law to a certain grade, or to certain conventional usages. But alas! even in the retiring contemplative profession of medicine, whose business is to investigate natural truths, we find men animated by party-spirit and corporation-spirit, and prevented by the jaundice of prejudice and partiality from assenting to propositions the most palpable. When the Apothecaries' Amendment Bill was introduced in 1833, the different medical communities petitioned each in favour of its own interest in some form, not from an enlightened anxiety for the

general good. The Scotch schools of medicine petitioned for the abolition of serious grievances affecting themselves; the Irish, that the changes which might be made should contemplate their claims to justice; the College of Surgeons of London put in a word on its own account; the Apothecaries' Company petitioned in favour of things as they were; and some of its licentiates in different parts of England, while they could not deny the propriety, the liberality, and the justice of the proposed changes, sent petitions from various towns in favour of the old system of monopoly and absurdity. It is to be regretted that professional men should have availed themselves of the mere letter of the law to injure an honourable rival who did not happen to be an *apothecary*, while they tolerated quacks; for these latter petitions, it is to be lamented, seemed to have such an unworthy origin. The profession ought to be *one*; the law at least should make no grades in it: all that legislation has to do is to ascertain the fitness of individuals to practise, and to leave the rest to themselves and society.

(TO BE CONTINUED.)

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN—I have read, with great attention, the medical charities' bill, brought in by Lord Eliot and the Solicitor-General for Ireland, and ordered by the House of Commons to be printed, which appeared in a recent number of the MEDICAL PRESS; and I must confess that I can perceive very little difference between it and Mr. Nicholls' bill. Certainly the treadmill clause has been left out—the medical charities board appears to be vested with a certain degree of power; and the Lord Lieutenant's name is put forward prominently in several places. Still this bill, if it passes into law, will, in my humble opinion, place the medical charities, and the medical officers of them, as effectually under the control of the poor law commissioners as Mr. Nicholls' former bill.

I would, therefore, through your columns, venture to call the attention of those gentlemen to the matter who so warmly took up the subject, and so generously stood in the breach upon a recent occasion, and who were, in a great measure, instrumental in obtaining a postponement of that bill, in order that the more obnoxious clauses might be struck out or modified to meet the wishes of the profession. I allude of course to Sir Philip Crampton, Sir Henry Marsh, Mr. Cusack, Drs. Stokes and Graves, for whose disinterested exertions on the behalf of the medical attendants on dispensaries and fever hospitals throughout the country we must ever feel grateful.

I am sure, it is only necessary to mention the subject in your journal, and the heads of the profession will be again up and stirring.

Would not a meeting of the whole profession in the metropolis be desirable upon such a vital subject? I feel certain that the call would be heartily responded to, and that most important advantages would result from such a meeting under present circumstances.

I am, gentlemen, your obedient servant,

A SUBSCRIBER.

TO THE EDITORS OF THE MEDICAL PRESS.

County Galway, September 16, 1842.

GENTLEMEN—Having read the proposed medical charities' bill, as it appears in your publication of the 31st ult., I beg leave to call your attention, and that of the profession generally, to certain clauses in the bill—viz., 19, 20, and 50, which appear to me calculated to seriously involve the interests of the medical profession in Ireland, particularly that portion of it which is connected with dispensaries and fever hospitals. Clause 19 gives the power of voting at the first elections, under the act, to a donor of any sum of not less than £20. Clause 20 gives the like power to a subscriber of any sum of not less than £2. Now, these clauses appear to me highly objectionable—1stly, because the 20th, in a great measure, tends to frustrate the object of the 19th clause, as it gives the same power and privileges to the subscriber of £2, as to the donor of £20, at the all-important time of the first elections. 2ndly, because the effects of these clauses would necessarily cause the number of dispensary or fever hospital governors to be indefinite, and give the governors, by donation and subscription, the power of out-voting the ex-officio governors, where numbers would, to a certain extent, be limited, residence in the dispensary or fever hospital district being required. See clauses 17 and 18. The result of such power would be that medical appointments would go by purchase, and no medical man, who at present holds a dispensary or fever hospital, could calculate upon his being re-elected, even though the ex-officio governors wished to re-elect him. The present medical officers would be liable to be deprived of their institutions by candidates who might choose to expend a few pounds in making governors, by subscriptions of £2, for the purpose of out-voting the ex-officio governors, or, in other words, of purchasing the appointment.

Clause 50 seems to me equally objectionable, because it gives to the Lord Lieutenant, if he chooses to avail himself of it, the power of removing the medical officers at present in office, and appointing others, unless they possess the triple qualification of physician, surgeon, and apothecary. How many of them are there so qualified? How can it be expected that men who for years past have practised the profession with noted celebrity, will now submit themselves to new courses of study, and new examinations, in order to obtain the triple qualification required by this 50th clause.

Hoping that the few remarks I have offered on this subject will be found worthy of a place in your journal, I am, gentlemen, very faithfully yours,

MEDICUS.

TO THE EDITORS OF THE MEDICAL PRESS.

Glanmore, Ballymahon, Sep 21, 1842.

GENTLEMEN—Having seen in the poor-law medical report made by D. Phelan, Esq., assistant poor-law commissioner, a statement "that the medical attendant to the Kenagh Dispensary lived five miles from it, and that attendance was not afforded in a satisfactory or efficient manner, which was admitted by the subscribers," I beg leave as treasurer of the dispensary, attending at the meeting, to declare that the surgeon lives between three and four miles of the dispensary, and that his family actually resided at that time in Kenagh, and that the attendance has been most satisfactory, which the committee, and even subscribers, are ready to admit. He, the assistant commissioner, has stated what is not the truth, and I regret to say, he must have knowingly made the mistake—namely, that the present medical officer paid his predecessor the sum of £300 on condition of his resigning and using his influence to have the present surgeon appointed, which I most positively, as did the other subscribers, contradict; stating that the transaction took place between the late Dr. Bride and his predecessor.

As regards the publicity of the election to appoint a successor to Dr. Bride, I do positively state that three surgeons canvassed the subscribers—namely, Messrs. Eames, Bracken, and M'Manus, the latter of whom was unanimously elected.

I am your obedient servant,

M. P. B. GRAY.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

THURSDAY, SEPTEMBER 22.—Council met.

Read the letters which appeared in the last number of the MEDICAL PRESS, from the Rev. E. Thackaray, Vicar of Dundalk, to Lord Eliot upon the medical charities of Ireland.

Resolved—That the best thanks of the Association

be given to the Rev. Mr. Thackaray for the ability and benevolence with which he has advocated the cause of the medical charities of this country in the foregoing letters.

Read a communication from Dr. Duigan of Kilbeggan.

Resolved—That it be taken into consideration at the next meeting.

TO CORRESPONDENTS.

A student can become a licentiate of the College of Surgeons in Ireland without serving an apprenticeship to a member or licentiate of that or any other college. A printed copy of the regulations can be obtained on application to the Registrar.

We cannot inform M.R.C.I. positively whether there is or is not any institution in Edinburgh or Glasgow which can legally entitle a person to practice midwifery in Ireland; but we can say that any man or woman can practice midwifery in Ireland who pleases, and any one who pleases can grant what is called a diploma in midwifery.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, SEPTEMBER 28, 1842.

MEDICAL CHARITIES' BILL.

"Until we have gotten some hold of the country *in this way*, I do not see how we can deal effectively with the medical charities."—*Nicholls' letter to Lefevre.*

In our last we showed how it is proposed to repeal the laws which, for sixty years, have provided medical relief for the labouring classes in Ireland, and to wrest the property of the dispensaries and fever hospitals from the lawful trustees to transfer it to another class for other objects. We have now to show how it is proposed to provide for the removal of these trustees, the present governors, and the physicians and surgeons who administer this relief, and to appoint others in their places. By the thirty-sixth clause, as we showed in our last, when the commissioners have, by "*their order*," declared any dispensary or fever hospital district fit for the administration of medical relief to the sick-poor, "so much of the provisions of all general and local acts made before the passing of this act, as shall in any way relate to any dispensary or fever hospital, or to any *presentment, tax, or contribution*, in respect of any dispensary or fever hospital in such district, shall cease and determine." In fact, by this and other clauses the existing institutions are exterminated root and branch as noxious nuisances as soon as the poor-law institutions are ready, and with them of course are swept away the governors and governesses who now support and regulate the medical charities. The number of ladies and gentlemen which it is proposed to drive thus away from all connexion or interference with the medical charities cannot be ascertained. Amongst the bundles of statistical information, ostentatiously paraded by Messrs. Nicholls and Phelan, we seek in vain for information on this head. The amount of subscriptions—the amount of presentments—the number of square miles, and population to each, with many other details, are given; but nothing is said about the number, rank, or description of the subscribers; that information, as well as much more equally important, has been suppressed, because it was not wanted for the proposed purpose. We can, however, make a reasonable guess from the amount of subscriptions. Mr. Nicholls' says in his report, that these amount to about forty-two thousand pounds per annum, more probably forty-five or fifty thousand; but, for argument sake, we take it at forty thousand for dispensaries and fever hospitals, which, at a guinea each, makes some forty thousand subscribers, but as some subscribe more than a guinea, we knock off eight thousand pounds, which reduces the number to thirty-two thousand, or on an average to one thousand to each county. Be the exact amount what it may, it is clear that the object of this bill is, and its effect must be, to remove a very numerous body of the gentry of the country from the management of these institutions, and thereby to sever one of the few remaining links which directly connect the wealthier with the humbler classes in Ireland. Now, we ask does any man believe that this effect of this bill was not foreseen, or that in fact it was not contemplated and intended? Our firm conviction is, that it was and is a prime object of the authors and supporters of this measure. "Until we have gotten some hold of the country *in this way*," says Mr. Nicholls, "we cannot effect our objects." Until we undermine, neutralize, or crush the influence of the educated, the independent, and uncompromising, we cannot secure unity of purpose and action—we cannot concentrate our powers; in other words, we cannot rule by edicts from central boards, or govern by plans matured in public offices. This is only one of many contrivances to effect the same object; it is part of a system which has been for some time slowly and surely working, and which must ultimately exercise a powerful and fatal influence on the social and political condition of the country. This bill removes about eight hundred grand jurors, and thirty thousand ladies and gentlemen from all control, management, or influence in a most important department of the public service. What will the next bill, keeping the same principle in view, effect? In the provisions for sweeping away the present governors of the medical charities, it cannot have escaped observation, that the removal of ladies from the management of the institutions, has been specially provided for. Every one knows, that by the existing laws, subscribers, without distinction of sex, are entitled to act as governors, but by this bill they are excluded. Some may affect to look upon our objections to this part of the scheme as of no importance, or perhaps may attempt to treat the matter with levity; but knowing as we do the value of a lady's service in the cause of charity, and *knowing as we do*, that this attempt to get rid of them was no oversight, but a particular object of the authors of this measure, we shall not fail to urge these objections on all occasions, and we call on our brethren in the provinces particularly to take this point up, and to show that they are no parties to a proposal so worthy of the source from which it emanates. We state our feelings and opinions on this point sincerely, because we speak from experience, and because we well know that the best help the physician or surgeon can have in his labours for the relief of the sick-poor is that which he derives from the source to which we allude. There can be no mistake or doubt about this matter. In clauses nineteen and twenty, it is enacted that "every *male* person of full age," who shall pay to the collector a sum of not less than twenty pounds as a donation, or not less than two pounds as a subscription, shall be a governor, and we repeat it that this provision has been made deliberately and for good reasons, and that Messrs. Nicholls and Phelan know, as well as we do, why it has been made. But we have assumed, and we are prepared to show that the object is to get rid of all governors by donation and subscription, and that this bill does virtually and practically get rid of them. In the former bill, the treadmill bill, the ex-

isting governors were dismissed, as they are by the present one, but no provision was made to substitute other governors, by subscription, for them. The institutions were to be governed by the poor-law guardians, and a few other governors appointed ex-officio. The present bill, however, professes to provide for the creation of governors by donation and subscription, but it is nothing but mere profession—practically it effects no such object. It is a mere blind to satisfy those who are easily satisfied on such points, and who want only a good excuse to be satisfied. Donors of twenty pounds, and subscribers of two pounds annually, not to the dispensary or fever hospital, but to the *poor-rate*, are to become governors, and their subscriptions and donations are to be applied, not to the support of the charity, but to the general purposes of the poor-law, the dispensary or hospital being provided for by "an order" from the poor-law office. It is scarcely necessary to say that no one will go out of his way to purchase a governorship of a charity by paying twenty pounds or two pounds a year to the poor-rate. People subscribe to charitable institutions from charitable feelings, however theory-mongers and manufacturers of artificial systems may think to the contrary. After a man pays a heavy poor-rate, he is not likely to pay another for the privilege of taking the trouble of managing an institution, over which he really has little or no control, and in which he cannot take much interest. Let no one be deceived; the object is to get rid of the ladies and gentlemen who now govern the charities, and to substitute branch poor-law offices for them, and this bill effects this object.

If this bill is intended to get rid of the grand jurors and governors, who now control and regulate the medical charities, it also involves the removal of many, if not a majority, of the physicians and surgeons. We know that many of those most deeply interested in the matter will not believe that this result is so certain, or that there is any great necessity for exertion to guard against a consequence apparently so improbable and remote; but let them read the charges preferred by Phelan and Nicholls against the fever hospitals and dispensaries in the report made to parliament on the subject, and let them observe the anxiety displayed and the effort made to exhibit these institutions in the worst colours, and in the most odious points of view, and they must perceive, that a total change, both of men and measures, is the thing aimed at. They do not want physicians and surgeons—they want what they call medical officers—they want laborious, obsequious, obedient drudges, who will do as they are bid, and never stop to inquire whether the orders they have to execute are morally right or wrong; men who will administer medical relief more with a view to economy and convenience, than to the comfort, health, and preservation of the lives of the people. The whole history of their proceedings in England, their tenders and contracts, their importation of cheap doctors, their instructions as to the amount and nature of the relief to be given, and in Ireland; the failure of the vaccination act, and the refusal to remunerate properly the medical attendants of workhouses, prove this.

In the bill before us there is no distinct and separate clause providing for the removal of the medical attendants of fever hospitals and dispensaries, but ample power is indirectly reserved to effect this object. The fifteenth clause provides that "it shall be lawful for the commissioners *at any time*, with the consent of the said Lord Lieutenant, *by their order*, to constitute any one or more electoral divisions of any union a district for the medical relief of the sick-poor by dispensaries and fever hospitals; and by the sixteenth clause they may "from time to time, as they may think fit, *by their order*, declare any dispensary or fever hospital district *dissolved*." If the existing dispensary or fever hospital is dissolved, and a new one established; it is obvious that the existing physician or surgeon is dismissed, and that either a new one is to be appointed, or he is to be transferred to the new establishment, but no security is provided even for such transfer, or the slightest compensation thought of, be the period of service, or the age of the individual, what it may. Even if security was afforded that the medical attendants of the dissolved dispensaries or fever hospitals were to have the first claim to the appointment to the new ones, it would afford, in many cases, little if any compensation, because few practitioners could leave the districts where they are established in practice, and emigrate to other places where they have neither acquaintances nor connexions. If gentlemen choose to shut their eyes, with all this staring them in the face, we cannot help it; but they may rest assured that the matter is as we state. In our next we will return to the subject.

POOR-LAW INTELLIGENCE.

TO THE EDITORS OF THE MEDICAL PRESS.

Laurence-st., Drogheda, Sep. 23rd, 1842.

GENTLEMEN—The desire evinced by you since the commencement of your periodical to advance the cause of science, and to benefit the community at large, induces me respectfully to forward for publication (should you deem it necessary) a copy of a letter addressed by me on a recent occasion to the chairman of the board of guardians for this union, in consequence of my having been called lately to visit *three* children in this neighbourhood, labouring under *small-pox*. The *courteous* and *gentlemanly* reply, if such merits the appelation, I learned on looking perchance over one of the Drogheda newspapers on the Saturday following the meeting of the board, in which it was stated that "*a letter was read from Doctor Darbey on the subject of vaccination*, and was ordered to lie on the table." What it is to have the aid of a *learned* (*!*) *and eloquent* (*?*) ex-M.P., to direct those would-be important personages on the points of etiquette to be observed in their hebdomadal meanderings. If those gentry fancy that such evasive answers will satisfy me, or that I shall permit the subject of vaccination *in this union* to be cushioned after my exertions in the cause for years past, I beg to assure them, they reckon without their host, as they will perceive in the next session of parliament, when returns will be moved for of the progress of vaccination under the act of the 3rd and 4th of Victoria, from the several unions in Ireland.

"I have the honour to remain, gentlemen, your obliged and obedient servant,

P. DARBEY, M.D, &c.

"VACCINATION ACT—DROGHEDA UNION.

"*To the Chairman of the Board of Guardians for the Poor-law Union of Drogheda.*

"SIR—Having taken much interest in the extirpation of small-pock inoculation, as may be remembered from letters of mine, published in the MEDICAL PRESS, the metropolitan and local journals, whilst the vaccination bill was in committee, I shall feel much obliged, by your informing me as a *rate-payer*, what has been done in this union for the suppression of such a nuisance, as I have not seen any report on the subject published in the Drogheda newspapers, nor has there been, as I am informed, any return made to the commissioners of poor-laws in Dublin, further than the "*farming out*" of the paupers, some months since, to five or six individuals, at a stipulated sum per head.

I have the honour to remain, sir, your obedient servant,

"P. DARBEY, M.D., and Surgeon.

"Laurence-st., Drogheda, Sep. 10, 1842."

BANDON UNION.

Lord Bernard said that it was his lordship's intention, on an early day, to lay the bill for the regulation of the medical charities before the board, with a view to the board taking its intended provisions into their consideration, and as he (Lord B.) looked on it as a measure which should receive the deep attention of the guardians, his lordship hoped they would record their opinion concerning it. It would, in its present shape, give very considerable additional powers to the commissioners, extinguish the present institutions, and, in his lordship's opinion, entail still greater expense on the country, he feared without any commensurate good (hear.)

The guardians present fully concurred in his lordship's views.—*Cork Constitution of Saturday.*

OBITUARY.

On the 14th inst., Frederick Philpot, Esq., surgeon, late of Upper Southwick-street, Paddington.

REGISTER OF THE WEATHER.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Sept. 18th,	67	48	29.760	
Monday,	19th,	65	50.5	29.500	.280
Tuesday,	20th,	61	48	29.400	.410
Wednesday,	21st,	56.5	47	29.600	.020
Thursday,	22d,	57	44	29.650	.275
Friday,	23d,	58 5	44	29.650	.055
Saturday,	24th,	60	50	29.500	.030

ROYAL COLLEGE OF SURGEONS IN IRELAND.

WINTER SESSION COMMENCING OCTOBER 31.

ANATOMY AND PHYSIOLOGY,	Dr. JACOB.
DESCRIPTIVE ANATOMY,	Dr. HARGRAVE, Dr. HART.
SURGERY, ...	Dr. WILMOT, Dr. PORTER.
PRACTICE OF MEDICINE,	Dr. BENSON, Dr. EVANSON.
CHEMISTRY, ...	Dr. APJOHN.
MATERIA MEDICA, . . .	Mr. WILLIAMS.
MIDWIFERY, AND DISEASES OF WOMEN AND CHILDREN,	Dr. BEATTY.
MEDICAL JURISPRUDENCE,	Dr. GEOGHEGAN.
HYGEINE, ...	Dr. MAUNSELL.
BOTANY, ...	Dr. BELLINGHAM.
NATURAL PHILOSOPHY, .	Dr. APJOHN.
COMPARATIVE ANATOMY,	Dr. JACOB.

Dissections under the superintendence of the Professors of Descriptive Anatomy, and the Demonstrators, Mr. DILLON, Mr. LEESON, and Mr. LABATT.

C. O'KEEFE, Registrar.

UNIVERSITY OF LONDON.

NOTICE IS HEREBY GIVEN, That the SECOND EXAMINATION for the Degree of BACHELOR OF MEDICINE will commence on MONDAY, the 7th of NOVEMBER; and that for the Degree of DOCTOR OF MEDICINE on MONDAY, the 28th of NOVEMBER. Candidates for the latter Degree, who have taken a Degree in Arts in any one of the Universities of the United Kingdom, will be exempted from the Examination in Intellectual Philosophy, Logic, and Moral Philosophy.

The Certificates required must be transmitted to the Registrar fourteen days before the commencement of the examination to which they refer.

By order of the Senate,

R. W. ROTHMAN, Registrar.

Somerset House, September 21, 1842.

DUBLIN SCHOOL OF MEDICINE, PETER-STREET.

The WINTER SESSION will COMMENCE on TUESDAY, NOVEMBER 1, at TWO o'clock, P.M., when Dr. WOODROFFE will deliver an INTRODUCTORY ADDRESS.

ANATOMY, PHYSIOLOGY, AND PATHOLOGY—PHILIP BEVAN, A.M., M.B., M.R.C.S.I.

PRACTICAL ANATOMY, AND DISSECTIONS—E. STOKER, A.B., L.R.C.S.I., C. J. MADDEN, L.R.C.S.I., and RICHD. BUTCHER, L.R.C.S.I., and M.R.C.S.L.

THEORY AND PRACTICE OF SURGERY, AND OPERATIVE SURGERY—W. AUCHINLECK, M.R.C.S.I., Surgeon to Mercer's and Simpson's Hospitals; J. WOODROFFE, M.D., M.R.C.S.I., Late Surgeon to the South Infirmary, Cork.

THEORY AND PRACTICE OF MEDICINE—D. J. CORRIGAN, M.D., Physician, to Jervis-street Hospital, to the Hardwicke Fever, and Whitworth Hospitals.

MATERIA MEDICA, AND THERAPEUTICS—J. MOORE NELIGAN, M.D.

MEDICAL JURISPRUDENCE—C. O'REILLY, M.D., Lic. K's and Q's Col. of Phys.

MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN—R. L. NIXON, A.M., M.B., M.R.C.S.I., Surgeon to St. George's Dispensary; THOS R. MITCHELL, M.D., L.R.C.S.I., Master of the South-Eastern Lying-in Hospital Cumberland-street.

The Dissecting Rooms, lighted with Gas, will be opened on the 1st of October.

N.B.—For further particulars apply to DR. BEVAN, 1, Hatch-street; or at the School.

MIDDLESEX HOSPITAL SCHOOL OF MEDICINE.

The WINTER SESSION will commence on Monday, October 3rd, 1842:—

Anatomy, Physiology, Demonstrations, and Dissections; by E. W. TUSON, F.R.S., MR. ERASMUS WILSON, and MR. H. M. ROWDON.
Medicine; by F. HAWKINS, M.D.
Surgery; by H. MAYO, F.R.S.
Midwifery; by J. NORTH, F.L.S.
Materia Medica; by MERVYN CRAWFORD, M.D.
Chemistry; by MR. EVERITT.
Forensic Medicine; by MR. C. DE MORGAN.
Botany; by MR. ROGERS.
Clinical Medicine; by DR. HAWKINS, DR. WILSON, and DR. WATSON.
Clinical Surgery; by MR. MAYO, MR. ARNOTT, and MR. TUSON.
Perpetual Fee to the whole of the Lectures, £45.

The INTRODUCTORY ADDRESS on the opening of the Session will be delivered by ERASMUS WILSON, Esq., on Monday, October 3rd, at Two o'clock.

A Public Distribution of Prizes will take place at the termination of the Winter Session.

In addition to the ordinary Prizes, an Annual Prize of the value of £20 will be awarded for general proficiency.

Clinical Prizes in Medicine and Surgery will be awarded by the Physicians and Surgeons of the Hospital.

A Theological Prize will be offered by the Chaplain of the Hospital to such Students as may be desirous of competing for it.

The Museum, Library, and Reading-room, are open for the use of the Pupils.

For further particulars, apply to the Secretary of the Hospital.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

Wednesday, September 28, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXCVI.] DUBLIN, WEDNESDAY, OCTOBER 5, 1842. { PRICE SIXPENCE, STAMPED.

Royal Academy of Medicine, Paris.—Extirpation of the Parotid Gland—Treatment of Aneurism by Bradsor's method..... 209
Microscopic characters of the Expectoration in Phthisis..... 210

EXTRACTS FROM PERIODICALS.

Case of Aneurism of the Arch of the Aorta, mistaken during life for Aneurism of the Right Carotid, in which the latter vessel was tied above the Tumour..... ib.

REVIEWS AND NOTICES OF BOOKS.

Mackness on the Climate of Hastings..... 215
Wetzlar on the Mineral Springs of Aix-la-Chapelle and Borcette..... ib.
Observations on Medical Reform—By a Member of the Profession..... 216
MEDICAL ASSOCIATION OF IRELAND—Proceedings of Council..... 218
Address of Council to the Members of the Association on the Medical Charities' Bill.... 219
MEDICAL CHARITIES' BILL..... ib.
Midland Medical Association..... 221
Medical Benevolent Fund Society of Ireland..... ib.
A Coroner at a loss for work..... ib.
Memoir of Baron Larrey..... ib.
MEDICAL INTELLIGENCE..... 222
POOR-LAW INTELLIGENCE..... ib.
Promotions..... ib.
Obituary..... ib.

ROYAL ACADEMY OF MEDICINE, PARIS.

SEPTEMBER 13, 1842.

EXTIRPATION OF THE PAROTID GLAND.

M. Jobert read a report upon a case of complete extirpation of the parotid gland by M. Lusembert, of New Orleans. A man, æt. 62, for about twenty years had a tumour in the situation of the parotid gland, which, within the last six years, had increased more rapidly than before, and was of the size of a hen's egg, its surface ulcerated, and unhealthy matter escaped, lancinating pains were at the same time experienced; in short, it presented all the signs of a cancerous affection.

M. Lusembert having determined to extirpate the tumour, as a preliminary measure, passed a ligature under the common carotid on that side, but did not tighten it. A semi-circular incision was then made upon each side of the tumour, and the diseased mass was detached from its deep connections, and the dissection continued until the styloid and mastoid processes were completely exposed to view. On the removal of the tumour it was ascertained that the parotid gland was completely converted into encephaloid matter. Profuse hæmorrhage came on towards the end of the operation; this obliged the operator to tighten the temporary ligature, which had been placed upon the common carotid, when it was immediately arrested. Paralysis of the side of the face resulted in consequence of the division of the seventh nerve.

TREATMENT OF ANEURISM BY BRASDOR'S METHOD.

M. Diday read a memoir upon the rules to be adopted in applying Brasdor's method to aneurism of the innominata, or its branches at their origin. The following propositions contain a resumé of the author's conclusions:—

1st. In every aneurism of the innominata it is necessary to tie both the subclavian and carotid; reasoning, and an analysis of the facts hitherto observed, prove that the ligature of only one of these vessels is not sufficient; and when it has appeared to be otherwise, the result has shown that the aneurism was seated, not in the innominata, but in one of its branches; or that the cure was not permanent.

2d. Ligature of both the carotid and subclavian arteries, simultaneously, is decidedly the boldest method of proceeding, and its dangers have been much exaggerated; experience has shown that no fear need be entertained of any interruption of the circulation in the upper extremity. Theoretically speaking, the dangers to be apprehended are inflammation of the sac, and secondary hæmorrhage.

3d. When it is proposed to tie successively the two branches of the innominata, and one of them prior to the operation appears to be obliterated, we should commence by placing a ligature upon the other. But it is absolutely necessary that we should distinguish between *real obliteration*, and those cases in which the pressure of the aneurismal sac upon the origin of the vessel has diminished its calibre, and caused *an apparent cessation of pulsation*; as the mode of proceeding must be very different in these two cases. When one of the branches of the innominata is *really obliterated*, we may proceed with confidence to place a ligature upon the other; but in the second case, experience has already shown in three instances, that this operation, practised where the pulsations of the vessel were only suspended, is not followed by the same advantages, and is attended by some serious inconveniences.

4th. When, prior to the operation, both branches appear to be equally permeable, it is often difficult to determine which should be tried first. We must be guided by observing the direction towards which the

aneurismal tumour appears to be tending, and particularly by the effects of pressure upon the subclavian and carotid arteries. In doubtful cases it is better to commence by placing a ligature upon the carotid; indeed, the experience of the majority of surgeons is in favour of this practice; besides, statistics show that the ligature of the carotid is exactly *one-half* less dangerous an operation than that of the subclavian or axillary artery.

5th. As a general rule, the second vessel should be tied as soon as the effect of the ligature upon the first appears to have ceased; for example, when the aneurismal tumour no longer diminishes in size; and we should not delay to take up the second vessel if the pulsation (suspended by the first operation) returns.

6th. After ligature of the carotid, according to Brasdor's method, secondary hæmorrhage from the wound has only occurred in two instances, and in both cases it had its origin from the upper extremity of the artery; in both these cases we are warranted in attributing it to the ligature having been placed too near the bifurcation of the vessel.

7th. On the other hand, a diseased condition of the coats of the vessel appears to be as frequent near the origin as towards the termination of the common carotid; therefore we should, if possible, avoid placing the ligature too near either of these points.

MICROSCOPIC CHARACTERS OF THE EXPECTORATION IN PHTHISIS.

M. Sandras made a communication upon this subject, and the following was the mode in which his experiments were conducted:—He set aside a number of the patients under his care at the Hôtel Dieu, in whom the disease was well marked, collected the expectoration in a tube, and examined it with a microscope, magnifying three hundred times. After repeated examinations, he satisfied himself that the expectoration in phthisis has a specific character; and that this method of investigation possesses considerable value in enabling us to diagnose alterations which auscultation and percussion are insufficient to afford; and that it requires neither unusual dexterity nor very great trouble to conduct the experiments.

The expectoration in phthisis presents numerous, rounded, isolated globules of a whitish-gray colour, resembling the globules of pus in volume and shape, but differing from the latter, which are perfectly free, in being surrounded by a flocculent layer, which cannot be removed by washing. In addition, these bodies are distinguished by being opaque in the centre, and gradually becoming transparent towards the circumference. To see this well a very small quantity of the sputa should be placed at a time in the field of the microscope.

The author has verified these facts in forty-nine cases of well-marked phthisis. In every case it is not to be expected that we should at all times find the foregoing characters in the expectoration; for its source is various, being sometimes derived from the tubercular cavity, at others, secreted by the mucous membrane of the bronchial tubes; neither has the author found these globules in the pus obtained from scrofulous diseases of other parts, such as lymphatic glands, &c.

For the sake of comparison, M. Sandras examined the expectoration in eighteen cases of simple catarrh; it resembled that of the phthisical patients in external characters, but contained none of the globules before alluded to, in place of which little bodies of a very different character were perceived: these were not distinct from each other—they varied from one another in size, and were striated upon the surface.

These new characters, the author thinks will much assist our other means of diagnosis in this disease; he does not, however, regard the expectorated matter in phthisis as softened tubercle, but as a secretion from the tissues in which tubercle is deposited.

EXTRACTS FROM PERIODICALS.

CASE OF ANEURISM OF THE ARCH OF THE AORTA, MISTAKEN DURING LIFE FOR ANEURISM OF THE RIGHT CAROTID, IN WHICH THE LATTER VESSEL WAS TIED ABOVE THE TUMOUR. BY R. O'SHAUGHNESSY, M.D, ASSISTANT-SURGEON, BENGAL MEDICAL ESTABLISHMENT, &c., &c.

The subject of the following case was a Mr. T., aged 42, commander of a vessel employed as a trader between Calcutta and the coast. He was born in England, but passed nearly the whole of his life at sea. He was rather below the middle stature, remarkably muscular and healthy in appearance. I saw him first on the 22d of June last, at the request of my friend Dr. D. Stewart, one of the presidency surgeons. There was a tumour about the size of a pigeon's egg, situated at the right clavicle, between the two origins of the sterno-clido-mastoid muscle. It was soft, elastic, and evidently contained a fluid which could be partly pressed out of it, but returned immediately on the pressure being removed. It pulsated so strongly, that each pulsation could be seen by a person at a considerable distance from the patient. The handling of it did not produce uneasiness; the skin over it was sound; and the complexion of the patient's face and neck showed that the circulation in those parts was healthy. The two carotids appeared to pulsate regularly, though the pulsation in the right was less distinct, and that of the radial artery of the right arm was so very feeble, that it was with difficulty a slight motion could be perceived in it. The arteries of the left arm pulsated regularly, both in force and frequency. The right hand and arm were swollen, puffy, and somewhat numb, and we remarked that he had an uneasy, restless habit, when talking, of constantly rubbing that hand with the other, and then comparing both. His voice was clear, and his breathing free and regular. He could run up and down the rigging of his ship, or the stairs of his house, without experiencing the slightest uneasiness, either from palpitations of the heart, or difficulty of breathing. His appetite was good—he had no difficulty in swallowing—and in fact he said he never felt in better health. The only change he observed in his constitution, since the appearance of the tumour, was a drowsiness, which frequently came over him in the middle of the day, though he slept soundly all night. Formerly he seldom took more than three or four hours' rest out of the twenty-four, and he could stop up without sleep for many nights successively, but since the appearance of the tumour, he found it impossible to keep awake for any length of time if alone, or not actively employed. The expression of his countenance was lively; he was a great talker, and evidently of a restless, active habit. The following is the account he gave of himself:—

When quite a boy he became a sailor, and served on board merchant vessels, in various parts of the world. During the war in South America, he served under Lord Cochrane, and has many marks on various parts of his body of wounds received in action under that gallant commander. Except the slight indisposition caused by these wounds, he enjoyed perfect health up to 1836, when, in consequence of the death of his chief officer at sea, he was exposed to unusually great hardships for twenty-one days and nights; after which he was afflicted with violent pains in the left

leg for five months. In May and June the following year, while in the Arabian sea, after exposure to much wet and cold, he was seized with pain in the left breast, which soon extended to the right, and was so severe, as to affect his breathing, particularly when lying down. This continued to trouble him for upwards of a year, and then left him suddenly, after which he enjoyed excellent health for some months. Again, in 1838, while in command of the ship *Mariam*, on a voyage to Moulmain, he was much troubled by a gnawing pain in the right arm, between the shoulder and elbow, attended with a coldness of the knuckles of that hand. This attack was relieved by frictions and leeching, and he afterwards enjoyed good health up to June 1840, when he became subject to severe pains extending along the muscles of the neck, from the right ear to the shoulder, and occasionally shooting into the right breast, occasioned by sleeping for two or three nights in the open air on the deck, while on a voyage to Singapore: but, on arriving at his destination, he was relieved by purgative medicines, and the application of leeches to the neck. In February of the present year, eight months after the last attack, he was exposed to the sun, in an open boat, for nine or ten hours, during which time he drank nothing but bad water, and he got a violent fit of vomiting and retching which lasted several hours; but after throwing up a quantity of green bile, he felt quite well. Fourteen days after this illness, while shaving, he observed a small pulsating swelling at the lower part of the right side of the throat, but as it gave him no pain or uneasiness of any kind, and he felt in perfect health, he took little notice of it. This was at Moulmain, and on his return to Calcutta, about three months after, I saw him for the first time at the house of Dr. Stewart.

From the foregoing history, and from the appearance and situation of the tumour, Dr. Stewart and myself agreed it was aneurism; but wishing to obtain another opinion, we gladly availed ourselves of that of Dr. Murray, Inspector-General of H. M. hospitals, who came to the same conclusion we had arrived at—namely, that the tumour was an aneurism of the right carotid, at its root, or of the innominata; and thought with us that the best chance for the patient's cure was to tie the common carotid above the tumour, and afterwards to promote the coagulation of the blood in it by acupuncturation and galvanism, should the ligature fail to produce that effect. The application of galvanism was suggested by my cousin, Dr. W. B. O'Shaughnessy, who said he thought it offered every chance of success, and undertook to conduct the experiment. From the extreme indistinctness, indeed absence of pulsation in the right subclavian and radial arteries, we argued, as Mr. Wardrop did, in the celebrated case of Mrs. Denmark, whose subclavian he tied for aneurism of the innominata—(the right carotid being impervious, or its pulsation imperceptible)—that by tying the carotid, we would be only assisting nature in bringing about a spontaneous cure. Though we did not speak confidently to our patient of the result of this operation, we told him distinctly, that without surgical interference there was no chance of his recovery; that his death would probably be sudden, and there was no telling how soon. He at once agreed to undergo any operation that would give him a chance of life; but as he had many matters to settle before he could afford time to lay up, he wished to defer it for a week or fortnight, when he promised to be quite ready. He was particularly cautioned not to expose himself to the sun or to wet; not to exert himself much in any way; and to abstain from wine and spirits, which we had reason to suspect he indulged in with more freedom than prudence. He was ordered to take gentle purgative medicines, and to live low. I saw him regularly for five or six days after the first interview, but notwithstanding all our explanations, he seemed not to know what quietness meant, and abstinence too, (at least so far as gin and brandy went,) was equally unintelligible to him; but he took the aperients regularly, and eat little, though his appetite was excellent. During these few days, I thought the tumour rather increased, in consequence of which I told him the sooner the operation was performed, the better, so he promised to be prepared to undergo it on Monday, the 5th of July. I did not see him for two days after this, and on Saturday the 3d, went to his house early in the morning with Dr. Stewart, at the earnest request of Mrs. T. To our great annoyance we found that he had been exerting himself violently at the dock-yard the whole of the previous day, which had caused an increase of the tumour to treble its former size. Instead of being confined to the lower part of the neck, it rose as high as the thyroid cartilage, and pulsated with great force; it was excessively tender to the touch, and the skin over it was red and inflamed. He said that in the night he was awoke by a most distressing feeling of impending suffocation, which prevented his sleeping afterwards, although the distressing sensation went off towards morning. This was the first time since the appearance of the tumour that he felt any dyspnœa, and it appeared to be accounted for from its increased size, and its pressing more now upon the larynx than before. The patient now expressed great anxiety to have the operation performed, and as the disease had advanced so rapidly, indicating further delay to be dangerous, we appointed the following morning, at six o'clock for it; meanwhile directing pounded ice in a bladder to be applied occasionally over the tumour, and that he should be kept perfectly quiet on his couch, and have no other food than bread and water.

From the time Captain T. first called on Dr. Stewart, he had seen many other surgeons in Calcutta, whose opinions he said corresponded precisely with that we had given. To use his own words, "All the doctors read to him out of the same book."

At six, A.M., of the 4th July, Doctors Murray, Stewart, and myself, repaired to the patient's house, and found him tranquil, and with his mind fully made up for the operation. He had spent a restless, anxious night, but had not suffered so much from dyspnœa as the night before. The skin over the tumour and right side of the chest was very red, but the tumour was less tender when pressed upon. Having laid him on a couch, with his shoulders elevated, and his head turned towards the left side, I commenced the operation by making an incision, from a little below the angle of the jaw, to a point opposite the cricoid cartilage, the inferior fourth of the incision having divided the skin over the upper part of the tumour. The platysma-myoides, a quantity of cellular membrane and fascia, being next divided, a large vein was exposed, which, both from its direction and size, we for some moments thought was the internal jugular, along the inner side of which was a white substance, having on its anterior surface a small nerve, like the decendens-noni, which resembled the carotid enclosed in its sheath, and for a few seconds I thought it was that vessel not pulsating, in consequence of the pressure of the tumour; but was soon satisfied this was not the case. I made the patient turn his head so as to rest the back of it fairly against the couch, and putting one finger in the wound, and the other over the course of the left carotid, I perceived the situation of the one I was in search of lay deeper and more backwards, although its pulsation was indistinct. By a little more dissection I came upon the sheath, which I opened immediately over the artery at its bifurcation, about

three-quarters of an inch below which point I tied it. The internal jugular was not in the least in the way, and when the sheath was opened, there was not the slightest difficulty in passing the needle behind the vessel. Before tying the knot, we examined the artery well, which felt distended with blood, but its pulsation was such as gave us the idea that the circulation in it was imperfect. There was no change in the size of the tumour after the operation, but the pulsation in it was evidently less distinct, and in three hours after the ligature was tied, his right arm was certainly smaller and less puffy than before.

8 o'clock, P.M.—Says he feels very easy, and the choking sensation is quite gone off—pulse in left wrist 100 and regular—no pulsation in right arm. He states that about four, P.M., he felt a throbbing sensation all over the upper part of the chest, not severe, but very disagreeable while it lasted—it is almost quite gone off now. Applied the stethoscope over the aorta; pulsation rather loud but regular. Heard no peculiar sound such as the "bruit de soufflet"—respiration natural.

Monday, 5th July, 6, A.M., twenty-four hours after the operation.—Passed a very tranquil, comfortable night, after taking gr. i. of opium at bed-time, but had little or no sleep; no pain in the tumour; difficulty of breathing quite gone; and no return of throbbing in the chest. Tumour the same as yesterday—pulsation still strong in it; bowels opened once during the night. The right arm is decidedly smaller than before the operation; he can now button his shirt sleeve, which he could not by an inch before.

Tuesday 6th, 7, A.M.—Passed a restless night, but says he had no pain in the tumour, no dyspnœa, and no return of the throbbing in the chest. The tumour is decidedly larger to-day, pulsation in it much the same; it is soft and elastic, and evidently no attempt at coagulation has taken place; pulse in the left wrist 120, not very strong, but regular.

Our object in applying the ligature being to stop the circulation in the aneurismal tumour, and thus prevent its increase, and cause its obliteration, we were sorry to find the operation not likely to be successful, as no coagulum had formed in the sac, and our only hope now was that the galvanic battery might effect the consolidation of the blood in it. To lessen the force of the circulation, and thereby give this new agent the fairest possible chance, the patient was bled to ten or twelve ounces (nearly to syncope) a quarter of an hour before applying the galvanic current. The battery being arranged, two acupuncture needles, coated with asphaltum, all but at the points, and near the haft, were introduced from opposite sides of the tumour into the centre of the sac, without being allowed to touch each other: to these needles thin wires were attached, which were brought in contact with the battery, so that the blood in the tumour was made to form part of the circle. Each time the circle was completed, (which was repeated five times for a second or two each time,) the patient suffered a great deal of uneasiness (like thumps on the part,) and his voice became peculiarly hoarse: on the needles being withdrawn, at one orifice only, a drop or two of coloured serum exuded. In the evening, he said he felt very comfortable; he had a short troublesome cough—(a new symptom)—with quick pulse and thirst, for which he was ordered a mixture containing liquor ammon. acetatis, spirit ætheris nit, and digitalis.

Wednesday, 7th July, (4th day).—We found he had passed a sleepless night—the tumour feels harder, particularly about the points punctured—there is throbbing over the upper part of the chest, more troublesome to-day than heretofore; but on laying the hand on the chest, no unusual pulsation is perceptible, and the sounds on applying the stethoscope, are the same as before. The galvanism was again had recourse to, and owing to a new arrangement of the plates, no pain was produced by its application. To have a sleeping draught at bed-time.

Thursday, 9th July, (5th day.)—The tumour feels harder to-day, but the upper and inner aspect of it still feels as if the contents of the sac continued fluid. He passed a good night, and is in excellent spirits. At one, P.M., the needles were again introduced at different places, and the battery applied, which was so very active, that it gave a great deal of pain, and could not be continued long. During the galvanisation his breathing became resonant, and he coughed incessantly. On withdrawing the needles, a few drops of a brown yellowish sanies escaped from the puncture of one of them.

Friday 8th, (6th day.)—Slept tolerably well after a grain of morphia, but was much annoyed by the cough, and during the night he experienced great difficulty in swallowing. The tumour feels very hard to-day, except at the point before mentioned, but is not reduced in size, and the pulsation in it is still strong.

Saturday 9th, (7th day.)—Passed a restless night, constantly coughing; his breathing is remarkably loud, but he says he feels no difficulty in respiration, whatever position he may place himself in. He complains of a severe pain in the right shoulder, which came on in the night.

Saturday, 10th July, 7, A.M., (8th day.)—Slept well, cough less troublesome; tumour the same as yesterday; he has no pain in it, but it pulsates more strongly; no difficulty of breathing or pain in the chest; pulse very quick. The expression of his countenance is haggard and depressed, and altogether our opinion was unfavourable as to the result of the case; yet apprehended no immediate danger.

On calling at 8, P.M., to pay my evening visit, to my great astonishment I found him dead. His widow said he passed a most comfortable day, and more than once expressed how well he felt. A friend was with him about six o'clock, to whom he talked a great deal, and in good spirits. A little after seven o'clock he got off his couch, and in attempting to walk across the floor to one of his children, who was crying, he fell on his face, and when he was raised (almost immediately) he was found to be dead. He had not made the slightest struggle before expiring. I found the tumour in the neck was much smaller, and the skin over it loose and flabby, from which I felt certain the aneurism had burst internally.

Dissection twelve hours after death—Present, Dr. Murray, Dr. Stewart, and myself.

After much difficulty in overcoming objections on the part of the widow and friends of the deceased, we were permitted to make a partial hurried examination of the site of disease.

On removing the sternum and superior costal cartilages of the right side, and reflecting the skin covering the right side of the neck, the disease was found not to be confined to the cervical region, but to extend into the chest.

The right carotid artery being cut across above the ligature, was found filled with a firm coagulum of blood. The parts around the knot were thickened, and a little healthy pus filled the furrow in which the ligature lay.

In hastily dissecting out the carotid, with the tumour over it, I accidentally divided this vessel again below the ligature, about half an inch above its origin from the innominata, felt here too it was filled with a healthy coagulum.

A little further dissection brought us to the innominata, the coats of which, to our astonishment, were

also in a healthy state, but so much flattened, as to appear a portion of the coverings, of a large hard mass, which lay upon its anterior surface.

The cervical tumour was situated between the common carotid and sterno-mastoid muscle; to the latter it adhered so strongly, that it was completely inseparable from it.

At this stage of the dissection the widow of the deceased began to manifest so much impatience and anxiety for fear we were mutilating the body, that, seeing we were likely to be soon interrupted altogether in prosecuting the examination of the parts *in situ*, we removed as quickly as possible as much of them as we could, and smuggled them away before she entered the room. In doing this, there escaped from an opening which was accidentally made in the upper and anterior part of the tumour, some dirty brown fluid, which led us to suspect at the time that suppuration had been going on in some portion of the diseased mass.

In the hurry I divided the aorta at its root, instead of removing the heart, as intended, and indeed as I thought I had done; but enough was fortunately obtained to elucidate the nature of the disease.

The commencement of the aorta, as well as the descending portion of its arch, was found perfectly healthy; but at the transverse part of the arch, at its superior and anterior aspect, there was found to spring an aneurismal tumour, the size of a very large fist; connected with, and proceeding from which, was the cervical tumour which, during life, we considered to be an aneurism of the common carotid or of the innominata.

The aortic aneurism occupied the upper and right side of the thorax, displacing the right lung (which overlapped it at its lower part) and also the heart on its right side; it was covered by and intimately connected with the pleura, which was thickened, smooth, and shining, and resembled pericardium. The trachea immediately above its bifurcation was seen on its inferior posterior and dextral aspect; the pulmonary artery was within the arch; the pneumo-gastric nerve (condensed in structure) ran along the right side of the tumour, and the right jugular was situated at its posterior part, firmly united to the pleura and aneurismal sac, where it joined the transverse vein, and formed the superior cava. The mediastinum was gorged with fresh coagulated blood, the aneurism having burst into it when the patient fell, at a point a little below where it pressed upon the innominata, and immediately above where it lay upon the bifurcation of the trachea.

The nature of the tumour in the neck greatly excited our curiosity; it was found to be a circumscribed sac of condensed cellular substance, and as if an off-shot from the aortic aneurism, probably a secondary formation caused at the time he was affected with violent retching and vomiting, and connected with the aortic aneurism by a very short neck, in which was a round aperture, admitting the end of my little finger.

The aortic aneurismal tumour was filled up with the usual firm brown and buff layers, and hard clots of blood; but there were no layers nor clots, nor any real blood in the cervical tumour; it was found to be filled with inodorous, dirty-brown sanies like fluid.

At our first cursory inspection of this cervical tumour, it seemed to have no direct communication with the sac of the aortic aneurism, but after carefully washing out its contents, and removing the coagulum from the aneurism, an opening was discovered at its lower part or neck (situated immediately behind the sternum) which was almost completely obstructed by the tough, dense layers of lymph and blood at the corresponding part of the aneurismal sac, so that only the thinner parts of the blood could have passed into this opening. This accounts for no coagula or blood being found in it.

The parts through which the acupuncture needles passed external to the sac, were much thickened and hardened, which gave us the idea of consolidation of the contents of the tumour. The marks internally were mere black spots, except one, which had a peculiar corroded appearance. The galvanism had not acted upon blood as we imagined.

On searching for the mouth of the innominata from within the aneurismal sac, we found it nearly obliterated, with the artery completely flattened and firmly united to the outer part of the sac of the aneurism. The subclavian and common carotid were also very much flattened at the roots, particularly the former; further on they were of natural appearance. The subclavian was perfectly empty; no circulation from the aorta could have gone into it, on account of the obstructed state of the mouth of the innominata; and this accounts for there being no distinct pulse at the right arm.

The only opening, at the origin of the innominata, consisted of a small slit on its left side, barely admitting a probe to pass, and which was so situated, that the current of blood passing from the heart would be more calculated to close than open it. The coats of this vessel were perfectly healthy, and its calibre unobstructed, so far as the pressure of the tumour permitted its expansion.

In the hurried extraction of the parts, unfortunately the aneurismal tumour was torn in two or three places, where it was much attenuated, or adhered very strongly to adjacent parts; at one point of the sac, near the commencement of the descending portion of the arch there was an appearance as if the wall of the tumour had become ruptured during life (during some of the patient's great exertions probably) and afterwards repaired by exudation of lymph, and adhesion to the opposite surface.

Unfortunately the left carotid and subclavian arteries were cut away at their origin from the aorta, and the heart was not examined, so that I do not know what was the state of these organs; but from the pulse in the left carotid and left arm, as well as the sounds of the heart being normal, I judge that their structure was not impaired.

The parts have been preserved in spirits, and drawings taken of them by Dr. Cantor.

Remarks.—When we reflect upon the important parts by which the aorta at its arch is surrounded, when we remember that it lies in contact with the lungs, crosses the trachea and œsophagus, and is crossed by the great veins which return the blood from the head and upper extremities, and curves over the pulmonary artery, we cannot help thinking it impossible that any very great enlargement of this vessel can take place without its being immediately discovered, from the numerous symptoms, and various sympathies that must at once proclaim its presence. It is difficult to imagine that a tumour can press long upon the trachea, without causing all the distressing feelings of laborious breathing; that the œsophagus can be compressed without producing dysphagia; that the capacity of the veins which return the blood from the head can be diminished without a congested state of the vessels of the face and neck resulting; and lastly, that the heart can be displaced, and the space in which it contracts and dilates encroached upon, without some irregularity in its action, or peculiarity of the pulse, denoting a derangement of the function of that organ. However, this case seems to prove (if the patient did not conceal or overlook the symptoms) that a tumour may exist in the thorax, arising from the aorta, pressing upon and displacing

all these vital parts, without causing any of the symptoms which, *a priori*, we would say were certain to result from such a circumstance.

There are several cases on record of tumours of the neck, occupying the situation that enlargements of the subclavian and common carotid would do, which were mistaken during life for aneurisms of these arteries, and on dissection proved to be enlargements of the aorta; but I know of none so calculated to deceive and lead the surgeon to suppose the external arteries alone were diseased, as the case above related. For instance, in the case mentioned by Burns, in his work on the head and neck, of a pulsating tumour above the clavicle, which was supposed to be subclavian aneurism, and after death found to be aneurism of the aorta, the symptoms were so peculiar, and the pains so severe, considering that the tumour was only the size of a pigeon's egg, and situated on the acromial edge of the sterno-mastoid muscle, that they warranted at least a strong suspicion of some deeper vessel being engaged; so small an enlargement of the subclavian artery in that situation could scarcely be expected to produce much inconvenience, seeing that there exists nothing in that part of the neck to oppose the ascent of a tumour, originating above the first rib, and thus cause such a downward enlargement and pressure as to excite the "acute pains over the uppermost ribs and top of the shoulder," which Mr. Burns describes; but doubtless the symptoms and appearances in his case must have been equivocal indeed, as he says:—"Many of the most distinguished practitioners in Edinburgh, and almost every surgeon in Glasgow," pronounced it to be a case of subclavian aneurism. I have been particular in the history of the above case to mention all the pains and aches from which the patient suffered, as Sir Astley Cooper lays much stress upon the pain in the neck, which he says *resembles* rheumatism, and is a never-failing attendant on aneurism of the arch of the aorta and its great vessels. He states—"The rheumatic pain may, and probably will be removed by medical treatment; the aneurismal never can. Let this be recollected, and it may assist us in forming a just prognosis."

In the case before us, however, the pains were removed by simple ordinary treatment, and therefore Sir Astley's great characteristic was here deficient. The same great authority, in speaking of the difficulty of diagnosis in these cases, says—"We cannot, it is true, in many instances, give a positive assurance of the existence of aneurism of the aorta; but the palpitations of the heart, the intermissions of the pulse, and those painful indescribable pectoral sensations, which are the usual attendants of that disease, leave generally, in the mind of the intelligent practitioner, but little doubt of its presence." In our case, not one of these symptoms were present before the operation, though there was an aneurism of the aorta of a very considerable size, which, in all probability, had existed for years.

Mr. Porter relates some cases of aortic aneurism in the fourth volume of the *Dublin Journal*, which were mistaken for affections of other organs. The first was a patient of Dr. William Stokes, one of the most distinguished physicians, and perfect stethoscopists of the present day, at whose request Mr. P. passed a probang down the œsophagus, upon the supposition that the great difficulty the patient experienced in swallowing, arose from a stricture of that tube. The patient died a few days after from an aneurism of the aorta bursting into the œsophagus.

Dr. Stokes examined this case with the stethoscope, and no peculiar sounds, denoting disease of the heart, or great vessels, were heard.

Another case was supposed to be acuto cynanche laryngea, under which idea Mr. Porter was sent for to perform tracheotomy, which he fortunately declined, from his doubting the seat of disease, as the patient had been ill for seven days—a period longer than he thought acute affections of the larynx spare their victims. The patient died a few hours after Mr. P.'s visit, and on examination after death, an aneurismal tumour, the size of a walnut, was found between the trachea and œsophagus, just below the root of the neck. When a student in Dublin, I saw this operation performed myself in a similar case to the above, and after death, which took place a very short time after the operation, an aneurism of the aorta was found pressing on the trachea, that tube itself being perfectly sound.

I mention these cases merely to show the great caution required, and the great difficulties often encountered in forming a correct diagnosis either of tumours at the root of the neck, or in affections of some of the viscera in the thorax. These cases prove that even in the most experienced hands, the stethoscope is not to be depended upon, and that, in fact, until some more unerring guide or diagnosis is discovered to enable us to discriminate affections of the aorta from those of its great branches, and of parts near which it lies, a great desideratum remains in surgery.

With regard to the galvanic agency which was employed in this case, with a view to coagulate the blood in the tumour, we can form no opinion of its applicableness from this experiment. The division of the sac, into which the needles were introduced, was found to contain a fluid without a coagulum of any kind; therefore it failed to produce the effect we expected, and hoped for from it; but the trial was an unfair one as the fluid on which it acted wanted many of the constituents of healthy blood—indeed, was not blood at all. The remarkable and immediate hardening of the parts through which the needles passed, by which we were led to suppose after each introduction of them, that coagulation had taken place, is worth noticing. It was so marked and instantaneous, that I cannot think it was the result of inflammation or infiltration, and am therefore disposed to suspect the galvanic current had something to do with it.

The next point I would wish to direct attention to, is the extraordinary obliteration of the mouth of the arteria innominata. It will be observed that the little opening which led from the aorta into this vessel, is directed obliquely towards the left side, so that the current from the heart must have tended more to close than open it during life; therefore the upper extremity and right side of the head must have been supplied with blood in the same way these parts would be nourished if that artery had been tied.

To place a ligature round the common carotid artery is I believe considered one of the most simple operations in surgery, and under ordinary circumstances it has been so found; but in attempting to tie this vessel above a tumour in the neck, which causes all the superficial cervical vessels to be congested and increased to treble their natural size, much more difficulty is experienced than those who have not assisted in the operation, or performed it themselves under similar circumstances, can well imagine. About two years ago, I tied this artery in a native for aneurism at the root of the right carotid, and after dividing the fascia of the neck, the same appearances presented themselves, that puzzled me for a while in the present case. It may give some idea how calculated these parts are to deceive, when I mention, that before proceeding to operate on Captain T., I recalled to my mind all the difficulties I experienced in my former case, and determined that the large vein and *white tube like membrane* should not interfere

with the course of the operation I was about to perform; but so strongly did they here again resemble the internal jugular and carotid, that I could not avoid pausing, and against my conviction, thinking for a few moments, that I had already arrived at the artery I was in search of. This deceptive substance is a portion of the cervical fascia, the edge of which curves in when cut through, and gives that peculiar rounded appearance, so calculated to mislead the operator, particularly in a case where the artery is not likely to be felt to pulsate. This should be borne well in mind, and until the operator is fully satisfied he has laid bare the artery, of which there will not be a doubt felt, once it is fairly exposed, he should not think of passing the needle, or tying the ligature. In many works on operative surgery, we are told the principal difficulty in attempting to secure the carotid artery, is caused by the bulging up of the internal jugular vein; but in the two cases I operated on, I did not see this vein at all; and if the common sheath be incised directly over the artery, I do not think it can ever give any trouble, the membraneous partition between the two vessels so completely confines the vein in its situation, if it be left uninjured.—*Transactions of Medical and Physical Society, Calcutta.*

REVIEWS AND NOTICES OF BOOKS.

HASTINGS, CONSIDERED AS A RESORT FOR INVALIDS; with tables illustrative of its temperature, salubrity, and the general character of the climate, showing its suitability in Pulmonary and other diseases, &c., &c. By James Mackness, M.D., Physician to the Hastings Dispensary. London. 1842. Pp. 152.

Dr. Mackness, in the preface to his work, informs us that his attention had been long and forcibly attracted to the comparative unfrequency, among the patients who came under his care at the Hastings Dispensary, of several diseases which, in other places, are especially prevalent among the poorer classes; and, in order more fully to ascertain the correctness of this observation, he made a classification of all the cases which had occurred in the practice of that institution during the twelve years that it had been established, and had recourse, in addition to the Registrar's books of the deaths for the four years, during which the registration act had been in operation. In these statistical inquiries, the fact was ascertained, that tubercular consumption is much more rare among the inhabitants of Hastings than of most other places; while several diseases of a contagious nature are either extremely rare or altogether absent.

The first chapter, devoted to the geological character of the soil of Hastings, and the second to meteorological tables and mineral waters, we must pass over; merely observing, that the latter contains a careful analysis by the author of a chalybeate spring at Hastings, which appears to contain nearly double the amount of protoxide of iron and carbonic acid found in the celebrated Tunbridge-well's Chalybeate.

The third chapter upon the medical statistics of Hastings contains many interesting observations. It appears that the total number of cases of disease named in the dispensary books for a period of twelve years, was 7711, and the remarkably small proportion of seven, in that period, were cases of typhus. According to the Registrar-General's reports, the proportion of deaths in the whole kingdom from typhus fever, is about one for every sixteen deaths from other causes. The mortality at Hastings, in a period of four years, from all causes, was eight hundred and sixty-five, and of these only six were from typhus, or only one for every one hundred and forty-four; so that the disease has been nine times less frequent at Hastings than in other parts of England. This statement would appear to be almost incredible, were it not borne out by the statistical tables which the author has brought forward.

The proportion of deaths registered for old age appears to be favourable to the longevity of the population of Hastings. Of the eight hundred and sixty-five deaths from all causes, registered in four years, eighty-one were from old age and catarrhus senilis.

The entire number of deaths entered in the Registrar's books, under the heads decline and consumption, as occurring at Hastings and St. Leonard's, is one hundred and sixty-one out of eight hundred and sixty-five, which is hardly one-fifth, or scarcely so high as the usual average for the whole of England; but of this number, seventy were entirely strangers to the town, which, deducted from the one hundred and sixty-one, leaves only ninety-one deaths from this cause; or rather more than one for every nine from other causes, thus amounting to little more than one-half of the usual mortality from consumption.

The fifth chapter is devoted to an outline of the diseases for which the climate of Hastings is suitable, the principal of which are dyspepsia, phthisis, chronic bronchitis, asthma, neuralgia, gout, rheumatism, scrofula, and cutaneous diseases.

Chapters six, seven, and eight, contain remarks upon the choice of a residence, ventilation, exercise, clothing, and bathing. In chapter nine, which concludes the work, Dr. Mackness has given many useful practical hints upon the diet and regimen best adapted to invalids, some passages from which we would have gladly quoted had we not already reached the limits assigned to this notice of his very interesting and instructive volume.

A DESCRIPTION OF THE MINERAL SPRINGS OF AIX-LA-CHAPELLE AND BORCETTE; with some account of the curiosities of both places and the environs. By L. Wetzlar, M.D., Physician at Aix-la-Chapelle. London. 1842. Pp. 88.

The mineral springs of Aix-la-Chapelle and Borcette have been long celebrated, and are visited annually by numerous strangers. No recent work, however, being in the hands of the profession, specially devoted to these waters, induced Dr. Wetzlar to undertake the task—a residence of nine years having given him full opportunities for testing their properties and effects.

These mineral waters belong both to the division of sulphureous and chalybeate; the latter are much poorer in volatile ingredients than those of Spa and other places. It is for the sulphureous waters that patients are most frequently sent to Aix-la-Chapelle and Borcette; but the different springs at these places differ much from one another in temperature and in the amount of solid and volatile constituents.

The solid ingredients in the richest spring at Aix are sulphuret and chloride of sodium, carbonate, sulphate, and phosphate of soda, silicate oxide, fluorate, and carbonate of lime, phosphates of soda and lithia, carbonates of magnesia and of strontia, and animal organic substances.

The gazeous ingredients are nitrogen gas, carbonic acid, and hydro-sulphuric acid gas. The temperature of the highest spring at Aix is one hundred and thirty-five and a half, F.; of the lowest noticed by our author, one hundred and fifteen and one-fourth, F. The springs at Borcette do not differ materially from those at Aix-la-Chapelle in chemical composition. The temperature of several of them, however, is much higher, the hottest spring at Borcette having a temperature of one hundred and seventy-one, F.

The mineral waters at these places are either taken internally, or employed externally as baths, or both methods are employed simultaneously. The bath-houses contain bathing rooms for common baths, as well as for douches and vapour baths.

"The apparatus for douches, and the mode of applying them at Aix-la-Chapelle and Borcette, are quite perfect, and there are but few watering places in Europe which can compete with them in this respect. A large leaden box, kept full of the sulphureous water, is placed in such a position as to give a fall of twenty-four to twenty-eight feet to the water. Leaden tubes, ending in an elastic leather pipe, conduct the water into the bathing-room, and the jet may be increased or diminished by letting it pass through a corresponding aperture; the attendant *frotteurs*, while giving a proper direction to the jet of water, are busy at the same time in rubbing the affected parts with their hands. Every one who has been douched at either places, acknowledges with pleasure, the ability of the frotteurs, and the benefit derived from their skill."

Dr. Wetzlar's work contains a chapter upon the medicinal effects of the Aix-la-Chapelle and Borcette sulphureous springs, and on the diseases to which they are adapted and in which they are contra-indicated; upon the methods of using the warm mineral waters, both internally and externally; and upon the diet and regimen to be observed during a course of these waters. His treatise concludes with a description of the remarkable places and buildings at Aix, and its environs, with much useful information respecting hotels, restaurants, &c., &c., thus combining the advantages in some measure of a guide-book to the tourist, and of a professional treatise upon the mineral waters of the place.

MEDICAL REFORM.

BY A MEMBER OF THE PROFESSION.

FEES. THE "DRENCHING SYSTEM." PRESCRIBING IN LATIN. "CHEMISTS AND DRUGGISTS." PATENT MEDICINES. ELECTION TO PUBLIC OFFICES BY PUBLIC COMPETITION. EDUCATION. ASSISTANTS. APPRENTICESHIP.

(Continued from page 205 of our last Number.)

Bearing in mind the necessity for uniformity of qualification in such as enter the profession, and for identity of privileges among its members when they have been initiated, as the two grand features in a rational scheme of reorganization, it will be proper, before considering the progress of the question, or the machinery best adapted to work a new system, to dispose of some important though subsidiary matters.

Some of our reformers would ordain that medical practitioners should be paid by uniform fees, fixed by law. This would appear but a foolish arrangement; for it is hoped that it has been already shown that a medical man's charges ought, in justice to himself, to vary according to the demand for his advice. On an uniform system of charges, the future Dr. Baillies and Sir Astley Coopers of our profession could but earn the same amount of fees as a village practitioner whose hands were full: the same plan, while it thus prevented the deserving from being sufficiently remunerated, would hinder the public from the advice of the younger members of the profession at the cheaper rate at which they, on a more natural method, must commence practice. Fees must be left to circumstances. A practitioner's interest would be a sufficient check on his putting an undue value on his own usefulness; but, in case this preventive should fail, there are juries in the country. Medical charges, on being disputed, must be referred to a jury. By an uniform system of charges, estimating the price of a professional visit at five shillings, a bungler who required to pay ten visits to a case would receive fifty shillings, while a better practitioner, who kept his patient ill but half the time, would be rewarded by half the sum. By such a method, too, a trifling operation would yield the same recompense as a capital one.

The barbarous system prevalent in this country, of charging for drugs instead of for medical services, is productive of much evil. It arose in this way. The London College of Physicians, instead of becoming a great and useful institution for the benefit of the country—by spreading abroad, on a liberal principle, a sufficiency of proper medical practitioners to guard the health of the community—unfortunately degenerated into a narrow-minded clique of metropolitan physicians; and the English universities, not being fitted originally, and failing to adapt themselves to the circumstances of the profession, have never been able to supply a stock of graduates in medicine suitable to the wants of the country. In consequence of the shortcomings of the universities and of the college, the druggists (apothecaries) commenced the practice of medicine; putting their charges for their medical skill, such as it was, upon their drugs. Their successors are now the general practitioners of England, who still charge for their medicines; while the present race of "chemists and druggists" occupy the position originally held by the apothecaries.

The system of charging for drugs is one of the greatest of the evils, as Dr. Johnson agreed before the Committee of the House of Commons—that affect the profession. The people of England swallow more drugs than any other nation: and have come to attach such a false value to medicines, that the druggist now-a-days, instead of charging the market-price for his wares like other tradesmen, charges after the manner of the "apothecary,"—as if the *drugs* possessed a virtue which exists only in their proper administration. It is evident, too, that the less a practitioner knows of a disease, the more drugs shall he have to administer for it, and consequently the more pay to receive for its treatment; for, unless he can remove the cause of it, he will administer some nostrum for each of its symptoms, which nostrums may but tend to complicate and perpetuate the mischief. It would be as proper to pay a practitioner for the gruel his patients drink as to reward him for the medicines they consume. Medicines are substances given in quantities necessarily small, and their intrinsic value is generally so trifling that the labour of putting them together is of more account than the materials themselves. Sensible people must submit to the barbarous usages of the apothecaries from custom, not from reason. But how are the evil effects of the "drenching system," as it is called, to be obviated? By preventing medical men from dispensing drugs, as some reformers would have it? Certainly not: that would be unjust; for, if others are allowed to dispense medicines, why should the very men whose business it is to direct the administration of them be hindered from dispensing them, especially when it is allowed that it is absolutely necessary for them to do so in many circumstances? A surgeon is his own apothecary in the services, and on board of ship, as well as his own physician; so must he be in rural situations; but even in great towns it is necessary for him to administer drugs from his own pocket occasionally: and he must often, everywhere, to insure the exact fulfilment of his own intentions, make up his medicines himself, or have them made up under his personal superintendence. When the late Dr. Birkbeck, whose clear and manly evidence before the parliamentary committee is worthy

of admiration, was asked if physicians ought to be prohibited in all cases from dispensing medicines, he answered, "Certainly not by legislation." As a remedy, it is submitted that, while medical practitioners cannot be prevented, in common with other citizens, from selling drugs if they choose, they should not be allowed, more than other people, to charge more for drugs than their intrinsic worth, their market value, and that they should be at the same time empowered by law to sue for a fair remuneration for medical care or attendance. The system of charging for medicines instead of for medical skill is, as Dr. Birkbeck says, a deception; but it is also a custom of the country, and as such must wear out gradually: legislation cannot suddenly stop the deception, but it can divest it of legal sanction, and thus accelerate its gradual lapse into desuetude. Under the arrangement proposed, general practitioners would come to dispense drugs only in such circumstances as rendered it necessary for them to do so: the people would more rapidly perceive that drugs were not specifics; and, in the main, the mere dispensing of drugs would as a business become disassociated, as it ought, from the profession of medicine. The druggists, too, on this system, would gradually become less able to sell drugs as if medical skill accompanied them; and, for this want of emolument from an illegitimate source, they would be recompensed by an increased amount of dispensing. The system, being founded on reason, has the advantage of adapting itself to all the circumstances of the case.

Mr. Muntz proposed, the session before the last, when Mr. Hawes's bill for better regulating the medical profession was on the *tapis*, that it should be made necessary for medical prescriptions to be written in English. Mr. Muntz was right. The French, who have the start of us in many scientific matters—who have divided the profession better than we—who do not regard the dispensers of physicians' prescriptions as doctors of medicine, any more than do we the law-stationers as lawyers—who do not attach so many virtues to blue bottles and red pills—make it necessary that their physicians should prescribe in their own language. The defence of prescribing in a language which not every medical practitioner can write correctly, and of which the "chemists" are supposed only to know some conventional *contractions*, affords a fine illustration of the fact that no social arrangement can exist, however absurd, without being regarded as something particularly worthy of continuance and respect. The writing of prescriptions in English, whether legislation should interfere in the matter or not, would help to disabuse the people of their absurd reliance on the specific virtues of nostrums: it would tend to show them that medicine was a science; and it is only for those who wish to keep up empiricism in practice, and who are afraid to rest their claims to success on knowledge, to defend the custom of prescribing in a language that was written in Italy about the commencement of the Christian æra.

With regard to the question as it affects the "chemists and druggists," the most general opinion is, that they should be examined touching their skill in *materia medica* and *pharmacy* before being allowed to dispense medicines. The medical practitioner must always necessarily be acquainted with chemistry, materia medica, pharmacy, toxicology, and therapeutics: it is his business to see that his patients have proper remedies, from whatever quarter these may come—whether from the cook, the baker, the confectioner, the instrument-maker, or the druggist: it is his duty to make up medicines, or to see them dispensed, when that he should do so is for the interest of his patient. "Chemists and druggists" are merely the *sellers* of certain commodities, and it does not seem clear why a measure of medical reform ought to interfere with them: it ought merely to prevent them, in common with others not possessing a medical qualification, from acting as medical practitioners. The apothecaries were once the druggists; and as they encroached upon the province of the physicians, the "chemists and druggists" invaded theirs. Is it not to be feared that any licensing of "chemists and druggists" would be apt to create a class of men who might be regarded as having some claims to medical knowledge, and thus to interfere with the groundwork of the plan advocated, of a certain amount of qualification being necessary to the practising of medicine in any department or in any modification? The "chemists and druggists" in the general mass do not necessarily possess chemical knowledge. Difficult operations in the manufacture of medicines are accomplished in modern times by a class of men whose business it is to make "preparations" on a large scale. Our "chemists" do not make their own *muriate of morphia* or *sulphate of quinine:* which of all the salts do they prepare? They purchase their acids from the manufacturer, and their spirits from the distiller. The trade is not now an art and a mystery, as when the apothecaries received their charter; and the prescribing in English would make it still less so. The chemical operations of druggists are confined to the simpler "processes" of the pharmacopœia: the business consists in retailing drugs, and in putting a few together occasionally according to the letter of a *recipe*. The extensive adulteration of drugs is much to be lamented; but their quality depends not so much on the knowledge of the dealer as upon his conscientiousness. In a "medical profession bill," it does not appear that there is any necessity for any clause regarding "the trade of chemists and druggists."

Patent or secret remedies are absurd: the government ought neither to countenance nor to tolerate them; it should not levy halfpence on quack pill-boxes, as it does; but, rather than thus indirectly encourage empiricism, it ought, with a parental care for the good of the public and the aggrandizement of the poor, to reimpose a small sum upon salt. A capital pamphlet, by a "Member of the College of Physicians," published in the beginning of the eighteenth century, and entitled "The Present Ill State of the Practice of Physic in this Nation, truly represented, and some remedies thereof humbly proposed to the two Houses of Parliament," exposes the absurdity of specifics in very pithy and quaint language: but it is to be feared that human intellectual progression is slower than sanguine people would wish, for tons of specifics are yet sold in the nation. This old pamphleteer settled the question concerning specifics, about a century and a half ago, when he said—"The bill-quacks give out that they can cure all diseases by one or two medicines, or have a certain remedy for some particular disease. That the first pretence is absurd and vain, every man of sense will acknowledge; and that the second is dangerous, I will demonstrate. Supposing they are masters of a good medicine for some one disease, (which it is odds they are not,) yet it is left to every man's judgment that makes use of it, whether he have that disease; and how easy and frequent is it for men to mistake? But suppose he has that very disease for which the medicine is proper, yet how seldom is a disease alone, or how seldom accompanied with just the same symptoms? not to mention the age, the sex, the variety of causes, the late invasion or long standing of the distemper; all which circumstances it is impossible that one medicine should be suited to. I will instance one disease and one medicine that cures it specifically. The disease is an ague, which can hardly be mis-

taken, and the medicine the jesuits' bark, which seems to be no edge-tool; and I may affirm there is not any other disease that has so peculiar and certain a remedy. And yet all that have agues, one and another, take this medicine in the same manner; and I dare say it will kill as many as it cures. Perhaps, indeed, they shall not die presently, nor of the ague, for which it is given, but of other diseases, that it either introduces or increases. How many asthmatical persons has it suffocated! How many intermitting (as well as remitting) fevers has it made continual, and even malignant! How many desperate colicks, some ending in palsies, have I known caused by it! with many other grievous distempers; and all for want of due preparation before, a right method in, and proper treatment after the use of it. Of this scandalous sort of practices, therefore, I shall take no further notice, believing they can have no patron, no advocate among wise men." As there are no specifics for one disease, or for all diseases, there would be no hardship in suppressing secret medicines, and in making it necessary that the ingredients of all nostrums should be made known upon demand. If a chemist discover a new mode of manufacturing a salt, or any other valuable commodity, let him by all means have the advantages which discoverers in any branch of art or manufactures are entitled to, by patent—that is a totally different affair; but let us not only not have a government-office for labelling empirical nostrums, but let the law prevent the propagation of compounds as good for this or for that or for all diseases, as one of the most flagrant kinds of the illicit practice of medicine. But the law has been busy in preventing red-cloaked gipsies from encouraging poor servant-girls with happy auguries for the future. It would be pleasing to see a British government taking into consideration the necessity for rewarding the discoverers of principles that cannot be patented—yielding now and then some return for good conferred on the community, to such men as Harvey, John Hunter, and Jenner.

It would be desirable to have the road to medical distinction made more public to all the members of the profession. The way to great eminence is often through a connexion with an hospital. Now, though before being elected to a great public charge an individual must possess a considerable degree of merit, yet medical distinction is as often the result of an hospital appointment as the cause of it. The influence of private interest can never be prevented; but it is desirable that merit should be encouraged in every profession by having as much chance to reward itself as circumstances will allow. The French officers to public medical charities are admitted by *concours*: were the plan of public competition adopted in this country, while an impetus would be communicated to the cultivation of science, we should see merit having a chance of reward, and we should know that the opportunities of further self-improvement were held by such as would enjoy them with the greatest advantage to the community. It may be said, that the French government has more to do than ours with hospitals, which are here governed by their voluntary contributors: ours might, however, take advantage of every opportunity to give an example of liberality to governors, if it did not interfere to direct them. The machinery for introducing a system which would admit individuals to great public appointments by *concours* could be readily supplied from that which must be instituted in a liberal system of medical reform to decide upon ability to practise.

The education of medical practioners might be elevated with advantage, especially their general or elementary education. A smattering of Latin has generally been considered necessary. Some knowledge of the ancient languages must continue to be requisite; but an acquaintance with modern ones, which is never insisted on, would be much more useful; for a cultivator of science, as such, is a citizen of the world; as his principles are not confined by geographical limits in their operation, neither is his search after knowledge. The strictly medical part of the education should be made of a more practical nature. Medical examiners would do well to spare no pains, to grudge no time with candidates, to walk with them into dissecting-rooms, to carry them to the bedside, and thus to make themselves sure that the answers were not the result of parrot-learning, but of real knowledge, capable of practical application. More could be trusted to such examinations than to *curricula* of education, prescribing a number of lectures to be attended in a certain order.

The qualification to practise medicine should be necessary to assistants as well as to principals. In the professions, an individual is not intrusted with the full confidence reposed in principals till he has attained a mature and sober age: and gentlemen would find that their younger years might be well spent in the character of assistants, when the respectability of the grade was increased, at the same time that medical men would be with propriety prevented from delegating part of their duty to incompetent hands. Under an improved system, we should have no apprenticeship: youths might, of course, pay a fee, when it suited their interest, to see the private practice of medical practitioners, nevertheless. The general practitioners, requiring hands for the making up of their drugs, were anxious for an apprenticeship-clause in the apothecaries' act of 1815; and the Bishop of Peterborough was kind enough to become the means of having such a clause introduced. It has done much harm. The apothecaries acknowledged the absurdity of it in 1825; when they obtained a temporary amendment of an act having more ridiculous points than one; and the company now recommends to its licentiates the partial *evasion of the clause*. It would have answered very well if the apothecaries had really been such, instead of practitioners in medicine: as it is, it has had the effect of confining young men to the mere drudgery of a "surgery," while they might have been more profitably employed in acquiring a general education worthy of a learned profession; but it has also had the effect of deteriorating the character of the profession, by hurrying into it numbers of young men for whom there was but little room; for practitioners, to secure the services of apprentices as dispensers for five years, have taken them with little education and without premium, to be thrown on the world at the expiration of the period to struggle as assistants, or otherwise, as they best might. There ought to be no "apprenticeship-clause" in a measure of medical reform; and assistants ought to be qualified and *registered* as well as other practitioners.

(TO BE CONTINUED.)

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

MONDAY, OCTOBER 3.—Council met.

The Treasurer acknowledged the receipt of the following renewal subscriptions, through Dr. Colvan, Treasurer of the Armagh Medical Association:—

	Renewal subscriptions.	
Dr. Kidd, Armagh,	10s.,	do.
" Cuming, Armagh,	10s.,	do.
" Robinson, Armagh Infirmary,	10s.,	do.
" Colvan, Armagh,	10s.	do.
" Magee, Keady Dispensary,	10s.,	do.

Dr. Hannay, Lurgan Dispensary,	10s.,	do.
" Lynn, Markethill Dispensary,	10s.,	do.
" Smith, Middletown Fever Hospital, ...	10s.,	do.
Mr. Blackley, Beech-Hill, .	10s.,	do.
Dr. Maxwell, Poyntz Pass Dispensary, ...	10s.,	do.
Also from Dr. H. Kennedy, Dublin,	10s.,	do.

The following address to the members of the Association upon the medical charities' bill was unanimously adopted :—

The Council of the Association have hitherto refrained from expressing any opinion respecting the medical charities' bill, which has been for some time before the members, or suggesting any course to be pursued respecting it, because they considered that sufficient time should first be afforded for the careful study of its enactments, and ample opportunity for discussing its provisions permitted.

The members of the Association having now had such time and opportunity for considering the measure, the Council are of opinion that they should, with as little delay as possible, take such steps as may be most advisable to convey to the government their views on the subject, and to explain their reasons for objecting to the measure.

The course to be pursued to effect this object, may not appear at present quite obvious, and should perhaps differ according to circumstances; but the Council are of opinion that the first object to be attained is the expression of the opinion of the governors of hospitals and infirmaries as to the probable effect of the proposed changes, and the apprehensions they entertain respecting the consequences. This, in the present stage of the proceedings, may be best effected by the adoption of resolutions at meetings of the governors convened for the purpose; or, if from any circumstances, full meetings cannot be obtained, a statement of the objections, generally entertained respecting the measure, should be prepared, and the signatures of those who concur in their views be procured and attached to it.

The objections should be stated concisely and specifically, and the more important ones selected for particular consideration, because a full statement of the whole cannot be embraced within the compass of such a document as should be prepared with the hope of being read or considered.

It should be distinctly explained, that the proposed enactment must have the effect of removing the present governors and governesses from the management of the medical charities, and even excluding them, or others of the same class, from participation in the management of the new ones proposed to be established in their place. That such will be the effect of the measure must be admitted, because it is obvious that few, if any, will be found willing to pay twenty pounds at once, or two pounds annually to the poor-rate, for the mere permission to be employed to carry into effect the regulations of the poor-law commissioners.

It should also be explained, that the income hitherto derived from subscriptions, if sacrificed, as proposed by this bill, must be replaced by local taxation, and that as this income is admitted to amount to forty-two thousand pounds per annum, a sum, at least equal to it, must be levied in addition to fifty-six thousand pounds, the sum now raised by grand jury presentment, and at the same time a heavy additional expense must be incurred for new fever hospitals and dispensaries, removals, outfit, and other expenses which cannot now be calculated, and which it is proposed to levy off dispensary districts instead of the county at large.

In pointing out the objections to the proposed measure, it should not be forgotten, that those who are to pay for the support of the medical institutions are not to be allowed any voice in determining the amount of tax to be levied for the purpose, and that even the poor-law guardians and the governors of hospitals and dispensaries to be created by the proposed act are not to be permitted to regulate the expenditure—that power being reserved for the poor-law commissioners.

These are the points which, in the opinion of the Council, should be insisted on by the governors of hospitals and dispensaries in any remonstrance or petition they may think proper to agree to; there are others, affecting the physicians and surgeons of the medical charities, which may also be urged or reserved for the consideration of the medical profession.

In conclusion, the Council have to state, that while they thus recommend the present preliminary step they do not contemplate reliance on it alone; but, on the contrary, suggest it as one only of many to be resorted to to defeat this measure, which they are unanimously of opinion is calculated to produce the most injurious effects, not merely with reference to the medical institutions, but to the labouring population, and ultimately to the whole frame of society in this country.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, OCTOBER 5, 1842.

MEDICAL CHARITIES' BILL.

"Until we have gotten *some hold of the country* in this way, I do not see how we can deal effectively with the medical charities."—*Nicholls' letter to Lefevre.*

In our last, we endeavoured to point out the contrivances in the machinery of this bill for getting rid of the present governors and governesses, and of the physicians and surgeons of the medical charities. We have now to come to a very important consideration, to which we solicit the serious attention of our readers, and that is the question of the nature and extent of the relief proposed to be afforded under this bill, and the class and description of persons to whom it is to be extended. By the present enactments, the right to medical relief is secured, and for a number of years has been enjoyed by a very large portion of the population of this country, and practically, the greatest facilities have been afforded all persons to obtain it, who are unable, or even profess to be unable, to pay for it. Provision has been made for the establishment of hospitals and dispensaries by benevolent individuals for the benefit of their poorer neighbours; and very little precaution has been resorted to in order to restrict the relief afforded to destitute persons only; on the contrary, the administration of medical relief to persons, supposed to be able to obtain it by their own resources, has been considered one of the abuses of the present system. How far this is to be continued, if the present bill passes, we do not understand. The proposed act neither secures the present right to relief enjoyed by the labouring poor, nor declares the ex-

tent to which it is to be allowed or restricted. All that is to be settled by the poor-law commissioners, and must depend on their will and pleasure. By clause nine, it is enacted, "that the poor-law commissioners, shall from time to time, as they shall see occasion, make *all such orders* for regulating the expenditure for the medical relief of the sick-poor, as they shall think proper." What amount of expenditure they may be pleased to allow, or to what class of persons they may think fit to extend relief, depends altogether on their views and opinions. Whether they are to be guided by the principle which restricts the relief to the mere pauper, or by that which extends it to persons in narrow circumstances, but, not strictly speaking, destitute, rests with them. They are to be both the legislative and executive authority in the case—they may, on the one hand, deny the poor man that assistance to which he is now entitled by the law of the land, and which is secured to him by time and custom, or they may double or treble the present amount of taxation for this object by unnecessary and injudicious latitude in their arrangements. If they extend relief to persons, not, strictly speaking, paupers, they depart from the principle of their new English poor-law; yet it is clear that the peculiar condition of the labouring poor in this country demands such extension. We are fully aware that the practice of affording medical relief to persons, said to be, or supposed to be able to pay for it themselves, has been repeatedly objected to, and that many of our own profession complain bitterly of the practice, and we are ourselves prepared to admit that it is one of the abuses requiring some remedy; but that remedy is not so easily prescribed. No general rule can provide it, without inflicting far more evil than it effects good; because, in excluding one person not entitled, a dozen may be deprived of relief who are entitled to demand it imperatively. Mr. Nicholls, in his report to parliament against the Irish medical charities, says—"It was obviously the intention of the legislature, in making provision for the medical relief of the sick-poor in Ireland, that those persons only should obtain relief gratuitously who were themselves unable to pay for it. It may be impossible always to discriminate between this class, and the one immediately above it, and in a condition to contribute *moderately;* and under existing circumstances, it is *perhaps* right, that the latter class should also be supplied with gratuitous medical relief; but not so with those persons who are obviously in a condition to provide medical aid for themselves and their families. Yet it is certain, that in many parts of Ireland, numerous individuals obtain the benefit of the dispensaries and infirmaries, especially of the former, who are well known to be in possession of ample means to pay for any medical attendance of which they may be in need. This is *a serious abuse* of these charities, and must be very injurious to the medical profession: and it is productive of another evil. The time of the medical officers, as well as the funds of the institution, being expended on such improper objects, though neither probably are sufficient for the legitimate purposes of the charity." This is all true. We wanted no parliamentary report to tell us that; but we do want to know how Mr. Nicholls proposes to correct this *serious abuse*, for we find nothing about it in his "remedial measures," or his bill; we only find that he asks for the power to make "orders" on the subject; but what these orders may be, no one can tell. As we have already observed, existing statutes confer on every man who carries a spade in Ireland, the *right* to medical relief at the public expense, and many others, supposed to have better means of support, claim the same right. Now, what we want to know is, how this right is to be dealt with? Is Mr. Nicholls to restrict that right to the mere pauper, or is he to admit that he who is able to support his family enjoys it? He says, in his report, that "those only should obtain relief gratuitously who are unable to pay for it," and that "it may be impossible to discriminate between this class and the one in a condition to contribute *moderately;*" and that, under existing circumstances, it is *perhaps* right that they, the class in a condition to contribute *moderately*, should have gratuitous relief; but this is all fencing with the question, and clearly shows that for what he charges as *an abuse* against the existing institutions he is not prepared with a remedy, and so it is in most of his other charges. We should be glad to know whether a man who pays poor-rates is to have medical relief out of that poor-rate—if so, it is odd enough; yet we all know that rate-payers in Ireland may be very fit objects for gratuitous medical relief. At all events, we are most anxious to put the members of our profession on their guard against the danger of being made the agents for carrying into effect obnoxious "orders;" for we see clearly, that if this difficulty is to be got over, it must be met by personal objections to individuals applying for relief, and that the duty of making these objections will be thrown on the medical attendant. Let not the kind hint, that "this serious abuse must be very injurious to the medical profession," have any weight with those to whom it is addressed, to induce them to become the advocates of plans for restricting medical relief. If they do, they inevitably render themselves obnoxious to the imputation of doing so from interested motives. We know that there are men who yearn after the shillings and sixpences of the needy, and who are sometimes loud enough in their expressions of horror at the *abuses* of dispensaries, and we suspect that this hint has been thrown out to enlist them; but we strongly recommend all parties to consider well before they disturb present arrangements, which, although in many respects faulty, may after all be better than those which it is proposed to substitute for them. If what Mr. Nicholls' states be true, we are quite clear that it does not require a suppression of the present institutions, and a creation of new ones, under poor-law authority, to correct such gross abuses. He says in his report, that "*many* subscribers, in return for their contributions, obtain medical attendance gratis, although able to pay for it; that the medical officer, by direction of the subscribers, gives the dispensary medicines gratis to *farmers* and others in comfortable circumstances whenever they choose to apply for them; and that parties are recommended by subscribers, and thus obtain the benefits of the charity, who are in possession of *valu-*

able farms, and known to be in good circumstances." If this be true, we repeat it, that no new law is required to correct such practices. A subscriber, who demands or accepts medical assistance from a dispensary of which he is a governor, renders himself liable to consequences even more penal than the treadmill clauses of the poor-law act, and a dispensary medical attendant, who "*gives* medicines to farmers in comfortable circumstances, *whenever they choose to apply for them*," betrays the trust reposed in him; but we are convinced that this, like all the other charges, are grossly exaggerated, and that the attempt to lead the legislature to suppose that such practices are commonly resorted to, is most unjustifiable. But even admitting that there are such abuses, and that they require legislative interference, we are quite clear that the remedy should not be provided by "orders" of the poor-law commissioners. Our limits do not permit us to proceed, but we will return to the subject, and we venture to hope, that in the mean time our readers are paying due attention to it, and that they are preparing to take the necessary steps to make known their opinions.

MIDLAND MEDICAL ASSOCIATION.

THE half-yearly meeting of this Association was held at Nenagh on Wednesday last. A memorial to Lord Eliot, on the subject of the medical charities' bill, was adopted. A sketch of the proceedings shall appear in our next number.

MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND,

Dr. Kingsley thankfully acknowledges the receipt of the following in aid of the funds of this charity:—

From Dr. Walsh, Clara, 10s., the amount of a paltry fee awarded him by the Board of Health, which he declined appropriating to his own use; and from Dr. Quin, of Nenagh, £1 10s., a premium presented to him by the Royal Agricultural Society for the best crop of drilled potatoes.

A CORONER AT A LOSS FOR WORK.

A correspondent has furnished us with the following:—

"EXTRAORDINARY MANNER OF CONDUCTING A CORONER'S INQUEST.

"On Monday, the 19th instant, it was officially notified to the master of the Dungannon workhouse, that Dr. King, the coroner, would hold an inquest the following day on the body of a man who died the previous night in the workhouse, after having been there three days, but who had been labouring under disease ten days prior to his admission.

"Soon after the hour appointed, (eleven o'clock) the coroner arrived, and having duly sworn twelve paupers as a jury, questioned the master (not upon oath) as to the cause of the death of William M'Gladrigan, then *supposed* to be lying in the dead-house— *supposed*, because the coroner did not direct the jury to view the body, and in fact, only three of them ever saw the man from the day of his admission. The master said he could not take upon him from his own knowledge to pronounce of what disease he died, but heard the medical officers say, it was fever, and suggested the propriety of sending for the medical officer, whom he had that morning told of the intended inquest, and had requested not to be out of the way, as it was likely his presence would be required. The coroner, however, said he did not consider the medical officer's testimony necessary, and without examining a single individual on oath, directed a verdict of death from fever to be recorded by a jury, nine of whom never saw the deceased after his death was supposed to have taken place.

"It is right to add, that so far from the relatives of the deceased being desirous of having an inquest, his brother had arranged with the master to remove the corpse from the workhouse at nine o'clock, (two hours prior to the time fixed for holding the inquest) for which hour he had ordered a hearse, and warned, as is usual, the friends of the deceased.

"Quere—What could have been the motive of holding the inquest? Was it supposed his death was by unfair means; or is it the law, that an inquest *must* be held on each person dying in a workhouse? or was it in the way of business, a matter of pounds, shillings, and pence?

"P.S.—Three of the jury were so intelligent as to be able to subscribe their names, and the remaining nine were, what is vulgarly denominated, marksmen."

MEMOIR OF BARON LARREY.

BY M. E. BRESCHET.

Jean Dominique Larrey was born in 1766, in the small village of Baudeau, near Bagnères-de-Bigorre. During his infancy he lost his father and mother, and was indebted for his early education to the generous kindness of the Abbé Grasset. Soon, however, an uncle, who practised surgery at Toulouse, undertook the direction of his classical studies, and induced him to enter on his medical career. At the age of fifteen Larrey became a pupil of his uncle. He devoted seven years to his elementary medical studies, and then presented himself before a concours for the situation of surgeon in the marines. He gained an appointment, and in 1787 sailed for the colonies on board the frigate Vigilante; and from the very commencement of his military career he gave proofs of his zeal, his foresight, and his devotion to the service.

He shortly returned to France, and was appointed *Chirurgien interne á l'hôpital des invalides;* and, a few years after, having obtained a commission as surgeon's chief mate, he accompanied the army of the Rhine.

M. Larrey took an active part in bringing about the improvements which were introduced in the ambulances of the army. The services which he performed in this department were so great, that in 1793 they were signalized by a public recognition. We read in the report of General Beauharnais, after the battle of Mayence:—"Among those whose intelligence and activity have brilliantly served the republic on this day, I must not omit to mention Adjutant-General Bailly, Abatucci, Surgeon-Major Larrey, and the company of ambulances volantes, whose indefatigable care in dressing the wounded has done much to diminish the affliction of the day, and assisted in saving many brave defenders of our country."

It was at the suggestion of Larrey that these ambulances volantes were attached to the vanguard of the army commanded by Desaix. In Egypt, and in the deserts of Lybia, where the French army were subject to every privation, Larrey was of essential service in animating the courage, and sustaining the strength of the soldiers.

The indefatigable activity of M. Larrey has been witnessed through every country into which the French armies have carried the national standard during the late wars: thus Germany, Holland, Italy, Corsica, Spain, Poland, Russia, have admired his zeal and his talents, and experienced the benefits of his philanthropy.

In 1794, M. Larrey was appointed surgeon-in-chief; and a school of medicine and military surgery having been recently formed at Val-de-Grace, the professorship was conferred upon him.

In 1798, M. Larrey departed for Egypt; and during the several years that this expedition lasted, we know how much glory, how many treasures of science, were accumulated. After this campaign Larrey

published a treatise, which, like the works of Ambrose Paré, whom he closely resembled, will long bear the test of time.

In 1802, M. Larrey was named surgeon-in-chief of the guard of consuls, and two years after was included in the first promotion of officers of the Legion of Honour. He was successively appointed inspector-general of the Board of Health, and surgeon-in-chief of the Imperial Guard; and in 1812 received the title of surgeon-in-chief of the entire army

In the hundred days M. Larrey again undertook active service in the army, and set out for Waterloo, where he was wounded and made prisoner. He was about to be shot, when a young surgeon, placing the bandage over his eyes, recognised his old master.

The government of 1830 found in him the same zeal for the welfare, and devotion to the duties of his country, as when he was in Egypt, at Aboukir, or at the foot of the Pyramids. It is this incessant zeal which we may accuse of having deprived us of this excellent man, who retained to the last his full force and love of doing good. M. Larrey died at Lyons, on his return from Algerie.

In a life so occupied with military affairs, we may wonder how he could find time to write the important works which he has left us, and which have procured for him the title of corresponding member of nearly all the learned societies in Europe. Indeed, we scarcely know which to admire most, the incessant activity of M. Larrey in his military duties, or his industry in collecting observations, and composing works, which form at once a history of military campaigns and scientific memoirs, of the highest interest.

In however high esteem we may hold his scientific and military career, we are bound almost to venerate his moral life, which was one long devotion to public affairs and to humanity. The high opinion which Napoleon entertained of the integrity and ability of M. Larrey, are sufficiently shown in the following words, addressed by him to Dr. Arnott, at St. Helena. "What man is more brave and deserving than Larrey! How great was the care he bestowed on the army in Egypt, both in crossing the desert, and after the affair at St. Jean d'Acre, and likewise throughout Europe. I have conceived a high and lasting esteem for him. If the army erect a column as an acknowledgment of the services of any person, it should erect one to Larrey."

The address of M. Breschet concludes with the following words:—"In short, I perceive this recital to have been useless; one word should have been enough; it is in itself an eulogium, and stamps Larrey with the seal of immortality;—that word was pronounced by the greatest genius of modern times, who, speaking of this illustrious surgeon, said 'c'est l'homme le plus vertueux que j'aie connu' Let us erect to the honour of Larrey and of our profession, the column of which the Emperor spoke; and let us inscribe thereon the words of Napoleon."—*Discours prononcé sur la tombe de M. le Baron Larrey, au nom de l'Académie des Sciences, par M. E. Breschet. Medical Gazette.*

MEDICAL INTELLIGENCE.

At the dinner given to Lord Bernard by his constituents, at Bandon, on the 27th ult., his lordship, in his speech, alluded to the medical charities' bill as follows:—

"Another subject to which he (Lord B.) would draw attention was a bill about to be introduced in respect to the medical charities. In respect to the bill of the poor-law commissioners he (Lord B.) had occasion to bring the subject before the government, and it was impossible that any deputation could have received greater courtesy than did that of the medical profession from her majesty's government (hear, hear, from Dr. Corbett.) The government desired that a bill should be prepared that would meet the wishes of all parties (hear, hear.) He could not say from authority, but he believed that the bill, now on the table of the house, from the names connected with it, *was merely brought forward for the purpose of ascertaining the opinions of the people.* Coupled with another name on the bill was that of the late Solicitor-General, Mr. Jackson. His lordship then spoke in the most complimentary terms of the medical profession, and said that the wants of the poor in this respect were far better attended to in remote districts in Ireland than in similarly circumstanced districts in England. The idea of transferring the dispensaries to the government of the board of guardians would be handing them over in a measure to those parties whom the report of the commissioners charged with abusing the charities, as nine-tenths of the guardians were farmers, and therefore such a measure would only legalise the abuses which the report condemned (hear.) *Cork Constitution.*

UNIVERSITY OF EDINBURGH.

Dr. Allen Thomson has been elected to the Professorship of the Institutes of Medicine in the place of Dr. Alison, who has succeded to the Chair of the Practice of Physic.

Sir James Somerville, who has filled the office of Inspector of Anatomy for the last ten years, since the Anatomy Act passed, has received a notice from Sir James Graham to the effect, that his services will not be required after October next. Dr. Short, Sir James's private physician, has received the appointment.—*Globe.*

POOR-LAW INTELLIGENCE.

BANDON UNION, SEPT. 28.

The medical charities' bill, sent by Lord Bernard, having been laid on the table, Mr. Spiller gave notice that he would bring the bill under consideration, and move resolutions, deprecatory of its provisions, on Wednesday, October 12.

Mr. Herrick—Throw it overboard altogether.

Dr. Corbett—No: discuss it fairly, and show the public its many demerits.—*Cork Constitution of Saturday.*

PROMOTIONS.

MILITARY.—16th Light Dragoons—Surgeon B. J. Sandham, M.D., from the 62nd Foot, to be Surgeon, vice Harcourt, deceased.

17th Light Dragoons—Assistant-Surgeon D. Cooper, from the Staff, to be Assistant-Surgeon, vice Leslie.

22nd Foot—Assistant-Surgeon A. Campbell, to be Surgeon, vice Ore, appointed to the 62nd Foot.

62nd Foot—Surgeon J. A. Ore, from the 22nd Foot, to be Surgeon, vice Sandham, appointed to the 16th Light Dragoons.

NAVAL.—Surgeons, J. Osborn to the Poictiers; R. L. Birtwhistle to the Romney; A. Woodcock to the Deluge.

Assistant-Surgeons—C. R. Bryan, M.D., of the Royal George, and A. Woodcock of the Magnificent to the rank of Surgeons.

OBITUARY.

CIVIL.—On the 21st instant, in the 77th year of his age, Algernon Frampton, M.D. Dr. Frampton had filled the office of Physician to the London Hospital during a period of forty years.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

WINTER SESSION COMMENCING OCTOBER 31.

ANATOMY AND PHYSIOLOGY,	Dr. JACOB.
DESCRIPTIVE ANATOMY,	Dr. HARGRAVE, Dr. HART.
SURGERY, ...	Dr. WILMOT, Dr. PORTER.
PRACTICE OF MEDICINE,	Dr. BENSON, Dr. EVANSON.
CHEMISTRY, ...	Dr. APJOHN.
MATERIA MEDICA, . . .	Mr. WILLIAMS.
MIDWIFERY, AND DISEASES OF WOMEN AND CHILDREN,	Dr. BEATTY.
MEDICAL JURISPRUDENCE,	Dr. GEOGHEGAN.
HYGEINE, ...	Dr. MAUNSELL.
BOTANY, ...	Dr. BELLINGHAM.
NATURAL PHILOSOPHY, .	Dr. APJOHN.
COMPARATIVE ANATOMY,	Dr. JACOB.

Dissections under the superintendence of the Professors of Descriptive Anatomy, and the Demonstrators, Mr. DILLON, Mr. LEESON, and Mr. LABATT.

C. O'KEEFE, Registrar.

ORIGINAL SCHOOL OF ANATOMY, MEDICINE, AND SURGERY, PETER-STREET, DUBLIN,

ESTABLISHED IN THE YEAR 1810.

BY JOHN KIRBY, ESQ., L.L.D.

THE WINTER COURSE OF LECTURES will Commence on the SECOND NOVEMBER, 1842.

ANATOMY, PHYSIOLOGY, AND PATHOLOGY—Dr. HAYDEN.

THEORY AND PRACTICE OF SURGERY—Mr. TAGERT and Dr. HAYDEN.

MIDWIFERY AND DISEASES OF FEMALES AND CHILDREN—Dr. IRELAND.

THEORY AND PRACTICE OF PHYSIC—Dr. SARGENT.

MATERIA MEDICA AND THERAPEUTICS—Mr. M'DERMOTT.

ANATOMICAL DEMONSTRATIONS—Mr. SAWYER.

ASSISTANT DEMONSTRATOR—Mr. JOHNSTON.

Particulars may be learned from Dr. HAYDEN, 32, Harcourt-street, Dublin, or any of the Lecturers.

ANDERSON'S UNIVERSITY, GLASGOW. MEDICAL SCHOOL.

THE following Lectures will be delivered during the WINTER SESSION, commencing NOVEMBER 2, 1842. Fee for each Class, £2 2s:—

PRINCIPLES AND PRACTICE OF SURGERY—Dr. LAWRIE.

CHEMISTRY—Dr. PENNY.

PRACTICAL CHEMISTRY—Dr. PENNY.

MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN—Dr. PATERSON.

PRACTICE OF PHYSIC—Dr. HANNAY.

ANATOMY, DEMONSTRATIVE AND SURGICAL—Dr. M. S. BUCHANAN.

MATERIA MEDICA—Dr. EASTON.

ANATOMY, DESCRIPTIVE AND PHYSIOLOGICAL—Dr. M. S. BUCHANAN.

MEDICAL JURISPRUDENCE AND POLICE—Dr CRAWFORD.

INSTITUTES OF MEDICINE—Dr. ANDERSON.

NATURAL HISTORY, AND COMPARATIVE ANATOMY—Mr. GARDNER, F.L.S., &c.

MECHANICAL PHILOSOPHY—Mr. WILSON.

BOTANY—Mr. GARDNER, F.L.S., &c.

The University Museum, a Magnificent Collection of Specimens, is open to all Students attending the University. A valuable Medical Library is attached to the Medical School.

Certificates of attendance, on the above courses, are received by the Universities of Oxford, Cambridge, London, Aberdeen, and St. Andrew's; by all the Royal Colleges of Surgeons in Great Britain and Ireland; by the Faculty of Physicians and Surgeons of Glasgow; and by the Army, Navy, and East India Boards.

CORK RECOGNISED SCHOOL OF MEDICINE.

THE SESSION 1842–3, will commence on THURSDAY, the 20th of October, at Two o'Clock, P.M.

ANATOMY AND PHYSIOLOGY—H. A. CÆSAR, M.D., M.R.C.S., formerly President of the Hunterian, Medical, and Anatomico-Medical Societies, Edinburgh.

MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN—T. CURTIN, M.D., Member of the Royal Medical Society, Edinburgh.

THEORY AND PRACTICE OF MEDICINE—W. BEAMISH, M.D, M.R.C.S.E., Member of the Hunterian Society of Edinburgh, and Physician to the County and City Jails and Bridewell.

ANATOMICAL DEMONSTRATIONS AND DISSECTIONS—Doctor CÆSAR, M.R.C.S., Surgeon BAYLIE, M.R.C.S.L.

MATERIA MEDICA—Surgeon MEREDITH, M.R.C.S.L. House-surgeon, South Infirmary.

CHEMISTRY AND PHARMACY—Surgeon TOWNSEND, M.R.C.S.L., L.A.

In consequence of the increased number of students attending this school the last few years, Dr. Cæsar has just completed a

NEW LECTURE-ROOM, DISSECTING-ROOM, MUSEUM, LABORATORY, &c.;

and, as the Buildings have been planned after fourteen years experience of the requisites for such an Establishment, nothing has been left undone to render them perfect for their respective purposes, and the students may depend on having the same zeal evinced for their instruction which has so long and so often met not only the private approval but the public eulogy of their predecessors.

Certificates of attendance qualify for examination at the University, College of Surgeons, Army and Navy Boards, London; Faculty of Physicians and Surgeons, Glasgow; Apothecaries' Halls, Ireland, England, and Wales; and with Hospital attendance for one year, at the University of Edinburgh.

☞ For particulars, apply to Dr. Cæsar, or any of the Lecturers.

TO MEDICAL MEN PRACTISING IN TOWN OR COUNTRY.

A QUALIFIED PRACTITIONER, Licentiate of the College of Surgeons in Ireland, is desirous of entering into Partnership with a gentleman having an Infirmary or Dispensary with a respectable private practice attached. Or, should such Practitioner, either from age or other causes, feel disposed to retire, Advertiser, on being declared his successor, would pay a sum proportionate to the income to be derived.

Address XX, Office of the MEDICAL PRESS.

DR. COLLES ON THE USE OF MERCURY.

Just published, in 8vo., price 9s., cloth,

PRACTICAL OBSERVATIONS ON THE USE OF MERCURY

IN THE CURE OF VENEREAL AND OTHER DISEASES.

BY ABRAHAM COLLES, M.D.,

One of the Surgeons of Dr. Steevens's Hospital, and lately Professor of Surgery in the Royal College of Surgeons in Ireland.

"It is one of those rare books which proceed from members of our profession, that we feel as if we should never 'look upon its like again;' it is full of original practical details, and is quite destitute of useless speculative theories."—*British Annals of Medicine.*

"We must rank, as a most important accession to our knowledge, Dr. Colles's demonstration of the different effects produced by different modes of administering mercury, and its beneficial application to varieties of inveterate syphilis, which assumed so destructive a character in the hands of practitioners of the old school, and so frequently baffle the efforts of disciples of the new doctrine."—*British and Foreign Medical Review.*

London: Sherwood, Gilbert. and Piper, 23, Paternoster-row.

This day is published, price 9s. sewed,

Part 2, On NUTRITION AND SECRETION, of A SYSTEM OF PHYSIOLOGY; for the use of Students and Practitioners in Medicine. Translated from the German of Rudolph Wagner, M.D., by Robert Willis, M.D. With notes and additions by the Translator and others.

The work will be completed in Four Parts, each of which will be in itself a distinct and complete Manual of the subject of which it treats.

Part 1, On GENERATION & DEVELOPMENT, price 10s. 6d., *was recently published.*

Part 3, On SENSATION and MOTION, *is now in progress, and will be ready in January.*

Part 4, On GENERAL PHYSIOLOGY, *completing the work, will follow without delay.*

Each Part will be illustrated by very numerous Engravings, mostly after the Author's "Icones Physiologicæ," the whole of which will be incorporated with the text.

London: Sherwood, Gilbert, and Piper, Paternoster-row.

DR. PRICHARD ON INSANITY.

Handsomely printed in 8vo., 14s., cloth.

A TREATISE ON INSANITY, AND OTHER DISORDERS AFFECTING THE MIND.

Accompanied with numerous cases, exemplifying various Descriptions of Madness.

BY JAMES COWELL PRICHARD, M.D., F.R.S., M R.I.A., &c., &c.

"The work, we may safely say, is the best, as well as the latest, on mental derangement, in the English language."—*Medico-Chirurgical Journal.*

"Dr. Prichard's work shows an extensive knowledge of his subject."—*Lancet.*

"It is a fair, clear, and admirably condensed compendium of documents and statements from various authorities, collected in various establishments for the insane, in various countries; so placed together, and with such discrimination commented upon, as to convince the reader that the first object of the author has been to elicit truths on which the practitioner, the moralist, the jurist, and the legislator, might rely."—*British and Foreign Medical Review.*

London: Sherwood, Gilbert, and Piper, 23, Paternoster-row.

DR. MONTGOMERY ON PREGNANCY.

Just published, in one volume, 8vo., price 18s., cloth lettered.

AN EXPOSITION OF THE SIGNS AND SYMPTOMS OF PREGNANCY, the PERIOD of HUMAN GESTATION, and the SIGNS of DELIVERY; accompanied with a series of Plates, accurately drawn and coloured from Nature (now for the first time made available for reference to the Profession) representing the changes observable in the Breasts and their Areola, as Signs of Pregnancy, from the third month to the period of Delivery: also, Seventeen Figures, coloured from Nature, illustrative of the Effects produced in the Ovaries by Impregnation; to which is added, an Essay on the Spontaneous Amputation of the Limbs of the Fœtus, illustrated with Woodcuts.

BY W. F. MONTGOMERY, A.M., M.D., M.R.I.A.,

Vice-President and Professor of Midwifery to the King and Queen's College of Physicians in Ireland.

"It is distinguished by great research and extensive original investigation."—*Dublin Journal of Medical Science.*

"We notice this work with pleasure, for Dr. Montgomery has treated his work in a complete and masterly manner. The plates are of great beauty and interest."—*Lancet.*

London: Sherwood, Gilbert, and Piper, 23, Paternoster-row.

MR. PORTER ON THE LARYNX AND TRACHEA.

This day is published, new edition, considerably improved, price 8s.

OBSERVATIONS ON THE SURGICAL PATHOLOGY of the Larynx and Trachea, chiefly with a view to illustrate the Affections of those Organs which may require the Operation of Bronchotomy; including remarks on Croup, Cynanche Laryngea, Injuries by Swallowing Acids and Boiling Water, Foreign Bodies in the Windpipe, Asphyxia, Wounds, &c.

BY WILLIAM HENRY PORTER, A.M.,

Vice-President and Professor of the Theory and Practice of Surgery in the Royal College of Surgeons in Ireland, &c., &c.

"This work merits the attentive perusal of every surgeon; and we recommend it to our readers as a concise, clear, and practical object of laryngeal pathology."—*British Annals of Medicine.*

London: Sherwood, Gilbert, and Piper, Paternoster-row.

Just published, price 3s. 6d., cloth.

A BEDSIDE MANUAL OF PHYSICAL DIAGNOSIS. Second edition, revised and enlarged, with an Appendix, containing a Plan for the Registration of Cases in Hospital and Private Practice; also an Abstract of Mr. Farr's Statistical Nosology.

BY CHARLES COWAN, M.D.

Physician to the Royal Berkshire Hospital and Reading Dispensary, &c., &c.

"This little volume has the unusual recommendation of being precisely what it professes. It gives a concise but clear account of the important physical signs of diseases as connected with auscultation and percussion. Pupils would do well to have it always with them in going round the hospitals."—*Medical Gazette.*

London: Sherwood, Gilbert, and Piper, Paternoster-row.

M. LOUIS'S PATHOLOGICAL RESEARCHES ON PHTHISIS.

Translated from the French, with Introduction, Notes, Additions, and an Essay on Treatment.

BY CHARLES COWAN, M.D., &c., &c.

Author of the "Bedside Manual," &c.

8vo., price 12s., cloth.

"M. Louis certainly ranks as the first physician of France, and probably of Europe."—*Dr. Marshall Hall.*

"Dr. Cowan was well qualified to undertake the important task which he has here executed, and the laborious duty of translation has been dignified in his hands."—*Brit. and For. Med. Rev.*

London: Sherwood, Gilbert, and Piper, 23, Paternoster-row.

DR. PARIS ON DIET AND REGIMEN.

This day is published, price 12s. a New and Improved Edition, being the Fifth, nearly re-written, of

A TREATISE ON DIET; with a View to establish, on Practical Grounds, a System of Rules for the Prevention and Cure of the Diseases incident to a disordered State of the Digestive Functions.

BY J. A. PARIS, M.D., F.R.S.,

Fellow of the Royal College of Physicians, &c.

"Dr. Paris's book should be in the library of every family. It forms an excellent manual for the investigation of all derangements of the digestive functions, and for the guidance of dyspeptic patients in the regulation of diet."—*Edinburgh Medical Journal.*

Printed for Sherwood, Gilbert, and Piper, Paternoster-row.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.
Wednesday, October 5, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXCVII.] DUBLIN, WEDNESDAY, OCTOBER 12, 1842. { PRICE SIXPENCE, STAMPED.

Lectures on the Theory and Practice of Medicine, Delivered at the Royal College of Surgeons in Ireland—By Charles Benson, M.D., one of the Professors.—Lecture XXXII.—
Hepatic Neuralgia 226
Organic Diseases—Symptoms. ..... ib.
Do. Do. Causes and Prognosis... 228
Do. Do. Treatment... ..... ib.
A few remarks upon the Ems Waters—By Fred. Adam Catty, M.R.C.S.I. 230
Absorption of the Stomach of a Seagull—By Aug. Heron, M.R.C.S.I., of Lucan 231

EXTRACTS FROM PERIODICALS.

Velpeau on the Operation for Squinting..... ib.
Results of Operations in the Parisian Hospitals..... 232

REVIEWS AND NOTICES OF BOOKS.

Shapter on the Climate of the South of Devon..... 232
Gully on the Simple Treatment of Disease..... 233

MIDLAND MEDICAL ASSOCIATION—..... ... ib.
Memorial adopted at the Meeting to Lord Eliot. 234
MEDICAL ASSOCIATION OF IRELAND—Proceedings of Council..... 236
Books received for Review..... ib.
MEDICAL CHARITIES' BILL..... 237
STATE OF TRADE IN THE MANUFACTURING DISTRICTS..... 238
MEDICAL INTELLIGENCE 239
Promotions..... 240
Register of the Weather..... ib.

LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XXXII.

In my last lecture I told you how to treat the acute and the chronic forms of hepatitis, and I gave you some directions as to the management of hepatic abscesses. We have now to consider the symptoms and the treatment of those other diseased conditions of the liver and its appendages, which I described at some length a few days ago. There is frequently extreme difficulty in detecting such diseases, and little satisfaction in treating them. They steal on slowly and insidiously; the symptoms point but very obscurely to the liver; the patient makes no complaint of the hepatic region perhaps at all; he will not ask your advice till the organ is extensively engaged; or, if you see him at an earlier period, you may overlook it entirely, and fix your attention on some other organ. And again, when you are clearly of opinion that the liver is the part affected, you may be quite unable to decide on the exact nature of its disease. And if you should discover its real nature, the discovery may bring with it the humiliating sense of your inability to remedy it. Yet sometimes a correct diagnosis may be formed even at an early period, and sometimes the treatment is successful even in an advanced stage.

You must make a careful manual examination of the hepatic region in every suspected case, and from this you will derive most important information. But as this region cannot be examined without stripping your patient, and as he may not call your attention to it, nor relish the ordeal, (females especially will rebel) what are the circumstances which will induce you to suspect liver disease, and to press the examination? If I saw any fulness of the abdomen, with œdema of the feet—any jaundiced look of the eyes—if the tongue was coated with yellow fur, and he complained of a bitter taste in the mouth, or had even common dyspeptic symptoms, I would examine him. If he told me his urine was high coloured, or had a pinkish sediment—that his bowels were irregular, and the discharges too pale or too dark; or if he complained of pain in his shoulder or side, and had cough and dyspnœa, which the state of the lung did not seem to account for, I would examine him. Aye, if there be any doubt on your mind at all as to any set of symptoms, you had best examine the liver, and indeed all the viscera of the abdomen. They are so very apt to suffer in chronic affections, even of the chest or head, that it is right to investigate their condition, though you may be satisfied that the chief malady is elsewhere; and you will be rewarded with startling discoveries. You will find a liver reaching to the umbilicus, or even to the iliac fossa, in a person who never supposed he had anything the matter with it. I have seen it so large in a young man who was dying of phthisis. I have seen it very large in disease of the heart. I have found it tuberculated in young persons who were said only to have worms; and in cerebral affections you will often have the liver considerably diseased, and very apt to be overlooked from the absence of any peculiar symptom to attract attention.

On the other hand, you will meet with cases where the patient, and friends, and medical adviser too perhaps, all tell you of a liver disease when there is no such thing at all—where the stomach, duodenum, or some other viscus is in fault, and the liver itself perfectly sound.

There is a condition of the liver sometimes mis-

taken for hepatitis, in which there is neither inflammation, nor congestion, scarcely any interruption to its functions, and no appreciable alteration in its structure; so that if the organ were placed before you you would pronounce it quite healthy. It is a *neuralgic* affection, and has been called *hepatalgia*. Its seat, according to Andral, is in the nervous filaments which are distributed to the liver, and which are derived from the sympathetic and pneumo-gastric nerves. There is very severe pain in the side, in some portion of the hepatic region; the pain is of an intermitting character; in some, disappearing entirely for a time, in others, remaining for months with such remissions as leave the patient pretty easy, yet not entirely free from it. You rarely find it except in delicate females, and they often have, at the same time or before it, some other neuralgic affection. One lady of my acquaintance suffered severely from tic doloureux in the face, which disappeared after some years, and then she began to feel the hepatic neuralgia. When you touch the side, though ever so gently, the patient complains of great tenderness, but it is like the tenderness of spinal irritation, and on pressing evenly and steadily, with the flat of your hand, not with the tips of your fingers, she will bear it quietly. There is no tumour or fulness in the part; no unusual dulness on percussion. The pulse is frequent, but it is not the resisting pulse of inflammation, it is the rapid pulse of a delicate and irritable female. The tongue is not loaded, but may be pale, or have a little whitish mucus on it, with papillæ projecting, and often the edges are notched by the teeth. The bowels are usually confined, the discharges dark and hard, yet not differing, perhaps, from what they were before she complained of the side. The urine is rather abundant, often pale, as in hysteria, with which it may be accompanied. The catamenia are scanty; the appetite small and irregular; the countenance pale and anxious; there is loss of flesh, unwillingness to exert herself, and often weakness and tenderness along the spine. Jaundice has been said to attend it on some occasions, but I have not seen it, and I should be disposed to think that the passage of a gallstone, or some other obstruction to the flow of bile had occasioned the jaundice—that it was not purely neuralgic. Yet I would not altogether deny it, as it is mentioned and believed by Andral, who considers the occurrence no more remarkable than that the tears, the saliva, and the urine should be modified by nervous influence.

Well, now, how do you distinguish this from hepatitis, and every other disease of the liver? I think it generally can be done very easily. The pain is of a severe and intermitting kind—without any other local sign—without any general symptom of deranged liver—without fever; and in a person in whom neuralgic affections might be expected. And it is of much importance not to confound it with hepatitis, as the treatment must be *toto cælo* different. I lately saw a young lady in whom the mistake was made, and she was reduced exceedingly by repeated cuppings and leechings over the seat of the pain, and whenever it was felt. Her treatment chiefly consisted in these local depletions, which were always followed by such relief, that I had a good deal of difficulty to dissuade her from the use of them, even after her mind seemed convinced that they were only of temporary benefit and of permanent injury.

In *treating* neuralgia of the liver you must avoid all sanguineous depletions. If your patient has been cupped before, you may so far yield to her wishes as to *dry* cup her—it is often useful. A small blister may be applied, or a moxa just left long enough on to be followed by vesication, or a mustard poultice. After the stimulus you may lay on a large belladonna plaster, or you may dress the blister with a couple of grains of the acetate of morphia rubbed up with a small bit of spermaceti ointment. These are temporary measures, calculated to allay present and pressing distress, but to effect more lasting good you direct your attention to the general health—good air, and change of air, be it ever so good, carriage exercise, generous diet, and such tonics as you may have most confidence in. The preparations of iron are the best tonics—the acetate of iron, the carbonas ferri saccharatum, the tinctura muriatis ferri, &c., &c. You will sometimes find the patient's stomach irritable, and the system sadly debilitated by mercury, and the antiphlogistic treatment, which had been erroneously employed; in such cases your ingenuity will be taxed to find suitable restoratives, and to steal in your tonics without over exciting. You must also regulate the bowels with mild aperients. The saline medicines don't do, except in the form of mineral waters, but the compound rhubarb pill usually answers.

Now, with respect to the *organic* diseases of the liver, I may speak of all of them under the one head. They have so many symptoms in common that it would cause endless repetitions to go over each in detail. Nor are we so very clear in diagnosing them as to justify so diffuse a method. In general we can only say "this liver is organically changed," nor can we always say that with confidence; but as to the precise nature of the change, it is seldom that we can venture beyond "I think it is so and so." Some of the organic changes are slight—as hardening, or softening, or hypertrophy; some are more serious, as the tuberculated forms; and others are truly malignant, as the cancerous and encephaloid; yet all have many symptoms in common, all must be investigated in the same way, and most of them must be treated alike. Some there are, indeed, as hypertrophy, which admit of cure, and others only of palliation, so that we are bound in every case to use our best endeavours to ascertain not only the existence of organic disease, but its precise nature, in order that we may give our patient fair play.

When we find a patient with a yellow tinge of the skin, which is not natural to him, a yellowish colour of the eyes, a foul tongue, languor, apathy or despondency, and on inquiry find that his appetite is irregular, his bowels irregular too, his urine yellow or having a pinkish sediment, and a sense of weight or uneasiness complained of in the upper part of the abdomen, and that these symptoms have been coming on him for some time, we ought to suspect organic disease of the liver, and direct our inquiries toward that organ. We must in the first place make a careful physical examination of the whole hepatic region—the two hypochondria and the epigastrium. We ought to get a view of this region always in men, and in obscure cases in females also. A practised eye will learn a good deal from the inspection, but the sense of touch is more important still, and must be skilfully exercised. Our patient ought to be examined both in the recumbent and the erect position. By placing him on his back, with his head and chest raised, and his knees bent, you relax the muscles, and can press deeply on the liver. If enlarged, it ought to be felt below the margin of the ribs on the right side, or in the epigastrium; and pressure on it usually causes pain, or a sickening sensation. The patient may be fat, and then, of course, you cannot so well explore the region; but in most cases he will have become thin before you are applied to. If there be fluid in the peritoneum, which is a frequent attendant on liver disease, the liver falls back from the parietes, and may escape detection under ordinary pressure; but if you place the fingers on the part, press gently backward first, and then give a sudden increase of

pressure, you will, as it were, overtake the liver, and feel its resistance. You must try with the ends of your fingers, and with their flat surface, and turn the patient to one side and to the other, so as to throw the liver, which permits of some motion, in contact with the parietes. You make him stand up, too, and you go through the same manipulation. We assist and correct our sense of touch by using percussion also; for instance, a distended stomach, or the edge of a muscle, or the upper division of the rectus, will feel very like an enlarged liver, but by percussion we elicit a clearer sound than a solid viscus could produce. *This pleximeter* of Piorry is an important help in percussion, but if we have it not, we may lay the fingers of one hand over the part, and strike them with the other. We also percuss immediately, though it is not so useful as the mediate plan; we tap with our fingers, or give a smart fillip, and judge accordingly.

Having ascertained that a tumour is in the hepatic region, or near it, we next ask ourselves does it belong to the liver? It might be the spleen, the pancreas, the stomach, the colon; or it might be a healthy liver displaced by thoracic disease, or by some abdominal derangement. Thus, Andral mentions a case where an encysted tumour between the spleen and liver so pushed the latter aside as to make it appear diseased; and we every day find the liver pressed down by pleuritic effusions Let us see these several cases. Pleuritic effusions, with sound liver, and a healthy thorax with enlarged liver, have so much similarity, in some instances, as to be very perplexing. In both cases, we have the lower part of the thorax dull on percussion, no respiratory sounds to be heard, no resonance of voice, and in both there may be a protrusion of the ribs. We inquire into the history, which one would expect to be so different in the two cases, and yet this may throw only a very feeble light on the matter. In liver disease you will now and then have a constant harassing cough, with dyspnœa; Abercrombie gives a case in which there was cough, expectoration tinged with blood, and hectic fever, yet no disease in the thorax; and again, you will sometimes have an empyema with little cough, or any characteristic pain. In both cases the patient lies on the affected side. You see what a close resemblance they bear to each other both in the physical signs and the rational symptoms. Still there are one or two points which will often enable you to decide unhesitatingly. For instance, if you see the intercostal spaces widened and filled up, you may be pretty certain that a pleuritic effusion exists. An effusion may be there without this sign, but the sign cannot be there without the effusion. The appearance is sometimes simulated by an hepatic abscess, but the latter is more limited and pointed, and its previous history is different. You may, however, be deprived of the benefit of this sign by the fatness of the subject, or by an œdematous swelling. Another sign, to which Dr. Stokes has directed attention, is the appearance of a sulcus at the margin of the ribs, to be met with only when the liver is displaced. I think, too, that if the patient were not very fat, I could tell the feel of a healthy liver, merely pushed down, from that of a diseased liver; the thick rounded edge of the latter, and its want of elasticity, will help you, not to speak of the patient's colour, tongue, urine, &c., which are usually so different.

Well, the spleen may be taken for the liver? This viscus is more moveable than the liver, and so far to the left that we can generally distinguish it. You can also, in most cases, find the tumour circumscribed on its right side, instead of running on continuously in that direction, as the liver does.

In like manner, the position of the colon, its greater mobility, and the more complete obstruction to the passage of its contents, which would be caused by a tumour in it, will generally decide you; and you can get your fingers above it, between it and the liver. An omental tumour in the same way may be distinguished. A pancreatic swelling of any size is rare, and is placed lower and deeper in the abdomen. The stomach distended with food or flatus will often make a great prominence, but the flatus is easily detected by a fillip, and the food will soon vanish. There may be a more permanent tumour in the stomach, as a scirrhous development, but the gastric symptoms will probably be characteristic enough by this time, and you can get above the tumour. Being able to sink your fingers in above the tumour renders it almost certain that, whatever the abdominal swelling is, it is not the liver. 'Tis true that a prominent tumour even of the liver, may permit some sinking in of the fingers above it, but you can usually satisfy yourself that they are stopped by the continuity of this tumour with a solid mass, above which you cannot get. I have seen the left lobe of the liver enlarged, and so distinct from the right, which was healthy, as to present a difficulty in diagnosis; and I have seen one lobe or the other send out a tongue-like growth, which seemed too remote and too distinct to be a part of a liver not otherwise enlarged; but in all cases I have been able to trace the unbroken line of resistance up under the ribs, to where the rest of the liver was. This is very important.

We now are sure that there is some tumour of the liver, or some morbid enlargement of a part or of the whole of it. But can we go farther and tell its nature? Sometimes we can. A very prominent tumour, presenting considerable resistance, yet very elastic, without constitutional disturbance or local pain, is in all probability formed by an hydatid cyst. If there be fluctuation without such extreme tension it may be a common serous cyst, an abscess, or the gall-bladder. If an abscess, it has followed previous biliary derangement, and is surrounded with a hard base; it is every day becoming softer in the centre, and the cellular tissue over it is apt to be œdematous. If a gall-bladder, it is equally soft all over, appears suddenly, has no œdema, nor has it been preceded by any inflammatory symptom, and it is situated in, or very near to, the epigastrium. A serous cyst has no hardened base, it increases slowly, unaccompanied with inflammation, and may appear anywhere. If the tumour be firm, and has a depression in the centre, it probably is the tuber circumscriptum, and you may expect more than one such tuber, though not always to be felt. If rough all over, it may be the small, white tubercle; but this is usually attended with a diminution of the bulk of the liver, and you may have morbid clearness on percussing the lower part of the thorax, and you are very apt to have ascites. If the enlargement be smooth, even, and extensive, it is hypertrophy, and there may not be any other disease of its structure. Thus you perceive we can frequently venture to specify the exact nature of the disease; but in very many cases we can make no guess at it. You may have lung, spleen, stomach, or other organ diseased along with liver, and the complication will, of course, obscure the diagnosis. The heart is often diseased with the liver, and indeed in most cases of heart disease, the circulation through the liver is so impeded, that it becomes congested, and eventually hypertrophied. The hypertrophied liver may then become so good a conductor of the pulsations of the heart, or the aorta, that you will be led to suspect that an aneurism is formed—another source of difficulty. And I have known a case in which acid eructations, distention after meals, and other dyspeptic symptoms, arose entirely from an enlarged left lobe

of the liver. It was long treated as a stomach affection without benefit; but when the enlargement was discovered, and the treatment directed to the liver, the tumour subsided, and with it all the stomach derangement.

The urine often lets fall a pink precipitate in cases of structural disease of the liver. It consists of the purpurate of ammonia and the lithate of ammonia. But as other visceral affections have a similar deposit, its diagnostic value is not great. In forming an opinion of the disease of the liver, we ought to take into account the existence of disease in other parts of the body at the time; for if we knew that our patient had cancer, scrofula, or fungus hæmatodes elsewhere, we would have grounds for thinking the liver was similarly affected.

As to the *causes* from which organic disease of the liver proceeds, they are numerous. It may follow an acute hepatitis, and it is still more likely to follow a chronic one; hence, any of the causes of hepatitis may give rise to it—injuries, high living, stimulating drinks, gastro-intestinal affections, and so on. The constantly renewed irritation of dram-drinking is supposed to give origin to cirrhosis, or the small, white tubercle of Baillie, which has thence been called the whiskey-liver. This formidable affection is not, however, confined to dram-drinkers. I once found it in a young person of undoubted sobriety. Scrofula disposes to enlargements of the liver, and to the tuberculous deposits. In scrofulous children, the left lobe often remains permanently enlarged—not diminishing as it ought to do after birth, but retaining its fœtal proportions. In phthisis, the liver frequently enlarges, and becomes of a friable texture and yellow colour, according as the lung diminishes—probably the hypertrophy is occasioned by its taking on a vicarious action for the lung. In warm climates we see the liver in like manner subject to hypertrophy and other diseases, because its action is increased to compensate for the diminished action of the lung. Sedentary habits, in warm rooms, act in a similar way. In heart disease, the liver so often becomes gorged with blood by reflux, or obstruction, that it at length enlarges. Chronic bronchitis, and other impediments to the pulmonary circulation also cause congestions, and finally, hypertrophy. I know a young gentleman now labouring under a very enlarged liver, whose habits were most active, and who was extremely temperate in food and drink—he never was exposed to any of the usual causes of liver disease—but he was very fond of gymnastics, and far excelled all his companions in feats of strength and agility. Could it be that these repeated efforts, by causing regurgitation of blood to the liver, and interruptions to its onward course, could it be that they became a cause of its disease? It is the heart or arteries that usually first suffer from gymnastics. In him these organs are sound; but the liver has not so successfully resisted the deleterious influence of repeated over-distensions.

The *prognosis* in organic disease of the liver must generally be unfavourable. Simple enlargements do very often yield to treatment; but tubera seem to be beyond the reach of medicine; they are, however, slow in producing their worst results, and these we may retard and palliate. When a liver is distinctly nodulated, and attended with severe pain, when its progress is rapid, and that emaciation progresses, we may reckon on a speedy dissolution. Even if only one tumour was felt, and that it is softening in the centre, without pointing, and that cathetic symptoms begin to show themselves, we may diagnose malignant disease, and pronounce an unhappy termination as not far distant. When other organs, as the heart or lungs are diseased, we cannot hope to be of much use to the patient. But if the viscera in general are healthy, the liver smooth and regular, no great emaciation present, no dropsy, and that the skin has not assumed a dusky dingy hue, we may look forward with hope. We have good grounds for hope too when, during our treatment, the emaciation ceases, the appetite returns, and the complexion improves. But it is an ill omen to see the countenance sinking, or becoming more sallow, the abdomen swelling, flesh and strength wasting, or the feet getting œdematous.

The *treatment*—how is that to be managed? Why, as I told you, some cases we may hope to cure, some we can only hope to palliate; and, though it may seem strange to you, there are some I would not desire to cure. For instance, there is that enlarged, friable, fatty-looking liver attending the advanced stages of phthisis, which seems by its growth to have a beneficial influence on the lung; at least I have seen all the pulmonary symptoms suspended, and even considerably relieved during its growth. I don't know how to cure this, but if I knew, I don't think I would interfere with it. I would be disposed to look on it as a salutary diverticulum, a sort of natural means of derivation.

The first thing to be considered is, what depletion is advisable. General bleeding will seldom be called for. In some cases of hypertrophy it may be required, but in the other forms of structural disease, hardly ever. These are of a lingering character, with only very obscure inflammatory actions going on, and if you lower the system, already perhaps failing under the irritation, you hasten the catastrophe. In a plethoric person, or where you see fulness, tension, and dyspnœa, with a resisting pulse, you may bleed. There is a congested state of the liver, most likely, and the relief to the general symptoms, and even to the local swelling, will often be very evident. In heart diseases, and in pulmonary obstructions, when we think the liver owes a part of its enlargement to the stagnation in its circulation, it is obvious that we can relieve it by diminishing the circulating fluid. Such cases will not, perhaps, bear large bleedings, but the abstraction of eight or ten ounces of blood from the arm, will be borne very well, and its beneficial effects will be obvious.

Local bleeding is useful in most cases. If there be tenderness and tension we leech or cup freely; if no great tenderness or tension, we still may cup or leech, though more sparingly. Even when we feel unwilling to deprive our patient of any blood, we may dry cup him. Leeches are preferred by some, cupping by other practitioners. You must so often be influenced by the wishes of the patient, by convenience, or the expense attending the two methods, that I will leave the choice to yourselves. I believe I oftener use leeching than cupping; indeed some tumours are too tender to be cupped. You proportion the amount of local bleeding to the general and local circumstances of the case. A repetition of this depletion is usually required. You may have to apply the leeches half a dozen times, at intervals, of two or three days, or a week. Don't put many on in such cases; don't wear out your patient's strength. In fact, if you have reason to believe that tubera of any kind are actually formed, you ought to leech very sparingly, just when forced to it by some pain, and then three or four leeches seem to give as much relief as twenty.

Small blisters are very serviceable; every four or five days, allowing them to heal each time, and changing the place of their application. You may find it useful to alternate them with the leeches.

Amongst the earliest objects of attention, we must look to the state of the bowels. Sometimes we merely regulate them and keep them in a solvent state, so

that they may not by any accumulation or irritation interfere with our other remedial measures. Sometimes we hope to reduce the disease by acting more decidedly on the bowels. We can only entertain such a hope, when we conceive that the enlargement is very little more than congestion, or at most, a simple hypertrophy, without any morbid deposit. You may give a bolus, containing six grains of calomel, twenty of compound powder of jalap, and a q.s. of syrup of ginger; and after six hours give a drachm of the sulphate of magnesia, and an eighth of a grain of the tartar emetic in cinamon water or infusion of senna, and repeat the draught every six hours. Saline purgatives have considerable effect in unloading congested organs, and antimonial preparations serve to direct their operation to the liver. Of course, if the stomach be very irritable, we must leave out the antimony. We may vary our purgatives as occasion requires. Seidlitz' powders in the morning are very convenient. A little blue pill and colocynth at night. The purgative waters of Cheltenham and such places frequently produce the best effects; and no doubt, the change of air, the freedom from occupation, the exercise, and so on, which our patient enjoys at them, contribute essentially to their efficacy. A few weeks may be devoted to the purgative plan at home or abroad, if you think it a fit case for it. Our attention to the bowels, however, in general, only goes so far as to keep them regular; the compound rhubarb pill with James's powder will answer for this purpose as a mild aperient, should such be required.

I have known patients labouring under hepatic disease very urgent for an emetic. The stomach often feels oppressed and embarrassed, especially when the left lobe is engaged, and dyspeptic symptoms frequently attend. Sometimes I have yielded to their wishes, and some benefit seemed to follow; but I do not recommend the practice, except when called for, and patients will seldom call for it a second time.

Well, now, if we do not derive, nor expect to derive much good from purgatives, except in some recent cases, what comes next? Why, after local and general bleeding, if required, and after freeing the bowels satisfactorily, at least once, I would consider the propriety of using mercury, as a most powerful agent in liver disease. Mercury may do much harm as well as much good, so that it must not be indiscriminately used. It seems to stimulate the liver, and to promote the absorption of deposits there, as elsewhere. But I fear it will not act on the tubera if once formed—it is perfectly useless in hydatid cases—and in cancerous and fungoid formations it is injurious. I speak of it when used with the intention of producing mercurialism, for if given in very minute doses, or now and again a dose to improve the digestive organs generally, and to promote all the secretions, it is very well. I think in the enlargements which follow chronic hepatitis mercury is very valuable. A scruple rubbed into the side night and morning is the best way of administering it. Three or four grains of blue pill three times a day may be used instead of this, or twice a day along with it. We do not want to salivate quickly, nor profusely, but to bring the patient gradually and moderately under its influence. A slight mercurial action may then be kept up for some weeks—or we may, what perhaps is better, after a few days of very gentle salivation, suspend the mercury for a couple of weeks, give iodine or nitric acid, and then touch the mouth again. Long and severe courses of mercury are very bad; and if it should happen that there is no liver disease at all, as Dr. Abercrombie has witnessed, they will be ruinous. If, too, it should happen that there is malignant disease, you do no good by mercury, but you may, on the contrary, inflict irreparable injury. It is always right to feel your way while you are using it. Is it improving the secretions? Are the discharges from the bowels of a better kind? Is it diminishing the anasarca or the ascites which may have been present? What do the pulse, the tongue, the appetite, and the countenance of your patient, tell you? The disease is chronic—you may benefit it by prudent measures, slowly and steadily; but if in your haste you make a false step, the mischief may not be so readily undone.

Iodine is in many particulars like mercury. It acts powerfully, like it, in exciting the absorbents to remove deposits, and it has a good effect on many of the secretions. In scrofula its efficacy, you know, is often quite surprising—and as tubercular diseases of the liver are, by Baillie and others, believed to be in many cases scrofulous, it has the advantage over mercury if scrofula be present. It is not deleterious in malignant affections, and in simple hypertrophies it is nearly as good. You must not use it internally if there be any febrile action in the system; nor if the stomach be irritable—any thing of gastritis or gastro-enteritis, for it is irritant. The unguentum hydriodatis potassæ may be rubbed on the side—half a drachm daily until you are obliged to suspend it by its producing an eruption. The hydriodate and iodine may be given in solution—suppose four grains of the hydriodate and one-eighth of a grain of iodine three times a day, more or less. Like mercury it has its legitimate and its deleterious effects on the system, and you will of course look for the former, and try to avoid the latter. Headache, giddiness, nausea, languor, loss of appetite and inaptitude for exertion, are the preliminary signs of iodism; if persevered in there may be complete anorexia, extreme muscular weakness and tremors, emaciation, a frequent feeble pulse, palpitation, faintness, anxiety, and a sense of sinking, dinginess of the skin, with clammy sweats, diuresis, priapism, bilious purging, and occasionally wasting of the mammæ and testes. Such is the catalogue of deranged functions given by Dr. Christison, as resulting from iodine when used too freely. They can be stopped by suspending the medicine. Slight ptyalism and catarrh are to be considered as legitimate effects—and the hydriodate of potass, without free iodine, will hardly go beyond this.

Nitric acid internally, and nitro-muriatic acid used in a foot-bath, or for sponging the feet and side, are found to be very useful. Should the case not be one for mercury or iodine, or should we have used these for a time, the acids will come in very well. An ounce and half of the nitro-muriatic acid to a gallon of water is the usual strength to be used. The feet are to be kept in this, tepid, for twenty minutes every night, or longer, if no prickling sensation be experienced. It often produces a softening of the gums like mercury, and promotes the bilious and other secretions—improving the appetite and looks, even when it cannot remove the disease. The side may be sponged with the same solution; and ten or fifteen drops may be drank in water three times a day.

Sarsaparilla seems useful too—especially after mercury has been used. It is a good vehicle at all events for the nitro-muriatic acid. I have some faith in taraxacum when taken freely. The extract cannot always be relied on, but when the fresh dandelion is used, I have often seen the best effects from it, in improving the appetite and diminishing the size of the liver. It is also incapable of doing harm in any of the forms of disease, and even in the tubera it does good. The expressed juice—a wine-glass-full—twice or thrice a day, I generally advise. Pemberton recommends the infusion—a quart of boiling water to be poured on ten fresh plants, root and leaf—strain off the liquor as

soon as cold, and give a pint of it daily in divided doses. If you cannot procure fresh dandelion, ten grains of the extract rubbed up in a glass of the decoction of sarsaparilla may be taken three times a day.

A seton or an issue in the side, over or near to the seat of disease, appears to be useful in retarding the progress of incurable disease.

During your treatmeut, a light nutritious diet must be used to support the strength. Fresh animal food in small quantities—farinaceous vegetable matter—milk and water, or milk and lime water for drink, or cream of tartar, if there be much thirst. No vinous or alcoholic liquors unless in the very advanced stages, when the person is sinking or hopelessly diseased. Anodynes and astringents occasionally as required—changes of air to a cheerful and somewhat elevated locality—and so on. 'Twould be endless to go into particulars.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

A FEW REMARKS UPON THE EMS WATERS

By Fred. Adam Catty, M.R.C.S.L., Resident English Medical Attendant at Bad-Ems.

The efficacy of the Ems Thermal Springs, in the treatment of many diseases, especially those of a chronic nature, is now generally acknowledged; but their nature and effects are known by so few of the medical profession in England, that I think no excuse is required in communicating some remarks, made from actual observation, on the use and advantages of these springs, at the same time mentioning those diseases to which they are most applicable.

These springs arise from the slate hills, near the right bank of the Lahn, under the Curhaus at Bad-Ems, and are eighteen in number. Many others discharge themselves into the river, and the carbonic acid gas may be constantly seen freely given off from its surface. The temperature of the springs varies from 18° to 43° of Reaumur, or 72.5° to 128.75° Fahrenheit, but only three of them are used internally; the Kessel, the Kraenchen, and the Fürstenbrunnen. The others are used to supply the baths, and among them the so-named Bubenquelle, from its reputation in cases of sterility.

The temperature of the Kesselbrunnen is 36°* of R. or 113° F. of an agreeable sub-acid taste, and not too hot to drink from the spring; it contains less carbonic acid gas than the other two springs, and is the most in use. It is, however, more difficult to be borne on delicate stomachs, producing often a feeling of distention and headache. Of the chemical analysis of this and the other springs, I do not think the entering into minutiæ would be of practical utility. 16 oz. of the Kessel, contain 14.7418 grs. of bicarb. sodæ, 0.3538 grs. of sulph. sodæ, 0.3318 grs. of chlor. magnesiæ, 7.0216 grs. chlor. sodæ, 1.4474 grs. carb. of lime, 0.3200 carb. magnes.,† and contains much free and combined carbonic acid gas, with some azote.

The Kraenchen is not so warm as the Kessel, its temperature being 23° R. or 83.75° F. but it contains more carbonic acid gas, and is much more stimulating in its effects. It also contains rather less saline particles than the Kessel.

Near the Kraenchen arises the Fürsten, a most valuable remedy in those cases in which the Ems waters are applicable, and in which the patient cannot bear the Kessel from its disagreeing with the stomach, and in which the Kraenchen produces too stimulating effects. It is also applicable to those cases in which there is a tendency to hœmoptysis, or a congested state of the vessels of the bronchiæ, and even in advanced stages of phthisis, I have seen much benefit derived from its use, when the other springs were inadmissible. Its temperature is 24° R. or 86° F. It contains less carbonic acid gas than the Kraenchen, although rather more than the Kessel, and more saline particles than either of the others, especially of the bicarb. of soda—16.5526 grs. in 16 ozs.

The diseases in which the Ems waters may be used with great benefit, are more especially affections of the liver, as torpor, congestion, enlargement, and all diseases of that organ brought on by residence in a hot climate, or too free living—a vitiated or insufficient secretion of bile, and overloaded state of the gall-bladder; in dyspepsia, and in chronic affections of the mucous membrane of the bowels; in incipient cases of phthisis, affections of the bronchiæ, diseases of the kidneys, and affections of the bladder, sterility, congestion of the uterus, difficult and deficient menstruation, leucorrhœa, and all affections of the womb, not attended with acute inflammatory symptoms; the early stages of mesenteric disease, and those glandular affections depending on scrofulous habit. The use of the waters has been found highly beneficial in those nervous affections brought on by debility and too great fatigue from over occupation of the mind, pleasure, late hours, or too free living.

The waters are taken, internally, twice a day, in glasses containing from six to eight ounces. From two to three, or even six glassfulls are drank in the morning, at an interval of from one quarter to half an hour between each, beginning about six o'clock in the morning, gentle exercise being used during the interval between drinking each glass. About half an hour after the last glass, a light breakfast is taken, such as not to preclude the use of the bath after one or two hours have elapsed. At one o'clock, the patient usually takes his dinner, attending to the necessary precautions respecting diet, and at five in the afternoon, the water is again drank in the same manner as in the morning, but not to the same extent as regards the number of glasses. The baths are found very much to assist the effects of the use of the waters internally, and in some cases the douche is required as an adjunct. The water is also sometimes used as an enema, or *per vaginam*. The use of the bath should not commence until some days after the patient has begun taking the water internally. The temperature of the bath should be varied according to the nature of the case, from 23° R. to 30° R. or 83.75° F. to 97° F. and at first the patient should not remain more than fifteen minutes in the bath. The time may afterwards be prolonged, but not longer than forty minutes, and always keeping from remaining quite quiet in the bath, which in the first instance, should only be used every other day, but afterwards, every day, if the patient can bear it. Of course, the selection of the spring from which the patient should drink, as well as the quantity, must be determined by his medical attendant, as much must depend not only on the disease but on the constitution of the patient; so also, as regards the use of the baths, their temperature, frequency, or the necessity for the douche.

The waters tend rather to confine the bowels, but this is easily obviated by adding to the water a small portion of the Carlsbad salt; but in some constitutions a warmer purgative is required occasionally. They are highly diuretic, and determine very freely to the

* The German medical writers give the temperatures as somewhat higher, but these here given, were taken on the spot with Professor Ansted, in the autumn of 1841.

† From Jung's Analysis.

skin, producing profuse perspiration, with the slightest exertion. They also excite the action of the glandular system, but especially the action of the liver and pancreas, and also of the kidneys. After being used for some days they produce considerable languor and lassitude, and it is therefore desirable that the patient should retire early to rest. The patient must not expect a sudden effect or benefit from the use of these waters, as it is not till after the necessary time has elapsed that permanent benefit is derived, and indeed much must depend on the attention paid to the directions as regards diet, exercise, and the quantity of water to be taken.

After continuing to drink and take the baths for about a week or ten days, the patient will feel lassitude, breaking out freely into perspiration, with the least exertion, so that care must be taken with regard to warm clothing and non-exposure to draughts and rain, and even damps. The course of the cure is not unfrequently interrupted by greatly increased action of the liver, producing bilious vomitings; or there may be an eruption on the skin requiring assistance from the judgment and skill of the medical attendant. An injudicious use of waters also will be sometimes injurious, and there have been many cases in which persons in perfect health having, taken the waters without care and judgment, have made themselves ill. Indeed it is better for those in health to abstain from taking them. The use of these waters is often found beneficial, as preparatory to the use of other mineral springs, and the benefit derived from these springs is often enhanced, more especially by the use of the Schwalbach waters, after the usual time of remaining at Ems, which varies from three to four, or sometimes even six weeks.

Independent of these valuable springs, nature has done much for Ems. The walks and rides in the immediate neighbourhood are delightful, and as it is highly requisite that the patients should be in the open air as much as possible during the cure, they rather regret than rejoice when the period for taking the waters has elapsed, and would fain prolong their stay to enjoy the health they have gained, and the delightful scenery which surrounds them.

Bad-Ems, July 1842.

ABSORPTION OF THE STOMACH OF A SEAGULL.

TO THE EDITORS OF THE MEDICAL PRESS.

Primrose Hill, Lucan, Oct. 1842.

GENTLEMEN—I beg to send you a statement of the effect of subsisting or maintaining animal life on one kind of food, should you deem it worthy a place in your Journal. I am faithfully yours,

AUG. HERON, M.R.C.S.I.

I had for several years a very large species of seagull that ate every kind of animal food and fish it could get, and had so voracious an appetite, that it would swallow rats and mice whole, and should it not be well supplied with food, it would help itself to a chicken or duck, and swallow them whole, feathers and all.

I made a little excursion this last summer through England, and left Tom (the seagull's name) in the care of the servants of the house, ordering him bullock's liver for his food, of which he always ate very heartily when he could get such a delicacy, and did do so, even during my absence, for the first week; but after that period he disrelished it, and gradually declined eating of it. As neither chickens or ducks were left about the house, he could not help himself, and the servants thought their allowance scanty enough for themselves, wherefore, Tom got nothing else to eat but the bullock's liver, of which he gradually declined eating, and before three weeks had passed, he totally refused it and died the fourth day from the time he refused eating, being two days before my return, and twenty-seven days from the time he was compelled to live on bullock's liver without any other food: at the time he refused eating, he also refused drinking.

As to his age I am uncertain, but from his appearance I should not take him to be an old bird. He had been a great favourite, wherefore I went about preserving him, and on opening the abdomen I was much surprised to find neither stomach or intestines, nothing remained but a light tissue of cellular membrane, with a little glairy fluid, not two ounces, the heart and liver were sound, but no other viscera were to be found; all was dissolved. The cellular membrane was more like fine thread, somewhat entangled, than actual cellular membrane. I did not perceive he was much emaciated, considering he had died from starvation.

As to his food he generally got any small bones that remained after our dinner, with any little trimmings of meat, and a fish occasionally, the inside of fowl, and a rat or a mouse when they could be caught; but refused all vegetable food.

The curious part of this statement is the *absolute and total absorption of the stomach and intestines*, not a vestige of which remained.

I did not attempt to preserve him until he was six days dead, and then I neglected it.

The above are facts which you may make what use of you please.

EXTRACTS FROM PERIODICALS.

VELPEAU ON THE OPERATION FOR SQUINTING.

M. Velpeau reprobates, as it deserves, the presumption of those who have endeavoured (in the absence of any other claim on public confidence) to appropriate this department of surgery to themselves. It appears that a similar system, with the same end in view, has been pursued both in this country and in France. The following is his account of the squint-cutting doctors of France:—

When we see the eagerness with which itinerant operators trumpet their success—one at Versailles, another at Boulogne, Arras, Marseilles, Nancy, and in fact in every town in France: when we see the ardour with which these gentlemen advertise themselves in the Parisian and provincial newspapers, and announce their "*guèrisons immanquables*" with all the tricks of quackery, is it possible to receive with confidence the statements of such men? Forced to examine for myself their *facts*, and to discover what they meant by *cures*, I can affirm, that at Paris, I have seen the individuals operated upon by them, squint outwards after having squinted inwards—continue to squint after two operations—afflicted with protrusion of the eye, ectropion, large denudations of the eye, &c., &c. I will add, that these accidents have most frequently come under my observation among the patients of those who have most puffed themselves, particularly among the patients of those who have advertised in the newspapers. It is a misfortune to see the dignity of the medical profession thus compromised; and unquestionably, this conduct has been the cause of notable discredit to the operation itself.

After having enjoyed an unexampled popularity, this operation has become in Paris, as elsewhere, the subject of serious doubts. The public having been accustomed to see daily in the newspapers that the operation for the cure of squinting was easy, exempt

from every source of inconvenience, and uniformly successful, at last believed all this to be true, and hurried in crowds to put themselves at the mercy of the operators. Time has now cleared away in a great measure the delusions on this subject, and shown that many squints which have been cut, have not been cured, or that one deformity has been only exchanged for another. The public has thus, from an excess of trust, passed into a total distrust in this operation.—*London and Edinburgh Monthly Journal of Medical Science.*

RESULTS OF OPERATIONS IN THE PARISIAN HOSPITALS.

In this paper M. Malgaigne chiefly studies the causes which influence the mortality after amputations: 1st., he inquires which are the most serious amputations—those performed on account of disease, which he calls pathological; or an account of injuries, which he terms traumatic. He finds that of 789 amputations there had been 524 pathological, and 193 deaths, that is to say 38 in 100; and 265 traumatic, with 130 deaths, or 49 in 100 He then divides them into greater and less amputations, the mortality in the former being 48 in 100 of the pathological, and 64 in 100 of the traumatic; in the latter 12 in 100 of the pathological, and 15 in 100 of the traumatic.

The question of primary and secondary traumatic amputations is, for various reasons, difficult to decide. M. Malgaigne has only been able to obtain the documents of 26 amputations in the thigh; of these 16 were primary and 10 secondary: of the former 12 died, of the latter 6; and 43 amputations in the leg, of which 33 were immediate and 22 died, 10 were secondary with 7 deaths: but from these few cases M. Malgaigne would draw no conclusions.

2. With regard to sex, the results are: great pathological amputations; men 280, deaths 138; women 98, deaths 44. Smaller amputations; men 106, deaths 9; women 40, deaths 2. Great traumatic amputations; men 165, deaths 107; women 17, deaths 10. Small traumatic amputations; men 73, deaths 13; women 10, deaths 0. On the whole, women recover better from amputations than men.

3. Age exercises a remarkable influence on the mortality. In great pathological amputations from 2 to 5 years, 4—2 deaths; from 5 to 15, 57—15 deaths; from 15 to 20, 66—28 deaths; from 25 to 35, 128—63 deaths; from 35 to 50, 72—40 deaths; from 50 to 65, 40—29 deaths; from 65 to 80, 11—5 deaths. In small pathological amputations from 5 to 15 years, 16—0 death: from 15 to 20, 27—1 death; from 20 to 35, 49—3 deaths; from 35 to 50, 33—5 deaths; from 50 to 65, 17—1 death; from 65 to 80, 4—1 death. In great traumatic amputations from 2 years to 5, 1—1 death; from 5 to 15, 9—7 deaths; from 15 to 20, 15—8 deaths; from 20 to 35, 65—39 deaths; from 35 to 50, 54—36 deaths; from 50 to 65, 30—21 deaths; from 65 to 85, 8—5 deaths. Small traumatic amputations from 5 to 15, 5—0 death; from 15 to 20, 12—1 death; from 20 to 35, 30—0 death; from 35 to 50, 28—8 deaths; from 50 to 65, 11—3 deaths; from 65 to 85, 3—1 death. Thus childhood, contrary to the generally received opinion, is the age in which traumatic amputations are most formidable. In pathological amputations the danger increases with the age; and especially in the female, as if old age commenced more early in her.

With regard to different seasons, M. Malgaigne finds that of 391 cases, 26 amputations took place in January—11 deaths; in February 24—12 deaths; in March 37—20 deaths; in April 28—11 deaths; in May 49—27 deaths; in June 46—27 deaths; in July 27—9 deaths; in August 45—24 deaths; in September 31—18 deaths; in October 32—15 deaths; in November 20—11 deaths; in December 26—9 deaths. So that in the four winter months, usually considered the most unfavourable, the mortality did not average one-half, whereas in the months usually preferred it exceeded that limit. The autumn is the most unfavourable, next to it the spring; and the result is the same whatever be the nature of the amputation. Nevertheless, winter appears as fatal to young subjects as it is propitious to the more advanced.

M. Malgaigne next considers the relative mortality in the different Parisian hospitals, placing the Hôtel Dieu sixth, and La Charité second in rank of success. In the most fortunate hospital for pathological amputations 1 death occurred in 5; in the least fortunate 9 in 10. In the most fortunate for traumatic amputations, 3 deaths occurred in 10; in the least fortunate all the patients who had been operated on died. M. Malgaigne does not pretend to explain this difference, but says it does not depend on the operator, as he does not carry his success from one hospital to another.

All surgeons, and especially MM. Ribes and Larrey, have considered a gun-shot wound of the middle of the thigh to be a case imperiously demanding amputation; but M. Malgaigne does not accede to this opinion; he considers this operation so dangerous, that he would prefer to leave the patient to the efforts of nature.—*Arch. Gén. de Méd.—Medical Gazette.*

REVIEWS AND NOTICES OF BOOKS.

THE CLIMATE OF THE SOUTH OF DEVON, AND ITS INFLUENCE UPON HEALTH. By Thomas Shapter, M.D., Physician to the Exeter Dispensary, Lying-in Charity, &c., &c. London. 1842. Pp. 258.

The mildness of the climate of the South of Devon, the beauty of its scenery, its general salubrity, and adaptation to pulmonary diseases, have been long proverbial—indeed, the number of invalids who annually flock to it from all parts of England is sufficiently confirmatory of the impression generally entertained. Notwithstanding that the public attention had been long directed to the subject, the materials collected, with a view to determine the true character of the climate, have been, Sir James Clark observes, exceedingly scanty. The volume before us appears to have been undertaken in consequence of this suggestion; and few medical men appear to have been better qualified for such an investigation than Dr. Shapter.

Chapter one of the work is devoted to the Climate of the South of Devon, a summary of which is given at page 37, and we shall quote some parts which we think may interest our readers:—

"The chief characteristic of the climate of this district is that of being warm, soft, mild, equable, calm, and free from storms, though subject to a large share of rain. During the winter season, frost seldom occurs, and rarely is of long continuance; the air is usually damp, but from the prevalence of westerly winds, the moisture it contains is not cold or chilly. The air of the early part of spring is less damp, and the days are less rainy than those of the winter; towards the close of this season, north-easterly winds somewhat prevail; these should be particularly guarded against by invalids. The summer is rarely very hot, and though showers are frequent, it may be considered a dry season. The autumn is warm, and inclined to be damp and rainy; it is peculiarly the season for the *Devonshire drizzle*, which is a rain so light as to deposit itself as a thick dew, attended by a grey-clouded sky. The winds during this season are usually from the west."

In chapter four, Dr. Shapter has brought together much useful information upon the prominent characteristics of the leading places in the South of Devon which are usually resorted to by invalids; and as Torquay is not unfrequently selected by medical practitioners in this country as a temporary residence for their consumptive patients, we shall quote the author's account of this place:—

"Torquay has for many years been celebrated as a suitable winter residence for persons requiring a mild, warm climate, and on this account is constantly referred to by Sir James Clark.

"It is situated in a cove at the north-west angle of Torbay. This cove is surrounded by three hills, nearly equal in elevation, and similar in general features. Between them run two tortuous valleys, one towards the east, and the other towards the north. It is on the shores of the cove, along the slopes of the hills, and in the gorges of the valleys, that the town is built, facing the south-west, and sheltered from the north and east. It presents the appearance of a number of rising terraces which, receiving the direct rays of the sun, unchilled by the colder winds, form safe and pleasant walks for the invalid. The scenery from these terraces is peculiary beautiful; immediately beneath is expanded the bay, like a small inland sea, on every side bounded to the view by wooded heights.

"The climate of Torquay is generally understood to be amongst the warmest and most genial upon the coast. *** The general mildness of this place may be somewhat appreciated by the statement of the lowest degree of cold experienced in the severe winter of 1837–8, being only 21°, while in Exeter it was 17°, Bristol 8°, Kensington 0°, and at Sandhurst 8° below zero. The air of Torquay is generally drier, and more free from fog, than is common to the Devonshire climate; it is also said to be less subject to rain.

"Torquay is peculiarly suitable during the winter to persons labouring under chest complaints generally. Those far advanced in diseases of the lungs pass their time more easily to themselves, and freer from the harassing effects of cough and febrile irritation; while those in the early threatening of the disease may not unfrequently date a permanent re-establishment of health to a residence in its mild climate. It also enjoys the advantages of a rich and cultivated neighbourhood, abounding in sheltered and accessible drives through the most beautiful and varied scenery, and offers to the casual visitant the usual *agrémens* of towns of this description."

The second chapter, in addition to the observations upon the climate, consists of a summary of the diseases usually met with. It contains numerous illustrative tables, and many valuable practical hints upon the treatment of the diseases noticed, of which it would be impossible for us even to give an outline: we may observe, however, that it will well repay a perusal.

In the succeeding chapter, Dr. Shapter has noticed, at considerable length, the influence of the climate of the South of Devon upon persons in health and in disease—more particularly in the disorders of early life, in the climacteric disease, scrofula, consumption, bronchitic affections, dyspepsia, dysentery, cutaneous affections, female derangements, &c., &c.

The second part of Dr. Shapter's work is devoted to the geology, natural productions, civil and commercial history, and vital statistics of the South of Devon; these, though very interesting subjects, do not belong to our province to dwell upon.

In conclusion, we shall only observe that Dr. Shapter's work constitutes the best essay upon medical topography which we have met with; we have derived at once pleasure and profit in its perusal; and we trust the day is not distant when we shall see this interesting subject taken up by some of the talented practitioners scattered over our country, and illustrated with the same skill.

THE SIMPLE TREATMENT OF DISEASE; deduced from the methods of Expectancy and Revulsion. By James M. Gully, M.D., Fellow of the Royal Medical and Chirurgical Society, &c., &c. London. 1842. Pp. 198.

The object and nature of Dr. Gully's work are so fully explained in the preface to it, that we shall lay before our readers some extracts from it:—

"Almost all physicians of lengthened experience and observation come to the conclusion, that the most simple practice in disease is the best. They express such an opinion, but very often do not act upon it—and why? The reasons will be found in the following treatise.

"Very often also, principle in treatment is only another name for routine; and both refer more to the *physic* than to the *body into which it is to enter*. Any disease whatever being named, and its treatment demanded, a consultation equally brief with that in Molierès comedy, leads to the same routine advice.

"CLYSTERIUM DONARE.
"POSTEA SEIGNARE.
"ENSUITA PURGARE.

"In the following treatise, I have endeavoured to advocate a system which requires more laborious attention to, and thought for the sick body, and more numerous considerations regarding the consequences of disease.

"No novelty is proposed in the attempt. The system is known, and by some few practically followed. It appeared possible to add to the number by an exposition of the principles and details it includes, spite of the motives that are opposed to it.

"For this purpose, a lengthened work was not necessary; and an excuse for the brevity of this one will be found in the motto on the title page. The diseases I have most dwelt upon are those in which it appears more especially necessary to simplify the mode of treatment—I allude to general febrile conditions."

Dr. Gully's work consists of three parts or chapters—the first discusses the expectant method of treating diseases; the second the revulsive method; and the third (which includes the greater portion of the work) is devoted to the simple treatment of disease. The brevity of the style, and the importance of the subjects treated of by the author, render an analysis of the work altogether impossible. We must, therefore, be content with recommending it to the careful perusal of our readers; indeed, Dr. Gully's name is already familiar to the profession as the author of an exposition of the symptoms and treatment of neuropathy or nervousness, and the work before us will, we are convinced, tend to raise his character both as a pathologist and practitioner.

MIDLAND MEDICAL ASSOCIATION.

THE half-yearly meeting of this Society was held in Nenagh on September 28th, and was attended by gentlemen of the County Tipperary, King's County, Queen's County, Clare, &c. Dr. KINGLSEY, the President, having taken the chair, addressed the meeting as follows:—

Gentlemen—A requisition, numerously signed by our respected medical friends resident in this town, and forwarded to the Secretary of the Midland Medical Association, has induced its members (many of whom reside at a considerable distance from this place) to hold this their half-yearly meeting at Nenagh. I am sure I express the sentiments of all present when I say, that they feel most happy in acceding to the wishes of those who were so kind as to invite them on the present important occasion. The discussion on the medical charities' bill, laid on the table of the House of Commons, at the close of the last session of parliament by Lord Eliot, will occupy most of your time and attention to-day, and before entering on this interesting subject, which I consider

of vital consequence to all classes of the community, I hope you will excuse my making a few brief observations. We must hail with satisfaction the first part of the bill, which empowers the Lord Lieutenant to appoint a medical charities' board and medical inspectors, as being best calculated to make necessary improvements in the management of the medical charities of this country; but, upon carefully considering the remainder of the bill, you will find that the powers granted to them are but visionary, and similar to those given to the guardians of the poor-law unions, who are but puppets in the hands of the poor-law commissioners to perform their commands; in fact, the working of the whole machinery of the bill is thrown into the government of those personages, who have, by all their acts in depreciating the medical profession, since they first came into office, rendered themselves very generally obnoxious to the medical men of Ireland (hear, hear.) It is, however, hardly possible that the Irish government will press this unpopular measure through parliament, without hearing objections to it, made respectfully but firmly; it is therefore our duty to point them out, and to petition the legislature to expunge the objectionable clauses, which, if retained, will subject the present respectable superintendents of the medical charities to annoyances that must ultimately oust them from their situations, and an inferior grade of medical men will be substituted in their place, by which means the link that now binds the gentry and sick-poor together, and which the present system of medical relief has established, and at present supports, will be severed. The raising the annual subscriptions to two guineas must, in many localities, do away entirely with subscriptions, and thus the appointments to the medical charities must ultimately fall into the hands of government—a patronage which might be made a powerful engine of political intrigue, (hear,) and which the landed proprietors should, by every legitimate means in their power, prevent them from obtaining. Gentlemen, in discussing the merits of this bill, you should attend to three interests—that of the sick-poor, of the gentry, and more prosperous classes, who now support them, and of the medical men, who are the bond of union between these parties. The members of the medical profession should not oppose the measure as affecting their own peculiar interests, but upon the broad principle of benefit to the sick-poor, and the preservation of the last tie that binds the rich and the poor together, and which the proposed bill, as it now stands, must for ever sever; the changes contemplated by it are unpopular with persons of every religious creed, and of every shade of politics, as being subversive of those charitable institutions which, when well managed, are highly valued by the community at large (hear.) I am fully of opinion, that the medical charities could be efficiently worked on the following simple plan. Private subscriptions, with county presentment, as at present, to be continued; and in districts where those are found inadequate, the grand juries to be empowered and required to present (to be levied off that particular barony) such funds as would be necessary for the adequate support of the charity—the government and management to be vested in the local subscribers, aided by a medical charities' board, and by medical inspectors appointed by the Lord Lieutenant—the poor-law commissioners to have *no* hand, act, or part, in the matter (hear, hear.)

Dr. Kingsley having concluded his address, several members expressed an opinion that it would be judicious to read over the bill, and discuss its merits, clause by clause. Dr. Jacob, of Maryborough, having been called on, proceeded to read the bill, each clause of which was carefully considered and discussed. The utmost unanimity prevailed, all present agreeing that it could only be regarded as the bill of the poor-law commissioners, framed by them to obtain control of the charities, and to substitute their will for the opinions of the subscribers, who originally founded, and subsequently supported the institutions.

Dr. Jacob directed attention to the thirty-third and thirty-fifth clauses, which provide that all dispensaries which at any time received support from presentment, should hereafter vest in the new governors, to be appointed under the bill, and subject to the entire control of the commissioners, who, by the thirty-fifth clause, would be empowered to have such dispensaries as they may think fit to remain supported by grand jury presentment, the management of the institution being, however, transferred to the poor-law commissioners. The object of this he considered plain. If it should be found impracticable to support the charities from the poor-rate, the commissioners might require them to be supported by presentment, but at the same time retain their control over them.

A discussion ensued as to the best means of bringing the objections of the meeting under the notice of Lord Eliot. The form of memorial was agreed upon as most useful, and the following having been proposed by Dr. O'Brien, of Ennis, and seconded by Dr. Baker, of Birr, was unanimously adopted:—

"TO THE RIGHT HONOURABLE LORD ELIOT, M.P., CHIEF SECRETARY FOR IRELAND.

"*The Memorial adopted at a half-yearly meeting of the Midland Medical Association, held at Nenagh, September* 28, 1842,

"Sheweth—

"That a large majority of your memorialists, being attached to medical charitable institutions, are much interested in the provisions of the bill, introduced by your lordship into parliament, for the regulation of the medical charities of Ireland.

"Your memorialists confidently assert that there is no class of persons more anxious than the members of the medical profession for the advancement of the public good, and none more desirous that the institutions of the country shall be conducted in the manner most advantageous to the public service.

"The medical charities, your memorialists regard as exercising a most important influence on the welfare of all classes of the community, and in particular on the poor, whose interest it is the duty of the government of the country to provide for and protect.

"Ireland is *at present* provided with a large number of public medical institutions, by means of which a vast quantity of most valuable relief is dispensed to the sick-poor. These institutions have been established and maintained by funds derived from the upper, middle, and humbler ranks of society—the two former having *voluntarily* contributed to their support from the most benevolent and disinterested motives. That these institutions are not capable of considerable improvement, your memorialists do not contend; but they do contend that it is ungracious, inexpedient, and unjust to wrest them, by means of a legislative enactment, from the control of those by whom they have been hitherto sustained and directed, and to subject them to the domination of the poor-law commissioners, functionaries but recently introduced into this country, and who, it is notorious, do not enjoy the confidence of any section of the public.

"Provisions for the establishment of a board of competent medical men for the regulation of the medical charities, your memorialists would warmly approve of; but they cannot conceal their conviction, that the powers proposed to be conferred by the bill are so extremely limited, that no practical advantage can be expected

from the establishment of such a board. Your memorialists would even hope that no really respectable practitioner could be induced to serve upon it, as his duty would be completely subordinate to persons unacquainted with medical details, whose arrangements, with respect to medical affairs, have already proved so unsatisfactory and defective. The powers of the board to report on existing medical institutions, on the extent of relief requisite, and to make orders for the medical economy of the charities seem, even limited as they are, to be entirely deceptive, so completely are they overruled by the ninth, fifteenth, sixteenth, *twenty-seventh*, fortieth, fifty-eighth, and sixty-seventh sections, by which the whole and absolute control of the institutions is vested in the hands of the poor-law commissioners. The bill may profess, in a certain degree, to limit the powers of the commissioners, by subjecting their orders to the approval of the Lord Lieutenant; but, by the ninth section, it appears that such approval is not in all instances requisite, and even if it should be, it is reasonable to suppose that in the routine of business, the proposals of the commissioners might not, in every instance, be very rigidly scrutinized.

"The appointment of inspectors to examine into the working of each individual institution, would, in the opinion of your memorialists, be attended with the best results, and the advice of such persons to boards of governors, as at present constituted, would go far towards rendering the institutions perfect in their operation. The power to report to parliament, and thus to expose delinquencies, which the inspectors should enjoy, would also be found a most important auxilliary, experience having already proved, in the case of the prisons of Ireland, that such powers are sufficient for the reformation of the most defective establishments. It should be unnecessary to observe, that the persons to be employed as inspectors, should not be distinguished as political partisans, but should be men of unimpeachable character and undoubted veracity, selected from the highest ranks of the profession, whom the public, as well as the members of the medical profession, could regard with feelings of confidence and respect.

"Your memorialists cannot understand the grounds on which it is proposed to disfranchise the existing governors and governesses of fever hospitals and dispensaries; these persons are, in the opinion of your memorialists, on the contrary, entitled to the thanks of the legislature for their benevolent exertions for the relief of the sick-poor. It would even further appear that they are at present in possession of what approaches to the character of vested rights in connexion with the establishments, to support which they voluntarily contributed their money, in many instances, to a very large amount. The direct provision for the future exclusion of ladies from taking any part in the management of institutions for the relief of the sick-poor, appears to be exceedingly unwise, as it is well known that their services have hitherto been found on many occasions most valuable. Your memorialists are aware that it has been more than insinuated that the subscribers, as well as the medical attendants of the charities, have been neglectful of their duties; but your lordship should recollect that the veracity of the individual, who made such statements, has been repeatedly impugned, and that no opportunity has been as yet afforded to establish the charges of misrepresentation which have been made against him. Your memorialists are strongly of opinion that the existing rights of subscribers should be respected, every inducement held out to them to continue their connexion with the charities, and that the present minimum amount of subscription, being one guinea, should not be raised. The advantages of having the upper and middle classes of society to act as the medium through which medical relief is extended to the poor, are so obvious, that it is to be hoped no measure may be adopted calculated to destroy so beneficial an arrangement.

"Memorialists are aware that many serious evils at present result from that state of the law which renders the establishment and support of fever hospitals and dispensaries entirely contingent on the amount of voluntary contributions. Although such contributions should be, as far as possible, encouraged, their absence or deficiency should not prevent the existence of such institutions in districts where they may be required. Powers to establish and maintain medical charities, in all proper places, might be readily granted, without involving the annihilation of existing institutions.

"Memorialists respectfully submit to your lordship's consideration, an outline of the means by which they consider that the medical charities of the country could be rendered sufficient for all useful purposes. A medical charities' board, to be appointed by the Lord Lieutenant, for the general regulation of the charities, subject to his Excellency's control. Inspectors, similarly appointed, to act under the direction of the medical charities' board. Institutions to be supported by subscription, any deficiency of funds to be supplied from the county rate or poor-rate (as the case may be) on estimate made by the governors, and approved by the medical charities' board, subject to the control of the Lord Lieutenant and Privy Council. In case of the funds being derived from county rates, the estimates should be submitted to the grand juries for approval. Should this plan be adopted, such of existing institutions as might be required could be upheld, new ones, where necessary, established, all subjected to a wholesome inspection and control, the existing rights of subscribers respected, the feelings of the medical profession conciliated, effective medical relief provided for the poor at institutions with which they are already acquainted, and to which they are attached, and the general excitement, inseparable from the extinction of existing institutions, and the establishment of new ones, avoided.

"Your memorialists desire to express, in the most emphatic manner, their extreme repugnance to entering into any connexion whatsoever with the poor-law commissioners. As rate-payers they feel that the commissioners have egregiously failed in the administration of the measure with which they were entrusted, numerous cases of most culpable mismanagement having been established against them. As members of the medical profession, memorialists feel that, under the control of the commissioners, an independent, respectable, and trustworthy class of medical practitioners, could not exist, and, as British subjects, they warmly feel that these commissioners have been the instruments of a serious inroad on public rights and liberty—powers having been delegated to them, to enact penal laws, such as were hitherto only exercised by the three estates of the realm.

Signed on behalf of the meeting,

"Wm. Kingsley, Roscrea, President.
"J. Waters, Parsonstown, Secretary."

Dr. Purefoy, of Cloughjordan, observed, that in his opinion the memorial should notice the mismanagement of the commissioners, with respect to the vaccination act. In the hands of the commissioners, that act, so far from being beneficial to the community, had become a public nuisance.

Several members observed that the manner in which that measure had been administered was most disgraceful to the commissioners—a direct bonus was held out for fraud and deception. The commission-

ers boasted of the numbers vaccinated under the act, knowing, at the same time, that the returns are, generally speaking, fictitious. It was, after some further discussion, agreed that the proceedings of the commissioners, in respect to vaccination, were undeserving of notice.

Dr. WATERS, of Birr, said that he conceived an exertion should be made to call forth an expression of opinion from the profession, generally throughout the country, with respect to the bill. He could hardly suppose it possible that such a measure would be forced upon the profession; but if medical men would not come forward to express their disapprobation, they could not afterwards complain of being enslaved by the commissioners. Neither could the governors of fever hospitals and dispensaries complain so much if they should fail to record their disapproval of the schemes of the commissioners. He would suggest the propriety of requesting that the Council of the Medical Association would draw up a short petition for the adoption of the medical attendants of fever hospitals and dispensaries, and another suited for the governors of such institutions; these should be printed and circulated throughout the country, and abundant time would exist before the assembling of parliament to carry the plan into effect.

Dr. QUINN, of Nenagh, entirely concurred in Dr. Waters' opinion. He felt pleasure in proposing a resolution on the subject.

Dr. STONEY, of Borrisokane, having seconded the resolution, it was unanimously adopted.

Dr. JACOB said he was sure the meeting would not separate without expressing their thanks to the Rev. Mr. Thackaray, of Dundalk, for the interest which he takes in the prosperity of the medical charities. He was happy to see a clergyman of high standing come forward publicly to advocate the interests of the sick-poor; the interest shown by the Rev. Gentleman in this matter was the best proof of the impropriety of excluding the clergy from serving on boards of guardians. He (Dr. Jacob) was aware that Mr. Thackaray had devoted a great deal of attention to medical charities for a number of years. It gave him great pleasure to propose a vote of thanks to the Rev. Gentleman.

Dr. FINUCANE, of Nenagh, was happy to second the resolution, which passed unanimously.

The proceedings having terminated, the members dined together, and spent a most agreeable evening; old friends and acquaintances recalling past scenes, and congratulating each other on the opportunities which such meetings afford, to maintain their mutual good feelings and intimacy.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

SATURDAY, OCTOBER 8.—Council met.

Read the following letter from the Rev. Mr. Thackaray:—

"Vicarage, Dundalk, September 26, 1842.

"DEAR SIR—Will you take a convenient opportunity for conveying to the Council of the Medical Association of Ireland the expression of my gratification, that the view I have taken, as to the mode by which the medical charities of Ireland may best be upheld, has met with their unanimous approval, and at the same time of my thanks for the kindness with which they have communicated their sentiments to me.

"I cannot conceive a subject of deeper interest could engage the public mind than that which is involved in the question about to be brought before the next session of parliament—the medical charities of Ireland. Whether these shall continue the care and duty of the proprietors of land, and of others possessing property in this country (evinced by the pecuniary assistance voluntarily afforded for their support and their willing superintendence of them whenever needed) or shall be passed over into other hands, so as to convert these asylums of charity altogether into houses of compulsory support, to the reproach of the higher classes of our community, and to the disappointment and the injury (I feel convinced) of the great majority of those below them, who now gladly avail themselves of the aid and comfort now afforded them, but who would spurn the offer, if it was made to them in the character of direct pauperism, in other words, by a poor-law commission. *These are questions involving very important results.*

"Lord Eliot has judiciously left it within the reach of the wealthier and better informed of our community, if not to decide upon this matter, at least to express their sentiments upon it, and which must lead to a decision, that shall either preserve these charities as a bond of connection between the rich and poor in their sickness, and under accidents, or annihilate it almost altogether.

"Compulsory contributions (however necessary and unavoidable they may be in some cases) partake not of the nature and character which is understood in these words—"It is more blessed to give than to receive; blessed is he that considereth the sick and needy."

"I hope that the governors of county hospitals and of dispensaries will turn their thoughts seriously to this important subject, so as to be prepared, before parliament assembles, to express their sentiments upon it. I do confidently believe that the governors of these establishments will not, after due consideration, willingly surrender their natural office—namely, the taking care of the poor of their respective districts themselves, and place them in other and distant hands, but that they will avow their intention to contribute to their support, as at present, and watch over them with more anxiety when they find that due vigilance has not been used, and that others, who have not sufficiently directed their attention heretofore to this sacred trust, will be stimulated to a better course in future, and will co-operate with all around them in making these establishments, in their native country, such as they are in Great Britain, the glory of the Lord.

"I think, too, it is a bounden duty on the part of those, hitherto connected with establishments that have been misrepresented, (and certainly that of Louth has been misrepresented) to show, now that so unfavourable an impression has gone forth, as to call for a total alteration as regards the trustees of medical charities, that the charge of neglect, or of misconduct, or of abuse of the trust reposed in them as governors of hospitals, *had not the slightest foundation in truth whatever*, so that they may stand acquitted before the country.

"My letter has grown very long, but I have thought it best not to shorten it,

"Faithfully yours, my dear sir,

"ELIAS THACKARAY, Vicar of Dundalk.

"O'B. Bellingham, Esq., M.D., 13, Molesworth-street, "Dublin."

Read the memorial to Lord Eliot of the Midland Medical Association.

Resolved—That Mr. Carmichael, Dr. Jacob, and Dr. O'Grady, be a deputation to wait upon Lord Eliot to present the foregoing memorial.

BOOKS RECEIVED.

A Series of Anatomical Sketches and Diagrams, with descriptions and references. By Thomas Wormald, Assistant-Surgeon, and Demonstrator of Anatomy at St. Bartholomew's Hospital, and Andrew Melville M'Whinnie, Teacher of Practical Anatomy at St. Bartholomew's Hospital, and late House-Surgeon to that Institution. Part V. London. 1842.

Essays on the Philosophy of Vitality, as contradistinguished from Chemical and Mechanical Philosophy, and on the modus operandi of remedial agents. By Martin Paine, A.M., M.D., &c., &c. New York. 1842.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, OCTOBER 12, 1842.

MEDICAL CHARITIES' BILL.

"Until we have gotten *some hold of the country in this way*, I do not see how we can deal effectively with the medical charities."—*Nicholls' letter to Lefevre.*

We have shown how the present governors of dispensaries and fever hospitals are to be got rid of: we have now to show how the new institutions are to be governed. By clause seventeen of the bill, every poor-law guardian *elected for and residing in* the electoral division or divisions, comprised in the dispensary district, is to be a governor; so is every justice of the peace, residing in the same district, and also the rector, or vicar, or curate, officiating in each parish extending into the district, and the principal officiating priest or minister of each religious denomination, or congregation in the same. These are to be the *ex-officio* governors; but it is also provided, that there shall be governors by subscription and donation. Every *male* person of full age, who shall pay to the collector of the poor-rate twenty pounds as a donation, or not less than two pounds annually, not to be applied in aid of the dispensary or fever hospital, but in aid of the poor-rate, shall be a governor. This provision, to permit subscribers to become governors is, however, a recent concession: there was nothing of the kind in the first bill, and, as we have already shown, it is a mere subterfuge, resorted to, in order to lead unsuspecting persons to believe that an opportunity was to be afforded the surrounding gentry to take part in the management of the institution; but which, it is quite obvious, they never will to any extent avail themselves of, seeing that the sum they contribute is not to be applied to the purpose of supporting the institution, and that they merely purchase an office subordinate to the poor-law commissioners, and which therefore cannot be considered one either of honour, profit, or gratification. The number of ex-officio governors is not settled; but that it is intended that it shall be small, is apparent from the provision made for enlarging the number by the addition of a sufficient number of rate-payers. Mr. Nicholls, in his report, recommends that the number shall not exceed thirteen, and in the pamphlet, subsequently so industriously circulated, under the names of Corrigan and Harrison, to pave the way for this bill, he concedes that the number might be raised to twenty-one by adding rate-payers, at the same time, letting slip, unguardedly, that the clause providing for the creation of governors by subscription is, as we have just said, nugatory, because, as he adds, "when the support required for the sick-poor is once secured by compulsory assessment, few persons, if any, will subscribe from *mere motives of benevolence*, no more than at present they subscribe to a workhouse or lunatic asylum, because the amount of relief bestowed will be just as effectual without as with voluntary subscriptions." What a picture this is of the spirit which dictates the acts of these persons, and their utter disregard of all consequences, provided the object they have in view be attained. True, few if any will subscribe *from motives of benevolence*; but what of that? What have we to do with benevolence? We have only to "*get some hold of the country*" to secure our salaries, and reward our friends and supporters. The domineering spirit of these pampered officials, and their familiarity with the exercise of despotic authority, is displayed in the twenty-second clause, by which a power is given to the Lord Lieutenant to remove, by warrant under his hand, any governor, whether ex-officio, or by donation or subscription, on application in writing under the hands of any five or more of the governors, upon such investigation and inquiry in that behalf, as he shall think proper. This makes assurance doubly sure. By clause nine, the commissioners make "all such orders for the government of dispensaries and fever hospitals, and for the keeping, examining, auditing, and allowing, or disallowing of accounts, and for the making of contracts, and for regulating the expenditure for the medical relief of the sick-poor, and for carrying this act into execution, as they shall think proper;" and by clause sixty-seven, "any person who shall wilfully neglect or disobey any such order, shall, upon conviction before any two justices, forfeit, and pay for the first offence any sum not exceeding forty shillings, and for the second, and every subsequent offence, any sum not exceeding five pounds, nor less than three pounds." Not only are these governors made the mere agents for registering and executing the edicts of the poor-law commissioners, and punished by prosecutions and fines for neglect or disobedience, but if any one of them gives trouble by any inconvenient or embarrassing questioning of the policy or propriety of these edicts, he is liable to be removed by the warrant of the Lord Lieutenant. We should be glad to know whether any man, having the feelings of a gentleman, will subject himself to such consequences, or voluntarily risk the very probable danger of being publicly insulted, without the slightest chance of redress. He will not, and these people well know that he will not, but so much the better; they want no men with the feelings of gentlemen, no more than they do those with the feelings of benevolence; they want servile, obsequious, unscrupulous tools, to carry out their ulterior objects, political or otherwise, and to constitute a standing army of official dependents ramifying into the very recesses of society. Some affect to believe, that although the law may authorise arbitrary coercion of persons, appointed to carry into effect the provisions of this bill, there is no fear that it will ever be acted on; but those who listen to so lame an apology for such encroachments, must have very bad memories. We do not want to rip up old sores, but we cannot avoid glancing at an example of the exercise of such power by the highest functionary in this country on an occasion comparatively recent; neither can we avoid pointing out the ominous circumstance of the tacit acquiescence of all parties in the expediency of that most questionable proceeding. At the moment we write, there lies before us an excellent specimen of the tone and manner adopted by these poor-law officials in enforcing their edicts. At a recent anti-poor-law demonstration at Ashbourne, in Derbyshire, Mr. Colville, M.P., for Derbyshire, after stating that "threats had been made, and that heavy penalties will be levied upon guardians, in order to make them sign certain papers for a purpose," read the following significant epistle from an assistant

poor-law commissioner to the governor of the Alstonefield poor-house:—

"SIR—I shall expect to find that you have obeyed the orders of the poor-law commissioners, respecting the forms of account to be observed in the Alstonefield poor-house, when I visit it the first week of next November. To prevent any mistake, another copy of the order is herewith transmitted.

"I have the honour to be, &c., &c."

What an admirable precedent for the form of a short, sharp, and decisive hint to a refractory dispensary governor or medical attendant. All it wants is to be addressed to Mr. So-or-So, ex-officio guardian, or Dr. Such-a-One, medical officer of some new district dispensary, and signed "Denis Phelan, assistant poor-law commissioner."

We have to remind some of our readers that the question before us is, whether or not the thousands of ladies and gentlemen, who are now interested in the success of the medical charities of Ireland, and who voluntarily pay nearly fifty thousand pounds a year, and nearly sixty thousand more in taxes toward their support, are to be dismissed, and the institutions they have erected and established are to be seized and handed over to a dozen persons, having no interest whatsoever in them. We are quite aware that there are some gentlemen who are anxious enough to get rid of their present governors, and who are perhaps justly discontented with the manner in which the present laws are administered, but they must recollect that partial defects in any system do not necessarily require its total revolution or destruction. We have often been amused by the declamations of some of our friends against the abominable jobbing, as they called it, practised in the appointment of medical attendants of dispensaries; but, on closer inquiry, we have generally found that these zealous advocates for destructive reform were persons who had been unsuccessful in their pursuit of appointments, or had been defeated at elections; but we would remind them that they or others might have to make exactly the same complaint of the proposed or any other plan. We have also been sometimes amused at the sudden light which has broken in on some other of our friends, when they began to look into the clause for fabricating the new boards of governors. Nothing, say they to themselves, can be worse than the present system. With the governors of every dispensary within our reach, we can have no chance, because they are already pledged to or biassed in favour of others, but from the ex-officios of the new district dispensary we may have some hope, and straightway they begin to count the guardians of the electoral divisions, the justices of the peace, and the clergy who are to exercise the patronage. If the calculation turns out satisfactory, it is astonishing what arguments in favour of the bill it inspires, and what answers it dictates to the worming or fishing epistles of the Phelans and Corrigans of the poor-law corps; but, we repeat it, the question is one of national importance and not to be decided on such grounds—it is whether the influence of numbers and respectability is to be sacrificed to schemes of centralization, and the ambition of the red-tape gentry and their agents and admirers. In considering this question of governors, it strikes us that the guardians, justices, and clergy of the electoral divisions of dispensary districts may possibly be so obtuse as not to see the honour or profit of executing the "orders" of the poor-law commissioners as dispensary governors, or rendering themselves liable to prosecutions and fines for neglect or disobedience, or becoming subject to charges to be preferred against them, and a dismissal by the Lord Lieutenant in consequence. Gentlemen may agree among themselves to take the trouble of superintending institutions erected at their own expense for the benefit of their tenantry and poor neighbours, but we doubt very much whether they will cheerfully undertake the trouble of acting as the subordinates of paid officials, or the mere officers of the poor-law office. We are inclined to suspect that this objection to this provision of the bill was not unforeseen by its framers; and to say the truth, we are of opinion that it was no objection in their eyes, but one of its valuable contrivances. If justices and clergy do not like the duty, they are prepared to find others who will undertake it much more to their tastes, and much fitter to carry into effect their ulterior objects.

We have now only to analyze the provisions respecting the appointment, dismissal, qualifications, and payment of the medical attendants, which we propose to do in our next, and then to leave our friends to act on the information we have given.

STATE OF TRADE IN THE MANUFACTURING DISTRICTS.

WE extract the following account of the doctor-manufacture in the provincial towns of England from the *Provincial Medical Journal*, published in London:

"In the preceding pages we have given as complete an account, as we were able to obtain from official documents, of the provincial medical schools of the united kingdom, and of the regulations adopted by the principal corporations or other bodies duly authorised to confer licenses to practise in medicine.

"The number of provincial schools is considerable; some of them we have omitted, from being unable to collect the necessary documents; but we are rather under than over the mark in estimating them at twenty-six.

"One of the first reflections suggested by an examination of our list is, that while the provincial schools of medicine, properly so called, continue to hold their ground, the number of schools established in the three capital towns of the united kingdom is gradually diminishing. In London, the school so well and so favourably known under the name of Grainger has ceased to exist; so likewise have the establishments rather ambitiously clothed with the names of Hunter and Sydenham. The only private schools which continue to drag on a species of semi-existence are the Aldersgate-street school, the school of Mr. Lane, and the school of Mr. Dermott. The "disjecta membra," however, still struggle to sustain a portion of the glory or notoriety which the force of events is wresting from them, and we have a multitude of *ci-devant* professors who generously devote their time and talents to the more humble, but, alas, equally unprofitable occupation, of lecturing to the empty cane-bottoms of their private dwellings. In Dublin and in Edinburgh the same fate has swept away many of the private schools, and it is with much difficulty that even the corporate and privileged establishments withstand the decay under which their less-favoured rivals have ignominiously perished.

"Two principal causes may be assigned for this unwholesome complexion of the professorial market. In the first place, the number of medical students is annually decreasing. Parents begin to find that the medical profession, overstocked in every corner of the kingdom, treated with contempt by the authorities, and pilfered in every possible way by the public, is not the royal road to honour and wealth which it was once supposed to be; hence, the industrious pursuits of the rising generation are directed to other and more profitable channels, and the pupils in lecture-rooms are, like angels' visits, 'few and far between.'

"In the second place, the number of students who visit the capitals of England, Ireland, and Scotland, is very considerably influenced by the competition of the provincial schools; and this influence, as we predicted long ago, is increased with every passing year. The council of the College of Surgeons endeavoured to check the progress of the provincial schools as long as they were able; but the injustice became too crying, and they were forced to yield. At these schools the student may

now complete his surgical education without attending a single lecture in London; and it is not to be wondered that parents should prefer keeping their children under their own immediate control, rather than expose them to the temptations and corruptions of a distant metropolis.

"Besides this, the late regulations of the College of Surgeons, relative to hospital attendance, must contribute still further to the prosperity of provincial schools, by rendering the sojourn in London longer and more expensive to the pupil. Henceforward, no candidate will be admitted for examination at Lincoln's-inn-Fields, unless he has attended a recognised hospital during the full period of four years. Now it is evident that very few medical students can afford to devote four years to a London hospital; the fees for attendance on which, though reduced of late, are still most exorbitant.

"Every student residing in or near any of the recognised provincial hospitals will, henceforward, pass these four years in the provinces, and the only recruits on which London can count are those who reside in villages or towns at a distance from cities, and, therefore, may be indifferent whether they proceed to the metropolis or to the provincial schools in their neighbourhood.

"The regulation to which we have just alluded will not only have the effect of diminishing the number of students in London, but must also influence, in no small degree, the annual number of licentiates admitted by the College of Surgeons.

"Taken in connection with medical education, we by no means disapprove of this rule; nor do we regard the term of four years as too long for the student to devote to clinical medicine and surgery; we merely notice the effects which it must eventually produce, and not the least desirable of these will be the converting the college into warm advocates for medical reform. This, we say, must eventually occur; for as the number of students, deterred by four years' hospital practice, will seek their licenses from other and less expensive sources, the college, attacked in its tender point must demand, in its own defence, uniformity of qualification, and must yield, in return, equality of privileges throughout the united kingdom.

"We had intended to extend these remarks to the various points connected with medical education, and to a view of the progress of medical affairs during the last twelve months; but the space which we have devoted to the schools and licensing bodies, in the first part of the journal, compels us to conclude."

So, then, there are twenty-six medical schools in the country towns of England, in addition to the scores of them to be found in London, Dublin, and Scotland. Twenty-six schools, at ten pupils to each school, gives a sum total of two hundred and sixty candidates for "medical honours" in the rural districts alone; but who shall dare to say, that ten pupils is an average class for such flourishing "institutions?" Say, then, twenty to each, and twenty, it must be admitted, is a very moderate allowance to ten lecturers, constituting the staff of a perfect establishment. Twenty pupils, then, to each of the twenty-six schools, gives five hundred and twenty aspirants to wealth and distinction, in addition to the metropolitan hosts of recruits enlisted for the reduction of a dangerously increasing population. What a consolation this for the Malthusians, who never anticipated so valuable a "check!" But, however gratifying this prospect may be to the disinterested labourers in the diffusion of medical knowledge, there are others who think that, like every similar benefit, this carries with it a corresponding quantity of evil. Men, who are so destitute of refinement as to think that a principal use of medical skill is to enable the possessor of it to earn a livelihood by its exercise, begin to think that this most laudable anxiety to benefit the human race by the communication of information, otherwise destined to be for ever buried in oblivion, may be followed by mischievous consequences to them. What is sport to you, most eloquent and profound lecturers! is death to us hard-working and pains-taking practitioners. If you, to save being laughed at for wasting your eloquence on stools and benches, go into the lanes and alleys, the farm-yards and highways, to collect an audience, sooner or later, these people, thus enticed from their legitimate pursuits, must be found tendering their services as medical practitioners to the public, who neither know nor care whether they are competent or not, and who will consider their cheapness their best recommendation. This must be the consequence of this extension of the town nuisance to the country. It was bad enough to have medical recruiting sergeants at every corner in the metropolis, alluring unwary youths and embarrassed parents; but it is ten times worse to have a depôt established in every country town, to which those at a loss to dispose of sons unfit for trades or steady business, can so conveniently resort. Far be it from us for one moment to insinuate that gentlemen in the provinces are not as well qualified as those in town to give what are called "lectures"—that would be a sad libel upon them, seeing, that of all things in the world, the easiest to do, is to deliver "a course" on some of the ologys; we only express our apprehensions that what has proved so injurious to our profession in town, will prove ten times more so in the provinces.

But all this suggests a question—Why do men give lectures at all? Not for money; for every one knows that there is no money to be made of it, except there be some support from public sources. Not for character and its rewards; for the notoriety of the fact, that it requires neither knowledge nor talent to do it, has put that out of the question. The plain truth of the matter is, that men profess to give lectures for the purpose of advertising themselves. We do not say they all do it for this, but we say that it is the grand inducement, and that these provincial concerns are many of them mere joint-stock puffing companies; and thereupon, we shall venture to give some of them a bit of advice by reminding them that it does not by any means follow, that judicious people will prize them for their lecturing propensities; on the contrary, we are inclined to think that many will consider that they might be better employed, and so think we, from long and woeful experience. If we had any body sick in our house, we should most assuredly prefer the young man to doctor them, who was poking after cases in lanes and alleys, rather than he who was grinding, lecturing, or demonstrating in the schools.

MEDICAL INTELLIGENCE.

INSPECTORSHIP OF ANATOMY.

Dr. Somerville has ceased to hold the appointment of Inspector of Anatomy, and is to be replaced by Mr. Bacot and Mr. Rutherford Alcock.

We understand that considerable alterations are to be made in this department. The mere procuring of bodies, and their removal, are to be entrusted to subordinate officers, while the inspectors are to see that proper subjects are procured—that the business of dissection is conducted with propriety—and that the remains are interred.—*Medical Gazette.*

PROMOTIONS.

CIVIL.—To be Inspectors of Anatomy for England and Wales—Mr. Bacot and Mr. Rutherford Alcock, in the room of Dr. Somerville.

To be Inspector of Anatomy for Scotland—Dr. Andrew Wood.

MILITARY.—22d Foot—J. P. Moline, gent., to be Assistant-Surgeon, vice Campbell, promoted.

50th Foot—C. F. H. Barlow, M.D., to be Assistant-Surgeon, vice M'Bean, deceased.

58th Foot—Assistant-Surgeon, R. Bannatine, from the 56th Foot, to be Assistant-Surgeon, vice Denny, appointed to the Staff.

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Sept. 25th,	61	52 5	29.850	.060
Monday,	26th,	58	50	30.100	.060
Tuesday,	27th,	59	52	30.250	.040
Wednesday,	28th,	59	48.5	30.400	
Thursday,	29th,	58	48	30.400	
Friday,	30th,	63	48	30.400	
Saturday,	Oct. 1st,	62.5	45	30.400	
Sunday,	2d,	57.5	48.5	30.400	.010
Monday,	3d,	58	48	30.200	
Tuesday,	4th,	58 5	48	30.250	.030
Wednesday,	5th,	56.5	42	30.350	
Thursday,	6th,	56	46 5	30.450	
Friday,	7th,	57	47	30.450	
Saturday,	8th,	57	50	30.500	

CORK RECOGNISED SCHOOL OF MEDICINE.

THE SESSION 1842–3, will commence on THURSDAY, the 20th of October, at Two o'Clock, P.M.

ANATOMY AND PHYSIOLOGY—H. A. CÆSAR, M.D., M.R.C.S., formerly President of the Hunterian, Medical, and Anatomico-Medical Societies, Edinburgh.

MIDWIFERY AND DISEASES OF WOMEN AND CHILDREN—T. CURTIN, M.D., Member of the Royal Medical Society, Edinburgh.

THEORY AND PRACTICE OF MEDICINE—W. BEAMISH, M.D, M.R.C.S.E., Member of the Hunterian Society of Edinburgh, and Physician to the County and City Jails and Bridewell.

ANATOMICAL DEMONSTRATIONS AND DISSECTIONS—Doctor CÆSAR, M.R.C.S., Surgeon BAYLIE, M.R.C.S.L.

MATERIA MEDICA—Surgeon MEREDITH, M.R.C.S.L. House-surgeon, South Infirmary.

CHEMISTRY AND PHARMACY—Surgeon TOWNSEND, M.R.C.S.L., L.A.

In consequence of the increased number of students attending this school the last few years, Dr. Cæsar has just completed a

NEW LECTURE-ROOM, DISSECTING-ROOM, MUSEUM, LABORATORY, &c.;

and, as the Buildings have been planned after fourteen years experience of the requisites for such an Establishment, nothing has been left undone to render them perfect for their respective purposes, and the students may depend on having the same zeal evinced for their instruction which has so long and so often met not only the private approval but the public eulogy of their predecessors.

Certificates of attendance qualify for examination at the University, College of Surgeons, Army and Navy Boards, London; Faculty of Physicians and Surgeons, Glasgow; Apothecaries' Halls, Ireland, England, and Wales; and with Hospital attendance for one year, at the University of Edinburgh.

☞ For particulars, apply to Dr. Cæsar, or any of the Lecturers.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

WINTER SESSION COMMENCING OCTOBER 31.

ANATOMY AND PHYSIOLOGY,	Dr. JACOB.
DESCRIPTIVE ANATOMY,	Dr. HARGRAVE, Dr. HART.
SURGERY, ...	Dr. WILMOT, Dr. PORTER.
PRACTICE OF MEDICINE,	Dr. BENSON, Dr. EVANSON.
CHEMISTRY, ...	Dr. APJOHN.
MATERIA MEDICA, . . .	Mr. WILLIAMS.
MIDWIFERY, AND DISEASES OF WOMEN AND CHILDREN,	Dr. BEATTY.
MEDICAL JURISPRUDENCE,	Dr. GEOGHEGAN.
HYGIEINE, ...	Dr. MAUNSELL.
BOTANY, ...	Dr. BELLINGHAM.
NATURAL PHILOSOPHY, .	Dr. APJOHN.
COMPARATIVE ANATOMY,	Dr. JACOB.

Dissections under the superintendence of the Professors of Descriptive Anatomy, and the Demonstrators, Mr. DILLON, Mr. LEESON, and Mr. LABATT.

The Professor of Chemistry gives a separate course on Practical Chemistry, and admits operating Pupils into the Laboratory.

C. O'KEEFE, Registrar.

MIDLAND MEDICAL ASSOCIATION.

AT the Half-yearly meeting of the Association, held at Nenagh, on WEDNESDAY, September 28th, Dr. KINGSLEY, of Roscrea, President, in the chair, the following resolutions were unanimously adopted:

Proposed by Dr. O'Brien, of Ennis, seconded by Dr. Baker, of Birr.

1st. That the memorial to Lord Eliot now read be adopted, and that our President be requested to forward it to the Council of the Medical Association, with a request that a deputation from the Council will wait upon Lord Eliot and present it.

Proposed by Dr. Quinn, of Nenagh, seconded by Dr. Stoney, of Borrisokane.

2d. That we suggest to the Council of the Association the propriety of adopting a form of petition—to be circulated amongst the medical attendants of fever hospitals and dispensaries—to be recommended by them for the adoption of their governors, and to be laid before parliament at the commencement of next session.

Proposed by Dr. Jacob, of Maryborough, seconded by Dr. Finucane, of Nenagh.

3d. That the thanks of the Midland Medical Association are due, and hereby most cordially offered to the Rev. Mr. Thackaray, of Dundalk, for his long-continued attention to the interests of the Medical Charities of Ireland, and more particularly for the able letters, addressed by him to Lord Eliot, on this important subject.

Signed on behalf of the meeting,

WM. KINGSLEY, Roscrea, President.
J. WATERS, Parsonstown, Secretary.

Just published.

METHODUS MEDENDI; or the Description and Treatment of the Principal Diseases incident to the Human Frame. Price 16s.

BY H. M'CORMAC, M.D.,

Consulting Physician to the Belfast Hospital, and Professor of the Theory and Practice of Medicine in the Royal Belfast Institution.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION (PAYABLE IN ADVANCE.)

Twelve Months..... £1 5 0
Six Months..... 0 13 0
Single Number 0 0 6

Wednesday, October 12, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXCVIII.] DUBLIN, WEDNESDAY, OCTOBER 19, 1842. [PRICE SIXPENCE, STAMPED.

MEETINGS OF SOCIETIES.

Academy of Medicine—Efficacy of Vaccination—Microscopic characters of the Sputa in Phthisis. 241

Extirpation of the Parotid Gland—Ascites..... 242

Academy of Sciences—Influence of solar eclipses on animals ..... ib.

Intrinsic motions of the lung—Treatment of Hematuria—New mode of arresting epistaxis 243

Medico-Chirurgical Society of Edinburgh—Use of creasote. ..... ib.

EXTRACTS FROM PERIODICALS.

Adulteration of chemical substances..... 246

Brandish's solution of Potash..... 246

On the use of different forms of the same medicine in equivalent doses..... ib.

REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CITY OF DUBLIN HOSPITAL.—Case of Anasthœsia..... 249

Arm presentation—Ignorance of a Midwife..... 250

Destruction of the Medical Library at Hamburg... ib.

MEDICAL CHARITIES' BILL..... 251

POOR-LAW INTELLIGENCE.—Bandon Union..... 253

Ennis Union..... 254

MEETINGS OF SOCIETIES.

ACADEMY OF MEDICINE—AUGUST 30.

EFFICACY OF VACCINATION.

M. BOUSQUET read a report on a memoir by Dr. Milon of Sorreze, entitled *Considerations on Vaccination.* The author having had the opportunity of observing an epidemic of small-pox noted the results of his own practice, which seemed calculated to illustrate the action of vaccination. The small-pox, according to his experience, has been always arrested by vaccination, though not in an equal degree in every case. Those who had been vaccinated at a remote period, were often affected with the varioloid disease—a malady very different in character from true small-pox, though, nevertheless, identical in origin, as both may originate, respectively, the one from the other.

It has been frequently asserted that the preservative power of vaccination is but temporary. If by this is meant, that varicella may develope itself at a variable period after vaccination, the assertion is true; but it is an error to suppose that true small-pox can occur after vaccination.

Another question has been mooted. Does the variola vaccina cure small-pox? But Jenner and his disciples never entertained the affirmative of this proposition. Vaccination does not cure small-pox, but it does more—it prevents its occurrence, it substitutes itself in its place. This is the sum of its advantages. M. Robert, for example, saw, during the epidemic at Marseilles, fourteen patients die of small-pox, though they had been vaccinated immediately after the first symptoms of small-pox appeared.

M. Milon disbelieves in the progressive deterioration of the vaccine virus. This, says M. Bousquet, (the reporter) is an illusion, in which I myself participated until 1836, but I then witnessed the effects of new vaccine matter, and was compelled to acknowledge that the old stock of matter had diminished in virtue.

The author finally examines the influence of vaccination on population. A comparison of the statistics of population, previous and subsequent to the introduction of vaccination, clearly proves a great augmentation in the latter period. But the causes influencing the progression of population are so many and various, that it is impossible to assign any precise value to the influence of vaccination.

M. ROCHOUX—Every successive report on vaccination still more confirms its preservative influence. New vaccine matter produces, I grant, greater inflammation; but can we conclude that the prophylactic power is greater, because somewhat more erysipelatous *inflammation is produced?*

MICROSCOPIC CHARACTERS OF THE SPUTA IN PHTHISIS.

M. SANDRAS, selected amongst his patients in the Hôtel Dieu, those in whom the symptoms of phthisis were the most clearly characterised. The sputa were collected in small tubes, and examined under a magnifying power of three hundred. The result of numerous examinations has satisfied M. Sandras that phthisical sputa present certain specific characters, and that these characters are of great diagnostic value, as they enable us to detect alterations which cannot be ascertained by means of auscultation and percussion. This statement, if verified, at once establishes the value of microscopic examination. And the method has the great value of not requiring any peculiar precautions, nor any great dexterity.

M. Sandras has found in phthisical sputa numerous globules, rounded, isolated from each other, of a grayish-white colour, similar in shape and colour to

the globules of pus, but differing from them in this—that the pus globules are clearly defined, while the phthisical globules present over their entire surface, a tomentose layer which cannot be removed by washing. In order to clearly perceive the characters of these globules, a moderate quantity of the sputa should be examined at a time.

One character of the phthisical globules is, that they are almost completely opaque in the centre, and gradually assume a more and more clear tint, as we approach the circumference.

M. Sandras has verified these statements in forty-nine cases of ascertained phthisis, and he thence considers his results as satisfactorily established.

It must, however, be observed, that these tuberculous sputa are not furnished by every patient affected with phthisis; and in one and the same patient, all the sputa do not present the same characters. This is easily understood, for the source of the expectoration in tubercular patients is not single; they expectorate both the matter of the tubercular cavities, and the mucus yielded by the concomitant bronchitis.

On the other hand, it is remarkable that we do not always find these globules in the pus from tubercular cavities of other tissues. Thus, M. Sandras has in vain sought for them in the liquid furnished by tuberculous ganglions and tubercular ulcerations of the intestines.

M. Sandras compared phthisical sputa with those of simple catarrh. In eighteen cases he always found the sputa similar to phthisical sputa, save that they were destitute of globules. They merely presented corpuscles, differing from the tubercular globules; 1st. In not being isolated from each other. 2d. In not being all of the same volume. 3d. In not being permanent, or in only presenting themselves fugaciously in the microscope. 4th. In their surface being striated.

Despite these differential characters, in some cases M. Sandras remained in doubt. Especially where the physical signs, and the progress of the disease, seemed to contradict the microscopical indications. These new characters, then, are of value as aiding other diagnostic means. M. Sandras does not regard the sputa of phthisis as consisting of tubercles; on the contrary, he considers them as the product of a secretion formed by the parts in which the tubercles are deposited.

SEPTEMBER 13

EXTIRPATION OF THE PAROTID GLAND.

M. Jobert read a report on a case of complete extirpation of the parotid gland by M. Lusembert at New Orleans.

A man, aged 62, was affected with a tumour for twenty years in the parotid region. During the last six years, the growth of the tumour was more rapid, ulcers yielding an ichorous sanies formed on its surface, lancinating pains set it; in a word, it at length presented all the characters of cancer.

M. Lusembert having determined on extirpating the mass, commenced by passing a provisional ligature round the common carotid; he then circumscribed the tumour by two incisions, detached it from the deeper parts, dissecting until the styloid and mastoid processes were laid bare. It was then obvious that the entire parotid gland was converted into an encephaloid substance. Severe hæmorrhage occurred towards the end of the operation, and rendered it necessary to tighten the ligature, placed provisionally round the carotid artery, which immediately arrested the flow of blood. Facial hemiplegia resulted from the division of the seventh pair.

Smith, Lisfranc, and Beclard, have already extirpated the parotid gland. M. Lusembert's case is nevertheless very interesting, as in it the volume and nature of the parts removed were most satisfactorily ascertained.

SEPTEMBER 20.

ASCITES.

M. Soude read a report on a case communicated to the Academy by M. Lecanus.

A female, aged 36, was attacked in 1823 with chronic entero-mesenteritis, accompanied with marasmus, suppression of urine, and irregular menstruation, ascites gradually supervened, and paracentesis being practised, large indurations were detected in the abdomen. The liquid re-accumulated so rapidly that the operation of tapping was repeated every six, eight, ten, or at the utmost twelve days. In the space of fifteen years the operation was performed 810 times. M. Lecanus at length thought of compressing the abdomen with sheets of pasteboard, enveloped in linen; this treatment retarded the accumulation of the fluid, and after the expiration of six months, during which time, paracentesis was performed at intervals more or less long, the fluid ceased to re-accumulate. Two years have now elapsed, during which the patient has remained perfectly well, after having been tapped 866 times in the space of fifteen or sixteen years. The epigastric artery was opened once in the operation, but the hæmorrhage was promptly arrested by introducing into the wound, made by the trocar, a tent steeped in styptic liquid.

M. Dubois, (d'Amiens,) inquired if M. Lecanus had stated the cause of the ascites; whether he had specified the condition of the liver or spleen, or made mention of any other organic lesion?

M. Soude replied, that M. Lecanus had merely mentioned the chronic inflammation of the intestines and peritoneum.—*Gazette Medicale de Paris.*

ACADEMY OF SCIENCES—August 22.

INFLUENCE OF SOLAR ECLIPSES ON ANIMALS.

We extract from M. Arago's account of the solar eclipse of the 8th July last, the following interesting notice of the influence of that phenomenon on animals.

M. Arago stated that he had often heard accounts of birds dying from the mere influence of an eclipse of the sun; but could scarcely credit the statement, as they could only die from fear; and the discharge of a gun ought to frighten them much more, and yet it is certain that it does not kill them, unless they are actually hit. One of M. Arago's friends made the following experiment:—He placed five linnets in a cage, they were lively and active, and fed up to the moment of the eclipse, when the eclipse had terminated three of them were dead.

A dog was kept fasting from morning; immediately before the eclipse he was offered food and fell on it greedily; but when the dusk commenced, he suddenly ceased eating.

The horned cattle in the fields seemed affected with a kind of vague terror; during the eclipse they lay down in a circle, their heads being arranged towards the circumference, as if to face a common danger.

The darkness influenced even the smallest animals, M. Fraisse observed a number of mice who were running briskly, become suddenly still when the eclipse began.

SEPTEMBER 5.

INTRINSIC MOTIONS OF THE LUNG—NEW CAUSE OF PULMONARY EMPHYSEMA.

M. LONGET read a paper on the above subjects, of which the conclusions are as follows:—

1st. Galvanism applied to the branches sent by the par vagum to the first bronchial ramifications, produces an obvious contraction of these canals, if the experiment be performed on an animal of sufficient size.

2d. Division of the par vagum may be followed by pulmonary emphysema.

3d. This experimental result proves that the parietes of the cellular or capillary air vesicles of the lungs, are not formed by elastic fibrous tissue.

4th. The parietes of these vesicles are endowed with an active contractility, which is under the influence of the par vagum.

5th. When this contractility is destroyed by the section of the par vagum, the respirable air cannot be renewed in the ultimate ramifications of the air passages, though they retain their elasticity.

6th. The circulation becomes obstructed, or even interrupted on the parietes of these air passages which are much distended with air vitiated, and saturated with carbonic acid.

7th. Emphysema, combined with pulmonary congestion, is obviously a condition unfit to favour supplementary respiration. It is a condition quite unfitted for effecting sanguification, and constitutes, after division of the par vagum, a cause of asphyxia, which operates conjointly with occlusion of the glottis, sanguineous congestion of the lungs, and sero-mucous bronchial effusions.

TREATMENT OF HEMATURIA.

M. LEROY D'ETIOLLES, read a memoir on the modes of extracting the coagulated blood with which the urinary bladder is sometimes filled in cases of abundant hematuria.

After reciting the unanimity of all authors, from Aretæus to Boyer, as to the danger of hæmorrhage into the bladder; after noticing the liability of the eyes of even the largest catheters to become obstructed with clots of blood; the impossibility of using injections where the bladder is already over distended; having observed, that though alcalies prevent the coagulation of the blood, they cannot dissolve coagula, when once formed; that the use of lithotriptic instruments is dangerous; and, that finally, an incision into the bladder, through the perineum, as recommended by Severinus, practised by Sir A. Cooper, and advocated by his nephew, Mr. B. Cooper, is only justifiable when the urethra is obstructed by a stricture, a calculus, or other obstacle, M. Leroy d'Etiolles indicated a simple method which had succeeded with him in five cases, where the bladder was as completely filled with blood as was possible. This method merely consists in repeatedly emptying the bladder by the frequent introduction of a large gum-elastic catheter, permanently curved, and without a stylet, passed so often as may be requisite for the complete emptying of the bladder. M. Leroy d'Etiolles has thus succeeded in evacuating upwards of four pounds of coagulated blood, without the passage of the catheter, repeated more than one hundred times in a few hours, causing either pain or any untoward symptom.

NEW METHOD OF ARRESTING EPISTAXIS.

M. NEGRIER communicated to the Academy five cases as confirmative of the efficacy of the method which he has proposed for arresting epistaxis, and which consists in elevating one or both arms. M. Negrier states, that whenever one, or both arms, as it may be, is elevated in a case of epistaxis, the hæmorrhage immediately ceases.—*Gazette Medicale de Paris.*

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

Dr. MACLAGAN, President, in the Chair.

1. CONTRIBUTIONS TOWARDS AN ESTIMATE OF THE REAL VALUE OF CREASOTE AS A THERAPEUTIC AGENT. BY DR. CORMACK.—Dr. Cormack's paper consisted chiefly of an abstract of cases in which he had employed creasote. He said, that some years ago, when creasote was a new remedy, its virtues were much heard of, and the medical journals then abounded with narratives of the alleged cures by it of almost every disease. As a natural consequence of such exaggerated statements, creasote became much less employed by practitioners than it deserved, and than would have been the case, had the first observers of its therapeutic powers praised it with less enthusiasm and more discrimination. Since 1836, when Dr. C. published his "*Treatise on the Chemical, Physiological, and Medicinal Properties of Creasote*," he has made it, uncombined with any other active substance, the subject of very numerous trials in different diseases, with various degrees of success.

NATURE OF ITS ACTION.—Dr. C. has satisfied himself, by experiments on the lower animals, that creasote, in large doses, is a narcotico-acrid poison; and that it resembles prussic acid in its sudden depressing action on the heart, as well as in the temporary nature of its toxicological operation. In medicinal doses, it is almost immediately sedative and calming; but these effects are of short duration; *so that it is a drug which requires to be given in often-repeated small doses.*

1. INTERNAL ADMINISTRATION.—*Use in nausea and vomiting.*—Creasote is one of the best medicines which we possess for stopping vomiting. In the vomiting of pregnancy, an affection so distressing to the patient, it seldom fails. If the sickness come on regularly after rising in the morning, Dr. C. prescribes two or three drops to be taken five or ten minutes before getting out of bed. This generally proves effectual; but if it does not, the patient ought to be directed to repeat the dose in two hours. In more troublesome cases, when the sickness occurs at intervals during the day, one or two drops should be given every two, three, or four hours. Dr. C. has ordered it in a great many cases of this kind; but as it is only recently that he has kept accurate memoranda of them, he only communicated the result of his last eleven cases. Nine were completely relieved; one, (a dispensary patient,) was lost sight of, but supposed to be relieved; and another was in no degree improved. She was afterwards successfully treated by two drop doses of the medicinal prussic acid. We subjoin some of Dr. C.'s cases, and others which he mentioned.

CASE I.—The patient was a woman about forty years of age, in the family way the thirteenth time, and who had during her three previous pregnancies been troubled with fits of vomiting, occurring genenally at regular periods, two or three times a-day; and she stated that on the three last occasions, she had miscarried. She was ordered three drops thrice a-day. She took the first dose about an hour before her usual attack, and from that time till her confinement never vomited, and rapidly improved in health. During the first day on which she took the medicine, she had slight nausea; but that also was cured in the course of a few days, by persevering in the creasote, without increasing the dose.

CASE II.—A. B., about the third month of her first pregnancy, applied at the Royal Dispensary for a sprain of the wrist. She complained of morning sickness, with severe vomiting, and disinclination to eat for several hours after rising. The nausea and vomiting always commenced immediately upon her

leaving bed. Dr. C. ordered her to take three drops of creasote in a little mucilage twenty minutes before rising. She did this for three mornings with partial relief, and on the fourth, when by his desire she took a dose of six drops, she had no vomiting, and very little nausea. When the quantity prescribed was finished, she ceased to take it, and the vomiting returned to a certain extent, but never with such severity as to induce her to take any more creasote, to the odour and taste of which she had a great dislike.

Case III.—A very delicate young woman, at an early period of her third pregnancy, applied for something to relieve attacks of nausea and vomiting, with which she was greatly troubled, especially in the morning. She was at first ordered two, then three, and four drops, thrice a-day, but without the least advantage. Dr. C. then prescribed hydrocyanic acid, which he now regrets, as the probability is, that a larger dose of creasote would have proved efficacious.

Case IV.—Professor Simpson informs Dr. C. that he finds creasote a most excellent remedy in the sickness dependent on pregnancy. He states, however, that in aggravated cases of this kind which recently came under his care, he found it and several other reputed remedies quite useless. The desired result was at last obtained from doses of the acetate of lead.

As illustrating the necessity of giving a larger dose when a smaller has proved insufficient, the following case, communicated to Dr. C in November 1836 by Dr. Fowles, is subjoined :—

Case V.—Agnes B., aged 16, resident in Caper-Fife, about the fifth month of her pregnancy, was annoyed by vomiting coming on rapidly every morning, about eight or nine o'clock. Six weeks after this commenced, when she was first seen by Dr. Fowles, she stated that she had taken much bark, both in the solid and liquid forms, and latterly some doses of prussic acid, without deriving from either, the least advantage. He ordered her one drop of creasote three times a-day. Next day, this dose was doubled, and on the following, was increased to three drops. There was a decided improvement on the first and second days, and on the third she had no vomiting, but on the fourth and fifth it returned to some extent. After this, however, it did not recur, but up to the eighth day she continued to experience squeamishness at the accustomed hour. Had Dr. Fowles used larger doses at first, the probability is, that the action of the remedy would have been more strikingly manifested.

The sickness and vomiting following a drinking debauch Dr. C. saw speedily relieved, in two instances, by one dose of four drops. In January 1837, Mr. Waugh, (then surgeon and apothecary in the High-street of Edinburgh,) told him, that he had relieved several individuals in a similar state, by small doses of creasote ; but that in others he has tried it without any good effect.

In sea-sickness Dr. C. had only one opportunity of seeing its effects. Case.—Last summer, when going up from Edinburgh to London by sea, he observed, when getting under way, a gentleman leaning over the side of the ship very sick, beside whom was a bottle smelling strongly of creasote. It turned out, that he was a great martyr to sea-sickness, and had been advised by an apothecary, to whom he had applied for some remedy to be provided with, to take the creasote mixture which attracted Dr. C.'s attention ; but that it had had an effect directly the opposite of what was intended ; for no sooner did he swallow the first dose, than he was seized with retching. Upon the following day the weather was rough, and the creasote gentleman became exceedingly sick. In desperation he applied again to the reputed specific, when the very same dose that had on the previous day made him squeamish and sick, on this trial almost entirely relieved him. The quantity of creasote contained in his mixture was not ascertained, *It is well worthy of notice, as a general remark, that creasote, though excellent in allaying vomiting, often excites it when it does not exist.* Vomiting is caused by creasote very frequently in cases where the dose is too large for the individual. If the statements of many can be relied on, it seems worthy of trial as a remedy in sea-sickness.

In vomiting connected with hysteria, creasote proves a very valuable remedy, and so far as Dr. C.'s experience goes, he is inclined to think that Dr. Elliotson and others, who have recommended it very strongly in this class of cases, have not done so without sufficient cause. In at least ten cases of this kind, Dr. C. has tried it in doses varying from two to eight drops, and in all, excepting one, it proved an admirable medicine, not only relieving the vomiting, but also apparently, in most instances, calming the nervous excitability. In the case in which it apparently did no good, the dose could not be increased beyond six drops thrice a-day, on account of the vertigo which it occasioned. The patient was ultimately much benefited by sponging with cold water, and taking four grains of the saccharine carbonate of iron three times a-day. Case.—Patient—A young woman, exhibiting many of the anomalous symptoms so common in hysteria. When first visited, she was emaciated, weak, nervous to a distressing degree: stated that she vomited her food, and had done so for ten days, but had had sickness in the mornings for a much longer period. She had been trying various tonics. None of them did her any good, and they were generally rejected soon after they were swallowed. Dr. C. ordered her to breakfast in bed, and that sparingly, on the morning following his visit, and half an hour before doing so, to take a dose of a mixture, containing three drops of creasote, in acetic acid. After her meal, she had only slight nausea. She sponged her chest with vinegar and water, and before a light dinner, repeated the dose, but had a good deal of vomiting, though not so much as usual. As the creasote had produced no giddiness nor uneasiness of any kind, the quantity was increased on the following day to five drops before breakfast and dinner. For a week after this, she had neither nausea nor vomiting; but both having then slightly returned, for five days the dose was increased daily a drop, till at last, she was taking ten drops twice a-day. From this time the vomiting did not return for three weeks, during which time she persevered in the medicine, and under its use, daily gained strength and flesh ; the catamenia, which had formerly been scanty, became much more abundant. As she now complained of headache, and attributed it to the creasote, it was discontinued, and the saccharine carbonate of iron substituted, in doses of four, and afterwards five grains, three times a-day, in pills made up with the extract of gentian. She continues to use the iron, and has latterly, with great benefit, taken the shower-bath. Once or twice the vomiting has returned, and been promptly relieved by the creasote. In this case the creasote, did more probably, than relieve the vomiting. It is, however, proper to state, that along with the creosote, from the commencement of the treatment, great attention was paid to the bowels, which had formerly been neglected. She took the compound aloes and assafœtida pill so as to have at least one stool daily, whereas formerly, she rested satisfied with two, or even with one a week ; this of itself must have greatly contributed to the cure.

In all of the hysteric cases of vomiting, there existed constipation, which was actively dealt with ;

but as in the case now detailed, the vomiting was relieved by the creasote before the purgative treatment could have developed its effects. From a number of cases, creasote appears to be valuable in hysteria, not only for the vomiting, but also in assisting to control many of the fantastic and distressing symptoms of this Protean malady.

In vomiting from various causes not yet specified, creasote may be used with great benefit. In about twenty or thirty such cases Dr. C. has tried it with advantage. Of thirteen cases he has kept notes. Seven of these were phthisical. Relief was afforded in five of them. In the other two, it seemed to do no good whatever. In one of the seven successful cases, after morphia, strong coffee and other things which used to succeed with the patient had failed, a dose of three drops stopped the retching in as many minutes. In three of the thirteen cases it was given to stop vomiting, caused by taking croton oil in neuralgia, and in every instance succeeded, though in one of the instances fifteen drops were required to be taken within half an hour. This is the largest quantity of creasote which Dr. C. administered within so short a time. In two of the thirteen cases, the patients were lost sight of; but the affections were supposed to be hysteria or pregnancy. The result of the first doses was good. One of the cases may be briefly detailed. Case—A. E., a boy about ten years of age, was under treatment for tape-worm, and had vomited one two days before he was seen. During that and the preceding day, he had very severe vomiting, and had been unable to take either food or medicine. At the time of the first visit, he had retching every ten minutes. Creasote fortunately being at hand, one drop was immediately administered in a little mucilage. This did some good. The dose was repeated in ten minutes, and during the following hour he had neither vomiting nor retching; but at the end of this period, there being a return of the symptoms, a third dose was given. After this, they did not recur during the following eight days that the patient was under observation. Dr. C. saw this case along with Dr. David Macfarlane, now at Drymen. Case.—The following case, which has been communicated by Professor Simpson, may be mentioned in this place. Some years ago he operated on a man at Falkirk for strangulated hernia. Great vomiting ensued, which did not yield to opium, though given in large doses, and a mustard blister was also applied over the stomach, without any good effect. One dose of two drops of creasote completely relieved the sickness and vomiting.

Combining creasote with drugs which have a tendency to produce nausea, Dr. C. finds often answers very well, as many cases in the journals led him to expect. He has twice given it in combination with, in one case four, and in another six grains of sulphate of copper, as an astringent. In neither was there sickness. Of course it is impossible to say with certainty, that this immunity from nausea was owing to the creasote.

When laid up with influenza about three years ago, Dr. C. was taking a mixture containing tartar emetic, which produced considerable nausea and vomiting, which induced him to embrace the opportunity of observing the effect of creasote in such circumstances. He took two or three drops, which speedily checked the retching. After resting about an hour, he resumed the mixture, which again produced its emetic effect, and this was again arrested by a similar dose. He afterwards took occasion to repeat this observation on two patients. Case.—The first was a young girl labouring under a bronchitic affection. He prescribed the tartar emetic solution in the morning, and returned some hours afterwards, when he found her very sick, and when he was beside her she vomited a little. She was directed to go on with the solution* every hour as formerly, and immediately after each dose to take two drops of creasote. In the course of the next two hours, she had taken a grain of tartar emetic and eight drops of creasote, without the nausea continuing or returning. As her face was flushed, and she complained a good deal of frontal headache, the creasote was discontinued. Unfortunately the pulse was not counted before the experiment; but Dr. C's distinct impression at the time was, that it was then stronger and fuller than afterwards. Case.—In the other case, a grain of tartar emetic was dissolved in water, and the patient, a stout young man, ordered to take a table-spoonful every half hour, till he vomited. After taking half of the mixture, violent vomiting and retching came on, when he took three drops of creasote. This only moderated the symptoms; after five minutes, three drops more were administered, which completely stopped the vomiting. The paucity of his observations, Dr. C. stated, did not entitle him to advance any suggestions as to the application of these cases to therapeutics; but he thought that they are at least sufficient to show, that creasote can control the operation of tartar emetic. As opportunities occur, he intends to prosecute this branch of the subject.

In *neuralgia*, creasote has, in the opinion of many, been found useful; and from a knowledge of the sedative properties of the substance, along with some experience of it in this class of diseases, Dr. C. can easily believe that it may prove beneficial. The nine cases in which he has employed it, lose almost entirely their value as experimental provings of its curative powers of neuralgia, inasmuch as he had in them all purged the patient steadily, and sometimes very actively, with croton oil, generally employing the creasote simply as a palliative during the paroxysms, just as at other times we prescribe henbane, the muriate of morphia, and aconite. Here it is proper to speak guardedly; but from all Dr. C. has seen and read, he thinks it may turn out to be a good medicine to use under certain circumstances in neuralgia. Creasote plasters have of late been recommended in the journals; and a tar plaster is a favourite remedy for tic among sailors. The unquestionable relief from pain which creasote gives in toothache, is also a strong reason for making trial of it of as an outward application in the different forms of neuralgia. When an opportunity offers, he intends to try the effect of creasote plasters along the course of the affected nerves.

In *phthisis*, some have maintained that creasote is quite a specific remedy, having the power of dissolving tubercle, and cicatrizing cavities in the lungs; but which of the drugs in our voluminous catalogue of materia medica have not in their turn been celebrated as all-potent in conquering what, we fear, must yet be called this *invincible* disease.

It has already been said, that creasote is useful in checking the vomiting of the latter stages of consumption; and when it is added, that its vapour sometimes produces a soothing effect, and makes the expectoration more easy, all that can be truly advanced of its uses in this disease has been stated. The vapour may be inhaled in the steam of hot water, placing the vessel under the mouth of the patient; or if this cannot be borne, the air of the apartment may easily be sufficiently saturated with the vapour, by allowing the steam of creasote water to escape for a certain time.

II. Creasote as an external application.—In

* Each dose contained a quarter of a grain of the tartrate of antimony.

toothache, creasote generally gives immediate relief from pain, when properly applied to the exposed nerve, in the cavity of a carious tooth. Dr. C. has in his own person made repeated trials of it, and is quite convinced, that though it gave respite from pain, it hastened the destruction of the teeth. This observation has been repeatedly made by others.

In *arresting hæmorrhage* from small vessels, or the oozing of blood from abraded or cut surfaces, bleeding ulcers, and leech bites, a creasote ointment or lotion is very often effectual. It acts by coagulating albumen, and thus forming a crust. Pure creasote may be tried when the bleeding is more profuse. In the hospital at Cadiz Dr. C. saw it used with complete success, in the oozing of blood from the wound of a compound fracture. He never had an opportunity of seeing its power over pretty active hæmorrhage, in the human subject, except in this case.

From experiments made on dogs and rabbits he is, however, quite satisfied that creasote possesses, in a high degree, the power of arresting hæmorrhage from the capillaries; but in wounds, which it is desirable should unite by the first intention, its use should probably be abandoned as soon as the bleeding is fairly subdued, as, by uniting the lymph effused, it forms a substance, which would act as injuriously to the progress of the reparative process, as any other foreign body.

In *chronic venereal ulcers*, Dr. C. has repeatedly used creasote with great advantage. It answers very well to apply it pure *once*, when their is great deficiency of action, and subsequently to employ an ointment of from four drops to thirty, to the ounce of lard. The lotion is also a very excellent form of application. In *phagedenic ulcers*, *ulcerated chilblains*, and sores yielding a sanious discharge, Dr. C. has often used creasote with great benefit.

In the application of creasote to ulcers and other solutions of continuity, there are several facts which the practitioner should bear in mind. *It is important to remember that water only dissolves one eightieth part.* If an excess of creasote be present, it will float on the surface in small globules, and can therefore very easily be removed; but if this is not done, when the lint is dipped in the lotion, these globules will adhere, and in this way, a very different wash from what was intended, is placed upon the sore. In very few cases, where the raw surface is extensive, pure creasote ought to be applied to the whole of it, as severe irritation is generally the result. More or less inflammation, almost in every case, follows the application of the pure drug to a raw surface: it continues, according to circumstances, from a few hours to several days, and there are instances in which a poultice is quite necessary. At the beginning of the treatment, creasote, either pure or in the form of lotion, should be more copiously applied than afterwards; and as soon a healthy granulating surface appears it may with advantage be altogether discontinued, and some of the common lotions of the metallic salts substituted. When the ointment is applied to an irritable sore, it answers very well to put a poultice above it. To chancres, creasote ought to be applied with a camel's hair pencil. One or two applications are frequently sufficient, and more may do harm.

In a case of condylomata Dr. C. found creasote useful; and in correcting the fetor of vaginal discharges he has also several times been assured by his patients that it proved successful, but as a *remedy* for the running it is very inferior to lotions of sulphate of copper, and sulphate of zinc, and the other common washes. He draws these conclusions partly from cases which he saw treated in the Lock Hospital of Edinburgh some years ago.

In narrating the result of most of the trials which he had made with creasote, the author stated that he offered them, not as in themselves of much value, but merely as a contribution towards a proving of its real therapeutic value. In some other diseases in which he used it, it did no good, and in some evil; but as these were maladies to which he had not adverted, it was better to defer a statement regarding them. They were cases of diabetes, dyspepsia, rheumatism, irritable bladder, and cancer. Its effects in these cases, and in skin diseases, may, at a future time, be brought before the society.

Professor GRAHAM stated that he had employed creasote frequently in the infirmary, as a cure for vomiting. He first gave prussic acid, and if that failed, the creasote was almost certain to succeed. He seldom met with a case in which both remedies proved unsuccessful.

Dr. HAY spoke in terms of commendation of the creasote mixture of the Edinburgh Pharmacopœia, in which the taste of the drug is much obviated by the combination with spirit of juniper.

The PRESIDENT thought that the observation of Dr. Cormack was important, viz., that from creasote floating on the top of a mixture, from its sparing solubility in water, a much stronger dose was often taken, than intended This might be a cause of its sometimes unexpectedly producing nausea and headache—and inflammation when applied externally. The mixture, before being used, should therefore be well shaken, and made with such a quantity of creasote as was soluble in it.—*Ed. Jour. Med. Sci.*

EXTRACTS FROM PERIODICALS.

ADULTERATION OF CHEMICAL, PHARMACEUTICAL, AND COMMERCIAL SUBSTANCES.

The following notice is published in the August number of the *Journal de Chimie Médicale*:—

"In consequence of the numerous adulterations by which various products are deteriorated, and which are alike prejudicial to commerce and to the public health, the editors of the *Journal de Chimie Médicale* are induced to offer five silver medals, to be awarded to the authors who shall furnish to the journal the best notices on adulterations not yet made known, and on the means of detecting them.

The editors, in publishing such notices, cannot hope to put an entire stop to adulterations, but are anxious to render such practices less frequent by pointing out the means of detection."

BRANDISH'S SOLUTION OF POTASH.

Best American pearl-ashes ..... 6 pounds
Quick-lime, fresh prepared .....
Wood-ashes (from the ash) of each ... 2 pounds
Boiling water..... ..... 6 gallons

Add first the lime, then pearl-ashes, and afterwards the wood-ashes to the boiling water: then mix. In twenty-four hours, the clear liquor may be drawn off.

ON THE USE OF DIFFERENT FORMS OF THE SAME MEDICINE IN EQUIVALENT DOSES.

Dr. Burton of St. Thomas's Hospital has addressed a letter to the Editor of the *London Medical Gazette*, from which we extract the following observations:—

One eminent authority states the ordinary dose of cantharis, in powder, to vary between gr. ss. and gr. ij.; and the dose of the tincture of cantharis between mx. and mxx. Now, assuming that the spiritus tenuior, which is used in making the tincture of cantharis, is capable of extracting all the active principles of the fly, and that the maximum and minimum doses of the two preparations named above are repectively equivalent to one another, the larger to the larger, the smaller to the smaller—or that gr. ss of the pulverized cantharis contains the same

quantity of active principle as mx. of the tincture, and that grs. ij. contain as much as mxx.—then the practitioner, who, for the sake of argument, I will suppose, has produced certain effects on his patient with the powder administered in doses of gr. ss. will reasonably expect to produce similar effects with the tincture given in doses of mx. under similar conditions; but in this expectation he will be disappointed, and if he calculates the degree of concentration of the active principle in the officinal tincture from the quantity of materials directed to be employed in the London Pharmacopœia, he will perceive these doses do not contain equal quantities of active principle; for, f℥i. of the tincture, or mlx., contain the soluble parts of ¾ of a grain of cantharis; and, consequently, mx. or ⅛ of mlx. contain ⅛ of ¾, or 1/32 of a grain of cantharis: hence, a dose of mx. of the tincture is the equivalent of ⅛ of a grain only, and not of gr. ss. of the powder.

The ordinary dose of gr. ss. of cantharis, on the same calculation, would be the equivalent of mxl. and gr. ij. of f℥ij. ⅜, or nearly ℥iij. of the tincture of cantharis, which is a dose considerably larger than that directed to be given in posological tables and works on materia medica.

I have prescribed the tincture to between 20 and 30 patients in St. Thomas's Hospital, some of whom took it in doses of mxv., others in doses of ℥ss. raised to ℥iij.

To three patients the pulverized fly was given in doses increased from gr. j. to grs. ijss.; and, to one person, from gr. j. to gr. ix., repeated thrice in 24 hours.

But I am unable to speak confidently of the relative strength of these preparations; and as it is not an object of this paper to advocate or deny the absolute efficacy of the medicines named in it, I may conclude these remarks on cantharis, by assuring the reader that the patients were questioned four or five times weekly relative to the effects of the medicine they were taking, and that in no case was any greater inconvenience experienced than a slight degree of ardor urinæ, and in a large majority of the cases no inconvenience whatever resulted from its use.

A very remarkable incongruity may be observed between the ordinary doses of the powder and tincture of cubebs. The ordinary dose of the powder is stated in posological tables and works on materia medica to be ℥j. that of the tincture f℥j.

But the equivalent of ℥j. of the powder is f℥j., or eight times as much as the ordinary dose of the tincture; and the equivalent of the ordinary dose of the tincture, or f℥j., is one-eighth of 60, or gr. viiss. of cubebs, a quantity much less than that which is usually prescribed in one dose.

The ordinary dose of the dried squill-bulb given for the purpose of promoting expectoration is gr. j., and that of the T. Acetum Scillæ is f℥ss.

But f℥ss. of the liquid preparation contains the soluble parts of very nearly gr. iiiss. of the dried solid; and much more than is usually administered as an expectorant.

The acrid nature of squill is well known, and the practitioner who directs the use of the Acetum Scillæ in doses of f℥ss., repeated thrice or four times in 24 hours, with the view of affecting the pulmonary organs, will in all probability irritate the alimentary canal, and unnecessarily excite vomiting and purging.

The equivalent of the ordinary dose of gr. j. of the powder, under the form of the Acetum Scillæ., is only mviiiss., and is much less than that usually prescribed for an adult.

It may, perhaps, be instructive to notice the ordinary doses of the officinal preparations of the Hyoscyami Folia, of which the extract and tincture are very frequently administered, and occasionally also the dried leaves themselves: the ordinary dose of the latter preparation is gr. v.; of the extract gr. v.; and of the tincture mxv., or mxx.

Now, on referring to the formula in the Pharmacopœia Londinensis for making the officinal tincture of hyoscyamus, f℥j. of it may be calculated to contain the soluble parts of gr. viiss. of the dried leaves; and gr. v. of the same leaves are the equivalents of mxl., or twice the quantity of this tincture, which is usually administered as an ordinary dose. A concentration of the active principles of vegetable substances is effected by the process of making extracts; consequently, gr. v. of the extract of hyoscyamus should contain more active principle than gr. v. of the dried leaves.

The effects of gr. v. of the extract, so far as I have been able to observe them on hospital patients, are slight and equivocal; the effects of a smaller dose may be expected to be still less manifest; consequently, gr. iiss. of the dried leaves, in which inert compounds are associated with extractive and active principles, must be more than half as weak as gr. v. of the extract; but gr. iiss. of the dried leaves are the equivalents of mxx. of the tincture, and are therefore probably less efficient than gr. iiss. of the extract.

Similar incongruities may be observed between the ordinary doses in which the preparations of the Digitalis Folia are often prescribed. There are authorities for prescribing the pulvis digitalis in doses of gr. ss.; the infusion of its leaves, in doses of f℥ss.; and their tincture, in doses of mx. Now in order to compare the relative strength of these preparations, the doses in which they are given should contain equal quantities of active principle; but if the degree of concentration in which the active principle of the leaves of digitalis exists in the tincture and infusion be calculated from their formulæ in the Pharmacopœia Londinensis, these doses will not be found arithmetical aquivalents of one another.

Thus f℥j. of the officinal infusion of the Pharmacopœia Londinensis for 1836, contains the soluble parts of very nearly gr. iij. of the leaves; and f℥j. of the tincture contains the soluble parts of gr. vj. of the leaves; consequently, gr. ss. is the arithmetical equivalent of less than f℥iss. of the infusion, or f℥j. 2·5ths exactly, instead of f℥iiij; and of mv. of the tincture, instead of mx.

From this calculation the ordinary dose of the infusion is very nearly three times stronger than the ordinary dose of the powder; and probably, owing to this difference being overlooked, the infusion of digitalis enjoys the reputation of being the most active preparation of this plant; and the patient who swallows three times as much of its active principle in the liquid form, as exists in its solid form, will be proportionably sooner affected by it.

Some recent observations of the effects produced by the powder and tincture of digitalis, made with leaves of the same quality, upon my patients in St. Thomas's Hospital, although limited in point of number, tend to show that these preparations, if given in equivalent quantities, will affect the system in nearly the same period.

The results of these observations, however, should only be considered as approximations to the truth, and as such are exhibited in the two following tabular forms; the first of which exhibits the results obtained with the tincture; the second with the powder of digitalis. The use of the medicine was, in every case, considered to be indicated by the symptoms; the doses were repeated in most cases every eight hours, and their effects noticed on three or four days in each week.

The cases were too few to require a distinction to be made between the sexes, and all the patients, excepting one female, were above twenty years of age.

FIRST TABLE.

Names.	Quantity of tincture of digitalis taken before any sensible effects were produced.	Time before effects were observed.	Doses.
1 Thornton	f. ℥viiss.	10 days	mxv. t. d.
2 Gosley	℥iij. ⅝	5	mxxx. t. d.
3 Croker	℥iij. ¼	7	mxv. t. d.
4 Hill	℥vj. ½	7	mxv. t. d.
5 Townsend	℥vij.	11	mxv. to mxx. t. & 6tis.
6 Thurrorback	℥v. ½	9	mxv. t. & 6tis.
7 Deane	℥v. ½	7	mxv. t. d.
8 Griffiths	℥ix.	12	mxv. t. d. & 6tis.
9 Runcorn	℥iiss	4	mxv. t. d.
10 Hayward	℥iiss.	4	mxx. t. d. & 6tis.
11 Simms	℥v. ⅝	6	mxx. t. d.
12 Cushion	℥vj.	6	mxv. t. d.
13 Donovan	℥iv.	10	mxv. t. d.
14 Cawnor	℥vss.	7	mxv. t d.
15 Wallington	℥iv.	5	mxv. t. d.
16 Arden	℥ij. 4-5th	7	mxij. to mxv. t. d.

SECOND TABLE.

Names.	Quantity of the pulvis digitalis taken before any sensible effects were produced.	Time before effects were produced.	Doses.
1 Beaumont	gr. xiij.	6 days	gr. ss. to gr. iss. t. d.
2 Cockland	gr. xij.	6	gr. ss. to gr. j. t. d.
3 Crawley	gr. lv.	16	gr. ss. to gr. ij. t. d.
4 Harris	gr. lxxiij.	18	gr. ss. to gr. iiss. t. d.
5 Davis	gr. xxv.	12	gr. ss. to gr. iss. t. d.
6 Galloway	gr. xxiij.	10	gr. ss. to gr. j. t. d.
7 Emery	gr. xlij.	11	gr. ij. to gr. iij. t. d.

The total quantity of the tincture swallowed by sixteen patients, in 117 days, amounted to nearly f℥lxxij.; consequently, the average quantity taken by each patient was f℥v. ⅛; and the average time required to affect the system of each was 7⅓ days.

From the numbers in the second table, it appears that the average quantity of pulverized digitalis swallowed by each of the seven patients was gr. xxxiv.; and the average time 11 2-7 days.

Now it is satisfactory to observe, with reference to the relative strength of these two preparations, that f℥v. ⅛ of the tincture contain, very nearly, the soluble parts of gr. xxx. of the powder; a quantity which differs in a very trifling degree from the average quantity of the pulverized leaves. But whether this near approximation of the two numbers was the result of accident, and not of an equality of strength between the two preparations, remains to be determined by more numerous observations. I am, however, inclined to believe it is not very far from the truth; and that these quantities of the two preparations might have been made to affect the system of the same patient in the same period of time, had the first doses in which the pulverized leaves were given been invariably equivalent to those of the tincture; but, for reasons which it is unnecessary to specify, they were always, excepting in one case, less than the first doses of the tincture, as appears in the third column of the two tables. Moreover, the dose of the tincture was repeated, in several cases, more frequently in the twenty-four hours than that of the powder.

A less proportional quantity, therefore, of the powdered leaves was swallowed by seven patients, than of the tincture by sixteen patients, in the same period; and to this difference chiefly may be attributed, I think, the greater average time which was required to affect the system of the seven patients, as represented in the second table.

The idiosyncrasy of the patients, and the nature of their diseases, among other circumstances, may have tended to delay the manifestation of the effects of the medicine in some cases, and to expedite it in others; but these circumstances would have equally influenced the action of the tincture as well as that of the powder, and may be considered of no consequence in comparing the average results above noticed.

The preparations administered to the twenty-three patients were made with the mature leaves; but to five other patients a tincture of digitalis was administered which had been made of the immature leaves, and its effects were carefully noticed.

It was administered in doses of f℥ss. every eight hours, and, in two cases, augmented to f℥j., continued, on an average, seven days, until each patient, on an average, had drank f℥iiss. of the tincture, before any unequivocal signs of the system being under its influence could be observed. The average quantity deduced from these cases was much greater than that from the sixteen cases noticed in the first table; and the results tend to prove that the use of the tincture of digitalis, made with the immature leaves, in ordinary doses, will lead to inert practice.

The columns of the subjoined table exhibit, at one view, the discrepancies to which I have alluded above, as sources of the variable results obtained by the use of different preparations of the same drug in ordinary doses, and which, I believe, might be partly obviated by substituting equivalent doses.

Drugs.	Ordinary dose of powder.	Dose of tincture.		Dose of infusion.	
		Ordinary	Equivalent	Ordinary	Equivalent
Cantharis	gr. ss.	mx.	mxl.		
Cubeba	gr. lx.	f℥j.	f℥j.		
Digitalis	gr. ss.	mx.	mv.	f℥iv.	f℥j. 2-5th
Hyoscyamus	gr. v.	mxx.	mxl.		
		Acetum.			
Scilla	gr. j.	f℥ss.	mviijss.		

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CITY OF DUBLIN HOSPITAL.

CASE OF ANASTHŒSIA,

ADMITTED UNDER DR. HARGRAVE.

[Reported by Mr. Davies.]

Jane Carr, ætat. 21, a housemaid, unmarried, of sanguine temperament, living for last two years in Dawson-street, presented herself as an extern for advice at Baggot-street Hospital, on 29th of April: States that she had always enjoyed excellent health, till January of present year, when she felt her fingers and palms of hands become numb, or, as she describes it, "as though her hands were pricked with nettles." This stinging sensation shortly after extended gradually along the arms to her shoulders, and at length pursued its course as far as the sixth dorsal vertebra. All these parts were then, and have continued since, nearly four months, insensible to any impressions. Complained also at this time of some slight pain in right temporal region—spent sleepless nights for several weeks—used frequently to start when in bed, and fall involuntarily into excessive lachrymal fits—her vision was occasionally clouded and disturbed by spectra. Within a month previous to present date, she observed that she was unable to dress herself, or arrange her hair with her wonted power; as she could not raise her arms so high, nor grasp any object as firmly as heretofore: was seized at times with slight vertigo.

In consequence of the great interest which attaches to such cases, owing to their comparative rareness, she was admitted into the hospital under Dr. Hargrave, who very accurately made an examination, the result of which was as follows. In order to determine whether the functions of cutaneous sensation were really affected, as she represented, he pricked her hands, arms, neck, scapular and interscapular regions, in different places with a sharp-pointed needle, to which injury she seemed quite insensible, except over left clavicular region, where she evinced a somewhat obscure sensation. No impairment of the olfactory or auditory functions could be detected; faculty of taste perfect; no defect of masticatory power; no evidence of spinal disorder; could not perceive any change in her countenance, which is rather an intelligent one; in reply to different questions respecting her general health, she stated that the catamenia had been regular always, both as to time and quantity—that the parts affected have continued insensible alike to the impressions both of heat and cold, and latterly have become more dusky than usual—thinks her illness succeeded exposure to cold. With these symptoms she was admitted and ordered some purgative medicine, and on May 1st, the following—

℞ Strychninæ, gr. ss.
Acidi acetici, gt. iv.
Aq. distil. ℥ij. M. st. ℥ss. 4tis horis.

Habt. pilul. aloes et assafœt. duas om. nocte.

May 2.—Complains of slight giddiness.

Rept. medicamenta ut here prescript. habt. quoque,

℞ Unguenti antim. tartariz. ℥i.
Olei crotonis, gt. vi.
Tr. capsici ℥ss. M. ft. unguentum cujus infricetr. ℥i. Mane nocteque.

May 6.—Slight vesication produced by the application of the ointment; already some improvement is visible.

Rept. haustus et pilul. Omittr. unguent.

7.—Complains to-day of giddiness—sleep still disturbed—the nurse mentions that she wept excessively last night—some sickness of stomach.

Omitr. medicamenta. Habt. haust. salinos ter in die.

16.—The draughts having disagreed were omitted for a few days; she, however, was ordered to resume them again to-day—the dose being increased to ⅛ gr. and the following:—

℞ Submur. hydrarg. gr. vj.
Pulv. Doveri gr. viij. M. ft. pilul. quatuor.
St. unam mane nocteque.

20.—Parts affected have become decidedly more sensible to pricking of pins, &c.; formication in fingers diminished.

Rept. medicamenta; habt. emplast. vesicat. nuchæ applicendum.

25.—Still improving—has not been subject to giddiness since former report.

27.—Not so well to-day—was frightened last night. To take the following—

℞ Mist. camphoræ, ℥i.
Spir. am. aro. ℈ij.
Træ. hyoscy. ℥ss. M. st. ℥i. ter die.

27.—Patient considerably better to-day; but still complains of her inability to use her left hand.

Moxæ are to be applied in the course of radial nerve.

Emplast. vesicator. faucib: externis dextris adhibend. quoque pergat c. mistura et pilulis.

30.—The draughts have been again omitted for a few days.

℞ Sulph. quininæ, gr. xij.
Pil. ferri. c. ℈ij. M. ft. pilul. duodecim.
St. unam ter in die.

June 7.—Complained yesterday of pain of right thigh. In every other respect, she is improved, except slight numbness, which is now confined to the ball of the right thumb. This has been partially relieved, by the application of moxa, in the course of the branches of the nerve which supply it.

June 15.—The blister effectually removed the pain of thigh—she still continues her draughts. Is so well now that she wishes to be discharged.

Disordered states of innervation, are in all cases objects of great interest to the profession, not only as regards their pathology, but also what mode of treatment is to be adopted for their complete relief. In many instances of these affections, how often are we disappointed, not only in endeavouring to discover the cause of the symptoms after death, but also in the best means of relieving them.

On what does this irregular condition depend? Is it on local congestion, or on suppressed perspiration, or on irregularity of the generation of the nervous fluid, dependent on some remote cause? I confess my inability to explain it.

Seeing the effects of strychnine in removing some anomalous nervous symptoms, for which no satisfactory reason could be given, I was induced to prescribe it from the very commencement of the treatment, and had no cause to regret it, to which agent I principally attribute the benefit obtained up to a given point—viz., the complete restoration of sensibility and mobility with power in all the parts affected, with the exception of the ungual phalanx of the right thumb, where the affection remained located in the most obstinate manner for at least a fortnight after the other parts were freed from it.

How are we to explain this obstinancy? As the disease *seemed* to have commenced in the fingers and hands, and then ascended to the trunk, could it have arisen in the first instance from a local cause acting first on the peripheral extremities of the hands, and then extending to the centre?

Moxæ were applied along the course of the nerve supplying the thumb, with some favourable result, as the normal state gradually returned to all this member of the hand, except the last phalanx; Mr. Davies, the reporter, who took great interest in this case, suggested the galvanic agency, which was applied for some days, at the interval of alternate ones. Under the use of this agent, perfect sensibility and power were restored to the last phalanx of the thumb. She was dismissed the hospital, July 9, perfectly well, since which period, she has called to the hospital, and remains well in every respect.

While Carr was under treatment, a young woman, named Keogh, who had been in the hospital about two years since with a more intractable attack of anasthœsia, but from which she was discharged from the house perfectly relieved, applied at the dispensary again suffering from this affection, but in a much slighter degree than formerly. She then, as now, experienced some pain on pressure in the cervico-dorsal spine, over which she was cupped, and took one-sixth of a grain of strychnine for a fortnight, when she was completely relieved of the attack. In this case there was some clue to the exciting cause, and by taking advantage of it, relief was more speedily obtained.

Some may attribute the success in this case to the action of mercury; this cannot be, as the symptoms were evidently yielding under the action of the strychnine, the only object in view in ordering mercury being to render it more efficacious; as the same principle is adopted in combining mercury with other medicines—*e.g.* digitalis, squill. As to the prescribing of strychnine, it would be rendered more available in a therapeutic point of view, if we could obtain its salts as found in Majendie's formulæ, which, being more soluble than the alkaloid itself, would consequently be found more manageable in the treatment of affections for which it is used.

In the case now detailed, the strychnine proved that its agency was not confined to one set of nerves; but that it acted equally upon both the anterior and posterior roots.

ARM PRESENTATION—EFFECTS OF THE IGNORANCE OF A MIDWIFE.

TO THE EDITORS OF THE MEDICAL PRESS.

Kilfinane Fever Hospital, October 8, 1842.

GENTLEMEN—If you consider the following case worthy of a place in your valuable Journal, you will much oblige me by inserting it.

I beg to remain, gentlemen, your obedient servant

W. D. MURPHY, M.D.

I was called on the 10th of June to visit Mary O'Brien, who was then three days in labour of her ninth child. On my arrival, I found an old woman in attendance, commonly designated in the country as a handy person, from whom I learned the case to be an arm presentation. On making an examination, I found the arm protruding, with the integuments and muscles completely torn away from the bones; and, introducing my hand into the vagina, was surprised to come in contact with a soft substance which I could not then account for; but, passing my hand further up to seek for the feet, I found an opening between the hips of the child, which at once convinced me that it was the intestines I felt in the vagina. As you may suppose I had very little difficulty in turning; the placenta was expelled in due time. On the evening of the following day peritonitis set in, which, fortunately for the patient, yielded to bleeding, mercurialization, &c., &c. On this occasion, I had the valuable assistance of my friend Dr. Hobart.

My sole object, gentlemen, in publishing this case is to show not only the profession (who must be conversant with similar cases) but the public generally, how many lives, and probably valuable ones, are sacrificed to the ignorance of those handy beings.

DESTRUCTION OF THE MEDICAL LIBRARY AT HAMBURG.

The frightful conflagration which visited Hamburg in the beguining of last May, has not spared the premises of the MEDICAL UNION, whose library, the fruit of twenty-six years assiduous collection, exists no more! Such a loss cannot be repaired by pecuniary contributions. Complete series of a great number of German, French, English, American, and Indian journals and works, rare editions of the older authors, a multitude of ancient and modern medical and chirurgical encyclopedias, and lexicons in various languages, scarce and curious prints, &c., are not only lost, but are no longer procurable by purchase; while many hundred volumes of old dissertations, classified according to subjects, cannot be replaced in any manner. In this strait the Medical Union earnestly requests advice, not only from its foreign members, but from all its medical brethren, where, and in what manner it may once more gradually acquire possession of a library at the least possible expenditure of money. Any communication on this subject, in post-paid letters, or through the medium of the booksellers, addressed to "the Directors of the Hamburg Medical Union," or to the undersigned, will be received with the sincerest thanks. The editors of medical journals are requested kindly to give insertion to this notice in their respective publications.

F. W. OPPENHEIM, M.D.

Hamburg.

*** The Editors request the Directors of the Hamburg Medical Union to accept a complete set of the MEDICAL PRESS, as a mark of sympathy for the losses recently suffered by the Medical Union, and of respect generally for their German medical brethren.

If Dr. Oppenheim will kindly inform us through what channel, here or in London, the volumes can be forwarded, they shall be immediately despatched.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, OCTOBER 19, 1842.

MEDICAL CHARITIES' BILL.

"Until we have gotten *some hold of the country in this way*, I do not see how we can deal effectively with the medical charities."—*Nicholls' letter to Lefevre.*

We have now to consider the provisions of this bill relative to the appointment, dismissal, qualification, remuneration, and duties of the medical attendants of fever hospitals and dispensaries. By clause twenty-seven it is provided, that "it shall be lawful for the Lord Lieutenant, as and when he shall see fit, by warrant under his hand, to authorise and require the governors of any dispensary or fever hospital district severally to appoint fit and proper persons to fill such medical offices as he shall deem necessary." The clause does not run that as soon as any dispensary is declared to be fit for the administration of medical relief, the governors shall elect a physician or surgeon; but that the Lord Lieutenant shall, when he shall see fit, by warrant under his hand, authorise and require the governors to appoint one: and by clause twenty-eight it is provided, "that if the governors shall for the space of one calendar month, next after the receipt of any such warrant, refuse or neglect to appoint any such medical officer, it shall and may be lawful for the Lord Lieutenant himself to appoint such medical officer." Now, we do not wish to express here, or at present, our opinion as to the expediency or advantage of the government appointing the medical attendants of fever hospitals and dispensaries, as they do those of the lunatic asylums—it is a matter which involves considerations not to be enlarged upon in our columns; but we do wish to express our opinion, that whatever is done in this behalf, should be done openly, and above board. Appointments to medical offices by the government, have occasionally been bad enough, and too often have been made from political bias; but they have not been worse than those made by other bodies. Governors of hospitals and dispensaries often make bad appointments, and very generally are influenced by motives more favourable to the candidate for the situation than to the institution; and when medical men appoint their colleagues, the patronage is generally exercised in favour of a son, a nephew, or an apprentice, who has endeared himself to them by the payment of a smart fee. We are quite at a loss to say who should appoint; for even the appointment on examination, or as the French call it, by *concours*, is often faulty, by causing the smart-memory man and ready answerer to be preferred to the original observer and judicious practitioner. There is one advantage, at all events, in the appointments by a large body of governors publicly made; it insures some free discussion as to the merits of the candidates, and thereby generally, although not always, prevents the commission of gross acts of injustice, or monstrous breaches of trust. Be this, however, as it may, we repeat it, that whatever is done as to this matter, should be done openly and above board, and not by side-wind or management. To be plain: we are not without our suspicions, that although this bill is the work of Messrs. Nicholls, Phelan, and Company, others are not unwilling to participate in the good things it provides. Nicholls' great secret is a firm reliance on the venality of men in every rank and station. He has a sop for every one. He purchases the neutrality of the infirmary surgeon by exempting him from the operation of the bill *for the present;* secures the co-operation of the fever hospital physician, by holding out the prospect of a general hospital; gulls the dispensary attendant by promises of increase of salary, and soothes the unemployed by gentle hints of what may happen when the districts are altered. The College of Physicians is propitiated by prospects of arrangements more favourable to their licentiates than the present, and the College of Surgeons is paralyzed by cogent arguments addressed to individual members; while the apothecaries are openly invited to join the poor-law standard, and a direct bounty in the shape of place and salaries offered them. For every party there is some temptation; for every interest a compensation, and even the all-powerful influence of hard cash has not been forgotten or neglected. These, however, are but minor objects compared with the grand essential one of conciliating or propitiating the great political or state powers. Until he had "gotten some hold of the country in that way," nothing could be done, and therefore have we the patronage held up as a bait; to one side, through the poor-law guardians: to the other, through the executive government. The governors, being the guardians of the district, with enough of others to secure a majority, are to "appoint," while the government is "by warrant to authorise and require" the appointment, or in default to appoint themselves. Whatever we may say of Nicholls' moral qualities, we must admit his capacity for "*doing business*," and hence the otherwise unintelligible credit and influence he has enjoyed with all parties—whig or tory, democrat or despot, conservative or destructive, he makes himself the friend and agent of all or either as occasion requires. Amongst you be it, says he, but only let me have my way. Take you the meat amongst you; all I ask is the bone when you have picked it clean.

Next in value to the power to reward is the power to punish, and husbanding their resources, one so important is not lost sight of by the authors of this bill. By clause thirty-one it is provided, that "it shall be lawful for the said Lord Lieutenant, from time to time, upon an application in writing under the hand or hands of any one or more of the poor-law commissioners, or assistant poor-law commissioners, or medical inspectors, or any four or more of the governors of any dispensary district, or fever hospital district, as the case may be, and upon such investigation, and inquiry in that behalf as to such Lord Lieutenant shall seem proper, by warrant under his hand, to remove any paid officer, appointed under this act, for any dispensary or fever hospital district, from his office, and to require a fit and proper person to be appointed in his room; and in default of such appointment by the governors, it shall be lawful for such Lord Lieutenant any time after the lapse of one calendar month, himself to make such appointment." That Nicholls should have had the unfeeling hardihood to propose such a clause as this, does not surprise us, but that others should think of assigning such an odious duty as it requires to the Lord Lieutenant, does indeed astonish us. What case has been made out against the physicians and surgeons of Ireland, as to the discharge of their public duties, to jus-

tify a provision so invidious and insulting? Is it to be found in the false and scandalous libels published in parliamentary reports respecting them, or in the tainted evidence of spies and tale-bearing place-hunters privately offered? We fearlessly challenge the whole gang to prove the charge which this provision implies; but admitting, for argument sake, that there is any truth in it, is this the way in which, at this hour of the day, people's characters and rights are to be put in jeopardy? A man of education, the member of a profession, honourable, if honourably practised, to be put on his trial "upon *an application*" of a poor-law commissioner, assistant commissioner, medical inspector, or four partizan governors: and to be tried, not by a jury of his peers with a sworn independent judge to guide them, but to be convicted upon *such investigation and inquiry as to such Lord Lieutenant shall seem proper*. For shame—— On the part of the Lord Lieutenant, we spurn a duty so odious, and disclaim all participation in the designs and feelings of which such uncalled-for precautions are the fruit. One might suppose when he sees an application made to the legislature for such powers as these, that there is some grave necessity for the interposition of new and unprecedented restraints, but where is the evidence that any such necessity exists; on the contrary, we appeal with pride to the past in refutation of such an assumption. There has, perhaps, been some neglect of duty; there may have been enough of slovenly management to give a handle to accusers, but after such a lapse of time, and in a department of such extent, it is really surprising how little there has been of that description of delinquency which warrants any extraordinary exercise of authority; and the reason is obvious. The success of medical men, above all others, depends on character, both general and professional, and any blot, in this respect, necessarily entails pecuniary loss and ultimate ruin if continued: he cannot neglect a patient without the consequences becoming apparent, and drawing down upon him animadversions which he feels as the severest punishment.

With respect to the qualifications to be required from candidates for the situation of medical attendant to a fever hospital or dispensary, it appears that the authors of the bill have not ventured to embroil themselves in the discussion of that *questio vexata*. They make a show of an inclination to favour Irish institutions, to wheedle the College of Physicians, and pacify the College of Surgeons, while they offer a direct bribe to the Apothecaries' Company. We have no less than five clauses providing for the settlement of this knotty point. The forty-seventh declares that "no person shall be appointed to any dispensary or fever hospital who shall not have obtained the licence of the College of Physicians in Ireland." This must be satisfactory and gratifying to that body, were it not that there follows immediately, "or the licence or degree in medicine of *some other* college in Great Britain or Ireland. So in the forty-eighth it is provided that "no person shall be appointed surgeon who has not the diploma of the College of Surgeons of Ireland, or any other surgical diploma." Now, this perhaps is after all the only way in which this matter can be settled, but why not say so without any circumlocution or mystification. By the present law, any one who can show that he is justified in assuming the title of physician or surgeon is eligible, and the proposed law does neither more nor less. The fiftieth clause, however, contains the real provision contemplated. By it, no physician, be his qualifications as such what they may, can be appointed to a fever hospital or dispensary, unless he holds a surgical diploma or apothecaries' licence. Clause twenty-seven says, the Lord Lieutenant is, "when he shall see fit, by warrant under his hand, to authorise and require the governors to appoint *fit and proper persons* to fill such medical offices as he shall deem necessary," and the poor-law commissioners are to settle "by their order" the time of the appointment. Clause fifty provides, "that it shall be lawful for the Lord Lieutenant in his warrant directing the appointment, to require and thereby render it essential to the qualification of any person in that behalf, that he shall be qualified as a physician, *and surgeon, and apothecary*, or as a physician *and surgeon*, or as a physician *and apothecary*. Thus is the pure physician disqualified, and that class of which the colleges were so proud, is purged from the statute-book, as far as relates to their claims to be entrusted with the care of fever hospitals and dispensaries. In the same way, no surgeon is qualified to be appointed to the care of a dispensary or fever hospital unless he has a medical degree, or an apothecaries' licence. As to apothecaries, it is provided that they shall not be eligible as "medical officers," but the Lord Lieutenant may authorise the governors to appoint them as apothecaries, provided they have obtained the licence of the Apothecaries' Company of Dublin *or London*. This is queer enough, seeing that the English apothecary cannot by law practise in Ireland, and that the poor-law commissioners have passed a law that Irish physicians, surgeons, or apothecaries, shall not be allowed to act in England. Our attention has been directed by an anonymous correspondent to the fact, that this authority to define the qualifications to be required in each dispensary or fever hospital, at the time of the appointment, furnishes a power which may be used to exclude some candidates and favour others, by declaring that qualifications shall be required which some possess and others do not. In this we coincide, at the same time expressing our opinion, that it is most improbable that the Lord Lieutenant would resort to this or any other method to influence the election unfairly; but we know well, and let it never be overlooked, that all these details assigned to the Lord Lieutenant, must, in the routine of business, devolve on others who may not be so scrupulous. In this bill, the name of the Lord Lieutenant is repeatedly made use of to lull suspicion, and for the purpose of persuading us that his authority will operate as an efficient check on the poor-law commissioners; but every one knows, that in the sequel, the Lord Lieutenant never can give his personal attention to such matters, and that he must be guided by others. We do not at all deny that the check is, as far as it goes, a valuable one; but we cannot admit that it is entirely to be relied on.

With respect to the duties to be performed by medical attendants of fever hospitals and dispensaries, it is provided in clause twenty-seven that "the poor-law commissioners shall, with the consent of the Lord Lieutenant, *by their order*, define from time to time, the several duties of such officers," so that no man, either at the time of his appointment, or at any time subsequently, can know the nature or amount of the duties he is to be required to perform. At the same time, by clause five it is provided, that "the medical charities board shall, from time to time, make such orders for the *medical* economy and management of fever hospitals and dispensaries as to them shall seem proper." Thus affording an opportunity for the enactment of conflicting regulations, and ensuring a collision between the two authorities. This, however, was obviously no oversight, but a natural consequence of the real effect contemplated; for every one must see that the medical charities board of the bill, is a mere phantom, conjured up for the purpose of diverting attention from the true authority, and destined to a speedy annihilation in association with the ghost of the old board of health. The duties to be per-

formed by medical attendants of dispensaries and fever hospitals should, we admit, be defined; but this should be done by competent authority, and an uniform system, and not by a few individuals, acting, "from time to time," as caprice or anger might dictate.

As to the remuneration of the medical attendants of these institutions, we have little to say: it is sufficient to remind our readers, that it rests with the poor-law commissioners to settle that. By clause twenty-seven it is provided, that they "shall when, and as they may see occasion, with consent of the Lord Lieutenant, from time to time, regulate "*by order*" the amount of salaries or allowances payable to such officers respectively," and we have only to refer to their conduct in England in this respect; their forty-pound salaries to medical attendants of poor houses, and their sixpenny vaccination contracts to show what may be expected from them. Where is there here, or in any other part of the bill before us, the slightest proof that there is the most remote intention of realising the delusive hopes so lately raised on this head, by the persons insidiously advocating this measure? Where, now, are the promises of Mr. Denis Phelan to secure the hundred a year to all who came forward to sign his letters of approbation? Let all parties concerned put such nonsense as that out of their heads. When the dispensary rate comes to be levied off the electoral districts of the union in which the dispensary is situated, we shall have arguments too cogent and conclusive against profuse expenditure for us to overturn.

We must here conclude our analysis of this bill, leaving it and the original in the hands of our provincial brethren to deal with them as they see fit. We have made no suggestions as to other means of regulating the medical charities, because we see no chance of their adoption as long as the principle of this measure is recognised as the sole foundation for legislation on the subject. Whenever we shall have any reasonable ground for supposing that the opinions of the great mass of the profession stand any chance of a fair unprejudiced consideration, we shall be ready to point out the real defects of the present system, and the remedies for their correction; but as long as we have merely to select from many evils those we consider the least mischievous, we must confine ourselves to the duty of exposing the true nature and objects of such measures.

POOR-LAW INTELLIGENCE.

BANDON UNION—OCT. 12.

Lord Viscount Bernard, M.P., in the chair.

Mr. Spiller, said—My lord and gentlemen, it now becomes my duty to follow up the notice of motion, in reference to the intended medical charities' bill, which I had the honour of placing on your books this day fortnight. In doing this, I shall be as brief as possible, commensurate with the importance of the subject to be discussed, and my only regret is, that some guardian more interested in those valuable institutions, has not undertaken this important duty. Knowing how limited our time is at this board, I shall at once pass on to my subject, and in the first place will take leave to call the board's attention to the rise and progress of this mischievous bill, a measure, that if sanctioned by law, would be so well calculated to effect certain objects, which the commissioners seem to have in view, and so well fitted to rend asunder the last remaining link of connection between the rich and poor, which, through the medium of those valuable institutions, governed and conducted as they now are, has existed between the extremes of society for the greater part of the last century It appears, my lord, that in the year 1838, while the Irish poor relief act was passing through the House of Lords, two clauses were slily introduced into it, giving the poor-law commissioners power to set on foot certain inquiries into the administration of fever hospitals, dispensaries, and other charitable institutions, if supported by grand jury presentments or parliamentary grants. The consequence was, a report was laid on the table of the House of Commons in 1841, the inaccuracies, the garbled statements, and misrepresentations contained in which were the ground of strong animadversion at meetings which took place in Cork, Dublin, and other parts of Ireland. I shall, therefore, not dwell upon them here, but proceed to state, that on that report, the first and original medical charities' bill was grounded and produced. A change of government and other circumstances threw it in the back ground for a considerable time, when a supplementary appendix, containing the most outrageous, and I believe the most unfounded charges, together with the most specious plan for their regulation, was presented to parliament. Matters continued thus until the April following, when the bill was printed, and when Mr. Nicholls proceeded to London, I believe, to induce my Lord Eliot to get it passed into law as speedily as possible. Then it was the discovery was made that this precious bill, this *pill* for the poor, this *bolus* for the country was compounded, not by Lord Eliot and Mr. Solicitor-General Jackson, whose names as sponsors it bears, but by Messrs. Nicholls, Phelan, and Co. (hear, hear)—who sought by this measure to eke out their own ends, as they did in the provisions of the poor relief act. Owing to this discovery the bill in its original shape was not persevered in during the remainder of the session, and we now have it in its amended form, a copy of which our noble chairman has furnished us with, and to the clauses of which I shall now beg leave to call your attention. In the first place the preamble of this bill does not set out as is usual in all bills of the kind, by stating the inefficiency of the law governing the administration of the present institutions, but proceeds at once to the appointment of a medical board and inspectors for the future management of these charities, and which we all know are merely nominal appointments. The sanction of the Lord Lieutenant too, is prominently brought forward, as necessary to render valid the orders of the commissioners, but we know that his sign manual, under such circumstances, is mere matter of routine, and I am further confirmed in that view by reference to the 9th clause of the bill, which I hold in my hand, and which makes it very doubtful, whether the sanction of his Excellency "may be requisite" or not. I further find that the whole "expenditure" for the support of these institutions is entirely vested in the commissioners without any check whatever. (Hear, hear.) Under the present system, the governors, the rate-payers at sessions, and the grand jurors have a salutary control over the expenditure, but by this bill, the whole "expenditure" will be regulated under the "orders" of the commissioners, or perhaps by some underling in their office, and not one word is said throughout its whole provisions as to who are or who are not entitled to relief. These matters, my lord and gentlemen, are well worthy your attention and deep consideration. Time will not permit my referring to many other objectionable clauses, but I must call attention to the 15th, 16th, and 23d clauses, the two former providing for the dissolution of the old and re-establishment of new institutions without any regard to the claims of the medical officers, and the latter giving the power to purchase lands, &c., as in cases of corporate bodies, by which an en-

WAGNER'S ELEMENTS OF PHYSIOLOGY.

Now ready, Part II. price 9s. sewed, of

A SYSTEM OF PHYSIOLOGY; for the use of Students and Practitioners in medicine, translated from the German of RUDOLPH WAGNER, M. D., by ROBERT WILLIS, M. D. With notes and additions by the Translator and others.

The work will be completed in four parts, each of which will be in itself a distinct and complete manual of the subject of which it treats.

Contents of Part II. Of NUTRITION AND SECRETION.

Chap. I. OF THE BLOOD:—Microscopic Analysis—The Blood Corpuscles—The Lymph Corpuscles—Formation or production of the Blood Corpuscles—Microscopic Analysis of the Chyle and Lymph—Physical and Chemical Analysis of the Blood—Physical and Chemical Analysis of the Lymph and Chyle. Chap. II. OF THE CIRCULATION OF THE BLOOD AND THE VASCULAR SYSTEM:—Vascular System of Vegetables—Form and Distribution—Morphology of the Vascular System in the Animal Kingdom—Vascular System in Invertebrate Animals—Elements of the Circulation. Chap. III. OF DIGESTION:—Form and Arrangement—Morphology of the Apparatus of Digestion—Structure and functions of the several Organs—Glandular appendages of the Digestive Canal. Physico-Chemical part of Digestion:—The Fluids concerned in Digestion and Chymification—Saliva—Gastric Juice—Pancreatic Juice—The Bile—The Intestinal Fluid. Phenomena of Digestion:—Changes which the food undergoes. Theory of Digestion:—Artificial Digestion—Changes undergone by the food in the Intestines. Chap. IV. OF RESPIRATION:—Form and Intimate Structure of the Respiratory Organs. Chemical Processes of Respiration:—Changes produced in the Blood by Respiration—Distinction between Arterial and Venous Blood—Final effects of Respiration—Theory of Respiration. Chap. V. OF SECRETION:—Varieties of form (Morphology) of Secreting Organs—Structure of Glands of Secretion—Chemical relations of the Secretion of Urine, Sweat, and Milk—The Urine; the Sweat; the Milk—Organic Phenomena of Secretion. Chap. VI. OF ABSORPTION, AND THE MORE INTIMATE PROCESSES OF NUTRITION:—Physical conditions of Absorption—Phenomena of Absorption—Nutrition and Growth—Nutrition of Vegetables—Interchange of Matters. Retrospect.

Part I. ON GENERATION AND DEVELOPMENT, price 10s. 6d. was recently published.
III. ON SENSATION AND MOTION, will be published in January.
IV. ON GENERAL PHYSIOLOGY, will follow without delay.

*** Each part will be illustrated with very numerous engravings.

London: Sherwood, Gilbert, and Piper, Paternoster-row.

MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY.

The Winter Session commenced on the first day of October.

The usual Courses of Clinical Instruction will be delivered at the Hospital during the Session by the Physicians and Surgeons of the Institution.

A Surgical Registry of all cases admitted into the Hospital is carefully preserved, and is open to the inspection of the Pupils.

A Dispensary is attached to the Hospital, in which the Pupils are allowed to perform all the minor operations in Surgery, under the guidance of the attending Surgeons.

From two to three hundred patients are prescribed for, and relieved in the Dispensary daily.

Arrangements have been made to prevent the hours of Attendance and Lectures from interfering with any other place of instruction in Dublin.

The Hospital is only a few minutes' walk from the Royal College of Surgeons.

MEDICAL LECTURES BY

Dr. Robert J. Graves, Professor of the Institutes of Medicine, School of Physic in Ireland; and Dr. William Stokes, Professor of the Theory and Practice of Physic.

SURGICAL LECTURES BY

Sir P. Crampton, Bart., Surgeon-General, &c., &c.; Cusack Roney, A.M., M.R.C.S.I., &c., &c.: William H. Porter, A.M., Professor of Surgery, Royal College of Surgeons in Ireland, &c., &c.; Maurice Collis, A.M., M.R.C.S.I., &c., &c.; Josiah Smyly, A.M., M.R.C.S.I. &c. &c.; Francis Rynd, A.M. M.R.C.S.I. &c., &c.

A Public distribution of Prizes will take place at the termination of the Session.

The Successful Candidates last Session were, for Medical Prizes—Mr. J. Armstrong, and Mr. T. W. Wyse. For Surgical, Mr. Joseph A. Magrath.

For further particulars apply to Francis Rynd, Esq., Secretary, 19, Ely-Place, or at the Hospital.

SCHOOL OF MEDICINE, PARK-STREET, DUBLIN.

THE WINTER COURSE will commence on the 1st of NOVEMBER.

Anatomy and Physiology,	HUGH CARLILE, M.D. T.C.D. JOHN DENHAM, M.D.
Surgery, . .	J. W. CUSACK, M.D., M.R.I.A. JOHN HOUSTON, M.D, M.R.I.A. C. FLEMING, M.D., M.R.C.S.I.
Medicine. . .	... ...
Chemistry, . . .	JOHN ALDRIDGE, M.D.
Materia Medica, . .	RICHARD EADES, M.B. T.C.D.
Midwifery, . . .	JAMES ISDELL, M.D.
Medical Jurisprudence,	HENRY FORDE, M.B., T.C.D.
Diseases of Eye and Ear,	WILLIAM R. WILDE, Esq., M.R.I.A.
Anatomical Demonstrations,	JOHN DENHAM, M.D. JOHN HILL, M. B., T.C.D. R. M'DONNELL, Esq., L.R.C.S.I.

DISSECTIONS,—Under the superintendence of the Lecturers on Anatomy and the Demonstrators.

Secretary, JOHN HOUSTON, M.D., 31, York-street.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill. 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION (PAYABLE IN ADVANCE.)

Twelve Months	£1 5 0
Six Months	0 13 0
Single Number	0 0 6

Wednesday, October 19, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CXCIX.] DUBLIN, WEDNESDAY, OCTOBER 26, 1842. { PRICE SIXPENCE, STAMPED.

Lectures on the Theory and Practice of Medicine, Delivered at the Royal College of Surgeons in Ireland—By Charles Benson, M.D., one of the Professors.—Lecture XXXIII.
Diseases of the gall-bladder and ducts..... 257
Gall-stone—symptoms, treatment..... 258
Jaundice, symptoms, causes, prognosis..... 259
Jaundice from congestion, inflammation, organic disease, &c..... 260
Do. from mental emotions, cerebral affections..... 261

REPORTS OF MEDICAL AND SURGICAL PRACTICE.
CITY OF DUBLIN HOSPITAL.—Case of enlarged Patellar Bursa..... 262
Case of Infantile Luxation of the Femur—By J. Kirby, Esq..... ib.
Blue Foot—Letter from Dr. Kingsley of Roscrea. 263
On the influence of lactation in preventing the recurrence of pregnancy—By T. Laycock, M.D. of York..... ib.

MEETINGS OF SOCIETIES.
Academy of Medicine—Section of the tendons of the hand..... 264

EXTRACTS FROM PERIODICALS.
Preparation of decoctum aloes compositum..... 265
On the saliva and other fluids of the mouth..... 266
Singular phenomena accompanying menstruation... ib.

REVIEWS AND NOTICES OF BOOKS.
Bibliothek for Læger..... ib.

Swords dispensary—Medical Report..... 267
Resolutions respecting the Charities' Bill..... 268
Portstewart dispensary—Ditto..... ib.
MEDICAL ASSOCIATION OF IRELAND—Proceedings of Council..... 269
THE VACCINATION ACT..... ib.
MOVEMENT OF THE PUBLIC IN OPPOSITION TO MESSRS. NICHOLLS' AND PHELAN'S MEDICAL CHARITIES' BILL..... ib.
POOR-LAW INTELLIGENCE.—Drogheda Union..... 270

LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XXXIII.

IN my last lecture I gave you a short account of the symptoms and treatment of organic diseases of the liver—that is, of its parenchyma. The symptoms are, in most cases, obscure; but when physical signs are present, we can often pronounce a pretty confident diagnosis. The treatment, I told you, is not very successful; we can palliate urgent symptoms, and frequently retard the progress of disease, but we shall find very many cases incurable by any remedies we at present possess. Some cases, indeed, yield in a satisfactory manner—cases where the alteration in the liver is rather of quantity than of quality; and we ought to try and distinguish these cases, lest we not only raise false expectations, and waste time in attempting impossibilities, but do much worse by shattering the constitution by inappropriate treatment.

We now have to speak of the diseases to which the gall-bladder and gall-ducts are liable. They are not numerous. Calculi, inflammation, obstruction, enlargement, and obliteration, are almost the only ones. I have seen the gall-bladder affected with scirrhus, but it is a rare occurrence, and probably spread to it from other parts.

An accumulation of calculi in the gall-bladder is common enough. Hundreds may be found in it—I showed you such—and of all sizes. Morgagni found 3646 in one case, and Abercrombie found in another a calculus which measured in its longer circumference four inches, and in its smaller three inches and a half. They are usually composed of cholesterine—*this* white, spermaceti-like substance, sometimes of inspissated bile, rarely of carbonate of lime, or phosphate of lime, or picromel. You see them in these bottles of all sizes and shapes, each having a number of *facettes* showing where they were in contact with each other, and impacted in the gall-bladder. It is a rare thing to find but one calculus—usually they are numerous. They are seldom met with in young persons. Hoffmann says they are more common in females than in males. I often meet with them in the inmates of the Four Courts Marshalsea—(the great debtor's prison of this city)—which I attend. Mr. Carmichael says they are most frequently to be found in "literary men, lawyers, physicians, and all such as in the ardour of pursuing their sedentary avocations, are unmindful of the necessity of supplying the system with due nourishment at regular periods." This distinguished physician suffered from them himself, and he thinks that their formation is specially favoured by long fasting. The bile, you know, collects in the gall-bladder when there is no food in the duodenum to attract it; if long retained there, its watery parts are absorbed, and the inspissated fluid becomes easily converted into calculi. They are usually met with in the gall-bladder, the cystic duct, or the ductus communis choledochus; now and then in the hepatic ducts. Morgagni has observed that those who are subject to urinary calculi are also subject to gall-stones.

Well, so long as these calculi remain in the gall-bladder, which is their usual habitat, they seldom give any uneasiness; they are often found in dissections, where no symptom led to a suspicion of their existence during life. But in some cases they appear to make themselves troublesome even there. Soemmering more than once found the mucous membrane of this receptacle ulcerated by the irritation of calculi,

others have found the coats thickened. Abercrombie mentions the case of a woman, who died gradually exhausted by daily vomiting, which had continued more than a year, and in whom no morbid appearance could be discovered, except that the gall-bladder was distended with calculi. And in another case a gentleman was affected with much derangement of health, accompanied by great and increasing emaciation, for which no cause could be discovered. But after the affection had continued for more than a year, he discharged some large biliary calculi, and speedily recovered perfect health.

It is when calculi are passing along the ducts, and become impacted in them, that symptoms most commonly manifest themselves. In the fifth volume of the *Medical Repository* a case is related of a woman who was suddenly seized with vomiting, and jaundice, and died the same night in a state of coma. A calculus was found sticking in the duct, and this last was ruptured. Fatal inflammation has also been excited by these calculi in their passage. At other times the inflammation which they excite is followed by adhesions, which happily limit the mischief, and then the calculi sometimes find their way to the surface of the body, occasioning fistulæ, which may discharge bile or calculi for a long time. It is not unlikely that by the same processes of adhesion and ulceration they may occasionally find their way into the intestine when they are extremely large.

The *passing of a gall-stone* through the duct is usually marked by evere pain at the pit of the stomach, with nausea, retchings, and frequently jaundice. The pain is very acute in the epigastrium, spreading from a point, and extending sometimes to the right side and to the back. The pain increases in paroxysms to a state of intense suffering, and again subsides to one of comparative ease; many of these alternations occurring in the course of an hour. The patient obtains some relief by bending forward on his knees, his arms folded across the epigastrium, and his body doubled up. He is restless, tossing about and writhing. Shiverings frequently come on; and profuse sweats sometimes break out, but it is observed by Pemberton that the shivering, unlike that which attends inflammation, comes after the pain has continued some time, and that the sweats do not depend on the shivering, as they are often met without it. The pulse is quiet, it may be a little quickened by the pain and tossing, but it is sometimes slower than in health, generally natural, and not having the characters that attend inflammation. The urine is of a deep colour, at least if jaundice be present. The bowels are irregular, often relaxed, often constipated, and the motions show a deficiency of bile in their clayey look. A fit of gall-stone may last from an hour to some days. When the stone gets into the duodenum complete relief usually follows, and it is passed by stool, or in some instances vomited up.

How is it that gall-stones pass on to the duodenum? Is there any muscular power in the ducts? Doubtless there is, though we cannot demonstrate muscular fibres; but it is not at all likely that the flow of bile should be left to gravity; and we know that at one time the bile flows back to the gall-bladder, at another time forward to the duodenum, according to the demand for it in the latter. 'Tis true that the flow of bile behind the calculus may serve to distend the duct, and it is also true that the duct often remains enlarged after the passage, not contracted as you might suppose were muscular fibres the propelling force. But yet, the character of the pain which is felt—the fact that the duct is sometimes ruptured—the medicines that are found useful—and the physiological necessities of these tubes, render it more than probable that they are muscular; and that the pain is partly owing to the force with which the lining membrane is pressed against the calculus, partly to the spasm or cramp in the fibre itself.

A fit of gall-stone might be confounded with hepatic neuralgia, inflammation of the liver, or of some organ near to it, or with colic. It differs from neuralgia in the kind of pain—in the seat which is so much more limited than in neuralgia—in the sort of person in whom it is met—in the relief which pressure affords, and in the frequency with which jaundice occurs. It differs from inflammation in the character of the pulse, the absence of fever, and the freedom from tenderness on pressure. And from colic, in the situation and the kind of pain. Some of the forms of colic, however, might very readily be confounded with it, but jaundice is extremely rare in colic, and if the patient has had either colic or gall-stone before, he will be able to assist your diagnosis by his own impressions.

The *treatment* of gall-stones is chiefly by anodyne and soothing remedies. A good dose of opium (say forty drops of the tincture) ought to be given at once, and then a warm bath, or hip bath, or if these cannot be readily obtained, warm fomentations. The patient ought to remain in the bath half an hour, and if he is brought to the verge of syncope it is no harm. The opium may be repeated in smaller doses every hour until relief is obtained. You might give every hour a grain of opium, or twenty drops of the tincture, or fifteen drops of the acetum, or a sixth or fourth of the acetate or muriate of morphia—or you might give fifteen drops of Battley's sedative, or five or six of the black drop. You will all soon have your favourite preparations of opium, and you must give whichever you think has most power in allaying pain and spasm—we are supposing spasm to exist in the ducts. You may continue these doses for some hours, until the severe pain subsides; your patient will probably fall asleep, and awake more or less free from suffering. Throwing up a starch enema with thirty drops of laudanum will assist in accomplishing your wishes. In some obstinate cases you may have recourse to the tobacco injection. The stomach is often irritable, and this will be a reason for using the enema, and for making choice of the least offensive preparations of opium, as the acetate or muriate, to give by the mouth. They may be given in effervescing draughts, with lemon juice if you like. In this case let there be a superabundance of the soda, for soda is highly recommended in such cases. When the stomach is not irritable Dr. Prout recommends large draughts of hot water containing carbonate of soda, and when it is irritable we might use the double soda water, with or without opium. Emetics are recommended by some practitioners, whether the stomach be quiet or not. I should not like to use them. If the hot water and soda vomits, why let it; but I would not administer regular emetics; they might cause rupture of the duct at the calculus. I should have no objection, however, to your keeping up a nausea by means of hippo or antimony in small doses—they relax spasm, and check the tendency to inflammation. They also rather increase the flow of bile, which Pemberton believes to be most useful in propelling the stone by its dilating effect on the tube. If you give six grains of calomel with your first dose of opium, you will increase the flow of bile in a still more safe and effectual manner, and when the pain has subsided, you ought to give a saline purgative. Sometimes the pain subsides as soon as jaundice appears; sometimes the pain ceases for hours and comes on again and again; and sometimes the pain subsides for so long a time, (weeks) without any calculus having been evacuated, that we must suppose it got back into the gall-bladder, and became harmless for

the time. The motions ought to be examined for a day or two after the subsidence of the pain.

A fit of gall-stone is usually free from danger; but don't be too sure of it; death has followed, owing to sudden rupture and peritonitis, or to inflammation spreading from the duct. Inflammation will be marked by hardness of the pulse, tenderness on pressure, more irritability of the stomach, and, as it proceeds, by the general symptoms attending peritoneal or other inflammations. Any threatening of this had better be met at once by general and local bleeding; and if this be not satisfactory, throw in calomel and opium freely in the way I told you, when speaking of peritonitis. Rupture of the duct, with effusion of bile into the peritoneum, must give rise to fatal inflammation of that membrane; and even if the bile were only to be extravasated into the cellular tissue, the case would be hopeless. You might conclude that a rupture occurred if the patient told you he suddenly felt a strange and overpowering uneasiness, differing from the former pain; perhaps too, he has felt as if something gave way in that region; if you found his countenance sunk, his pulse rapid and small: his skin clammy, his abdomen tender, his feet cold, his stomach very sick, and his thirst insatiable. In such a hopeless case, opium very freely administered, affords some slight relief, and retards the fatal result a little; it can do no more, and no other remedy can do even so much.

To guard our patients against the formation of gall-stones, we recommend active exercise, temperance in food and drink, his meals to be taken regularly, and at short intervals, so as not to let more than six waking hours pass without some food, a regular state of the bowels, with occasionally a brisk purgative—say five grains of calomel, and five of compound extract of colocynth, followed in a few hours by six drachms of Epsom salts in a large tumbler of water, or some such dose. The frequent use of soda water is also to be advised.

An *over-distended* state of the gall-bladder, or an enormous *dilatation* of the ducts, may take place without any peculiar symptoms. Some liver affection will be obvious, but its nature is likely to be unknown. The physical characters are so like those of abscess of the liver, that you will have a strong temptation to pronounce it such. When I was speaking of those abscesses, I told you that the mistake has been often made, and I gave you two instances in which the collection was opened in this town by eminent practitioners, under a belief that it was an abscess. I also mentioned to you some helps in forming your diagnosis, which I need not now repeat.

Obstruction of the ducts will give rise to jaundice, and this is usually effected by gall-stones, sometimes by tumours or disease of neighbouring organs. *Obliteration* has followed from the same causes, and from ulcers, &c. Incurable jaundice will result from this.

Jaundice—you often hear me speak of. Its essential feature is a yellow colour of the skin and eyes, and it is, properly speaking, but a symptom of disease. However, as we treat of dropsy, asthma, and the like, though but symptoms, so we find it convenient to treat of jaundice. Jaundice catches the eye at once; it is accompanied with certain other symptoms, and it is convenient in practice to have a word of the kind to satisfy inquiries, until we have time to satisfy ourselves as to the real state of the liver or its appendages on which it depends. We *talk* of jaundice, but we never *prescribe* for it; at least we endeavour to find out what it is that causes the jaundice, and prescribe for *that*.

Jaundice, or icterus, (sometimes called aurigo, morbus regius, morbus arquatus, or arcuatus) is defined by Cullen, "yellowness of the skin and eyes; fæces whitish; urine of a dull red, and tinging things dipped into it;" and he places it in the class cachexiæ, order impetigines, along with scrofula, syphilis, scurvy, lepra, &c., evidently a false position for an hepatic affection. In addition to the characters of this affection mentioned by Cullen, we often find a bitter taste on the mouth, loaded tongue, nausea, thirst, itching of the skin, uneasiness in the epigastrium, languor, and sleeplessness. The yellow colour often shows itself in patches which spread over the surface; usually appearing earlier on the upper part of the body than the lower. The whites of the eyes are the first parts to show it; the roots of the nails also are soon discoloured. The yellow colour of the skin is of various shades, not only in different persons, but in the same person at different times, and even at one and the same time; shades of yellow, green, and almost black. It has been seen by Ettmüller to affect one side of the body, leaving the other unaltered, and this with so much precision, that the nose was yellow on one side, and white on the other. Every tissue in the body may be tinged—I have seen the muscles, the teeth, the bones, and the cartilages acquire a yellow colour. Every secretion may be coloured—the urine is brownish, even before the eyes change; the milk in the breasts of nurses is sometimes yellow; Sir Henry Marsh found bile in the breasts of an icteric young woman after death; and both Cheyne and Andral have seen the linen stained yellow by the sweat. Objects now and then appear yellow to the jaundiced eyes, as if the colouring matter had got into the retina or the humours of that organ.

The *cause* of jaundice is generally believed to be something that obstructs the bile in its way to the duodenum *after it is secreted*—something in the liver itself, the hepatic duct, the ductus communis, the duodenum or some neighbouring organ, which prevents the bile from going on to the intestine, where it would perform its part and be discharged, and confines it until it is taken up by the absorbents, returned to the circulation, and thence deposited in the various tissues, or eliminated in the various secretions. This is the usual mode of accounting for jaundice; but Andral says he rather inclines to the opinion of those who say that icterus supervenes when the liver, altered in its texture or its functions, *ceases to separate* from the blood the materials of the bile, which are supposed to exist in it, but which are carried off in general so regularly as to prevent any accumulation that would be detected; just as happens with respect to urea in the case of the kidney. He thinks this hypothesis supported by the fact, that in some cases of jaundice no local affection whatever could be detected during life, nor anything discovered after death that could explain it; and also by the fact, that mental emotions are often followed, almost immediately, by icterus, which he accounts for by supposing the secretion stopped by nervous influence. Even when icterus follows the mechanical obstruction of a duct, he says it may be that the secretion is suppressed because it could not answer any purpose—a suppression, not a retention and absorption of the bile. That such a thing does now and then occur, I would not deny, but I am sure that the common opinion is in most instances the true one—namely, that the bile is formed by the liver and then absorbed.

Our *prognosis* of jaundice must always be guarded. It often proceeds from organic diseases over which we have no control, and which will end fatally—at other times it arises from slight causes, or from some circumstances that escape observation, perhaps from a mere mental emotion, yet even in these cases death has often followed in a very sudden and unex-

pected manner. Happily, however, in the majority of instances, a favourable termination takes place, and our treatment is crowned with complete success.

As the treatment of jaundice must vary with the cause, it is necessary for us to try and make out the *cause*.

1. A *congested* state of the liver, congested with blood I mean, may sometimes be attended with jaundice, but it is not, in general, a well-marked jaundice. There is a purplish colour of the skin, mixed with a slight yellow, which produces a sort of dingy hue; the eyes are yellow, the urine high-coloured, but the fœces do not show any very complete absence of bile; they do not assume the pale clay-colour of other forms of icterus. I have already spoken of the treatment of hepatic congestion, and I need not repeat it; the occurrence of icterus does not render any change necessary; and the disease is not obstinate.

To this head we may refer some instances of jaundice which arise in cases that are calculated to produce congestion of the liver, though no congestion may have been noticed. For example, you will see jaundice occur, though not often, in disease of the heart, most probably because the blood cannot leave the liver with sufficient facility. It has been known to come on after the suppression of habitual hæmorrhage from piles; and even after leucorrhœa and other habitual discharges. By considering the jaundice to arise in these cases from congestion of the liver, we shall have no difficulty in deciding upon the best mode of dealing with it.

2. *Inflammation* of the liver may be accompanied with jaundice. It is not always so, but occasionally you find, on the third or fourth day of the hepatitis, that the conjunctiva becomes tinged, and in a day or two more the skin is coloured. In severe cases the icterus becomes very intense, and if the liver is undergoing any general disorganization, the skin assumes a light lemon-coloured tint. The motions are of a more or less light-colour, but not so constantly nor so completely destitute of bile as in gall-stone. Like in the congested liver, the ducts are either partially obstructed by the swollen parenchyma, or by an inflamed and spasmodic state of their own coats, so that only a part of the bile reaches the duodenum; or else the bile is not so freely secreted, and then its materials accumulate in the blood. Inflammation of the concave surface is more apt to cause it than of the convex, 'tis said. Having already given you the treatment of hepatitis at some length, I will not return to it now. The jaundice is but a symptom.

A curious fact is that jaundice will sometimes occur apparently from the irritation occasioned by a neighbouring organ in an inflamed state. Thus, inflammation of the base of the right lung has been attended with jaundice, though no sign of hepatitis could be discovered after death. Abercrombie mentions a case of pneumonia, having the usual symptoms, and in addition jaundice and a violent hiccup, in which he found, on dissection, an abscess of the lower part of the lung in contact with the diaphragm, but could not detect any disease of the liver, except that it seemed to be rather paler than usual on the surface. He also says that Bonetus gives a similar case in which the disease was in the lungs, the liver being merely paler than natural. There had been fever with convulsions in this instance, and death in fifteen days. It is not said that the diaphragm was inflamed—the hiccup showed it was irritated, but it would appear that an irritation, sufficient to cause inflammation, may pass through this muscle without inflaming it. I have seen pneumonia of the base of the left lung, which seemed to have been excited by a gastritis, without any sign of diaphragmitis.

3. The *organic diseases* of the liver are sometimes accompanied with jaundice. You have the symptoms of these affections as I detailed them to you at our last meeting. The jaundice comes on very slowly; the eyes may be yellow for weeks before the skin changes, and the colour of the skin is somewhat variable from day to day; passing from a bronze colour to a yellow, and finally settling in a lemon hue. The motions are variable—brownish, pale, yellow, and dark—not generally showing any great deficiency in the quantity, but rather a change in the quality of the fluid. Well, I have told you also how these chronic structural diseases of the liver are to be managed. The jaundice need not alter your plans—it becomes, however, in some degree an index of the progress your remedies are making. If the colour of the skin and eyes improve, you may generally augur well from it.

4. *Gall-stones* are a frequent cause of jaundice, and I have just told you the symptoms of this affection. The passing of a hydatid is a rare occurrence, but it has occurred, and with symptoms closely resembling those of calculus, only the pain is not so excruciating. In gall-stone the jaundice is apt to come on rather rapidly, and to continue while the obstruction lasts. The flow of bile into the duodenum may be so completely interrupted that the fœces assume a pale drab colour. Of this also I have just been telling you the mode of treatment.

5. *Tumours* in the neighbourhood of the liver may cause jaundice. A diseased spleen may so push one lobe of the liver against the other, or so alter the position of parts, as to obstruct the ducts. A scirrhous pylorus may do the same. A colon greatly distended with hardened fœces, or even with flatus, may have a similar effect. A scirrhous pancreas, as it is called, will very effectually obstruct the ductus communis choledochus, which runs through it. The gravid uterus has caused jaundice so often, that one of Cullen's species is "icterus gravidarum." An aneurismal swelling may cause it, and so on. Some of these will be obstinate, in fact incurable; others will yield readily, or after a certain time. From a scirrhous pancreas, we have not much to hope, from a scirrhous pylorus, nothing. A distended colon may be quickly brought down, and a gravid uterus will subside in due time. Aneurismal tumours are most formidable complications; or rather it is the jaundice that complicates this most formidable disease. In these cases, generally speaking, the jaundice is but a symptom that tells you of an obstruction to the flow of bile in its accustomed channel, and therefore points to a complication, which adds more or less to the difficulties and the dangers that you have to contend with in the management of them. The primary disease demands your first and most serious attention; little can be done for the secondary affection directly; we ought, however, to look to the state of the stomach and bowels, to be careful in the sort of diet we allow, and keep the bowels properly regulated. When I say little can be done in these cases, I do not include the distended colon in the remark. If scybala be there, we may generally empty it by small and repeated doses of scammony, rhubarb, and sulphat of potass. Suppose—

℞ Pulveris scammoniæ.
———Rhei.
Sulphatis potassæ ā.ā. grana viginti.
Olei carui guttas sex.
Confectionis aromaticæ q.s. fiant pilulæ
Viginti—quarum sumantur duæ secundâ quâque horâ.

If flatus be there, we can rout it by carminatives, &c.

6. *Muco-enteritis.*—In a valuable paper on jaundice, by Sir Henry Marsh, in the third volume of the *Dublin Hospital Reports*, our attention is directed

to the fact that icterus frequently depends on a diseased condition of the mucous membrane of the intestines; chiefly on duodenitis, brought on, in many instances, by draughts of cold fluid taken when the body is heated. He thinks it most probable that, when jaundice follows inflammation of the intestinal mucous membrane, the inner membrane of the biliary ducts is also inflamed, and that a spasmodic contraction of them is the result. In such cases, the treatment must, of course, be antiphlogistic, as indicated by the symptoms of enteritic inflammation, which I described to you on a former occasion. Local and general bleeding, enemata, warm baths, &c., &c.

7. *Emotions.*—It appears strange that mental emotions should give rise to jaundice, and yet nothing is more certain. Fright, passion, vexation, or agitation, may cause it. Morgagni gives some examples of this. Abercrombie quotes from Hoffmann the case of a woman who was affected with jaundice every time that her mind was agitated; and from Mr. Cooke, that of a medical gentleman, who became jaundiced almost invariably when he had a dangerous case under his care. I saw a gentleman myself who was completely jaundiced a few hours after a violent fit of passion. He had some little enlargement of the heart, but not enough to cause any marked obstruction to the flow of blood through the liver, and as the jaundice came on in this sudden way, after the violent excitement, I conceived that it was owing to the mental emotion rather than to the cardiac affection. How does the mind act, or on what does it act in producing this form of jaundice? Probably it is by producing a spasm in the excretory ducts—an opinion which derives support from the spasms and convulsions which such mental emotions frequently occasion in other organs. But the judicious Abercrombie, and the experienced Andral, are opposed to this explanation. Abercrombie says, "the doctrine of spasm has been applied to such cases; but it is time that we should discard this hypothesis, which is used to explain every thing that we do not understand, and content ourselves with the facts when we can really go no farther." And Andral thinks the nervous impression suspends or suppresses the secretion.

It has been observed by Sydenham that hysterical females are often attacked with jaundice. Severe pain is felt in the epigastrium, followed by copious vomitings of green or yellow matter, depression of mind, and despair. This affection is often mistaken for bilious colic, or for the passing of a gall-stone. Heberden, indeed, thinks Sydenham was wrong in referring the symptoms to anything but gall-stones; however he is ably defended by Sir Henry Marsh who has often seen hysteric jaundice, and has also seen serious mischief done by mistaking it for colic or gall-stone. Sir Henry says that the limpid and copious secretion of urine (before the jaundice sets in) will often enable you at once to detect the real nature of the case, and prevent all the injury resulting from needlessly active and vigorous treatment. The hysteric colic and jaundice are easily subdued. A few leeches, fomentations, moderate purgation, followed by opiates and tepid baths, will relieve the urgent symptoms; and change of scene, regular, wholesome diet, exercise on horseback, and mild aperients, will generally prevent their return. The severe pain, followed by jaundice, looks very like spasm in the ducts.

Under this head we may place the cases of jaundice which seem to depend on *affections of the brain and nervous* system; or perhaps it would have been more correct to put the instances of jaundice from mental emotions under the more general head of cerebral and nervous affections. In the paper so often referred to, Sir Henry Marsh says that "icterus is sometimes connected with a deranged and even fatal affection of the brain. It happens not unfrequently that patients labouring under jaundice are seized suddenly with symptoms of cerebral disease, and die phrenetic. Upon looking into several cases of this kind, I find that this form of disease exists principally in persons whose nervous system has, from any cause, been previously injured and weakened." The first case of this kind which excited his attention, was one published by Dr. Cheyne in the first volume of the *Dublin Hospital Reports.* It was the case of a female, whose constitution was broken by wretchedness, prostitution, mercury, and bad air. She died with symptoms of violent phrenitis—jaundiced. He then gives other cases to show "that jaundice, however produced, in a person whose nervous system has been debilitated and impaired, is apt to issue in a disease of the brain, which often terminates fatally and rapidly." In one case the jaundice was accompanied with fever—no dissection; in another, with syphilis, and seemed to have been more immediately caused by fright—no post-mortem appearances to account for the jaundice or the cerebral symptoms; in another (from Dr. Colles) there was syphilis, cured by mercury, after which jaundice set in, followed by delirium, convulsions, and death—every viscus was found healthy; others are quoted from Morgagni to the same effect. Sir Henry Marsh remarks that "in observing upon these cases of icterus, it may be said, that the affection of the brain was an accidental circumstance, unconnected with the original disease, and arising from causes quite distinct from the presence or absence of bile in the circulating system. That jaundice is not the only, or even the principal cause, is very certain; for we often observe patients to be deeply jaundiced, and yet free from cerebral disorder. But that under certain circumstances, in certain conditions of the nervous system, phrensy may be excited, either by the bile conveyed to the brain, or in consequence of the sympathy which exists between the cerebral and hepatic systems, is an assertion, the truth of which, I conceive, the facts stated sufficiently establish. In practice it is important we should be aware, that an icteric patient, who has a weak and irritable nervous system, must be closely looked after, lest alarming symptoms should unexpectedly arise; and in cases of this kind we should be very guarded and cautious in our prognosis. The close connexion, which exists between the brain and liver, is not only exemplified in disease being propagated from the latter to the former, but is also strikingly illustrated by the opposite fact—viz., that morbid action, going forward in the brain, often implicates the liver, and causes either derangement of its functions, or active inflammation. Yellowness of the eye and skin is sometimes the immediate consequence of a blow injuring the brain. A violent mental emotion produces a similar effect. A person bitten by a viper soon presents a jaundiced appearance. The poison appears to act injuriously on the nervous system; the derangement of the biliary function seems to be an effect arising from the mischief done to the brain and nerves. It is not uncommon to find abscesses in the livers of those who have died of injuries of the head."

You see from what various causes jaundice may arise—I might make out other causes still. Yes, I may mention one—accumulated or stagnant bile. You will see a person becoming "bilious"—his eyes yellow, tongue loaded, headache, loss of appetite, &c. You give him a brisk purgative, and a large quantity of dark-coloured matter, most likely bile, is discharged, and the symptoms disappear. The gall-bladder, I conceive, was loaded with bile, and jaundice would have followed but for your treatment.

Well, now, you are to recollect from what various causes jaundice will arise, and act accordingly. The

most dangerous cases are those in which cerebral symptoms are present. These cerebral cases generally arise without any mechanical obstruction to the flow of the bile; and the post-mortem gives no evidence that bile was secreted at all. In fact, there is reason to suppose that in most of the fatal cases there was a *suppression* of the biliary secretion, and that such suppression, like the suppression of urine, is much more dangerous than absorption. Dr. Prout thinks that nothing is absorbed until it undergoes some change analogous to digestion; and if this be so, we can understand how the matter of urine, or the matter of bile, retained in the blood, might prove more dangerous than if it had been secreted and then absorbed.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CITY OF DUBLIN HOSPITAL.

CASE OF ENLARGED PATELLAR BURSA.

ADMITTED UNDER DR. HARGRAVE.

[Reported by Mr. Colahan]

Margaret M'Ghee, ætatis 21 years, a very healthy looking girl, admitted into hospital, June 1, 1841, for an affection of the knee, to which persons in her occupation (being that of housemaid) are peculiarly liable.

The swelling commenced about three months ago, and gradually increased in size up to the time she sought advice from a medical gentleman, about three days prior to her admission, at which period the enlargement presented a globular, prominent, and circumscribed figure which considerably interfered with the functions of the joint.

Ordered the following:—

℞ Pil. colocynth. comp. ℈i.
Extr. hyoscyami, gr. v.
Fiat pil. sex capiantur duæ tertiis horis.

8th.—The knee presented the same appearance as when admitted. No discutient application had been tried.

She submitted to the following operation:—An incision, to the extent of one-eighth of an inch, was made along the outer margin of the tumour; then a very small bistoury was introduced obliquely into the cyst, at such a distance from the superficial cutaneous incision as prevented the escape of the fluid.

The sac was then cut in several places, chiefly on the anterior surface, and the instrument withdrawn, all the fluid having been evacuated.

A small compress was then applied, and several straps of adhesive plaster, and a roller which extended from the toes to the knee.

A splint was also applied, which extended from the middle of the back part of the thigh to the same point of the leg.

10th.—Dressings were removed: considerable diminution in size of swelling.

Straps of adhesive plaster were again applied nearly in the same way as that recommended by Baynton.—No constitutional disturbance.

14th.—Straps quite loose. A strong evidence of subsidence of swelling.

17th.—Natural appearance of the joint nearly restored.

Discharged at her own request, but strictly cautioned against returning to her usual employment for some time.

Though some cases have been already published by my colleague, Mr. Williams, showing the advantage of adopting the line of treatment now detailed, I have been induced to give this case publicity from the very speedy and satisfactory results obtained in it, in hope that this practice will become more general, as many practitioners are still apprehensive of sinister effects following the line of practice now recommended. If the incision, or rather puncture into the sac, be made with care, the internal surface of the cyst then cautiously scored after it, the fluid evacuated by firm pressure, so as to prevent the ingress of air into the cavity, no danger need be apprehended of unpleasant effects succeeding to this measure.

We all recollect the time formerly occupied in attempting the removal of such swellings by discutient applications, vesicatories, and such means of resolution. The only instances in which the subcutaneous incision might fail, are those where the sac is much thickened, its interior loculated, and the cells filled with a thick gelatiniform substance; still, in such instances, it is a means which should be kept in view.

NOTICE OF A CASE OF INFANTILE LUXATION OF THE FEMUR.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN—I am induced to send you an account of the above accident, which may be presumed to be one of rare occurrence, as I never met with a similar case in practice; neither am I aware that such a one has been noticed by any medical authority.

The subject of it was a fine boy of three years old, the son of Mr. ———, Abbey-street. I pronounce the injury to be a dislocation of the femur upwards and backwards. I presume your readers will join in my conclusion on perusal of the following particulars.—The child was placed on the lap of a servant who was sitting on an outside jaunting car; alarmed at the falling of the horse, she threw herself off, and pulled her charge with violence to the ground. He struck upon the external condyle of the left knee, when both abrasion of the skin and some contusion were perceptible. When taken up, it was observed that he was quite lame, but there was no complaint of pain in the affected articulation. Next day he was visited by the family physician, Doctor Robert O'Brien, who, finding no evidence of fracture, attributed the awkard position of the limb to restraint, produced by contusion, and he directed his treatment in accordance with that opinion. The following day he was attracted by increased deformity, and now he began to suspect articular injury, the character of which indicated the presence of luxation, while the years of the patient cautioned him neither to express such an opinion, nor to act upon it without having the advantage of further advice. Under these circumstances my assistance was required on the third day. I found the boy in bed, leaning to the affected side, free from pain, and quite playful, with a shortened limb, inverted knee and foot, and swollen buttock. He was removed to a table, and placed in a standing attitude, without exhibiting any evidence of suffering. The hip and glutœal region strongly resembled the advanced stage of morbus coxæ when the extremity becomes shortened and abscess exists around the joint, so considerable and uniform was the convexity. The femur was somewhat inclined forward by which the groin seemed sharply indented. The knee lay upon the other in a plane above the patella, while the extended foot, much inverted, rested ort he inner front of the leg above the internal maleolus. The leg was slightly bent. The limb was

shortened about two inches and a half. The cast of the spinal column was towards the distorted member.

To favour a more critical examination, the child was laid on his back, the shoulders being squared by his father, while Dr. O'Brien disposed the pelvis, so as to correspond with their direction. To ascertain how far elongation could be accomplished, I grasped the ancles with my left hand, my right finger being placed on the hip to observe trochanteric changes. During a gentle act of extension, in which I turned the foot directly forward, my fingers maintaining a scrutinizing pressure on the hip-joint, where a solid fulness existed, I felt an obscure rubbing motion, which terminated in a sudden snap distinctly sensible to the bystanders. The extremity was instantly restored to its natural length and form. The inguinal fold and glutœal prominency at the same time disappeared, nor did they return when every opposition was removed.

A long splint was now applied by Dr. O'Brien, more with a view to ensure repose than with the object for which such means are usually designed.

When a fortnight expired, restraint was removed, and exercise was permitted under cautious restrictions. Three months have now elapsed, and the articulation remains free from the consequences which might be supposed to ensue from such a serious violence.

Those who reason from the anatomical structure of the hip-joint at so early a period, may be disposed to deny the possibility of dislocation, and may surmise that the reputed accident was one of separated epiphysis, or of fracture of the femur in a high situation. But the discordance of symptoms, with either supposition, taken together with the friction, snapping sound, immediate restoration to natural position and form, with the consequent rapid recovery, must strongly oppose the entertainment of such an opinion.

As liability to such displacement must henceforward be allowed, it may be questioned whether it be not one of no uncommon occurrence, and whether some of the celebrity of certain empirical bone-setters may not be attributable to their address in the management of an accident which regular practitioners are not prepared to encounter by pre-conceived notions of articular non-liability to such a luxation.

I remain your obedient servant,

J. KIRBY.

64, Harcourt-street, October 17, 1842.

BLUE FOOT.

TO THE EDITORS OF THE MEDICAL PRESS.

Valley House, Roscrea, October 15, 1842.

GENTLEMEN—Permit me, through the columns of your widely-circulated periodical, to state that I have received several valuable communications on the subject of the above curious case, and from gentlemen of the highest rank in our profession, to the whole of whom I beg leave to tender my best thanks, and to state that I will adopt their suggestions as far as can possibly be effected, and will communicate the result of the various plans of treatment they have so kindly pointed out.

Dr. Law's observations on the diagnosis of aneurism of the aorta suggested the propriety of an accurate stethoscopic examination of the abdomen, which I made without any beneficial result.

I state this in reply to an "anonymous" correspondent, to whom I feel much obliged.

I am, gentlemen, yours very truly,

WM. KINGSLEY.

ON THE INFLUENCE OF LACTATION IN PREVENTING THE RECURRENCE OF PREGNANCY.

By T. LAYCOCK, M.D., Physician to the York Dispensary.

The influence of lactation, in preventing the recurrence of pregnancy, has never yet been fairly estimated. It is generally taken for granted, indeed, that pregnancy will not occur during lactation, as well as that prolonged lactation must be injurious to the health. Neither of these opinions are strictly correct.

Mr. Roberton of Manchester made inquiries of 100 married females, and ascertained that one-half, or 50 per cent. conceived during lactation. Mr. Roberton, however, did not ascertain how often pregnancy took place during suckling—an important fact to be known, as will be seen from the following inquiries I have made on this subject.

As it has been objected to Mr. Roberton's inquiries, that they were made amongst the lower or labouring classes of a manufacturing town, I wrote to one or two professional friends, in agricultural districts, to request their assistance; while, at the same time, I made inquiries in York, where the population can be considered neither manufacturing nor agricultural. Inquiries were made of 135 married females, with the following results:—209 pregnancies took place during 766 lactations, or at the rate of 1 in 3.66, or about 27 per cent.

The 209 pregnancies occurred in 76 females as follows:

No. of Females.	No of Children.	No. of times pregnant during lactation.	Average.
30	163	30	1 in 5.4
12	65	24	1 in 2.6
10	78	30	1 in 2.6
13	93	52	1 in 1.8
3	25	15	1 in 1.6
4	29	24	1 in 1.2
2	14	14	1 in 1.
2	25	20	1 in 1.2
76	492	209	1 in 2.36

The average duration of lactation in the 135 females was 13 months nearly; of the 76 it was 14.4 months. It will be seen, that in 30 of the 76, who became pregnant during lactation, pregnancy so occurred only once; so that, for practical purposes, these might be deducted. This reduces the number of females, who conceived while suckling, to 46, or 33.9 per cent., being nearly 1 in 3. This is below Mr. Roberton's estimate. If, however, the whole number be taken, the proportion is 56 per cent., being higher than Mr. Roberton's estimate. From the inquiries I made, it appeared very evident that there were two classes of females. In the one, the pregnancy during lactation was the rule; in the other the exception. Of the former class there appear 19 only in the 135, or 1 in 7. These 19 females averaged five children each; nine of them had 46 children, and always became pregnant during lactation; ten had 48 children, and each of the ten escaped, becoming pregnant once only during lactation. The period of lactation, at which pregnancy took place, varied from three months to two years. The average in 108 instances was 12½ months. The average age of 135 females at the time of marriage was 22 years; the average number of children weaned 5.7. Some remarkable cases occurred to me in the course of my inquiries. One individual had an infant at the breast during the whole period of pregnancy, and continued lactation after parturition; so that she had two nurs-

ing at once. Another female in a village near York, gave the breast to one of her sons until he was eight years old, and a strapping fellow he was at five-and-twenty when I saw him. The same person nursed three children for two years each.

She never became pregnant during lactation. Neither did another female who nursed three children for two years, and four for a year and a half. Another individual who had six children had always the catamenia during lactation; but never became pregnant before weaning. To the inquiry as to the state of the health during lactation, the answer was almost invariably "good." Often the individual observed, that she was always in the best health while nursing.

Having been assisted in these inquiries by several professional friends, I could not trespass upon their time, by requesting answers to a numerous set of questions. In any future inquiries, the condition in life should be accurately discriminated, and the state of health, where pregnancy occurred during lactation, particularly inquired into. My own opinion is, that where this occurs *as an exception*, it will be found the health of the individual has been below *par*; so that lactation has been irregularly performed. It is not unlikely, indeed, that the great fecundity amongst the lower classes, and also the fecundity observed after a famine or destructive epidemic, may be dependent upon this preponderance of the ovarian over the mammary influence. I believe, however, where pregnancy during lactation *is the rule*, there will be rather a full state of health, the feminine characteristics of the individual strongly marked, and great fecundity. This peculiarity of the female seems hereditary. I traced it to the third generation in one family, and to the second in three or four. It is an interesting subject for further inquiry.

York, October 13, 1842.

MEETINGS OF SOCIETIES.

ACADEMY OF MEDICINE—October 4.

SUBCUTANEOUS SECTION OF THE TENDONS OF THE HAND.

M. Bouvier read the following paper:—

The question of the reunion of divided tendons has become of great importance since the extension of tenotomy. The differences presented by tendons, whether in their external relations, or in their intimate structure, render it a question as regards each new tendon on which we propose to operate, whether it will reunite and whether it will continue to glide so as to transmit the action of the muscle, and to move the bone to which it is attached. The answer to this question constitutes one of the bases on which the practice of tenotomy is founded. It is evident, for example, that if the muscle shall lose its power to move the bone in consequence of the tendon not uniting or losing its power of gliding, that we must balance this inconvenience with those of the deformity, or those incurred by adopting any other mode of treatment, and that in many instances we should prefer the use of mechanical means, or even leave the deformity to itself rather than incur the greater evil that would result from an operation. I shall detail to the Academy some experiments which I have performed, influenced by these views, respecting the treatment of certain deformities of the hand, of the fingers, and of the toes.

First experiment—The tendons of the radial, ulnar, and superficial flexors of the hand and fingers were divided in a dog, at the lower part of the forearm. Seven weeks subsequently, the animal was killed. The tendons were reunited by an intermediate substance, yellowish-white in colour, almost fibro-cartilaginous in consistence, and two or three centimetres in length. This substance formed a single mass for the three tendons, whose separate action consequently became impossible. The flexor of the fingers especially, was prevented from gliding by its adherence to the two flexors of the wrist, and acted very feebly on the phalanges when it was pulled above the seat of its division. The divided tendons were not adherent to the deep flexor which retained its action on the fingers.

Second experiment—The same muscles and also the deep flexor of the fingers were divided on another fore limb of a dog two months before its death. The four tendons were found united by an intermediate mass common to all, and which was also adherent to the ulna. The toes would not be bent in the slightest degree by pulling the flexors above the point at which they had been divided. The action of the four muscles was in a word destroyed.

Third experiment—The deep flexor tendons of the second and third toes were divided on the hinder extremity of the same dog two months before he was killed. This section was like the others subcutaneous, and was practised, corresponding to the second phalanx, beyond the insertion of the slips sent off by the superficial flexor. Notwithstanding the long interval that elapsed before death, there was not the slightest attempt at reunion of the divided extremities of the tendons. In the second toe, the ends of the tendon remained free in their sheath; the upper extremity was retracted, and an empty space remained between it and the lower one. In the fourth toe the condition of things was the same, save that the lower end of the tendon had contracted an adhesion to the superficial flexor where it was attached to the second phalanx. In each case the flexion of the phalanges was obviously destroyed.

The fibrous adhesion that existed in the fourth toe may doubtless lead us to suppose, that under certain circumstances, a more extensive fibrous adhesion might reunite the divided extremities of the tendon, but were this to occur the adhesion of the tendon would only be the more firm, and its action would be equally lost.

A fourth experiment consisted in dividing the tendons of the deep and superficial flexors on the metacarpus at a point corresponding to the palm of the hand in man. This division was followed by reunion, but the tendinous cicatrices adhered to each other and to the bones, so that the divided muscles had almost completely lost their action. Would there be a similar result were we to divide one only of these superimposed flexors? Their intricate connexion at least raises the presumption that the cicatrix of the divided tendon would adhere to that which was left untouched; and such was the result in an experiment of the kind performed by M. Bouley on the horse.

Thus, in all the experiments, whatever was the height at which they were divided, the flexors of the fingers did not recover their action; either because of consecutive adhesions in those situations furnished with cellular membrane, or from defect of reunion where they were surrounded with synovial sheaths. It must, however, be remarked, that the first result—the want of isolation of the cicatrices only occurs in the vicinity of the point of common section, and when they are not separated from the surrounding parts by a sufficient quantity of undivided cellular tissue. The narrowness of the space in which these muscles are comprised in the dog places them, as respects this point, in a somewhat more unfavourable condition than in man, in whom the breadth of the forearm, and the greater separation of the muscles would admit of our dividing many of the flexor muscles on its an-

terior surface separately, and obtaining a separate reunion of each of these muscles. This difference, however, is scarcely perceptible as regards the flexors of the fingers, and their division would have the same result in man as in the dog. It has been proposed to obtain an isolated reunion by dividing the tendons at different points along the forearm. In this way, there might be more chance of success; but on the other hand, we would be thus more exposed to make an incomplete division; for the higher we ascend the arm, the more the tendons are surrounded by fleshy fibres, and the more difficult is it to isolate them perfectly.

The results obtained from the division of the flexor profundus in the forearm—of the two flexors in the palm of the head, and of the deep flexor on the phalanges of the toes and fingers, seem to me to be completely applicable to man.

Since then the division of these muscles completely destroys the motion of the phalanges, we have to examine, as respects the indications of cure, the importance of this loss of motion as compared with the inconveniences of the deformity sought to be remedied. There is a decided difference in this respect between the upper and the lower extremities. Flexion of the toes is of little importance as to their functions, which are solely relative to standing and progression. But these acts are, on the contrary, much impeded by the permanent flexion of one or more toes; so much so, indeed, that occasionally amputation has been solicited by the patient, and performed by the surgeon. We should not then hesitate to practise the subcutaneous section of the flexor tendons of the toes, when affected with permanent retraction, despite the want of reunion, or the adherence of the tendons that may ensue. I have several times performed this trifling operation, and always with the most satisfactory result, notwithstanding the permanent extension of the last phalanges.

Matters are quite otherwise as respects the fingers. Unsuited to grasp when the last phalanges have lost the power of flexion, they become almost useless to the patient if the operation be performed on them, which produces such satisfactory results when applied to the toes. The division of the tendon here has merely the advantage of giving a better direction to the affected fingers; but let the deformed hand be serviceable to the patient in ever so small a degree, he will lose more than he can gain from the performance of tenotomy. Mechanical means are evidently preferable in these cases; and if they fail, we should abandon any attempt to cure the deformity. The sole section of the superficial flexor in the forearm would be inefficacious, or at the utmost, an adjuvant to mechanical means. I can admit but one case in which the section of the superficial and deep flexors would be indicated—viz., that of an extreme contraction which proved rebellious to mechanical means; which bent the hand on the forearm, and buried the fingers in the palm of the hand; thus producing a most inconvenient and painful deformity, coupled with so complete a loss of the functions of the hand, that the patient would subsequently have no cause to regret the loss of motion of the fingers.

The deductions above given are partly founded on the only facts hitherto observed in man. I thought it also, however, useful to confirm them by precise experiments on animals, which can be immediately elucidated by dissection, and have not the inconvenience of experiments made on man.

M. Jules Guerin stated that he had obtained different results from those of M. Bouvier, which he purposed to communicate to the Academy at its next meeting.—*Gazette des Hôpitaux de Paris.*

EXTRACTS FROM PERIODICALS.

PREPARATION OF DECOCTUM ALOES COMPOSITUM.

Mr. Maddock, of Tunbridge Wells, in a communication on this subject, alludes to the great difference which exists in this preparation, as obtained from different houses; and ascribes this difference to the length of time during which it has been kept—the aloes and myrrh being gradually deposited, until at last the decoction is left nearly destitute of these ingredients.

He says, "the plan I adopt is to follow the Pharmacopœia implicitly, as to articles and quantities ordered; but instead of boiling the saffron with the other ingredients, I first make an infusion of it in a small quantity of boiling water, which infusion is added to the tincture, and the almost spent saffron added to the other articles, to be boiled the proper time, completing the process by an accurate attention to the quantity of the required product. By this means much of the flavour of the saffron is preserved, which, by boiling, is dissipated to a great degree; but the question is, what is next do be done? I would beg to suggest, that the decoction should be allowed to stand twenty-four hours to cool and deposit, after which it should be filtered through paper; and subsequently, whenever used, that the deposit that will still continue to form, should be as much as possible combined with the decoction, by agitation, so that something of an uniform preparation may be kept by all."

We agree with Mr. Maddock that this preparation is subject to considerable variation, resulting not only from the degree of care which is bestowed in making it, but also from changes which necessarily take place, and which occur when no deviation has been made from the instructions of the Pharmacopœia. It is very desirable, therefore, that some means should be devised whereby the uniformity in appearance and operation of this valuable medicine may be ensured.

The principal cause of the deposition of so much of the aloes, when the decoction has been kept for some time, may be traced, we believe, to the action of the heat during its preparation. A large proportion of the aloes and of the myrrh is soluble in solution of carbonate of potassa, even without the aid of heat; the insoluble parts being, according to some eminent authorities, more highly oxidized in their constitution, and more irritating in their effects, than those that are dissolved by this menstruum. By the continued application of heat, a change is effected in the soluble constituents, which are thus rendered to a certain extent insoluble, while the mucilage of the myrrh, together with the extract of liquorice, tend to prevent the immediate deposition of the insoluble particles: a portion of the volatile oil of the saffron is also driven off during the boiling.

Thus, upon the care bestowed in preparing it, upon the degree of heat applied in the boiling, will in a great measure depend the constitution and the effect of the medicine; and as it is impossible, according to the instructions of the College, to define or to regulate exactly the heat applied, it follows as a necessary consequence that decoction of aloes, made according to the Pharmacopœia, is seldom met with twice alike.

A preparation possessing, we believe, all the properties of that designed by the College, and not subject to the same variations, may be obtained by making an *infusion* instead of a *decoction*, and we trust the College, in a future edition of their Pharmacopœia, will consider the propriety of making this alteration in the formula: it would be in strict accordance with the mode of proceeding directed in another case, namely, that of the purified extract of aloes,

in which the aloes is ordered to be macerated with the water at a gentle heat for three days, and the clear liquor decanted from the dregs.—*Pharmaceutical Journal.*

OBSERVATIONS ON THE SALIVA AND OTHER LIQUIDS IN THE MOUTH. BY SIGNOR BOUDET.

In a paper on this subject, the author, Signor Boudet, confirms the opinion of the alkalinity of the saliva, having found it to possess this reaction both morning and evening, as well during a period of fasting as when food had been introduced into the mouth. The same reaction was shown when the test paper was applied to the arch of the palate, to the mucous membrane of the cheek, gums, and lower lip, these parts having been carefully wiped, and a small quantity of mucus allowed to collect on them without the contact of saliva. The posterior surface of the upper lip was the only part which gave an acid reaction. From his experiments the author infers that the glands of the upper lip are the only parts which furnish an acid secretion in the mouth, and imagines this to be the cause of the decay so frequently observed in the incisor teeth of the upper jaw as compared with those of the lower. The acid secretion flowing directly upon these teeth, and not being sufficiently neutralized by the alkaline saliva, which washes this part in less quantity than other portions of the mouth, corrodes them by decomposing their phosphate of lime, and induces early decay. He therefore recommends the use of an alkaline powder in cleansing the teeth, which is to be especially applied to the incisors of the upper jaw.—*Medical Gazette.*

SINGULAR PHENOMENA ACCOMPANYING MENSTRUATION AND UTERINE HÆMORRHAGE.

The following curious case is related by Dr. J. E. Sands, of Wilson County, Tenn. in the *Western Journ. of Med. and Surg.* (Jan. 1842.) Mrs. B., a native of Georgia, 56 years of age, and the mother of eight children, has, on her left side, commencing about the second false rib, "a line three-fourths of an inch wide, which passes directly upwards a little external to the mamma, and stops two inches from the clavicle. Here it divides into two branches of about half its own width; the outer branch, three inches long, passes obliquely upwards and outwards nearly to the scapulo-humeral articulation, where it terminates in a prominence about the size of a half-ounce bullet; the inner one, of the same length, runs obliquely upwards and inwards almost to the junction of the clavicle and sternum, and terminates like the first; the third branch, an inch and a half long, pursues an intermediate course, and terminates like the others.

She began to menstruate at the age of twelve, and continued to do so regularly until she was twenty-five, when she married; three months afterwards conception took place, and the catamenial discharge ceased. At the usual period she gave birth to a son; two weeks afterwards the menses made their appearance again, and recurred at regular intervals until she was six months advanced in her next pregnancy. The same thing attended all her subsequent pregnancies. At the age of forty-nine, the menses ceased entirely, after which she had no flow of any kind from the uterus until last December, when she suffered with a violent hæmorrhage from that organ.

At every menstrual period, from the time menstruation began until it ceased, a fluid resembling the catamenial discharge in all its sensible qualities flowed from the mark or lines described above; the discharge from this part observed precisely all the changes of that from the uterus.

From the birth of her last child, which was in her thirty-eighth year, till the final cessation of the menses, she was subject to uterine hæmorrhage, and the flow from the side was in direct proportion to that from the uterus, being profuse when the latter was profuse, and ceasing when it ceased. A similar discharge accompanied her last attack of hæmorrhage in December.

The skin on these marks or lines is slightly elevated, of a dark red colour, assuming somewhat the appearance of an aneurismal tumour. The discharge, to use her own expression, 'comes out like the perspiration through the skin.' No perspiration is ever discovered on these marks, although she generally perspires freely.—*American Journal of the Medical Sciences.*

REVIEWS AND NOTICES OF BOOKS.

"BIBLIOTHEK FOR LÆGER."

"THE MEDICAL MAN'S LIBRARY;" Danish Medical Journal, edited by Dr. Otto. July—December. 1841.

These six numbers contain the following original articles:—

1. REPORT ON THE INSANE PATIENTS, who have been admitted into the hospital at Præsto (Zealand in Denmark) from 1817 to the end of 1840. By Dr. Grildberg.

Of one hundred and fifty-five persons, seventy-seven males and seventy-eight females, forty-five of the males were treated for mania (eight monomania) twenty-one for dementia, seven for melancholia, and four for fatuitas. Of the females, thirty-seven for mania, twenty-eight for dementia, ten for melancholia, and three for fatuitas. From the facts collected, it appears that both sexes are equally predisposed to insanity, but unmarried people more than married; that the age between the twentieth and thirtieth years offers the most cases; that the disposition *decreases* in ratio with the increasing age; that hereditary disposition favours the development of the disease, and that one paroxysm of it disposes to relapses. The causes are the common ones; but Dr. G. is inclined to think the ague a frequent cause; the number of the patients having never been so large as when epidemics of it reigned in Zealand in the years 1831, 1832, and 1833. As to curability; mania and monomania are most easily cured; of eighty-two such patients, thirty recovered, and twenty-eight got better; of forty-nine patients with dementia, seven recovered, and nineteen got better; of seventeen with melancholia, two only recovered, and six got better; of seven patients with fatuitas, none recovered or got better. Most part of the recoveries happened in the first three—six months. Upon the whole, we find in the author's remarks only confirmations of former experience.

2. RETROSPECTIVE VIEW OF THE OBSERVATIONS AND EXPERIMENTS MADE IN MATERIA MEDICA IN 1840. By the Editor, Dr. Otto.

3. REPORT ON A TUMOUR IN THE UTERUS, observed immediately after delivery, and which afterwards went off spontaneously. By Dr. Svitzer.

The tumour, which fluctuated, but likewise seemed to contain more solid parts, was observed in the cavity of the womb on the right side, two inches distant from the edge of the orificium uteri, after the delivery of the seventh child and its placenta. The surface of the tumour was equal and smooth. The woman suffered besides from frequent and violent pains in the belly, and from fever; her face had a yellow hue, and her pulse was small and quick. Several conjectures were made as to the nature of this tumour; but none being quite satisfactory, Dr. S. limited himself to prescribing, for the symptoms, a cooling mixture, and frequent fomentation of the genitals, with fotus resolvens. The patient's alarming state continued, however, a fortnight after, when the tumour was observed to have descended nearer the orificium uteri. The fotus resolvens was now injected frequently, and an

emollient poultice applied on the belly. Wine was also given to support the declining strength. But on the 15th day after the delivery suddenly a great quantity (almost a pint) of pus discharged itself through the vulva, while she was moved in the bed. This discharge continued a month, when the tumour gradually decreased in size, and at length disappeared entirely. At the same time, the patient recovered her strength, got her menses three months after, and is now doing perfectly well. Dr. S. has expressed his wish to her to examine the state of her womb with the speculum, but she will not allow it.

4. On the Structure of the Human Hair (with plates.) By Dr. Svitzer.

The remarks of the author on this subject confirm those of Henle, and Meyer. The plates are very instructive and well executed.

5. Medical and Surgical Cases. By Dr. Svitzer.

Of these, we must mention; *a.* A proof *how far the ignorance of midwives can go.* Such a one thrust up a pessary into the istentinum rectum instead of into the vagina for a prolapsus uteri, which of course occasioned considerable pains and constipation for six days, when the patient applied to Dr. S. who detected the cause of her sufferings. The parts, nevertheless, had not suffered materially, and the patient got immediately well after the extraction of the wooden pessary, which was effected with difficulty from its being full three inches in size. *b.* The *efficacy of treating ulcers on the legs by straps of linen, with ceratum ad ulcera Waldeni,* applied around the leg in such a manner, that the one strap covers a part of the preceding, and all exert as great a compression as possible. The method is very like Baynton's. *c.* The *effectual cure of obstinate toothache by luxating the tooth and replacing it in the alveolus.* The author has always found this treatment answer the purpose. The tooth gets soon perfectly firm again; yet, if caries be present, it must subsequently be stuffed, in order to be preserved. *d.* On *the proportional utility of threads of silk for ligatures and sutures.*

Almost all the numbers contain, besides, the Transactions of the Royal Danish Board of Health, which, treating of all the reigning diseases in the different parts of Denmark during the year 1839, and of all the medical and surgical affairs, that have been laid before the board, cannot but be of the greatest interest to the Danish medical public, and are at the same time a brilliant proof of the liberal feelings of the board.

SWORDS DISPENSARY.

At a meeting of the governors of this dispensary held on the 15th October, Lord Talbot de Malahide in the chair, the following report was presented:

RECEIPTS.

Subscriptions, ...	£112	15	3
County grant, ...	90	0	0
	£202	15	3

EXPENDITURE.

Druggist's bill, ...	£50	17	2
Apothecary's salary, ...	55	0	0
House rent, ...	7	12	6
Cowpock institution	1	1	0
Jervis-street hospital, ...	2	2	0
Printer's bill, ...	1	16	6
Leeches, ...	4	0	0
Sundries, bandages, &c. ...	10	0	0
Balance for physician, ...	70	6	1
	£202	15	3

R Manders, Treasurer.

MEDICAL REPORT.

Cases admitted from October 1841, to October 1842, ...	5164
Patients visited at their respective homes, ...	2000
Deaths, ...	12
Dismissed, cured and relieved, ...	552
Under treatment at present. ...	100

My Lord and Gentlemen—It becomes my duty to lay before you the twenty-third annual report of the Swords dispensary. My lord, it is peculiarly gratifying to my feelings upon this occasion to find myself in the presence of your lordship, and many of the original supporters of an institution which was by their benevolence established for the benefit of the poor and working classes of this extensive and important district.

Without further preface, I beg leave to submit for your inspection the financial statement of our treasurer, as well as the medical report of the past year—from the former you will collect that there is no falling off in the amount of subscriptions; this is a fact which goes far to disprove the interested misrepresentations of the poor-law commissioners in their incorrect report of the medical charities of Ireland, that subscriptions are falling off in the dispensary districts. From the medical report you will find the institution is extending its utility—we had almost every variety of disease which afflicts humanity to treat in the course of the past year, yet I am happy to add, that we have not been visited by any serious or extensive epidemic; some cases of typhus fever appeared in different parts of the district, but contrasted with other years, they were few. I regret however to add that four cases proved fatal; causes contributed to this result which are now removed, and which in this place I hope you will excuse my not dwelling upon. Mild measles were very prevalent in the summer and autumn months, and in a few instances followed by fatal croup, caused by premature exposure to cold and damp air; the deaths in proportion to numbers treated were very few, (only twelve.) This I attribute under divine providence to the advice constantly inculcated by me to apply for assistance upon the first invasion of sickness, (advice generally followed in this district) and to the fact, that the dispensary is always open to the sick-poor.

I confess, my lord, I am not without apprehension that this may be the last time I shall have an opportunity of addressing your lordship and this most respectable meeting, as physician to an institution, over which it has been my privilege to preside for nearly a quarter of a century. This apprehension does not arise from interested motives, but from a well-grounded dread, that the contemplated changes in the management of these institutions, and the transfer of them to other hands, will be injurious to the poor, as well as to all classes resident in the country.

That dispensaries are required in districts where sufficient funds cannot be raised under the laws that now regulate them, is true, and that some of those already established can be improved by better management, is self-evident; but in my opinion, a short clause, introduced into the grand jury laws, giving power to grant a sum equivalent to the wants of such districts, would answer every purpose, and leave such districts, as are able and willing to support their dispensaries, under the control of their present governors.

Why those commissioners, who know so little, and care less for the wants or wishes of any class of Irishmen, should presume to malign a class of professional gentlemen, whose lives are devoted to your service, without exciting your suspicion as to their motives, I cannot imagine. Is it not self-evident that in grasping at those institutions the object of the commissioners is to create places and permanent locations for themselves and their retainers? It is to me a matter of surprise, that a measure which so immediately concerns your own interest has not, ere now, excited your hostility. When I bring to my recollection the confidence reposed in me for a long series of years by kind friends, alas! now no more! as well as by those now around

me, it is natural to expect that I should endeavour, by every means within my reach, to show that I fully appreciated their kindness. My connexion with this institution opened a large field for the study of disease in all its protean variety; I lost no opportunity thus afforded me of cultivating my knowledge of disease at the bedside; I left nothing within my reach undone to make the means placed at my disposal applicable to the wants of the poor, and to render your dispensary really a charitable institution; I never refused advice or medicine to the tenants of landlords, gentlemen, or farmers, who did not subscribe to our funds; I took care the poor did not suffer for the apathy of their landlords or employers. Knowing that you, my lord, and the rest of our supporters established and maintained the institution for the benefit of the poor, I never refused my advice, with a solitary exception, to any one who applied for it: thus, my lord, men of my profession spend their time unostentatiously in the service of their fellow-men. That those services are appreciated in society, the kindness I have received at your hands for a long series of years, the friendly intercourse which has subsisted between us, fully proves. I stooped to no artifice to snatch an ephemeral support—I solicited no one to subscribe to the dispensary—I rested its claims upon its utility, and the generous support you have, unsolicited, afforded, proves to demonstration, that if a man of the medical profession respects himself, supports his professional character, and sustains his position in society, a duty he owes to his order, he will be duly appreciated.

I should not trespass upon your lordship, and this most respectable meeting, but that 600 of these institutions, including fever hospitals, are proposed to be dissolved and as many of my professional brethren removed from their situations in connexion with them, by an obnoxious bill now before you, and that before the next period of our meeting and the connexion of your lordship's order, and the country gentlemen, who have been the sole supporters of these institutions for half a century is doomed, and a new order of things, under the auspices of the poor-law commissioners, will succeed. My regard for suffering humanity, my anxiety that the tie which, through these institutions, subsists between the gentry and the working classes, should not be broken, induces me to hope that you will not tamely submit to have your rights—nay, the vested rights you have in these institutions, snatched from you without remonstrance.

Your obliged and obedient servant,

M. M. O'GRADY.

At a special meeting, held upon the 22d inst., the Hon. and Rev. F. Howard, in the chair, Dr. O'Grady, secretary, the following resolutions were unanimously agreed to after an animated discussion, in which Mr. Cobbe, Mr. Corbally, Mr. H. H. Woods, Sir T. Ross, Messrs. Aungier, Dodd, Byrne, and Dr. O'Grady took part:—

Resolved, Ist— That it would be highly inexpedient, unjust to the existing governors of dispensaries and fever hospitals of Ireland, and most detrimental to the best interests of those charities, to establish the sweeping changes in their mode of government and support, contemplated in the medical charities' bill.

Resolved, 2d—That it is most inexpedient, and would be of dangerous example to deprive the grand juries of any part of the power they at present possess, of local taxation for local purposes, with the view of transferring that power to the poor-law commissioners.

Resolved, 3d—That it would be most unwise to sacrifice upwards of £41,000 a year, at present voluntarily contributed for the support of these charities. For we are persuaded the medical charities' bill, by making the qualification of a life or annual governor to be a subscription of £20 for life, or of £2 annually to the *poor-rate*, would nearly as effectually extinguish voluntary subscriptions as if the same object were aimed at by direct enactment.

Resolved, 4th—That persons who, like the present governors of the dispensaries and fever hospitals, have given the best proof of their attachment to, and interest in them, by contributing their money for their support, and devoting their time to the management of their affairs, are far more likely to govern them efficiently, faithfully, and with humanity, than persons appointed to superintend them, without reference to their having ever exhibited any such attachment or interest.

Resolved, 5th—That we disapprove of extending the powers of commissioners, by placing the future governors, and medical and other officers of the dispensaries and fever hospitals under their control.

Resolved, 6th—That the often-repeated assertion of the assistant poor-law commissioners in their report on the medical charities, that the subscriptions for their support are failing, is not supported, as far as regards the subscriptions to our own institution, and that without satisfactory proof of the failure of subscriptions, it would be most imprudent to draw the support of the charities from the poor-rate, before it is itself securely established, and the more so as such a step may be prejudicial to the collection of the rate.

Resolved, 7th—That the medical charities, as at present supported, form a most valuable and kindly bond between the rich and poor; and that the medical charities' bill, as proposed, would break that bond, and thereby inflict a a serious injury on society.

Resolved, 8th— That we approve of the medical charities' bill, in so far as it proposes the appointment of a medical charities' board and inspectors, but in the strongest manner deprecate the connexion it would establish between the medical charities of Ireland and the poor-law commissioners.

Resolved, 9th—That the foregoing resolutions be transmitted by our chairman to the Lord Lieutenant and Lord Eliot, and published in the following newspapers—viz., the *Evening Mail* and *Freeman's Journal*.

Resolved, 10th—That the best thanks of this meeting are due, and hereby given to the Hon. and Rev. Francis Howard for his dignified and proper conduct in the chair, and also for the interest he has taken in the business of the day.

PORTSTEWART DISPENSARY— THE MEDICAL CHARITIES' BILL.

On the 10th instant, at a meeting of the subscribers to the Portstewart dispensary, held for the purpose of taking into consideration the provisions of a bill lately laid before parliament, entitled "a bill for the better regulation and support of the medical charities of Ireland," the following resolutions were adopted:

1st. That we, the governors of the Portstewart dispensary, view with apprehension the proposed measure for remodelling the medical charities of Ireland.

2d. That we are persuaded the present system of medical relief to the poor contains all the elements of perfection, and consequently we deprecate so sweeping a change as that embodied in the bill lately brought into parliament.

3d. That we have had ample proof of the capability of the present system to afford efficient and timely relief to the poor, from the working of this dispensary for the last ten years.

4th. That we strongly object to the proposed measure, as it is certain to break one of the ties by which the sympathies of the rich and poor are at present united.

5th. That as there are none more anxious for the welfare of the poor, so there are none better fitted to superintend their medical relief than the clergy and resident gentry of the country.

6th. That we empower our committee of management to prepare a petition, embracing the substance of the foregoing resolutions, and to take whatever steps are necessary to have it presented to parliament.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

SATURDAY, OCTOBER 22.—Council met.

T. A. Sunter, M.B., Athboy, was admitted a member of the Association, and the Treasurer acknowledged receipt of his subscription, 10s.

Also from Mr. Blackley of Beechhill, £1 for Secretary's Fund.

Letter read from Dr. Kirkwood of Rathfarnham.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, OCTOBER 26, 1842.

THE VACCINATION ACT.

IN the report of proceedings at a meeting of the Ennis board of guardians, published in our last number, and quoted from the *Clare Journal*, we find the following expressions attributed to Dr. Cullinan:—

"Dr. Cullinan had reason to know that some of the dispensary physicians would accept of the commissioners terms, which are Is. each for the first 200 children, and 6d. each after that number."

We confess this announcement takes us by surprise, aware as we are, on the one hand, that Dr. Cullinan is not the man to be caught making unwarranted or unfounded statements; and, on the other, recollecting the spirited and creditable resistance against the tyranny of the poor-law commissioners, we may almost say, commenced by the medical men of Clare, and uninterruptedly and successfully continued by them as a body, until the present moment. The only circumstance we have been able to call to mind, calculated to blemish the previously spotless character of our Clare brethren, was one of so little importance in itself that we had well-nigh forgotten it, and, hoping that it has been already repented of, we would not now allude to its occurrence, but that we presume there can be no other foundation for Dr. Cullinan's surmise. The circumstance to which we refer was the reputed authorship, by a Clare doctor, of one of the few epistles expressive of confidence in the firm of Nicholls, Phelan, Corrigan, and Harrison, which appeared some months ago in the *Dublin Evening Post*, and which, we understand, bore date a few days after the doctor had taken the chair at a meeting in which all connection with the poor-law commission was strongly and unanimously condemned. "Sair wark for a groat a day," said the Highlandman when laying on with his claymore on the field of Malplaquet. "Sairer wark for the half of £40, workhouse wages," might our friend the doctor well say when blotting paper in defence of the implacable enemies of his profession. We hope, however, he has long since retired from that service, and returned to his colours. We shall be surprised, indeed, if the hire be found sufficient to induce another desertion from our ranks.

After the many disclosures made in parliament and elsewhere, during the last two or three years, we presume it must be superfluous to warn any of our readers against giving credit to poor-law commission promises or statements; but the following sketch of the doings of Mr. Denis Phelan, extracted from the letter of a correspondent, though unnecessary as a warning, may serve the purpose, in these dull times scarcely less useful, of raising a hearty laugh:—

"He appears to be going about on a roving commission to bolster up the case of the poor-law commissioners, and is paying clandestine visits to many of the medical men in the county, persuading them that he is to do all kinds of good things for them, and that they were only deluded by the Association and the *Infirmary Surgeons* into an impolitic and useless opposition to the commissioners. He told the wife of a medical friend of mine that there were to be such appointments made as *local* assistant commissioners, and that, as his influence could procure such berths for medical men, they ought to be very wary of showing opposition to the plans of the commissioners.

"He is moving heaven and earth to have the terms of the commissioners for vaccination adopted in this county. He knows that the vaccination act is the great stumbling block to the advance of his power, and that if he could get its terms adopted, a powerful argument would be taken out of the hands of his adversaries.

"For God's sake, put the men every where on their guard against his sophistries!

"I am to have a story for you next week about his treatment of a workhouse doctor."

We shall add nothing more, but that we do not think it possible the Clare Medical Association will disgrace itself by abandoning the position which it has hitherto so creditably maintained.

MOVEMENT OF THE PUBLIC IN OPPOSITION TO MESSRS. NICHOLLS' AND PHELAN'S MEDICAL CHARITIES' BILL.

"WHY have you waited until the eleventh hour before informing the government of your objections to this measure?" was the inquiry made by those in authority when the agents of the medical profession remonstrated against the edition of the medical charities' bill promulgated by Messrs. Nicholls and Phelan last session. It would be easy to show that no such remissness was shown by the opponents of the bill; but that the ignorance of the feeling existing in the country with regard to it could be explained by the curious fact, that official men neglect the chief means of acquiring information upon the state of public opinion accessible to them,—viz., a regular perusal of the public journals. We call this a "fact," but we admit we should not believe it to be one, if we had not heard it made the subject of a boast by a man in high office who need not have taken even so much trouble to show that he was unfit for the position in which party arrangements placed him. On the present occasion, however, we shall let bye-gones be bye-gones, and content ourselves with impressing upon those who desire to make their sentiments known in the proper quarters the necessity for sending *written copies* of all resolutions, and other public expressions of opinion, to Lord Eliot; to the law officers of the crown for Ireland, and to Sir James Graham. If this be done, ignorance of what appears in public journrls will no longer be a sufficient plea in excuse of measures dia-

metrically opposed to the interests and feelings of the community.

That a movement, in opposition to Messrs Nicholls and Phelan, *has* commenced even at this early period, and with vigour, we have sufficient evidence, in our last and present numbers, in the spirited resolutions passed by the guardians of the Bandon union, and by the governors of the Portstewart and Swords dispensaries. In addition to these, resolutions have also been passed by the governors of the Castletowndelvin dispensary, with the Marquis of Westmeath in the chair, and no doubt, many similar expressions of feeling will shortly follow in support of the view taken by so large a proportion of the grand juries at the last assizes. We regret that it has not been in our power to procure such reports as would enable our readers to judge of the grounds upon which the authors of the resolutions, passed at the Portstewart, Swords, and Castletowndelvin meetings, formed their opinions: but this deficiency will be rendered of li tle importance by a reference to the able speeches of Lord Bernard and Mr. Spiller at Bandon. In these documents the true bearings of the case, upon the poor and upon the country, are clearly and fairly set forth, and a working model furnished for those who may be sensible of the generally evil tendency of the proposed measure, but who may not feel disposed to enter minutely into its disgusting details. To Lord Bernard, the medical profession of Ireland must feel especially indebted for the kind and considerate manner in which he advocated their interests and supported their character upon this occasion; in which, however, we, who have had some opportunity of forming a judgment upon the subject, can see nothing beyond the ordinary course which that nobleman's good feeling and sense of justice have always led him to pursue.

POOR-LAW INTELLIGENCE.

DROGHEDA UNION.

The usual weekly meeting of the guardians of this union was held on Thursday, the 13 h inst.

Mr. Hancock, assistant-commissioner, attended.

Mr. T. Ennis rose for the purpose of moving that the medical officer's salary be raised from £40 per annum to £60. He made this motion in consideration of the increase of duty which Dr. Kelly was called upon to discharge. The addition which he proposed from £40 to £60 would be found small on comparison with the salary paid in other houses. In Balrothery the medical officer received £60 per annum, although the house was built but to contain six hundred, whereas the Drogheda one was built for eight hundred. The salaries paid in Dunshaughlin, Dublin, Navan, and other houses were proportionably high. From Dr. Kelly's punctual attendance, and his efficiency, he considered the sum of £60 but small remuneration for his assiduous labours and professional skill. He begged to move his resolution.

Mr. N. Markey said that he rose with great pleasure to second the resolution for an increase of the salary.

Mr. Coddington said he would be for no increase of salary; or, at least, if an increase was to be made, it should not exceed £50.

Mr. Mathews considered no increase should be made, as he felt assured that a competent person could be procured for the salary paid Dr. Kelly.

Mr. O. Markey did not consider there was anything which called for an increase in the doctor's salary.

Mr. Hancock—The guardians have no power under the statute to make the increase in the salary of the medical officer. They are appointed to save and not to squander the money raised from rate-payers, many of whom rated under £5 are next to paupers. The guardians are not elected to waste the money so raised in building stables for their horses, or in paying high salaries to officers in the house, but in relieving the indigent who seek relief from them. He did not wonder at the rate they were going on, if in some short time they did not turn their horses into paupers, and have them provided with meal and oats at the expense of the union. He had heard reference made to other places where higher sums were paid—now he did not like to see reference made in support of expenditure; he should much rather see it used for the contrary. He had remarked in the unions over which he had control that almost all the contests had in the election of guardians were connected with the doctor—to have a particular person appointed, and a particular salary paid to him. He did not know if such was the case in Drogheda.

Mr. N. Markey said that the board had passed a resolution, and they would pass another. He did not care for the swaggering of the poor-law commissioners or their agents—neither would he allow such pointed reference to be made to him. He believed the poor-law commissioners and their underlings were paid large salaries, and very little they do to entitle them to it. They should at least behave courteously to the guardians, and refrain from casting imputations where they were uncalled for.

Mr. Balfour said he would vote against any increase of salary to the doctor, not because he did not deem him deserving of it, but because he felt that a person capable to discharge the duties could be got at the salary which they were now paying the medical officer.

An amendment to increase the salary to £50 instead of £60 was moved and carried.

MEDICAL BENEVOLENT SOCIETY OF IRELAND.

ESTABLISHED. MAY 1842.

The object of this Society is to create a fund, by voluntary subscriptions and donations, out of which medical men, in cases of extreme distress, and their widows and orphans, may be relieved.

The following sums have been already subscribed:—

	£	s.		£	s.
Sir Henry Marsh,	10	0	Dr. Kidd, Armagh,	10	10
Richard Carmichael, Esq.,	10	0	Dr. Boxwell, Abbeyleix,	3	0
Dr. J. Jacob, Maryborough,	10	0	Dr. Tabuteau, Portarlington,	5	0
Dr. Duncan,	10	0	Dr. Pierce, Tullamore,	5	0
Dr. Benson,	10	0	Dr. O'Grady, Swords,	5	0
Dr. Kingsley, Roscrea,	10	0	Dr. Graves,	5	0
Dr. Collins,	10	0	Dr. Mollan,	3	0
Dr. Jackson,	10	0	Dr. Purefoy, Cloughjordan,	2	0
Dr. Kidd, Oxford,	10	0			

ANNUAL SUBSCRIPTION.

	£	s.		£	s.
Adams, Dr. N., Achill,	2	0	Kennedy, Dr. G. A.,	1	1
Alcock, Dr., Kilkenny,	1	1	L'Estrange, Dr.,	1	1
Armstrong, Dr.,	1	1	Lawler, Dr., Kilkenny,	1	1
Bird, Dr., Banagher,	1	1	Lynn, Dr., Sligo,	1	1
Bindon, Dr., Moneygall,	1	1	Lalor, Dr., Tralee,	1	1
Benson, Dr.,	1	1	Lipsitt, E. L., Esq.,	1	1
Brady, Dr.,	1	1	Marsh, Sir H., Bart.,	1	1
Butler, Dr., Thurles,	1	1	Montgomery, Dr.,	1	1
Beatty, Dr. T. E.,	1	1	Macdonnell, A., Esq.,	1	1
Bell, Dr., Clonmel,	1	1	Macdonnell, Dr.,	1	1
Cranfield, Dr., Enniscorthy,	1	1	Macdonnell, Dr. J.,	1	1
Clinton, Dr.,	1	1	Mollan, Dr.,	1	1
Collis, M. Esq.,	1	1	M'Intire, Dr.,	1	1
Carmichael, R. Esq.,	1	1	Molloy, Dr.,	1	1
			Maunsell, Dr.,	1	1
			MacArthur, Dr., Shinrone,	1	1

Carmichael, H. Esq.,	1	1	Nugent, Dr., Cork,	1	1
Corrigan, Dr.,	1	1	Nolan, Dr., Wicklow,	1	1
Cane, Dr., Kilkenny,	1	1	O'Grady, Dr.,	1	1
Corbett, Dr., Innishannon,	1	1	O'Beirne, Dr.,	1	1
			O'Brien, Dr., Ennis,	1	0
Cumming, Dr., Armagh,	1	1	Purcell, Dr., Carrick-on-Suir,	1	1
Duncan, Dr,	1	1	Purdon, T. H., Dr., Belfast,	1	1
Duncan, Dr. J.,	1	1	Purdon, C. D., Dr., Belfast,	1	1
Dunne, Dr., Maryborough,	1	1	Pierce, Dr., Tullamore,	1	1
Eustace, Dr.,	1	1	Quinn, Dr., Nenagh,	1	10
Fitzpatrick, Dr.,	1	1	Roe, Dr., Cavan,	1	1
Frazer, Dr., Ennis,	1	1	Rynd, F, Esq.,	1	1
Geoghegan, Dr. T. G.,	1	1	Shekleton, Dr.,	1	1
Guinness, A., Esq.,	1	0	Sherwood, Dr., Redcross,	1	1
Geoghegan, Dr.,	1	1	Smith, Dr. A.,	1	1
Hynes, Dr., Kinvara,	1	1	Short, Dr.,	1	1
Harvey, Dr.,	1	1	Sloane, Dr., Clonmel,	1	1
Hargrave, Dr.,	1	1	Smyly, J., Esq.,	1	1
Hunt, Dr.,	1	1	Thornhill, Dr., Skerries,	1	0
Hayden, Dr.,	1	1	Waters, Dr., Birr,	1	1
Houston, Dr.,	1	1	Wilmot, S., Esq.,	1	1
Hetherington, Dr., Athlone,	1	1	Williams, R. C., Esq.,	1	1
Heron, Dr., Lucan,	1	1	Walshe, Dr., Ballinakill,	1	1
Harding, Dr, Rathdrum,	1	1	Walsh, Dr., Clara. amount of an award from the poor-law commissioners,	0	10
Jackson, Dr.,	1	1			
Jackson, Dr. G.,	1	1			
Jacob, Dr.,	1	1			
Jacob, Dr. J.,	1	1			
Joy, Dr.,	1	1			
Kingsley, Dr., Roscrea,	1	1			
Kittson, Dr, Nenagh,	1	1			

The Committee earnestly recommend this Society to the notice of their professional brethren. It is calculated to prevent those melancholy instances of extreme destitution to which medical men are sometimes reduced when disabled by long-continued illness; and to assist their widows and orphans by such timely aid as may place them in a condition to support themselves. Contributions will be thankfully received and duly acknowledged by any of the following:—

COMMITTEE—Sir H. Marsh, Bart., R. Carmichael, Esq., Dr. Graves, S. Wilmot, Esq., Dr. O'Beirne, Dr. Jacob, Dr. Shekleton, Dr. Collins, Dr. G. A. Kennedy, Dr. Mollan, Dr. Harvey, Dr. Macdonnell, Dr. Hargrave, Dr. Brady, Dr. Maunsell, R. C. Williams, Esq., Dr. Duncan, jun.

Treasurer—M. COLLIS, Esq.
Secretary—Dr. BENSON.

*** If any names are omitted, it is requested that notice be sent to the Treasurer or Secretary.

RICHMOND HOSPITAL SCHOOL OF ANATOMY, MEDICINE, AND SURGERY, North Great Brunswick-Street, House of Industry, near the Linen Hall, Dublin.

Winter Session. The Introductory Lecture will be delivered on Tuesday, 1st November, at 12 o'clock.

Anatomy, Physiology, and Pathology—J. POWER, M.D., L.R.C.S.I., one of the Surgeons to the Adelaide Institution; and R. MAYNE, A.B., M.B., L.R.C.S.I.

Theory and Practice of Surgery—R. ADAMS, M.D. M.R.I.A., one of the Surgeons of the Richmond Hospital; and R. SMITH, M.D., M.R.I.A., L.R.C.S.I., Surgeon to the Talbot Dispensary, House of Industry.

Theory and Practice of Medicine—J. T. BANKS, M.B., M.R.I.A, Medical Inspector to the House of Industry.

Medical Jurisprudence—R. L. NUNN, A.M., M.R.C.S.I.

Midwifery and Diseases of Women and Children—F. CHURCHILL, M.D., M.R.I.A., Physician-Accoucheur to the Western Lying-in Hospital.

Chemistry—W. BARKER, M.B., M.R.I.A.

Materia Medica and Therapeutics—R. EADES, A.B., M.B.

Botany and Natural History—W. E. STEELE, A.B., M.B., one of the Physicians to the Meath-street Sick-poor Institution.

Anatomical Demonstrations and Dissections—The Lecturers on Anatomy, and J. MONAHAN, L.R.C.S.I.

PRACTICAL ANATOMY HAS COMMENCED.

CARMICHAEL PREMIUMS.—Six Premiums will be awarded at the Termination of the Course to the best Answerers in Anatomy and Surgery

---

On the 1st of November, with two Plates, price 1s. 6d.,

THE LONDON AND EDINBURGH MONTHLY JOURNAL OF MEDICAL SCIENCE.

Edited by Dr. CORMACK.

THIS Number will contain ORIGINAL ARTICLES, by Mr. Benjamin Bell, Professor Syme, Dr. Golding Bird, and Dr. David Smith. An Elaborate Review on Urinary Pathology of Works, abstracts of all that is important in the latest numbers of the British and Foreign Medical Journals, with an Obituary, and the professional news of the day.

TO ADVERTISERS.

From the large and steadily increasing circulation of this cheap and comprehensive Journal, it affords an admirable medium for Advertisements. It is to be found in every part of the United Kingdom, and Colonies of Great Britain, as well as in various towns on the Continent.

Advertisements must be given in on or before the 22d of the month preceding publication.

London: John Churchill Edinburgh, Maclachlan, Stewart, and Co. Dublin: Curry and Co. Paris: Fortin, Masson, and Cie.

BOHAIN'S FRENCH NEWSPAPER,

LE COURRIER DE L'EUROPE,

ECHO DU CONTINENT.

Published every Saturday at two o'clock, price Sixpence, stamped for post, and circulating free in the Colonies of Great Britain, and in all Foreign Countries on the same terms as the English Newspapers.

Sold by JOSEPH THOMAS, 1, Finch-lane, London; S. J. MACHEN, d'Olier-street, Dublin, and all Booksellers and Newsmen.

LE COURRIER DE L'EUROPE, published in London for upwards of two years with the greatest success, presents each *Saturday* all the principal articles—Political, Literary, and Judiciary—which have appeared in the French Press, newspapers, magazines, and reviews, of all shades of opinion.

The principal Editor of "Le Courrier de l'Europe" is M. Victor Bohain, formerly Prefect of one of the largest departments in France, original editor of *Le Figaro*, the most popular of the literary journals of Paris.

Persons residing in America, India, or the Colonies, will especially appreciate the importance of a Journal which brings to them every week all newspapers in one. In the existing state of steam navigation, they may, through its means, closely follow, even in their distant abodes, upon the movements of politics and literature in France.

The fifty-two numbers published in the year form an enormous volume, which presents at the same time a *Contemporary History of France*, and a *Library* rich in all that the most renowned authors of that country have published. It is impossible to offer to persons studying the French language the instruction they seek under a form more pleasing.

NOTE.—To demonstrate the extremely low price of this Journal, when estimated by what it contains, the following calculation has been made. The *Forgerons* of *Frédéric Soulié* inserted in "Le Courrier de l'Europe" is published in Paris in two volumes, at the price of 15 frs. These two volumes do not contain more matter than as

many numbers of "Le Courrier de l'Europe. A volume of this Journal, therefore, is equal in value to 26 similar works, or so calculated to 390 frs. Now the price of 52 numbers of "Le Courrier de l'Europe" (paid in advance, yearly, or half-yearly, or quarterly,) is only £1 6s. 0d., or for credit £1 8s. 0d.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

WINTER SESSION COMMENCING OCTOBER 31.

ANATOMY AND PHYSIOLOGY,	Dr. JACOB.
DESCRIPTIVE ANATOMY,	Dr. HARGRAVE, Dr. HART.
SURGERY, ...	Dr. WILMOT, Dr. PORTER.
PRACTICE OF MEDICINE,	Dr. BENSON, Dr. EVANSON.
CHEMISTRY, ...	Dr. APJOHN.
MATERIA MEDICA, . . .	Mr. WILLIAMS.
MIDWIFERY, AND DISEASES OF WOMEN AND CHILDREN,	Dr. BEATTY.
MEDICAL JURISPRUDENCE,	Dr. GEOGHEGAN.
HYGIENE, ...	Dr. MAUNSELL.
BOTANY, ...	Dr. BELLINGHAM.
NATURAL PHILOSOPHY, .	Dr. APJOHN.
COMPARATIVE ANATOMY,	Dr. JACOB.

Dissections under the superintendence of the Professors of Descriptive Anatomy, and the Demonstrators, Mr. DILLON, Mr. LEESON, and Mr. LABATT.

The Professor of Chemistry gives a separate course on Practical Chemistry, and admits operating Pupils into the Laboratory.

C. O'KEEFE, Registrar.

THE RICHMOND SURGICAL,

HARDWICKE FEVER, AND WHITWORTH MEDICAL HOSPITALS,

NORTH BRUNSWICK-STREET.

The Winter Course of Attendance and Clinical Lectures will commence on Tuesday, the 1st of November, at Eight o'clock, A.M.

The Richmond Hospital contains 120 beds for Surgical cases, and has distinct wards for Venereal diseases, and the diseases of the eye. It has attached to it the Talbot General Dispensary, and the Truss Establishment for the relief of the ruptured poor of Ireland; also a well selected Medical Library, and a Museum which contains an extensive collection of Morbid preparations, Casts, and Drawings, illustrative of various diseases.

The Hardwicke Hospital contains 144 beds for Fever cases. The Whitworth, containing 82 beds, is appropriated to the treatment of other Medical diseases.

Two Surgical Clinical Lectures will be delivered in each week by the Surgeons of the hospitals; and two Medical Clinical Lectures, by the Physicians, Doctor Corrigan and Doctor Greene.

The Medical Hospitals will be visited *daily*, at Eight o'Clock, and the Surgical Hospital at Nine o'Clock, A.M.

The Clinical Clerks of the Whitworth and Hardwicke Hospitals, and the Resident Pupils of the Richmond Surgical Hospital, are selected annually by examination from the Students of a certain standing, &c.

N.B.—The London College of Surgeons require a list of the Pupils entering for the Winter Session to be transmitted to their Secretary, on or before the 25th of November next.

Terms of Attendance:—

For the winter 6 months, ... 7 Guineas.
For the summer 6 months, ... 5 Guineas.

In the immediate vicinity of these hospitals is the Richmond Hospital School of Medicine, where regular Courses of Lectures are delivered on the several subjects of Medical Science.

For further particulars apply to the Surgeons R. M. Peile, M.D., 43, York-street; R. Carmichael, M.R.I.A., Rutland-square; Edward Hutton, M.D., 29, Gardiner's-place; J. O'Beirne, M.D., 23, North Cumberland-street; R. Adams, M.D., 11, Great Denmark-street; J. Macdonnell, M.D., 4, Gardiner's-row; or to the Physicians, Doctor Corrigan, 4, Merrion-square, West, and Doctor Greene, 14, Harcourt-street.

Doctor Jacob advises pupils who propose to attend his lectures on anatomy and physiology at the College of Surgeons, during the ensuing session, to attend his introductory course on comparative anatomy also, as it embraces the principles of zoology, which they are now required to understand. Those who enter for anatomy and physiology are privileged to attend his lectures on diseases of the eye in the City of Dublin Hospital.

Hour of Lecture—Four to Five.

CITY OF DUBLIN HOSPITAL.

THE course of Practical, Medical, and Surgical Instruction in this Hospital, will commence on MONDAY, the 24th of October. The Clinical Lectures will be delivered on three days in each week, during the Session, by Dr. Jacob, Dr. Apjohn, Dr. Benson, Dr. Houston, Dr. Hargrave, and Mr. Williams.

Dr. Jacob's Lectures on DISEASES OF THE EYE, illustrated by the cases in the Hospital, are open to the Pupils in attendance.

Sir H. Marsh, the Consulting Physician; Dr. Colles, Mr. Wilmot, and Mr. Porter, the Consulting Surgeons; and Dr. Beatty, the Consulting Accoucheur, give their assistance in cases requiring consultation.

The certificates of attendance are received as qualification by all the Colleges.

MERCER'S HOSPITAL.

WILLIAM-STREET, DUBLIN.

The Winter Session will commence on the 1st of November.

In this long-established Hospital the most extensive opportunities are afforded of witnessing the treatment of Medical and Surgical Diseases; and from its vicinity to the several Schools of Medicine and Surgery, the pupil can prosecute his various studies without loss of time.

The daily visit will take place at Nine o'clock, A.M.

Clinical Lectures will be delivered by the Physician and Surgeons as usual, exclusive of daily remarks at the bedside.

Diligent pupils of two years' standing, who have been duly examined and approved of, are eligible to the office of Resident.

The attention of the pupils in the Medical Wards wil be throughout the course directed to the uses of the uses of the Stethoscope, and one day in each week will be specially devoted to the practice of Auscultation.

Pupils are informed that by the recent regulations of the College of Surgeons, London, periodical returns are required, and attendance is reckoned only from the date of entrance at the Hospital, the first return to be made on the 25th November.

Further information may be obtained on application to Mr. Scraggs, Registrar at the Hospital.

Physician,	JONATHAN OSBORNE, Esq., M.D., 26 Harcourt-street, Queen's Professor of Materia Medica.
Surgeons,	ALEX. READ, Esq. 13 Hume-street, WM. AUCHINLECK, Esq., 39 Dominick-street, Surgeon to Simpson's Hospital. ABRM. PALMER, Esq., 38 York-street. WM. TAGERT, Esq. 20 French-street.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 16, Prince's-street, Soho.

TERMS OF SUBSCRIPTION (PAYABLE IN ADVANCE.)

Twelve Months..... £1 5 0
Six Months..... 0 13 0
Single Number 0 0 6

Wednesday, October 26, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CC.] DUBLIN, WEDNESDAY, NOVEMBER 2, 1842. { PRICE SIXPENCE, STAMPED.

REGULATIONS OF THE COLLEGES OF SURGEONS—
Royal College of Surgeons in Ireland—..... 273
Royal College of Surgeons in London—..... 274
Extracts from statutes now in force relative to the qualifications and salaries of Physicians, Surgeons, and Apothecaries..... 275

MEETINGS OF SOCIETIES.
Academy of Medicine—Tenotomy of the flexors of the hand and of the fingers..... 276
Academy of Sciences—Biliary circulation—..... 277
On the employment of puncture and stimulant injections in the treatment of dropsy and bloody effusion into the close cavities—..... 278
On Stricture of the Urethra—..... ib.
On the formation of the teeth..... ib.

EXTRACTS FROM PERIODICALS.
Fatty and cellular degeneration of muscle..... 279
Case of strangulated hernia through the foramen thyroideum..... ib
Observations on Medical Reform. By a Member of the Profession..... 280
To Correspondents..... 283
HINTS FOR MEDICAL STUDENTS..... ib.
NEW REGULATIONS OF THE LONDON COLLEGE OF SURGEONS..... 284
VACANT CORONERSHIP..... 285
Working of the Poor-law..... ib.
THE VACCINATION ACT..... 286
POOR-LAW INTELLIGENCE.—Athlone Union—..... ib.
Ennis Union..... ib.
Register of the Weather..... 287

REGULATIONS OF THE COLLEGES OF SURGEONS.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

A candidate for the Letters Testimonial of this College is required—

1st. To pass such examination in Greek and Latin as the court of censors shall think sufficient.

2d. To prove that he has been engaged in the study of his profession for not less than four years, three of which shall have been passed in attendance on hospitals and lectures in Dublin, London, Glasgow, or Edinburgh.

3d. To produce certificates of attendance on a recognised surgical hospital, where clinical instruction is constantly given, for a period of not less than twenty-four months.

4th. To produce certificates of attendance on the medical practice of a recognised hospital or dispensary for twelve months.

5th. To produce certificates of attendance on three courses of lectures on anatomy and physiology, three courses of lectures on the theory and practice of surgery, and of the performance of three courses of dissections, accompanied by demonstrations; also, certificates of attendance on two courses of lectures on chemistry, or one course of lectures on general, and one on practical chemistry; one course of lectures on materia medica; one course of lectures on the practice of medicine; one course of lectures on midwifery; and one course of lectures on medical jurisprudence.

6th. To lay before the court of censors a thesis, essay, or dissertation, in Latin or English, on any of the following subjects: anatomy, physiology, surgery, the practice of medicine, chemistry, materia medica, midwifery, or medical jurisprudence, or in place of such dissertation, a series of cases collected in the hospital in which the candidate has attended, illustrated by comments or observations.

The candidate is examined on two separate days, the first on anatomy and physiology, the second on the practice of surgery and medicine, and on pharmacy. He is admitted to the first of these examinations after three years study, and to the second after four years; or, if he pleases, to both at the same time, and if rejected, may appeal from the decision of the court of censors to the court of assistants.

The court of censors have a discretionary power to admit candidates to an examination who have not been educated in strict conformity with the above regulations, but who have received a professional education equivalent to that required. They are also authorised to examine the graduates of other colleges, who have been engaged for five years in practice, and have enjoyed sufficient opportunities of acquiring professional information.

Certificates are not received from professors or lecturers, who lecture on more than one branch of science, nor from professors or lecturers in colleges or institutions which refuse to receive the certificates granted by the professors of this College.

A separate diploma in midwifery is granted to such licentiates as require it, and who pass a separate examination on that subject.

A separate diploma in pharmacy is also granted to licentiates who require it, and who pass a separate examination on that subject.

The fee for the Letters Testimonial of the College is thirty guineas, ten of which, paid as a registry fee, entitle the pupil to certain privileges. No fee is required for the diplomas in midwifery and pharmacy.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Candidates for the diploma of this College are required to produce the following proofs of qualification :—

An extract from the register of births and baptisms of the parish in which the candidate was born to prove that he is not less than twenty-one years of age.

A certificate, signed by some competent person, stating the day and year he commenced the study of his profession, in order to prove that he has been engaged in the acquirement of professional knowledge for not less than four years.

A certificate, that he studied practical pharmacy under the direction of some person for six months, and stating the date at which he commenced such study, and the date at which he finished it.

Three distinct certificates, that he studied the practice of surgery at a recognised hospital in the united kingdom during the full period of nine months in each of three separate years; being a certificate that he attended the surgical practice of an hospital for three years, allowing three months vacation in each year.

A certificate, that he attended on the practice of physic for one year at a recognised hospital, stating the day upon which he commenced such attendance, and the day he finished it. Such practice may or may not be attended at the same time as the surgical practice.

Three distinct certificates, that he has studied anatomy, physiology, and pathology, by attendance on lectures and demonstrations, and by dissections, during three distinct anatomical seasons or sessions, *extending from October to April, inclusive*, under the direction and to the satisfaction of some professor or recognised teacher or teachers, and in such manner as he or they may have thought most for his advantage, *through the whole session or season.* Such certificate also stating the day upon which such course commenced, and the day upon which it terminated, and that during its continuance, one hundred and forty lectures, and one hundred demonstrations, were delivered and given, must be signed by the professor or lecturer on anatomy and physiology, and also by the professor, or lecturer, or demonstrator, on practical and descriptive anatomy.

Two certificates, that he has duly attended two courses of lectures on the principles and practice of surgery, delivered in two distinct periods or seasons, each course comprising not less than seventy lectures, and stating also the day upon which such courses commenced and terminated.

One certificate, that he has attended a course of lectures on the practice of physic, stating the day upon which he commenced such attendance, and the period to which he continued to attend, and that such course consisted of not less than seventy lectures.

One certificate, that he has attended a course of lectures on chemistry, stating the day upon which he commenced such attendance, and the period to which he continued to attend, and that such course consisted of not less than seventy lectures.

One certificate, that he has attended a course of lectures on materia medica, stating the day upon which he commenced such attendance, and the period to which he continued to attend, and that such course consisted of not less than seventy lectures.

One certificate, that he attended a course of lectures on midwifery, with practical instruction, stating the day upon which he commenced such attendance, and the period to which he continued to attend, and also the number of midwifery cases he attended.

Certificates are not received from one and the same professor or lecturer for attendance on more than one branch of science; but professors or lecturers on anatomy and physiology may grant the certificates for anatomy, physiology, and pathology, and professors of practical and descriptive anatomy, or demonstrators, may grant the certificates for demonstrations and dissections.

Certificates are not received from candidates unless their names regularly appear in the registers, transmitted from the schools and hospitals on the twenty-fifth of November, the tenth of February, and the tenth of May.

No metropolitan hospital will in future be recognised which contains fewer than one hundred and fifty patients, and no provincial hospital which contains fewer than one hundred; but all the surgical hospitals of Dublin, having been recognised for many years, are still recognised without distinction.

Graduates in medicine are examined, if they have completed the surgical and anatomical education required by the foregoing regulations; and members of other colleges of surgeons are examined, if they have been four years engaged in the acquirement of professional knowledge.

Certificates are not received from candidates unless their names appear in the registers, transmitted from the respective schools and hospitals in which they have studied, on the twenty-fifth of November, the tenth of February, and the tenth of May, and such register must state that the pupil is actually present at the time of making such return, and the date at which he entered, and the period for which he proposes to attend, as well as his family residence; and if sick or absent without leave, it must be so stated, and the period of such sickness or absence must be set forth.

The candidate, before he is admitted to examination, must sign a formal declaration, in the presence of the secretary or other officer, to the effect, that he thereby solemnly and sincerely declares that he is twenty-one years of age; that he has been four years engaged in the acquirement of professional know-

ledge; that he has regularly attended the hospital practice, and the several courses of lectures required by the regulations of the council; and that the foregoing certificates are in every respect correct and true; which declaration is to be subscribed by a witness to render it a legal obligation.

The fee for this diploma is twenty guineas.

EXTRACTS FROM STATUTES NOW IN FORCE RELATIVE TO THE QUALIFICATIONS AND SALARIES OF PHYSICIANS, SURGEONS, AND APOTHECARIES.

By the 5th and 6th Geo. III., governors of infirmaries are directed "in case of a vacancy of a surgeon in any of the infirmaries or hospitals, to give notice that they will, in twenty-one days at least, from the date of such notice, proceed to the election of a surgeon;" and by the same act, it is provided that the surgeon shall be paid by the year, a sum of one hundred pounds by the treasury out of the public money.

By the 7th and 8th Geo. III., it is provided "that no person shall be appointed physician to any county infirmary, who shall not be examined and certified to be duly qualified under the seal of the King and Queen's College of Physicians in Ireland;" no specific provision seems to have been made relative to the election of physicians.

By the 36th Geo. III., it is enacted "that no person shall be capable of being elected surgeon to a county infirmary or hospital, who shall not previously have obtained letters testimonial of his qualifications under the seal of the Royal College of Surgeons in Ireland."

By the 54th Geo. III., it is enacted that grand juries may present any sum not exceeding one hundred pounds, to be paid to the surgeon of the infirmary, in addition to the salary he is entitled to receive from the treasury, he being bound in consequence to attend the prisoners in the jail if within five miles of the infirmary.

By the same act it is provided that the governors of infirmaries "may pay any apothecary who has served an apprenticeship to the art and mystery of an apothecary, a salary of thirty pounds for compounding medicines, if they deem it most economical, or otherwise advisable."

By the 58th Geo. III., governors of fever hospitals are empowered "to appoint physicians, surgeons, and apothecaries at reasonable and moderate salaries," and to make by-laws respecting them.

By the same act, subscribers to dispensaries are empowered to apply the funds "in providing medicines and medical and surgical aid for the poor," and subsequently in other acts provision is made to regulate the elections and remuneration of the physicians and surgeons of dispensaries.

By the 3d and 4th Gul. IV., grand juries are empowered to appoint surgeons and physicians to jails, if more than five miles from the infirmary.

By the 6th and 7th Geo. III., provision is made for levying funds for the support of hospitals and dispensaries, and directs that the salaries shall not be paid to infirmary surgeons, unless they shall have laid before the presentment sessions, certificates signed by five governors, that they have resided within one mile of the infirmary, and discharged their duties faithfully; together with their letters testimonial from the Royal College of Surgeons in Ireland.

By the same grand jury bill, 6th and 7th Gul. IV., and the amendment of the same 7th Gul. IV., provision is made to enable coroners to remunerate medical witnesses.

By the 40th Geo. III., commonly called the school of physic bill, being an amendment of several preceding statutes for the same purpose, it is provided that one hundred pounds a year shall be paid to the professors, on the foundation of Sir Patrick Dun, and that pupils attending the clinical lectures shall pay three guineas for each three months' course of clinical lectures, and twenty guineas for attending the hospital, unless he shall have been a student in arts for two years in the universities of Dublin, Oxford, or Cambridge, in which case he shall pay three guineas only.

By the same act it is provided that the professorships on the foundation of Sir Patrick Dun, shall be open "to all persons of all nations, professing their faith in Christ, provided they shall have taken medical degrees, or the licence of the College of Physicians, and those on the foundation of the University of Dublin to Protestants of all nations; the electors to such professorships making oath "that they will vote for such candidate as shall appear best qualified."

By the same act the professors are directed, when they have delivered one-half of their courses, to return to the senior lecturer, a list of the pupils who have attended them during such part of said courses.

By an act of the 1st Geo. III., made permanent in the year 1790, four fellows of the College of Physicians, and two of the Corporation of Apothecaries, are created visitors and examiners of apothecaries shops, to inspect and examine the medicines therein, four times a year, and if unsound or adulterated, to destroy them, and also to return a list of the shops they have examined, and a report of their condition. This act contains many other important clauses for regulating the business of apothecaries and druggists.

By an act of the 31st Geo. III., (1791), for erecting an Apothecary's Hall in Dublin, and regulating the profession of an apothecary, it is provided "that no person shall be employed as an apprentice, foreman, or shopman to an apothecary, until examined as to his education and qualifications," and that "no person shall open shop or act in the art or mystery of an apothecary in Ireland, until examined as to his qualification and knowledge of the business;" and also that the examiners may "grant or refuse a certificate to open shop, and act in the art and mystery of an apothecary," and "that every such person, for every such certificate to open ship, shall pay a sum of ten shillings." It is also provided, that no apothecary shall take an apprentice for less than seven years, or open shop and act in the art and mystery of an apothecary, without the requisite certificate, under a penalty of twenty pounds.

"4th GEORGE the IVth, cap. 64. (*10th July*, 1823.)"

"It is Enacted,—That the justices in general or quarter sessions assembled, shall and they are hereby required from time time to appoint a surgeon, being a member of one of the Royal Colleges of Surgeons, to each of the prisons within their jurisdiction to which this act shall extend; and every such surgeon shall and is thereby required to visit every prison to which he shall be so appointed twice at least in every week, and oftener if necessary, and to see every prisoner confined therein, whether criminal or debtor, and to report to every general or quarter sessions the condition of the prison, and the state of healt of the prisoners under his care.

MEETINGS OF SOCIETIES.

ACADEMY OF MEDICINE—October 18.

TENOTOMY OF THE FLEXORS OF THE HAND AND OF THE FINGERS.

M. Jules Guerin, referring to M. Bouvier's memoir on this subject, (see our last number) noticed the rapid extension that had occurred within a few years of the practice of tenotomy. This operation had been regarded under two different points of view. Some based their practice on the idea that most articular deformities are the result of one common cause—of muscular retraction: and thence reduce, to a single origin, all deformities of the joints, no matter where situated, which are not produced by affections of the bones or external violence. This doctrine being adopted, tenotomy follows as a corollary. Following the retraction, in whatever muscle it may occur, it constitutes a rational system of operations, exactly coinciding with the etiology whence it emanates. Others, again, pay no regard to theory; they consult experience alone; they consider the different deformities of the skeleton, as produced by causes, almost always different, and regard tenotomy merely as an auxiliary which removes certain obstacles to the rectification of the distortion. Those, then, who embrace the first doctrine regard the anatomical circumstances involved in the difference of the situation of the affection as secondary circumstances, to which the operative methods must be moulded and adopted; while the advocates of the second doctrine consider them as of primary importance, and as often constituting insurmountable obstacles. Both these doctrines have their inconveniences; the first may lead to rash and hazardous attempts; the second may inspire an over caution prejudicial to the advance of science. M. Guerin considered that M. Bouvier was influenced by the fear of the former of those evils in making the communication to which he now referred.

M. Guerin took a short review of M. Bouvier's experiments (for which see our last number) and said that while M. Bouvier had operated on *healthy animals*, he (M. Guerin) had practised the same operations on *man* to relieve retraction of the flexor muscles of the fingers, and had the good fortune to obtain very different results. Without entering into details, he would for the present only state his numerical results. 1st. He divided at the wrist the palmaris longus nine times, the palmaris brevis five times, the flexor carpi ulnaris eight times. On each occasion, the divided extremities reunited, the power of motion being preserved, and no vicious adhesions resulting. 2d. He divided the proper flexor of the thumb three times, and succeeded twice. In the third case there was no reunion. 3d. He twice divided the superficial flexor of the fingers at the wrist, and obtained reunion, with preservation of the motion of each distinct tendon. 4th. Three times he divided the long flexor of the thumb on the second phalanx; he succeeded twice, and failed once, in the last case there was almost complete paralysis of all the muscles; and perhaps the consequent defeat of vitality may have prevented reunion. 5th. In sixteen sections of the tendons of the superficial flexor in the palm of the hand, the division in thirteen did not involve the deep flexor, and the reunion was effected without vicious adhesions, and with perfect preservation of motion. In three cases the deep flexor was involuntarily implicated in the section, and vicious adhesions almost completely destroyed the motion of the corresponding phalanges, but the other motions of the fingers were preserved, though in a limited degree. 6th. The superficial flexor was four times divided corresponding to the first phalanx; twice the reunion was effected, but with such adhesions that the motion was but rudimentary. In the two other cases reunion did not take place. 7th. In eleven instances the tendons of the deep flexors were divided on the phalanges. Six times there was reunion, and in four of these cases the motions were almost natural—in two limited. In the other five cases there was no reunion, and motion was completely lost.

These results, M. Guerin conceived, were calculated to upset M. Bouvier's conclusions.

M. Guerin next adverted to some changes that at various periods had occurred in M. Bouvier's opinions. He objected to his experiments that they were too few in number, and had been instituted to establish preconceived notions; and that no conclusions could be drawn from experiments performed on healthy tissues in animals, as applied to operations on the corresponding tissues when divided in man. That his experiments on dogs were performed in a way calculated to leave adhesions and loss of motion, and that probably he had operated on the human subject in a similar manner, and consequently had obtained a similar unfortunate result.

M. Guerin went on to state that if several muscles be divided at the same point, the extent of wound must produce a fusion of the cicatrices, and a consequent loss of motion. This was the case in M. Bouvier's experiments. But in the operations in which he (M. Guerin) had obtained opposite results, he had, when he divided the tendons at the wrist, to deal with muscles retracted—that is, shortened, tense, isolated from each other. The tension has the effect of elevating the deeper parts and making them prominent, and he augmented this tension by exciting the voluntary action of the muscle. These various circumstances produce the following effects:—1. To isolate the tendons in succession. 2. To separate them from their accompanying vessels and nerves. 3. To favour their division without implicating the neighbouring parts. Finally, M. Guerin divided the tendons at different heights. M. Guerin then commented on the difference between operations performed under such conditions, and those performed by M. Bouvier.

As to the palm of the hand, the difficulties here are much greater, and thence perhaps we may account for the many failures that have occurred. Clinical observation seems here to coincide with the result of experiments on animals, and M. Bouvier can appeal, in support of his conclusions, to the opinion of some very distinguished surgeons. Thus, Stromeyer, Dieffenbach, Larrey, and Bonnet of Lyons, have failed in dividing the tendons in the hand; and I myself also failed in an operation on a young professor of surgery from St. Petersburgh—an operation which has made some noise. But then these negative results cannot invalidate positive results which I have obtained. Some of these failures M. Guerin attributed to the rupture of the cicatrix from premature motion of the parts; for he had ascertained that the rupture of the cicatrix, at a period too near the operation, prevented the reunion of the tendons if the slightest interval remained between the two portions of new-formed substance, inasmuch as its organisation is not sufficiently great to allow of its furnishing the fluids necessary to union.

In the palm of the hand there is also a great difference where the muscles are retracted. When there is no retraction there is no tension, and it is impossible to divide the tendons without simultaneously



cutting other parts, whence results fusion of the cicatrices, vicious adhesions, and loss of motion. M. Guerin proceeds as follows, in order to avoid these results:—If the superficial flexor is alone engaged, he relaxes the deep flexor by flexing the second and third phalanges. If the superficial and deep flexors be simultaneously affected, he divides the deep tendons on the phalanges. In either case he thus relaxes the deep flexor, at least relatively to the superficial flexor; while he also augments the tension of the superficial flexor by exciting the voluntary contraction of the muscle. He divides then the superficial tendons by pressure rather than by a sawing motion; the instrument is then arrested by the motion, and the first obstacle is overcome, or at least merely impinges on the deep flexors without dividing them. As to the proposition that the tendons cannot, when thus cut, reunite, and cicatrise without becoming adherent to the deep flexor, M. Guerin contradicted it by an appeal to his own experience, and reference to the one of M. Bouvier's experiments, in which he had divided the superficial flexors at the wrist, and in which the cicatrix did not adhere to the deep flexor.

As to the division of the tendon of the deep flexor on the second phalanx, this operation was, M. Guerin conceived, the most delicate and arduous of all those under consideration. All the foregoing considerations, as to the conditions under which cicatrices may become adherent, apply here. M. Guerin had operated four times without any appreciable adhesion occurring; and in one of M. Bouvier's own experiments, the ends of the tendon had not reunited, but the tendon was free from any adhesion. When the cut ends of the tendon did not reunite in this operation, it arose from their being too soon separated to too great an extent; and thence the two ends should be kept approximated, for some time after the operation, by keeping the fingers flexed, and enjoining the patient to abstain from any muscular exertion calculated to separate the divided extremities of the tendon.

In fine, no conclusions can be drawn, respecting the subject under consideration, from experiments on healthy animals, they not presenting the same conditions under which tenotomy is performed in man, nor the conditions necessary for the proper application of the method.

M. Bouvier denied the exactness of M. Guerin's statements respecting the two doctrines that, according to him, governed the application of tenotomy, every sound practitioner based his treatment of these, as of all other surgical maladies, on their etiology.

He had not absolutely maintained that the result must be the same in man and in dogs; and as to the isolation of the tendon, which it is proposed to divide, he had expressly indicated that as the circumstance most favourable for avoiding vicious adhesions. An enumeration had been made of a certain number of operations, and it was stated that after some motion was lost. These facts, then, so far coincided with his own. As to the cases stated to be successful, he would wait for more decisive proofs, and would remark without making any personal allusions, that operators in general were apt to deceive themselves. M. Bouvier, for his own part, would attach more importance to one well-ascertained circumstantial fact than to all those which had been enumerated. He thought it imperative to be very reserved in the appreciation of facts contradictory to the experiments he had performed. Furthermore, MM. Doubowiski, Stromeyer, Dieffenbach, and Bonnet, have recorded cases supporting my views. So far as facts go I think the question is decided.

The conclusion of M. Bouvier's observations was postponed to the next meeting of the Academy.—*Gazette Medicale de Paris.*

ACADEMY OF SCIENCES—September 26.

BILIARY CIRCULATION.

M. Amussat read a memoir entitled, "*New considerations on the mechanism of the course of the circulation in the biliary canals.*"

In this memoir he developes the ideas he put forward in 1824 respecting the cause of the ascent of the bile from the biliary duct to the gall-bladder, which he thinks consists, on the one hand, in the narrowness of the duodenal orifice of the biliary duct; and, on the other hand, on the spinal arrangement of the valves of the cystic duct which exist in man and monkeys alone. M. Amussat endeavours to show that the existence of a muscular coat in the gall-bladder has been erroneously denied; the muscular fibres being especially obvious in cases of hypertrophy of the gall-bladder consequent on obstruction of its duct by gall-stones; they are prominent under the mucous membrane, causing the internal surface of the gall-bladder to assume an appearance similar to that of a columnated urinary bladder.

M. Amussat has studied the biliary apparatus in numerous animals. In the cat, a kind of valves are found in the cystic duct, but they are formed by a kind of salient points, corresponding to the re-entrant angles between the external protuberances of the canal which is folded repeatedly on itself. In the ox, the sheep, the pig, &c., there are no cystic valves. Some other animals, as the horse, ass, stag, &c., have no gall-bladder; the hepatic canals unite in a common trunk, which opens into the duodenum by an orifice which is small, compared with the capacity of the canal. M. Amussat terminates his memoir by the following conclusions:—

1st. The biliary bladder and canals possess muscular fibres, and empty themselves, not merely in virtue of being compressed by the neighbouring organs, but probably also by an action proper and peculiar to all contractile reservoirs and canals.

2d. The cystic valves present, in man and monkeys alone, a true spiral or heliacal arrangement. This disposition, already indicated by Ruysch, but since forgotten, seems to have the twofold use of favouring the ascent of bile to the gall-bladder, and preven ing the too sudden exit of that liquid.

3d. The narrowness of the duodenal orifice of the biliary duct, as compared with the capacity of the duct itself, is the physical cause which compels the bile to ascend into the gall-bladder. This is an additional fact to prove the great influence exerted by physical causes on the functions of our organs.

4th. The real situation of the biliary apparatus, when we stand upright, the stomach and intestines being empty, would not allow the bile to arrive at the gall-bladder by its own proper weight, as has been taken for granted without verifying the fact.

5th. In all animals possessing hepato-cystic canals, the bile ascends into the gall-bladder contrary to gr. - vity, a phenomenon which is caused by the narrowness of the duodenal orifice of the duct.

6th. Comparative anatomy completely confirms the author's researches in man, and demonstrates that nature attains the same end by means varied in different species of animals. Thus, in quadrupeds, the biliary apparatus is so disposed, that the bile must always, as in man, ascend against gravity into the gall-bladder. This fact has been verified on several animals in presence of M. de Blainville.

7th. Experiments on living animals prove that we cannot by any means make the gall-bladder contract like the urinary bladder. It nevertheless manifestly contra ts and expands as it empties itself, though insensibly, before the eyes of the experimenter. The bil ary ducts, on the contrary, contract very obviously in birds, to a greater extent, indeed, than do the intes-

tines. The orifice of the biliary canal is very small, and the bile issues from it guttatim, and is projected in drops in some birds.

8th. The practice of medicine may derive some advantage from the physiological fact demonstrated in this memoir, but can only do so by new pathological researches, based on the normal disposition and termination of the biliary duct.

OCTOBER 3.

M. Velpeau read a notice *on the employment of puncture and stimulant injections in the treatment of dropsy and bloody effusion into the close cavities.*

M. Velpeau stated that he had been long occupied in researches on the nature, development, use, and diseases of the shut sacs, whether natural or accidental, which occur so frequently in the animal economy, and that he now communicated one of the therapeutic results to which he had been led. By means of a simple puncture and an iodine injection, he had excited in these cavities an inflammation, which never became suppurative, and which radically cured the effusion with which they were affected.

He had thus cured not only serous, but also sanguineous and colloid cysts in almost every region of the body. He purposed to communicate his results *in extenso* to the Academy, but in the meantime submitted some facts relative to goitre and hydrops articuli.

The tumour, termed goitre, often consists of cysts, filled with either a serous or blackish fluid. He treated five cases with iodine injections, and cured each case without the supervention of the least bad symptom.

In dropsy of the joints the operation seemed more serious. M. Velpeau operated in two cases, one and two years since, one case recovered, the other turned out badly. (How, is not stated—Ed M. P.). M. Bonnet of Lyons, having heard of these operations, repeated the treatment in three cases, and succeeded in two. M. Velpeau, directed by new scientific views, has taken up the subject again, and simplified the operation. He feels confident that it shall be established, that hydrops articuli may be safely and effectually treated by means of iodine injections.

Four patients are at present in La Charité into whose knee-joints M. Velpeau has injected a solution of iodine, and they are all in a satisfactory state.—*Gazette Medicale de Paris.*

OCTOBER 10.

M. Civiale addressed a communication on stricture of the urethra to the following effect:—

1. It is generally supposed that the organic alteration, which constitutes stricture, consists in an accidental production developed on the internal surface of the urethra and diminishing its calibre, and the treatment is instituted with a view to destroy that growth. I have ascertained that the alteration, instead of occupying the surface of the canal, though it varies in various cases, engages the entire thickness of the parietes of the urethra, and is covered by the mucous membrane, which does not differ from the mucous membrane in the unaffected parts of the canal. We thence see how erroneous are those modes of treatment, which are directed to the destruction of the new growth, which cannot be effected without destroying the parietes of the canal.

2. The seat of stricture has been accurately determined. It has been especially placed in the membraneous portion of the urethra. I have proved that it is not met with in that part of the canal; consequently, caustic, or incisions applied to that region, act on healthy not on diseased parts.

3. Hitherto the same treatment has been applied to strictures without reference to their situation; but their nature differs accordingly as they occupy the spongy portion, or the sub-pubic curvature of the urethra, whence different modes of treatment are required.

4. It has been long remarked, that strictures, at a certain stage, produce very different effects under apparently analogous circumstances; but the reason of such difference was not detected. I have shown that this depends on the condition assumed by the bladder, which is sometimes atrophied—sometimes hypertrophied: a distinction of vast importance as regards diagnosis and treatment.

5. It has been generally supposed that the chief organic alterations occur in the strictured part of the urethra. I have demonstrated that this opinion is false, and that the most important alterations occur posterior to the stricture. This is of great consequence in the treatment.

6. The nature of the alterations, posterior to the stricture, required determination. I have effected this by describing the long series of chronic inflammations which may affect the urethra, the neck, and body of the bladder, the ulcerations, abscesses, urinary infiltrations, the ampliations of the membraneous and prostatic portions of the canal, the dilatations of the prostatic and seminal canals, and finally, the morbid conditions of the prostate gland and neck of the bladder, hitherto so imperfectly known, but yet of such importance, because of the vicious direction they give to the urethra.

7. I have particularly investigated the derangements caused by catheterism and the various methods of treatment.—*Gazette Medicale de Paris.*

OCTOBER 17.

M. Retzius communicated a memoir on the teeth.

The teeth of man and of the mammiferæ are composed in general of three substances—ivory, enamel, and a cortical substance. These three tissues also exist in the teeth of several fishes and amphibiæ.

Ivory contains tubes and inter-communicating cells. These two formations are identical with the small canals and cellules, which form an important part of the organisation of bones. The tubes of ivory open towards the cavity of the dental pulp, and their branches present a radiated arrangement. They are often arranged parallelly, and send off in every direction ulterior and much finer ramifications which form reticular ramifications with each other and communicate with the cells. The thickness of the principal tubes varies from the 1–400th to the 1–1000th of a line; the thickness diminishing considerably at each division of the tubes. The cells, as well as the minuter ramifications, finally disappear, and, in common with the surrounding parts, are penetrated with a limpid liquid. Most probably, the cells and canals, discernible by the microscope, constitute but a small portion of those that really exist. Ivory, as stated by Cuvier and others, is deposited in layers on the surface of the pulp, so that the outer layer is formed first, and so on. During the deposition of these layers, the terminal cells are first formed, and then the peripheral, communicating with the extremities of the tubes. While the new layers are being deposited, the trunks of the tubes are also continuously formed, so that each tube is uninterruptedly continuous through the several layers. It would seem that the numerous parallel undulations, presented by the tubes, are formed by their passage from one layer to another. It seems probable there is a periodical movement in the pulp, in virtue of which the nascent tubes, during a certain time, approach the extremity of the crown of the tooth, and, during another period, approach the extremity of its root. These periodical movements of the pulp are of differ-

ent kinds; the most subtle and most numerous undulations originate in periodical motions of short duration. But the extended curves, of which each tube presents but one or two, are due to other periodical changes in the position of the pulp which occupy a longer time, while the smaller movements, that produce the short undulations, are uninterruptedly continued. This regularity is peculiar to the ivory formed when the tooth issues from the gum. The ivory, that is subsequently formed, loses this regularity in man and several animals, so that the tubes in the extremities of the roots and in the mass of ivory, which fills the exterior of the cavity of the pulp, presents the most irregular and most unequal curves. The formation of ivory approaches the ordinary structure of bone; and, under the miscroscope, the similarity between ivory and bone is greater than would at first sight appear. The greatest difference between them is in their mode of formation. In ivory the extreme layer is the first formed; while in bone the extreme layer round each medullary filament, is the last formed.

If we examine certain of the milk teeth, when they are about to fall, we would imagine from their appearance that they had sustained an absorption from the pressure of the tooth that was to replace them. The crown of the growing tooth seems to have been impressed in the extremity of the milk tooth. M. Retzius has ascertained that such is sometimes actually the case.

The enamel presents a much simpler structure, and is destitute of either sanguiferous or bony vessels. Its structure is tolerably similar to that of the crystalline lens.

The cortical substance exists in the teeth of most of the mammiferæ, and even of the amphibiæ and fishes. It is distinguished throughout by the abundance of cells and osseous tubes, for the most part not continuous, very thin and irregular. In some animals (the elephant, horse, ox,) it is formed chiefly within the still closed dental follicle, but it is also formed during the whole period of life from the membrane which surrounds the portion of tooth inclosed within the alveolus. Whilst the ivory is formed in layers from within outwards, so that the largest and most extreme layer is the first deposited, the cortical substance is deposited in the reverse direction. Its most internal layers, those nearest to the surface of the tooth, are first formed, and the external layers are subsequently deposited. The cortical substance has no similarity to tartar. One of the best proofs that tartar is a true concretion, is its abundance on artificial teeth.

M. Retzius' memoir was referred to the commission nominated to examine Mr. Nasmyth's memoir.—*Gazette Medicale de Paris.*

EXTRACTS FROM PERIODICALS.

FATTY AND CELLULAR DEGENERATION OF MUSCLE BY DR. JOSEPH ENGEL.

According to Gluge, the fatty degeneration of muscle consists in the deposition of fat, partly in a free, partly in an encysted state, between the primitive muscular fibres. The author is of opinion that the above is not the only metamorphosis which takes place, but is not able to persuade himself that an actual transformation of muscular into cellular tissue is to be admitted. So long as muscle, examined by the microscope, undergoes no other alteration than a mere change of colour, the form of the primary and secondary muscular bundles remains unaltered, except that their sheaths appear covered with a greater number of granulations, the greater part of which, however, are readily removed by a slight pressure. The sheath itself of the fibre appears more brittle and easily ruptured than before; the least pressure destroys its continuity. In the same proportion in which the fatty condition of the muscle and its loss of colour become apparent to the naked eye, do the longitudinal lines of the muscular bundles become more evident, the granulations more numerous, and the bundles themselves appear covered with a multitude of large bladders of fat, which, from becoming flattened, present various forms, and are at length united, partly with each other, partly with the bundles of muscular fibres by a tolerably adhesive substance. The author failed to detect fat in a free state in fresh muscle; which, however, if treated with spirit of wine, gives out fat in notable quantity. Yet in this case the fat seems to be simply extracted from the sebaceous bladders or cysts by the action of the spirit of wine; these cysts, thus deprived of their contents, being visible, in a shrivelled state, between the bundles of muscular fibre. Water causes the fat to solidify, and to appear surrounding the muscular bundles like a sheath, from among which, by a slight pressure, it may be forced in the shape of half cylinders. The muscular bundles amid this deposition of fat, partly free, and partly encysted, lose entirely their sheaths; so that their delicate fibrillæ (primitive fibres,) after the fat being washed away, lie bare. This condition, and no other, it is which constitutes the so-called degeneration of muscle into fatty and cellular tissue, and which consists of nothing but a deposition of fat between the bundles of muscular fibre deprived of their sheaths. The sheath of the muscular bundles appears to be indispensable to elasticity, firmness, equal action, and vital function of muscle. Whether the change of colour which supervenes after some time in separated muscle be owing to the loss of the sheath, the author is not prepared to say. A question arises, whether the destruction of the sheath of the muscular bundles be owing to the deposition of fat, or whether the converse relation be the real one, or finally whether both changes be synchronous results of a common cause.—*Oesterreich. Medicinische Wochenschrift.—Brit. and For. Med. Rev.*

CASE OF STRANGULATED HERNIA THROUGH THE FORAMEN THYROIDEUM. BY DR. FRANTZ OF GENTHIN.

The patient was a strong woman, forty years old, whom the author found with many of the signs of strangulated hernia, and complaining of a severe pain at the upper and inner part of the left thigh, which had come on suddenly and was increased in paroxysms at intervals of about ten minutes. There was no redness, heat, or swelling at the part, but on pressing the point of the finger high up between the triceps and adductor muscles, severe pain was produced. There was pain, but no tenderness of the abdomen. The patient had long had double femoral hernia, but neither of these was low down. Three years before, she had had signs exactly like the present, but had been suddenly relieved when, as she was pressing upon the part, something seemed to go back with a noise into the abdomen. Since that time the same symptoms had occasionally recurred in a less degree, but they had been always relieved by the same plan of pressing, as if to reduce a hernia. On the present occasion, however, they were much more severe; bleeding, purgatives, repeated applications of pressure, and various other remedies were tried in vain. On the fourteenth day the signs of strangulation having regularly increased, and stercoraceous vomiting having existed since the ninth, the patient seemed to be quickly dying, when, to the surprise of all, a spontaneous evacuation of fœces took place, and she began slowly to recover. Her recovery was ultimately complete.—*Allgemeine Medicinische Central-Zeitung.—Ibid.*

MEDICAL REFORM.

BY A MEMBER OF THE PROFESSION.

[*From the Spectator. Third and concluding paper.*]

THE VIRTUE INHERENT IN MONOPOLISTS, AND THE PROPRIETY OF LOOKING TO THEM FOR REFORM. THE EFFECT OF A MEASURE OF REFORM ON THE UNIVERSITIES, SCHOOLS, AND MEDICAL COLLEGES. SOURCES, IN THE COLLEGE OF PHYSICIANS AND IN THE APOTHECARIES' COMPANY, OF DISCONTENT IN THE PROFESSION. MEDICAL REFORM BILLS. A PLAN PROPOSED.

The most formidable opponents of medical reform are such as enjoy influence and power from a connexion with corporate bodies; such as belong to the class of "Fellows" in the College of Physicians, which is composed of about one hundred and fifty individuals; to the council of the College of Surgeons, which consists of twenty-one members; or to the worshipful company of apothecaries, which is made up of a master, two wardens, and twenty-one assistants. These corporations are self-elective. It is not to be wondered at that the men forming them should oppose reformation; but it does seem strange that legislators should be sometimes simple enough to seek for information as to the changes which are necessary among the very individuals interested in the perpetuation of existing abuses. It is curious to observe how much acts may differ from the professions which have preceded them: when the different corporate bodies petitioned for their charters, they did so, as Dr. Grant observes, on pretence of some benefit to be conferred on the public: so that, when it is distinctly proved to these bodies that the regulation of the profession might be taken out of their hands with advantage to the same public, sincere people might expect that the virtuously-minded corporations would hasten to agree to the new arrangement, and would scorn to set up the paltry interests of individuals against the general good for which these interests were merely held. These confiding mortals would tax poor humanity too much. We are but the mere creatures of selfishness, the best of us: this may give us a clue to the fact, which must be in candour acknowledged, that corporations in Scotland and Ireland have shown much more liberality than those of England; for the reforming corporations of the sister countries do not possess so extensive a power to hug themselves upon, and have had to depend more on their merits simply, while their influence can only extend itself indirectly or illegitimately into the territory of the huger monopolies which engross to themselves the most central, the most populous, and the largest portion of the united kingdom.

Dr. Kidd of Oxford, in urging the necessity for a complete reorganization of the profession, tries to console the possessors of the authority, of which, according to his own plan, they must be bereft, in these sentences—"With respect to the future condition of existing institutions, there appears nothing in the least derogatory to their dignity; nor, which is of much more consequence, to their professional utility and efficiency, in considering them henceforth as independent scientific societies; which, retaining all their present members and internal laws, might henceforward admit new members by the same mode as new members are customarily admitted to the Royal, Linnæan, and other scientific societies. Each of the existing institutions might still have its own library and museum, and its own lectures; each might have its own meetings, and publish its own transactions; and all, vying with each other in a spirit of liberal emulation, might continue to benefit both individuals and the public, quite as effectually as under the present system.

"And, on the same principle, the several universities which have the right of conferring medical degrees, might still exact a previous public examination of the candidates for those degrees."

But the universities and great schools of medicine would be benefited by the change. Under a system which would institute a rigid examination of candidates to practise, and which would disregard the local position of schools, such as were already established and capable of yielding the greatest facilities for instruction would reap a direct advantage which would far more than compensate for what some of their professors receive as examining-fees. And as even now degrees from universities and diplomas from colleges of surgeons are taken rather on account of the titles than the privileges they confer, it is not apparent why such bodies should not continue to be resorted to for such honours: nearly all the general practitioners of England now take the diploma of one of the colleges of surgeons, though it merely allows them to call themselves members, or licentiates, without conferring any legal privilege: medical men would still retain a pride in belonging to some of the "scientific societies," if these were worth any thing.

The College of Physicians of London, though advised by Lord Mansfield in 1767 to "review their statutes," as he saw "a source of great dispute and litigation in them," and even pronounced them illegal, failed to act on his lordship's advice; and though the medical profession, as Dr. Kidd intimates, now takes a wide view of the question of reform, the germ of the question was developed principally by the obstacles thrown capriciously in the way of the admission to the fellowship of such as were not graduates of either of the English universities; for the class of licentiates has always been considered an inferior one, though it includes, and has included, many of our most eminent physicians. It was first of all adopted in the middle of the sixteenth century, to embrace aurists, oculists, dentists, and other practitioners, such as these were at that period. About a century and a quarter after the institution of the order of licentiates, the college, in a "short account" of its own "institution and nature," takes credit to itself as being no monopoly, seeing that foreigners and "holders of degrees beyond the seas" are admissible to the unlimited class of "honorary fellows;" and "licentiates," in the same pamphlet, are defined as "such others as are foreigners or do not hold degrees in our universities, or by want of learning or by reason of their youth are ineligible to the candidateship, but are yet of use to the king's subjects, at least in some particular diseases." If the licentiates are now a body of most able physicians, that is the very reason why they should not be excluded from the rights, privileges, and honours of an order to which they have as much legal right to belong as have those who compose it.

But a greater source of discontent, inasmuch as it affects a larger body of men, is to be found in the monopoly obtained by the City of London Company of Apothecaries through the means of an act to "enlarge their charter," in 1815. In the earlier part of the reign of James the First, the apothecaries were incorporated with the grocers, out of his majesty's "more abundant and special grace, and certain knowledge, and meer motion," and in order "to the end the art, mystery, or faculty of apothecaries, now of a long time faln and despised," might "the better advance to its beseeming greatness and honour." In the thirteenth year of James's reign, the apothecaries were formed into a separate incorporation. They were the druggists of their day; and for a very long period the complaints of the physicians were loud against the apothecaries for presuming to prescribe:

a fierce paper-war was carried on between the two classes in the beginning of the eighteenth century. The apothecaries, however, gradually became confirmed, not only in the metropolis, but all over the country in their assumed province; and it would seem that the physicians had to thank themselves for it; for by having the charter of their order "enlarged" to suit the changes of the times, or even by the powers which it already conferred, they might have made their college the means of supplying all England with regular physicians in place of the vendors of drugs who now took possession of the practice. The present generation of general practitioners in England (and a very respectable body of men they are) are sprung from the "grocers company:" it would be gratifying to see their occupation become separated from a traffic in drugs. The charter of the Apothecaries' Company was "enlarged" in 1815, by an act of parliament which was huddled through during the last few days of the session—the second and corrected edition of a bill which the Commons refused to pass on account of the extensive amendments the Lords had found it necessary to make; and was, after all, properly described by Earl Stanhope in his speech at the time, from the report of which speech, in *Hansard's Parliamentary Debates*, the following quotation is made—"He had never seen such a bungling bill, even from the bunglers of the House of Commons. (A laugh.) During the session, a bill had been brought up from the house to their lordships, in which the pecuniary penalty for some offence had been changed into transportation for fourteen years. Now, their lordships knew, that when a fine was levied by way of penalty, it was customary to provide that half the fine should go to the informer, and the other half to the king; but in this bill they forgot to alter that provision, so that the enactment literally ran thus—that the person committing the offence should be transported for fourteen years, half the penalty to go to the informer and the other half to the king. (A laugh.) With respect to the present bill, he was decidedly friendly to its object, because it was an honest one; but he was an enemy to its clauses, because they were oppressive and incorrect. He objected also to its being made a private instead of a public bill, as it was smuggling the bill through the house in an unfair manner. He wished that it might be postponed for the present, not from any desire that it should be abandoned, but merely that it might be resumed next session in a less imperfect manner; and he should therefore move that it be read a third time on Thursday next." (Parliament was prorogued on the Wednesday.)

The Lord Chancellor defended the bill, as calculated to produce much benefit, and stated that it was "a qualification and limitation" of the apothecaries' charter; but his lordship does not appear to have bestowed his usual deliberation on the matter, for the powers of this city company were extended to England and Wales, and the worshipful society itself was, to use the words of Dr. Mann Burrows, "absolutely astonished" at the amount of power put into its hands. Well it might, for the "mystery of the art of apothecaries" became a faculty of medicine, with more real power than was possessed by all the other medical bodies in the kingdom put together. Since the company obtained its act, it has been much more remarkable for prosecuting persons holding medical degrees from universities or diplomas from colleges of surgeons, for sending medicines to their patients, than for suppressing ignorant pretenders to medical skill. To protect the people against impostors it has seldom or never attempted. It is strange that an act to enlarge the charter of a company of druggists, and which makes a five years apprenticeship in mixing drugs necessary, should regulate the medical profession, and should contain a special provision against the "druggists" being interfered with. Some readers were probably unprepared, even after the other anomalies brought under their notice, to arrive at such a climax as this.

It has been often said that the Apothecaries' Company has done much good. So it has—because it could not help it. It was shamed into making its curriculum of education somewhat respectable by the very bodies from whose fingers it filched the power to which it had no title. But if such a corporation as this, with real power in its hands, has been of public service, how much more good might not be expected from a system which should be wiser in principle, and should exercise an uniform power over the whole empire.

The Apothecaries' Company of Dublin has not been in the habit of disturbing qualified practitioners in medicine and surgery in dispensing medicines to their patients; while its licentiates, at the same time that they are considered general practitioners, monopolize the *trade* of compounding medicines. This company does not seem to have been so much complained of by graduates in medicine, and qualified surgeons, as by its own licentiates, who have frequently petitioned that they might "no longer be subject to the misrule of a trading company, consisting of twenty-nine practising apothecaries, in whose election or proceedings they have no voice, whose interest is perfectly opposed to theirs, and who will neither allow nor make any effort themselves to benefit the public, or rescue the profession from the degradation which their conduct has brought upon it." (See the journals of the House of Commons.)

In 1833, a bill was introduced in the House of Commons to relieve graduates of the Scotch universities and members of the three Colleges of Surgeons, as well as surgeons on the establishments of the army, navy, and East India Company's services, from the grievances which they felt under the apothecaries' act; which, in fact, prevented them from practising as general practitioners in England and Wales, unless they complied with its apprenticeship-clause, and submitted to its diverse rules and regulations, besides passing its board. The bill would have passed, had not the examination into medical matters by the committee on the bill displayed to them in formidable array such anomalies as have already been spoken of, and caused them to report, "that before any bill to amend the laws for regulating the practice of apothecaries throughout England and Wales shall be passed into a law, it is desirable to inquire more fully into the subject than can effectually be done during the present session of parliament." The profession has now to regret that it did not get the instalment to begin with, for nine years have passed and not a tittle further forward is the question at this moment. A select committee was appointed in February 1834, "to inquire into and consider of the laws, regulations, and usages regarding the education and the practice of the various branches of the medical profession in the united kingdom." It published part of the voluminous evidence it collected—such as referred to the three London incorporations of physicians, surgeons, and apothecaries—and advised the reappointment of a committee the ensuing session. In the mean time, the houses of parliament were burnt, and it is understood that a mass of unpublished evidence and papers were lost in the conflagration: a change of ministry, too, took place in the beginning of 1835; so that no more was heard of the subject in parliament, except through petitions which grew more frequent as the legislature seemed further to postpone the consideration of the question, till Mr. Warburton read a

bill, at the end of the session, 1840, "for the registration of medical practitioners, and for establishing a college of medicine, and for enabling the fellows of that college to practise medicine in all or any of its branches, and hold any medical appointments whatsoever in any part whatsoever of the united kingdom." From the coldness, and, in some respects, opposition which this bill met with in the profession, it would appear unjustly, Mr. Warburton allowed Mr. Hawes the session before last to take up the subject. Mr. Warburton meant to check empiricism by a system of registration—by public lists of all medical practitioners, with their qualifications—instead of by penal enactments against the illegal practice of medicine. He wished to govern the profession by a council elected from the practitioners in each of the three kingdoms, a proportion of lay members being infused into each council; and by a senate elected from the councils. The great objection to a purely medical senate is, that the profession might be over-partial to its own interests; though it is well known that, as a body, it has always been characterized by the most philanthropic views, and has always been the first portion of the community to urge the adoption of whatever measures seemed necessary for the physical welfare of the people. Mr. Hawes proposed a tripartite method of governing the profession, similar to Mr. Warburton's; but he omitted the lay members from his councils; and thus his scheme met with a warmer reception from the British Medical Association, the provincial associations, and perhaps the profession in general, though they disliked the part of it which taxed them. His first bill, which was to suppress quackery, and to legislate for the "chemists and druggists" as well as medical practitioners, was withdrawn, and a "medical profession bill, No. 2," was introduced, from which Mr. Hawes left out such parts of the first bill as interfered with the trade of the "chemists and druggists," or with quackery. From the partial discontent of the profession at these mutilations as it considered them, though it was still willing to accept the bill as a great improvement, but most of all from an apathy in the house, arising as well from this unsatisfied state of the profession as from the knowledge that the public were apt not to feel a due interest in what they considered a measure for the removal of something like personal disabilities alone, Mr. Hawes failed in his laudable attempts. It is to be hoped, that a question on which a careful medical committee sat for a whole session without being able to consummate its task—a question which has been vexatiously delayed, one which affects the nearest interests of a numerous and useful profession, almost unanimous in its desire for change—a question intimately connected with the well-being of the whole people—shall not be met again, as it was the session before last, by the house allowing itself to be "counted out." Medical reformers received no kindly aid, nor aid of any kind, from the Whigs: it remains to be seen what the Tories are capable of doing in a matter which can only be viewed in a spirit of partisanship by such as defend abuses for their own sake.

To enter minutely on the *details* of the machinery required to work out the changes which have been pointed out as necessary, would but perplex the general reader. Legislation should begin, of course, by incorporating all the graduates in medicine of the universities, all the licentiates or members of colleges of surgeons and other chartered medical bodies, all who were in practice in England and Wales before the passing of the apothecaries act, and all who had served as medical officers in the public service, as members of the national faculty, and as forming the legalized profession with which to commence the reorganization. While Mr. Warburton was right in thinking that medical men should not have exclusive power committed to them over affairs which involve public as well as medical interests, the difficulty experienced under this proposition should be obviated, not by an intermixture of lay members in the councils, but by conjoining with a purely medical senate like that of Mr. Hawes, and medical reformers in general, such a minister of the crown as is suggested by Dr. Grant. The public health—the physical welfare of the people—when viewed in all its bearings, is an important subject, and one fit to be intrusted to a public minister, or at least to a functionary appointed by the Secretary of State for the Home Department; while a medical college, council, or senate, elected from and by the profession as the only part of the public capable of supplying and choosing it, should cooperate with him: so that he, as guardian of the public interests, might have the advice and assistance of a body men, pointed out by the suffrages of the whole profession as the most fitted for the purpose, while medical practitioners would feel secure against the misrule of self-elective bodies. The duty of the minister and his senate should be, not so much to make laws as to carry out the spirit of the law—to administer it: but, of course, the management of much detail must be left to himself and the senate; for example, it should be their province to appoint a board of examiners in each division of the kingdom, and to superintend and direct these boards so that they might act in unison. They might also have the power of organizing what they considered the best system of registration. But, on such a plan, much might be accomplished besides supplying and registering properly qualified medical practitioners: other boards than those required for examination might be instituted with advantage; other means than such as were necessary for registration might be set on foot for the general benefit. Much remains to be done in this country in the matter of medical police: the promotion of greater health in towns by ventilation, cleanliness, draining the removal of nuisances, and whatever other means—the investigation into the causes of epidemics—the means afforded the people for recreation and amusement—might all, instead of being everybody's business as at present, and consequently nobody's, come within the scope of a minister of health strengthened with the power of making the whole medical profession, through its senate, a means of indicating evils and suggesting their remedies.

Of late years, the great importance of the medical statistics supplied through reports from the public services, hospitals, and last, though not least, through the means put in operation by the Registrar-General of England and Wales, has been universally appreciated; and we have felt indebted to such enthusiastic labourers as Major Tulloch, W. Farr, and others. But what machinery for the collection of facts and their systematization, as well as for the more ready application of the knowledge thence deducible, might we not possess with an organized profession of medicine! It might be made imperative on every medical practitioner in the empire to return an account of every case of disease occurring in his practice—its history, its treatment, the result—according to an uniform method prescribed by the medical senate. Should the scruples of the little men of the present generation who would be ready to oppose such a scheme be listened to, when we could recognise in it a spirit worthy of a great country, and of one which has yet to cancel the reproach of having lagged far behind its Continental neighbours in fostering or encouraging science—"a country which has the intellect to maintain national museums without a single instructor, universities without a single professor, colleges without a single endowed chair, endowed col-

leges without a pupil, university diplomas without a single privilege, twenty totally independent, irresponsible, rival, medical-license shops, hospitals, in the medical appointments of which neither the government nor the medical community have any share, where the medical superintendence of the poor is sold by auction, where the titles of distinction conferred upon men of genius have nearly all been the rewards of foreign states, and where the most illustrious men, after pining in penury and neglect till aged and exhausted, occasionally receive a pittance, to save the national infamy of their dying in the workhouse."—Dr. Grant.

After all, what reason is there to look forward to the subject of medical reform being entertained by the legislature and made a question worthy of the nation? For when matters have not a party hue, or when they are not forced into prominence by the clamour of multitudes, it is difficult to rouse the government of this colossal empire to their importance, however great. There are grievances, however, which must soon be redressed. The anomaly must not be continued of a medical practitioner being disqualified in one part of the country while he is legally competent in another; nor the inconsistency of his being authorised to apply his skill in one department of medicine, while in another arbitrary division of it he is prohibited from exercising the same knowledge. These sources of vexation must be removed, whether empiricism be let alone or not—whether the incorporated bodies be molested or not—however trifling a measure is to be vouchsafed. But, rather than that the present or a similar system should be continued—rather, indeed, than that there should be any thing short of a full and satisfactory reorganization of the whole profession, a perfect freedom of trade in medical practice should be sought for as a public boon. That would be the next best plan to a thorough reformation.

TO CORRESPONDENTS.

We have received a letter from Mr. Finucane of Ennistimon, requesting us to make known the following particulars:—It appears that he was the gentleman who presided at a meeting of the Clare Medical Association at which the proceedings of the poor-law commissioners were denounced, and who, a few days subsequently, published a letter in the Dublin Evening Post *expressing his confidence in the firm of Nicholls, Phelan, Corrigan, and Harrison. Mr. Finucane states that he is not ashamed of this conduct. Mr. Finucane also repeats a stupid attack upon Dr. Maunsell, originated by the above-named respectable firm, which no one, in the least degree acquainted with the last-named gentleman's private opinions or public acts, could mistake for truth. We have reason to believe, however, that Dr. Maunsell would be very unwilling to say a word which might prevent any gentleman from relieving his mind by maligning him.*

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, NOVEMBER 2, 1842.

HINTS FOR MEDICAL STUDENTS.

In this day's publication we have printed for the benefit of the medical students, and for the information of the medical profession and the public, a plain intelligible statement of the nature and amount of the proofs of education which candidates for the diplomas of the Colleges of Surgeons of Dublin and London are required to possess, with other matter respecting the qualifications, appointments, and salaries of medical practitioners. We are induced to do this, because we know, and we regret to be obliged to say so, that inexperienced pupils are often led astray as to the laws and regulations of the medical institutions by persons more interested in securing a portion of their small stock of ready cash than in securing for them a good education, and a respectable professional character. We do not here allude to those who are said to prowl about the precincts of the public institutions to pick up simpletons for the sake of the recruiting fee, which it is suspected some allow them; but to those who would fain have it supposed that they are quite above such things, yet allow their zeal in the cause they espouse to get the better of their sense of what is right, so far as to suggest doubtful readings of plain passages and curious constructions of obvious meanings. We are anxious in fact to put young men upon their guard against the representations and importunities of those who endeavour to lead them to pursue a particular path, because it runs through their grounds, in order that they may exact the toll; or, in other words, to warn them to beware of the advice of persons deeply interested in the choice the student may make of a qualification to practise. At the same time, we are also anxious to make our brethren in the provinces, as well as the public at large, acquainted with the real state of the case as to present arrangements for securing properly qualified practitioners for the public service, and to afford such information as will enable governors of hospitals and dispensaries to form a more correct judgment as to the qualifications of candidates for office. We some time ago suggested, and we now repeat the suggestion, that local associations over the country should call on young practitioners, settling in their respective districts, to produce their qualifications to practise, and to show the proofs they possess of being fairly entitled to such qualification before they admit them to consultation, or recognise them as regular members of the profession. This would afford some check against the smuggling of uneducated persons into our profession, under the culpably lax system of the schools, and go far to put a stop to the trade now driving in the manufacture of mock doctors. The regulations of colleges look all very fine on paper, but the opportunities and facilities afforded pupils and teachers for their evasion frequently render them perfectly nugatory: so much so, that notwithstanding the respect we entertain for the individuals composing the councils, courts, and boards of public institutions, we cannot help suspecting that some of them are not altogether ignorant of the existence of these facilities and opportunities, and perhaps not very anxious to enforce a system of discipline calculated to render their regulations more stringent. Certificates, charts, returns, and declarations, are little better than waste paper unless they be verified and compared; and arming irresponsible persons with "discretionary powers," granting dispensations to others, declaring regulations not to be retrospective, and providing individuals with private letters of explanation to be exhibited to inexperienced pupils, is undoing with one hand what has been done by the other, and encouraging practices of the most reprehensible description.

What makes the mal-practices to which we allude more deplorable, is the circumstance that the difference as to the length of time and expense between the best education now required, and the worst contrivances of wholesale traders in certificates, are comparatively scarcely worth consideration in a pecuniary point of

view. A parent may perhaps save three or even six months in time, and ten or even twenty pounds in money by forcing a child in a hurried manner through the schools, and denying him the best instruction, but he does not consider that by so doing, he sends him into professional life incapable of availing himself of the opportunities afforded him, and disabled from competing with those around him. It is equally deplorable to see young men so dead to all feeling of generous emulation, so destitute of self-confidence and self-respect, and so mean and grovelling in their views and habits, as to fly from little difficulties rather than encounter them, and to be content to slip in by the back door rather than enter boldly by the front. How can a poor-hearted creature, who knows no difference in the value of instruction but the price he pays for it, complain hereafter if those who employ him estimate his services in the same way? What right has he to repine when he finds himself reduced to the rank and lot of a sixpenny vaccinator; or compelled to submit to the most laborious drudgery for the most miserable pittance. We do not, however, mean to say that the pupil himself is the only person to be blamed for this miserable practice of sacrificing his education to the most paltry considerations; on the contrary, we know that he is generally acutely sensible to the injustice of thus giving him the shadow and not the substance of a profession. It is far more generally his own parents who are to be reproached for such short-sighted policy. They seem to think that all that is necessary is to procure for the boy a diploma to enable him to earn a livelihood, never recollecting that every one knows that such a document is now no evidence that the possessor of it is qualified to act as a medical practitioner. The day is gone by when the title of doctor or surgeon, with a brass plate on a hall-door, as a stock in trade, could be relied on as a provision for a child; there must now be positive proof of acquirements and capacity to secure public confidence, and that proof is not to be found in cheaply purchased certificates of attendance on nonsensical lectures, or vague and general testimony that the party has "walked" an hospital.

Unfortunately for our profession the expense of entering it is now so inconsiderable that persons of the most limited means are tempted to look to it as a provision for their children, and in doing so inevitably resort to every means within their reach by which they can possibly still further reduce the amount to be paid for instruction. It is vain to hope that they will make an effort to secure a perfect education for the young aspirant to medical honours, when they discover that even the conductors of the public institutions encourage them to be content with an imperfect one. The colleges proclaim by their acts that the diploma may be had, although the information is denied. There is in fact little or no difficulty in obtaining the apparent qualification, while the necessary knowledge is limited by the means of the student. Now, it should be just the other way. What the pupil pays should be so applied that all the avenues and sources of instruction would be freely opened to him, and the pecuniary obstruction, which now meets him at every step and turn, removed. His pursuit of knowlege should never be arrested by pecuniary difficulties after he has once been permitted to enter the field. This would put an end to the unseemly competition which now brings the business of instruction into discredit, if not contempt. Every expense attending the acquisition of the diploma of the College of Surgeons in Ireland may be defrayed for less than one hundred pounds, and that for the diploma of the London College for less perhaps than eighty, and this spread over the four or five years spent in education cannot be considered unreasonable, or an impediment to the admission of a sufficient number into the profession; but it is lamentably misapplied, and in consequence of defective arrangements, instead of contributing to the education and training of the pupil, either moral or professional, tends to his participation in proceedings little calculated to promote either. We must rest here for the present, but we shall return to the subject, and never cease until we make the public thoroughly acquainted with it in all its bearings. It is vain to hope that the authors of evil, and participators in its advantages, will correct the mischief, or that the profession will cure its own vices. The pressure from without must be laid on, and, as far as in us lies, we shall exert ourselves to get up the steam.

NEW REGULATIONS OF THE LONDON COLLEGE OF SURGEONS.

Some new regulations of this body, relative to the anatomical department, has led to a strange result. It seems the council wish to enable students, engaged in this branch of their education, so to divide their time and attention between attendance on lectures on anatomy and physiology, demonstrations and dissections, during the session, that they may derive the greatest possible advantage from the instruction given. He is "to study anatomy, physiology, and pathology, under the direction, and to the satisfaction of the teacher, by attendance on lectures and demonstrations, and by dissections, *during the whole session or season, from October to April, inclusive*, in such manner as the teacher may think most for his advantage as to the quantity of each kind of study.' The intention of this regulation is obvious—it is to enable honest instructors to adapt the instruction to the wants of each particular pupil; to say to one, you attended the lectures on the bones last year attentively, never mind them this, but apply yourself to the dissection and demonstration of the muscles; or to another, this being your first year of study attend the lectures on the bones and muscles, but never mind the arteries and nerves until next; or to a third, you have now dissected for a couple of seasons diligently, apply yourself to physiology and pathology more carefully, and so on. But how has this plain announcement been construed and tortured? The duty thus assigned to the teacher, is with great composure and humility, assumed to be "a discretionary power vested in him," to absolve the student from his obligation to "attend the lectures, demonstrations, and dissections during the whole season, from October to April, inclusive." He is "duly exercising the authority entrusted to him," to make convenient arrangements to suit "all students desirous to have *unnecessary exercises remitted*," and to effect this, splits his anatomical instruction into three departments, and these again into two divisions each: six slices in all, to be served up as circumstances suggest. But the cream of the jest remains to be told; not only are "all unnecessary exercises to be remitted," but inconvenient expense is to be spared, and for this purpose the boys are to pay for their slices as they are handed to them. Three half guineas for each division of three months duration, being half a guinea a month, or four guineas and a half for the whole lot to be raised to six, if "*complete*" certificates are required for any other college, admitting in fact that this hotch potch is to be served out to candidates for the London College only, and that it is to be rejected by all other institutions. It is scarcely necessary to warn the pupil against such strange contrivances. He may see that he is to comply with the spirit, not the mere letter of these regulations, and, as an explanatory letter of the council says, "he *must have been, bona fide, engaged as above during three entire winter sessions.*"

VACANT CORONERSHIP.

We announce with much pleasure that Dr. Healy of Ennis, is a candidate for the coronership of the county of Clare, now vacant. Our opinions as to the propriety of appointing intelligent and well informed medical men to that office, have been so often laid before our readers, that we need not now repeat them. We have, therefore, only to say that we know of no man in the medical profession likely to fill the office more creditably to himself and his brethren, or more usefully to the public than Dr. Healy. That he will be zealously and cordially supported by every medical man in Clare and the neighbouring counties, we need not say we hope; for we are convinced that upon this occasion there will be no holding back.

WORKING OF THE POOR LAW.

(From the Evening Mail.)

We beg leave to invite the attention of the curious to the following conversation (we quote it from the *Athlone Sentinel*) which took place a few days ago in the board-room of the Athlone union. It furnishes an admirable commentary upon Mr. Nicholls' plan for the improvement of Ireland:—

"The clerk mentioned also that the head commissioner, Mr. Nicholls, had been here, and he saw a woman talking to one of the paupers in the porter's lodge, and having heard she was the wife of the pauper, he directed him to be put out.

"Mr. Keogh—The pauper is P. D. Kelly, and his son, though he will support his mother, will not support his father; and if he is put out, he has no means of support; but the son ought to be processed, and made pay for his support here. *There is not so useful a man in the house, and it would be a shame to turn him out.*

"Mr. John Kelly—I understand Mrs. Kelly says she will come in to-day, and that will obviate all objections. It was then, after some discussion, arranged that the son of Kelly should be written to, to know if he would pay for the support of his father and mother, and, if not, that law proceedings should be taken against him."

In the first place, we have Mr. Nicholls himself committing a direct breach of his own law by interfering with the administration of poor relief, which the act expressly forbids the commissioners to do. We have next an admirable example of the moral effects of Mr. Nicholls' plan. Mr. Kelly the son, disliking the society of Mr. Kelly the father, allows him to take refuge in the workhouse, and the funds of the union are to be expended, not in supporting either the one Mr. Kelly or the other, but in processing a son for unnaturally refusing to support his parent. When was such a refusal ever heard of in Ireland before the introduction of the new poor-law? How many really destitute persons could be provided with a day's support in an old mendicity asylum upon the amount of the lawyer's costs for this scandalous and brutalising exposure?

Again, we have in this extract ample information both as to the class of persons for whose easement the property of the country is to be given in trust to Mr. Nicholls, and of the mode in which Mr. Nicholls' delegates aid him in the execution of that trust. Mr. *P. D. Kelly* is found out to be *so useful a man in the house, that it would be a shame to turn him out:* and as Mr. Nicholls refuses to allow him to remain without the solace of his wife's society, a negotiation is forthwith set on foot to induce Mrs. Kelly to honour the poorhouse with her presence. It would appear that Mr. John Kelly (a guardian) undertook this delicate piece of diplomacy, and that he succeeded in *obviating all objections* by prevailing upon Mrs. Kelly to be a pauper. What were the terms of the capitulation we are not informed, nor do we know how much tobacco, or what freedom of egress and ingress was guaranteed to Mrs. Kelly, in order to induce her to exchange her son's house for the workhouse—nor even what were the services, in the performance of which Mr. P. D. Kelly was found so useful.

As to the operation of the system upon the property of the union, we are, however, supplied with a little information in another part of the report, which tells us that—

"A letter was read from the commissioners, authorising the board to borrow £800 to pay the builder of the poorhouse.

"Mr. Keogh—We will have to pay £2,000 before the 1st of December to the Board of Works, as an instalment of the loan given us The tax will be very heavy.

"Lord Castlemaine—No matter; we have no option, I dare say, but to borrow this. It is like the presentments sent to the grand juries at assizes for the payment of police, which the judge will tell them they are bound to pass.

"Mr. Egan—The government ought to pay the police from the consolidated fund as well as the military, as they do military duty now; and if the people memorial, I am sure they would.

"The chairman asked if the collectors had paid in any money since last day?

"The clerk said that £35 had been paid in; but by their contract they were obliged to lodge it in the bank, and it did them no service, as the bank would advance them no more money.

"Lord Castlemaine—I thought they agreed to advance us, from time to time, any money we would want, at 3½ per cent.

"Mr. Keogh—They did, but now they want six per cent; but if we apply to Mr. Hay, I'll engage he'll advance any money we want on the terms they have.

"The Clerk—I applied for a loan of £500 to pay the contractor, and £400 for the support of the house, as desired by the board. I believe they will advance what will support the house, but I do not think they will give any but that till they are paid up."

How such a system as this should be suffered to oppress the country, must be a matter of surprise, did we not find the clue to it in the following dialogue:—

"The clerk then stated that the head commissioner, Mr. Nicholls, had gone through every part of the house and was highly pleased with its cleanliness and the regularity with which every thing was managed, and he (the clerk) had been desired by Mr. Burke, A. C., to state this to the board.

"Lord Castlemaine—I was through the house myself to-day, and I have never seen any establishment better kept. The master and matron deserve the greatest credit.

"Mr. Keogh—It is the best regulated house in Ireland."

Mr. Nicholls, we understand, has been a great navigator, and, probably, has learned the value of a toy, in diverting the attention of those with whom his former pursuits led him to deal, from their more substantial interests. He has, no doubt, often found a string of blue glass beads available in his operations upon the coast of Guinea; and as African and Irish human nature do not essentially differ, he calculates upon the Elizabethan chimneys, white-washed walls, and iron bedsteads of the workhouse as sufficient to reconcile the people of Ireland to a mortgage of their soil, and a payment of six per cent. interest on the debt. We have our hopes, however, that the story of Franklin's whistle is not altogether unknown in Ireland.

THE VACCINATION ACT.

THE state of our columns prevents us from remarking upon the ground and lofty tumblings of a certain Mr Knox, the account of which will be found in our report of proceedings at the Ennis union. This gentleman has, no doubt, had the honour of being shaken hands with by an assistant poor-law commissioner, since his elevation to the high office of guardian. We request the best attention of all aspirants to the respectable office of "sixpenny vaccinators" to the *impayable* letter of Mr. Carr of Moate. As a specimen of cumulative argument, of pathos, and of public spirit, it is a perfect model.

THE CHEAP SHORT-AND-EASY METHOD.

WE have to warn pupils that the following announcement, put into *Saunders' News Letter* this morning, by the worthies who are offering to smuggle young men into the profession by the "cheap short-and-easy" method, is untrue from beginning to end. It is a gross libel on the London College of Surgeons, by imputing to the council an intention of adopting contrivances or subterfuges to evade their own regulations. The statement, respecting the eligibility of candidates to workhouses in Ireland, is equally untrue. We acquit the teachers in the respectable private schools of any participation in these proceedings; every one now knows how matters stand:—

"ROYAL COLLEGE OF SURGEONS.—We understand that, in consequence of the new regulations of the College of Surgeons in London, preventing medical men in practice, not at present members of the college, from passing an examination and obtaining its diploma, on account of the protracted studies that would be required, some arrangements are about to be made by the council, to enable those gentlemen to present themselves under the regulations in force at the time they commenced their studies. They will thus avoid two years' additional pupilage. The new plan will not be in force for a longer period than the 1st January next. The recent regulations of the poor-law commissioners render it imperative on union surgeons to possess the college diploma."

POOR-LAW INTELLIGENCE.

ATHLONE UNION.

At the meeting of guardians held upon the 15th inst., the clerk read a letter from the commissioners, stating that the contracts for vaccinating lasted but for one year, and that new contracts should be entered into every year.

Proposals for vaccinating the children of St. Mary's district, vacant by the death of the late Dr. Dawson, were then read from Messrs. Kelly, and Gilchrist of Athlone, and Mr. Carr of Moate.

The following letter in support of his claims on the guardians was sent in by Dr. Carr, and read by the chairman.

"Mr. Chairman, my lord and gentlemen, I come before you as a candidate for the vaccination district of St. Mary, vacant by the death of Dr. Dawson. My claims for so coming forward are as follows:—

"1st. Being one of the first appointed vaccinator for the Moate and Glasson district, having performed that duty faithfully, diligently, and correctly for the past and present year, it can be attested by the following named guardians who have frequently met me on my many and different journies, viz., Colonel Caulfield, Messrs. Magill, Arabin, Daly, Grey, Hodson, two Dillons, Egan, Gaynor, Nugent, &c., &c.

"2d. During both years giving up my entire time to both districts, from the 1st of March to the 1st of November in each year, performing duty each day of the week. One day in Glasson and Benown, next in Kilkenny West, and Noghaville, next in Mountemple and Baylin, next in Drumraney, next in Ballinahown, and sixthly in Annagh and Ballykeeran, and after having vaccinated the children in the above localities, going to others, until all that came passed through the disease.

"3d. That this year's earning goes far short of meeting my expenses, of even paying the expense of a horse, wear and tear of a car, (without any compensation for my own trouble and loss of time.) From the 1st of March this year (going the same route as last year) to the 1st of August, I only earned £19 1s. 1d. Up to the 1st November, I may have eight or ten pounds more earned, so that going about all that time, with self, horse and car, I will be worth about 1s. 6d. per day. On last Wednesday I went to Ballinahown, then Kilgarvin, then Knockanea, and home, and all the children I got to vaccinate were *two*. On next Wednesday I must go the same journey to see if those two cases are successful, and if not vaccinate them again, and go a third time to see them, making at least two journies of twenty-four miles, and that to earn *one shilling* (6d. each case). I went to Drumraney this day (Friday), a distance of six miles. I had *one case only*; will go there again on next Friday to see if that case is successful, if so, I earn *sixpence* for the two journies of twelve miles each!!!

"4th. St. Mary's district is so thickly inhabited, that it was worth one-half my present district, and I am sure the board of guardians will not see an officer of the establishment a loser by his contract, when they can in some measure make up his losses by giving him the vacant district. The St. Mary's district has been sadly neglected as to the attendance that should have been paid to the vaccination of the children, as in the past year only 199 were vaccinated, and in the present only 50, of course the neglect must have been in consequence of the bad health of the late contractor. Now to make up for that neglect of duty, should you appoint me, I can give up two or three days in each week *exclusively to that district* so as to have all the children that may come to me to the different stations I will appoint vaccinated before Christmas.

"And lastly, I think for the foregoing reason that my claim to the appointment *should* and *ought* to supersede the claim of any other candidate.

"W. J. CARR, Licentiate Apothecary.

"Moate, Oct. 14th, 1842."

After a poll Mr. Carr was declared duly elected.—*Athlone Sentinel.*

ENNIS UNION.—OCTOBER 26.—HUGH O'LOGHLEN, ESQ., IN THE CHAIR.

Four tenders for vaccination were opened, from Drs. Cullinan, O'Brien, Healy, and Enright.—All proposed to vaccinate at 2s. 6d. per case, but this being above the standard allowed by the commissioners were rejected.

Mr. Knox remarked that the question was a most serious one, and read extracts from Dr. Phelan's report to show that many medical gentlemen in other places realised large salaries at the rate offered by the commissioners—1s. for the first 200 cases, and 6d. for every remaining case. It would be well worthy of consideration to inquire whether it was not practicable to enforce the terms upon the medical men of the workhouse.

Dr. Cullinan here entered the room, when

Mr. Knox repeated his observations still more in detail, adding that as there seemed to be a conspiracy amongst the faculty, steps should be taken to counteract it. The health of the people was a most important consideration, and he should not wonder if at the next assizes means would be taken to have the persons attending dispensaries ordered to vaccinate in their respective districts, at the commissioners' rates.

Dr. Cullinan wished to say that there was a wide difference between a power and a right. It was ridiculous to expect that because men were employed for one purpose they should be compelled to perform another. He also questioned the authenticity of the returns produced. There was at this moment a prosecution against a vaccinator in Cork for false returns. Those who accepted of the proposals were the least respected of the profession. Let the board allow him (Dr. Cullinan) to make such false returns as would amount to £30 per annum, and he would undertake that duty.

Mr. Knox—Yes, undertake the duty on any terms you like, but make the returns at your own peril. The very fact of all the tenders being at the same price tended to prove that a combination existed.

Dr. Cullinan—Certainly, the tenders all were for the same amount, for all the medical practitioners were perfectly unanimous in thinking the terms of the commissioners too low, and estimating the value of their services at the rate proposed in the tenders.

At the suggestion of Dr. Cullinan it was ordered that referring to the commissioners' letter of the 13th of October last, relative to vaccination, the commissioners are requested to inform the board whether, when they suggest that it will generally be found expedient that the medical officer of the workhouse *should be called upon* to contract for vaccination in the workhouse district, whether they mean thereby that such a duty should be made obligatory on the medical officer.

Mr. Knox considered that the commissioners were right, and that the medical officers should be obliged to vaccinate. He allowed it might be difficult to find a case where exercising the power might be justifiable, but he thought this one completely so, for the public health required it. It was not to benefit an individual or a board he was advocating, but for the public health generally, and therefore did he conceive the commissioners perfectly justifiable, if they required the officers to become contractors at their stipulated rates, which could be made sufficiently remunerative with a little trouble, and more so than the offer made by the medical men here, namely, twenty pounds per annum.

Other guardians did not consider the doctors should be required to perform any duty outside the house.—*Clare Journal.*

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Oct. 9th,	59	44	30.500	
Monday,	10th,	64	48	30.450	
Tuesday,	11th,	64	48	30.500	
Wednesday,	12th,	60	44	30.412	
Thursday,	13th,	58	41	30.350	
Friday,	14th,	57	46	30.300	
Saturday,	15th,	58	49	30.350	
Sunday,	16th,	55	45	30.322	
Monday,	17th,	54.5	48	30.000	
Tuesday,	18th,	52.5	40	29.450	.085
Wednesday,	19th,	52	34	29.600	.010
Thursday,	20th,	47	31	29.750	
Friday,	21st,	45	29	30.064	
Saturday,	22d,	49	33	29.300	.190
Sunday,	23d,	49.5	40	29.050	.400
Monday,	24th,	49	37.5	29.608	.120
Tuesday,	25th,	45	36	29.350	
Wednesday,	26th,	42.5	28	29.450	.240
Thursday,	27th,	47	33	29.750	.80
Friday,	28th,	47.5	33	29.764	.45
Saturday,	29th,	48	34	30.000	.10

DR. GRAVES' CLINICAL MEDICINE.

Just ready, and shortly will be published, in one large 8vo. volume, closely printed,

A SYSTEM OF CLINICAL MEDICINE.

BY ROBERT JAMES GRAVES, M.D.,

Physician to the Meath Hospital and County Dublin Infirmary, late Queen's Professor of the Institutes of Medicine, &c., &c.

This work will be systematically arranged, so as to present to the Profession a connected Series of Lectures on Fever, Diseases of the Lungs, Heart, Stomach, Skin, &c., &c., and will embrace all the improvements in Practical Medicine up to the present period.

Dublin: Fannin and Co.

FANNIN AND CO.'S MEDICAL LIBRARY, 41, Grafton-street, Dublin. In this Institution, (which is most conveniently situated in respect to the several colleges and schools, and fitted up with great attention to comfort, containing several thousand volumes, to which all the medical periodicals and every work of merit are uniformly added,) the medical student is supplied with all the works, both English and Foreign, necessary to the study of the profession, and more especially the medical class books.

DUBLIN LYING-IN HOSPITAL.

ESTABLISHED BY ROYAL CHARTER OF GEORGE II., 1756.

THIS Hospital, the largest of the kind in Great Britain, contains 140 beds, 15 of which are appropriated to the diseases of Females.

The number of women *delivered by the Pupils*, under the superintendence of the Master and Assistants, who are resident in the Establishment, amounts to nearly 2,500 annually. Students attending this Hospital, have thus an opportunity afforded them, of witnessing many diffieult cases, which can only be met with in so large a number of patients.

There is both a Museum and Library attached to the Hospital for the benefit of the Pupils, who are also free to attend the Dublin Institution for the Diseases of Children. The usual Courses of Lectures are delivered by the Master, Dr. JOHNSTON.

TERMS OF ATTENDANCE.

External Pupils, Ten Guineas for Six Months.

Internal, ditto, Twenty Guineas for Six Months, including attendance on Lectures and the Practice of the Hospital.

BOHAIN'S FRENCH NEWSPAPER,

LE COURRIER DE L'EUROPE,

ECHO DU CONTINENT.

Published every Saturday at two o'clock, price Sixpence, stamped for post, and circulating free in the Colonies of Great Britain, and in all Foreign Countries on the same terms as the English Newspapers.

Sold by JOSEPH THOMAS, 1, Finch-lane, London; S. J. MACHEN, d'Olier-street, Dublin, and all Booksellers and Newsmen.

LE COURRIER DE L'EUROPE, published in London for upwards of two years with the greatest success, presents each *Saturday* all the principal articles—Political, Literary, and Judiciary—which have appeared in the French Press, newspapers, magazines, and reviews, of all shades of opinion.

Persons residing in America, India, or the Colonies, will especially appreciate the importance of a Journal which brings to them every week all newspapers in one. In the existing state of steam navigation, they may, through its means, closely follow, even in their distant abodes, upon the movements of politics and literature in France.

The fifty-two numbers published in the year form an enormous volume, which presents at the same time a *Contemporary History of France*, and a *Library* rich in all that the most renowned authors of that country have published. It is impossible to offer to persons studying the French language the instruction they seek under a form more pleasing.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

Dr. MONTGOMERY will commence his Lectures on MIDWIFERY and the DISEASES of WOMEN and CHILDREN, on MONDAY next, November 7th, at Four O'Clock, P.M., at which hour they will be continued during the Session.

The certificate of attendance on these Lectures is one of those which constitute an Annus Medicus, as required by the Universities of Edinburgh and Dublin; and is also received by the Royal Colleges of Surgeons in Ireland and elsewhere.

Apply to DR. MONTGOMERY, 18 Molesworth-street.

THE MIDLAND RETREAT,

NEAR MARYBOROUGH,

Has been opened for the reception of a limited number of patients of both sexes by Dr. JACOB, Physician to the District Lunatic Asylum, which contains 170 patients, Surgeon to the Queen's County Infirmary, &c. The establishment, the entrance to which is within one hundred yards of Dr. JACOB's residence, is agreeably placed in a retired but cheerful situation, the grounds are tastefully planted and well arranged for exercise and recreation, with a considerable extent of land attached. It is intended that the patients shall enjoy all the comforts of a private residence, the establishment in no way differing in appearance from a country house, the necessary security being obtained by a vigilant superintendence. There is daily communication by means of public conveyances with Dublin, Cork, Limerick, Waterford, Kilkenny, Galway, Athlone, &c., and intermediate towns.

Just published, price 7s. 6d.

CLINICAL LECTURES ON SYPHILITIC DISEASES.

BY RICHARD CARMICHAEL, M.R.I.A.,

President of the Medical Association of Ireland, Corresponding Member of the Royal Academy of Medicine of France, &c., and Consulting Surgeon to the Richmond, Hardwicke, and Whitworth Hospitals.

Illustrated by Engravings of the different forms of Eruption.

"These lectures will, we have no doubt, be carefully perused by both practitioner and student; they contribute in an eminent degree to advance the high character which this city has long enjoyed as a school of surgery, and reflect the greatest credit upon the talents and industry of their distinguished author."—*Dublin Medical Journal, July* 1842.

Dublin: Hodges and Smith. London: Longman and Co.

TO MEDICAL STUDENTS.

A Licentiate of the Dublin College, and Demonstrator in an Anatomical School, can accommodate one or two Internal Pupils; terms moderate; there are morning and evening classes for External Pupils, who can have the advantage of compounding and practising the minor operations at an extensive public Institution, and the use of all the standard Medical and Surgical works of the day.

Address T.L.M. at Mr. Milikins, 12 Grafton-street.

ARMAGH MEDICAL ASSOCIATION.

THE QUARTERLY MEETING of the ARMAGH MEDICAL ASSOCIATION will be held at the County Infirmary on TUESDAY, the 8th day of November, at the hour of Two o'clock, P.M.

By order,

A. ROBINSON, Secretary.

Armagh, October 31, 1842.

Doctor Jacob advises pupils who propose to attend his lectures on anatomy and physiology at the College of Surgeons, during the ensuing session, to attend his introductory course on comparative anatomy also, as it embraces the principles of zoology, which they are now required to understand. No additional fee is required for attendance on these lectures, as they are open to all students by order of the College.

Those who enter for his lectures on anatomy and physiology are privileged to attend his lectures on diseases of the eye in the City of Dublin Hospital, without additional charge.

Hour of Lecture—First week, from one to two.
Afterwards, ... from four to five.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

WINTER SESSION COMMENCING OCTOBER 31.

ANATOMY AND PHYSIOLOGY,	Dr. JACOB.
DESCRIPTIVE ANATOMY,	Dr. HARGRAVE, Dr. HART.
SURGERY, ...	Dr. WILMOT, Dr. PORTER.
PRACTICE OF MEDICINE,	Dr. BENSON, Dr. EVANSON.
CHEMISTRY, ...	Dr. APJOHN.
MATERIA MEDICA, . .	Mr. WILLIAMS.
MIDWIFERY, AND DISEASES OF WOMEN AND CHILDREN,	Dr. BEATTY.
MEDICAL JURISPRUDENCE,	Dr. GEOGHEGAN
HYGIENE, ...	Dr. MAUNSELL.
BOTANY, ...	Dr. BELLINGHAM.
NATURAL PHILOSOPHY, .	Dr. APJOHN.
COMPARATIVE ANATOMY,	Dr. JACOB.

Dissections under the superintendence of the Professors of Descriptive Anatomy, and the Demonstrators, Mr. DILLON, Mr. LEESON, and Mr. LABATT.

The Professor of Chemistry gives a separate course on Practical Chemistry, and admits operating Pupils into the Laboratory.

The fee for each course of Lectures is three guineas, and for dissections and demonstrations four guineas.

The names of the pupils in attendance are returned to all the Colleges in November, February, and April, and certificates are granted to those pupils only, who attend the full course of six months.

By order,

C. O'KEEFE, Registrar.

CITY OF DUBLIN HOSPITAL.

THE course of Practical, Medical, and Surgical Instruction in this Hospital, will commence on MONDAY, the 24th of October. The Clinical Lectures will be delivered on three days in each week, during the Session, by Dr. Jacob, Dr. Apjohn, Dr. Benson, Dr. Houston, Dr. Hargrave, and Mr. Williams.

Dr. Jacob's Lectures on DISEASES OF THE EYE, illustrated by the cases in the Hospital, are open to the Pupils in attendance.

Sir H. Marsh, the Consulting Physician; Dr. Colles, Mr. Wilmot, and Mr. Porter, the Consulting Surgeons; and Dr. Beatty, the Consulting Accoucheur, give their assistance in cases requiring consultation.

The certificates of attendance are received as qualification by all the Colleges.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 46, Prince's-street, Soho.

TERMS OF SUBSCRIPTION (PAYABLE IN ADVANCE.)

Twelve Months.....	£1 5 0
Six Months.....	0 13 0
Single Number	0 0 6

Wednesday, November 2, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CCI.] DUBLIN, WEDNESDAY, NOVEMBER 9, 1842. { PRICE SIXPENCE, STAMPED.

Lectures on the Theory and Practice of Medicine, Delivered at the Royal College of Surgeons in Ireland—By Charles Benson, M.D., one of the Professors.—Lecture XXXIV.....
Spleen—Its healthy anatomy..... ... 289
———, Its physiology and morbid anatomy. 290
———, Symptoms and treatment of diseases of..... 291
MEETINGS OF SOCIETIES.
Academy of Medicine—Tenotomy of the flexor tendons of the hand and of the fingers... 293
EXTRACTS FROM PERIODICALS.
Pus-like globules of the blood. 295
Case of laceration of the pulmonary artery.. 296
On the local employment of calomel in ophthalmia neonatorum.. 296
Impressions upon the fœtus in utero..... .. .. ib.
Report of the committee on hospital statistics..... ib.
Hospital ship for the operations on the coast of China..... 300
Books received for review..... 301
MEDICAL CHARITIES' BILL—NEW DEVICE OF THE ENEMY..... .... ib.
THE CHEAP SHORT-AND-EASY METHOD..... 302
REMOVAL OF A CORONER FROM HIS OFFICE..... ib.
FITST BANKRUPTCY UNDER THE POOR-LAW..... ib.
IRISH MEDICAL ALMANACK..... ib.
Register of the Weather..... ib.

LECTURES ON THE THEORY AND PRACTICE OF MEDICINE,

DELIVERED AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

By CHARLES BENSON, M.D., one of the Professors.

LECTURE XXXIV.

WE next have to speak of the *spleen* and *pancreas*—the last of our chylopoietic viscera. These organs are not at all so subject to disease as the liver. They do not appear to play so important a part in the animal economy; their derangements of function are not so much felt by the system; and their changes of structure, owing to their size and position, are not so easily detected. I hope to dismiss the two in this one lecture.

The *spleen*, (I must, according to custom, say a word on its anatomy and physiology before I give you its pathology) the spleen, this blueish ovoid mass, something larger than my fist, is placed in the left hypochondriac region. Its convex surface is turned out toward the ribs, and is in contact with the diaphragm; its concave surface is turned inwards, and lies up against the great end of the stomach. About the centre of this surface you see foramina for the transmission of vessels. The spleen is covered with a layer of peritoneum, which forms a duplicature where the vessels enter and passes over to the stomach, as the gastro-splenic omentum, containing the vasa brevia. Its chief connexion is with the stomach, and it follows very much the motions of that organ. Under the peritoneal coat you have a strong fibrous capsule, closely investing the parenchyma, and sending processes every where into it to support its soft texture. When cut into, it presents the appearance of a soft, pulpy, red tissue, something like the corpus cavernosum penis, only softer, darker, and more bloody. The blood is not fluid, but coagulated, and seems to be chiefly in cells, rather than in vessels. No excretory duct has ever been discovered leading from it, so that the use of this body is still subjudice.

More minute examination of the organ shows great peculiarities in the ramification of its arteries, and in the structure of its veins. These latter, in fact, lose the character of veins, and by numerous openings in their sides, at length break up into shreds which are continuous with the walls of the cells. Some will have it that there are no cells, but that these irregular and incomplete venous canals are mistaken for cells—the dispute is about words. Müller's description of the texture of the spleen I may read for you—"It is invested with a strong, fibrous membrane, which sends numerous band-like processes into its interior, so as to support the soft, pulpy, red tissue of the organ. In the red substance there are in many animals contained whitish, round corpuscles, visible to the naked eye, which were first discovered by Malpighi, and of which the existence in the human spleen has been at one time admitted—at another denied. The red pulpy substance consists of a mass of red-brown granules, as large as the red particles of the blood, but differing from them in form, being irregularly globular, not flattened. These granules are easily separable from each other. In the mass which they form, the minute arteries ramify in tufts, and terminate in the plexuses of venous canals, into which all the blood of the spleen is poured before it is carried out of the organ by the splenic vein. The anastomosing venous radicles, which are of considerable size, appear to have scarcely any distinct coats. If a portion of the pulpy substance of the spleen be examined more closely, it is seen to be every where perforated with small foramina, which are spaces bounded by the reticulated substance of the organ. These spaces are

venous canals: on inflating them the organ acquires a cellular appearance; and if they are injected with wax, the substance of the spleen will present a great resemblance to the corpora cavernosa penis. There are no true cells in the spleen. The white corpuscles are imbedded in the pulpy substance, and not contained in cells, as Malpighi supposed. A fibrous trabecular tissue intersects, in all directions, the soft, pulpy, red substance, and affords support to the texture of the organ." The spleen receives a large supply of blood—the splenic artery is larger than the hepatic, although the liver is six times the size of the spleen. Soemmering says its weight may vary from six to twelve ounces in the adult, its specific gravity being to water as ten hundred and sixty to a thousand. In the infant it is proportionably smaller, by one-half. Its nerves are derived from the solar plexus, and are conducted to it by the artery. Sometimes there are two, three, four, or even five little spleens in the omentum just below the regular one; they are named lienes succenturiati. So much for its normal anatomy.

The *physiology* of the spleen is not very well made out. It is supposed by some to prepare the blood for the liver, and by allowing it to stagnate there, to fit it better for the secretion of bile. Others think it is a sort of diverticulum for the blood going to the stomach; and that when the latter is full, and engaged in digestion, that then the blood is prevented from entering the spleen, and directed to the stomach. Tiedemann and Gmelin consider it an appendage to the lymphatic system—that it secretes a reddish fluid, which is carried to the thoracic duct, and increases the coagulating power of the chyle. Our own professor of anatomy, Dr. Hargrave, has paid some attention to the subject, and he concludes that its chief use is to receive the blood, as a temporary reservoir, or diverticulum, when any obstruction in the heart, lungs, or liver, renders it necessary that they should be relieved from the pressure of that fluid. The absence of valves in the splenic veins permits of regorgitation, and other circumstances render this opinion probable. He also conceives that it performs a similar office for the mucous membrane and the skin. When the blood is driven from these membranes by cold or rigors, it is received into the spleen for the time, and returned to the general circulation, as soon as the balance of the circulation is restored in these organs. Certainly the phenomena of intermittent fevers go far to support this opinion.

Sundry other uses have been assigned to the spleen Soemmering gives an amusing catalogue of them. It was supposed to be—

The seat of laughter;
The cause of sleep;
The seat of venereal excitement, from which the blood was directed to the genital organs; or that it gave origin to the semen in some way or other;
That it formed the wax of the ears;
That the serum which moistens the viscera exuded from its pores;
That it formed the blood from the gastric fluid;
That it absorbed and elaborated the nutritious juices from the intestines;
That the nerves imbibed their nutritious juice from the spleen, and carried it to the blood to perfect that fluid;
That it secreted some sort of acid, which was carried by the vasa brevia to the stomach, or by its own vein to the heart, to temper the alkaline nature of the chyle;
That it concocted (coquere) some atrabiliary humour, which it transmitted to the liver by the vena portæ;
That it was a sponge, to allow of the stagnation of the blood;
That it secreted some fine humour to temper the bile; and that this was carried by the absorbents to their principal trunk, or by the veins to the liver, or by an excretory duct to the duodenum;
That it was a sponge, possessing the power of sending the blood into the arteries or veins at pleasure (pro arbitrio.)
That the globules of the blood were formed in it, being shaped in a kind of mould by the help of the absorbents;
That it was merely to balance the liver by its bulk and weight;
That it was of very little use;
That it was of no use at all.

Soemmering's own opinion was that it prepared and fitted the blood for the secretion of bile. And Paley, in his beautiful remarks on the "Package" of the viscera, suggests that the spleen may be merely a *stuffing*, a soft cushion to fill up a hollow, which, unless occupied, would leave the package loose and unsteady. Perhaps, Soemmering, Paley, Tiedemann, and Hargrave are all, to a certain degree, right, and that the spleen, like the nose, the mouth, the urethra, and many other organs, serves more than one useful purpose in the economy. The fact that it has been removed in experiments on animals, and after accidents in man, without affecting the health, would prove that it has no function essential to life to perform, and renders it probable that it may be subservient to several less important, though doubtless, useful purposes. It does not appear that the spleen has any well-marked animal sensibility in its healthy state; neither does it show any contractility when stimuli are applied to it; but it possesses a power of expanding and contracting its texture, to receive and expel blood, in a very eminent degree, after the manner of erectile tissues.

Now, for its *morbid* appearances. We have but very few preparations of this organ in our pathological museum; *here* is a spleen thickly coated with lymph—I found it in a patient who died of peritonitis. The deposit is common in peritoneal inflammation, but I preserved this on account of its thickness. *Here* the fibrous capsule is converted into bone. *This* spleen is enlarged and crowded with scrofulous tubercles. *This* one has scrofulous tubercles too; the organ is injected, but you see the colouring matter has not tinged the new deposit at all. In both these cases there were similar deposits in other parts. *Here* are spleens of monkeys, of a pheasant, a boar, &c., all tuberculated. Many other structural changes you will find in post-mortems, and in books; let us briefly notice them in order.

Inflammation of the peritoneal coat occurs very rarely, except in common with that of the general peritoneum. Its anatomical characters do not differ from those which we saw in peritonitis.

Calcareous and cartilaginous deposits are not very uncommon in the proper fibrous capsule of the spleen. They are like those met with in other fibrous membranes.

Congestion of the parenchyma is a common occurrence—probably it takes place many times in the day, but from the peculiar vascularity of the organ, its anatomical characters cannot be very striking; some increase of size, and an increased quantity of blood in the vessels will of course be present, though not easily observed after death, the general structure of the viscus being unchanged.

Inflammation occurs, but it would not be easy to distinguish it from congestion, unless effusion or suppuration were also present. M. Gendrin, however,

in his experiments on dogs, in whose spleens he had excited inflammation by the insertion of caustic into their substance, found inflammation in its *first* degree marked by a reddish-brown colour of the parenchyma, which was gorged with blood, denser than natural, and easily torn. In the *second* degree the spleen became of a greyish-brown, still more friable, and when cut presented a close, sponge-like tissue, filled with blackish blood. And in the *third* degree the splenic tissue was resolved into a pulp, like the lees of red wine.

Suppuration may follow inflammation, and abscesses be formed of various sizes and shapes; they have been known to occupy the entire spleen, so that its capsule formed the sac of the abscess. Purulent deposits, without inflammation, may be met with occasionally, as in the liver, the lungs, &c. Abscesses may empty themselves into any of the neighbouring organs. Andral saw drops of fluid pus in the blood in this viscus.

Gangrene has been said to follow inflammation, but most probably extreme softening of the organ has been mistaken for gangrene.

Hypertrophy is the most common alteration that presents itself. You will see a spleen, frequently, two or three times its natural size. Lieutaud found one that weighed thirty-two pounds. The enlarged organ may be of its normal consistence, or it may be harder or softer than natural.

Atrophy of the organ has proceeded, until not more than the size of a walnut has remained. This remnant might be hard or soft.

Softening, or black ramollissement, has reduced the organ to a soft, black, broken down mass, like grumous blood. It has been compared in some instances to a bag full of lees of oil, or of putrid gore, for it is now and then fœtid. These softened spleens are often enlarged, but do not acquire the great bulk of indurated spleens. Abercrombie, however, found a softened spleen ten or twelve times its natural size.

Induration is not rare. The spleen becomes like liver, or more friable. In India it has been found as brittle as cheese. It is sometimes like muscle, and in most cases of induration it is enlarged.

Rupture of the spleen has occurred from injuries; and even without external violence, when softening and enlargement have gone to a certain extent.

Tubercular deposits, I told you and showed you, frequently take place.

Hydatids, both of the true and the false kind, have been found in the spleen. Pemberton found two very large true hydatids in a spleen. They had firm cartilaginous coats, and contained others floating in them. They were spherical, and three inches in diameter. The false kind—serous cysts—I have often found on the surface, connected with the coats.

Melanosis has sometimes occurred in the spleen. I have often seen the interior of the organ so black as to make me suppose it was melanotic, but it might have been only a very dark condition of its own bloody pulp.

Fatty degeneration has been mentioned by Abercrombie, or rather a deposition of fatty matter through its structure.

Calculous deposits are mentioned by Bonnet and Morgagni, as having been found by them in the spleen.

Let us now consider these diseases as they manifest themselves during life. They are undoubtedly obscure; and, either they are very rare, or the difficulty of diagnosing them prevents us from supposing that they are frequent. We find over and over again in our dissections, that the spleen is far from presenting its healthy appearance, and yet no symptom led us to suspect this. The obscurity is owing to our ignorance of the functions of the spleen, and perhaps to the little importance of these functions to the well-being of the system. If it be a mere reservoir or diverticulum it is not likely to be endued with much sensibility, nor will its functions be much embarrassed, even though considerably altered in structure. Then, it is lodged deeply in the hypochondrium, under cover of the ribs, and it has no secretion, like the liver or the kidney, to betray its derangements. In fact, our means of detecting disease in it are almost limited to the tips of our fingers; and if we cannot feel it we shall not be able to speak with much confidence. There are a few symptoms, to be sure, that help us to form an opinion, and there are negative signs to be considered. We shall therefore make a few remarks on them, in the order that I have spoken of its morbid anatomy.

Inflammation of the *peritoneal* coat seldom occurs except in general peritonitis, and then its importance and its symptoms are all swallowed up in that formidable disease. We sometimes, however, find that bands of lymph connect the spleen to the diaphragm and to other organs—the consequence, obviously, of inflammation. I think the suddenness with which this organ is sometimes distended, may strain its coats and give rise to this partial peritonitis. The symptoms would be great tenderness in the part, with some quickness of pulse, and other febrile excitement. The stomach, from its close connexion, would suffer sickness, and the diaphragm would be irritated, and cause cough. You must treat this affection as any other case of limited peritonitis, with local and general bleeding, calomel and opium, stupes, &c.

Cartilaginous and *osseous* depositions in the fibrous coat are the result of inflammation in it, but they would not be marked by any symptoms, nor demand any treatment.

Congestions may arise from slight causes, and as quickly disappear. Andral observed them in a living dog during a painful experiment; and they are found to occur during the cold stage of intermittent fevers, subsiding immediately after. Sometimes they continue as long as the fever lasts. The spleen may sometimes be felt—a large rounded mass, occupying the left hypochondrium, and extending more or less toward the umbilicus. This is the ague cake of marshy districts, and is apt to terminate in hypertrophy of the organ; but it comes on so quickly, and often subsides so rapidly when the patient is removed from the malarious influence, and placed under proper treatment, that we must look on it as merely congestion in the first instance. A question here presents itself—Is the fever a consequence of the congestion in the spleen, or is the splenic affection the consequence of the fever? Fevers, we know, arise from gastro-enteritis, and other visceral inflammations—Does the intermittent fever arise from any affection of the spleen? I would say no; inflammation of the spleen will cause febrile symptoms, but here there is only a congested state of the organ, which acts as a reservoir to receive the blood that is repelled, under some peculiar influence, from its accustomed distribution. Well, if we do not look on the fever as a symptom of congestion, I believe we must depend on feeling and percussion for its discovery. Our *treatment* will be directed against the fever, so long as it exists, not regarding the local disease; and when the fever is gone, should the enlargement remain, we must treat it as hypertrophy, of which I will speak presently.

Inflammation of the spleen, (splenitis or lienitis) may be acute or chronic.

The *acute* is rare; Portal met with it in a man who died of fever, with pain in the left side, cough, dyspnœa, and violent palpitations. Grotanelli says the symptoms are—a partial rigor, a sense of weight

fulness, and pain in the left side, extending to the left shoulder; the pain is increased by coughing, and the part is tender to the touch; there is a dry cough, nausea, thirst, sometimes vomiting of blood, and fainting; sometimes incessant vomiting of grumous blood, and discharges of a similar kind from the bowels, which soon prove fatal. The *treatment* must be actively antiphlogistic—general and local abstractions of blood—warm baths to divert the blood from this reservoir—and saline purgatives to determine to the mucous membrane. Tartar emetic may also be used as a contro-stimulant; but mercurials, which are so often used in other inflammations, act unkindly in this.

Chronic inflammation is much more frequently seen. It may follow the acute, or be the primary affection. There is fulness, weight, and uneasiness in the left hypochondrium, want of appetite, disturbed sleep, unpleasant dreams, emaciation, short dry cough, dyspnœa, and a sallowness of the countenance. As the disease continues, the emaciation increases, the complexion becomes of a more leaden hue, wandering pains are felt in the limbs, hæmorrhages occur from the stomach, bowels, and nose, 'tis said from the left nostril oftener than from the right; there is restlessness, vertigo, and anxiety. Other symptoms arise in consequence of the proximity of this organ to the stomach, diaphragm, &c. In general, the inflamed spleen enlarges so much that it may be felt, which will very much clear our diagnosis. This disease is tedious, and is apt to end in suppuration, if the patient live so long; or in induration, if the inflammation be very slow; in softening, if it be more active.

The *causes* of splenic inflammations are injuries, especially in malarious districts; intermittent fevers, or the malaria which gives rise to ague; impure water; ardent spirits; disease of the heart; suppression of menses, or of hemorrhoidal discharges, or of leucorrhœa; repulsion of cutaneous diseases, &c.

We *treat* it by removing the cause, as far as we know it, whether predisposing or exciting, and then using regulated antiphlogistic treatment. We may leech or cup the hypochondriac region over and over again, but not largely. We trust a good deal to purgatives of a particular kind—drastic purgatives, combined with antimonials in the first instance, and when the inflammation is somewhat subdued, with tonics. Three or four motions ought to be procured daily. You might order the following:—

℞ Pulveris jalapæ compositi drachmam,
——— Scammoniæ scrupulum,
——— Jacobi veri gr. duodecem,
——— Zingberis scrupulum. M. tere simul et divide in partes sex—sumatur una ter quotidie—giving more or less according to the effect produced; or giving aloetic pills with James's powder, if pills be preferred. Then, at a later period, you may direct a little rhubarb and colombo in addition:—

℞ Pulveris rhei scrupulum,
——— Jal. comp. scrupulos duos,
——— Scammoniæ scrupulum,
——— Colombo semidrachmam,
Sulphatis potassæ drachmam. M. et divide in chartas sex—sumat unam ter in die.

Blisters may also be applied, and when all inflammation is gone, or nearly so, with enlargement remaining, you give iron freely, and in some cases iodine. Aperient chalybeate waters are also highly recommended; and in very obstinate cases, setons or issues in the side.

Suppuration.—Dr. Abercrombie relates a case of this, the only one that occurred to him; it was under the care of Mr. William Wood for seven months, and occasionally seen by Dr. Thomson and himself, yet no symptom ever led them to infer what was the nature or the seat of the disease. There was undefined uneasiness across the epigastric region, variable appetite, gradual but very decided emaciation, pulse too frequent for health, and at length diarrhœa which carried him off in three days—an irregular cavity, containing several ounces of purulent matter was discovered in the centre of a slightly enlarged spleen. Abercrombie quotes some cases of suppuration from other writers (there are but few on record.) A young man, mentioned by Jacquinelle, had pain and fulness in the left hypochondrium, palpitations, faintings, and progressive emaciation; he died gradually exhausted at the end of a year. A short time before death there was cessation of pain, followed by discharge of very fœtid and dark-coloured matter by stool. The spleen was found to contain an abscess which had burst into the colon. In a case with similar symptoms, mentioned by Grotanelli, an abscess of the spleen burst into the peritoneum, and was fatal in three days. A man, mentioned by the same writer, after various attacks of ague, had tumefied spleen with hectic paroxysms and night sweats. In a quarrel he received a blow on the left side, after which the tumour subsided, and he discharged much thick and fœtid matter in his urine; this continued three weeks, and he recovered. Heide mentions a case in which matter was discharged from the umbilicus, which it was afterwards found came from the spleen—spleen abscesses may open into the stomach, the lungs, &c. You see the symptoms are obscure, but if uneasiness in the left side, with emaciation and hectic be present, which we cannot account for in any other way, we must suspect splenic abscess; and if the spleen be so enlarged as to be perceptible to the touch, our diagnosis may be more positive. We shall generally have symptoms of splenitis preceding the abscess; but after all, we shall seldom be able to speak very confidently about the matter. Our *treatment* must be similar to that which we would use for chronic inflammation, only not so active when we conceive that pus is formed. Blisters, setons, or issues over the part—iron administered in any shape that we prefer, combining it with aperients—and iodine, are the remedies to be tried. We must support the strength with nutritious diet, and we must remove the patient into good air, dry and elevated. Recovery is hardly to be expected—yet it is just possible that absorption might take place, or that the abscess might discharge itself by some viscus that had an external communication, and give the patient a chance of life.

I need not be guessing at the symptoms of *gangrene*, as it is doubtful if it ever occurred.

Hypertrophy of the spleen is not very rare. You will see it now and then in hospital and private practice wherever you go. It is very common in Lincolnshire, and other places where intermittent fevers are endemial. In many parts of Italy, and other countries where heat and moisture abound, it is to be met in almost every person. In this country, though so moist, there is but little ague, and splenic enlargements must be considered rare. Our bogs do not give origin to malaria, owing, I suppose, to the great quantity of bark they contain. The symptoms are often so slight that if we did not feel the tumour we should hardly suspect its existence. Persons will carry about with them for many years a spleen of enormous size, and seem little incommoded by it; in Lieutand's case the patient carried about for seventeen years a spleen that weighed thirty-two pounds. The symptoms are, usually, a sense of weight in the left side, inability to lie on the right, a sallow leaden-coloured countenance, not true jaundice, debility, inactivity of mind, dry cough, little or no fever, stomach irritable, bowels irregular, motions dark, tendency to hæmorrhage, now

and then dropsy, and a proneness to the occurrence of sloughing sores from slight causes, to ulcers on the legs, and other phenomena like scurvy. Then we examine the splenic region, and find dulness on percussion; and, on feeling for the tumour, we find a smooth solid mass, apparently very close to the integuments, somewhat moveable, and often having its anterior edge notched. We must see that this tumour is not merely a healthy spleen pushed down by thoracic disease; we try to make out the boundaries of the spleen, and we search for thoracic disease. We must see that it is not the left lobe of the liver, by tracing the interruption of continuity with the latter. We must be on our guard against mistaking ovarian disease, omental growths, scirrhous masses in the stomach, chronic abscesses, and soforth. These enlargements of the spleen are often seen in delicate, scrofulous children; and after ague they are very common. You will also see them in asthmatic persons, in those who have had gout, bleeding piles, and suppressed menses.

The *treatment* consists in change of air, and in a combination of tonics and purgatives. Good dry air, good wholesome and rather dry food, and moderate exercise must be ordered—aloes and iron may then be prescribed—a couple of grains of the sulphate of iron, with an equal quantity of aloes three times a day will often succeed—or we may use our favourite preparation of iron, whatever it be. Iodine is also valuable, especially in the young. I have found the iodide of iron very efficacious—two grains in syrup three times a day for a girl of twelve years of age whom I attended. The mineral acids may also be used with advantage; and quinine with sulphuric acid has considerable power. Mercury is found to be very injurious; we had better avoid it. You will find a broad elastic belt very useful in supporting the weighty organ—and friction with camphorated oil, or still better, with a little hydriodate of potass combined, will help to diminish its bulk. I have seen the spleen gradually diminish as children grew up. They seemed to outgrow it, though the remedies were not persevered in with so much steadiness as to enable one to say that they had much to do with the cure.

Atrophy is not marked by any symptoms with which I am acquainted.

Softening is usually attended with loss of appetite, nausea, sometimes vomiting, emaciation, hæmorrhages, and at the commencement pain in the side. It is often the result of inflammation, and the symptoms of this inflammatory action will probably precede the softening. We can, however, only guess at the nature of the disease unless the organ be so enlarged as to be easily felt, in which case we might detect the soft feel. We *treat* it at first with purgatives—then with iron or bark. Locally, we might apply leeches if pain were present—blisters, setons, or issues.

Induration is usually connected with enlargement. I do not know any thing about it independently of hypertrophy.

Rupture may occur from injuries, as falls on the side, blows, &c.; it has also happened during the cold stage of ague, from over-distension, but in this case it is likely there is some previous softening. The patient may die of hæmorrhage almost immediately; or he may be carried off by a peritonitis which the blood, as a foreign body, will give rise to. In the first instance, the deadly weakness which attends the loss of blood will be present, from which he may not rally. In the latter, after great weakness, peritoneal inflammation will slowly set in.

Tubercular deposits, hydatids, melanosis, fatty degenerations, and calcareous deposits, are rather matters of interest to the pathological anatomist than to the physician. I am not sure that we could do more than make ingenious conjectures about their existence. If I had time I might help you to guess at them, but my time is up. I must even reserve the pancreas for another day.

MEETINGS OF SOCIETIES.

ACADEMY OF MEDICINE—October 25.

TENOTOMY OF THE FLEXOR TENDONS OF THE HAND AND OF THE FINGERS.

M. Bouvier resumed the discussion on this subject by observing that in his communication he had examined one question only, and answered it as he thought in the negative—viz., "can the flexors of the fingers be divided in the hand, or on the fingers, with a hope of preserving their motions?" Having already discussed the recorded cases that bear on this question, M. Bouvier applied himself to the examination of the arguments by which M. Guerin endeavoured to prove that neither experiments on animals, or the failure of operations on man, can be opposed to the doctrine which advocates the operation.

Thus, M. Guerin maintained that experiments on animals cannot be applied to the human subject, as the tendons in dogs are not shortened, tense, or isolated, as they are in cases of deformity. But M. Bouvier insists that the comparison he instituted is just, inasmuch as his experiments had an identical result with the operations performed on man by MM. Stromeyer, Dieffenbach, Larrey, (fils) Phillips, Bonnet, and even by M. Guerin himself.

M. Guerin attributed the defect of union, and the vicious adhesions that had occurred in M. Bouvier's experiments, to the faulty method employed in performing the operation, and to the want of proper care subsequent to the operation. But M. Bouvier professed his inability to discover any difference between the ordinary mode of performing tenotomy, and that recommended by M. Guerin: the precautions insisted on by M. Guerin were general rules, known and adhered to by every operator, and by no means peculiar to M. Guerin, as he seemed to imagine. His mode of operating, then, as described by himself, could by no possibility, possess the privilege of obviating the loss of motion of the fingers, as it was identical with the method adopted by those surgeons who had been unable to escape that unfortunate result.

To the proposition that the operation could not be performed under favourable circumstances on dogs, because of the relaxed state of their tendons, M. Bouvier replied that the muscular retraction, caused by the struggles of these animals, produced quite a sufficient tension of their tendons at the moment they were divided.

M. Guerin had proposed to divide the two flexors of the fingers, each in a different situation, in order to avoid the vicious adhesions that occur when they are simultaneously divided at the same point. But this modification by no means obviates the occurrence of the evil, because the two layers of tendons lie in close contact, and are not separated by a layer of cellular membrane sufficiently thick to prevent the propagation of the process of cicatrization from the one to the other. In the forearm such a layer of cellular tissue does exist—thence in this region the operation may succeed, whilst in the hand, or on the phalanges, it must fail. In one of M. Bouvier's experiments, the deep flexor, divided on the second phalanx, became adherent to the superficial flexor tendon, which was not implicated in the operation; while, in another similar experiment, no such adhesion took place. This difference of result did not originate, as M. Guerin imagined, in any difference in the mode of performing

the two experiments, but was simply due to the fact, that the last experiment was followed by less inflammation, and a consequent defect of a new fibrous formation.

M. Guerin had assigned, as one great cause of the failure of these operations, the undue separation of the extremities of the divided tendon by muscular retraction being permitted; but, in M. Bouvier's experiments, the utmost separation of the extremities of the tendon could not have exceeded a centimetre; and it could scarcely be less after operations on the human subject. M. Guerin's recommendation, however, not to separate the cut extremities of the tendon too abruptly, was unquestionably proper; but other operators were not ignorant of observing this rule, and, despite its observance, had failed to obtain reunion.

M. Bouvier here said that he by no means denied the possibility of the tendon reuniting in some cases: but then the tendon would be adherent to its sheath, to the adjacent tendon, or to the bone; as these parts were too adherent, and the synovial sheath too prone to inflammation to admit of separate cicatrization of the tendon and of its sheath, with preservation of the synovial cavity.

M. Guerin stated that he had succeeded in several of his operations, while we know that every other surgeon, who has attempted the same operations, has failed. The result of one of M. Guerin's cases is, however, notorious. He divided the flexors of the fingers in the case of M. Doubowitski (Professor of Surgery in St. Petersburg) and the operation failed. This, M. Guerin maintains, is an unlucky case—it does not set aside other successful cases. Be it so; but this failure is known; his cases of success are as yet unknown; and furthermore, it hence appears that even if M. Guerin can establish the reality of his successful cases, his good fortune cannot be attributed to any particular virtue inherent in the method he adopts; as his own method, applied by himself, has shared the fate of the operations of other surgeons, viz., failure. M. Guerin, indeed, has maintained that the loss of motion in this case resulted from a premature effort at straightening the fingers, practised by M. Doubowitski himself, having ruptured the tendinous cicatrix; but this explanation seems inadmissible. The Professor of St. Petersburg himself noted, with the utmost care, the result of each of the operations performed by M. Guerin, and he makes no mention of the premature efforts at extension alluded to by M. Guerin. His own account is as follows:—

"M. Guerin, having observed that several of the tendons cut in the hand had not united, attributed this event to untimely efforts at motion, by which I had ruptured the intermediate substance before it was consolidated; but such was not the case. I had not ruptured this substance, because it had never commenced to be formed; and furthermore, *any motions I exerted, if I exerted any*, were trivial, in comparison with the tractions and extensions made by M. Guerin himself a few days after the operation."

Subsequently it is added—

"I affirm, then, that there was no rupture of any intermediate substance; for such rupture would, assuredly, have been much rather caused by forced tractions than by any insignificant motions I could myself have exerted. But there was no laceration; no intermediate substance had formed, thence none could be lacerated."

This statement is too precise to admit of any hesitation in deciding between it and M. Guerin's version.

In the face of such facts, of his own experiments, and of the results of these operations on man, and in the absence of sufficiently authentic adverse facts, M. Bouvier persisted in rejecting, in the majority of cases, the section of the flexor tendons of the hand, and of preferring mechanical extension to such operation; but professed his readiness to modify his opinion whenever new facts, sufficiently well authenticated, were adduced.

M. GUERIN replied that M. Bouvier's observations might be classed under three heads—a question of fact, a question of principle, and a personal question. He would only apply himself to the two former—the personal question he would pass by—personalities could neither confirm nor invalidate the doctrine he contended for.

As to the question of fact, M. Bouvier had declared that a single fact would convince him; but he did not admit the value of the numerical results adduced by M. Guerin: so be it. M. Guerin intended, in due time, to publish these cases with every requisite detail; but, in the interim, he had now in attendance on the Academy two patients in whom he had divided the flexor tendons of the hand and of the fingers. These patients were treated publicly at the Hôpital des Enfans in the presence of more than two hundred French and foreign physicians, who had verified the deformity before the operation, and assisted at the consultation thereon.

The first of these patients was a girl, aged nine, who was affected with permanent flexion of the fingers, and of the thumb of the right hand, consequent on isolated retraction of the superficial flexor of the fingers, and of the long flexor of the thumb. The other muscles of the thumb were atrophied and paralyzed. The child was also affected with permanent flexion of both legs, and with double club-foot—a coincidence which left no doubt respecting the nature of the deformity of the hand. M. Guerin divided the four tendons of the superficial flexor in the palm of the hand, and that of the long flexor of the thumb on its second phalanx. [The patient was then presented to the Academy.] The hand and fingers possessed all their motions, save the articulation of the second and third phalanges of the index finger, as the indocility of the patient rendered it impossible for M. Guerin to avoid dividing the superficial and deep flexors of this finger simultaneously; the two tendons consequently united, and the phalanx in question thence lost its mobility; the motions of the other phalanges, and of the thumb, were nevertheless preserved.

The second patient was a girl, aged fourteen years, who had laboured under permanent flexion of the hand, of all the fingers, and of the thumb, in a very aggravated degree. The deformity resulted from a fracture of the forearm, followed by superficial gangrene caused by too tight bandaging. The retracted muscles preserved their action. The flexor carpi ulnaris was divided at the wrist, the tendons of the deep flexor on the second phalanges, the tendons of the superficial flexor in the palm of the hand, and that of the long flexor of the thumb on the first phalanx. The result was removal of the deformity of the hand, and of the fingers, and restoration of the motions of the wrist, of the fingers, and of the phalanges, with the exception of the phalanges of the index finger, where the two tendons were accidentally divided at the same point.

M. BOUVIER did not consider that the state of a patient could be satisfactorily ascertained by such a cursory examination. He proposed to M. Guerin to refer the patients to the examination of a commission.

M. GUERIN refused this proposal; the nature of the cases could be ascertained on the instant by the Academy. He would submit the cases to the Academy at large, but not to a commission, whose examination and judgment he would not defer to.

M. Guerin continued to say, that having thus disposed of the question of fact, he would not dwell long on that of principles, and concluded by briefly referring to what he had stated at the commencement of the discussion; and by saying that experience must definitely decide the question.

M. Velpeau regretted to see so decided a difference of opinion between two practitioners of such great experience on the subject in litigation. Both had operated frequently, and consequently their difference of opinion had a great scientific value. M. Velpeau considered that there was exaggeration on both sides, and that the practice of the disputants should be compared with that of other surgeons. It was this consideration that induced him to speak on the subject. M. Velpeau confessed that he did not understand what M. Guerin meant by attempting to establish two doctrines of tenotomy—the one rational, the other empirical. This was to him a new distinction; for he thought that every surgeon was aware that retraction was the cause of the deformity, which they sought to remedy. M. Guerin had also claimed priority as regarded the principles he laid down for the performance of tenotomy; if by that he meant merely to claim so much as appertains to the division of the flexor tendons on the phalanges, so much might perhaps be conceded to him; but as to the principles applicable to sections elsewhere, they were laid down in M. Velpeau's "Operative Surgery."

M. Bouvier had maintained, that dividing the flexor tendons in the palm of the hand, or on the phalanges, was an operation at least useless. M. Guerin asserted that he had obtained favourable results from these operations. Reasons, &c., had been adduced on each side. M. Velpeau would have been glad, if, with a view to simplify the question, a more precise and definite distinction had been established between the value of division of the flexors, as performed at the phalanges, in the palm of the hand, or on the wrist. M. Bouvier completely rejected the operation on the phalanges, and in the palm of the hand. M. Guerin did not seem very favourable to the operation performed on the phalanges; in some of the cases he cited there was loss of motion. Further detail was then necessary to allow of a definite opinion being founded on this point. M. Velpeau therefore called on M. Guerin to establish a distinction between these three categories of operations; all of which he (M. Velpeau) did not think should be rejected. M. Velpeau did not consider the reasons assigned by M. Bouvier, in support of his opinions, as conclusive. We could not argue from his experiments on dogs to operations on man. Animals are indocile; their tendons are not isolated from each other; the motions they exert favour the formation of vicious adhesions. M. Velpeau had operated, and seen operations on the tendons at the wrist, and did not consider them as presenting less chance of success than did that on the tendo-Achillis; for example—two years since he had operated on a man for club-hand; the tendons projected manifestly under the skin; he divided them; motion was restored; no vicious adhesions formed; and in three months the cure was perfect.

On another occasion, M. Velpeau divided the flexor sublimis in the palm of the hand; he could be positive that he had divided it alone, but motion was restored in the three fingers, and in the little finger in a less degree; the straightening of the fingers was effected by means of an extensive apparatus worn for some time.

M. Velpeau had cut the tendons of the flexor sublimis on the first phalanx once only. The finger was so contracted, in consequence of an old wound, that it contracted the wrist. The contraction was remedied, and the motion of the finger was partially restored. Such was M. Velpeau's personal experience. He admitted that he had not been very bold in these operations about the hand, and for these reasons, how can the two extremities of the tendon reunite? Not from their remaining in contact, nor by effusion of blood, or of plastic lymph; the reunion must be effected by tumefaction, hypertrophy of the surrounding cellular tissue, and the consequent formation of an intermediate cord conjoining the two ends of the tendon. We thence see why tenotomy succeeds in one region and fails in another. In the wrist the cellular bands are numerous, and their proximity accounts for the reunion of the two extremities of the flexor carpi ulnaris, and of the palmares muscles.

In the palm of the hand the cellular tissue is very dense, and reunion must be more difficult, and after division of the tendon in this region the result of the process of reunion cannot be calculated beforehand. Thus, in one of the patients presented to the Academy by M. Guerin, M. Velpeau ascertained the re-establishment of motion of the fingers, but could not trace the tendinous cords in the palm of the hand; thence an extended inflammation interposed between the ends of the divided tendon.

In fine, M. Velpeau considered that though reunion in the palm of the hand was difficult, yet that division of the tendon in that region should not be rejected. As to reunion in the region of the phalanges, he thought its occurrence must be difficult both in the first, but still more, in the second phalanx. M. Guerin's cases were not sufficiently explicit, and he thence entertained doubts on this point. Details, respecting every case, were absolutely necessary, as retraction of the fingers often depended on the palmar aponeurosis, and on subcutaneous bands; but these cases, in which an operation almost always succeeds, must not be confounded with those of retraction manifestly depending on the tendons.

M. Velpeau concluded by saying that he was of opinion—1st. That he could not understand M. Guerin's distinction between the two doctrines of tenotomy. 2d. That M. Bouvier concluded too hastily from experiments on animals, and some failures in man, that tenotomy, in the palm of the hand, and on the phalanges, should be completely rejected. 3d. That it was demonstrated that M. Guerin had succeeded in operating in the region of the phalanges. 4th. That, according to theory, the operation ought to succeed at the wrist. 5th. That when the fingers are very much contracted, even should an operation restore motion to a very limited extent, yet it should not be rejected.

The discussion is to be continued.—*Gazette Medicale de Paris.*

EXTRACTS FROM PERIODICALS.

PUS-LIKE GLOBULES OF THE BLOOD.

These, in inflammatory diseases, are generally rather larger, more irregular in size and form, and sometimes more opaque, than the pale globules of healthy blood. The globules occurring in disease too are frequently clustered together very remarkably; they are sometimes of a reddish colour, including from one to four blood discs in a very pale and delicate envelope. Besides, in the pus like globules of the blood of patients labouring under disease, the molecules of the nucleus are mostly surrounded, and often more or less separated, by a quantity of minutely granular matter, which is either generally less obvious, or absent, in the pale globules of healthy blood, as is shown by the illustrative figures.

In a case of great swelling with purulent deposits

in the leg of a mare, the pus-like globules of the blood presented an average diameter of 1–2666th of an inch, and were nearly as numerous as the red discs; while in the blood of a healthy mare, examined at the same time for comparison, the pus-like globules were by no means so plentiful, and they almost all ranged between 1–3500th and 1–2900th of an inch.

Although, then, the pus-like globules found in the blood of subjects affected with various severe inflammatory and suppurative diseases, are very like the pale globules now so well known as belonging to healthy blood, it often happens that the former globules differ manifestly from the latter.—*From Mr. Gulliver's Contributions to Minute Anatomy: Lond. and Edinb. Phil. Magazine for Sep.* 1842.

CASE OF LACERATION OF THE PULMONARY ARTERY. BY DR. HELMBRECHT.

A pontooner (pontonier,) twenty-one years and a half old, who had enjoyed good health, with the exception of slight dyspnœa during the three months that he had been in the army, and was quite equal to his laborious duties, was ordered to accompany his regiment on their march from Glogau to Mayence. On the rout slight dyspnœa was his only ailment; and on December 5th having been engaged in carrying wood, he went to bed in good health. In the night he was roused by violent pain at the right side of the sternum with great dyspnœa, which subsided in the course of a few minutes, leaving him pale and cold, with a face expressing great anxiety and bathed in cold perspiration. After a short time nothing remained of his former condition but a sense of uneasiness in the precordial region, with very slight palpitation and remarkable feebleness of voice. He was bled, a mustard poultice was applied to the chest, and a mixture was given, containing sulphuric æther. During the afternoon of the following day he seemed well, but at eleven, P.M., complained of sense of exhaustion and asked for drink. The attendant noticed his face become pale, and finding his feet cold, fetched the doctor. His pulse was then imperceptible, and the surface of the body cold, and in a few minutes the patient was dead.

On examining the body a large quantity of coagulated blood was found in the pericardium. The heart was healthy, the wall of the left ventricle rather thick. Minute calcareous concretions existed on the outer side of the pulmonary artery close to its origin, and extending towards the right ventricle. The inner coat of the artery was separated from the elastic coat for the space of three inches from the point where it joins the right ventricle, and torn into shreds which projected into and narrowed its cavity. The whole lining membrane of the artery was coated with a thin layer of fibrine. At its origin from the ventricle, exactly in the situation where the concretions terminated, was a hole of the size of a fourpenny-piece, through which the blood had escaped into the pericardium. The neighbourhood of this opening was of a deep red colour. The lungs were healthy and bloodless.—*Casper's Wochenschrift.—British and Foreign Medical Review.*

ON THE LOCAL EMPLOYMENT OF CALOMEL IN OPHTHALMIA NEONATORUM. BY M. LAUER.

The introduction of finely-powdered calomel into the eye in ophthalmia was originally practised by Dupuytren. Professor Fricke of Hamburg, has noticed in his Zeitschrift for 1837, the violent reaction which its employment excites in the case of persons who have been taking iodine, probably owing to the formation of an iodide of mercury. About a year since Dr. Kluge began to use it as a local application in the cases of ophthalmia of new-born infants which came under his care in the lying-in department of the Charité at Berlin. The results were extremely fortunate, and Pr. v. Siebold of Göttingen, who was induced to try the remedy, has obtained from its emyloyment very great success.

The manner of introducing the calomel into the eye is by means of a camel's hair pencil loaded with the powder, which is shaken from it into the eye, while an assistant separates the lids. In the treatment of the ophthalmia neonatorum this remedy may be had recourse to as soon as the first traces of the disease appear, and its employment once daily is then in general sufficient. After the lapse of from half an hour to two hours, according to the quantity of the secretion, the eye may be washed from the powder, and the ordinary rules as to cleanliness be attended to. In severe cases the application may be repeated twice every day; but when the disease is mild a single application daily suffices to effect a cure in from four to ten days, if the remedy had been had recourse to from the outset. The more severe and intractable forms of the disease do not appear to have been benefited by the local employment of calomel.—*Medicinische Zeitung.—Ibid.*

IMPRESSIONS UPON THE FŒTUS IN UTERO. BY DR. RUSSEGGER.

A woman, who had already borne four healthy children, was, in the seventh month of her fifth pregnancy, bitten in the right calf by a dog. The author saw the wounds made by the animal's teeth; which wounds consisted of three small triangular depressions; by two of which the skin was merely slightly ruffled; a slight appearance of blood was perceptible in the third. The woman was, at the moment of the accident, somewhat alarmed; but neither then nor afterwards had any fears that her fœtus would be affected by the occurrence.

Ten weeks after she had been bitten, the woman bore a healthy child, which, however, to the surprise of every person, had three marks corresponding in size and appearance to those caused by the dog's teeth in the mother's leg, and consisting, like these, of one larger and two smaller impressions. The two latter which were pale, disappeared in five weeks; the larger one also is not now so large or deep-coloured as it was at birth. The child is, at present, four months old. — *Oesterreich. Medicinische Wochenschrift. — Ibid.*

REPORT OF THE COMMITTEE ON HOSPITAL STATISTICS.

The present report, which has been drawn up by a committee of the council of the Statistical Society of London, appointed in December, 1840, "to consider the best means of obtaining periodical enumerations of the patients in the London hospitals," has been approved and adopted by the council, and has been ordered to be published in the Society's journal, and to be printed for circulation amongst the supporters and authorities of the various medical charities of the metropolis. The objects of the council in appointing the committee will be sufficiently apparent after a perusal of the report itself. The committee is still engaged in inquiries connected with the vital statistics of the hospitals, and will be happy to receive information or suggestions from gentlemen interested in such matters, in furtherance of the purposes of their appointment.

Population of the Hospitals.—The metropolis contains ten general hospitals, besides the fever hospital, the small-pox hospital, the Lock hospital, the hospital for seamen, several lying-in hospitals, and lunatic asylums.

A Return of the Number of Patients in the undermentioned London Hospitals, and of the other Persons belonging to the respective Establishments, or resident on the night of the 6–7th June. (From the return made by the Officers to the Census Commissioners.)

Name of hospital.	Number of patients, June 7, 1841.			Number of persons employed in the establishment, or resident on June 7, 1841.			Grand Total.	Deaths in 1839.
	M.	F.	Total.	M.	F.	Total.		
St. George's, .	178	134	312	10	46	56	368	250
Westminster, .	68	75	143	6	22	28	171	95
Middlesex, .	109	103	212	9	36	45	257	156
Charing Cross, .	43	46	89	6	13	19	108	102
King's College, .	56	45	101	6	20	26	127	...
University College,	56	45	101	9	15	24	125	194
Fever, . .	14	15	29	1	10	11	40	161
Small-pox, . .	15	10	25	2	7	9	34	28
London, . .	205	108	313	11	60	71	384	311
St. Bartholomew's,	194	192	386	22	125	147	533	361
Guy's, . .	251	192	443	49	161	210	653	219
St. Thomas's, .	125	116	241	22	81	103	344	244
Dreadnought, .	168	...	168	17	9	26	194	110
Total,	1482	1081	2563	170	605	775	3338	2231

The lying-in hospitals, Lock hospital, and lunatic asylums, have not been included in the present inquiry.

The population of the hospitals is shown in the preceding table, for the particulars of which we are indebted to the kindness of the Census Commissioners. It must be borne in mind, that the number of patients in individual hospitals fluctuates, and that it is probably not quite so great in summer, when the census was taken, as in winter. With these qualifications the table represents pretty accurately the distribution of patients, and the proportion of males and females in the metropolitan hospitals.

The Dreadnought contained 168 male patients; the hospitals for fever and small-pox (which were not epidemic in June 1841) 29 males, 25 females; the 10 general hospitals, 1,285 males, and 1,056 females.

As a preliminary step, it appeared to your committee desirable to obtain an enumeration of all the patients in the London hospitals. A circular was accordingly addressed to some of the medical officers who had evinced an interest in statistics; and blank forms were forwarded to all who expressed themselves favourable to the objects of the inquiry. Returns were finally obtained from the Westminster, Middlesex, Charing Cross, King's College, University College, London, and Dreadnought hospitals, for which we are indebted to Dr. Watson, Dr. Burne, Dr Golding, Dr. Guy, Dr. Walshe, T. Blizard Curling Esq., and G. Busk, Esq.: who either performed the enumerations themselves, or selected intelligent gentlemen quite competent to the task.

We were not fortunate enough to procure returns for the first enumeration from St. George's, Bartholomew's, St. Thomas's, or Guy's hospitals, but from the information which we have received, we have every reason to believe that the medical officers and governors of the two former hospitals will contribute to the next inquiry, and we hope that the governors and the medical officers of Guy's and St. Thomas's may be induced to follow their example.

The 7 hospitals from which we have obtained returns, contained 1,127 in-patients, on June 1st, 1842; and 1,214 in-patients in the first week of January, 1842. The increase (7.7 per cent.) may be ascribed to the winter season.

In the 6 general hospitals (the Dreadnought being included) the proportion of males was 57 in 100 patients.

The following was the form of schedule employed in the enumeration: and it will be evident that the number of important heads which it embraces may be classified in a great variety of ways, each of which would furnish important information.*

Name.	Sex. M. or F.	Married, single, or widowed.	Occupation.	Age.	Disease.	How long ill before admission.	How long in hospital.

* A copy of the form for enumeration, as finally determined upon, will be printed in a future number of the Society's journal.

The time has not yet come for the final arrangement of the facts, or for the deduction of general results; but in the present stage, we hope to be able to indicate the utility of the inquiry, its general scope, and the important objects which it aims at accomplishing.

Distribution of Sex, Age, and Disease, with duration and results.—For the present we shall omit the Dreadnought, as that hospital is exclusively devoted to the reception of sailors.

The returns show (1.) the number of persons in the hospitals of different occupations; (2.) the number of each sex suffering from the several diseases at different ages: (3.) the period of the several diseases in which patients are admitted; and (4.) the time that they remain under treatment.

The table A. shows the ages of the patients, and their diseases; without distinguishing the sexes, which are, however, separated in the accompanying abstracts. In making these illustrative extracts, the same forms have been employed as are in use for classifying the causes of death at the General Register Office. In the ultimate arrangement, several other diseases, such as those of the skin, will require separate heads.

We subjoin some of the more common diseases, comprising 697 cases, which it will be seen are proportions of the total number of cases of all kinds (1,013) in the abstracts. As few children are admitted into the hospitals, all under the age of 15 are omitted.

Ages of the Patients suffering from some of the more Common Diseases, in the London Hospitals, January, 1842.

Diseases.	Ages.										
	15 to 20	20 to 25	25 to 30	30 to 35	35 to 40	40 to 45	45 to 50	50 to 60	60 to 70	70	Total.
Typhus	3	5	3	1	...	2	...	...	..	...	14
Erysipelas	1	1	1	1	2	3	..	5	...	...	14
Syphilis	15	10	5	7	2	3	1	...	1	...	44
Paralysis	2	3	1	4	1	3	1	5	1	1	22
Epilepsy	6	8	1	1	1	...	...	...	...	...	17
Bronchitis	...	5	6	3	3	4	4	10	7	1	44*
Pleurisy	...	1	1	...	1	...	...	1	..	...	4
Pneumonia	...	..	3	...	..	2	...	1	..	..	6
Consumption	2	9	6	3	8	6	2	2	...	...	38
Diseases of Heart	2	6	3	3	5	2	...	6	1	...	28
Diabetes	1	...	...	1	...	..	...	1	...	...	3
Stone	...	1	3	..	...	...	1	...	...	...	5
Disease of Kidneys	1	1	1	2	1	1	1	1	...	...	9
Stricture	...	...	1	2	2	1	1	2	1	1	11
Mismenstruation	12	7	4	...	1	..	..	...	..	...	24
Rheumatism	5	13	15	8	12	6	5	12	2	...	78
Arthritis and diseases of Joints	20	10	12	7	6	4	3	2	...	...	64
Scrofula	2	8	4	1	2	1	...	...	...	...	18
Ulcers	4	7	6	5	2	5	8	7	9	2	55
Carcinoma	...	1	...	7	1	1	2	3	4	2	21
Wounds, Fractures, and Burns	20	18	23	25	15	20	14	18	20	7	180

* Age of one person not stated.

General Remark.—The constant number of patients afflicted with any given disease, depends upon its duration, as well as upon the numbers attacked: so that where a disease is twice as long as another, although the same number were attacked, twice as many may be expected to be in hospital. Hence the proportion of cases of different diseases *in hospital*, and the proportion of cases *admitted*, will differ in the ratio of the average term of residence. Generally speaking, the proportion of the various cases in hospitals will agree with those of equal severity in the adult population out of doors; but there are exceptions; the diseases incident to childbirth, typhus, and consumption, are rarely treated in the general hospitals, while fractures, wounds, urinary, and a few other diseases, are collected in excess.

An abstract of the deaths, and causes of death, at different ages, in the London hospitals (1839,) was given in the Appendix to the Registrar-General's last report; of which we shall avail ourselves, to show the nature of a few of the results deducible from mere enumerations, and the registers of the causes of death. The abstracts of *deaths* was derived from all the hospitals, comprising 2½ times as many patients as were enumerated for us; we shall therefore multiply our facts by 2.5, which will enable us to use them as illustrations. And we may state, once for all, that they are to be considered nothing more.

Illustrations.—1. A comparison of the annual number of *deaths* from each disease, with the average number *labouring under the same disease*, shows the mortality in a given time (a year,) in the various diseases. Thus if there were 95 consumptive persons on an average in the hospitals, 342 died in the year; 360 per cent. in 36½ days, or 1 per cent. daily. A physician who had on an average 100 consumptive patients under his care, in the advanced stage of the disease, may at this rate expect that one would die daily.

It appears that, in the general hospitals of the metropolis, 91 deaths occur annually for every 100 patients which they hold. An hospital which contains 110 patients yields 100 deaths. Let us suppose, for a moment, the patients labouring under consumption, pneumonia, &c., in *separate* hospitals, each containing 100 patients, the place of the dying being constantly filled up by new patients, then we shall have, according to the last column but one (table B.,) at the

Further Examples—(TABLE B.)

	Diseases.	Died in the Hospitals in One Year. (Reg.-Gen. Report.)	Average Numbers Sick, (deduced from Table A.	Annual Deaths per cent.	Constantly Sick to 100 Annual Deaths.
1	Consumption, ...	342	95	360	28
2	Pneumonia, ...	47	15	313	32
3	Apoplexy, ...	39	17	229	44
4	Injuries, and the effects of Accidents, ...	390	450	87	115
5	Bronchitis, ...	88	111	79	126
6	Paralysis, ...	42	55	76	131
7	Syphilis, ...	13	110	12	846
	All Diseases.	2231	Enumerated. 2462	91	110

hospital for consumption, 360 deaths: for pneumonia, 313 deaths; for apoplexy, 229 deaths; for accidents, 87 deaths; for bronchitis and catarrh, 79 deaths; for paralysis, 76 deaths; for syphilis, 12 deaths; or, according to the last column (table B.,) 100 deaths would occur annually in an hospital for the consumptive containing 28 occupied beds; in an hospital for accidents containing 115 beds; and in an hospital for syphilis containing 846 beds. The results are obtained with the same facility by the enumeration we propose, whether the diseases be treated in the same or in different hospitals.

An analysis of this kind can be made from five or ten enumerations. It will show, in different diseases, the relative *force* of mortality, which will no doubt be found to be regulated by a determined law.

2. The mortality, in a unit of time, at each age, from the different diseases, may be calculated from the enumeration of the patients, and the registered deaths.

We give the mortality from all causes as an example: the same method may be applied to each disease separately.

Ages.	Actual numbers enumerated, multiplied by 2.5.	Deaths in One Year.	Annual Rate of mortality per. cent.
20—30	687	449	65
30-40	485	433	89
40—50	355	423	119
50—60	247	312	126
60—70	142	241	170

It has been shown by Mr. Edmonds and others, that the mortality in the entire population, and in all cases of disease, increases about 34 per cent. (one-third) every 10 years of age after puberty. It appears also, from observations in friendly societies, that the sick time increases with age at the same rate; whence it would follow that the liability to an attack of sickness was the same at all ages from 15 to 60; that the duration of attacks increased 34 per cent. every 10 years; that the mortality of attacks increased 34 per cent. every 10 years; and consequently that the mortality in a unit of sick time (a week, for instance) from the same disease, was uniformly the same at all ages (or at least from 15 to 60, to which the observations have hitherto been confined. The enumerations will furnish the means of directly determining the latter point.

3. The tables B. C. show the number of patients *living at every stage* of the different diseases, (so far as it could be ascertained,) at the time the enumeration was made. If the numbers who *recovered and died at the same periods* were abstracted, the rates of mortality and recovery, at the several stages of all diseases, could be determined.

Our information is here deficient: we must refer for examples to other sources.

To render the information complete, a corresponding annual abstract should be made of all the *cases treated*, showing the numbers in each disease discharged, dead, cured, relieved, or otherwise, from all the hospitals.

The great desideratum, viz., the average and inevitable loss of life by each disease, as yet unknown, is obtainable only from such reports of hospitals, &c. To ascertain the mortality and duration of diseases left to nature, has been considered by some persons a great desideratum. They want this datum, they say, as a starting point. They would determine the average duration, and the number of deaths in 1,000 cases of natural small-pox; they would then compare the results with the results of 1,000 cases treated with all the appliances of medical art; or according to the various methods of treatment adopted by the medical schools. It is scarcely necessary to observe that the natural mortality and duration of diseases can never be supplied. The thing can never be even contemplated. No one would dare to suggest that hundreds or thousands of patients should be deprived of the aid, solace, and counsels of medical art; which has been cultivated for centuries by a numerous profession, containing in its ranks many persons of the greatest scientific attainments, and a few men of the most consummate genius. We cannot ask patients to allow the stone to torment them, or to incur the natural risks of loss of blood, unreduced ruptures, broken bones, inflammations, in order to enable speculating sceptics to count how many of them will die.

Without some standard of comparison, however, medical science can make very little further progress. It will be impossible to determine accurately the relative value of different methods of treatment now in use; or of any new remedies and methods of treatment, which may be discovered. Medicine will always be open to unjust charges of inutility, and the public health will be the sport of fashion, the perilous innovations of empirics, and superficial theorists.

It is fortunate, under these circumstances, that the standard required will be furnished by the average mortality and duration of cases *under the present system of treatment*. In the aggregate results deduced from the thousands of cases treated in the hospitals, accidental irregularities will be destroyed; and the average rate of mortality and recovery in each disease, at each stage of disease, will be determined. With this standard any other class of similar cases, treated differently, may be compared. The collection and analysis of a few important, easily observable facts, to which the measures of number and

time can be applied, will, it is evident, not interfere with, but will rather facilitate, individual research or any special and more extended inquiry undertaken by particular institutions.

The importance of applying the instruments and methods of inquiry, which have enriched the exact sciences to vital phenomena, is generally admitted; and the London hospitals will, it may naturally be expected, take the lead in this as well as in other departments of medicine. Should they act in an isolated manner, and independently of each other, or should they register the observations on an uniform system, and throw them into a common stock, to be arranged in the order which may appear, on due consideration, best calculated to yield the important results to which we have above adverted? The advantages of the latter proceeding, in a statistical point of view, are so obvious, that your committee have invited the medical officers to a conference, and have submitted to them the following propositions:—

(1.) To have authentic registers of cases kept in a form which is now under consideration.

(2.) The first registers to be commenced on January 1st, 1843, and to terminate on the 31st December. To comprise all the patients discharged during the year.

(3.) The first annual abstract to be made under the direction of a joint committee, named by the Council of the Statistical Society, the boards and the medical officers of the hospital. For this purpose, copies of the registers to be sent, at the end of each quarter, half-year, or year, to the office of the Statistical Society, where it is proposed that the committee shall meet.

(4.) The Statistical Society will supply the blank forms for copying the registers of cases.

Example of the mode of filling up the proposed Return.

Disease—Consumption.

1	2	3	4	5	6	7	8	9	10	11	12
No.	Occupation and Habits.	Sex.	Age.	Number of Days in Hospital.	Duration of case in days. When admitted.	Duration of case in days. When discharged.	Date of Attack.	Date of Admission.	When Discharged. Date.	When Discharged. State.	Important Symptoms, Complications, or *post-mortem* Appearances.
1	Weaver.	M.	41	63	65	128	1840 June 3	Aug. 7	Oct. 9	Died.	Hæmoptysis, June 3. Diarrhœa, Aug. 10. *P. M.* Cavity in upper lobes of left lung; ulcerations of ileum.

The attack should be dated from the first unequivocal symptom of the disease.
In the column for important symptoms the date of their origin may be noted.

Contractions used in the Returns.

Int., intemperate; *pp.*, pauper; *M.*, male; *F.*, female. The months, *Jan.*, *Feb.*, *Mar.*, *Apr.*, *May*, *June*, *July*, *Aug.*, *Sept.*, *Oct.*, *Nov.*, *Dec.* The year is written *over*, and the day *under*, the month, thus:—$\left\{\begin{matrix}1831.\\ \text{Jan.}\\ 8\end{matrix}\right\}$ *Recov.*, recovered; *conv.*, convalescent: *rel.*, relieved. Other contractions may be used, with an explanation, if necessary.

The medical officers who did your committee the honour to meet them expressed themselves quite willing to promote these important objects. The following resolution was passed:—

"Resolved, that application, by letter, be made to the boards of the hospitals respectively, on the subject of the adoption of uniform methods of registering of cases, and that the sanction and support of the medical officers be requested to such applications; that a letter be drawn up and forwarded to the several boards, pointing out the importance of the object in view by the committee in making this application; and further, that a copy of the committee's report be sent with each application."

It has been suggested that cases in the London hospitals will not present a fair average of the cases affecting the whole community. Your committee admit the truth of this to the full extent. But after the example has been set in the London hospitals, your committee are convinced that returns on the same plan could be procured from the provincial hospitals, the prisons, the poor-law unions, the friendly societies, and from private practitioners. This would open a wide field of comparison, and lay the foundation of improvements in the healing art very much calculated to alleviate human suffering, and to prolong human life.—*Medical Gazette.*

HOSPITAL SHIP FOR THE OPERATIONS ON THE COAST OF CHINA.

The *Minden*, a line-of-battle ship, has been wholly appropriated as an hospital on the coast of China.

The *Minden* is a 74, deprived of one tier of guns, to make more room for the sick; roomy; well adapted for her new employment; and commissioned as a fifth rate, with 280 men, fitted for 200 patients, and ventilated upon the plan of Dr. D. B. Reid, who went to Plymouth, where she was fitted out, to make the necessary arrangements.

The hospital establishment consists of one inspector of hospitals, one surgeon, five assistant surgeons, one surgeon's clerk (having large supplies of medicines and stores, and being accountable for their distribution); one ward-master (in lieu of matron): sixteen landsmen as nurses; three washers (men's wives), besides servants to the medical officers. Medicines, surgical instruments, washing machines, portable water closets, cradles (of iron), are fitted with rods to prevent the sick being thrown out in stormy weather; light screens to prevent currents of air on deck where ventilation is so necessary, baths, and books for the perusal of the patients.

The supplies in charge of the purser, to deliver daily on the requisition of the surgeon, are said to be about 70,000lbs. bread and flour; 55,000 beef; 7000

Scotch barley; 5000 salt; 9000 vinegar; 1500 of tea; 8000 of sugar; 400 gallons of wine; 6500lbs. of soup and bouilli; 2000 quarts of gravy soup; 1000lbs. calves'-feet jelly, all adapted for hospital diet, and one ton of patent preserved potatoes.

BOOKS RECEIVED.

On Injuries of the Head affecting the Brain. By G. J. Guthrie, F.R.S. 4to. Pp. 155. London. 1842.

A System of Practical Surgery. By Wm. Ferguson, F.R.S.E. 12mo. Pp. 596. London. 1842.

Clinical Midwifery. By R. Lee, M.D. 12mo. Pp. 224. London.

The London and Edinburgh Monthly Journal of Medical Science for September.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, NOVEMBER 9, 1842.

MEDICAL CHARITIES' BILL—NEW DEVICE OF THE ENEMY.

We quote the following paragraph from a late number of the *Dublin Evening Mail*:—

"Medical Charities' Bill.—A memorial from the subscribers to the Clogheen Fever Hospital and Dispensary, signed by Lord Lismore and the proprietors of lands in that district, as well as the clergy of both persuasions, has been forwarded to the Lord Lieutenant, praying that their establishments may not be placed under the control of the poor-law commissioners. Memorials to the same effect, from Cahir and Clonmel, we believe, have also been transmitted. Many other memorials of the same nature are in progress of signature throughout the country. It is reported that a certain set of medical men, who were most strenuous in their opposition to this measure last session, are now in treaty to withdraw their opposition, 'if a very liberal scale of salary is allotted to the profession.' We disbelieve this report; but we tell them that, if such a scheme of plunder is on foot, it shall be denounced, and shall fail. The country is weighed down by poor-law taxes—by lunatic asylum taxes—by gaol taxes, &c., &c., in all of which the medical profession liberally share—independent of all their county hospitals, fever hospitals, dispensaries, &c."

The latter part of the foregoing extract contains a warning which, we sincerely hope, may not be lost upon some of our friends. We agree with the editor of the *Mail* in disbelieving the report alluded to. We do not think it in the least likely that any "medical men, who were strenuous in their opposition to this measure last session, are now in treaty to withdraw their opposition, "if a very liberal salary is allotted to the profession." At all events, if any such treaty be upon the *tapis*, we are ignorant of it. This, however, we do believe and know, that after we had called attention to the unconstitutional and oppressive character of the original bill, last session, pamphlets were published by Messrs. Nicholls, Phelan, Corrigan, and Harrison, under the name of the two latter gentlemen, in which hopes were held out that salaries of £100 or £150 a year would be given to district medical men should the proposed poor-law schemes be carried into effect. We also believe and know that the above-named highly respectable firm are not, and cannot be, idle when anything is to be obtained serviceable to themselves, or anything to be done injurious to men, who being honest, they look upon as their natural enemies, and therefore we do not doubt that they have spread the report alluded to in the *Mail*. Nay, we should not much wonder if they had induced some one or two greenhorn dispensary doctors to commit themselves so far as to communicate with them upon the subject, and to express a thoughtless desire for a *fixed* salary of £100 or £150 a year, without looking to consequences, or remembering the fable of the dog and the shadow.

For our own parts, we are as anxious, as any of our brethren, that *fixed* and large salaries should be available in the medical profession; but we do not forget the impolicy of killing a goose which lays golden eggs, and we are, and have good right to be, acquainted with the extent to which the resources of the country may be taxed. Now, let it be remembered, that we are not arguing against the propriety of giving £100 or £150 a year to every dispensary medical attendant in Ireland: if their obtaining such, or even larger stipends depended upon us, they should have them at least as soon as they are likely to obtain them from Messrs. Nicholls, Phelan, Corrigan, and Harrison. Let us, however, see how the thing looks in figures—there are 620 dispensaries in the kingdom, multiply that number by 100, and we get 62,000—£62,000 in medical salaries alone. Give the attendants of the 91 fever hospitals £150 each, and we shall have £13,650. Let there be, as is proposed, an apothecary, at the small salary of £30 a year, to each of these 711 institutions, and we shall have to provide a sum for the payment of medical officers of no less than £96,980 per annum. This sum does not include the salaries of medical officers of the forty infirmaries, and is, in fact, equal to the sum which is at present levied by the grand juries for the entire support of the 751 institutions. Does any reflecting person suppose for a moment that so large an addition, as this calculation implies, could be made to the present expenditure for medical relief? Do Messrs. Nicholls, Phelan, Corrigan, and Harrison, think it could? By no means. They know perfectly well that if large salaries be given, the institutions must be diminished in number; and others ought now to be perfectly aware, that if the control be vested in the poor-law commission, the salaries, instead of being increased, will be reduced to the £40 scale of the workhouses.

In fine, then, it is perfectly plain to us, that the object in spreading the report in question, was to create disunion and jealousy between the medical profession and the gentry of the country; an object towards the attainment of which they will not be aided by any respectable medical man in Ireland. The strength of the Irish profession, and much of that respectability of position which they enjoy, (and to so much greater a degree than their English brethren,) depend upon the cordial and friendly alliance that now subsists between them and the resident gentry. They will lose both the one and the other, and after all will not get the £100 a year, if they desert their natural and respectable friends to make themselves the tools of such persons as Messrs. Nicholls, Phelan, Corrigan, and Harrison. We repeat, then, the advice we have always given—let the unclean thing not be touched—let every connexion with the poor-law commissioners be eschewed—let no man either sign the warrant for his own exclusion from the society of the gentry, his neighbours, by becoming a 6d. vaccinator; nor quarrel with the same gentry by blindly following the *ignis fatuus* of an increased salary held out by those whose interest and aim it is to lure him to his ruin.

THE CHEAP SHORT-AND-EASY METHOD.

In our last, we threw out many things intended for the benefit of those interested in medical education, and amongst others a cap of peculiar cut which was immediately snatched up and placed on the noddle it best fitted. It gratifies us to find that our labours are so effectual, and that the parties concerned feel the consequences of public discussion contending with secret manœuvering. We repeat, for the benefit of inexperienced pupils, that the London College of Surgeons has not given its sanction to the newly-invented contrivances to "shorten time, labour, and expense," in pursuit of their diploma, or authorised any lecturer to traffic in what are called "split" certificates, to enable him to compete with a certain wholesale dealer in cheap wares of this kind, or to accommodate young gentlemen, whose engagements do not permit them to spend their time listening to the talk which some people call lectures. The candidate "is required to have been occupied, during *three distinct winter sessions*, in the study of anatomy," and certificates are received if the pupil shall have been "*bona fide*" so engaged. The statement that this scheme, which we have been reprobating, "is pursued in most of the London schools" is *untrue*; we do not believe that it is pursued in one of them. But, supposing for argument sake, that the council of the London College afforded facilities, or held out temptations calculated to promote the practice of granting certificates without attendance, is that a justification for such conduct, or will any man of right mind allow himself to be led to the commission of improper acts, by the loose and often reprehensible arrangements of public bodies deriving income from the operation of the system they carry into effect by such arrangements.

We consider this matter settled, and will not return to it, leaving the parties interested full latitude to try what can be effected by "advertising" their plan, and with it their claims to have their assertions credited.

REMOVAL OF A CORONER FROM HIS OFFICE.

The Lord Chancellor, upon the application of the Attorney General, has removed from his office of coroner of the county of Dublin, John Pasley, who was convicted in August last of attempting to defraud the rate-payers, by issuing a false order to a medical witness.

FIRST BANKRUPTCY UNDER THE POOR-LAW.

The following resolution must be looked upon as the beginning of an end:—

"Middleton Union.—Proposed by Denis O'Callaghan, Esq., seconded by James J. Roche, Esq., and carried unanimously:—

"Resolved—That the board of guardians having this day met for the despatch of their weekly business, and not having been put in possession of any funds, have been obliged to refuse admission to all applicants for relief, and have left the establishment in the hands of the master, and have directed the clerk to have this resolution inserted in the Cork newspapers.

"Middleton, 1st Nov., 1842."

IRISH MEDICAL ALMANACK.

Our readers will see by our advertising columns that a want long felt is about to be supplied by the publication of a Medical Almanack and Directory for Ireland. As we have had an opportunity of satisfying ourselves as to the plan of the proposed work, we can safely recommend it to the patronage of every member of the profession.

Hotel for Invalids.—We understand that a hotel for invalids is attached to the Medicated Baths in Temple-street, Mountjoy-square, where patients may enjoy many of the advantages of the most celebrated British and foreigh spas, without the inconvenience inseparable from a long and expensive journey.

Promotion.—Dr. Crooke of Macroom General Dispensary, has been appointed Physician to the Macroom Union Workhouse.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

WINTER SESSION COMMENCING OCTOBER 31.

ANATOMY AND PHYSIOLOGY,	Dr. Jacob.
DESCRIPTIVE ANATOMY,	Dr. Hargrave, Dr. Hart.
SURGERY,	Dr. Wilmot, Dr. Porter.
PRACTICE OF MEDICINE,	Dr. Benson, Dr. Evanson.
CHEMISTRY,	Dr. Apjohn.
MATERIA MEDICA,	Mr. Williams.
MIDWIFERY, AND DISEASES OF WOMEN AND CHILDREN,	Dr. Beatty.
MEDICAL JURISPRUDENCE,	Dr. Geoghegan.
HYGIENE,	Dr. Maunsell.
BOTANY,	Dr. Bellingham.
NATURAL PHILOSOPHY,	Dr. Apjohn.
COMPARATIVE ANATOMY,	Dr. Jacob.

Dissections under the superintendence of the Professors of Descriptive Anatomy, and the Demonstrators, Mr. Dillon, Mr. Leeson, and Mr. Labatt.

The Professor of Chemistry gives a separate course on Practical Chemistry, and admits operating Pupils into the Laboratory.

The fee for each course of Lectures is three guineas, and for dissections and demonstrations four guineas.

The names of the pupils in attendance are returned to all the Colleges in November, February, and April, and certificates are granted to those pupils only, who attend the full course of six months.

By order,

C. O'KEEFE, Registrar.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

Dr. MONTGOMERY will commence his Lectures on Midwifery and the Diseases of Women and Children, on MONDAY next, November 7th, at Four O'Clock, P.M., at which hour they will be continued during the Session.

The certificate of attendance on these Lectures is one of those which constitute an Annus Medicus, as required by the Universities of Edinburgh and Dublin; and is also received by the Royal Colleges of Surgeons in Ireland and elsewhere.

Apply to Dr. Montgomery, 18 Molesworth-street.

THE MIDLAND RETREAT,

NEAR MARYBOROUGH,

Has been opened for the reception of a limited number of patients of both sexes by Dr. Jacob, Physician to the District Lunatic Asylum, which contains 170 patients, Surgeon to the Queen's County Infirmary, &c. The establishment, the entrance to which is within one hundred yards of Dr. Jacob's residence, is agreeably placed in a retired but cheerful situation, the grounds are tastefully planted and well arranged for exercise and recreation, with a considerable extent of land attached. It is intended that the patients shall enjoy all the comforts of a private residence, the establishment in no way differing in appearance from a country house, the necessary security being obtained by a vigilant superintendence. There is daily communication by means of public conveyances with Dublin, Cork, Limerick, Waterford, Kilkenny, Galway, Athlone, &c., and intermediate towns.

ROYAL COLLEGE OF SURGEONS.

DR. BENSON will Commence the COURSE OF LECTURES on the THEORY AND PRACTICE OF MEDICINE, on WEDNESDAY, the 9th of NOVEMBER, (this day) at THREE o'Clock, P.M.

The Description, Pathology, Diagnosis, and Treatment of all the diseases usually called *Medical*, will be given in the following order: —

1. Diseases of the Digestive Organs.
2. —— —— Skin.
3. —— —— Kidneys.
4. —— —— Lungs and their Appendages.
5. —— —— Heart and Great Blood-Vessels,
6. —— —— Brain, Spinal Marrow, and Nerves.
7. Fevers, &c. &c.

The various uses of the Stethoscope will be fully pointed out. Pathological Preparations, Plates, and Recent Specimens of Diseased Parts will be exhibited for the purpose of illustration.

The Lectures will be delivered on Mondays, Wednesdays, and Fridays, throughout the Session, at Three o'Clock.

TO THE MEDICAL PROFESSION AND THE PUBLIC.

BEWLEY AND EVANS, CHEMISTS AND APOTHECARIES, 3, LOWER SACKVILLE-STREET, being appointed WHOLESALE AGENTS for the sale of JEFFREY'S RESPIRATOR in Ireland, beg to call the attention of the Medical Profession and the Public generally to that invaluable instrument, the utility of which, in incipient Phthisis, Bronchitis, and other affections of the chest, particularly those attended with extreme sensibility or irritability of the air passages, has been satisfactorily demonstrated in many thousands of cases. Testimonials of its usefulness have been furnished not only by private individuals, but also by the highest professional authorities.

The construction of this elegant instrument is scarcely less remarkable than its utility. It consists of a number of layers of most exquisitely wrought wirework of such singular minuteness that the whole instrument with its drapery can scarcely be distinguished from an ordinary silk handkerchief tied round the mouth. Its structure may be seen and examined by any person interested, on application at THE PATENTEE'S DEPOT as above.

Prices. 1st quality, of gold throughout, Gentlemen's size 64s; Ladies' 52s; 2d quality, faced with gilded wire, Gentlemen's 36s; Ladies' 30s; 3d quality, Gentlemen's 24s; Ladies' 20s.

A Respirator will be forwarded by post to any part of the Kingdom on receipt of a post-office order for the amount, and 1s., extra for a Lady's, or 1s. 4d., for a Gentleman's, for the postage.

The Trade supplied on liberal terms.

THE IRISH MEDICAL ALMANACK AND DIRECTORY FOR 1843.

On the 2d of January will be published,

THE IRISH MEDICAL ALMANACK AND DIRECTORY for the year 1843, containing, with the Calendar, an account of the Irish Medical Corporations and various Schools of Medicine, the Medical Charities of Ireland, including the Metropolitan and Provincial General Hospitals, County Infirmaries, Fever Hospitals, Dispensaries, Lunatic Asylums (public and private), Gaols, Union Workhouses, &c., with their respective Medical Officers, the Coroners of Ireland, and laws relating to them, a Registry of the Medical Practitioners of every City, Town, Village, and locality of Ireland, with their qualifications and appointments, the several Literary and Scientific Societies, with Medical Statistics, and a variety of other miscellaneous and interesting intelligence, and blank ruled pages for memoranda for every day in the year, handsomely printed on fine paper, neatly bound and lettered, forming a compendium of Irish Medical intelligence and summary of useful information, not only to the Profession, but to the Public in general—intended as a Pocket-companion or Medical Fee-book for Irish Practitioners.

Compiled and arranged by HENRY CROLY, M.D., (Edinburgh) Licentiate of the Royal College of Surgeons in Ireland, Physician to the Mountmelick Dispensary, Queen's County.

Persons desirous of furnishing information will please address their communications to Dr. Henry Croly, care of the Publishers, John S. Folds, Son, and Patton, No. 5, Bachelor's-walk, Dublin, with as little delay as possible.

IMPORTANT TO YOUNG PHYSICIANS AND SURGEONS.

ELIGIBLE INVESTMENT.

THE HOUSE and MEDICATED BATHING INSTITUTION, in *Temple-street*, *Mountjoy-square*, and an excellent Dwelling-house, in *North Great George's-street*, *Dublin*, both on a Lease for ever, at the moderate rent of Sixty Pounds per annum, will be disposed of for Three Thousand Pounds, to any Medical gentleman possessing that sum.

Should the Purchaser not desire to maintain the establishment on its present footing, the following improvement is confidently suggested, as one which could not fail to make the investment of the capital required perfectly secure and extremely profitable.

It is proposed to fit up the House, 44, North Great George's-street, adjoining the Baths, as a

HOTEL OF INVALIDS

for ladies and gentlemen, on a scale of comfort, convenience, and privacy, hitherto unknown in this country; where from 10s. 6d. *per diem*, up to £1 1s. Patients from the Country, whose complaints may require the auxiliaries of Warm Salt Water, Vapor, or Medicated Bathing, may have board, lodging, and as great a degree of Medical and Surgical aid, as the most opulent can obtain at their own houses, which under any other circumstance would occasion to the Invalid, an enormous expense. This Establishment would at the same time, tend to promote the cause of Medical Science and Practice: thus combining private interest with public utility.

The House is capable of accomodating Fifteen Patients at a time.* but to be under the mark, a calculation for Ten, and at the lowest rate, will show the advantages to be derived from this Establishment

Ten Patients at 10s. 6d. *per diem*, payable weekly in advance, would produce annually.		£1,916 0 0
The expense for the maintenance of the above number, including everything but Wine at 5s. 3d. *per diem* each, would be. . . .	£958	
Interest on the £3,000 to be advanced, at 6 per cent. . . .	180	
Occasional Fees to consulting Physicians and Surgeons may be calculated at	100	
Rent, Taxes, and Insurances	100	1,338 0 0
Profit from Patients alone, .		578 0 0
Profit on Baths, averaged at per annum		365 0 0†
		£ 943 0 0

Being a clear profit of 30 per cent., on the Capital invested, exclusive of Fees occasionally received from Bathers and out Patients.

The above statement is submitted to the Junior Members of the Medical Profession, to whom it is obvious, that the small capital required, might be easily raised by the contributions of a few Gentlemen, (not all necessarily Professional) uniting together to conduct the Institution as a kind of Joint Stock Company.

Further information may be obtained on application to SIR ARTHUR CLARKE, M D., 44, North Great George's-street, from 9 till 10 o'clock in the forenoon, or from 3 till 6 o'clock in the afternoon, or by letter, prepaid.

* The premises are sufficiently extensive to admit of enlarging the Dwelling-house, so as to accommodate a still greater number.

† There are in the Establishment a sufficient number of Baths to produce at least double that sum.

MIDWIFERY ILLUSTRATED.

In 1 handsome thick 8vo. volume, illustrated with 84 plates, engraved on Steel, and 20 on Wood from Original Drawings, price 22s. cloth,

THE PRINCIPLES AND PRACTICE OF OBSTETRIC MEDICINE AND SURGERY,

IN REFERENCE TO THE PROCESS OF PARTURITION.

BY FRANCIS H. RAMSBOTHAM, M.D.,

Consulting Physician in Obstetric Cases to, and Lecturer on Obstetric Medicine at, the London Hospital; Physician to the Royal Maternity Charity, &c.

"The work of Dr. Ramsbotham may be described as a complete system of the principles and practice of midwifery; and the author has been at very great pains indeed to present a just and useful view of the present state of obstetrical knowledge. The illustrations are numerous, well selected, and appropriate, and engraved with great accuracy and ability. In short, we regard this work, between accurate descriptions and useful illustrations, as by far the most able work on the principles and practice of midwifery that has appeared for a long time. Dr. Ramsbotham has contrived to infuse a larger proportion of common sense and plain unpretending practical knowledge into his work than is commonly found in works on this subject; and as such we have great pleasure in recommending it to the attention of obstetrical practitioners."—*Edinburgh Medical and Surgical Journal.*

"This is one of the most beautiful works which have lately issued from the medical press; and is alike creditable to the talents of the author and the enterprise of the publisher. It is a good and thoroughly practical treatise; the different subjects are laid down in a clear and perspicuous form, and whatever is of importance is illustrated by first-rate engravings. A remarkable feature of this work, which ought to be mentioned, is its extraordinary cheapness. As a work conveying good, sound, practical precepts, and clearly demonstrating the doctrines of obstetrical science, we can confidently recommend it either to the student or practitioner."—*Edinburgh Journal of Medical Science.*

"This work forms a very handsome volume. Dr. Ramsbotham has treated the subject in a manner worthy of the reputation he possesses, and has succeeded in forming a book of reference for practitioners, and a solid and easy guide for students. Looking at the contents of the volume, and its remarkably low price, we have no hesitation in saying that it has no parallel in the history of publishing."—*Provincial Medical and Surgical Journal.*

"It is the book of midwifery for students; clear, but not too minute in its details, and sound in its practical instructions. It is so completely illustrated by plates (admirably chosen and executed) that the student must be stupid indeed who does not understand the details of this branch of the science, so far at least as description can make them intelligible."—*Dublin Journal of Medical Science.*

"Our chief object now is to state our decided opinion, that this work is by far the best that has appeared in this country for those who seek practical information upon midwifery, conveyed in a clear and concise style. The value of the work, too, is strongly enhanced by the numerous and beautiful drawings, which are in the first style of excellence."—*Medical Gazette.*

"Among the many literary undertakings with which the medical press at present teems, there are few that deserve a warmer recommendation at our hands than this work, we might almost say the obstetrical library comprised in this single volume. Few works surpass Dr. Ramsbotham's in beauty and elegance of getting up, and in the abundant and excellent engravings with which it is illustrated. We have no doubt that before long it will occupy a place in every medical library in the kingdom. It is decidedly the cheapest work which has ever issued from the medical press of this country."—*Lancet.*

"We most earnestly recommend this work to the student who wishes to acquire knowledge, and to the practitioner who wishes to refresh his memory, as a most faithful picture of practical midwifery; and we can with justice say, that altogether it is one of the best books we have read on the subject of obstetric medicine and surgery."—*Dr. Johnson's Review.*

"All the organs concerned in the process of parturition, and every step of this process, in all its different forms, are illustrated with admirable plates. * * * * When we call to mind the toil we underwent in acquiring a knowledge of this subject, we cannot but envy the student of the present day the aid which this work will afford him. * * * * We recommend the student, who desires to master this difficult subject with the least possible trouble, to possess himself at once of a copy of this work."—*American Journal of the Medical Sciences.*

"Dr. Ramsbotham's treatise we regard as an exceedingly excellent synopsis of practical midwifery. It is rich in minute and sound rules of treatment, and all that the practical accoucheur most needs to know. * * * * We strongly recommend the work to all our obstetrical readers, especially to those entering on practice; it is not only one of the cheapest but one of the most beautiful works on midwifery."—*Brit. and For. Med. Rev.*

London: JOHN CHURCHILL, Prince's-street, Soho.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 46, Prince's-street, Soho.

TERMS OF SUBSCRIPTION (PAYABLE IN ADVANCE.)

Twelve Months	£1 5 0
Six Months	0 13 0
Single Number	0 0 6

Wednesday, November 9, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CCII.] DUBLIN, WEDNESDAY, NOVEMBER 16, 1842. { PRICE SIXPENCE, STAMPED.

On the minute structure of the brain in the Chimpanzee, and of the human Idiot, compared with that of the perfect brain of Man; with some reflections on the cerebral functions—By James Macartney, M.D. 305
Dissection of the brain in the Chimpanzee... ib.
Dissection of a female idiot, with extraordinary brain 306
Dissection of the brain of a male idiot..... ib.

REPORTS OF MEDICAL AND SURGICAL PRACTICE.

Case of Hydrophobia—By G. Macintire, Esq., of Ballyshannon 307
Aqua Chalybeata—New preparation of iron..... 308

EXTRACTS FROM PERIODICALS.

Observations on some points in the anatomy, physiology, and pathology of the blood..... ..... ib.
Structure of fibrinous exudations, or false membranes—Origin of fibre..... 311
Evolution of electricity ..... ib.
Rupture of the trachea.. 312
The Rev. Henry Hayden and Dr. Harty..... ib.
MEDICAL ASSOCIATION OF IRELAND—Proceedings of Council.. 314
THE LONDON COLLEGE OF SURGEONS ..... ib.
THE FRUITS OF MR. DENIS PHELAN'S MISSION TO THE SOUTH.. 315
POOR-LAW INTELLIGENCE.—Bandon, Cork, Edenderry—.. 316
Ennis, Kilkenny, Limerick—..... 317
Rathkeale and Tullamore Unions..... 319
A pauper and the lady of a poor-law commissioner. ib.
Promotions ..... ib.
Obituary..... ib.
Register of the Weather..... ib.

ON THE MINUTE STRUCTURE OF THE BRAIN IN THE CHIMPANZEE, AND OF THE HUMAN IDIOT, COMPARED WITH THAT OF THE PERFECT BRAIN OF MAN; WITH SOME REFLECTIONS ON THE CEREBRAL FUNCTIONS.

BY JAMES MACARTNEY, M.D.

(From the Transactions of the Royal Irish Academy.)

MANY years ago I discovered, with only a common pocket lens, a reticulation of fine white fibres, immediately under the surface of the cerebrum, in birds. This first led me to believe that the medullary fibres, as they are called, extended farther, and were more subdivided than had been hitherto supposed. I have since been able to demonstrate to medical students, and to several teachers of anatomy, the existence of those filaments in every part of the brain, by simply moistening the substance of the organ, during the dissection, with a solution of alum in water, which has the effect of slightly coagulating, and rendering the finer filaments visible, which, in their natural condition, are transparent. By this means, I have shown that the filaments (which I prefer to call *sentient*, instead of *white* or *medullary)* everywhere assumed a plexiform arrangement, and that the most delicate and intricate plexuses were to be found inclosed in the grey or coloured substances of the brain. This fact proves the analogy between the coloured substances of the brain, and the ganglia of the nervous system, in which there is a close reticulation of nervous fibres. I have long been in the habit of considering the magnitude and form of the entire brain, and of its several parts, as being merely subservient to the number, extent, and connexions of the various plexuses, in which, and especially in those occupying the coloured substances, I believe the sensorial powers of the brain to reside.

A Chimpanzee (the pigmy of Tyson) having some months ago died in Dublin, and the dissection of it having been entrusted to Mr. Wilde, I proposed to him that I should undertake the examination of the animal's brain, in my own manner. Tyson and others had described the bulk, shape, and external appearance of the different parts of this creature's brain, but the intimate structure had never been examined by any anatomist.

I shall now lay before the Academy an account of what I observed in the brain of the Chimpanzee, and likewise in those of two idiots; by which it will appear that the brain in the latter possesses a still lower degree of organisation, than in the former animal.

DISSECTION OF THE BRAIN IN THE CHIMPANZEE (SIMIA TROGLODYTES.—LIN.)

The *external form* bore so great a resemblance to the human brain, that, excepting the difference in size, the one might be mistaken for the other. The *convolutions* were as decidedly marked, and the proportions of the cerebellum to the cerebrum were exactly as in man. On the under surface of the brain I observed that the two white pea-shaped bodies, called *corpora candicantia*, were very indistinct; and they did not appear to be, as in man, the continuation of the anterior crura of the *fornix*. The *pons*, which unites the lateral lobe of the cerebellum, was, perhaps, rather flatter than in the human subject, and the fifth pair of nerves entered it, and passed for a little way distinctly, which is so remarkable in the sheep. The *pyramids* did not decussate to any extent; only two superficial bundles of fibres crossed. The *corpora olivaria* did not project distinctly, and the band which surrounds them was not observed. The structure internally of these bodies consisted of white filaments included in grey substance. The branches of the *arbor vitæ* were, per-

haps, not so deep, but quite as numerous as in us. The white filaments composing the trunk were not so fine, nor so strictly interwoven, as in man, and therefore they were more easily distinguished. The *corpus fimbriatum* was a long shape, and appeared to be composed chiefly of grey substance, and wanted the denticulated edge. The part called *locus niger*, in the crura of the cerebrum, was a small, greenish-grey mass, of an irregular figure, and less than a pea, instead of the crescentic form, as in man; and it did not mingle with the white fibres of the crus. The *pineal* gland was large. It was removed in making a cast of the ventricles, and lost; it was not, therefore, ascertained whether it had any calcareous matter in it or not. The parts in the lateral ventricles corresponded very nearly with the same in man. The soft *commissure* was particularly strong, and held distinct white filaments. The *linea semilunaris* was faintly marked. The two anterior of the *tubercula quadrigemina*, called *nates*, were the smaller. The *fourth ventricle* was much prolonged into the lateral lobes of the cerebellum. The *grey substance* on the floor of the ventricle was not raised into the appearance of two ganglia, and there were no *white striæ*. The sentient or white filaments formed looser or less complicated plexuses, wherever they were examined, than in man, and I could not discover any of the delicate *arborescent filaments* in the base of the *corpora striata*.

DISSECTION OF A FEMALE IDIOT, WITH EXTRAORDINARY BRAIN.

The whole mass of the brain was small, but the front part did not recede. The *convolutions* were rather small, but sufficiently deep for the size of the brain. The *lobes* of the *cerebellum* were not the one-third of the usual size. The *gyri* were scarcely distinguishable, and the divisions were few and shallow. The *arbor vitæ* had but two principal branches, and the sub-divisions of these were few. The anterior part of the lobes was supplied by two clusters of membranous cells, filled with red jelly or albuminous fluid, such as we find substituted for the brain in acephalus fœtuses. The *corpus fimbriatum* was indistinct, wanted the denticulated margin, and the proper structure inferiorly, and was not half the proper size. The *pons* was exceedingly small, and its internal structure obscure. The *pyramids* were parallel cylindric forms, and did not appear to decussate. The *corpora olivaria* had little prominence, and the coloured substance was deficient. The *locus niger* was imperfectly formed, and not of a dark colour. The *corpora striata* was very small, as also the white filaments contained in them. The *pineal gland* was rather of a large size, and contained a cluster of round soft bodies, in place of the calcareous granules. In fine, the character of the whole brain was imperfection of intimate structure. The plexuses were not intricate, and the grey substances pale, and not in sufficient quantity. This person had been a patient in the Whitworth Hospital. The account I received of the state of her intellect from the house pupil was, that she was foolish, and that he could never get a rational answer from her. She was extremely ugly, with projecting jaws and teeth, and an idiotic countenance. She was an unmarried woman, but not a virgin, notwithstanding the great deficiency in her organ of amativeness.

DISSECTION OF THE BRAIN OF A MALE IDIOT.

The *cerebrum* was small, and the anterior lobes especially so. The *cerebellum* projected beyond the posterior lobes of the hemispheres. The *convolutions* of the cerebrum were small, particularly those of the anterior lobes on the *left side*,—they were so imperfectly developed, and so closely connected to each other, that they had more the appearance of a tuberlated than of a convoluted surface. The *olfactory nerves* were small, and very deficient in grey substance, indeed all the coloured parts of the brain were rather pale. The *pyramids* could scarcely be distinguished, being extremly small, and confounded in the projection of the corpora olivaria; they did not appear to decussate; the one on the left side was particularly small. The left hemisphere of the brain was smaller than the one on the right side. The *tubercula quadrigemina* were of an equal size, and a grey colour on their surface. The *pineal gland* was large, semi-transparent, and contained very little of the gritty matter. On the surface of the *left* crus of the cerebrum there was a green tinge observed, which on being cut into, proved to be the *locus niger* in a disorganised and nearly dissolved state. There were no *white striæ* in the fourth ventricle. The *plexus* of white filaments at the roots of the *olfactory nerves* was very plain on the *right* side, but very imperfect on the *left*. The *brain* was tolerably firm. The *spinal marrow* was hard, and the *cerebellum* was soft. The structure, as well as form of the parts in this brain, was imperfect throughout, but most remarkably so on the left side; the want of agreement between the two sides would necessarily impair the functions of the brain.

The first deviations from the perfect brain of man appear to be with respect to the following parts:—The *locus niger*, *the corpus fimbriatum*, *the white striæ in the floor of the fourth ventricle*, *the decussation of the pyramids*, *the distinction of the anterior crura of the fornix*, *the corpora olivaria*, *the degree of intermixture of the sentient or white filaments in the arbor vitæ*, *the corpora candicantia*, *and the existence of calcareous granules in the pineal gland.*

It is remarkable, that many of these parts are not found in the first stages of fœtal life, and some of them not until after birth. The pineal gland, according to Meckel, is not perfect until the seventh year of infancy. The same parts also first decline, and ultimately disappear in animals, according to their scale of organisation; and further, it is chiefly with respect to these parts, that varieties of structure are observed in the brains of different rational human beings. I have found many deviations from the ordinary structure in subjects, without being able to ascertain what peculiarities of character belong to them when alive; but in one instance, of a deaf and dumb person the *white striæ* of the fourth ventricle (with which the auditory nerves communicate) were imperfectly formed, were not subdivided, and did not unite with each other. If, therefore, we can ever arrive at correct notions of the functions of the brain, it must be by careful dissections of the interior parts of the cerebral organ, and by ascertaining the correspondence between the minute structure, and the endowments and dispositions of the different individuals; taking into account, at the same time, the influence of the various organs of the body, instead of ascribing to certain parts on the surface of the brain, distinct and often opposing faculties, as Gall and Spurzheim have done.

It seems to be particularly absurd to suppose that the cerebellum, a part evidently as highly organised, and of as much importance as the cerebrum itself, should be designed to produce merely the sexual instinct. In animals that have the lateral lobes of the cerebellum very small, or who want them altogether, this instinct is stronger than in man. In those instances which are known of the absence of a part, or one lobe, or the whole cerebellum, no want of the venereal appetite existed; and a case is related of a person

in whom the sexual desire was so ungovernable, that mechanic restraint became necessary; and it was found, after death, that both lobes of the cerebellum was wanting in this person. In animals that propagate only at particular seasons of the year, the testicles and ovaries are singularly developed at those periods, and afterwards decline, while at the same time no change takes place in the cerebellum. The abolition of the sexual instinct, by the extirpation of the testes, or of the ovaries, puts it beyond all doubt that this impulse does not originate in any part of the brain.

It would appear that all instincts depend upon the condition and state of feeling in those organs with the functions of which they are immediately connected; thus, the maternal instinct (at least in mammiferous animals) is in a great measure the result of the tension of the mammary glands. As soon as this is removed, by the absorbents carrying off the milk, quadrupeds lose all care and anxiety about their young. The cerebral organ would, perhaps, of all others, be the most unfit for the generation of instincts. The brain is destined to direct or control instinctive fellings, and therefore it cannot create them. If a person attempt to command any instinctive impulse to be felt, he will find it as impossible to do, as to rise from his chair, merely by willing it, without the aid of the muscles.

I have ascertained and demonstrated, by repeated dissections, that all the plexuses of the brain are continuous with each other; that no part of the nervous system is isolated; and consequently, the different parts must exercise a mutual influence on each other. I have proved that the spinal nerves, as well as those of the brain, are not inserted in the same way as the roots of plants penetrate the earth, which has been heretofore believed, but that they are united with the parts from which they are supposed to arise, and that the spinal nerves form a chain of communication with each other, after they enter the spinal marrow. It is in consequence of the integrity of the whole nervous system, that the various sympathies, both natural and morbid, exist between the different organs of the body. If the continuity of the sentient or nervous filaments were to be intercepted at any one place, their functions would be arrested at that point, in the same manner as the division of a nerve destroys sensation and voluntary motion in the parts to which the nerve is sent.

Some anatomists, it is true, have supposed that the various reticulations of the nerves, and the intermixture of the filaments of the brain, were merely to bring them into contact, and that there was no incorporation of the sentient substances. This opinion is consequent upon another, as ill supported by facts; namely, that there is a subtile or nervous fluid, which carries impressions made on the nerves to the brain, and thus causes sensation; and that the same fluid, proceeding from the brain to the muscles, produces voluntary motions. It has never been, however, attempted to explain how this imaginary fluid could become the instrument of sensation or volition, more than the sentient substance itself. For my part, I am satisfied with the knowledge of the undoubted fact, that the peculiar matter which exists in the nerves, and the white filaments of the brain, is endowed with the *power of feeling*—a power perfectly distinct from every other in nature; and I think it is equally obvious that the various modifications of sensorial function we observe are the result, and require for their production, the multitude of subdivisions and reunions that take place in the sentient filaments of the brain and nerves. Voluntary motion appears to me to be the natural consequence of the connexion between the central part of the nervous system, and the muscles which move in obedience to the will or desire of the individual.

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

CASE OF HYDROPHOBIA.

BY GEORGE MACINTIRE, ESQ., OF BALLYSHANNON.

About two o'clock on Tuesday, the 18th of October, I was called on to visit a girl, named Catherine King, ætat. about eighteen, residing about two miles and a half from Ballyshannon, by her brother, who stated that, since Sunday previous, she had been labouring under great pain in the chest and left shoulder, accompanied by a sense of suffocation, with total inability to swallow. On arriving at her residence about half an hour afterwards, I found her sitting, dressed, on her bed, labouring under a very high state of nervous excitement, and complaining of a shooting pain up the left arm and shoulder, commencing at the hand, and extending over the situation of the trapezius muscle. On examining her tongue it appeared clean, but the effort of protruding it produced a convulsive attack of the muscles of the throat. An attempt to examine the tonsils was followed by the same results. Her pulse was weak and so quick that I could scarcely count it. I got a little water, and having some solution of acetate of morphia in my pocket put a few drops into the cup. She was much agitated on my presenting this draught to her, but on bringing it near her mouth she became immediately convulsed—to such a degree, that she overthrew her mother who was supporting her in bed. Previous to this, I had supposed it to be a case of pneumonia; but, on being told that every attempt to swallow had been followed by the same results, being only a student, I became not a little alarmed, and requested her friends to send for further medical advice. As the bowels had been rather torpid, I endeavoured, but without success, to administer some calomel and jalap, and applied a blister to the back of the neck. Having expressed a great wish to drink, she covered her eyes, and having thrown herself back over a chair, after a great effort, succeeded in swallowing some of the morphine draught. This, however, was immediately succeeded by a violent convulsion, and rejected by the stomach. I should have mentioned that she had a constant flow of viscid saliva from her mouth, which she was spitting about in all directions. She did not express any dislike to a draught of air, but rather preferred sitting near an open door or window; her face was very much distorted; at one time pale and contracted, again flushed and bedewed with perspiration; she had a dull pain in the head; her eyes were starting, red, and watery; her countenance showed great anxiety, and though her intellect was unimpaired, she was occasionally very irritable, particularly if any person passed between her and the door or window, or attempted to wipe her mouth, or touch her head; she had constant sighing, and frequent eructations. I examined the left arm and hand very minutely, and on the third finger found a small cicatrix, the edges of which were inflamed, and there was a slight appearance of pus round the outside of the wound. A messenger was sent into Ballyshannon for furthur advice, who was directed to bring out some crude opium and assafœtida. I did not see the patient for an hour afterwards; in the interim, I met the Rev. Mr. Ward, the clergyman of that part of the parish. He had seen the girl in the morning, and, suspecting the case to be hydrophobia, asked her father had she ever been bitten by a dog. He said she had, but that it was a number of years since. On my return to the patient's

house, to my great satisfaction, I found Dr. Walsh of Ballyshannon, there. He had given her about two grains of crude opium, by which the girl appeared much relieved, and a warm bath was, by his direction, in preparation. He ordered an assafœtida enema, containing a large proportion of tincture of opium, and, in presence of Mr. Ward, asked her parents had she ever been bitten by a dog, or cat, or any other animal supposed to have been in a rabid state. At first they said they did not recollect, and then said that either she or her brother had been bitten by a dog, but that it was such a long time since that they could not recollect which of them it was at the time. Her father said it must have been at least *ten* years before. Her brother said it must at least have been that length of time. At this time her pulse had become much weaker; at times intermittent. Dr. Walsh examined the tonsils, and found them very much swollen and inflamed. The secretion of urine was very copious, and discharged involuntarily during the paroxysms, and she had menstruated the week before. She complained of great thirst, but said it was not pain prevented her swallowing; her intellect was as yet unimpaired, and she could converse with the clergyman (the Rev. Mr. Ward) in a very collected manner. She got into the bath herself, but could not remain more than two or three minutes in. The sight of water or glass did not much affect her. About eight o'clock in the evening, I again saw her. I was accompanied by Mr. Ward and Mr. Atkinson of Cavangarden, (where I had remained to be near the patient, the daughter of one of his tenants) and his son, who both took much interest in the case. She had wished to take some wine that had been left for her, but could not summon courage for the effort. I found her sitting up in bed supported by a woman; the convulsions had been incessant; she was irritable and impatient of everything; her pulse was scarcely perceptible; she could not now bear a draught of air; her breathing was hurried and laborious, accompanied by a peculiar *sharp* noise, occasioned, I think, by the adhesiveness of the phlegm accumulated in the fauces. She said she would take some wine if I would stay by her at the time; but the attempt brought a most frightful paroxysm, which continued with little or no intermission for about three quarters of an hour, when death closed her extreme sufferings; she was quite sensible, and about five minutes before repeated to Mr. Ward—"Lord, thy will be done." I now, before her friends were aware she was dead, immediately examined her mouth. The papillæ of the sublingual gland were very much swollen. I could not see the tonsils from the accumulation of phlegm. I have since been well informed that, on Saturday previous, there was a family quarrel in the house by which she was much excited. Could the attack have been produced by this excitement, acting on a constitution predisposed to hydrophobia? There are well-authenticated cases of the virus of a rabid animal remaining dormant for a number of months after a wound has been inflicted, but only one that I am aware of at all approaching to the length of time mentioned here. Can the virus contained in the saliva of a rabid animal be one, *sui generis*, capable of remaining undecomposed and dormant in the place where the wound was inflicted (as would appear from the approach of the disease first appearing in that part) till roused by some powerfully exciting cause to all its dread malignity? Or is this case to be looked upon as one of "spontaneous hydrophobia?" In either point of view, I look on it as one highly interesting to the profession at large, and am therefore induced to offer it to their notice.

I should have mentioned that the left arm became quite livid after death.

AQUA CHALYBEATA—NEW PREPARATION OF IRON.

Messrs. Bewley and Evans of Dublin, have introduced a preparation of iron under the above name. It contains thirteen grains of the citrate of iron in six ounces of the mixture. They recommend it on the following grounds:—

"1. The salt of iron, the citrate, to which it owes its efficacy, possesses *permanency of composition*, not being liable to be decomposed by the influence of the atmosphere, and is uniform in its action on the animal economy.

"2. It is *perfectly soluble*, is not subject to be precipitated when taken into the stomach, and is therefore readily and quickly absorbed into the system.

"3. It is not characterised by the *astringency* possessed by the sulphate and chloride, and therefore does not produce the constipation of the bowels, which so frequently results from the administration of those salts.

"4. It is *more agreeable to the taste* than the other preparations of iron, and being combined with the grateful aromatic of the orange rind, it will be taken freely, and with pleasure, by patients who are often with difficulty persuaded to swallow such nauseous draughts as the Mist. Ferri. Aromat., Mist. Ferri. Comp. &c.

"5. Being administered in water highly impregnated with carbonic acid, the salutary tonic properties of this gas are combined with those of the iron. The preparation is thereby rendered *more grateful to the stomach*, as well as more acceptable to the patient, and is assimilated to the esteemed waters of chalybeate springs."

The preparation has been tried by several of the most distinguished practitioners of this city, and has been found fully to answer the expectations formed of its utility by the inventors.

EXTRACTS FROM PERIODICALS.

OBSERVATIONS ON SOME POINTS IN THE ANATOMY, PHYSIOLOGY, AND PATHOLOGY OF THE BLOOD. BY T. WHARTON JONES, F.R.S., &c.

The blood, as it circulates in the vessels of the living body, consists of a transparent colourless liquid, called *liquor sanguinis* or *plasma*, containing in suspension microscopical corpuscles of two kinds; the one red and in very great number, the other colourless and very few in number.

Liquor Sanguinis.—The liquor sanguinis is scarcely an object of microscopical examination, except in connexion with the corpuscles suspended in it. The liquor sanguinis of frog's blood may be separated from the red corpuscles by filtration, but that of human blood cannot be obtained free from red corpuscles, except when the blood is drawn during inflammation, and certain other states of the system. In this case the liquor sanguinis, mixed, however, with colourless corpuscles, rises to the top in considerable quantity, and may, before coagulation takes place, be removed for examination. I shall return to this point, more particularly afterwards, when considering the formation of the buffy coat.

Red Corpuscles of the Blood.—*Form*.—The red corpuscles of the blood, though they have been called globules, are not in their ordinary state globular, but have the form, as is now generally known and admitted, of biconcave lenses, with the peripheral edge obtusely rounded; the biconcave lenticular form is proclaimed by the appearance which the corpuscle presents under the microscope, viz., the circumference as a broad bright ring and the centre as a dark spot; or, on the contrary, the circumference dark and the centre bright, according as one or other is in the focus of the microscope.

Size.—In healthy blood, newly drawn, and un-

altered by any reagent, the corpuscles are between 1–3000th and 1–3500th of an English inch broad, and about one fourth of that thick at the circumference, but thinner of course at the centre.

Structure.—The red corpuscle is a vesicle, or cell, with thick walls, but in a collapsed flattened state. Its form is exactly such as a thick-walled vesicle, or cell, in a collapsed flattened state would present. The bright or dark ring represented by the circumference, and the dark or bright spot by the centre, according as one or other is in the focus of the microscope, are appearances which tally with those known to be presented by a collapsed thick-walled cell. Certain reagents by giving rise to exosmose, render the corpuscle flatter, and consequently bring more distinctly into view its lumen, and the double contour of its thick wall.

Misinterpreting the appearance presented by the double contour of the thick wall of the corpuscle, Dr. Martin Barry has described it as being produced by an annular fibre contained in the interior of the corpuscle. In his papers on the blood, he described the corpuscles as containing in their anterior certain minute bodies, which he calls "*discs*," in shape flat, elliptical or circular, usually concave in the middle of the flat surface. He now finds that these "*discs*," by uniting, form "fibre." In mammalia, including man, (says he, the "fibre," or filament, is simply annular, hence, he says, the biconcave form of the corpuscle in this class,) but in the other vertebrata the "discs" contained within the corpuscle are too numerous for such a *ring*, therefore their arrangement forms a *coil*.

In regard to these statements it is to be observed: 1st. That the corpuscles which Dr. M. Barry delineates and describes as blood-corpuscles containing "*discs*" are not real red corpuscles, but the colourless ones known by the name of lymph-corpuscles; 2dly, That in the real red corpuscles of human blood there are certainly no "*discs*" to be seen; and 3dly, That the appearence which the real red corpuscle may be made to present by reagents, and which Dr. M. Barry interprets as an annular fibre in its interior, is simply the bright annular appearance above spoken of as being produced by the folding of the thick wall of the corpuscles; the double contour being rendered well defined by the great flattening which takes place. The figures of the red corpuscles of man given by Dr. M. Barry to show the alleged contained fibre are not true to nature, but appear to be exaggerations of that state of the corpuscle produced by reagents in which, at the same time that it is much flattened, its edge is beaded or as if bent here and there in opposite directions like some kinds of biscuits. The form, often assumed by the blood-discs of the newt, of flask-like vesicles, with the appearence of a minute body protruding from their neck, and which Dr. Barry describes as the extremity of the filament in question, I have observed presented even by the human blood-corpuscle, but it was easy to see that the alleged fibre was nothing more than the substance of the corpuscle, changed in consistence by the reagent, drawn out, as a viscid matter is, into a thread.

The fibres which the fibrin may be observed to form in solidifying, are described by Dr. Martin Barry as fibres escaped from the interior of the corpuscles. He even affirms that he has noticed "the ring formed in the blood-corpuscle of man, and the coil formed in that of birds and reptiles, unwinding themselves into the straight and often parallel filaments of the coagulum; "changes which," he says, "may be also seen taking place in blood placed under the microscope before its coagulation."

The thick wall of the red corpuscle consists of two layers. The outer is transparent, colourless, structureless, and resisting, and constitutes about one-half of the whole thickness of the wall. The inner layer is softer, and less resisting; and is that which is the seat of the colouring matter. The outer layer may be compared to the vitellary membrane of an ovum, the inner layer to the representative of the yelk in the mammiferous ovum.

By the addition of water, &c., to the blood, endosmosis takes place through the walls of the red corpuscles, which thus acquire the spherical form of a distended vesicle or cell, becoming at the same time so transparent as to be with difficulty perceived. Red corpuscles thus changed, may be brought back more or less nearly to their original form by the reagents which give rise to exosmosis. Solution of iodine, besides doing this, tinges the wall of the corpuscle yellow, and thus renders it very distinct.

Water, acetic acid, &c., readily extract the colouring matter with which the inner layer of the corpuscle is impregnated. The distension of the corpuscle, which at the same time takes place, if considerable, causes the bleached inner layer to be broken up, and separated into minute colourless granules, or into streaks, while the outer layer remains, though collapsed. In examining the corpuscles of frog's blood under the microscope, I have sometimes observed that when dilute acetic acid was added, the inner layer suddenly gave way with a jerk.

The red corpuscle of the blood of the frog presents out of the body a very distinct nucleus, but not, it is said, when the blood is observed circulating in the web of the living animal's foot; hence, it has been suggested that the nucleus may be formed only after abstraction of the blood from the body. The cause, however, of the nucleus not being always distinctly seen in the blood while circulating, appears to be that the corpuscles are then somewhat more distended than they are when out of the body.

Does the *red* corpuscle of human blood possess a nucleus? This is a question which has been variously answered. Some have spoken familiarly of a nucleus, some doubtingly, and some have altogether denied the existence of one. In the unaltered red corpuscles there is no appearance of nuclei;* but when to the blood some reagent has been added, for instance, acetic acid, minute shining particles, about one-fourth or one-fifth of the diameter of the corpuscles, come into view, but not in connexion with the corpuscles. These minute particles float about quite free, and exhibit molecular movements. They are nothing but particles of fibrin, or albumen, precipitated by the reagent, as may be proved by adding to liquor sanguinis, or even serum, in which there is not a single red corpuscle or particle to be seen, some reagent, as acetic acid, when the minute particles under notice will be produced in great quantity. When liquor sanguinis is used, some larger particles are also produced.

This question of a nucleus has no reference whatever to the colourless corpuscles which exist in small number in the blood dispersed among the red corpuscles, for they are well known to present one or more nuclei in their anterior after being acted on by acetic acid. In his second paper on the corpuscles of the blood, Dr. Martin Barry speaks of the nucleus of the red corpuscles being composed of several parts instead of being one object, as is, according to him, usually considered to be the case. What he delineates, however, as blood-corpuscles of man, after the addition of acetic acid, most certainly are not the red corpuscles which constitute the mass of the blood, but the perfectly distinct colourless ones just referred to, and to be noticed more particularly below.

* Of course the central depression is not to be confounded with a nucleus.

The red corpuscles, it is well known, are extremely prone to become granulated on the surface, especially at the circumference, which thus appears beaded and notched. Not unfrequently one bead is observed about the centre, which might be put down as a nucleus, but it is not so. The granulated appearance seems to be owing to a contraction of the inner, and a wrinkling of the outer, of the two layers of the wall of the corpuscle. The circumstance that the corpuscles so changed are less in diameter than natural, besides other appearances, support this view. The granulated or mulberry appearance may be at once produced by pressure, e. g. by pressing down closely the superjacent thin plate of glass on the minute quantity of blood under examination. It may also be readily produced by certain reagents, as, for instance, a solution of common salt, oil, &c. In our examinations of the blood some granulated corpuscles are generally seen towards one or other side of the field; this, I believe, is owing to the evaporation of the fluid part of the blood at the edges of the superposed plate of glass, allowing the latter to be more closely pressed down on the blood.

It appears to be the change to that state giving rise to the mulberry appearance just noticed that Dr. Martin Barry describes as "progressive division of the blood-discs into globules." He considers it to be a vital process, and that the globules thus alleged to be produced are the foundations of new corpuscles of the blood. It has been already shown that Dr. Martin Barry mistakes the colourless for the red corpuscles of blood; we now find that he mistakes decomposed and distorted red corpuscles of blood for living blood-corpuscles, undergoing progressive division. Under this erroneous impression he describes the granulated or mulberry state of the red blood-corpuscles, as an advanced degree of that which the colourless or lymph-corpuscles of the blood present, after being acted on by acetic acid.

The red corpuscles are yielding and elastic, so that they readily change shape when slightly pressed upon, like partially filled bladders, which, indeed, they are, and as readily regain their original form when they have escaped from the compressing agent. In consequence of this property the corpuscles glide along in their vessels with great ease, accommodating themselves to all obstacles and to each other. In a mixture of blood and pus the red corpuscles are observed to yield in the most extraordinary manner, so as to accommodate themselves to obstacles. Thus, in order to pass through a narrow channel, they will be drawn into a mere filament, and yet, when free, immediately regain their original form. Their capability of being moulded into various shapes depends on the state of distention of the red corpuscles, and this again on the nature of the liquid in which they are suspended.

Dr. Barry describes and delineates corpuscles found in fluid having nearly the colour of blood taken from an abscess. The fluid examined by Dr. B. was evidently no other than a mixture of pus and blood, and he has mistaken the changes which the red corpuscles of blood undergo in consequence of the reagency of pus, for transformation of the blood-corpuscle into a pus-globule.

Mr. Gulliver describes very well these changes of the red corpuscles which Dr. Barry has so completely misinterpreted.*

The rapid and incessant changes in form of the altered blood-corpuscles, which Dr. Barry speaks of, can have been owing merely to his having ill-observed the turning over and over from side to edge, and from edge to side, of the irregularly-shaped corpuscles. In reference to the same point, Dr. Nasse says—"I do not exactly know what Barry means, but probably it is merely an appearance produced by imbibition."

Colourless Corpuscles of the Blood.—The colourless corpuscles are slightly larger than the red corpuscles, appear finely granulated on the surface, and strongly refract light. They are specifically lighter than the red corpuscles; hence, when a minute drop of blood is mixed with similar a drop of water, acetic acid, &c., they float above, and are, therefore, seen in a different focus from the red corpuscles; hence, also, they are found suspended in the liquor sanguinis, which rises to the top, when a buffy coat is to be formed. Though comparatively few in number, the colourless corpuscles in the blood are sufficiently numerous for two or three to be observed at once in a minute drop of pure blood thinly spread out. In a drop of blood mixed with water they are perhaps more readily detected at once, and in greater number from their being in a different focus from the red corpuscles, and from their not being, like the latter, rendered indistinct by the action of the water.

Structure.—By the action of acetic acid several nucleus-like bodies connected together become visible, and the delicate membrane composing the external wall of the corpuscle is very much distended, so that the diameter of the corpuscle is now about one-third or more greater than that of the red corpuscle.

Coagulation of the Blood.—In the course of a few minutes after its escape from the body the blood coagulates into a soft red mass, like jelly. By the contraction of this mass, which slowly ensues, a yellowish liquor is gradually squeezed out. The solid and liquid matters into which the blood is thus resolved are known by the names of *crassamentum* and *serum*.

Intimate part of the process of coagulation.—The crassamentum and serum into which the blood is resolved by coagulation, it is to be noted, are not the same, respectively, as the red corpuscles and liquor sanguinis, above mentioned, as the components of the blood, in respect of form, while it is still circulating in the body, and for a short time after it has been drawn.

The annexed table* illustrates the differences between the components, in respect of form, of living and of coagulated blood.

		Chemical Components.		
Living Blood.		Water, Various salts, Fatty matters	*Serum.*	Coagulated Blood.
	Liquor Sanguinis.	Extractive do., Albumen, Fibrin.		
	Red Corpuscles.		*Crassamentum.*	

Coagulation of the blood is due to solidification of the fibrin, which was previously in a fluid state in the liquor sanguinis. The red corpuscles have no positive share in the process, and though contained in the crassamentum, they form no necessary part of it. The crassamentum is formed essentially of the solidified fibrin.

* "The corpuscles are sometimes rather humid on the surface, lenticular, and occasionally cup-shaped. They are often swollen at the edges, which, in consequence, project towards the centre, thus producing their triangular, oval, or irregular depressions. The cup-shaped variety is rather frequent in cropuscles which have been mixed a little while with saline solutions, and it is not uncommon in man, particularly among the particles of purulent or other morbid fluids."—(Appendix to translation of Gerber's Anatomy.)

* Similar tables have already been given by Mandl and Bruns.

The simplest demonstration of the proposition just stated is the well-known process of stirring newly-drawn blood, when the fibrin, as it solidifies, is precipitated on the rod in the form of a soft elastic fibrous substance, whilst the red corpuscles remain perfect and entire, mixed with the serum. A more satisfactory, though not so simple a way consists in separating, by artificial means, the liquor sanguinis, still containing the fibrin in solution, from the red corpuscles. The liquor sanguinis, thus separated, may then be observed to coagulate, and afterwards to resolve itself into a colourless crassamentum and serum.

Hewson's method of separating the liquor sanguinis from the red corpuscles consisted in preventing blood from coagulating by dissolving in it, as it flows from the vein, sulphate of soda. "The red particles," Hewson* remarks, "readily subside, and the surface of the mixture becomes clear and colourless; and being poured off from the red part, it is found to contain the coagulable lymph, which can be coagulated, and thus separated, by the addition of water." Various other neutral salts, besides the sulphate of soda, possess the property of keeping the blood fluid, and yet allow it afterwards to jelly on being mixed with water. Some salts again, though they keep the blood fluid, do not allow it to jelly when mixed with water. The most elegant and convincing method is that pointed out by Professor Müller. It consists in receiving frog's blood on a filter, which, in consequence of the size of the red corpuscles, may be porous enough to allow the liquor sanguinis to pass quickly through. The pure liquor sanguinis thus obtained soon coagulates, and by and by resolves itself into colourless crassamentum and serum. It is to be remarked that for this process to succeed, the filtering paper must neither be so loose in texture as to give passage to the corpuscles; nor so close as to retard the oozing through of the liquor sanguinis, and thus give time for coagulation to take place.

The question has been much agitated whether coagulation of the blood be owing to purely physical causes, or whether it is a vital process excited by an external stimulus, or whether it is the effect of loss of vitality. Instead of attempting to determine the validity of one or other of these opinions it may be asked with Henle,† why does the blood circulating in the vessels *not* coagulate? A satisfactory answer, perhaps, to this question may be given by saying, that the liquor sanguinis being constantly pervaded by the red corpuscles is elaborated by them, and that the coagulable part of the blood is taken up as quickly as it is formed. If the view here taken be well founded, it may serve as a step towards the solution of the above questions.—*British and Foreign Medical Review.*

TO BE CONTINUED.

STRUCTURE OF FIBRINOUS EXUDATIONS, OR FALSE MEMBRANES.—ORIGIN OF FIBRE.

(Abridged from Mr. Gulliver's Contributions to Minute Anatomy: Lond. and Edinb. Phil. Magazine, October 1842.*)*

It has been very commonly supposed that fibrine only exhibits an organised appearance when it has coagulated in contact with living parts. In his notes and appendix to Gerber's Anatomy, Mr. Gulliver has explained and depicted a most distinct structure in fibrine which has clotted, either within or out of the body, simply from rest, and a similar character is shown in a false membrane. He now gives several more figures to show the analogy in structure of fibrine coagulated merely from rest, and fibrinous exudations resulting from inflammation.

This structure is made up of fibrils of extreme delicacy and tenacity, and of corpuscles possessing the characters of primary cells or organic germs.

Of late years the origin of fibre, as well as of all other tissues, has been ascribed to the growth of cells; but Mr. Gulliver's observations render it probable that cells are not essential to the formation of all textures, since it would appear that fibrils, which may be the primordial fibres of certain parts, are formed in fibrine in the course of a few minutes by the simple act of coagulation.

"Mr. Gerber (Gen. Anat. figs. 16—18) has delineated what he terms the first, second, and complete stages of *fibrillation* in the progress of organisation in the fibrine composing coagulable lymph; but he does not say how much his drawings are magnified, though in some of them a very low power must have been employed. Others are sufficiently enlarged to show the cells from which he says the fibres are formed; and this is precisely the point in which my observations are at issue with the views now generally entertained concerning the origin of fibres.

"'All the organic tissues,' says Dr. Schwann, 'however different they may be, have one common principle of development as their basis—viz., the formation of cells; that is to say, nature never unites molecules immediately into a fibre, a tube, and so-forth; but she always, in the first instance, forms a round cell, or changes, when it is requisite, the cells into the various primary tissues as they present themselves in the adult state.'

"'How,' says Mr. Gulliver, 'is the origin of the fibrils which I have depicted in so many varieties of fibrine to be reconciled with this doctrine? And what is the proof that these fibrils may not be the primordial fibres of animal textures? I could never see any satisfactory evidence that the fibrils of fibrine are changed cells; and indeed, in many cases, the fibrils are formed so quickly after coagulation, that their production, according to the views of the eminent physiologist, just quoted, would hardly seem possible. Nor have I been able to see that these fibrils arise from the interior of the blood discs, like certain fibres delineated in the last interesting researches of Dr. Barry.'"

It may be added that these observations are not devoid of interest in relation to the researches of our eminent countryman, Dr. Macartney, concerning the reparative process. If a clot of fibrine consists, even when coagulation has taken place simply from rest, of primary cells and fibres, it may be easily understood that inflammation is unnecessary to the healing of wounds; and this is precisely the view which Dr. Macartney has long since supported against the current notions of the day.

EVOLUTION OF ELECTRICITY. BY DR. WM. MULLER.

The author details some very curious results of experiments made by him, of which the following particulars are the principal:—

Place the electrometer on the mantel-piece over a good fire. Take a common sized chair, with a back to it, of such a height, that the feet resting on the floor, the thighs shall be horizontal. Sit towards the front edge of the chair, and lean back, so as to have the trunk of the body quite relaxed; then rise quickly and touch the cover of the electrometer. The leaf, or leaves, will scarcely fail to indicate the presence of electricity. If the first trial should fail, it will be owing to the non-observance of some of the above-mentioned conditions; a second or third *must* succeed. The electrometer may also be placed on a

---

* Experimental Inquiries: Part the first, containing an Inquiry into the Properties of the Blood, &c. 2d. ed. p 12. London, 1774.

† Allgemeine Anatomie, &c., 1841.

table before the fire; the experimenter seated, as described, on a chair near it, may place his hand on the cover, and then, after leaning back, he should lean a little forwards and rise quickly, or but partially assume the erect position. At the instant of rising, and very often at that of sitting down after having risen thus, the electrometer will indicate a large amount of electricity. I have charged a jar with as much as could be detected by the instrument, by thus alternately rising and sitting. I have not, however, been able to cause the leaf to move more than a quarter of an inch by applying a jar thus charged by half a dozen risings and sittings; though, by keeping the finger on the electrometer while I thus rose and sat, I could, as I said before, cause a continual flight of the leaf to and fro through an inch and more. I have hitherto found my own electricity positive, and I have a suspicion that the electricity is different according as I rise up or sit down. This shall be decided by future experiments.

Prevost and Dumas pretend to have shown that electricity is produced during muscular contraction, and Edwards has shown that the same bodies which do or do not conduct electricity, do or do not conduct the nervous power, but no one till now, has observed the relation which exists between bodily motion in a particular direction, and a copious evolution of electricity.—*Medical Examiner.—British and Foreign Medical Review.*

RUPTURE OF THE TRACHEA. BY DR. BREDSCHNEIDER OF FISCHHAUSEN.

The patient was a child one year and three quarters old, who was suffering from bronchitis with some signs of hydrocephalus, among which was that of incessantly and violently tossing its head about. On the 5th day of the disease a considerable tumour formed suddenly over the neck and chest. It began below the cricoid cartilage, reached upwards to the right ear, and extended downwards over both sides of the chest. A small incision was made into it, air escaped with a hissing noise, and, by the aid of pressure, the tumour collapsed. Two days after this the child died, and a rent was found in the trachea, half an inch long, on the right side, below the first cartilaginous ring. Was this produced by the violent movement of the head or by coughing?—*Casper's Wochenschrift.—Ibid.*

THE REV. HENRY HAYDEN AND DR. HARTY.

"Hic murus aheneus esto
Nil conscire sibi, nullâ pallescere culpâ."

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN—Though my name, in connection with the case of the Rev. Mr. Hayden, has for some time past been freely paraded before the public in the details furnished by the diurnal press of this city, and though these details have, in some instances, been accompanied by observations, reflecting not only on my character and conduct, but also on that of the magistrates concerned in the transaction, I had yet such reliance on the ultimate good sense of the public, and such a consciousness at the same time both of the purity of my own motives, and of the strict legality of my conduct, that I was determined, in despite of every provocation, to let the question rest as it stood, until my Rev. opponent should have brought it, as he said he would, before the Court of Queen's Bench, where all the facts of the case must have been elicited on oath, and relieved from the colourings, misrepresentations, and mis-statements of excited passion. Did there exist any prospect of his doing so, and of his thereby enabling me to give evidence of his state of mind and of his acts, as influenced by that state, I should still persevere in the same silence, nor would I break it now, but that I feel enforced to do so, not so much by the gross mis-statements of Mr. Hayden, and the vituperative inferences drawn therefrom, as by an appeal made to me on the part of the Rev. Dr. Walshe, whose name was casually introduced into the discussion, and who, in a letter received this day (Nov. 7) states that his conduct has been both misconceived and misrepresented, and requests therefore that I would remove such erroneous impressions, by a specific statement of the part he took in the transaction. In compliance with so reasonable a request from the respected Vicar of Finglass, I sent him, in the first instance, a statement such as he desired, and have only to regret that to do him and myself full justice, I must now give a more detailed statement than I had deemed necessary, when summoned to appear at the police office to answer Mr. Hayden's complaint, his allegation being that he was "under apprehension of being unlawfully seized on by me a second time, and confined in a lunatic asylum."

Now, gentlemen, as it was clear that if I had "unlawfully seized on him" the *first* time, I was answerable for it not to the police magistrates, but to a higher tribunal, I would not have touched on that part of the transaction, but through a desire to recall to Colonel Browne's recollection circumstances which he had entirely forgotten, some of which (as I distinctly stated at the time, though not reported in any paper) I was reluctant to mention "out of respect for the garb which the Rev. gentleman wore, and from regard to the feelings of his family:" which circumstances accordingly I did not mention, though if I had, they must at once have demonstrated that the Rev. gentleman was either a very bad man, or a very madman, or both.

Having concisely stated such matters as referred to Colonel Browne, I at once applied myself to the absurd ground of complaint, and peremptorily refused to give any assurance whatever that I would not interfere with Mr. Hayden, but that, on the contrary, "if applied to by his family, and that I had legitimate grounds for considering him insane, I would do my duty." And here, gentlemen, I must confess that had I *then* known what I have since ascertained, viz., that the Rev. gentleman had, when seeking the summons, made statements of the most extravagant character, which were published in papers, which I neither saw nor heard of for ten days afterwards, I should most probably have felt it my duty to do then, as now I do, pronounce them in all their essential details either utterly false or grossly exaggerated. Of such charges as the Rev. gentleman made in my presence, of "cruel, brutal, and barbarous treatment, and even of starving him," I did condescend to take the least notice, or even to assert that he was insane while under my charge, the more especially as any competent judge could scarcely doubt his state, at the very moment he was pleading before the magistrates.

I shall now, gentlemen, descend from the above general assertions to a few particulars in refutation, both of the statements made by the Rev. gentleman, and of the inferences drawn therefrom by persons who neither know me nor my character; or who, if they do, would not object to depreciate both.

It is *not* true, (and I here refer to Mr. Hayden's preliminary statement as given from the *Morning Register* in the *Evening Post* of the 25th October)—it is *not* true that his "wife and daughter proposed to return home, *leaving him in town.*" On the contrary, seats were taken for the *three*, and when he had placed them in the coach, he slipped away and concealed

himself from them, until he was discovered by the police, in consequence of having lost his watch in very unbecoming society. During this interval of concealment, it was that his wife and daughter, in a state of the most anxious distress, for the first time called on me and requested my assistance, under the fullest conviction of his derangemeut, as evidenced in the details they furnished. As I could render them no assistance till I had first an opportunity of seeing him professionally, I advised them to apply to Major Browne, as head of the city police, and request his aid for the discovery of the fugitive. I had no intercourse whatever on the occasion, either personally or by writing with the Major, nor did I hear further on the subject, until after the lapse of several days, the wife and daughter again called on me to detail the circumstances of his capture, stating that he was then at their lodgings in Blessington-street, in charge of a policeman, and earnestly requesting that I would forthwith visit him professionally, and remove him for *a few weeks* to my lunatic asylum, if I agreed with them in opinion as to his derangement. It is true, that having thus visited him at the earnest request of his wife and daughter, I found him in charge of a policeman in coloured clothes (of whom I knew nothing) and having fully satisfied myself as to his state of mind, I did not hesitate under the circumstances, and the then state of the law, upon my own responsibility to remove him to Finglas, attended by the policeman, and as it is always desirable to accomplish such removals *quietly*, I took advantage of *his own* expressed wish to see Major Browne (whose name I never introduced) and told him if he came with me, he should be gratified. It is *not* true that he was taken or "entrapped" in the manner stated by him. or in any such manner, or that any such conversation, as he alleges, took place on the occasion, or that any threats whatsoever were employed, or were at all necessary, or that any force was used or threatened to effect his removal. Nor is it true, that while resident at Finglas, he was treated either "barbarously, cruelly, or brutally," but the very reverse, as his conduct while there, except towards his wife, required no harsh treatment. It is *not* true that "several attorneys and lawyers came to him and compelled him, before he could procure his liberty, to sign deeds conveying all his property to his wife's brother," nor is it true, as he stated on the second day, that Dr. Harty would not allow him to communicate with any legal person:" but it is true that two most respectable gentlemen, one a barrister, and the other an attorney, both of them the friends of his family, and previously unknown to me, did without fee or reward, and at his own desire, expressed in writing, visit him on several occasions of diminished excitement, when he voluntarily conferred with them on the propriety of vesting his property in trustees for his own benefit and that of his young and numerous family. It is likewise true that Dr. Harty detained him on his own responsibility; but it is *not* true that "he was detained by Dr. Harty, till he signed a deed conveying away all his property to his wife's brother." On the contrary, he never signed any such deed, nor had Dr. Harty's detention of him any reference whatever to any such supposed transaction, inasmuch as that detention depended on other and totally different considerations—viz., 1st. On the continuance of his excited state. 2nd. On a distressing accident which befell his daughter, which confined her to bed for several months, and which it is thought would have terminated in her death, had her excited and angry father been in her neighbourhood. 3d. On his violent conduct to his wife, when after her daughter's convalescence, and at his own express desire, she paid him a visit for the purpose of escorting him home, and which violence of conduct plainly showed that he could not then, with safety, be permitted to return thither; and *lastly*, on the well-known efforts, as can be testified by its officers, which under these circumstances I made to procure, if possible, his gratuitous admission into Swift's Hospital, his means being unequal, even to the most moderate charge of my establishment.

It is true, that while waiting for a vacancy in that hospital, he himself voluntarily and repeatedly renewed an offer he had previously made to sell so much stock as would pay for his maintenance, provided I made certain deductions from my charges, and on condition that I gave him a certificate of perfect sanity, and also *security in writing* that on payment of the debt I would send him home. Now, as his excitement had at this time considerably abated, and as his wife was willing to incur all risks, consequent on bringing him home, I very cheerfully agreed to make the deductions he required, but refused his other conditions. He then waved the demand of the certificate, but required the security, which I refused as utterly useless, if my word was not deemed sufficient. On this refusal he asked to see the Rev. Dr. Walshe (with whom he had previously conversed) who, when all the circumstances were stated to him, remonstrated with Mr. Hayden in the impropriety of doubting that I would perform any promise I made him. Mr. Hayden then required that Dr. Walshe should pledge himself for the performance of my promise, which to satisfy him he did, and then at once Mr. Hayden signed the power of attorney, which had been previously prepared at his own desire. Such was the whole extent of Dr. Walshe's interference in this transaction, for which it has been imputed to him that he assisted in inducing this hapless gentleman to sign a deed, conveying to others the whole of his property.

Having made this explanation on behalf of the Rev. Dr. Walshe, I should perhaps at once bring this statement to a conclusion, but that I cannot do so without first adverting to the judgment pronounced by Mr. Duffy on the transaction, and offering a word of defence on behalf of Mr. Hayden's wife and daughter, whose conduct and motives Mr. Duffy has in that judgment impeached. Mr. Duffy, when expressing his dissent from the decision of his brother magistrates, ventured to say that in his opinion the complainant's informations ought to be taken, because there was no proof of his insanity, when arrested, because nothing could be clearer than that he was *now* in his sound mind, and because he had known him for many years, and always found him an intelligent man in his sound mind; and also, because they had "strong evidence before them of the very extraordinary and illegal manner in which Dr. Harty had had acted," his only authority for imprisoning Mr. Hayden in a lunatic asylum, *where he was very cruelly treated*, being the suggestion of a person, and that person an interested party," to wit, his wife. Now, this judgment of the worthy magistrate proceeds upon two obvious assumptions: the *one*, that he was himself a competent judge of insanity, on which subject Dr. Harty has had the misfortune, more than once, with great humility to differ with the learned gentleman: the *other*, that all the rambling assertions of a very excited man, thus needlessly exposing his frailties, were to be deemed conclusive evidence that Dr. Harty had acted "illegally," and that Mr. Hayden had been "very cruelly treated." Mr. Duffy's presumptions ought rather to have been the reverse, and as a modest man, he should have doubted his own competence and Mr. Hayden's. But even so—could not Mr. Duffy have been content with maligning Dr. Harty, without, both directly and by implication, charg-

ing the unhappy wife (as "an interested party") with the crime of incarcerating her husband for selfish purposes. No doubt, she was an "interested party:" she was his wife and the mother of his children, all dependent for their support on little more than the interest of a paltry sum, not exceeding £1200, which her husband (though naturally economical, if not parsimonious) was under his excitement wasting in idle purchases, and besides that, exposing himself before the public in such a way as must have injured him most seriously in his professional prospects. Was it a crime in that wife and daughter (both of whom had long witnessed and vainly endeavoured to check the insane waywardness of their natural protector)—was it a crime in them to consult a competent (though Mr. Duffy may say, an interested) adviser, and then to apply to the head of the police to discover the missing fugitive. Perhaps Mr. Duffy will say no: his was not their crime: their crime consisted in incarcerating him for 18 months, and doing it from selfish motives. What selfish motives could they have in diminishing their own humble means, by consenting to his maintenance on a scale necessarily more expensive? But without more words on such a subject, one simple and undeniable fact may suffice for the defence of wife and daughter against such imputations, and that fact is, that they having stated to me their total inability to maintain him in the asylum more than three or four weeks, requested I would receive him at a *weekly* and not a *quarterly* rate, as they hoped that at the expiration of that short period his excitement would have sufficiently abated to admit of their bringing him home. I have already stated, and therefore need not here repeat the causes which protracted his detention, and now, though not in the habit of parading my own liberal dealings, I will add both for their exculpation and my own, that I not only agreed (contrary to usage) to their requsition of a weekly charge, but on a final settlement reduced the amount of that charge.

Regretting much the unavoidable length of this communication,

I am, gentlemen, your obedient servant,

WILLIAM HARTY.

November 7, 1842.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

SATURDAY, OCTOBER 29, 1842.—Council met.

The Treasurer acknowledged receipt of £1 renewal subscription from Mr. Blood of Dublin.

SATURDAY, NOVEMBER 5.

Letter read from Dr. Malcomson of Kingscourt.

Resolved—That the Secretary do furnish him with the information required.

SATURDAY, NOVEMBER 12.

The Treasurer acknowledged the receipt of 10s. renewal subscription from Dr. Hanlon of Portarlington.

Letter read from Mr. West of Ballinacargy, respecting the recovery of medical fees.

Resolved—That the Secretary do furnish Mr. West with the required information.

The following letter was also read:—

"Ballinlanders, Kilfinane, November 4, 1842.

"GENTLEMEN—Having been appointed on a committee to inspect the vaccinators' books for the Kilmallock union, I found that in every case the person vaccinated had been visited only once, viz., on the eighth day after operation. On being required to explain, they stated that it was quite sufficient to see it once after the operation. I produced Dr. Labatt's and other works on the subject, which they met by saying they were all wrong, and that they knew more than Dr. Labatt, or any other authority. I need not add for the information of the Council, that all the vaccinators in the above union are apothecaries, all the medical men having refused it. On principle I objected to their receiving remuneration for such cases. Mr. Gilbert, the poor-law commissioner, appeared to coincide with me, and the matter is, for the present, referred to the poor-law commissioners. I would humbly suggest that the Council ought to have some communication with the poor-law commissioners on the subject. Assistant Poor-law Commissioner Phelan, when here, stated that the vaccinators did not do their duty properly, though it would appear by their registry that a very large number were successfully vaccinated.

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

"W. C. MURPHY, Poor-law Guardian, &c.

"To the Council of the Medical Association,

"Dublin."

Resolved—That the Council fully concur with Dr. Murphy in his objection to paying the vaccinators of the Kilmallock union, believing it to be necessary that the vaccine vesicle should be examined on the 12th as well as on the 8th day, in order to enable the operator to declare it successful; on examining the form of contract and registry, it will be found that inspection on the 4th, 8th, 12th, and 16th days was contemplated by the commisssioners, and unless their rules be complied with, a payment of the demands of the vaccinators will be illegal.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, NOVEMBER 16, 1842.

THE LONDON COLLEGE OF SURGEONS.

IN our last number but one, we alluded to a newspaper paragraph announcing the fact, that this college had determined to enable gentlemen "to avoid two years additional pupilage" by admitting them to examination "under the regulations in force at the time they commenced their studies," and expressed our conviction that this was a device of the "cheap short-and-easy" people to bring grist to the mill. It seems, however, there is some truth in the statement, and some reason to suppose that it has been put forth in demi-advertisement fashion on demi-official authority. The editor of the *Provincial Journal* observes, respecting it, as follows:—

"In reply to the remarks contained in the *Medical Gazette* and MEDICAL PRESS of this week, we publish the following extract from a letter written by Mr. Guthrie on the 15th of July, 1842, and recently published by Mr. Guthrie himself:—

"'The difficulty has been removed by the kindness of the court of examiners, who *have* (?) and are admitting gentlemen of their standing (i.e., older members of the profession, who have no qualification to obtain that of the college) to examination *on their merits practically without reference* to the regulations which are in force as to their education.'

"So, then, the court of examiners have been for many months back smuggling *unqualified*, and, for aught any one knows, uneducated men through the college.

"Mr. Guthrie seems to think it a very laudable proceeding. But we cannot condemn the college of such base deception, as this would imply, without better evidence than that of the worthy ex-president, who must surely labour under some strange bewilderment."

And the *Medical Gazette* says—

"An announcement appeared in one of our contemporaries last week, and has since been copied into several of the daily papers, to the effect that the council of the College of Surgeons had come to the resolution of admitting to examination all who presented themselves before January, even although they might not have complied with the regulations of the college as to their professional education. This is a mistake; no new regulations have either been made, or are contemplated. But, as heretofore, all are admitted to examination who have complied with the regulations which were in force at the time they pursued their professional education. If, for example, any one applying for his diploma could show that he completed his studies five years ago, but had been prevented by accidental circumstances from coming to the college sooner, he would only be required to have complied with the regulations which then existed, and not with those which have since been made."

It seems, then, that "*as heretofore*, all are admitted who comply with the regulations in force at the time they pursued their professional education;" in other words, any aspiring candidate for medical honours, "anxious to avoid two years additional pupilage," has only to provide himself with a sheaf of old certificates from some wholesale dealer in these articles, and then to claim an examination under the regulations in force four or five years ago. This, now, is the old stale trick so often complained of. New and improved regulations are ostentatiously promulgated to meet impending dangers, while loop-holes are provided to enable any one who pleases to evade them. "The difficulty," says Mr. Guthrie, "has been removed by the *kindness* of the court of examiners." Indeed! so the profession is to be swamped by a mob of incapables rushing into the scramble for poor-law sixpences, by the *kindness* of Mr. Guthrie and his friends. This shall not be, if we can help it. It is a gross and unjustifiable infraction of the treaty solemnly ratified between the Colleges of Dublin, Edinburgh, and London in 1838, and, if resorted to, inevitably entails the imputation, that the doors are thus thrown open to make the most of the time, between this and the passing of the bill, which is to be introduced next session for the regulation of medical education. The respectable members of the London College, throughout Ireland, who obtained their qualifications to practice honestly, and after protracted study and exercises, will, we hope, see the necessity of seconding our efforts to put a stop to these doings. To them especially, the admission of uneducated persons, in the way pointed out, is an act of injustice, by bringing the diploma which they hold into contempt. We trust that they will not allow themselves to be again bamboozled by Phelan or his confederates into the notion that there is in any quarter the slightest intention or inclination to draw invidious comparisons between them and the licentiates of the Irish College, or any wish to elevate the latter at their expense. This, we say, because we have ascertained that this worthy, during his late mission to the south at the public expense, and in a public capacity, has been availing himself of his opportunities to revive old feuds, and to turn to account the old thread-bare grievance by which he was enabled to walk into office over the heads and shoulders of those he duped. We repeat it, that the respectable members of the London College in Ireland are the persons principally interested in arresting these proceedings; they, as we have just said, are the persons most liable to suffer in consequence of this discreditable contrivance of Mr. Ex-president Guthrie. Those gentlemen who were educated in Dublin some years ago for the London College, especially those who were subjected to the salutary discipline of Dr. Macartney, can have no idea of what has been going on latterly, or of the culpable and shameful facilities afforded Dublin students to evade regulations, and to get smuggled into the profession without education or experience; and they cannot but feel and know that nothing can be more injurious to them than to have the qualification, which entitles them to practice, conferred on persons who must hold an inferior rank, both in society and as practitioners. With Mr. G. J. Guthrie we have a crow to pluck. He shall not be bolstering up his popularity at the expense of Irish practitioners and Irish institutions with impunity. His poor-law legislation is nearer a check than he thinks.

THE FRUITS OF MR. DENIS PHELAN'S MISSION TO THE SOUTH.

Mr. Nicholls has been availing himself of all his resources to "get a hold" of the country this summer, and with that view has been resorting to a very obvious and valuable method. The affair of the suppressed letters, and other things of the kind brought to light in the House of Lords, has taught him the danger of written records, and the adage, *litera scripta manet*, is not forgotten. Much may be said and done by personal communication, and at private interviews which could not be ventured upon on paper. With this view his confidential *aide-de-camp* is despatched in one direction, while he himself takes another, and the effect of this mission on the medical politics of the district visited is amusing. No sooner, for instance, does the persuasive Mr. Phelan make his appearance among our old friends in a certain county, and has had a bit of talk with some of them about new dispensary districts, barony hospitals, local inspectorships, and so on, than straightway the pristine valour oozes out, and new lights enter. One discovers that the honour of his caste has been assailed; another, that the hundred a year he has been promised is endangered; while a third, without seeking for, or pretending to have any excuse, bolts without ceremony, and appears in the columns of a newspaper ten times more furious than he was a week before on the opposite side of the question. Now, all this neither disheartens nor surprises us. As long as human nature is human nature, such things must be. All we ask is, that those who make up their minds to rat will do it decently, and without bringing scandal upon those who still stick to the ship. For their own sakes they should do so, and they may rely upon it that it is quite unnecessary to get up any phantom of a complaint or grievance as an apology for turning tail. Above all things, we beg that they may be pleased to fasten upon some other grounds than our delinquencies to justify their change of views and opinions. The question is not whether *we* do right or wrong—it is whether certain medical practitioners are or are not supporting, or about to support, Nicholls' and Phelan's bill for breaking up the medical charities, and placing the administration of medical relief in the hands of the poor-law authorities.

A correspondent informs us, as if in triumph, that the Ennis board of guardians have voted a flaming eulogy on Mr. Denis Phelan. We thank him for the information. It just shows exactly the working of the system, and gives us a foretaste of what is to follow. We have no doubt that a public officer, largely paid to control and regulate any department of the public service, can, without difficulty, secure such expressions of approbation; but we must be permitted to express our doubts of the sincerity of such professions. It is just possible that they may not be altogether disinterested.

An assistant poor-law commissioner may have much in his power, and guardians may have many little matters connected with local arrangements to look after. Suppose, now, that it became necessary to institute an investigation as to the management of the Ennis poorhouse, the diet, the contracts, the mortality, or anything else, would not a report censuring the conduct of the guardians come with a very bad grace from the object of their previous eulogiums. No, no; this is all tricks and quackery, and let not the parties concerned suppose for one moment that people do not see to the bottom of the thing.

POOR-LAW INTELLIGENCE.

BANDON UNION, OCTOBER 26.

Lord Bernard, M.P., Chairman.

Two letters from the commissioners, one respecting the renewal of vaccination contracts; the other calling for a return of such contracts as are in existence, having been read, a conversation took place as to the necessity of these contracts at all, and some of the guardians contended that it was useless to go to the expense of advertising for tenders.

Dr. Corbett, from his experience in vaccination at the institution which he superintended, could not conceive how any conscientious man would make a contract with a view to compensation. He (Dr. C.) had, within a short period, vaccinated sixty-one cases, and out of this number *only six* returned for inspection on the eighth day.

Mr. Herrick—It is quite out of the question that a medical man could ride through the country looking after those cases.

Mr. Scott proposed, and Mr. Wheeler seconded—

"That advertisements for tenders for vaccination be inserted in the newspapers."

The motion was carried by a majority of two.

The following letter was then read by the clerk:—

"Poor-law Commission Office, Oct, 20, 1842.

"SIR—The poor-law commissioners have had before them a statement, from which it appears that the guardians of the Bandon union are considerably indebted to their treasurer, and that the amount has been progressively increasing for some time past. The commissioners therefore desire again to call the attention of the board of guardians to the provisions of the Irish poor relief act, and of the order regulating their proceedings in this respect, by which it will be seen that it is their duty each half year to make and duly collect such rates as may upon an estimate appear necessary for the relief of the poor, and defraying the general expences of the union for the ensuing half year; and that in the event of the rate so made proving insufficient, they are to make a supplementary rate, but no provision is made by the legislature for borrowing money to meet expences which ought to be defrayed by rates, hence the payment of interest on such loans is *unlawful*, and should in strictness be disallowed by the auditor, the 52nd section of the act having prohibited the application of the rate in any other manner than as therein expressly provided. The commissioners request, therefore, that every possible exertion may be made by the guardians to urge forward the collection of the rate, and that such other steps may be taken under the circumstances as may appear advisable, the legislature having invested them with powers amply sufficient to enable them to keep the rates in advance of the expenditure, and to avoid the irregular and illegal practice of anticipating the collection.

"C. WALMSLY, First Clerk."

Lord Bernard said, here is a letter from the poor-law commissioners reflecting on this board, when in truth the commissioners themselves were the sole cause of the rate being in arrear, in consequence of their not affording the guardians necessary and timely information (hear, hear.)

A guardian—Is there not a letter from the assistant commissioner also on this subject?

The clerk said yes—I will read it.

"Kilcoleman, Oct. 7, 1842.

"SIR,—In reference to your communication of the 1st instant, inclosing the copy of a letter addressed to the treasurer of the union, and requesting the commissioners to sanction the proposed advances, I beg to inform you that the commissioners have no power to sanction any arrangement which is not contemplated by the act of parliament, but that *they will not offer any objection to the advance required*, nor will they direct me as auditor to disallow the interest upon such advances in the present instance. I am, sir, your obedient servant,

"W. J. VOULES."

Mr. Wheeler—My lord, this letter from the commissioners calls for a marked expression of our feelings as a board, with respect to their conduct to us, and I shall therefore take the liberty of moving the following resolution:—

"That the pecuniary difficulties of this union are entirely owing to the culpable and repeated neglect of the poor-law commissioners, in not affording the guardians the necessary information, preparatory to striking a rate, and they entirely repudiate any censure the poor-law commissioners may cast on them, feeling as they do, that they, as guardians, have performed their respective duties faithfully and conscientiously." (Hear, hear.)

Mr. Spiller seconded the resolution, which was put from the chair, and carried unanimously.

CORK UNION, NOVEMBER 7.

A letter was read from the poor-law commissioners half coaxing, half threatening the guardians, with the view of inducing them to enter into arrangements for carrying out the provisions of the vaccination act, the guardians having been hitherto of opinion that the several hospitals, infirmaries, and dispensaries provide vaccination for the whole union. The commissioners significantly urge them "to establish a more certain and constant means of making the benefits of vaccination available to all classes of the community than is provided by the uncertain resource of charitable attendance, which may at any time be put an end to by fortuitous circumstances or *otherwise*:" *otherwise*, of course, meaning the *medical charities bill.*

Mr. Lloyd did not think the appointment necessary.

Mr. Sarsfield said the business was admirably done by the dispensary physicians, and nothing showed more plainly the ignorance of the commissioners respecting this country than the way in which they sought to force this law on it.

Mr. M'Carthy said that the only object was to send physicians about hunting for patients.

Mr. Lloyd and Mr. Stammers proposed the following, which was carried:—

"Resolved—That as vaccination has been hitherto effectually performed at the different infirmaries and dispensaries of the union, the board are of opinion that it is not necessary to enter into contracts for that purpose."

A long discussion (which we regret our limits do not permit us to give) then took place upon the working of the poor-law, in the course of which it was unanimously condemned, and the following resolution agreed to:—

"Resolved—That a committee be appointed to prepare resolutions on the working of the poor-law in this union, and that they be empowered to call on the government for such an amendment of the law as may be calculated to give the country relief."

As a specimen of the feeling evinced towards the measure, we may quote (from the *Cork Constitution*) the following dialogue:—

"Mr. Hudson asked their hon. chairman (Colonel Burke) did the law give satisfaction?

"Chairman—Certainly not (hear.)

"Mr. Hudson—Did it give to the landed proprietor satisfaction? Did it give to the occupier and poor-rate payer satisfaction? Did it give to those destitute, who were outside the walls of the workhouse, satisfaction? Did it give to those within its walls satisfaction?

"Chairman—As you seem to put your questions to me, I would answer 'No' in all cases" (hear.)

EDENDERRY UNION, NOV. 9.—A conditional order for a mandamus was granted by the Court of Queen's Bench, directed to the guardians of this union, requiring them to borrow a sum of £1250 to complete the poorhouse, for which the commissioners have already obliged the guardians to borrow £6700, the amount of their own original estimate.

ENNIS UNION, NOVEMBER 9.

A tender was read from an apothecary in *Limerick* offering to vaccinate the entire union for the terms laid down by the commissioners.

Mr. Smyth—I am glad that the combination of doctors is breaking up.

Mr. Knox—We ought not require the medical men of Ireland to be placed below those of England. The scale laid down in England is 1s. 6d. for each case, and we ought to support the pretensions of the profession here as well as in England; they are as well qualified, and in ninety-nine instances out of every hundred better qualified, and therefore we have a right to offer them the same terms. The reason the commissioners lay down for not doing so is—that Ireland is the cheaper country. That reason would be a very good one, if they acted on it, and reduced their own enormous salaries in proportion; but they have not done so. I throw out those suggestions for consideration. When the matter comes forward, I will move that 1s. 6d. be given for each successful case, as in England.

Dr. Cullinan hoped to be allowed to say a few words, and in so doing, begged to state that he felt proud the conspiracy amongst the guardians against the profession was likely to be broken up; it may extend to the commissioners, but there is a general feeling against the guardians. The commissioners are satisfied that the medical men should receive £30, although they would take £20; by that you see they don't intend to make a fortune by you. He ventured to say that no medical practitioner would make £10 of it, if he accepted it on the terms laid down by the commissioners, although a person of no principle would make out £30 by false returns Mr. Phelan admitted that some of the returns are false. The number of births must bear a certain ratio with the population, and even if all were paupers, the returns could not be true. You will get persons to contract with you, but they will rob you, and he hoped they would. If you agree with Mr. Knox, it may be advisable, but whether the profession would accede to his terms he could not say.

Mr. Mahon—I am sure there are men, who, if they got a fixed salary, would reject the poor.

The clerk was ordered to readvertise for contracts for vaccination.—*Clare Journal.*

KILKENNY UNION, NOV. 10.

Tenders were read from Messrs. Shortall, O'Reilly, and Harrison, in answer to an advertisement that appeared on the subject of vaccination.

There was also a letter read from Dr. Newell, claiming compensation for vaccination, under a supposed contract with the board. It appeared, however, that no contract had been entered into or signed. The tender had been merely accepted, but it had not been followed up.

Mr. R. Sullivan said, that as the applications were only for the city district, with one exception, they could not, according to a former letter of the commissioners, entertain any of these applications. Formerly, when applications had come from every district except two, the commissioners said it was better to wait until tenders came from all. Though that occurred two years ago no medical man had ever applied since, and the result of the present advertisement was, that only three applied for the city district, and one for one of the county divisions. And even if there had been tenders for all, he for one would oppose the board's entering into any contract. In his opinion there was no necessity for bringing the act into operation at all. The want was provided for before it passed, and there was no public inconvenience in consequence of its lying in abeyance. The medical charities had provided a remedy; and he would not consent to the multiplication of these charities, but make those they had more efficient (hear, hear.) In Kilkenny there was a new modelling of the dispensary, and though he had cut out of it, it was probable he would cut into it again. In that dispensary there would be ample provision for the vaccination of the poor, and let all else pay for the vaccination of their children.

Dr. Shanahan said that the vaccination act was a mischievous piece of legislation. He had no doubt the Kilkenny dispensary would soon be what it had never been before—an efficient institution in which vaccination as well as other things would be properly attended to. He rejoiced that a young practitioner of zeal and ability had been appointed that would do his duty, and he was happy to add that he understood a colleague was about to be appointed in every way worthy of him.

It was then about to be moved that the board considered it inexpedient to add to the burden of the ratepayers by carrying the act into operation, as provision was made for vaccination by the local medical institutions —when the assistant-commissioner said the board would do well to consider whether such a letter would be a prudent answer to the commissioners, who might direct the attorney-general to issue a *mandamus* which would be attended with an attachment against the members of this board, to compel them to carry out the act. Mr. O'Donoghue then read several portions of it to show its mandatory nature, and dwelt on the words "*shall* contract."

Dr. Shanahan—But how can they contract if "competent medical practitioners," as the act requires, do not apply? (hear, hear.) No "competent medical practitioners" had applied; they were only apothecaries.

It was then proposed to pass a resolution to this effect, but this was afterwards abandoned, as it would imply that if "competent medical practitioners" had applied, they would have contracted with them.

Mr. R. Sullivan said it would be best to let the matter drop without coming to any resolution on the subject. But it was considered by other guardians that the commissioners would require some answer.

It was then suggested by Sir W. Cuffe that the assistant-commissioner would perhaps be kind enough to write to the commissioners to say that as "medical practitioners" had not applied, and as there was effectual provision made otherwise for vaccination, the board hoped the commissioners would not insist upon carrying the act into operation in this union.

This suggestion was adopted by the board.

In the course of this discussion Mr. Newell being asked whether he had vaccinated the poor in the same manner before as since the passing of the act, replied that he had. He was then asked by Mr. J. Kavanagh whether, in consequence of his tender and supposed contract with the board, the subscribers of the Gowran dispensary had reduced his salary. Mr. N. replied in the negative. The subject then dropped.

LIMERICK UNION, NOV. 9.

The chairman asked whether they had tenders for vaccination?

Mr. Brodie said that the medical practitioners resident in the union had resolved to do the business gratuitously until parliament amended the present law, which he expected it would do in the next session.

Dr. W. Geary said, in reference to this matter, that the medical guardians of the board had convened a meeting, which was held on Monday last, and which was attended by the medical practitioners of the union. They were anxious to canvass the sub-

ject so as to give every one an opportunity of expressing his opinion, and so that the profession on the one hand, and the public on the other, should be protected. He held in his hand a letter to the chairman, from that meeting, expressive of the result of its deliberations; and, with leave, he would hand in the letter for the information of the board (hear.)

The clerk then read the following letter:—

"TO THE CHAIRMAN OF THE BOARD OF GUARDIANS OF THE LIMERICK UNION.

"Limerick, November 7, 1842.

"SIR—As chairman of a meeting of the physicians and surgeons resident in this union, held this day, for the purpose of ascertaining their sentiments as to the proposed contracts for the extension of vaccination, I am requested to transmit to you their unanimous opinion on the subject for the consideration of the board.

"In the first place they disclaim all intention of throwing difficulties in the way of a more general extension of vaccination, for the purpose of exacting an unreasonable remuneration. However much they may complain that the commissioners should have proposed a remuneration for physicians and surgeons in Ireland, little more than a third of the amount which they have given to apothecaries in England and Wales, the medical profession in this country would, as a body, have refrained from the least interference with those whose duty it was to carry the act into operation, if they had reason to believe it would be truly and effectively accomplished.

"It is, sir, because they are convinced, from their practical acquaintance with this subject, that, under the proposed contracts, vaccination will not be effectively or truly extended, and, therefore, that however low the contracts may be it will be so much money thrown away; that they feel it their incumbent duty to lay their convictions before the board of guardians. Their objections are:—

"That from the low amount of remuneration proposed per head, and the difficulty of getting patients to return so as to enable the vaccinator to certify the cases as successful, no persons who intend to give such returns only as the commissioners prescribe, will accept the terms of the contract.

"That, in fact, the returns already given in are obviously incorrect—thousands being returned in some unions without one unsuccessful case, while in one or two small districts of other unions forty-nine or fifty unsuccessful cases are returned with three or four hundred successful.

"This is, indeed, admitted in Mr. Commissioner Phelan's report, wherein he states—'But I have reason to know that the extent to which vaccination is carried on in many such districts is very limited, and is insufficient for the wants or for the protection of the community; and further that in *instances their returns are not to be depended on*, as they included all that have been operated on, and as many of them are not subsequently seen by the vaccinators, some, perhaps, a considerable portion, must be liable to small-pox. I have reason to believe that *the returns made by some dispensary medical officers are incorrect, and that the number stated to have been vaccinated is much exaggerated.*'

"That while this contract system limits the respectable and conscientious physician to an amount of remuneration wholly inadequate to his trouble, it gives the dishonest, facilities to exact extravagant sums from the rate-payers on fictitious returns, increasing the already heavy amount of taxation without giving that degree of public safety for which the act was intended. The public are lulled into a false security, until small-pox makes its appearance, and spreads amongst the labouring poor like a pestilence, *and as it must do when inoculation is prohibited and vaccination an imposition.*

"Such, sir, are the principal objections which all the respectable portion of the profession unanimously entertain; and I am requested to submit to the guardians and the commissioners the propriety of postponing the acceptance of any contracts until the opening of the next session of parliament, when they make no doubt some more effective plan of carrying the act into operation in this country will be devised. In the meantime several medical practitioners of this union are using their best endeavours to extend the practice of vaccination in their several districts.

"I have the honour to be, sir, your obedient servant,

"JOHN GEARY, M.D., Chairman."

Lord Clare wished to learn was this a letter from the medical gentlemen of the union. He was desirous of knowing how many attended—that he might know from whom the letter proceeded?

Dr. W. Geary said the meeting was composed of about twenty-five, and there was an unanimous expression of opinion on the subject. He had received a letter which he did not get until after that meeting. It was from a medical gentleman in another union, and it was important, as showing the feelings which generally prevailed. He would read the letter:

"Rathkeale, November 6, 1842.

"DEAR DOCTOR—I see by the newspapers that you, Sir R. Franklin, and Dr. Wm. Griffin, have called a meeting of the practitioners of the Limerick union to consider the cow-pock. If it be the intention to rescind the resolution passed at the general meeting of the profession held at Limerick, give me leave to say, by so doing you would treat the medical men of this and the neighbouring counties exceedingly ill.

"If it be advisable to reconsider that resolution, the proper course I think is to call a meeting of all those who concurred in it; and if only three or four attend, they will represent the whole, and would be competent to rescind or confirm the resolution, as might seem best.

"Your words and your honors have been pledged to us in a resolution; and you cannot break through that resolution of yourselves, just as much as if any one individual did so. Neither could any resolution passed at your meeting tomorrow warrant any practitioner of the Limerick union in such a breach of faith.

"I am sure you yourself will not countenance such an act; and I hope no medical practitioner in your union will be so forgetful of himself as to do that which would degrade himself in his own eyes and in the eyes of the profession.

"I beg you will communicate this to the meeting as a remonstrance that, in common with every other person who was a party to the original resolution, I feel I have a right to make.

"I am, my dear Doctor, yours very truly.

"CHARLES PATTERSON,

"William Geary, Esq., M.D."

He (Dr. Geary) might say also that this was the universal sentiment among all medical men of respectability. It was agreed on all hands, that the law, as at present, gave no protection whatever to the public, or to the rate-payers. It was looked upon as an imposition which should not be tolerated (hear.)

Chairman—Dr. Brodie, to your knowledge, has any dispensary physician refused to vaccinate?

Dr. Brodie—On the contrary—all have resolved to do so gratuitously.

Dr. Geary went on to show that no reliance whatever could be placed in the reports of contractors—and called attention to the extraordinary fact mentioned in Mr. Phelan's report, to the effect, that four thousand persons had been vaccinated in Kanturk, which, he observed, was an utter impossibility.

Lord Clare understood from Dr. Geary that the sentiments in that letter were generally entertained by the medical gentlemen of the union.

Dr. Geary replied in the affirmative, and then moved the following:—

"That the board are of opinion that the letter now received from Dr. Geary, as chairman of the medical meeting, held in the union to consider the question of vaccination contracts, be adopted; and that it is advisable to defer entering into contracts till the meeting of parliament, when it is believed that it will be so amended as to insure the effective carrying out so wholesome a measure; and that in the meantime the chairman be requested to

communicate with the magistrates on the necessity of enforcing the penalties of the act 3d. Victoria, cap. 29, as this board is assured that the medical gentlemen of this union will, in the interim, use their endeavours to extend the principles of vaccination."

Mr. Monsel said he had great pleasure in seconding the resolution, which passed unanimously.—*Limerick Reporter.*

RATHKEALE UNION—NOV. 11.—A conditional order for a mandamus to compel the guardians of this union to borrow money, was granted on the application of the poor-law commissioners.

TULLAMORE UNION, NOV. 10.

Moved by Mr. Bolton, and seconded by Mr. O'Flannagan—

"That inasmuch as we have this day appointed our medical officer (Dr. Moorehead) the Vaccinator General (!) for this union, his salary is hereby raised from £40 to £70 per annum."

The board of guardians of this union hold their meetings in the courthouse, instead of their own board-room, through fear of the infectious fever now raging in the poorhouse. During the last week we understand there were 30 cases of small-pox, and 20 new cases of typhus fever in the house.

Water, for the useof the inmates, is supplied by ass-labour, owing to the judicious choice of a site by the commissioners.

A PAUPER AND THE LADY OF A POOR-LAW COMMISSIONER.

A poor old woman, who happened, in the course of her wanderings, to be near the village of ———, a celebrated watering place, where one of these high functionaries, who preside over the destinies of our poorer countrymen and their families, lives in great splendour, met the lady driving out in her barouche, and asked her for "a charity." The lady asked her where she came from? She replied from ———, of which she was a native. "Oh! then," said this offended ruler in the poor-law commission, "I shall give you nothing; you *must* go to the poorhouse there." "Indeed, ma'am, but I *wont*," was the immediate reply. "And why?" asked the lady-commissioner. "Just because, ma'am, these poorhouses are the most *hypocritical* institutions that ever was forced upon an unfortunate country." "How is that?" again demanded my lady-commissioner. "Just because, ma'am, they starve the poor, make dandy-quality, and impoverise the country." "By no means, by no means," indignantly replied the offended lady, "they are the best establishments that ever the country saw." "Faith, ma'am," said the poor woman, who knew her ladyship well all the time, "*you* may well say so; for *you* have *in you* and *on you* what *by right should go to feed and clothe* me, and the like of me." The lady, it need not be said, cut the dialogue short by driving off with all speed. She had got *a poser*.

VERITAS.

MEDICAL INTELLIGENCE.

M. Bouillaud has been re-elected Member of the Chamber of Deputies at Angouleme, by a majority of forty-six votes.

PROMOTIONS.

MILITARY.—28th Foot.—B. W. Marlow to be Assistant-Surgeon.

35th Foot.—Surgeon D. Lister, from the Staff, to be Surgeon, vice Sillery promoted.

57th Foot.—Assistant-Surgeon, F. H. Clark, from the 95th Foot to be Assistant-Surgeon, vice Neville, deceased.

71st Foot.—Assistant-Surgeon, James Johnson, M.D., from the Staff, to be Assistant-Surgeon, vice Carr, who exchanges.

95th Foot.—Assistant-Surgeon, W. Sall, from the Royal Newfoundland Companies vice Clarke appointed to the 57th Foot.

Royal Newfoundland Companies, T. C. Martin, gent., to be Assistant-Surgeon, vice Sall appointed to the 57th Foot.

NAVAL.—Assistant-Surgeon, D. Wilson, to the Naval Hospital, Plymouth; H. R. Banks to the Royal George; J. Boland to the Volcano; W. Hammond to the Resistance; J. Bernard to the Rhadamanthus; Douglas Tucker to the Wasp.

HOSPITAL STAFF.—Surgeon R. Sillery, M.D., from the 35th, to be Staff-Surgeon of 1st. Class, vice James Wilson, who retires on half-pay. Staff Assistant-Surgeon, Robert Allan, to be Staff-Surgeon of 2nd Class, vice Lister. Assistant-Surgeon, Geo. Carr, to be Assistant-Surgeon to the Forces, vice Johnson. Alexander J. Fraser, M.B. to be Assistant-Surgeon, to the Forces, vice Allan.

OBITUARY.

M. HOURMAN AT PARIS.—About a year since he contracted syphilis at the Hôpital l'Ourcine while examining one of his patients, his finger being excoriated. The progress of the malady could not be arrested, and an affection of the bones of the head supervened, which proved fatal.—*L'Experience.*

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Oct. 30th,	48	35	30.100	
Monday,	31st,	52	45	30.300	
Tuesday,	Nov. 1st,	51	46	30.100	
Wednesday,	2d,	50	47	30.000	
Thursday,	3d,	49	47	29.968	
Friday,	4th,	49	42.5	30.250	
Saturday,	5th,	47.5	41	30.400	.050
Sunday,	6th,	49	42	30.400	.010
Monday,	7th,	50	41.5	30.350	.004
Tuesday,	8th,	47	41.5	30.076	
Wednesday,	9th,	51.5	42.5	29.350	.975
Thursday,	10th,	51.5	42.5	29.400	.100
Friday,	11th,	52	45	28.900	.318
Saturday,	12th,	51.5	47	29.200	.160

Just published, price 7s. 6d.

CLINICAL LECTURES ON SYPHILITIC DISEASES.

BY RICHARD CARMICHAEL, M.R.I.A.,

President of the Medical Association of Ireland, Corresponding Member of the Royal Academy of Medicine of France, &c., and Consulting Surgeon to the Richmond, Hardwicke, and Whitworth Hospitals.

Illustrated by Engravings of the different forms of Eruption.

"These lectures will, we have no doubt, be carefully perused by both practitioner and student; they contribute in an eminent degree to advance the high character which this city has long enjoyed as a school of surgery, and reflect the greatest credit upon the talents and industry of their distinguished author."—*Dublin Medical Journal, July*, 1842.

Dublin: Hodges and Smith. London: Longman and Co.

BOHAIN'S FRENCH NEWSPAPER,

LE COURRIER DE L'EUROPE,

ECHO DU CONTINENT.

Published every Saturday at two o'clock, price Sixpence, stamped for post, and circulating free in the Colonies of Great Britain, and in all Foreign Countries on the same terms as the English Newspapers.

Sold by JOSEPH THOMAS, 1, Finch-lane, London; S. J. MACHEN, d'Olier-street, Dublin, and all Booksellers and Newsmen.

LE COURRIER DE L'EUROPE, published in London for upwards of two years with the greatest success, presents each *Saturday* all the principal articles—Political, Literary, and Judiciary—which have appeared in the French Press, newspapers, magazines, and reviews, of all shades of opinion.

Its form, the paper, and types are similar to those of the *Examiner;* the number of its columns is 48, in 16 pages, containing more than 200,000 letters; or, in effect, the matter of an ordinary 8vo. volume.

It is not a newspaper, it is not a magazine—it is all the Newspapers, all the Magazines, all the Reviews of France reproduced, by a species of literary electrotype, in one immense sheet. In perusing "Le Courrier de l'Europe," the reader will have perused, substantially or textually, *Le Journal des Débats, Le National, Le Courrier Français, &c.*

Since the existence of "Le Courrier de l'Europe," not a single important public document has appeared, not a speech of any interest has been pronounced in the tribune or at the bar of France; there has not been published a poem of any eminence, an extract, or hardly a work by any author of whom France has reason to be proud, which has not been immediately transferred into its columns.

Every number contains a "Bulletin Politique," which shortly explains the general political aspect, and the existing state of things at the moment of publication. This is followed by copious extracts from all the French journals of the most important political articles, which have appeared during the week. These again, by full details of the most interesting trials before the Civil and Criminal Courts of France, and of all events which can interest public curiosity without offence to public morals. Under the head of "Angleterre" will be found all subjects relating to the British Empire, rapidly but lucidly explained, terminated by Review of the English Press. Then comes the Literary portion of the Paper which comprises all the best *Feuilletons*, Novels, Romances, Tales, Poems, &c., &c., which appear at the moment in Paris; and the Editor may almost defy his readers to point out a production by an author of any eminence, which has appeared during the last two years, and has not been instantly transferred to the columns of "Le Courrier de l'Europe." An account of the sittings of the Académie des Sciences, the statistics of French industry, articles of fashion, a bulletin of the Parasian Exchange, &c., &c., complete the *ensemble* of the picture.

The principal Editor of "Le Courrier de l'Europe" is M. Victor Bohain, formerly Prefect of one of the largest departments in France, original editor of *Le Figaro*, the most popular of the literary journals of Paris.

Persons residing in America, India, or the Colonies, will especially appreciate the importance of a Journal which brings to them every week all newspapers in one. In the existing state of steam navigation, they may, through its means, closely follow, even in their distant abodes, upon the movements of politics and literature in France.

The fifty-two numbers published in the year form an enormous volume, which presents at the same time a *Contemporary History of France*, and a *Library* rich in all that the most renowned authors of that country have published. It is impossible to offer to persons studying the French language the instruction they seek under a form more pleasing.

NOTE.—To demonstrate the extremely low price of this Journal, when estimated by what it contains, the following calculation has been made. The *Forgerons* of *Frédéric Soulié* inserted in "Le Courrier de l'Europe" is published in Paris in two volumes, at the price of 15 frs. These two volumes do not contain more matter than as many numbers of "Le Courrier de l'Europe." A volume of this Journal, therefore, is equal in value to 26 similar works, or so calculated to 390 frs. Now the price of 52 numbers of "Le Courrier de l'Europe" (paid in advance, yearly, or half-yearly, or quarterly,) is only £1 6s. 0d., or for credit £1 8s. 0d.

HOUSEKEEPER WANTED

FOR THE QUEEN'S COUNTY INFIRMARY.

THE situation will require an executive person, without any incumbrance, who will devote her entire time to the discharge of the duties, which embrace a personal superintendence of the various departments of the Establishment, the keeping of simple accounts, the cutting and laying out of work for the employment of patients, which averaged seventy-nine daily for the current year.

The salary has varied from thirty pounds Irish to thirty-five pounds British, per annum, with two furnished apartments, fuel, soap, and candles.

Candidates should make application in their own handwriting, and forward their testimonials, in the first instance, directed to the Chairman of the Board, against Monday, the 5th of December, at Ten o'clock.

Communications will be made from that Board to such Candidates as may appear likely to suit, in order that others, to whom their documents will be returned, may be saved the unnecessary expense of a journey.

The final selection will be made on Monday, the 12th of December, when candidates should be in attendance at Ten o'clock.

Maryborough, November 10, 1842.

THE IRISH MEDICAL ALMANACK AND DIRECTORY FOR 1843.

On the 2d of January will be published,

THE IRISH MEDICAL ALMANACK AND DIRECTORY for the year 1843, containing, with the Calendar, an account of the Irish Medical Corporations and various Schools of Medicine, the Medical Charities of Ireland, including the Metropolitan and Provincial General Hospitals, County Infirmaries, Fever Hospitals, Dispensaries, Lunatic Asylums (public and private), Gaols, Union Workhouses, &c., with their respective Medical Officers, the Coroners of Ireland, and laws relating to them, a Registry of the Medical Practitioners of every City, Town, Village, and locality of Ireland, with their qualifications and appointments, the several Literary and Scientific Societies, with Medical Statistics, and a variety of other miscellaneous and interesting intelligence, and blank ruled pages for memoranda for every day in the year, handsomely printed on fine paper, neatly bound and lettered, forming a compendium of Irish Medical intelligence and summary of useful information, not only to the Profession, but to the Public in general—intended as a Pocket-companion or Medical Fee-book for Irish Practitioners.

Compiled and arranged by HENRY CROLY, M.D., (Edinburgh) Licentiate of the Royal College of Surgeons in Ireland, Physician to the Mountmelick Dispensary, Queen's County.

Persons desirous of furnishing information will please address their communications to Dr. Henry Croly, care of the Publishers, John S. Folds, Son, and Patton, No. 5, Bachelor's-walk, Dublin, with as little delay as possible.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 46, Prince's-street, Soho.

TERMS [OF SUBSCRIPTION (PAYABLE IN ADVANCE.)

Twelve Months	£1 5 0
Six Months	0 13 0
Single Number	0 0 6

Wednesday, November 16, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CCIII.] DUBLIN, WEDNESDAY, NOVEMBER 23, 1842. { PRICE SIXPENCE, STAMPED.

Observations on the nature and treatment of Dropsy, particularly of Hydrothorax and Anasarca, with cases– By James O'Beirne, M.D., Vice-President of the Royal College of Surgeons in Ireland, Surgeon Extraordinary to the Queen, one of the Surgeons to the Richmond, Surgical, Whitworth Chronic, and Hardwicke Fever, Hospitals, &c..... 321
The nature of Dropsy..... ib.

EXTRACTS FROM PERIODICALS.

Observations on some points in the anatomy, physiology, and pathology of the blood—..... 327
Mode of formation of the buffy coat—..... ib.
Cases..... 329

Case of external aneurism of the internal carotid artery..... 331

REVIEWS AND NOTICES OF BOOKS.

A statistical account of the principal diseases which have occurred among the children admitted into the Royal Military Asylum, Chelsea—By Samuel George Lawrance, Surgeon to the Institution..... 332
Books received for review..... 334
MEDICAL COERCION IN WORKHOUSES..... ib.
RESISTANCE TO THE POOR-LAWS..... 335
POOR-LAW INTELLIGENCE.—Balrothery, Bandon, Cork, Galway, North Dublin, and Skibbereen Unions..... ib.
Register of the Weather..... 336

OBSERVATIONS ON THE NATURE AND TREATMENT OF DROPSY,

PARTICULARLY OF HYDROTHORAX AND ANASARCA, WITH CASES.

By JAMES O'BEIRNE, M.D., Vice-President of the Royal College of Surgeons in Ireland, Surgeon Extraordinary to the Queen, one of the Surgeons to the Richmond, Surgical, Whitworth Chronic, and Hardwicke Fever, Hospitals, &c.

(*From the Dublin Journal of Medical Science.*)

It appears to me that our views of the nature of dropsy are not only imperfect, but erroneous; and it is certain that we cannot congratulate ourselves upon the amount of our success in its treatment. Latterly, indeed, we appear to have been more engaged in a search after new diuretics, than in laying down sound principles to direct us in the employment of these and other remedial means already in our possession. Every attempt, therefore, however humble it may prove, to lay down such principles, and to render the treatment of the disease more successful, should be met in a spirit of great indulgence. My chief motive for making such an attempt will be found in the fact, that, for nearly twenty years, I have not only adopted some peculiar views of the nature of the disease, but also put them, with success, to the severe test of practice. The subject is too extensive, and the limits of this article are too confined, to permit me to do more than sketch it, and, in doing so, I shall merely state my own views and practice, and not embarrass myself with those of others. Without further preface then I shall go abruptly and at once *in medias res*.

From what system of vessels is the fluid effused in dropsy derived? It is generally considered to be effused from exceedingly fine vessels, called exhalants, which have their origin in the capillary system, and terminate on the surface of membranes and the cellular laminæ of the skin, or in the tissues of organs. But such is their extreme tenuity, that it is impossible, by the ordinary means, to ascertain whether they belong to the arterial or the venous system. On this point, however, there are other means of approximating to the truth. Thus, arteries are not very extensible; when tied, they rarely pour out any of their contents, but relieve themselves by the enlargement and anastomosis of their small lateral branches; and when not tied, but much distended, their minute branches pour out either blood or coagulable lymph, not serum; veins, on the contrary, are very distensible, and when tied, compressed, or obstructed in any way, they rarely relieve themselves by their small lateral branches, but by extension of their coats, and if that prove insufficient, by the effusion of serum, not of blood. No points in physiology or pathology are more completely determined than these, and the contrast which they exhibit is strikingly favourable to the conclusion, that the exhalants are intimately connected with the venous, and not with the arterial system. This being the case, it is natural to infer, that a system so connected with the source of the fluid effused in dropsy, must perform an important part in producing the phenomena of the disease. Accordingly, I shall put the truth of this inference to the most rigid scrutiny, by taking the venous system as the basis of all my inquiries on the subject.

To commence, then; if it be true that obstruction to venous circulation is the main cause of the effusion of serum which occurs in dropsy, it should follow that the causes of the disease are of a nature to produce such obstruction. That such is the case I shall endeavour to show. Here, however, a difficulty arises, for not only the causes, but the species and varieties are numerous. But I propose at once to escape this difficulty, to avoid repetition, and to give

a more simple and natural view of the subject, merely by selecting hydrothorax, on account of its implicating various other and distant parts of the body, and being more immediately connected with the general, than the abdominal or portal venous system. The chief causes of hydrothorax are disease of the lungs and their investing membrane; disease of the heart; great enlargement of the liver or the spleen: ascites in a very advanced stage; venous plethora; cold; and malformation of the thorax. I shall briefly consider each of these separately, and show that they all occasion venous obstruction.

When any portion of one or of both lungs becomes either hepatized, or occupied by tubercles, hydatids, or abscesses, that portion is no longer permeable, and consequently the capacity of these organs to admit circulation through them is, *pro tanto*, diminished; while the quantity of venous blood to be circulated remains undiminished. Such being the unequal relation on which they bear to each other, it is clear that the venous blood cannot pass through the lungs, without meeting with obstruction, proportional to the extent of impermeability so produced. Again, when, as in pleuritis, a quantity of serum is effused into the cavity of the pleura, the effused fluid compresses the lung, diminishes its capacity, and obstructs its circulation.

When the parietes of the left ventricle of the heart become either atrophied or hypertrophied, or when the valves of this ventricle, or those of the aorta, are diseased, the action of the heart, although often apparently strong, is really weak, and of course unequal to propelling the blood as quickly as it is received. The natural consequence is, that the pulmonary veins soon become congested, and cause obstruction to the whole of the lesser circulation. It is not unlikely also that the congestion of so much arterial blood may excite inflammation and hepatization of the lung, and of course still further diminish the capacity of that organ.

When either the liver or the spleen is so enlarged as to press the diaphragm upwards into the thorax, and compress the corresponding lung, the circulation through that lung is obstructed. The same effect, but in a greater degree, is produced by the pressure which a large collection of serous fluid in the cavity of the peritoneum exerts upon both lungs.

In old or elderly persons, it is computed that the venous system contains nearly two-thirds of all the blood of the body, whilst there is no increase of the capacity of the lungs, through which that great quantity is to be circulated in a given time. It is evident that such a disproportion cannot long exist without causing obstruction of the pulmonary circulation. Some may consider this a mere theory, and doubt that hydrothorax is ever produced merely by the venous plethora of advanced life, or without the co-operation of some previous disease of the lungs, or other cause. Such an opinion, at least, has been frequently expressed to me. But I am satisfied that examples of the disease arising solely from this cause have often come under my observation, and some of them will be found among the cases hereafter to be detailed. The subjects were persons advanced in years, and remarkable for their previous good health; the attacks occurred as often in warm as in cold weather, and could not be attributed to any other cause than, perhaps, full living and inactive habits; the symptoms were gradual increase of difficulty in breathing; as gradual decrease of the secretion of urine; slight puffing of the eyelids, cheeks, and ankles; occasional palpitation; quick, full, soft, irregular, and sometimes intermitting and compressible pulse, and slight dulness on percussion of the chest. Such cases yield quickly to moderate depletion, and for this reason, perhaps, their real nature, which seems to consist in œdema of the lungs, has been overlooked.

One of the acknowledged effects of continued exposure to severe cold, is that of repelling the venous blood from the surface of the body to the deep-seated veins, and from them to the heart and lungs. Such a great and constantly increasing quantity of blood cannot, it is obvious, circulate through organs, the capacity of which is not increased, without very considerable obstruction. Hence, cold is a very common cause of the disease.

When, either from congenital malformation, or from the effects of rickets, or of curvature of the spine, the thorax is deformed and its capacity diminished, the lungs are unable to expand so as to admit of the free transmission of blood, and the consequence is obstruction to the lesser circulation.

It appears then, that all the causes of the disease are divisible into two classes—those which act by diminishing the capacity of the lungs—and those which act by increasing the quantity of blood sent to the lungs; and that all of them are of a nature to produce the obstruction in question. But it sometimes happens, and not unfrequently, that several of these causes co-exist in the same person, and combine to produce a proportionably higher degree of the same effect.

Such being the state of the facts, the part of the subject which naturally comes next under consideration, is the effects of obstruction upon the lungs and the left side of the heart. Premising that the branches into which the pulmonary artery divides are really veins, the first effect must be that of excessive distention of these veins, and the second that of effusion of serum into the cellular tissue of the affected lung, or, as the cause may be, of both lungs. This effusion, by still further diminishing the capacity of these organs, causes another to take place; and so on, effusion succeeds effusion, until the whole of the pulmonary cellular tissue, and the cavity of the pleura corresponding to one or both of the organs engaged, become filled with serous fluid. During this process, the veins, properly speaking, of the lungs, are more and more compressed, and effects of a different description are produced, and which may be thus explained: It is a well-known hydrodynamic law, that the current of every fluid is accelerated when the diameter of the tube through which it flows is diminished. Accordingly, compression of these veins greatly increases the rapidity of the passage of blood through them, and, in this way, a much greater quantity of arterial blood is sent to the left side of the heart, in a given time, than either its auricle can receive, or its ventricle expel. Hence, strong, frequent, and irregular action of the heart; reflux and congestion of the pulmonary veins, which are really arteries; over-distention and rupture of some of their small branches, and ultimately hæmoptysis, ensue. But, during the whole time that these changes are going on, it is manifest that the right side of the heart is also excited to similar action, for the systole of the right ventricle is opposed, and rendered imperfect by the constantly diminishing capacity of the lungs and their vessels, whilst the right auricle has to resist the entrance of two great and constantly increasing columns of blood, urged on by various forces acting from behind. The consequence is, that both are forced into stronger and more frequent action, particularly the auricle, which, at each systole, repels the blood in the two great trunks of the venous system, upwards into the vena cava superior, and downwards into the vena cava inferior.

Having proceeded thus far, there now arises a question of great importance, and of as great diffi-

culty. It is this—when the two great trunks of the venous system are thus over-distended, what are the effects produced by that distention upon the different organs and parts of the body from which these trunks receive blood? In order to give a satisfactory answer to this question, it is necessary previously to direct attention to certain circumstances connected with the effusion of serous fluid, and which so uniformly attend it as to constitute so many laws regulating its occurrence. The following are the circumstances to which I allude:—

First. In dropsy, the serous fluid is almost always effused into either the minute cells of the cellular membrane, or into large or small serous cavities, or into both. In rare cases, as in dropsy of the uterus, and stomach and bowels, it is effused from mucous membrane. But it is never effused into tissues of denser or more complicated structure, such as those of the soles of the feet, the plantar aspect of the toes, the palms of the hands, the palmar aspect of the fingers, the ears, the hairy scalp, the liver, and perhaps other internal organs. The direct inference from these facts is, that as a general rule or law, great tenuity and simplicity of structure, and of course equal simplicity of function, are essential to the occurrence of serous suffusion, and consequently that this process is one of exhalation, not of secretion.

Secondly. When a vein is obstructed, effusion of serum takes place, not at the point of obstruction, but at an infinity of points the most distant, or nearly so, from that point; that is to say, it takes place from the numberless exhalants connected with the minute radicles or origins of the obstructed vein. Thus, for example, the pressure of the gravid uterus upon the great veins of the abdomen, causes effusion of serum into the cellular tissue of the toes, feet, and ankles, not into the cavity of the abdomen. This law is so general as to have no exception.

With the aid of these laws, and commencing with the vena cava superior, and venæ innominatæ, I shall now endeavour to show the effects which obstruction produces upon the main branches of these great veins, and through them upon different organs and parts. In doing so, I shall not follow the anatomical order, but that best suited to the purpose; and proceed upon the principle, that when the trunk is greatly distended and congested, the branches are proportionably obstructed, and relieve themselves by the effusion of serum.

When, in this way, the vena azygos becomes obstructed, various effects ensue. Thus, the bronchial veins pour into the air-cells, or vesicles of the lungs, a quantity of serous fluid, which excites coughing, and, mixing with the natural secretion of these cells, constitutes the sero-mucous expectoration peculiar to the disease; this fluid also, by impeding the access of atmospheric air to those cells, causes imperfectly arterialised blood to be sent to the left side of the heart, and there, by its noxious quality, to still further excite the action of that organ—the veins of the pericardium effuse a similar fluid into the cavity of that membranous sac, and increase the difficulty of the heart's action—the large and numerous venous plexuses situated in the interior of the spinal column also discharge their contents chiefly into the vena azygos, and these also effuse into the space between the vertebræ and the theca vertebralis a considerable quantity of serum, which, by its pressure, causes, or assists in causing, the paralysis which occasionally attends the disease—lastly, the intercostal veins are the source of that œdema of the side of the chest which is occasionally seen; and also, perhaps, of some portion of the watery fluid contained in the cavity of the pleura. The two internal jugular, and the two vertebral veins, being equally obstructed, serum is effused into the ventricles and beneath the arachnoid coat of the brain, and also into the cavity formed by the arachnoid membrane of the medulla spinalis, and this fluid, by its pressure, causes, according to its quantity, either apoplexy or paralysis. Both subclavian veins being also obstructed, the consequence is œdematous swelling of the wrists, and backs of the hands and fingers, which afterwards extends to the forearm and arm.

Of the foregoing veins, the two jugular, and the two subclavian are large, distensible, and have no valves. They admit, therefore, of considerable reflux and congestion, and, in this way, relieve their distended trunk. The vena azygos also contributes to produce this effect, for it has no valves, and although comparatively small, its long and downward course is very favourable to reflux and congestion. But, in the early stage of the disease, as soon as a fresh effusion takes place, the contents of the trunk are enabled to enter the heart, and thus relieve the congested state of its branches. As each effusion, however, renders the passage of blood through the lungs more difficult, a similar distention of these vessels is soon produced, and again relieved by the same means. Proceeding in this order of distention and relief, some of the effects of obstruction of the vena cava superior and its branches, such as apoplexy, and paralysis, are postponed to an advanced stage of the disease, when the lungs become so impervious that even this kind of relief can no longer be given.

Unlike those which have been just considered, the two external jugular veins have valves, two of which are placed one at each side, exactly at the point where each enters the corresponding subclavian vein. When the latter is distended, it is manifest than an immediate effect of the pressure of the congested blood is to push up and raise these valves, and by doing so, to effectually obstruct the vessels to which they belong. It is equally manifest, that this obstruction will continue, until the distended state of the subclavian is more or less relieved. Under such circumstances, effusion of serum into the fine reticulated tissue beneath the integuments of the lower eyelids and cheeks, becomes the natural consequence; and we now see why it is, that a puffed and swollen state of the face is both a constant and an early symptom of the disease.

To complete this division of the inquiry, it is necessary to consider the effects of obstruction, upon a system of vessels of another description, which perform an important part in dropsy, which resemble veins in several respects, and the trunks of which enter and terminate in the subclavian veins. I allude to the lymphatic system. Nearly all the lymphatics of the body discharge their contents into two small, delicate trunks, called thoracic ducts. Of these ducts, the left, or greater, enters the left subclavian vein, while the right, or lesser, enters the right subclavian, at its junction with the right internal jugular vein; and the mouths by which they terminate have within them a pair of valves, one of which is placed at each side. Such being the arrangement of these vessels, it is obvious that, as in the instance of the external jugulars, one of the immediate effects of distention of both the subclavian veins, will be to raise up these valves, and maintain them raised, until that distention becomes relieved in the manner already pointed out. When this occurs, the contents of these ducts are thrown back upon, and raise up, the nearest valves, and so on, until the obstruction reaches even to the capillary origins of nearly all the lymphatics of the body. Again, the comparatively few vessels of this system, which do not terminate in either of the thoracic ducts, enter various other veins, which, being also distended, prevent even these few from discharging their contents. In this way, from an early period of the disease, and from time to time during its course, the

whole of the system in question becomes obstructed and distended, and lymphatic absorption ceases from a physical, not a vital cause. This conclusion may startle those who are wedded to old opinions and routine modes of treatment; but those whom neither have deterred from employing venesection more frequently than usual, in the treatment of the disease, will recollect how often they have been struck by the rapidity with which considerable dropsical swellings have disappeared, even after a moderate bleeding from the arm. No fact can better illustrate the strict relation existing, in this instance, between the assumed cause and its effect.

We now come to the consideration of the next division of the inquiry, namely, the effects of obstruction upon the vena cava inferior and its branches, and, through the latter, upon the different organs and parts from which they derive their blood.

When the column of blood in the vena cava inferior is not only not received, but actually repelled by the right auricle of the heart; the first effect is to throw that column back upon, and raise up the valves nearest in a direct line, which are those situated at the upper extremity of each femoral vein, so that the blood cannot descend further than the external iliac veins. Neither can it find a passage downwards through the internal iliac veins, further than their small branches, all of which are supplied with valves. In this manner, the femoral, and the other veins of the lower extremities, become obstructed and distended; and the consequence is œdema of the ankles and the feet, with the exception of their soles. Hence it is, that effusion of serum into these parts is so early and constant an attendant upon the disease. By degrees, the legs, and afterwards the thighs, become similarly affected, until the lower extremities are completely infiltrated, and present a swollen, very mis-shapen, and deadly pale appearance. Long before, however, the effusion has reached to this height, other parts gradually become implicated; for the right and left pudic veins are equally obstructed and distended, and the consequences of this state are, watery swelling and paleness, and disappearance of the rugæ of the scrotum, and also similar swelling and paleness, with elongation and spiral twisting of the prepuce.

I should next proceed to the effects of obstruction upon the other branches of this large vessel, and the organs from which they derive their blood; but I find it impossible to show what these effects are, or how they are produced, without first supplying an important defect in our knowledge respecting the forces by which the blood of the great vein itself is moved upwards in the natural state.

The vena cava inferior is the largest, and, with some few exceptions, the longest vein in the body, and more direct in its course than any other; it is destitute of valves; and, unlike veins in general, it is not, at any one point, in contact with its corresponding artery—the abdominal aorta; yet its great column of blood is regularly transmitted to the heart, against the force of gravity, and apparently without the aid of several of the ordinary means of propulsion. How are we to reconcile this seeming mal-adaptation of structure to function? and how are such obvious disadvantages compensated and surmounted? These questions have long occupied the inquiries of physiologists, but, if I do not deceive myself, they all have unaccountably overlooked other anatomical arrangements, by which greater propelling forces than any which they have as yet discovered are supplied, and supplied in the following admirable manner:—

First, we see that the right common iliac artery, passing obliquely outwards and downwards, crosses in front of, and in close contact with, the vena cava inferior, exactly at the point where the junction of the two common iliac veins constitutes this great vein. It is obvious that, at each pulsation, this large artery strikes the subjacent vein, compresses it against the side of the body of the fourth lumbar vertebra, upon which it lies, and thus communicates a direct, powerful, and constant impulse to the column of blood in the cava. It is equally obvious that this impulse is exerted in an upward not a downward direction, for it should be carefully borne in mind, in this as well as in every other instance to be hereafter mentioned, that the pair of valves placed at the upper extremity of each femoral vein effectually prevent the further descent of the blood.

Secondly, we see that, at a higher part of its course, and where it is most required, the inferior cava receives a direct impulse from the right renal artery, as it passes behind, and close to that vein.

Thirdly, at this point it also receives greater, though indirect impulses, and in this way, the left renal vein is much longer than the right, passes obliquely upwards from left to right; lies in front of, and close to the corresponding artery and its branches, then crosses in front of, and close to the abdominal aorta, and finally enters the cava at a very obtuse angle, and of course as much as possible in the direction of the current of blood in the latter. Again, the right renal vein is by one-half shorter, more direct in its course, enters the cava lower down, and at a still more obtuse angle than the left renal vein, but, like the latter, passes in front of, and close to its corresponding artery (not including that portion covered by the cava.) In this way, the vein has an impulse given to it by its subjacent artery. It is obvious that these impulses are excited in the direction of the heart, where there is least resistance, and not in the direction of the kidneys, the dense and unyielding structure of which may be reasonably supposed to resist almost any degree of reflux.

Fourthly, all the right lumbar arteries, as they pass behind, and in close contact with the cava, give to it a direct impulse; and, in the subsequent part of their course, an indirect one, through the medium of their accompanying veins.

Fifthly, the left lumbar arteries, by acting on their corresponding veins, give more or less of impetus to the contents of the cava.

It appears, then, that this great vein constantly receives impulses from four large, and eight or ten small arteries; and that all these impulses, although communicated in several opposite directions, are all exerted upwards; and when we also take into account the *vis a tergo*—the uniform pressure maintained by the alternate movements of the abdominal muscles and diaphragm—the aspiration or suction of the heart during inspiration—and the great elastic power of the vein itself—it must be obvious that, in the healthy and natural state, the forces by which its column of blood is sent upwards to the heart are not only very great and various, but more than sufficient to counteract the disadvantages of its great size, and long and direct course against gravity. In fact, nature, in order to effect so great a purpose, seems to have converted this vein into a kind of forcing-pump of no ordinary power.

Having completed this physiological view of the vein in the healthy state, it remains to inquire into its condition in the disease under consideration. To commence then, when the circulation through the lungs is so impeded, that the right auricle of the heart can no longer admit venous blood as usual; when, on the contrary, that auricle, at each systole, repels it upwards and downwards; and when the valves of the femoral veins prevent its further descent, what then is the state of the column of blood in the vena cava inferior? When so circumstanced, it is scarcely possi-

ble not to come to the singular conclusion, that while thus imprisoned, as it were, it is powerfully agitated in every direction, from above downwards, from below upwards, from right to left, from left to right, from before backwards, and from behind forwards. If such be really the state of this vein, how, it will be asked, is it relieved? It must be conceded that all these forces, as they act at the same moment, and become increased in power proportionally to the resistance given to them, will drive the blood through any outlet, however unfavourably situated, that may still remain, provided such outlet be not capable of offering superior resistance. This principle being granted, we immediately perceive that the only remaining outlet is that presented by the venæ cavæ hepaticæ. These veins, three or four in number, enter the vena cava inferior, just as it is passing through the tendinous opening in the diaphragm; their mouths are large and always found wide open; they admit of reflux, for they have no valves, and water or size injected through them, passes freely into the vena portæ, and *vice versa*; they are indirectly connected with a large cellular and highly elastic organ, and one eminently capable of acting as a great reservoir; lastly, the powers which propel the blood of the portal system are very feeble compared with those which propel that in the inferior cava. In every respect, therefore, these vessels and the rest of the portal system, instead of offering resistance, seem to be constructed with the design of not only facilitating, but providing for determination towards them. Taking, then, all these facts and arguments into due consideration, the conclusion seems inevitable, that the vena cava inferior, assisted by the right auricle, is made to act somewhat like a forcing-pump. and relieves its overdistended state by driving its blood through the open mouths of the venæ cavæ hepaticæ, on to the vena portæ, thence to the splenic vein, and, finally, into the cells of the spleen, preceded of course by that previously contained in the hepatic veins.* According to this view, the hepatic veins act as so many diverticula, or by-paths, while the spleen supplies a large reservoir, for the relief and safeguard of the inferior cava; yet, that a vein so essential to life, and so peculiarly and dangerously circumstanced, required some such provision against rupture, is a point that must be admitted; for, without such a provision, its external coat, although remarkably stronger and more elastic than that of any other vein, would offer but feeble resistance to the force with which it would then have to contend, and rupture would be the frequent consequence. There are, however, as far as regards the spleen, some arguments which may be opposed to this inference. It may be urged that the spleen has been extirpated, not only in dogs and other animals, but also in man, by Ferguson (Philosophical Transactions, 1738) and Crugor (Ephem. Germ. Dec. 1, Ann. IV. and V.), and that, so far from rupture of the inferior cava taking place, and instantly causing death, both men and animals have frequently survived, and generally without suffering any apparent inconvenience. But this objection is easily answered, for it is an important fact (see Dictionnaire des Sciences Médicales, Art. "Rate,") that all the men and animals from whom the spleen has been extirpated, were in perfect health at the time. In such subjects of course there was no obstruction to the passage of blood from the inferior cava to the heart; no necessity for its transfer to the spleen, and, consequently, no indication of the want of such a reservoir. Again, it may be urged, that this organ is often solidified by disease, and that the patient often suffers little more than a sense of inconvenient weight. Such persons, however, are also otherwise healthy, and for the same reasons as those just assigned, do not absolutely require a sound organ of the kind. But the spleen often becomes so enlarged as to cause hydrothorax, by pressing upon the lungs and diminishing their capacity, as well as that of the cavity of the thorax, and it may be objected, that in such cases, the inferior vena cava necessarily becomes overdistended, yet that rupture of that vessel does not occur, although the organ, being no longer cellular, is incapable of performing the office of a reservoir. To remove this objection it is only necessary to observe, first, that the vena portæ, the splenic veins, and the mesenteric veins, with their numerous large and freely anastomosing branches still remain; secondly, that from their great size, extensibility, and freedom of inter-communication, these vessels are collectively capable of supplying a very considerable reservoir; thirdly, that these veins, when greatly overloaded, can relieve themselves by gradual effusion of the serous portion of their blood into the cavity of the peritoneum, and thus produce ascites, a very common consequence of enlargement and solidification of the viscus in question. By common attention to these and the preceding points, we are at once enabled to satisfactorily explain, not only how it is that the office of the spleen is often supplied, but also how it is that either its extirpation, or its solidification, entails neither loss of life, nor any apparent inconvenience. Still it may be said, and very naturally, that the answers to these objections proceed, in a great degree, upon an assumption, namely, that the spleen performs no function of any value in the healthy or normal state of the body, and that in disease it merely acts as a reservoir for the relief and protection of the vena cava inferior, and also, as all must admit, of the stomach, liver, intestines, and pancreas. Yet some facts seem to strongly support this opinion, and go far towards settling the long undecided question respecting the uses of this organ. The facts to which I allude will be found in the article "Rate," already referred to, but with few of the deductions of which they seem to admit. From that article, it appears

* I had written thus far, when I happened to have some conversation with Professor Hargrave, on the subject of reflux through the venæ cavæ hepaticæ. He informed me that he had written in 1836, a paper on the uses of the spleen and venæ portæ, derived from anatomical facts, in which he advocated opinions similar to mine, but that he had not published that paper. Never having heard of it, and anxious to avoid even the appearance of appropriating to myself the opinions of another, I asked permission to read the paper, which he granted in the kindest manner. We met on the following day, and after exchanging manuscripts, found that we agreed respecting the reflux in question, but differed decidedly as to the means or forces by which it is effected. I expressed my regret that he had not published views which were really so interesting, and was afterwards much pleased in seeing them inserted in the MEDICAL PRESS for the 10th of last August. They can now, therefore, be referred to, and it will be seen that his opinion is this: that in cases of impediment to the cardiac and pulmonary circulation, "the blood is capable of being regurgitated into the large hepatic veins," and from these, into the vena portæ and spleen. It will be seen also, that he makes no allusion whatever to the forcing power of the vena cava inferior, or, as it seems to me, to any force capable of propelling the blood through such a circuitous route, other than that resulting from impediment to the ascent of the blood. It is not, however, for me, but the profession, to decide the various differences between us. Be that decision as it may, I cannot but feel that my advocacy of such a novel opinion must gain great additional strength from the support of so able a physiologist as my distinguished friend, Professor Hargrave.

All the circumstances connected with the degree of coincidence in our views on the subject, seem to call for the foregoing statement and remarks.

that M. Assollant, under the inspection of Dupuytren, extirpated the spleen in forty dogs of both sexes, at all seasons, and of all ages; that one-half of this number died of inflammation of the abdominal viscera; and that the survivors were observed, for two years, with the most scrupulous attention. Experiments so conducted, and under such auspices, deserve to have every confidence placed in their results, one of which bears strongly upon the present question. It is this, that in not one of the survivors was there observed the least disturbance of digestion, absorption, circulation, respiration, voice, secretion, nutrition, locomotion, sensation, the senses, instinctive faculties, or reproduction. With such a strong fact as this before us, it is scarcely possible to believe that the spleen performs any function whatever in the healthy animal. Yet, strong as this evidence certainly is, it is of a negative kind, and therefore insufficient to establish the correctness of such an opinion. But if it could be shown that this viscus, at the moment of its being exposed in the healthy animal, was found in a contracted state, and that it contained but a small quantity of venous blood, the evidence would then be of a more complete and positive description. It happens unfortunately, however, that Malpighi, Assollant, Ribes, and others, who have experimented on this viscus; all those, at least, whose works are within my reach, have neglected to afford information on these points. But this neglect has not deprived us of other means of making a close approximation to the truth. Assollant, having observed that spleened animals never died of hæmorrhage, and that ligatures applied to the divided splenic vessels constantly caused abscesses in the omentum, and death, adopted a peculiar mode of extirpation, which consisted in exposing the organ by a sufficient incision, cutting across its vessels, removing itself, and, without applying a ligature to any of those vessels, proceeding to return the protruded viscera, and to unite the external wound by some points of suture. Again, M. Ribes, author of the article so often quoted, and who has made many similar experiments, makes an interesting statement, of which the following is a literal translation: "If," he says, "after having exposed the spleen in a living animal, we compress, for a few minutes, the veins of this organ, the blood accumulates there; we see that the spleen becomes distended, swelled, smooth and glossy, but as soon as the compression ceases, we observe this organ to drive out and expel, with a single effort, and at one jet or gush, the blood unusually collected in it: its surface then becomes uneven and wrinkled, and seems in some way to contract itself in different points of its extent." Here, then, is an organ so eminently elastic as to admit of no unusual accumulation, without making a strong effort at its expulsion; and one containing so little blood, that it may be extirpated, without, it would appear, any but an inconsiderable amount of hæmorrhage. These facts show that the healthy state of this viscus is one of contraction, a state totally irreconcileable with every idea of its action as a reservoir. Again, we see that, after the spleen has been cut off, very little blood flows from the divided splenic vessels, although left untied. The splenic artery, which is really but the nutritious artery of the viscus, is long, transverse in its course, and divides into four, five, or six small branches before entering its substance, so that these branches and their trunk are, perhaps, enabled to retract themselves, on being divided, and thus arrest bleeding. Be this as it may, the fact of blood not flowing from the divided and untied splenic vein, is a proof that, as might naturally be expected, the blood of the vena portæ does not, in the healthy state, retrograde to the spleen, and, consequently, that this organ is not required as a reservoir. If this conclusion be well founded, it leads to another of some interest. It is this. Amongst the various conjectures respecting the uses of this viscus, one is, that it prepares the blood for the secretion of the bile; and Müller gives it as his opinion, that "the functions of the spleen probably consist in the production of some change, of which the nature is unknown, in the blood which circulates through the tissue, and in thus contributing to the process of sanguification, or in the secretion of a lymph of a peculiar nature, which, being mixed with the contents of the lymphatic and lacteal system coming from other parts, tends to perfect the formation of the chyle;" but it is quite obvious that, if the blood of the vena portæ does not retrograde to the spleen, the latter can neither prepare the blood for the secretion of the bile, nor produce any change in the blood, or contribute to sanguification; while, on the other hand, the idea of the secretion of a peculiar lymph necessary to the formation of chyle, is purely hypothetical. But, to return to the subject, all the facts and arguments which I have adduced, convince me that, in the healthy state, this organ is contracted and at rest: that it contains no more blood than is poured into its cells, after becoming venous, by its nutritious arteries; and that it performs no function but that of a reservoir for the relief of overloaded states of the vena cava inferior, and the whole of the portal system.

From this long but necessary digression, it is time to come back to the consideration of rupture of the vena cava inferior. Such little attention has been paid to its occurrence or its causes, that some may doubt that it is ever produced by such internal causes as I have assigned, or, in fact, in any other way than by external violence. But such doubts are easily removed, for it will be found that Arctæus, Dolæus, P. Poterius, Bonet, Bartholin, Laurentius, Lancisi, Morgagni, Portal, and others, relate instances of instantaneously fatal rupture of this vein; and, it is worthy of particular observation, as bearing strongly on the general subject, that the majority of those instances occurred, not only from internal causes, but either in persons labouring under organic disease of the heart or lungs, or under circumstances the most likely to suddenly determine a great quantity of venous blood to the heart and lungs. Moreover, it is easy to show that such ruptures are but natural consequences of long-continued obstruction to the ascent of blood to the heart. Thus, as soon as the inferior cava is relieved in the manner here pointed out, it is again filled, again becomes overloaded, and a quantity of its blood is again transferred to the spleen; this process is repeated, until at length, not only this viscus, but all the veins of the portal system, become so gorged as to no longer admit of relief to the cava, the coats of which, by being so constantly subjected to strong pressure, become thinned by absorption, and eventually give way before the forces acting upon them. If such, however, be the true state of the facts, it may be asked how it is that rupture of this vein is not of more frequent occurrence in cases of dropsy? The answer appears to be this: First, because either the patient dies before the occurrence takes place, or the gorged vessels relieve themselves by the effusion of serous fluid. Secondly, because the remedial means in general use, check, if they do not remove the disease, and prevent its acquiring such a pitch of intensity. Certainly, the last of these reasons would seem to be countenanced by the fact, that the greater number of the recorded instances of rupture of this vein will be found to have occurred at a period when the doctrine of debility and the use of tonics were generally adopted. Nevertheless, I much doubt that such ruptures are quite so rare as may be supposed, for our post-mortem examinations, in cases of

very sudden death, are too frequently limited to the head and chest.

Having premised this view of the peculiar condition in which the vena cava inferior is placed, in cases of obstruction to the ascent of its blood, it remains to consider the effects which that condition of the trunk produces upon its main branches, and ultimately, upon the organs from which those branches proceed. The organs in question are the kidneys, the uterus, and the urinary bladder. As has been already observed, both renal veins enter the inferior vena cava at a very obtuse angle, and as much as possible in the direction of the natural current of blood in the latter. But as it is there not only impeded, but repelled, it is manifest that the renal veins, so far from being enabled to empty themselves as usual, must even be subjected, more or less, to the pressure of the column of blood in the cava. When these veins are so circumstanced the circulation through the kidneys must be greatly disturbed, and, as a natural consequence, the functions of these organs are imperfectly performed. The over-distended state of these veins is, then, only relieved by the effusion of small quantities of their serous contents into the pelves of these organs; while the blood of their minute arteries, having ceased to be admitted by their corresponding venous radicles, must, at least in small quantity, be poured into the same cavities. Hence, the urine becomes scanty, high coloured, and albuminous. But, as the disease proceeds, even this kind of relief ceases, and with it, the function of secretion, and there is then total suppression of urine. This explanation of a symptom so constantly attendant upon dropsy, is strongly supported by practical facts. In the first place, I have frequently found, that in cases where there was almost a total suppression of urine, the abstraction of even a moderate quantity of blood from the arm caused the kidneys to actively resume their functions in a few hours, and without the aid of any diuretic. Again, it is well known that the same diuretics which failed to act before, often act energetically after venesection. But to come from the functions to the structure of these organs, it is obvious that their circulation and functions cannot be thus suspended for any great length of time, without corresponding disorganisation of their substance: so that, after all, diseased states of the kidneys may be the consequence, not the cause of dropsy.

Proceeding to the uterus, when the inferior cava is over-distended, it is clear that the uterine veins will become gorged, will relieve themselves by the effusion of serum into the cavity of the organ, and thus, independent of pregnancy, produce hydrometra, of which uncomplicated form of the disease, there are several examples. From the same cause, the veins of the urinary bladder, which are very numerous, also become so overloaded as to be forced to effuse some portion of their serous contents into the cavity of that viscus. In the present state of our knowledge, however, the existence of this variety of the disease may be doubted, on the ground that it has not been observed or distinguished by any author, with the exception of 'Portal,' and that even he, although in his "Observations sur la Nature et le Traitement de l'Hydropisie," he devotes a short chapter to it, gives but one example of it, and that obviously one of retention of urine from paralysis of the bladder, caused by a fall during the fifth month of the patient's pregnancy. But the cause of its not having been distinguished is obvious. In the healthy state, we know that, with the exception of a small quantity of mucus, the contents of the urinary bladder are exclusively derived from the kidneys; but it does not follow that this is the case in dropsy, for it must be admitted that any quantity of serous fluid effused into a reservoir containing even a small quantity of urine, would necessarily acquire more or less of the urinous smell and appearance, and thus lead to error respecting the real source and nature of the fluid discharged from the bladder in dropsy. It is not surprising, therefore, and should not be admitted as a valid objection to its existence, that authors have not distinguished the variety under consideration. This objection being removed, let us see what arguments and facts are in favour of its existence. The first law of serous effusion is, we have seen, that great tenuity of structure, and great simplicity of function, are essential to its occurrence. Apply this law to the kidneys, consider the source of fallacy just pointed out, and it will then seem more natural to conclude, that, at least, the greater portion of the albumen found in the urine of dropsical persons is not derived from these organs, but from the urinary bladder itself, the coats of which are comparatively much thinner, and more simple in their structure. Apply the same law to the uterus and the ovaria, contrast their structure with that of the urinary bladder, and it will be difficult to explain why the latter should not be even more frequently the seat of dropsy than the former. But having thus fairly stated both sides of the question, I must, from want of more practical evidence, leave its decision to those who may happen to be attracted by the novelty or apparent importance of the subject. I contend, however, for one point, and one which it would be much easier to deny than disprove—namely, that the veins of the urinary bladder are the chief source of the albumen found in the urine of dropsical persons.

(TO BE CONCLUDED IN OUR NEXT NUMBER.)

EXTRACTS FROM PERIODICALS.

OBSERVATIONS ON SOME POINTS IN THE ANATOMY, PHYSIOLOGY, AND PATHOLOGY OF THE BLOOD. BY T. WHARTON JONES, F.R.S., &c.

(Continued from our last Number, p. 311.)

MODE OF FORMATION OF THE BUFFY COAT.—In the healthy condition of the blood, no separation of the liquor sanguinis from the red corpuscles takes place naturally; but in certain states of the system, in inflammations especially, the blood soon after being drawn undergoes the separation to a greater or less amount. The liquor sanguinis separated from the red corpuscles collects at the top, and its fibrin in a short time coagulating, the well-known buffy coat is formed. In such a case, if, before coagulation, some of the clear liquor sanguinis, as soon as it rises to the top in sufficient quantity, be removed with a spoon, it will in a short time be found to coagulate, and to separate into a colourless crassamentum and serum.

In the liquor sanguinis which rises to the top in inflammatory blood, colourless corpuscles are found in great number. The cause of the colourless corpuscles rising to the top with the liquor sanguinis is, I believe, their small specific gravity, an attraction for the liquor sanguinis, and a want of attraction for the red corpuscles, to be noticed below. Their great number appears to be owing to this, that the whole of the corpuscles of this kind, which were diffused through the quantity of blood drawn, are now collected in the small quantity of liquor sanguinis which has risen to the top. I do not deny but that the colourless corpuscles may be more numerous in buffy than in healthy blood, but the explanation just given renders it probable that they are actually not so very much more so as might at first have been supposed. In corroboration of this I would add, that in all my

microscopical examinations of blood, which afterwards became buffed, I cannot say that a very great increase in the number of colourless corpuscles was noticed.

When the fibrin of the liquor sanguinis coagulates to form the buffy coat, the colourless corpuscles are entangled among the fibres and minute granules into which the fibrin solidifies. A portion of the buffy coat, examined under the microscope, thus appears as a fibrous tissue, containing, interspersed through it, nucleated corpuscles.

The colourless corpuscles contained in the liquor sanguinis which has risen to the top in inflammatory blood, have been supposed to form by their coalescence the buffy coat. This inaccurate interpretation of the matter, first given by Mr. Addison,* has been assented to by Dr. Barry.

The separation of the liquor sanguinis, to a greater or less amount, from the red corpuscles in inflammatory blood, and its non-separation in healthy blood, has been variously accounted for. A very generally received view is, that the separation of the liquor sanguinis from the red corpuscles giving rise to the buffy coat, is owing to the blood, on such occasions, coagulating more slowly, and the corpuscles thus having time to subside. In regard to this, however, it is sufficient only to remark, that the separation of the liquor sanguinis from the red corpuscles may often be observed to have taken place long before the time at which healthy blood usually coagulates.

As will be seen in the course of this paper, I do not deny that the greater specific gravity of the red corpuscles has some share in their separation from the liquor sanguinis, but that it plays a subordinate part merely in the process, is proved by the circumstance "that the separation of the fibrin (liquor sanguinis) from the colouring matter (red corpuscles) in such cases, takes place in films of blood so thin as not to admit of a stratum of the one being laid above the other; they separate from each other laterally, and the films acquire a speckled or mottled appearance, equally characteristic of the state of the blood as the buffy coat itself, as shown by Schroeder Van der Kolk."†

The separation of the liquor sanguinis from the red corpuscles which occurs in healthy blood kept fluid by a neutral salt, and which appears to be owing really to subsidence of the red corpuscles, is no illustration of the way in which the separation takes place in inflammatory blood; as in the former case, the separation proceeds much more slowly than in the latter. By the action of the neutral salt the red corpuscles are contracted and rendered specifically heavier; but it is to be remembered that the liquor sanguinis will at the same time be rendered specifically heavier also, in consequence of the salt dissolved in it. That the specific gravity of serum, at least, is increased in greater proportion than that of the red corpuscles, by admixture with a neutral salt, seems to be proved by the experiment of taking two portions of a mixture of serum and red corpuscles, and adding sulphate of soda to the one and none to the other. In that to which no salt has been added, the corpuscles subside both more quickly and more completely. It is moreover to be remarked, with Hewson, that the red corpuscles more readily subside in inflammatory blood from the surface of the whole mass of blood than they will afterwards do from the surface of a mixture with the serum alone.

In an experiment on two portions of a mixture of corpuscles and serum—the one from blood on which no buff formed, the other from blood on which there was a very thick buff—I found that the corpuscles subsided more rapidly in the latter than in the former, though much less rapidly than the separation of the corpuscles from the liquor sanguinis in the formation of the buffy coat takes place.

Hewson's observations led him to remark, that "something more than merely a lessened disposition to coagulate is necessary for the forming of the crust or size." The opinion he entertained was, that the buffy coat probably depended solely upon a change in the coagulable lymph, which, in inflammatory blood, he supposed to be attenuated and specifically lighter; hence, allowing the red corpuscles to subside more rapidly. Dr. John Davy* agrees with Hewson in supposing that the formation of the buffy coat depends chiefly on a greater tenuity of the coagulable lymph. It is to be observed, however, that though blood on which a buffy coat afterwards forms, appears thinner than natural, this is not owing to any increased tenuity of the coagulable lymph, or, more properly speaking, liquor sanguinis, but to a diminution in the number of red corpuscles. Certainly the liquor sanguinis is not less viscid than natural; and notwithstanding Dr. Davy's inference that there is no necessary connexion between the quantity of fibrin in the blood and its tendency to exhibit the buffy coat, it is now generally admitted that the blood which exhibits the buffy coat in a well-marked manner contains proportionally more fibrin than healthy blood. The opinion of Hewson and Davy thus appears to be untenable, except as regards certain cases in which the blood is unusually thin, from a diminution in the quantity of fibrin, and in which the red corpuscles readily subside, leaving a liquor sanguinis at the top, which yields no consistent buffy coat by coagulation, but merely flakes of fibrin suspended in serum, like moss in water.

In blood in which the buffy coat forms in a well-marked manner there is not only an increase in the quantity of fibrin, but also an increase in the quantity of liquor sanguinis in general, and a diminution in the number of red corpuscles. This relatively greater amount of liquor sanguinis, with its increased proportion of fibrin, is no doubt a condition contributing in some considerable degree to the development of a well-marked buffy coat, but not exactly, as has been supposed, by promoting subsidence of the red corpuscles.

Dr. Alison *(ut supra*, p. 88) is of opinion that the formation of the buffy coat depends on an unusual tendency to separation between the fibrin and corpuscles; but considers it doubtful whether this is owing to increased aggregation among the particles of each, or to a peculiar repulsion between the two. That it is principally owing to an increased aggregation of the red corpuscles, will be shown in the following pages. Here I would observe that any increase in the aggregation of the particles of fibrin would, if it regarded rapidity, lead only to more speedy coagulation; and, if it regarded closeness, to the formation of a more firm coagulum, but not to separation. Besides, before any aggregation at all of the particles of fibrin is manifested, separation of the liquor sanguinis from the red corpuscles has already taken place to the extent of constituting the condition, visible to the naked eye, for the formation of the buffy coat. As to the question of a repulsion between the fibrin, or rather the liquor sanguinis, and red corpuscles, that will be considered below.

The minute process leading to the formation of the

* *Medical Gazette*, vol. xxvii. pp. 477-689. Both Mr. Addison and Dr. Barry appear to be unaware that the existence of colourless corpuscles in the buffy coat is no new observation.

† Alison, Outlines of Physiology, Edinburgh, 1839, p. 89.

* Researches, Physiological and Anatomical, vol. ii. p. 48. London, 1839.

buffy coat was, I believe, first explained by Professor Hermann Nasse of Marburg, and has since been noticed by Professors Rudolph Wagner and Henle. More recently, I have made some observations on the point.

Before entering upon an exp'anation of the subject it is necessary to call attention to some appearances presented by newly-drawn healthy blood under the microscope. If a drop of such blood spread out by having a thin plate of glass gently laid over it, be quickly transferred to the microscope and forthwith examined, the corpuscles are observed dispersed confusedly about in the liquor sanguinis. In the course of half a minute, however, they are seen to overlap each other, then, rising up on edge, to become fully applied side to side. By this arrangement, like coins in rolls, they occupy less space than when they are irregularly aggregated. The consequence is that the field of the microscope, which was at first uniformly scattered over with corpuscles, now presents spaces containing nothing but liquor sanguinis, with perhaps a single red or colourless corpuscle floating about in it. These spaces represent, as it were, the meshes of an irregular network, formed by the rolls of corpuscles. When the red corpuscles run together into rolls, one may *occasionally* be observed here and there single, but the colourless corpuscles always remain isolated, exhibiting not the slightest attraction for the red corpuscles. After the corpuscles have continued aggregated for a minute or two, a heaving to and fro is usually observed among the rolls, which thus become broken up, and ultimately the corpuscles are more or less detached from each other.

This arrangement of rolls in a *network* is exhibited only when the blood is thinly spread out as above described. When the blood is examined under the microscope in the form of a coagulated drop, the rolls are observed to be disposed in every direction, and thus constitute a *spongework*, in the interstices of which the liquor sanguinis is contained.* A larger quantity of blood, a cupful for example, examined with the naked eye when coagulating, presents on the surface an appearance like jasper; the red mossy-like part being represented by masses of aggregated corpuscles, the transparent interstices by the liquor sanguinis.

What is the nature of the force which causes the mutual approach of the corpuscles and their aggregation into rolls?

A repulsion between the liquor sanguinis and corpuscles, whereby the former tends to separate itself from the latter on a principle similar to the separation of oily fluids from moist substances, has been suggested; but to this it may be replied, that were the force solely of this nature, its effect would be merely to cause an irregular aggregation of the corpuscles, instead of the remarkably regular arrangement which obtains, nor would the corpuscles become detached again from each other, and be promiscuously dispersed through the liquor sanguinis.

The conclusion which a consideration of all the circumstances leads to is, that the force which causes the mutual approach of the corpuscles and their aggregation into rolls is, in addition to a want of attraction or actual repulsion between the liquor sanguinis and red corpuscles, a special attraction which the latter have for each other, but whether of a vital or physical nature it is not necessary for our purpose to stop here to inquire. It may, however, be remarked that the activity of this attraction is capable of being very much modified by the vital state of the corpuscles on the one hand, and the composition of the fluid in which they are suspended on the other.

The condition on which Dr. Nasse was the first to show that the separation of the liquor sanguinis from the red corpuscles in the formation of the buffy coat principally depends, is an increase in the natural disposition of the red corpuscles to run together.

In that state of the blood in which the buffy coat appears, there is then, together with the known diminution in the quantity of red corpuscles, an exaltation of their natural disposition to run together into rolls, and these again to form a spongework, whereby, the corpuscles being aggregated together more closely, the liquor sanguinis, which is in such cases proportionally increased in quantity, is in a greater measure pressed out as if from a sponge, and of course collects at the top; the corpuscles readily subsiding on account of their greater specific gravity being favoured by closer aggregation.

The view here stated may be illustrated by a sponge soaked in melted tallow—the sponge representing the aggregated corpuscles, the melted tallow the liquor sanguinis. The sponge, let it be supposed, is capable of being drawn together by an intrinsic force, instead of requiring to be pressed together by a force from without.

If, then, before the melted tallow concretes, the sponge be not drawn together, the tallow when concreted will be wholly contained in the meshes of the sponge, though perhaps in greater quantity towards the surface than below. Such is the clot of healthy blood—the spongework formed by the rolls of red corpuscles is not drawn together very closely before the coagulation of the liquor sanguinis takes place, the coagulated fibrin of this, therefore, is wholly dispersed throughout the meshes, formed by the aggregated corpuscles, but in greater quantity towards the top; hence the greater firmness of the clot there than at the bottom. If, on the contrary, before the melted tallow concretes, the sponge be drawn together, a greater or less quantity of the melted tallow will be pressed out and collecting above the contracted, and therefore specifically much heavier sponge will, when concreted, form a more or less thick cake. Such is an humble illustration of the mode in which the buffy coat is developed. The spongework formed by the rolls of corpuscles is drawn together so closely that the liquor sanguinis is pressed out in more or less considerable quantity, and having collected at the top coagulates, and thus gives rise to the buffy coat. In this case, in consequence of the very great determination of the liquor sanguinis towards the top, the bottom of the mass of blood contains very little of it; hence, after coagulation, the bottom part of the crassamentum is soft and easily broken up from the deficiency of fibrin.

The following cases exemplify the minute process leading to the formation of the buffy coat:—

Case I.—Blood drawn from the arm of a young man labouring under pericarditis. By the time a small drop of blood could be tranferred to the microscope and observed, the corpuscles had run together into rolls, and these again had become arranged in a netlike manner. The meshes of the network formed by the rolls were very large, and contained nothing but liquor sanguinis. The heaving to and fro of the rolls occurred sooner, and was to a much greater degree than is observed in healthy blood. The disruption of the rolls here and there which ensued was not followed by separation of the corpuscles from each other, but by closer aggregation into isolated masses. The individual corpuscles appeared distinctly thinner than usual, but whether this was

* This has been pretty well represented in the less magnified of the two figures of a drop of coagulated blood, given by Sir E. Home in the Phil. Trans. for 1818, but the meshes he absurdly describes as being produced by and filled with the carbonic acid gas, which he erroneously supposed was given off by the blood in the act of coagulating.

connected with their closeness of aggregation—a closeness so great that the corpuscles appeared almost as if fused together—or was owing to a real diminution in thickness, it is impossible to decide, as they were not seen singly in consequence of aggregation into rolls having taken place before any microscopical examination could be made.

The blood drawn from the arm was received into a glass. A thick stratum of liquor sanguinis soon rose to the top, and remained liquid some time. It then coagulated, and formed a thick and well-marked buffy coat.

Case II.—The blood drawn from a young man ætat. eighteen, labouring under peritonitis. As the blood was flowing from the vein a minute drop was caught, quickly transferred to the microscope, and immediately examined. The corpuscles had run together into rolls, leaving in the field of the instrument large spaces of liquor sanguinis. The corpuscles appeared thinner and softer than natural, and as if fused together. Heaving to and fro of the rolls, well marked with eventual disruption here and there, and aggregation into heaps. Some of the blood thinly spread out exhibited very distinctly to the naked eye the mottled appearance described by Schroeder Van der Kolk. In the course of some minutes after abstraction, the blood presented a pretty thick buffy coat.

Case III.—The blood of a woman in the last month of pregnancy: aggregation of the corpuscles took place with rapidity, and became very close, leaving large spaces of liquor sanguinis. A buffy coat formed.

Case IV.—Blood drawn from a man with pneumonia of two days' standing. The corpuscles ran together very quickly. They formed here and there very closely aggregated masses of rolls, separated by large intervening spaces. The transverse line of demarcation in the rolls, between the corpuscles, was very indistinct, the corpuscles appearing as if fused together. The corpuscles were more pliable, and appeared as if viscid on the surface. Liquor sanguinis rose to the top of the blood in the vessel, very quickly and in large quantity. After continuing fluid for some time it coagulated, and gave rise to a very thick and firm buffy coat.

But not to multiply cases—let it suffice to say that the numerous observations I have made all agree generally with what has now been stated; relative diminution in the number of red corpuscles and increase in the quantity of liquor sanguinis; more rapid and closer aggregation of the red corpuscles into rolls, and these again eventually into masses with large intervening spaces, containing liquor sanguinis;* greater thinness and increased pliability of the red corpuscles, with an appearance frequently of viscidity of their surface, and as if they were fused together: these states have all presented themselves to a degree directly in proportion to the thickness and firmness of the buff which has afterwards formed on the blood, and the extent to which it has become cupped.

Relative diminution in the number of corpuscles and an increased quantity of liquor sanguinis, richer in fibrin, are facts well known regarding inflammatory blood. The more rapid and closer aggregation of the red corpuscles into rolls, and these again eventually into masses with larger intervening spaces, containing liquor sanguinis, now fully ascertained as microscopically characteristic of that state of the blood in which the buffy coat appears, is evidently merely an exaltation of the same attraction which exists in the healthy state. In reference to it, can the increased quantity of fibrin in the liquor sanguinis be looked upon in any other light than as a collateral circumstance? That the fibrin of the liquor sanguinis has no essential influence on the mutual approach of the red corpuscles, and their aggregation into rolls in the healthy state is shown by the fact that the phenomenon takes place in serum after the fibrin has been removed by coagulation or by beating. In buffy blood the corpuscles retain the disposition to run together after the fibrin has been removed longer than in healthy blood. That the increased disposition to aggregate, however, is connected with the increased quantity of fibrin in the liquor sanguinis, would appear from the circumstance that red corpuscles of fresh healthy blood, and even red corpuscles which have had their tendency to run together very much diminished from the length of time the blood has been drawn, run together perhaps somewhat more quickly, when they are mixed with a little of the liquor sanguinis, which has risen to the top to form a buffy coat. To this it may be added, that the red corpuscles, as shown by Nasse, aggregate very rapidly and closely in mucilage of gum, containing a little salt in solution, but this aggregation is irregular and confused in comparison of the regular arrangement of the corpuscles in liquor sanguinis. The material changes observed in the red corpuscles themselves, no doubt, have a direct and intimate connexion with the rapidity and closeness of their aggregation. Besides the changes we have above mentioned, Dr. Nasse says, that the darker the corpuscles are in colour the more quickly do they unite. But the question here rises—what connexion is there between these material changes in the red corpuscles and the material changes in the liquor sanguinis? The appearance of the red corpuscles is known to be very much influenced by the nature of the liquid in which they are suspended, therefore the changes exhibited by the red corpuscles of inflammatory blood may be to some extent owing to the changes in the liquor sanguinis; but, on the other hand, may not the changes in the liquor sanguinis be owing in some degree to the state of the red corpuscles?

It has been observed that the meshes of the network, represented by the peculiar arrangement of the rolls of corpuscles, are larger than are presented by healthy blood under the same circumstances, and that by and by, in consequence of the heaving to and fro, disruption of the rolls takes place here and there, followed by their running together into heaps separated by large intervening spaces of liquor sanguinis. Lest this should lead to the supposition that the spongework arrangement of the rolls of red corpuscles in blood with the buffy coat, must have larger meshes than are found in healthy blood, it is to be remembered that the large spaces of liquor sanguinis seen under the microscope in a thin stratum of blood are owing to the relative fewness and to the closeness of aggregation of the corpuscles, and that they would in a mass of blood be filled up by other rolls running in all directions; and this very closely, like the fibres of a compressed sponge. The result is, as already explained, the meshes of the spongework represented by the peculiar arrangement of the rolls of corpuscles, are in inflammatory blood really very small, and hence contain comparatively little liquor sanguinis. It is however to be remarked that the spongework represented by the aggregated rolls of red corpuscles, in

* In cases in which the blood is thin and watery, large spaces left by the aggregation of the corpuscles may be observed under the microscope, and as mentioned at p. 591, separation of the red corpuscles and liquor sanguinis may take place. This separation, however, appears to be principally the effect of gravity favoured by the little tendency to coagulation, for the changes in the red corpuscles above described are not observed to exist. This circumstance therefore deserves to be well considered in any microscopical examination of the blood, made with a practical view.

becoming more condensed, is cleft by large fissures, which become filled with liquor sanguinis,—a circumstance tantamount to a sponge being divided into several pieces, but each piece continuing in its compressed state. This, which may be seen on examination before the surface of the blood becomes wholly covered over with the liquor sanguinis, is a higher degree of the state giving rise to the jasper-like appearance above described in healthy blood in the act of coagulating.

The greater size of the spaces between the rolls of red corpuscles in a thin film of blood on which the buffy coat is to form, than in healthy blood, is the cause of the mottled appearance presented to the naked eye, already referred to as having been signalized by Schroeder van der Kolk, as equally characteristic of the state of the blood as the buffy coat itself. The reason why it is so, it will now be perceived is, that the appearance is owing to the same cause.

The minute process leading to the separation of the liquor sanguinis from the red corpuscles—the visible condition for the formation of the buffy coat—consists then in an exaltation both of the rapidity and closeness with which the red corpuscles naturally aggregate into rolls, and these again into a spongework, thus squeezing out the liquor sanguinis from among the corpuscles, and allowing the greater specific gravity of the latter to come more fully into play, whereby the liquor sanguinis, which in such cases is in relatively greater quantity, collects at the top, and coagulating, gives rise to the buffy coat.

With a practical knowledge of the appearances above described, it is in our power to infer from the examination of a minute drop of blood drawn from a prick of the finger, as much at least of the state of the blood as can be done from the presence or absence of a buffy coat.—*British and Foreign Medical Review.*

(TO BE CONTINUED.)

CASE OF EXTERNAL ANEURISM OF THE INTERNAL CAROTID ARTERY. BY JAMES SYME, ESQ., PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF EDINBURGH, AND SURGEON TO THE QUEEN.

In the early part of last April, I was requested by Sir William Newbigging, to meet him and Dr. Abercrombie in consultation, on the case of a lady about 60 years of age. She was rather tall and very thin, with the general appearance of feebleness inadequate for any sustained exertion. Her complaint was a tumour of the throat, in the situation of abscess connected with the tonsil. It was first noticed in the month of November preceding, after more than usual suffering from a dry hard cough, which had existed with little interruption for five or six years. The swelling, at first very small, gradually increased, and at length occupied the fauces so as to interfere with deglutition, and occasion uneasy feelings of distension by its bulk, which fully equalled that of a large walnut. It was not circumscribed in appearance, presenting, indeed, the diffused aspect of a purulent collection, but when examined by the finger was felt more distinctly limited than an abscess of the part. At the same time, its contents were found to fluctuate throughout their whole extent, and a strong uniformly distending pulsation could be perceived over every part of the tumour accessible to touch.

There could be no doubt as to the nature of the case, and as little in regard to the prognosis of its result, if effectual means were not taken to arrest the progress of the disease. It was plain that an aneurism had formed in the course of the internal carotid artery, between its origin from the common trunk, and entrance into the cranium. And it was no less obvious, considering the progressive enlargement that had already occurred, together with the continued excitement from coughing, that the swelling, if permitted to increase, must soon encroach on the pharynx, so as to impede deglutition altogether, or cause suffocation, unless the sac should ulcerate and relieve the patient by hæmorrhage at an earlier period of her sufferings. We therefore decided upon recommending that the common carotid should be tied, and, meeting with no objection on the part of the lady or her friends, agreed to perform the operation on the following day.

In the presence of the gentlemen above mentioned, together with Drs. Patrick Newbigging and Mackenzie, I cut down upon the vessel, and tied it with a single silk ligature, just below the crossing of the *omo-hyoideus;* no difficulty whatever was experienced in effecting this, hardly a tea-spoonful of blood escaped, and the patient walked to an adjoining bedroom without appearing to suffer or to have suffered almost any disturbance. During the day she complained of pain in the back of her neck near the occipital region, and struck me as looking even more pale than she had done previously; the pulsation of the tumour still continued, but was much less forcible. In the evening a draught containing gr. xxx of the solution of muriate of morphia was prescribed in the event of restlessness, but not proving requisite, was withheld.

Next morning, about six o'clock, I was informed that the patient had all at once been seized with nearly incessant vomiting and discharge from the bowels. On visiting her, I found all the signs of approaching dissolution, the weakness being extreme, the features bloodless, sunk, and altered in expression, and the pulse small, feeble, and irregular. The evacuation of greenish watery fluid both upwards and downwards, still continued, though not so frequent as at first. Notwithstanding the use of stimulants, no improvement took place, and she expired about six o'clock in the evening, thirty hours after the operation.

The parts concerned were examined in presence of the gentlemen who had witnessed the operation, with the exception of Dr. Abercrombie, who was otherwise engaged, and with the addition of Mr. Goodsir, who assisted me on the occasion, and afterwards dissected the preparation. The artery was found to be tied just as could have been desired, without any disturbance of the vein, nerves, or neighbouring textures. It was traced upwards to the bifurcation, immediately beyond which the internal carotid dilated into an aneurismal sac. We then opened the head to ascertain if the disease extended within the cranium, but discovered nothing in the state of the vessels at all abnormal. The lower jaw was next divided, so as to afford free access to the tumour, which, being exposed up to the base of the skull, allowed us to see that the artery, before entering the carotid canal, regained its usual characters. I cut it across there, and detached the whole extent of the vessel down to the root of the neck.

The drawing, for which I am indebted to my friend Mr. Moore, shows very distinctly the position of the aneurism in regard to the artery, and also that of the aperture in the vessel which gave rise to its production. It appears that a crevice, nearly half an inch in length, had been formed through the inner coats in the upper or anterior surface of the internal carotid, about midway between its origin from the common trunk and entrance into the cranium; that the external coat had expanded so as to form the sac of the aneurism, and that the pressure caused by the tumour, which was considerably greater than would seem from the preparation after maceration in spirits, had distorted the course of the vessel, and given it a sigmoid direction. The contents of the sac were coagulated, except at a narrow channel corresponding with the

current through the artery, which, it may hence be inferred, had not been completely arrested. Indeed, this was not and could not reasonably be expected, when the free retrograde passage afforded by the anastomosing communications of the external carotid was taken into account.

The result of this case was not less unexpected than distressing. I had frequently tied the carotid for aneurism and hæmorrhage, and never met with the slightest bad consequence from the operation. The patient, though thin and fragile-looking, seemed free from any organic disease besides the aneurism, and possessed in a remarkable degree that composed disposition of mind which is so favourable to recovery from injuries. The artery was tied with more than usual facility, and with the most perfect insulation that could be desired. Though doubts might be entertained as to the cure of the disease, through want of sufficient obstruction in the flow of blood, no apprehension was entertained of danger from the operation, and I feel quite unable to offer any satisfactory explanation of its fatal issue.

In a pathological view the case is interesting, from presenting an example of aneurism in a very unusual situation. The branches of the carotid artery within the cranium occasionally expand into aneurismal sacs, which are apt, by their bursting, to cause sudden death from hæmorrhage. But aneurism of the internal carotid artery, exterior to the cranium, does not seem to have been hitherto ascertained and recorded.—*Lond. and Edinb. Monthly Journal.*

REVIEWS AND NOTICES OF BOOKS.

A Statistical Account of the Principal Diseases which have occurred among the Children admitted into the Royal Military Asylum, Chelsea, from the 1st January, 1825, to the 31st December, 1841, with remarks and observations, and a detail of cases. By SAMUEL GEORGE LAWRANCE, Surgeon to the Institution.

The Royal Military Asylum, Chelsea, according to Mr. Lawrance, was founded by the late Duke of York in the year 1803, for the maintenance and education of the children of soldiers of the regular army. The number at first was limited to 1000, which was afterwards increased, until the year 1814, when the number amounted to 1250, (850 boys and 400 girls.) In the year 1823, the female children were removed to the Royal Military Asylum at Southampton—a branch of this establishment—but which was abolished in the year 1840, and the children (52 in number) transferred to the asylum at Chelsea. The children are admitted from the age of five to ten years; the boys, when they attain the age of fourteen years, if eligible, are enlisted as soldiers, but if not fit for the army are apprenticed to some trade; and the girls, on their attaining the same age, are sent out to service as domestic servants.

"In offering the following statement (says Mr. Lawrance) of the principal diseases which have occurred among the children of this institution, with a detail of some peculiar cases and post-mortem investigations, to the notice of my professional brethren I am actuated by the desire of adding my contribution to medical statistics, as well as to pathological anatomy. Since my appointment I have been in the habit of keeping notes of most of the diseases which have prevailed amongst the children, and, with very few exceptions, have instituted a post-mortem examination in every fatal case. I hope, therefore, that the result, as it includes a period of seventeen years, will not be found devoid of interest."

Mr. Lawrance's pamphlet contains a tabular view of the number of sick treated, and the fatal diseases which have occurred from the 1st January, 1825, to the 31st December, 1841, inclusive, specifying the number who laboured under the several diseases to which children are liable, such as small-pox, measles, scarlatina, chicken-pox, hooping-cough, &c.; together with the average proportion of sick to strength; average of deaths to number of sick treated, &c.

It includes a number of very valuable cases, accompanied by observations upon the prevalent diseases in each year, and concludes with the following practical summary for which only we can afford room:—

"Scarlet fever is frequently a very fatal disease, particularly to children, yet it will be seen, that within the period comprised in this statistical account, out of 139 treated, only one case proved fatal. I consider this fortunate result to be chiefly owing to the prompt medical assistance afforded, and the treatment not being interfered with by the fears and prejudices of parents and relations. How frequently is the call for medical aid deferred until the disease has gained an ascendancy which the most skilful employment of remedies cannot afterwards overcome.

"In *scarlatina anginosa* I am convinced that early medical treatment is of the highest importance. I think it right to mention that I have found cold affusion or sponging with vinegar and water, according to circumstances and the season of the year, very beneficial. I do not find the children much frightened at the cold affusion as employed here, which is in the following manner:—

"The child, when covered with the scarlet eruption and the skin very hot and dry, is made to sit on a small stool placed in the middle of a large washing-tub, when about a gallon of cold water is quickly poured over him, he is then wiped dry and replaced in bed. This is in most cases followed by sleep and an abatement of the heat of skin and fever. I have never seen any harm result from this treatment, but it should be employed in the early stage of the disease.

"It is useful to have the vapour of boiling vinegar dispersed through the ward or apartment, and for this purpose we use an earthenware apparatus of a conical shape, with a lamp, &c., which is easily procured in London.

"I have before observed that the œdematous and dropsical affections which occasionally follow scarlet fever during the state of convalescence, more frequently occur after the milder attacks of this disease.

"I have never seen an instance in this institution of scarlet fever occurring twice in the same individual.

"As scarlet fever is highly contagious, it is here an invariable rule not to permit the convalescents to mix with the other children for a month, and not until *all desquamation of the skin* has entirely disappeared. Tepid baths are used occasionally during convalescence, in order to restore the healthy functions of the skin. Great care is also taken that the return to the usual full or animal diet should be gradual.

"*Measles.*—The season of the year at which this disease appears makes a considerable difference in its severity, being most severe in spring and winter. Since the year 1825 there have been 240 cases of this disease, of which number *five* proved fatal. On the post-mortem examination *two* exhibited tracheal inflammation only, and *three* inflammation of the lungs. Three died in April, 1825, and two in the months of November and December, 1826.

"*Hooping-cough* is a disease not generally under much control, it will last a certain time under any treatment, but it can be much alleviated and rendered safe by medicine.

"The treatment I employ consists of emetics, aperients, tepid baths, and a regulated diet, according as there may be more or less febrile excitement or tendency to inflammation of the lungs. Ipecacuanha, either the wine or powder, in very small doses, I have found very useful. I think also stimulant and antispasmodic embrocations serviceable.

"This complaint does not appear to be so frequent at this institution as the other diseases of childhood. There have been only 69 cases within the period comprised in the preceding account, *five* of which proved fatal, two having

died from the debilitating effects produced by the disease, two from inflammation of the lungs, and one from inflammation of the brain.

"*Small-pox.*—It will be seen by the tabular return annexed, that there have been only 23 cases of this disease in 17 years, all of which, with the exception of four, have been subsequent to vaccination. Seven of them were severe and of the confluent kind, but in no instance was danger of a fatal result apprehended, there being no secondary fever on the maturation of the pustules. It is also worthy of remark that, notwithstanding the highly contagious nature of this complaint, it has never spread to any great extent among the children, although about three-fourths have only vaccination for their protection.

"*Chicken-pox.*—Of this complaint there have been 60 cases; it generally appeared at the same period with small-pox, but sometimes it prevailed alone.

"*Epidemic Catarrh.*—The children suffered from this complaint in the years 1826–33 and 37, like the rest of the community, when it was prevalent in London.* I think it however worthy of notice, that in the year 1832, when the Asiatic cholera prevailed so much in London and the suburbs, no instance of it occurred among the children or other inmates of this institution.

"The only precaution taken was to prevent the children from going out of the building to visit their friends, as is customary at other times, nor were their friends permitted to come here while this disease was prevailing.

"*Cutaneous Diseases.*—Those of most common occurrence here are prurigo, scabies, psoriasis, herpetic eruptions, and especially the various forms of porrigo capitis, not only the most frequent, but the most troublesome and intractable to which children are subject. Formerly, when 1250 children were in this asylum, upwards of 100 have been affected with it at one time.

"I have in vain sought for some specific or general application, but have found that the ointments and lotions which proved beneficial in some cases, have been completely unsuccessful in others. Without reference to the different names given by authors on cutaneous diseases to the various forms of porrigo, I am guided in the external treatment by the different stages of the disease, and the appearances which the scalp presents, which for practical purposes I thus classify:—1st, the inflammatory and pustular—2d, the humid and discharging—3d, the scabbing, dry, or furfuraceous stage.

"In the first, I employ cataplasms of bread, lotions of thin gruel, decoction of poppies, with a small quantity of the liq. plumb. diacet., solutions of borax, &c.—all the hair is directed to be cut off, and the head to be shaved when it is in a state to bear it. In the second, where there is an ichorous discharge and an excoriated state of the scalp, the following lotion has been found useful:—℞ Zinci oxyd. alb. ʒij. Mist. acaciæ, Aquæ, āā ℥j. M. The powder is insoluble, but when used the mixture is to be well shaken and applied to the excoriated places by means of a small piece of lint or camel's-hair pencil. The powder is deposited, checks the discharge, and after a few applications, scabbing or a dry state of the scalp is produced.

"In the third stage, bread poultices and emollient applications are again necessary to remove the encrustations. The *oleum sulphuretum* applied by a pencil brush sometimes also does this very well. Now various ointments are used, taking care that they are not too stimulating—as the ung. hydr. nitr., u. hyd. ammonio-chloridi, u. sulphuris, u. picis, &c., much diluted with ung. cetacei, suiting their strength according to the appearance the head exhibits during their use. And the above ointments are also often advantageously combined. Sometimes fluid applications seem to agree better than unguents, as lotions of diluted spirits of wine and acetic acid, a weak solution of argenti nitras or cupri sulphas, and lotions made with the sulphuret of potash, &c.

"There have been a few cases of the peculiar species denominated *porrigo decalvans*, and they have generally been cured by the assiduous application of stimulating liniments. This complaint occurs among the healthy as well as the puny and delicate children, the internal or constitutional treatment therefore must vary accordingly. In the former, a regulated diet and the occasional use of purgatives is all that is required; but in the latter, purgatives, alteratives, and tonics, are necessary, for in a great many cases the digestive organs are much in fault. The alvine evacuations being morbid and unhealthy, a cachetic or scrofulous habit prevailing, this must of course be corrected before we can expect to derive benefit from any external treatment.

"*Perniones*, or chilblains, are very common in the winter months. They generally first appear about the end of October or beginning of November, and continue to prevail till the end of March. The ulcers formed by the chilblains, are often long in healing, apparently from want of power or tone in the system and a weak circulation, and the scrofulous children suffer most from them.

"*Hernia* occasionally appears in some of the children. From the year 1825 to 1841, inclusive, 1,320 children have been admitted into this institution, (exclusive of those previously admitted and remaining,) and during that period only *twenty-two* have had this complaint.

"Of this number *twenty* were inguinal, and *two* came down with the testes into the scrotum. *Eighteen* occurred on the right side, *two* on the left, and *two* were on both sides.

"Of the total number, *eleven* were cured during their stay in the institution, *two* died of other complaints, *eight* have been discharged as apprentices to trades, or to their friends, and *one* still remains in the asylum.

"Regarding the age at which the hernia appeared, *seven* occurred between the age of five and nine years, and *fifteen* from nine to fourteen years.

"I have rarely been able to trace the immediate cause of rupture in consequence of the children not being aware of it on its first appearance, therefore it is only accidentally discovered, or when they suffer pain from the swelling.

"*Urinary Calculus.*—It is worthy of remark that only one case of stone has occurred in this institution (according to the hospital records) since it was founded in 1803, up to the present time, yet upwards of 7000 children of both sexes, between the age of five and ten years, have been admitted during that period.

"Among the various diseases which occur here, scrofulous affections form a considerable proportion—such as chronic enlargement, inflammation and suppuration of the cervical and other lymphatic glands; pustular ophthalmia, corneitis, ulcers of the cornea, iritis, &c. Scrofulous affections of the bones, and disease of the elbow, hip and knee-joints are common. There has been only one instance of caries of the shoulder-joint, and I believe scrofulous affections of this joint are rare. There have been also several cases of spinal disease.

"*Mesenteric disease* is very frequent. Through the humane consideration of the commissioners of this institution, for the health of the children, a certain number afflicted with scrofulous complaints are annually sent to Herne Bay during the summer months, for the benefit of sea-air and bathing.

"Much good results from this—many having returned in a greatly improved state of health, and cured of various scrofulous ulcerations. Others with enlarged lymphatic glands have, in most instances, had them considerably diminished or totally resolved. Some affected with incipient mesenteric disease have received the greatest benefit from their temporary residence at the sea-side, and who, most probably, without this change of air, would have fallen victims to the disease. A few having scrofulous ophthalmia have sometimes been sent, but in these cases no good has ever been derived.

"In the preceding statement the amount of disease and mortality may probably appear to be much greater than what occurs in other establishments of children of equal number in this country. I think, however, this may readily be explained, when it is considered that they are admitted at the early age of five years, and consequently a great number of them have to pass through all those diseases which are natural to childhood, and, in addition, that many of them have been born in various climates, East and West Indies, &c., and badly nursed from their earliest infancy.

* For the symptoms and character of which, the reader is referred to the annual remarks and observations of those years.

"In conclusion, I wish particularly to observe that, of the 92 deaths specified in the preceding statistical account- 53 have died at and under nine years of age, and 39 from ten to fourteen years; and of the whole number, fifty-eight, or nearly two-thirds, have exhibited, on the post-mortem examination, a greater or less extent of tubercular disease, whatever might be the proximate cause of death.

"It cannot fail to be noticed that pulmonary consumption, and marasmus, are the two most fatal diseases which occur here, and next in fatality—hydrocephalus, a disease which undoubtedly frequently originates from an hereditary and scrofulous taint.

"I think, therefore, it is fully shown, by the foregoing statement, that scrofula and tuberculous cachexy prevail, and are apparently hereditary, in a very great proportion of the children of soldiers. I could have given many more cases from my notes to prove this, had I not wished to avoid prolixity and a repetition of cases nearly similar."

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, NOVEMBER 23. 1842.

MEDICAL COERCION IN WORKHOUSES.

We have hitherto refrained from noticing, in a particular manner, one of the consequences of the poor-law, which we predicted to be inevitable in this country, because we had not sufficiently exact information to enable us to deal with the matter as its importance demanded. We cannot, however, remain silent any longer, although we are still unable to come at the whole truth from the system of secrecy, manœuvering, and intimidation, established to prevent exposure or inquiry. What we allude to is a proceeding which exposes, in all their nakedness, the daring, wicked, and unprincipled designs entertained respecting our profession, and the base uses and dangerous purposes to which it is hoped to apply medical men, in the body—social and politic. We have often said, and we now repeat it, that if ever those entrusted with the preservation of the health and lives of the people become the tools of persons in power, and the abject slaves of official despots, no man can predict the consequences. At first the pliant officer, selected to carry out the views of his superior, not only sees no difficulty in obeying orders, but naturally assumes that it is his duty to do so, notwithstanding any doubts he may entertain respecting their propriety or policy; presently he is startled with instructions which appear of a still more doubtful nature, but not being too fond of the right, he adopts the expedient and again obeys; by and by a wish is intimated in tone and language not to be mistaken, that a certain course is to be pursued, and again he pleads that his poverty, but not his will, consents, and acts according; thus, advancing step by step, until at length he ceases to have a will of his own, and becomes a mere instrument in the hands of others. It is easy to see to what uses such a man may be turned, and perhaps we have already seen it, and therefore most earnestly do we entreat all who value the character of the medical profession, or who wish to keep it free from suspicion or reproach, to consider this matter and provide a remedy for the coming evil.

What suggests these observations is the fact which we have ascertained, that Mr. Denis Phelan, illegally and surreptitiously appointed to a situation which the legislature never created nor the government sanctioned, to wit, the situation of medical assistant poor-law commissioner, has been interfering in the most impudent and audacious manner with the medical treatment and management of the poor in the workhouses; coming into the hospital wards; interrogating the sick; impugning the skill of the medical attendant; countermanding the orders, and reversing the decisions of those held legally and morally responsible for the lives thus placed in jeopardy. We heard of such proceedings before, but were unwilling to run the risk of bringing the vengeance of the poor-law office on the parties who had cause to complain, but we can no longer remain silent. We have ascertained from authority, upon which we can rely, although not from the medical attendant himself, who dare not say a word on the subject, neither would we ask him for information, least it should bring him into trouble; but we have ascertained upon authority, upon which we place the firmest reliance, that this medical assistant poor-law commissioner of Mr. George Nicholls, when visiting a workhouse at Scariff in the county Clare some time ago, went into the female ward, and there, amongst other pranks, caused a girl, labouring under some spasmodic affection of epileptic nature, to be removed from the bed and left on the floor, asserting that she was simulating disease. He subsequently thought it prudent, after thus taking the law into his own hands, to obtain the sanction of the guardians for his proceedings, and actually persuaded them to change the diet, the poor creature having been ordered some nutritious food by the medical attendant. Before the guardians, he confronted himself with the medical attendant, talked of his peculiar experience in such matters, his "tact" forsooth, and eventually "put down the doctor," the guardians, to their eternal shame, looking quietly on, while a scene so humiliating was being enacted: but it seems that Mr. Denis Phelan is on peculiarly good terms with boards of guardians in this part of the world, and that in fact he was sent there because there was reason to expect their co-operation. This, however, is not the only case of the kind which has come to our knowledge. In another union, some time ago, sickness and mortality began to cause alarm, and the medical attendants made a report on the subject to the guardians, which report was immediately transmitted to the poor-law office: but on inspection it was found to contain an unlucky allusion to the mortality in the North Dublin workhouse, and forthwith the *medical* commissioner was sent down to correct such contumacy and insubordination. On his arrival, he rummaged the wards, examined the patients, commented on the cases and treatment, and finally carried off the case books, intimating significantly to the medical attendant that he had better mend his report, and especially that he should suppress all allusion to the mortality in the North Dublin workhouse. How did all this end? No one can tell. The affair was hushed up, as many similar ones probably have been, and thus a system, the most dangerous and criminal that can be conceived, is being established in the country. The following, from the *Nenagh Guardian*, verifies what we state:—

"Nenagh Workhouse.—*Doctor* Phelan assistant poor-law commissioner, visited the Nenagh workhouse, *as medical inspector* on Thursday last, and inspected that establishment, particularly the infirmary, with the state of which he appeared much pleased. He was most minute in his inquires into the state of the patients *and their different diseases*; the means adopted for their accommodation and comfort; the ventilation of the wards, &c. &c. His suggestions for the improvement of the sewerage, we have no doubt will tend much to the cleanliness of the house, and the health of the inmates."

Now, we repeat it that Mr. Nicholls has acted illegally in thus appointing directly or indirectly a *medical inspector*, and our opinion also is that he has in these cases, as in others, infringed the act of parliament, which distinctly provides that he "shall not interfere in any individual case for the purpose of ordering re-

lief." But what then? Mr. Nicholls may do as he pleases; he acknowleges no allegiance to the Irish government. The Lord Lieutenant exercises no control over him, for Lord Eliot, he says, he cares not a fig, and Mr. Lucas is, in his eyes, a very inferior person to one of his assistant commissioners. How long is this monstrous state of things to continue? When does the Duke of Wellington propose to have these matters "probed to the bottom?"

RESISTANCE TO THE POOR-LAWS.

It pains us deeply to be obliged to record the occurrence of a fatal affray, at Skibbereen, between the people and a large body of police engaged in the collection of the poor-rates. Two of the peasantry were shot dead, and four others severely wounded. We trust that all right minded men will now, respectfully but firmly, join in making their sentiments known to the government—and there is but one sentiment entertained throughout Ireland—in order to induce them, if possible, to stop Mr. Nicholls in his mad career.

PROFESSOR OWEN.—A pension of £200 per annum has been bestowed on Mr. Owen, in consideration of his laborious exertions in reference to the Hunterian Catalogue.

MIDDLESEX HOSPITAL.—Mr. Mayo has been compelled, by the state of his health, to resign the office of Surgeon to the Middlesex Hospital. Mr. Shaw, who has for some time been Assistant-Surgeon, will, almost as a matter of course, be elected in Mr. Mayo's place. Several gentlemen are in the field for the Assistant-Surgeoncy.—*Medical Gazette.*

POOR-LAW INTELLIGENCE.

BALROTHERY UNION, Nov. 14.—The following resolution was *unanimously* agreed to:—

"It appearing by the master's report now before us that Mr. Handcock, assistant poor-law commissioner, ordered him to change the paupers' breakfast on Sunday mornings, and thereby suspend our resolution of the 7th of June, 1841, resolved, that such interference on the part of the commissioners is uncalled for and uncourteous to this board, and that the master be commanded to continue the bread and milk as usual on Sunday mornings."

BANDON UNION, Nov. 15.—A process-server, who was yesterday employed in serving summonses on poor-rate defaulters in this union, was most cruelly beaten, and made masticate and swallow the processes.

CORK UNION, MONDAY, 14TH NOVEMBER—MEDICAL CHARITIES.—Mr. Boland, pursuant to notice, rose for the purpose of bringing before the board a matter upon which, novel as such a thing would be there, he hoped there would be unanimity of opinion (hear, hear.) He had seen a draft of a bill intended to be brought into parliament in the next session, by the provisions of which, the control of the medical charities of Ireland would be handed over to the poor-law commissioners. Already those commissioners had had vested in them powers and privileges of too extensive and influential a nature in the administration of the law under which they were constituted, and to give them a further extension of power by placing the medical charities of the country at their disposal, would be to do that which must greatly interfere with the well-being of public institutions (hear, hear.) He should say no more than propose the following resolution:—

Resolved—That it is the opinion of the board, that in the bill proposed for the better regulation of the medical charities of Ireland, any power or control transferred, or given thereby to the poor-law commissioners, would be injurious to those charities, and detrimental to the interests and respectability of the medical profession, and that the committee appointed to call on the government for an amendment of the poor-law, be instructed to convey this our decided opinion to the government, and both houses of parliament.

Dr. Lyons had pleasure in seconding the resolution. It would be much more conducive to the public interests, that the affairs of the public charities lay in the public control than that they be handed over to the poor-law commissioners (hear, hear.) Jobbing, and scheming, and humbugging of all sorts would be the consequence if the proposed bill should be carried out (hear, hear.) Incompetent persons would be appointed to fill medical situations, favouritism would prevail, whilst an already obnoxious law would become doubly unacceptable with the general public, in case of increased patronage being given to those employed in its administration (hear, hear.) The question was put, and the resolution was carried without a dissentient voice.

GALWAY UNION.—It was resolved by the guardians on Wednesday, in consequence of their bankruptcy, to admit no more paupers, and to apply for a loan to the poor-law commissioners.—*Galway Advertiser.*

NORTH DUBLIN UNION, Nov. 16.—In consequence of a dispute between the commissioners and the board of guardians, the following resolution was passed by a majority of 18 to 10:—

"That no terms could be used whereby to express the indignation felt by this board at the conduct of the poor-law commissioners, in suborning the officers of this institution, by threats, to disobey the orders of the board, thereby producing confusion and creating insubordination, and thus endangering the good working of the law they were appointed to carry into effect."

It was then moved—

"That the officers of this house being in a state of insubordination, the meeting do adjourn until this day week."

The resolution was carried by a majority of 17 to 11, and the board adjourned without transacting any of the ordinary business.

Nov. 17.—An extraordinary meeting of the board was held this day, pursuant to summons, and food for the paupers resident in the house was ordered; but no other business transacted.

The matter has now fairly come to an issue between the commissioners and the guardians.

SKIBBEREEN UNION, NOVEMBER 11.—I have received two different versions of an affair which occurred on Monday last in the parish of Creagh, near Skibbereen.

1st—"Mr. Brew, J.P., and all the police got a stoning in Creagh parish last Monday, endeavouring to assist the collector in levying the poor-rate; I fear another rate cannot be collected without bloodshed."

2d account—"Eighteen police, on Monday the 7th, attended the collector to levy the poor-rate in the parish of Creagh, from Skibbereen, when they were met with 4,000 men, women, and children, who prevented a distress being effected without using any violence."

Which account is true? I cannot say as to the violence used, but of the fact there can be no doubt. I went to the neighbourhood of Kenmare for a day this week, and found all ranks and conditions of men, high and low, most perfectly agreeing in the necessity of prompt and simultaneous petitions to parliament from every board of poor-law unions, and every parish in Ireland, praying for relief in the amendment of the poor-law at least, if not in its withdrawal altogether, as being the most obnoxious and ruinous tax that ever was inflicted on an impoverished country, without affording the proposed benefit to the poor and the destitute; while it alone provides for a useless pampered

staff of commissioned plunderers and harpies, preying on its very vitals. As a law it must be obeyed. We are all bound to support the law, and by stepping between the people and any act of violence on their part, which inevitably must lead to punishment, as magistrates, landlords, and protectors of the poor, we are called on calmly, respectfully, and legally, to endeavour to remove the incubus from them and us. The press, laying aside party feeling and party jealousies, ought to aid us by their co-operation, assistance, and advice—the latter most particularly.—*Cork Constitution.*

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Nov. 13th,	51	41	29.120	.320
Monday,	14th,	48.5	42	29.722	.338
Tuesday,	15th,	49	42	29.600	.160
Wednesday,	16th,	44	40.5	29.800	1.010
Thursday,	17th,	43	39.5	30.400	.025
Friday,	18th,	45	37.5	30.400	
Saturday,	19th,	54.5	43	29.900	.100

THE MIDLAND RETREAT,

NEAR MARYBOROUGH,

Has been opened for the reception of a limited number of patients of both sexes by Dr. JACOB, Physician to the District Lunatic Asylum, which contains 170 patients, Surgeon to the Queen's County Infirmary, &c. The establishment, the entrance to which is within one hundred yards of Dr. JACOB's residence, is agreeably placed in a retired but cheerful situation, the grounds are tastefully planted and well arranged for exercise and recreation, with a considerable extent of land attached. It is intended that the patients shall enjoy all the comforts of a private residence, the establishment in no way differing in appearance from a country house, the necessary security being obtained by a vigilant superintendence. There is daily communication by means of public conveyances with Dublin, Cork, Limerick, Waterford, Kilkenny, Galway, Athlone, &c., and intermediate towns.

ESTIMATED SALE, SIXTY THOUSAND.

THE MEDICAL TIMES ALMANAC (consisting of Seventy-two Quarto Columns for 4d.) will be published December 1, and will contain, in addition to all the useful matter of the best compiled Almanac, AN ABSTRACT OF THE BEST PHARMACOPŒIA, a complete account of all the most recent microscopic discoveries in Anatomy and Physiology, with matter of extreme interest to all classes of readers.

Advertisements must be sent in immediately. Office, late Lancet Office, Essex-street, Strand.

BOHAIN'S FRENCH NEWSPAPER,

LE COURRIER DE L'EUROPE,

ECHO DU CONTINENT.

Published every Saturday at two o'clock, price Sixpence, stamped for post, and circulating free in the Colonies of Great Britain, and in all Foreign Countries on the same terms as the English Newspapers.

Sold by JOSEPH THOMAS, 1, Finch-lane, London; S. J. MACHEN, d'Olier-street, Dublin, and all Booksellers and Newsmen.

LE COURRIER DE L'EUROPE, published in London for upwards of two years with the greatest success, presents each *Saturday* all the principal articles—Political, Literary, and Judiciary—which have appeared in the French Press, newspapers, magazines, and reviews, of all shades of opinion.

Its form, the paper, and types are similar to those of the *Examiner;* the number of its columns is 48, in 16 pages, containing more than 200.000 letters; or, in effect, the matter of an ordinary 8vo. volume.

It is not a newspaper, it is not a magazine—it is all the Newspapers, all the Magazines, all the Reviews of France reproduced, by a species of literary electrotype, in one immense sheet. In perusing "Le Courrier de l'Europe," the reader will have perused, substantially or textually, *Le Journal des Débats, Le National, Le Courrier Français, &c.*

Since the existence of "Le Courrier de l'Europe," not a single important public document has appeared, not a speech of any interest has been pronounced in the tribune or at the bar of France; there has not been published a poem of any eminence, an extract, or hardly a work by any author of whom France has reason to be proud, which has not been immediately transferred into its columns.

Every number contains a "Bulletin Politique," which shortly explains the general political aspect, and the existing state of things at the moment of publication. This is followed by copious extracts from all the French journals of the most important political articles, which have appeared during the week. These again, by full details of the most interesting trials before the Civil and Criminal Courts of France, and of all events which can interest public curiosity without offence to public morals. Under the head of "Angleterre" will be found all subjects relating to the British Empire, rapidly but lucidly explained, terminated by Review of the English Press. Then comes the Literary portion of the Paper which comprises all the best *Feuilletons,* Novels, Romances, Tales, Poems, &c, &c., which appear at the moment in Paris; and the Editor may almost defy his readers to point out a production by an author of any eminence, which has appeared during the last two years, and has not been instantly transferred to the columns of "Le Courrier de l'Europe." An account of the sittings of the Académie des Sciences, the statistics of French industry, articles of fashion, a bulletin of the Parasian Exchange, &c., &c., complete the *ensemble* of the picture.

The principal Editor of "Le Courrier de l'Europe" is M. Victor Bohain, formerly Prefect of one of the largest departments in France, original editor of *Le Figaro,* the most popular of the literary journals of Paris.

Persons residing in America, India, or the Colonies, will especially appreciate the importance of a Journal which brings to them every week all newspapers in one. In the existing state of steam navigation, they may, through its means, closely follow, even in their distant abodes, upon the movements of politics and literature in France.

The fifty-two numbers published in the year form an enormous volume, which presents at the same time a *Contemporary History of France,* and a *Library* rich in all that the most renowned authors of that country have published. It is impossible to offer to persons studying the French language the instruction they seek under a form more pleasing.

NOTE.—To demonstrate the extremely low price of this Journal, when estimated by what it contains, the following calculation has been made. The *Forgerons* of *Frédéric Soulié* inserted in "Le Courrier de l'Europe" is published in Paris in two volumes, at the price of 15 frs. These two volumes do not contain more matter than as many numbers of "Le Courrier de l'Europe." A volume of this Journal, therefore, is equal in value to 26 similar works, or so calculated to 390 frs. Now the price of 52 numbers of "Le Courrier de l'Europe" (paid in advance, yearly, or half-yearly, or quarterly,) is only £1 6s. 0d., or for credit £1 8s. 0d.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 46, Prince's-street, Soho.

TERMS OF SUBSCRIPTION (PAYABLE IN ADVANCE.)

Twelve Months..... £1 5 0
Six Months..... 0 13 0
Single Number 0 0 6

Wednesday, November 23, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CCIV.] DUBLIN, WEDNESDAY, NOVEMBER 30, 1842. { PRICE SIXPENCE, STAMPED.

MEETINGS OF SOCIETIES.

Surgical Society of Ireland—Tumours of the Eye and Orbit.... ... 337
Epizootic among black cattle..... 339
Rupture of the uterus..... ... 340
Observations on the nature and treatment of Dropsy, particularly of Hydrothorax and Anasarca, with cases— By James O'Beirne, M.D., Vice-President of the Royal College of Surgeons in Ireland, Surgeon Extraordinary to the Queen, one of the Surgeons to the Richmond Surgical, Whitworth Chronic, and Hardwicke Fever, Hospitals, &c..... ... ib.
Curative indications—..... 342
Cases..... 344
Medical Charities' Bill—Louth Infirmary..... ... 348
MEDICAL ASSOCIATION OF IRELAED—Proceedings of Council..... ib.
Memorial to the Right Hon. Lord Eliot from the Members of the Armagh Medical Association..... ib.
Books received for review..... 349
EXCLUSION OF SCOTCH GRADUATES FROM PUBLIC PRACTICE IN ENGLAND..... ib.
THE MEDICAL CHARITIES' BILL..... ib.
Forcible resistance to poor-rates..... ib.
Failure of the vaccination act.. 351
POOR-LAW INTELLIGENCE—Drogheda, North Dublin, and Tullamore Unions..... ib.
Register of the Weather..... ib.

MEETINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.

SATURDAY, NOVEMBER 19, 1842.

THE Society held its first meeting, for the Session, in the Examination Hall of the College of Surgeons.

There were between fifty and sixty members present, and about an equal number of visitors.

The chair was taken at a quarter past eight o'clock, P.M., by

DR. O'BEIRNE, VICE-PRESIDENT OF THE COLLEGE.

Dr. O'BEIRNE opened the proceedings with a very animating address. He stated the numerous advantages arising from such societies, and refuted the objections sometimes made to them by indolent and ignorant persons. He appealed to the working of this Society, for years, to prove the futility of the fears which timid individuals entertained respecting it; and invited the members, both in town and country, cordially to support the Society by their professional contributions, and, as much as possible, by their presence. He also took occasion to mention a fundamental rule of the Society—namely, that discussions were not to take place on any paper unless the writer desired it.

Dr. JACOB called the attention of the Society to the subject of tumours of the eye and orbit, observing that notwithstanding the great number and variety of such diseases, there was an impression prevalent that all protrusions of the eye from this cause were produced by malignant or incurable disease. He admitted that the malignant or incurable diseases were of most frequent occurrence, but advised the surgeon to bear in mind the fact, that there are tumours of a different character which may be mistaken for them, and in consequence may be allowed to increase until they become dangerous from their size, and the pain they produce by stretching of nerves and other structures. It was not, he observed, to be wondered at that the contents of the orbit, including such variety of structures, a greater variety indeed than was to be found in any other part of the body within the same space, should afford so great a variety of morbid growths. There was exostosis and osteo-sarcoma, fungus hæmatodes and melanosis, glandular cancer of the lachrymal gland, and cutaneous cancer of the lids and conjunctiva, as well as that malignant and incurable ulcer which he had formerly described in the Hospital Reports. Besides, there were encysted tumours developed either in the cellular substance of the orbit, the ducts of the lachrymal gland, or the eyelids, and vascular growths, not malignant, of the conjunctiva and iris. His object at present was to direct attention to the encysted and other tumours of mild character, and with that view he described an example, now to be seen in the City of Dublin Hospital, in which the eye is completely protruded from the orbit and pressed down on the cheek by a tumour, the size of an egg, growing from the upper part of the orbit. The subject of the disease, a young woman of about 25 years of age, perceived the tumour for the first time about six years ago, and applied for relief at Steevens' Hospital, where it was removed by Mr. Cusack, after which she remained free from disease for three years, when the part again began to enlarge, and was again removed, but not completely, in consequence of the depth to which it reached, and the impossibility of detaching it entirely, without removing the eye, to which she would not consent; since this period it has gradually increased to its present size. She was admitted into the City of Dublin Hospital last month, and as she obstinately refused to allow it to be extirpated, a lancet was passed deeply into it, and about a teaspoonful of

glairy straw-coloured fluid discharged, reducing the size, but not to any considerable extent. This not having been followed by any injurious effect, but on the contrary, having rather caused some diminution of the tumour, a bistoury was passed deeply through it, from one end to the other, some weeks afterwards, and the same kind of fluid was discharged, but still without emptying the tumour, which appears to be composed of separate cells. This was followed by a good deal of inflammation and distress which has now subsided, and the wound, which was made beneath the eyelid, having healed, the tumour remains nearly of the same size as before the operation. The girl being of irritable and nervous temperament, she suffers more than another might under similar circumstances. She keeps her hand constantly over the part to protect it from cold, which she says causes great pain, although she has been provided with cotton and fur to protect it. The pain, however, seems to arise from the stretching and distention, as well as the exposure of sensitive parts, rather than from the diseased structure. Dr. Jacob also exhibited a drawing of another tumour of the orbit in a man of about forty-five, which projected the eye toward the nose, growing, as it did, from the outer part of the orbit. This was about the size of a small egg, and caused much deformity and distress. It was laid open from one end to the other, and the entire contents, a straw-coloured serous fluid, discharged; after which it gradually contracted and healed, allowing the eye to return into the orbit. He also reminded the meeting that encysted tumours of the orbit, although rather rare, had been seen and treated by many surgeons, and had been particularly noticed by Schmidt, Beer, Langenbeck, Delpech, and Mr. Lawrence. The fact stated by the latter gentleman, that he found hydatids or acephalocysts (echinococcus) in an orbital tumour, and a similar statement by Langenbeck, as well as the curious case of a tumour of this kind containing a tooth, recorded by Mr. Barnes of Exeter, were, he considered, of great value, by proving that tumours of various kinds occur in the orbit neither malignant, nor necessarily connected, or originating from, the lachrymal gland or its ducts, as some suppose. He also laid before the Society an eye which he removed some months ago, on account of a large vascular bleeding tumour, the size of a walnut, which grew from the surface of the cornea and a small portion of the sclerotic, or rather from the conjunctiva covering them. It was of a deep blue colour, and not irregular or lobulated on the surface, as a tumour, apparently of the same nature removed by Mr. Travers from the same situation, was. On cutting into it, the structure appeared to be altogether vascular or cellular without tubercle or deposit, organised or unorganised. The eyeball was shrunk, and the sclerotic irregularly contracted; the choroid scarcely to be recognised, presenting a grey-blue flocculent mass, in the centre of which, instead of hyaloid membrane and vitreous humour, was a cell the size of a large pea filled with a kind of cellular substance of a yellow colour of exactly the same tint as the stain which rust of iron leaves on linen. The external growth did not communicate with or originate from this internal disorganisation. The optic nerve was not implicated in the disease: it was merely flaccid and destitute of medullary fibre, as in eyes destroyed by inflammation. The parts healed readily after the operation, and the disease has not returned. A drawing of true cutaneous cancer, growing from the conjunctiva covering the cornea, was also exhibited by Dr. Jacob, from an old man who had the same disease on the back of the hand; and a representation of the same disease, affecting the lower lid, in another individual.

Mr. Adams—We have had, sir, as you are well aware in the Richmond Hospital, many cases of the obstinate disease, or ulceration of the eyelids, which is generally known in this city by the name of "Jacob's ulcer of the eyelid," because first described by him in the fourth volume of the Dublin Hospital Reports. Whether this chronic ulcer be of a cancerous nature or not, seems to be a matter in dispute, but all seem to admit the disease to be of a very intractable nature, and very generally causing the death of its victim, although the execution of its sentence be deferred for ten, twelve, or even more years. At first the disease may not be attended with any very distressing symptoms beyond the deformity. The pain is of the hot and burning kind, but by no means severe, but in some the ulceration proceeds so far as to expose the branches of the supra-orbitary and infra-orbitary nerves. The sufferings of the patient become most intense, and large and repeated anodynes become indispensable to enable the patient to endure so much torture. I had under my own care in the House of Industry, for the three latter years of her existence, a woman who died of this ulceration. We have some drawings, which show from year to year, the unabated progress of the disease in this case, and we preserve in our museum the cranium of this unhappy sufferer: her name was Catherine Mathews, and when under my care, she was sixty years of age. In her case the disease began when she was about forty-eight years old, as "a small wart-like tumour," below the inner canthus of the left eye; it remained stationary for five years, when a crust formed on it, this occasionally fell off, and bloody serous discharge exuded from it. After the expiration of eight years from its first appearance it had only attained the size of a sixpence; at this period it began to spread more rapidly; the vision of the left eye now became gradually impeded, and finally was lost. The edges of the ulcer during the three years she was under my care, were hard, elevated, and livid; its surface irregular, here and there presenting a few hard, smooth granulations prone to bleed; the discharge was copious, thin and scalding, tinged with blood; the pain was constant and severe; there was no enlargement of lymphatic glands; the left side of the face, as well as the corresponding part of the palate, early became numb; the teeth gradually became loose and fell out, the ulcer, during the last year, spread most rapidly, destroying bones as well as soft parts, leaving an enormous excavation, which extended from the roof of the orbit to the floor of the mouth, and from the left zygomatic arch to the right nasal fossa. She died exhausted by pain, which large opiates alone eased, and worn out by hectic fever with diarrhœa. She had frequent bleedings from the surface of the ulcer.

Post-mortem—The superior maxillary, malar, and spongy bones of the left side of the face were found destroyed, along with a large portion of the ethmoid, and orbital plate of the frontal. A large opening, corresponding to the situation of the cribriform plate of the ethmoid bone, existed, which communicated with the interior of the cranium. The dura mater and brain on the recent examination of these organs were found having very decided traces of inflammation, which were the causes of the coma, which immediately preceded dissolution. The post-mortem examination of the case was made by Mr. Smith, and an account of it is given in his catalogue of the museum of the Richmond Hospital. The great practical question is not as to which opinion is right, whether the disease is truly cancerous or not; but is there any remedy for this disease? Enough is here exhibited to encourage us to act early and decidedly. Dr. Byrne has written a valuable paper on malignant diseases of the head and face, (*Dublin Journal*, September, 1842) and gives some cases in which, in this kind of

ulceration, the chloride of zinc, applied while deliquescing, was eminently useful.

The following communication was then made by Mr. ADAMS:—

Mr. PRESIDENT—Perhaps the consideration of the epizootic disease, which at this time is so destructive to black cattle in Ireland, may not be thought by some a fitting subject for this Society, but as the Royal Academy of France has not thought it beneath their attention, and as each day we are becoming more acquainted with the melancholy truth, that many of the diseases of other animals are communicable to man, I feel, sir, from such reasonings, that any fact, which may tend to illustrate the nature of this epizootic, is not unworthy of the consideration of this Society. I at the same time confess I know nothing from personal observation of the symptoms of this disease, and have never witnessed but one dissection, and it is the result of this I now lay before the meeting. There may be many present who have information to communicate on this matter, and the reports of their observations may, through the medium of the MEDICAL PRESS, reach the eye of the many intelligent provincial surgeons scattered throughout this country, and the value of such opinions cannot, in my judgment, be too highly estimated—a subject on which they must really be the best informed and most capable of giving advice. Having been in the County Louth, on Tuesday last, November 15th, at Mr. Filgate's of Lisrenny, he told me he lost a very valuable milch cow of the distemper, which, in that quarter, had raged so fatally, and knowing that I should be at his house, he had the internal organs set by for my inspection. I was truly astonished to find that the cow had died of the most acute attack of inflammation of the right lung and pleura. The lung was completely hepatized, and when a portion of it was cut away and thrown into water, it at once fell to the bottom of the vessel in which the water was contained; a section of the lung was solid, and presented the colour of raw flesh in most places, but a large portion of the lung was engorged with black blood. The pleura was covered with a layer of yellow lymph half an inch thick: this lymph was rough on the surface, and had a honeycomb appearance, such as we sometimes see organisable lymph assume on the serous membrane within the chest of man. The inflammation of the serous membrane was very general over the whole of the right pleura; the left pleura and left lung was freer; the layer which is beneath the pleura, and which penetrates between the lobules of the lung, was also inflamed and thickened, and separated the lobules from each other, giving a marbled appearance to a clean section of the inflamed lung. The lung was remarkably friable, but contained no purulent deposits whatever. I brought up with me a very large portion of the right lung of this cow, and have the honour of laying it before the Society, and I owe to the pencil of the artist, Mr. Conolly, this very graphic drawing, which will preserve the appearance that the anatomical characters of this distemper, so far as the lungs and pleura are concerned, in this one instance presented. Any value that this communication has is due to the circumstance of my being thus enabled to make this Society, as it were, present at the dissection, and leave it to judge for itself as to the character of the phenomena. One cannot doubt the highly inflammatory nature of the disease, nor question the impropriety of the omission in the case of the proper antiphlogistic treatment. Mr. Filgate's cow was not blooded early or late during the progress of the distemper. I was not aware until my arrival in town, that my talented friend, Mr. William O'Reilly, of Kirk-Abbey, County Louth, had studied this epizootic disease in the living and dead animal, and will take the liberty of reading the only account I can now get of his opinions and advice. The paper I read from is the *Statesman*, Dublin, November 11, 1842:—

"CURE FOR DISTEMPER IN CATTLE.—The public are indebted to D. H. Kelly, Esq., of Castlekelly, for the following receipt for the cure of distemper in cattle, which was communicated to him at the late fair of Ballinasloe, by Mr. O'Reilly of Louth, a severe sufferer from the disease, who tried it generally with success. Mr. O'Reilly says the disease is one of the second or cud stomach, the internal membrane of which is found quite destroyed in every instance that he opened them, and that the inflammation of either the lungs or liver is only secondary from contact. He found bleeding uniformly unsuccessful, and says that it should only be employed when the animal, through neglect, has been allowed to have the lungs extensively affected:—Let the animal be kept fasting for eight hours at least; then give one pint of spirits of turpentine in one pint of oil, if the bowels are not very free, and if they are, in one quart of water. Give cold water to drink abundantly. Repeat the dose in one-third or one-fourth the quantity twice a week until relieved; the effect is purgative or diuretic. Care should be taken in giving the medicine not to hold the tongue, or hold the head up too high, as any of it getting into the air-valve would destroy life at once."—*Tuam Herald.*

Upon becoming acquainted with these opinions, I immediately wrote to Doctor Montgomery of Ardee, and requested that he would kindly investigate further the state of the digestive organs in Mr. Filgate's cow, as all the parts were still quite recent; he did so, and just before I was coming here this evening, I received from him a bottle containing specimens of the stomachs.

"Ardee, November 19.

"MY DEAR SIR—I superintended the examination of the stomach of Mr. Filgate's cow yesterday. The *first* stomach was perfectly free from disease. The *second* was *very slightly* inflamed in a portion of its surface about an inch and a half in length, by rather less than an inch in breadth. The *third*, or as they called it the moniplies, was very *extensively* inflamed, most of the laminæ partaking of the diseased appearance, which seemed greatest about the centre. The *fourth* exhibited redness over a good deal of its surface, but it was more of a dark venous hue. I directed portions of the second and third stomachs to be sent to you.

These I present to the inspection of the Society, but as they have been sent up in a bottle containing whiskey, we cannot judge of the appearances. Dr. Montgomery continues:—

"In every instance in which I witnessed the port-mortem examination of cows that died of the present epizootic, the lungs were in different states of inflammation, varying from sanguineous engorgement and hepatization, to that of purulent infiltration."

Dr. Montgomery states that he has found, on examination after death, that the liver was inflamed as well as the lungs, and in one instance he has found the lungs unaffected, while the liver showed traces of acute inflammation with great enlargement and without suppuration. The history of this epizootic, as made out from the report we hear of the living symptoms, and the post-mortem examination, resembles somewhat that we are acquainted with in the human body by the name of diffuse inflammation, equally fatal, and equally variable in the phenomena presented, and in the treatment equally uncertain. From all I can make out, I do not feel myself justified in saying what should be the best treatment, but in merely suggesting early and very large bleeding, tartar emetic in very large doses, and mercury to salivation, counter-irritation of the side of the thorax, to be done in the most efficient manner by blistering or firing, or perhaps both.

Dr. MITCHELL gave the details of an interesting case of rupture of the uterus. The patient recovered under his care, and he attributed her recovery chiefly to the use of opium, which he freely administered by the advice of his friend, Dr. Beatty, who had seen the patient in consultation with him.

Dr. BEATTY said that Dr. Mitchell was not quite correct in stating that the case which he had just detailed was unique, as a similar case of ruptured uterus had occurred sometime previously, in which the opium treatment had been eminently successful in his hands, and it was from the result of that case he was induced to recommend the adoption of the same treatment in the case that had been submitted to the Society. The instance to which he (Dr. Beatty) alluded was one in which rupture of the uterus had been produced in an awkward and ineffectual attempt to turn a child, and to which he was subsequently called. He found the patient in an extreme state of collapse, with an almost imperceptible pulse, the surface cold and covered with a clammy moisture. Some restoratives were administered, and the child was turned and extracted. A large rent was discovered in the anterior part of the uterus. He was led to the adoption of the treatment, by frequent doses of opium, from having witnessed the good effects of that plan in cases of sudden bursts into the cavity of the peritoneum—a mode of treatment first pointed out by Dr. Stokes in cases of perforation of the intestine. Dr. Beatty was induced to consider cases of ruptured uterus as somewhat analogous to those: and reasoning from them, he was led to expect similar results from similar treatment. In the case to which he had just alluded, the patient was at once ordered a grain of opium every hour, which was continued without intermission for sixteen hours, at the end of which time the system had rallied from the shock of the accident—the surface was warm—the pulse distinct, though very frequent, and the stomach was capable of retaining drinks. Great tenderness of the belly, and a fast pulse, indicated inflammation of the peritoneum, to meet which, calomel, in doses of two grains, was combined with every alternate pill. This plan, combined with fomentations to the abdomen, was continued for twenty-four hours, at the end of which all the symptoms were much relieved. The medicines were now given at longer intervals; profuse salivation ensued, and the patient finally recovered. Dr. B. said that he considered himself bound in candour to state that although this plan had proved effectual in two cases, he did not expect it would rescue all such cases from death, for it had failed in a third instance, in which it had been adopted under his direction. Dr. B. dwelt upon the enormous doses of opium which patients, labouring under the effects of this accident, are able to bear without experiencing or exhibiting the usual narcotic effects of the drug.

Dr. MONTGOMERY inquired in what part of the uterus the rupture took place in the two cases that had terminated favourably?

Dr. MITCHELL replied that in his case the rent was found in the anterior wall of the organ.

Dr. MONTGOMERY said he was induced to ask the question, because it would appear to him to be likely that if laceration occurred in the lower part of the anterior wall, the cavity of the peritoneum might not be injured, as that membrane did not descend so low on the anterior, as it did on the posterior wall of the organ, and hence the chances of recovery would be much greater.

Dr. BEATTY stated that in his case which recovered, the rent was in the anterior wall; but he was quite sure the cavity of the serous membrane had been opened in that case, as in the extraction of the placenta he passed his fingers through the opening into the peritoneal cavity. In the case which terminated fatally, the laceration was in the back part. He thought Dr. Montgomery's observations were entitled to much consideration, as it was quite possible that some portions of an organ would bear injury much better than others.

Dr. BENSON wished to take advantage of this first meeting, before it was adjourned, to answer a question frequently asked him—"What are the subjects on which communications will be received by the Society." He might refer to the proceedings of this night to prove that very great latitude was allowed and encouraged. But he would read the original resolution of the College on that point, by which it would be seen, that medicine, surgery, and *all the collateral* branches of science are legitimate subjects for the consideration of the Society. It was not intended to exclude any. "Practice of medicine, surgery, midwifery, pathology, anatomy and physiology, zoology, chemistry, meteorology, toxicology, botany, materia medica, pharmacy, physics, geology, mineralogy, medical statistics, medical jurisprudence, and hygiene."

Dr. BENSON would also take this opportunity to state, that the council of the Society particularly request that a notice of the paper which any member intends to read, may be sent to the secretaries a day or two before the meeting. By so doing, the business of the night could be arranged so as to prevent the disappointments which otherwise do and must occur. The council do not wish to make an absolute order on the subject, as some very valuable communications might be thereby excluded, from the difficulty of complying, in all cases, with the rule. But, as the order of business, each night, will be regulated by the notices sent in, it is hoped that the request of the council will be attended to as far as possible.

The Society then adjourned.

OBSERVATIONS ON THE NATURE AND TREATMENT OF DROPSY,

PARTICULARLY OF HYDROTHORAX AND ANASARCA, WITH CASES.

By JAMES O'BEIRNE, M.D., Vice-President of the Royal College of Surgeons in Ireland, Surgeon Extraordinary to the Queen, one of the Surgeons to the Richmond Surgical, Whitworth Chronic, and Hardwicke Fever, Hospitals, &c.

(*From the Dublin Journal of Medical Science*)

(CONCLUDED.)

Having concluded this sketch of not only the state of the general venous system in dropsy, but also of the various consequences of that state, it only remains to take a similar view of the vena portæ and its branches, which constitute, in some respects, a separate and protective system. When the over-distended state of the inferior cava is relieved, as has been shown, by repeated refluxes through the venæ cavæ hepaticæ, it is obvious that the circulation through the liver is reversed in its direction; and that the blood which circulates through this organ is chiefly that of the inferior cava, not that of the vena portæ, which is best adapted to the secretion of bile, and which, from containing the nutritious substances absorbed from the stomach and intestines, must be essentially different from the blood of other veins. Is it not from these combined causes that even in dropsies unaccompanied by any organic disease of the liver, the stools are generally clay-coloured? When all the branches of the vena portæ become much overloaded by the repetition of the refluxes in question, it is also obvious that these vessels will effuse

their serous contents into the cavity of the peritoneum, and cause ascites; or, as more rarely occurs, into the cavity of the stomach and intestines. The reason why the latter of these terminations is so rare, is evidently the greater facility for effusion presented by the delicate and simple structure of the peritoneum, as compared with either the stomach or intestines. But all these consequences may arise from causes unconnected with the general venous system, and solely depending upon disease of the different organs which return their blood to the vena portæ. Thus, if tubercles, masses of adipocire, hydatids, abscesses, or collections of blood, form in the liver, all the branches into which the vena portæ divides in the substance of that organ, become compressed and their circulation impeded; if, on the contrary, the size of the liver become diminished, and its substance condensed, as in cirrhosis of that viscus, the same results necessarily ensue; if the pancreas becomes enlarged by disease, the splenic vein is unavoidably subjected to compression, and the consequence is venous congestion of the stomach, omentum, and spleen; or the enlargement of the viscus may be such as to extend to and cause pressure of the vena portæ itself. As to the spleen, it has already been fully considered. It is scarcely necessary to say that such states are, *per se*, sufficient to cause either ascites or effusion of serous fluid into the stomach and intestinal canal.

The plan of inquiry just followed has enabled me to bring into view, and to explain dropsy as it occurs in various cavities, large and small; but it remains to consider that which is chiefly seated in the cellular tissue, and which is either not attended, or attended but in a slight degree, with effusion into the lungs or other organs. I mean that common form of the disease called anasarca. The general cause of this affection is cold, or cold combined with moisture. The effect of this agent is, as has been already stated, to suddenly repel a quantity of venous blood from the whole surface of the body towards the deep-seated veins. The valves which all the small veins possess prevent this blood from returning to the surface, while current after current urges it onward to the heart and lungs. But such a quantity is so disproportioned to the capacity of the latter organs, that it cannot be circulated through them without causing great distention of their vessels, and also perhaps more or less of effusion of serum into their substance. Hence it is that one of the very first symptoms of the disease is a sense of oppression, tightness, or uneasiness about the chest. But if the cold be not too intense, or applied for too long a time, this sense of oppression is soon relieved, often as we see in a few hours, by the occurrence of such a general effusion of serum into the subcutaneous cellular tissue, that the quantity effused is collectively so great, as to proportionally lessen the circulating mass of blood, and by doing so to check the further progress of the disease, and enable the absorbents to remove such serous fluid as may happen to be effused into the substance of the lungs.

Having here concluded my inquiry into the nature of the disease, I shall now anticipate some objections which may be raised against my views on the subject, and endeavour to reply to them in a satisfactory manner. It may be said that, in cases of pleuritis which terminate in the effusion of serous fluid into the cavity of the pleura, the capacity of the lungs is not diminished *before* that effusion has taken place: that there is, therefore, no obstruction to the lesser circulation, and consequently that the venous system cannot be connected with the production of that effusion. The answer to this objection is simply this, that, out of a number of cases of the kind which have come before me, I have not met with even one in which the morbid appearances were confined to the pleura, and that in all of them the corresponding portion of the substance of the lung exhibited, to a greater or less depth, either hepatization, or serous infiltration, or both of these states. This is also, I believe, the experience of all those who have attended to the matter. Moreover, I have observed, that the cases of pleuritis which terminate by serous effusion, are not those accompanied by intense pleuritic stitch, and remarkably firm, hard pulse, but those characterized by the mixed symptoms of pneumonia and pleuritis.

The chief objection, however, and that which is certain to be raised, and not easily relinquished, will be that the whole of my inquiry proceeds upon the assumption that the disease is not of an inflammatory nature. I admit the fact, but am prepared to show other and strong grounds for my total disbelief in a doctrine so generally taught, adopted, and acted upon. Yet let me not be misunderstood. I admit that the process of inflammation, by altering the structure, and diminishing the capacities of organs, such as the lungs, liver, or spleen, is often a remote cause of the disease; but I deny that when fully formed, the disease is of an inflammatory nature; and the following are the facts and arguments upon which I rest such a decided opinion. In the first place, when the disease is the consequence of alteration of the structure of the lungs, liver, or other organs, it must be conceded that, previous to the effusion of serum, the altered parts are no longer the seat of acute, but of chronic inflammation. It must be conceded that after effusion has occurred, the altered parts, as well as the rest of the affected organ, are quickly reduced to a perfectly passive state, for it will scarcely be questioned that the effusion of such a portion of the blood, will act like a bleeding from the arm, with this disadvantage, that the fluid, by being effused into cavities of the body, and there compressing the adjacent organs, produces the serious consequences already pointed out. That such is really the effect of serous effusion upon inflamed or altered structures, is proved by a fact which bears strongly upon the question at issue—namely, that whenever it supervenes upon inflammation of an organ, it is immediately followed by a distinct remission of nearly all the symptoms which previously existed. Thus, for example, if the case be one of pleuro-pneumonia, or pneumo-pleuritis, the pleuritic stitch, and the dull pain in the chest, instantly cease; the pulse, from being round, hard, and quick, soon becomes full, soft, and much less frequent; and if venesection be employed with any freedom, the blood first taken exhibits more or less of buffing, while that drawn last presents little or nothing of the kind.

If such be the state of the facts at the earliest period, how completely must all inflammatory action have ceased before the disease has become, by a quick succession of such depleting effusions, so far advanced as to attract serious notice. But the facts do not end here. The healthiest person may, in a few hours after exposure to cold, be attacked with anasarca, and not exhibit or complain, either before or after the attack, of any one symptom, such as pain, or frequency of pulse, which can possibly be considered as indicative of inflammatory action. In such cases also, if general bleeding be resorted to, the blood drawn is rarely found either buffed or cupped. The same may be said of the disease, when it arises from plethora. These facts cannot be questioned. Finally, although the albuminous state of the urine in this disease is considered to be the effect of inflammation, that opinion cannot be received as fixed, so long as there are reasons, as I have endeavoured to show, for believing that a great portion of the albumen is derived

from the serum effused by the veins of the urinary bladder. Let the reader now attentively consider all these facts and arguments, let him recollect that all the phenomena of dropsy are perfectly explainable upon the same principle of venous obstruction; and he can scarcely, I should imagine, fail to agree with me that the disease is not of an inflammatory nature.

This view of the nature of the disease might now be considered as concluded, but it would be incomplete if I omitted to notice a point of considerable importance, which is this. It has been shown that one of the very first effects of venous obstruction is the complete cessation of lymphatic absorption. Accordingly, the effused serum remains unabsorbed, and is not returned to the system. Thus every effusion of the kind may be looked upon as equivalent to so much blood taken from the arm. In this view of the matter, it is clear that the disease cannot arrive at any great height, before the patient's constitution becomes more or less debilitated.

It appears, then, that the general results of my inquiries on the subject of dropsy are—

First, that all the phenomena of the disease are but the products of venous obstruction; and that venous obstruction is caused either by diminished capacity of the lungs, or by an increase of the circulating mass of venous blood, or by both of these causes combined.

Secondly, that the disease is not of an inflammatory nature.

Thirdly, that the disease, with the exception of the early part of its course, is attended with more or less of general debility.

With these general results before me, let me now see what curative indications respecting hydrothorax and anasarca, can be deduced from them. The first of these results manifestly shows, that we have only to remove the venous obstruction, in order to remove the disease; and that this must be done either by increasing the capacity of the lungs, or by diminishing the circulating mass of venous blood.

With respect to the first of these alternatives, the capacity of the lungs is in dropsy either natural or diminished. When natural, as in cases arising solely from either cold or plethora, it would be absurd even to imagine that it could be increased by any means; and when diminished, as in cases arising from hepatization and a variety of other causes, it cannot be increased without removing those causes, and consequently without losing time which cannot be spared. It appears, therefore, that we must fall back upon and adopt the other alternative, that of diminishing the circulating mass of venous blood. This being, then, the main curative indication, how is it to be carried into effect? Seeing that our object should be to relieve the obstructed state of the venous system as fully and as quickly as possible, it is clear that we should employ venesection in preference to cupping, which acts less energetically and more slowly. But what quantity of blood should be taken? The second of the general results shows that we have not to contend with an inflammatory disease, and consequently that the quantity should not be large, while the third of these results warns us against taking more than a moderate, or rather a small quantity, perhaps from eight to ten ounces. Should we repeat the bleeding? One of the immediate effects of the first bleeding should be that of relieving the absorbent system, and enabling it to restore the effused serum to the circulating mass of blood; and we see a proof of this being actually the case in the evident reduction which venesection causes, even in a few hours, in the swelling and œdema of the external parts. It may be safely inferred, therefore, that a short time is sufficient to restore to the venous system as much serum as compensates for, if it does not exceed, the quantity of blood which had previously been taken from the arm. We see the proof of this also in a fact which I have often observed, that although the patient may at first bear the bleeding badly, he evidently rallies in a few hours. If necessary, therefore, we need not feel any dread of repeating the bleeding. How often, at what intervals, and in what quantity should it be repeated? It should be repeated when absorption and the secretion of urine become languid, but it will rarely be required to do so more than three or four times during the treatment; the intervals between each should be from two to three or four days, so as not to induce debility; and for the same reason, the quantity of blood taken should be reduced in succession from eight or ten to six, and from six to four ounces, the last being the smallest that can be of any decided service. If the patient be young, but of weakly constitution, or if he be old and feeble, and supposing, at the same time, that the disease has arrived at a considerable height, how are we to proceed? We should bleed him from a small orifice, and as much as possible in the recumbent posture; while the blood is flowing, we should give him gin and water in such quantities as may be necessary to support him; and, after the arm has been tied up, he should be ordered to have frequently during the day strong broths, and such other kinds of animal food as may be found to agree with him. This mode of treatment will, no doubt, appear very strange, yet it is founded upon the soundest principles, and I have employed it, as will be seen, with the most decided success. The proportions in which I have been in the habit of directing gin and water to be used, are one part of the former to four or five parts of the latter, and the gin should be Dutch, not English. It is scarcely necessary to say, that I have selected this kind of spirituous liquor on account of its well-known diuretic properties. If a case be so far advanced that the cavity of the pleura is filled, or nearly so, with serous fluid, and if the patient be evidently dying from difficulty of breathing, yet not comatose or paralysed, are there any means of immediately relieving the difficulty of breathing, so as to enable us to give him a chance for his life? I cannot answer this question from experience, but it appears to me to be a case, particularly if the patient be young, and has been previously healthy, in which we would be justified in instantly having recourse to paracentesis, which may be performed by a common lancet, if we should, at the time, not happen to have a better instrument. While the fluid is issuing from the chest, the patient should be given warm wine and water, and every restorative means should be employed; and when a quantity sufficient to relieve his breathing has been drawn off, the wound should then be carefully closed with adhesive straps. This being done, and the restorative plan being continued, it is probable that absorption will go on, and enable us in a few hours to find a vein from which we should take blood in a quantity proportioned to the patient's strength, from a small orifice, and in the recumbent posture. Having thus reduced the case to the state of an ordinary one, we may then treat it as such, until perhaps success shall have at length crowned our efforts to snatch a victim from the very mouth of the grave.

The next curative indication is obviously to support the patient by animal food, and the occasional use of gin and water, in order to enable him to bear not only these repeated bleedings, but also the debilitating effects of the disease. The only exception to this rule is perhaps the case of a young strong person, in whom an attack of inflammation of the lungs has just terminated in serous effusion. In such a case, it will be advisable to withhold both animal food and spirituous drinks for two or three days, but beyond this

time, if not before, the state of the patient will not, even in this case, fail to evince the necessity of giving both.

The other curative indications are—first, to free the bowels, if confined, with compound powder of jalap, or if their secretions and discharges be unhealthy, with calomel or blue pill; secondly, to assist the action of the kidneys by diuretics: thirdly, if the disease has arisen from hepatization of the lung or lungs, to administer blue pill in combination with diuretic powders, as this combination often acts upon the mouth as well as the kidneys, and by doing so causes absorption of the coagulable lymph deposited in the cellular tissue of the lungs; fourthly, should more or less of hepatization remain after the dropsy has been removed to employ a mild mercurial course until all dulness has disappeared, and natural the respiration is again heard all over the chest; fifthly, when the disease has been completely removed, to advise generous diet, tonics, and change of air.

Such is the treatment which I recommend in hydrothorax, and also with a few obvious modifications in anasarca, and I shall now proceed to show that it is one which I have successfully employed for nearly twenty years.

Case I.—James Wilson, a sailor, aged 55, a small but stoutly made man, was carried, on the 10th of January, 1823, into the Charitable Infirmary, Jervis-street, of which I was then one of the surgeons, and placed under my care. His difficulty of breathing was such that he appeared to be at his last gasp; so much so, indeed, that my first step was to order all the doors and windows of the ward to be opened, and spirit of ammonia to be held under under his nose. His face, neck, wrists, and backs of the hands, and lower extremities, were œdematous and greatly swollen. His lips were of a dark purple colour, the action of the heart was rapid and irregular, and the pulse quick, soft, compressible, and intermitting. On succussion, the sound of fluid dashing within the chest was heard distinctly on the left side, but not on the right. The heart was displaced, and felt pulsating at the right side of the sternum. His bowels were constipated, and he had not passed a drop of urine for the last twelve hours. On being placed in bed, he refused to lie on his back, or on either side, and said he would be smothered if he did not sit up. I did not employ either percussion or the stethoscope, for both were at this time very imperfectly known, and scarcely ever used in this city. It appeared that he had always enjoyed excellent health until about six days previous to his admission into hospital, when, while at sea, and after being exposed for some days to severe cold and wet, he felt a sense of oppression and tightness about his chest, which gradually increased, and was followed by swelling of his feet and ankles, and an evident decrease in the quantity of urine.

As soon as the patient had somewhat recovered from the excessive distress occasioned by his removal from his ship to the hospital, I ordered him to be bled from the arm, and perceiving that he bore the bleeding well, twelve ounces of blood were taken away. Immediately after, he expressed himself as feeling greatly relieved, and lay down on his back, supported by two or three pillows. He was then directed to have fifteen grains of powder of jalap every hour until his bowels were moved. After standing for an hour, the blood showed no tendency either to buffing or cupping. I saw him again at eight o'clock in the evening, and found that after taking three of the powders, his bowels had been freely moved, and that he had passed about half a pint of high-coloured urine. His breathing was still more relieved; his lips were nearly of their natural colour; the action of the heart was more calm and less irregular; the pulse quick, but no longer intermitting or so compressible, and the œdematous swelling of the face, neck, wrists, hands, and lower extremities, was obviously lessened. During the night he slept, or rather dozed, for a few minutes at a time; passed more dark-coloured urine, and had several fluid evacuations from his bowels. On the following morning he was better in every respect, and did not complain of weakness, and he was again ordered to be bled, but as he complained of weakness, when about nine or ten ounces were taken, his arm was tied up, and he was directed to have some bread and tea, and strong broths during the day, to take occasionally a wine glassful of gin and water, one part of the former to four of the latter, and to have the following medicines as prescribed:—

℞ Pilulæ hydrargyri grana octodecem.
Pulveris digitalis,
——— scillæ, sing. grana sex.
M. et divide in pilulas sex æquales, quarum sumat unam tertiis horis.

℞ Infusi juniperi,
——— scoparii, sing. uncias tres.
Spiritus juniper. compositi unciam.
Syrupi scillæ maritimæ drachmas sex.
Nit. potassæ, ℥i.
M. sumat hujusce misturæ cochlearia duo ampla post singulam pilulam.

I visited him that night at a late hour, and was quite struck with the freedom of his breathing, the ease with which he could lie upon his back or on either side, the quantity of urine which he had passed, the great diminution of the dropsical swelling of the face, lower extremities, and other parts, and, in short, with the surprising alteration for the better, in every respect, which had taken place in such a short time. He slept soundly that night. From this period he was allowed to have solid animal food, his gin and water and medicines were continued, and on the twelfth day from his admission, he was able to return to his vessel and resume his duties.

This case was seen on the second day by the senior physician to the hospital, the late Dr. Brooke, and also, I believe, by the junior, Dr. Thomas Lee, now in Van Diemen's Land; but I have no doubt that it will be at once recognised by Mr. John Mac Dermot, who, about that time, acted as surgeon-apothecary to the institution, and is now a surgeon in the royal navy.

Case II.—In May, 1823, Master Jeremiah M'Kenna, a strong, healthy boy, aged 13, and residing at No. 16 South William-street, in this city, was attacked with scarlatina, for which he was successfully treated by Professor ———, a physician of long standing and high character. In about eight or ten days after the boy was supposed to be recovered from the disease, he was observed to swell. His physician ordered his body to be swathed with flannel, a fire to be put in his room, and wine, chicken, and broths to be given. He also prescribed a quantity of medicine, but of what nature I could not learn. Under this treatment, the disease, instead of receding, advanced, and in about a fortnight, arrived at such an alarming height as to induce the Professor to inform the family that the case had become, in his opinion, perfectly hopeless, and that, as the boy had but a few hours to live, they should instantly call in the late Dr. Cheyne. Accordingly, that justly celebrated physician was sent for, and attended promptly. After seeing the case, he also declared it hopeless, refused either to prescribe or take a fee, and withdrew. The family now completely despaired of the boy, but at the urgent request of his uncle, I was sent for in the

greatest haste, and lost no time in attending. When I saw the patient he was sitting up in bed, and doubled forwards, that being the only position in which, as he said, he could breathe, or which he was able to assume for two days before. His face, neck, trunk, lower extremities, and hands, were greatly swollen and œdematous. His lips were of a dark purple colour, and the wings of his nose were in rapid motion. His pulse was full, soft, compressible, and intermitting, and the action of the heart tumultuous and irregular. His breathing could scarcely be more difficult than it was, and on succussion, the sound of a large quantity of fluid splashing within both cavities of the chest was distinctly audible, not only to me but to several persons standing round his bed. What the other physical signs were I cannot state, as, for the reasons stated in the former case, I did not employ either the stethoscope or percussion. The abdomen was much distended, and evidently contained a large quantity of fluid. On inquiry also, I found that he had passed no urine on that day, and not more than two ounces of a high colour during the two previous days; in fact, there was total suppression of urine.

Such being the case which I was called upon to treat, I could not conceal from myself that it was a very formidable one, yet the youth and previous strength of the patient, and the circumstance of bleeding not having been employed, induced me to entertain some hope of success. Accordingly, my first step was to request a consultation with Professor ——. That gentleman, however, refused to attend, on the plea of other business, requested that I might do what I pleased, and, on being informed that the only question asked by me referred to bleeding, he said that the boy might die in the very act of being bled. Being now left alone and unassisted, I sent for the family apothecary, the late Mr. Justin Kearney, than whom few men were more generally respected and esteemed, and informed the family, in his presence, that I entertained some hopes of recovering the boy by bleeding, but that I could not hold myself responsible for the consequences which might attend such a mode of treatment. The answer was, that the only remaining chance for life should be given. Without further loss of time, therefore, I proceeded to take blood from his arm, and finding that he did not become weak, allowed it to flow until ten ounces were taken. When about half of this quantity had been drawn, he exclaimed, "Doctor, you have saved my life," and when his arm was tied up, he was able to lie down with comparatively great ease. The blood drawn was not either buffed or cupped. He was now ordered to have fifteen grains of compound powder of jalap every hour, until his bowels should be freely moved, and afterwards to be given a moderate sized cup of chicken broth. At this time it was about eleven o'clock in the forenoon. At eight o'clock in the evening, I saw him again, and found that his bowels had been freely moved, and that he had passed more than a pint of high-coloured, lateritious urine: his breathing was now greatly relieved, his pulse, though quick, was firmer, and no longer intermitted, the action of the heart was much less violent and more regular, and the swelling and œdema were every where greatly reduced. Finding that he did not complain of weakness, and that his pulse was so firm, I bled him again to six ounces, and ordered the compound powder of jalap to be continued. During the night he slept occasionally for about half an hour at a time, had some watery discharges from his bowels, and passed more urine and of a clearer colour. On the following morning I found him still more improved in every respect, and the blood last drawn free from buffing or cupping. As his strength, and the firmness of his pulse, seemed rather increased than diminished, I bled him again to six ounces, and directed the same powder to be taken. In a few hours after he had several watery evacuations from his bowels, which seemed to distress him very much; and, for the first time, he complained of weakness, and asked for animal food, which he was allowed to have, and also some weak gin and water occasionally. The use of the compound powder of jalap was now discontinued, and he was directed to be kept as quiet as possible. He slept soundly throughout nearly the whole of that night, and frequently passed considerable quantities of clear urine, and on the next day he was so well that I had merely to order his animal food and the gin and water to be continued. From this period all the symptoms began rapidly to retire, and on the tenth day from my first visit he was in perfect health, and enabled to go out and pursue his studies. The patient is now a solicitor practising in the town of Monaghan, and his mother and family are now resident in Dublin, and can vouch for the facts which I have stated. The case made some noise at the time, and may still be recollected by some of the older practitioners of this city.

Case III.—Mrs. O—— of J—— House, county of L., seventy-two years of age and upwards, enjoyed uninterrupted good health, until the spring of 1824, when, without being exposed to cold, or being able to assign any cause, she felt her breathing gradually becoming difficult, and a sense of oppression about her chest. She observed, at the same time, that her feet began to swell, and that she passed much less urine than usual. Finding that these symptoms increased, she came to Dublin, a distance of eighty miles by easy stages, and placed herself under the care of a physician, who was then, and is now, in very respectable practice. This gentleman employed diuretics, purgatives, and other means, but the disease advanced, until the son of the lady became alarmed, and requested me to meet her physician in consultation. When we met, she was dressed, sitting upon a sofa, and supported by several large pillows placed at her back. She evidently breathed with very considerable difficulty; her lips were of a purplish colour; her face, wrists, and lower extremities were considerably swollen, and dropsical; the action of the heart was quick and irregular; the pulse quick, soft, and intermitting; and on inquiry, she stated, that she had not passed half a pint of urine for the 24 hours previous; that she could not lie down at night, without having herself supported by five or six large pillows, and that she had little or no sleep, but rather a kind of dozing. On succussion, there was an indistinct sound of fluid in the chest: but, for the reasons already stated, neither of us employed either the stethoscope or percussion. We agreed, however, that the case was one of hydrothorax, and I proposed the use of small and repeated bleedings. This proposal was objected to by Dr. ——, who said, "I know that the plan has recently succeeded with you in the case of a young, strong boy, but you can scarcely expect me to consent to its adoption in the case of a lady so old as our patient." But a short explanation of my views and practice induced him to withdraw his opposition, on the condition that the patient should be bled by myself, and supported by gin and water, or wine largely diluted with water. The lady was then informed of the steps necessary to be pursued, and she exclaimed, in great surprise, "Gentlemen, light and darkness are not more opposite; it is absolutely knocking me down with one hand, and raising me up with the other;" but she submitted, and merely requested the bleeding to be deferred to the following morning. We complied with her request; and I waited upon her at the appointed time. She was in bed, and supported by five large pillows.

I took away more than ten ounces of blood from her arm, without causing weakness, and with such great relief to her breathing, that she was enabled to lie on her back with ease, and dispense with three of her pillows. She was now advised, as agreed upon by Dr. ———, to remain in bed, to have bread and tea, as usual, for breakfast, chicken broth, and gin and water occasionally during the day, and to take some diuretic pills, and a diuretic mixture, which were precisely the same as those prescribed in the first of these cases. Dr. ——— and I saw her in the evening, and found her so much improved in every respect, that we merely continued the treatment, and fixed upon seeing her again in two days. At the end of that time, the puffing of the face, and swelling of the lower extremities, had greatly subsided, and she had slept much better, but her breathing was not as free, nor the secretion of urine as abundant as we wished, and we agreed upon again bleeding to six ounces, and continuing the rest of the treatment until our next visit, which was also postponed for two days. I bled her accordingly, and the blood, as was the case with respect to that first drawn, presented no appearance of either buffing or cupping. This bleeding, however, was found, at the appointed time, to have but partially attained our objects, and another to the same extent was ordered, still continuing the rest of the treatment, with the addition of such solid animal food as she preferred. From this period, she recovered rapidly, and, in the course of two or three weeks, regained her former health and strength. In two or three months afterwards, she returned home, and remained there until the summer of 1826, when she became again attacked with the same difficulty of breathing, and perceived the same diminution in the secretion of urine, and the same kind of swelling in her feet. On this occasion, however, she undertook to treat herself, and sent privately for a neighbouring apothecary, whom she induced, after much difficulty, to take at once a large quantity of blood from her arm. She felt relieved for the moment, but such weakness and exhaustion quickly succeeded, as to require the free use of wine, and other restoratives. Being, however, a woman of strong mind, she became immediately sensible of the great mistake which she had committed, and, as soon as her strength permitted, travelled by easy stages to this city, and again came under my care. I advised generous living, sea air, the society of cheerful friends, tonics of various kinds, and she soon returned home in a very good state of health. In 1829, she retired to a convent near this city, was there attacked with her old complaint, for which she was attended by some other physician, and died in the 78th year of her age.

Case IV.—About the middle of November, 1838, T. G. D———, Esq., aged 67, and residing in Upper Rutland-street, in this city, became affected with influenza, which he treated for some weeks as a common cold, until the first week in December following, when he sent for me. Finding him very weak, and harassed with cough, I ordered him wine, animal food, pills composed of equal parts of gum ammoniac, and carbonate of ammonia (silvered, and kept in a closely stopped phial,) camphor mixture, with carbonate of ammonia, and other stimulating medicines. Under this treatment, he improved, but so slowly, that a consultation was held, and he was recommended change of air, removal to some distance from the city, and while there to continue the same plan of treatment. Accordingly, about the 20th of December, he removed to spacious apartments in a very healthy situation close to Rathmines, and nearly three miles from town. Here he improved rapidly, lost his cough, and regained his former strength, when, about the 5th of January, 1839, he imprudently took a long drive in his carriage, on a very cold day, and on returning to his apartments in the evening, was seized with rigor, cough, severe pain under the right nipple, sense of oppression and tightness about the chest, and increase of pain on coughing, or making a deep inspiration. In this state, he went to bed, took warm barley water and whey, bathed his feet in water as hot as he could bear, covered himself with additional blankets, and used the usual means of provoking perspiration, but without effect. During the night, the pain and oppression gradually increased, and became very severe about seven o'clock on the following morning, when all pain suddenly ceased, and he found himself considerably relieved. This relief, however, was but of short duration, for before an hour elapsed, he perceived that his breathing became difficult, and his face somewhat swollen. I was immediately sent for, attended, and received the foregoing account of the attack. He also informed me that he had not passed more than half a pint of high-coloured urine since the attack. His face and ankles were slightly puffed and œdematous; the action of the heart was accelerated, and his pulse quick and soft. On examining his chest, I found on the right side evident dulness, and complete absence of any respiratory sound from about the eighth rib downwards. He was then placed on his left side, when he immediately complained of increased difficulty in breathing, and on percussing the lower part of the right side of the chest, that part no longer sounded dull, but hollow. Seeing that the effusion was not considerable, and having reasons for acting with every circumspection, I informed the patient of the nature of his complaint, and urged the necessity of a consultation. My request was complied with, and one of the most eminent physicians in this city was agreed upon. In the interim, and as I could not expect a meeting with that gentlemen until the following day, I prescribed my favourite diuretic pills and mixture. In the afternoon of the next day, I had the pleasure of meeting my friend, Dr. ———. When we arrived, we found that the diuretic medicines had acted but very feebly, and that the disease had considerably advanced: the face, hands, feet, legs, and thighs, were swollen and dropsical; the lips were of a dark colour; his pulse was quick, soft, and intermitting; he was annoyed with cough, and expectorated sero-mucous matter; the dulness and absence of respiratory sound had extended to the fifth rib; the heart was situated higher up, and more to the left than usual; respiration was puerile in the two upper thirds of the left lung, but no sound could be heard in its lower third: he could not lie on his left side for more than a second; percussion of the right side of the chest, while in this position, elicited a hollow sound; and, on succussion, the sound of a large quantity of water splashing within the right side of the chest could not be mistaken.

After seeing and carefully examining this case, Dr. ——— and I retired to consult upon it, and when I mentioned to him the treatment which had been employed, he said that he knew of none better, and declared it to be his conviction, that it was utterly idle to expect any success in a such a case, particularly on account of the patient's advanced age. He also felt it to be his duty to make the friends of the patient acquainted with the very unfavourable opinion which he entertained of their relative. The diuretic medicines were, therefore, ordered to be continued. This consultation occurred on a Sunday. Early on the following Monday, I found that the diuretics had produced scarcely any effect, and that all the symptoms were so aggravated that my patient seemed to be in the most imminent danger; and I at once determined on having recourse to a more energetic plan. Having sent for one of my former pupils, Dr. T. MacGrath,

who resided in the neighbourhood, and who is now serving as an assistant-surgeon with his regiment, the 22nd, in India, I requested him to bleed the patient to eight ounces, from a small orifice, as much as possible in the recumbent posture, and, while the blood flowed, to give him as much gin and water, or wine and water as he might find necessary to support his strength. I also requested my young friend to visit the gentleman frequently during the day and night, and see that the diuretic medicines were regularly administered. On Tuesday morning, his breathing was much less difficult, and his face less puffed; the œdema had disappeared from the thighs, and was much reduced in the feet and legs; the pulse no longer intermitted; and the action of the heart, although quick, ceased to be irregular; the fluid in the chest was considerably diminished in quantity, for vesicular respiration was heard as low down as the eighth right rib, and there was no dulness except from that point downwards; he had passed nearly three pints of urine, of which the last portion was of a clear orange colour, and he remarked to me that he began to pass water in a very short time after the bleeding. I directed his gin and water, medicines, and diet to be continued. On Wednesday, he was still better, except that he had not passed as much urine as before, and I ordered him to be bled to six ounces, and continue the rest of the treament.

On Thursday, I found him much improved in every respect, and that he had, for the first time since the attack, enjoyed some sleep during the previous night. He had now slight ptyalism. I merely desired his medicines, gin and water, and diet to be continued. On Friday, there was also some general amendment, but not such as to satisfy me, and I directed him to be again bled to six ounces, and to continue the rest of the treatment. On Saturday, at 4 o'clock in the afternoon, he informed me that he had slept soundly for the whole of the night before, and that, with the exception of being weak, he felt himself perfectly well. Such proved to be the fact, for every vestige of swelling and œdema had disappeared from the face, legs, and feet; there was not the least dyspnœa; the whole of the right side of the chest sounded perfectly clear; the vesicular murmur was heard all over the right lung; the action of the heart, and his pulse were natural; he passed urine freely, and, in short, he had not a single symptom of the disease. Wishing very much that Dr. ——— should see the great change which had taken place in one week, in order that he might be induced to adopt the practice, I requested a consultation with that eminent gentleman on the following day, Sunday; representing, at the same time, that there were some points upon which it would be desirable to have his opinion. My request was willingly complied with, and we met accordingly. After retiring to consult, he expressed his great surprise at the altered state of the patient, and, on hearing the treatment pursued, and some of the principles upon which it proceeded, approved highly of both. We recommended generous diet, tonics, and further residence in the country. At the end of a fortnight, this gentleman returned in perfect health to his house in Rutland-street, and is now alive and well, at his seat in the county of Roscommon.

Case V.—John King, aged 36, tall, pale, and hepatic looking, admitted into the Richmond Surgical Hospital, on the 20th of March, 1841, with hydro-sarcocele of the right testis. As a private of the 31st regiment, this man served fifteen years in India, where, and also on his homeward passage, he had frequent attacks of pneumonia, disease of the liver, and dysentery; and after admission into the above-named hospital, there were the cicatrices of scarifications at different parts of the front of the chest, and innumerable marks of leech bites on the front of the chest and abdomen. About nine o'clock on the morning of the 8th of June following, and while under treatment for the hydro-sarcocele, he was suddenly sejzed with rigor, oppression and pain in the chest, sèvere stitch under the left nipple, and dry cough. He was immediately attended to by the resident pupil of the hospital, who found his pulse quick, and detected fine crepitation in the left lung. He proceeded at once to bleed him, but before nine or ten ounces of blood had been taken, the patient became so excessively weak that the arm was tied up. I arrived soon after, and finding that the crepitating râle, quick pulse, dry cough, pain, and oppression, still continued, ordered nauseating doses of tartarized antimony and leeching, followed by cupping, over the seat of the pleuritic stitch; and, his bowels being confined, the gum-elastic-rectum tube to be introduced, and, through it, an emollient enema to be administered. On the morning of the 9th, the sputa were tawney and rust-coloured, and the symptoms but little moderated. The antimonial solution, leeching, and cupping, were repeated: the leech bites were directed to be covered with adhesive plaster, and a large blister to be applied across the sternum and left side of the chest. Except the gradual disappearance of the tawney, rust-coloured sputa, and their being replaced by mucous expectoration, no very appreciable change occurred until about six o'clock in the morning of the 13th, when the resident pupil was again sent for. On seeing him, the patient stated that, about two hours before, all pain in the chest and side had left him, and that he then felt relieved, but that soon after, he began to feel more and more oppressed about the chest. The young gentleman, suspecting what had occurred, refused to act until my arrival. I saw the patient at nine o'clock, and found him lying partly upon his back, and partly upon his left side, or in other words, obliquely to the left. His pulse was quick, full, soft, intermitting, and very compressible, and the action of the heart much accelerated and quite irregular; his face and ankles were slightly puffed and œdematous; the difficulty of breathing was evidently much increased; and, on percussing the left side of the chest, the sound was quite dull from the lowermost part to the ninth or eighth left rib; and, for this extent, no respiratory sound could be heard. Placing him on the right side caused great additional difficulty of breathing, and, while in this position, percussion of the left side elicited every where a moderately clear sound. On succussion, no very distinct sound of fluid agitated within the chest could be heard. The urine passed for many hours was high-coloured, and did not exceed two ounces, and he was very weak. Taking into consideration the previous history of this man, and the great impression made upon his system by the first small bleeding, and then coupling these with the weakness and generally unfavourable appearance which he now exhibited, I was afraid to venture upon bleeding, and directed him to have the diuretic pills and mixture so often referred to. On the 14th, the dulness and the absence of respiratory sound, were found as high as the fourth left rib; the heart was displaced, and felt pulsating at the right side of the sternum; succussion gave the distinct sound of fluid dashing within the right side of the chest; the feet, legs, and lower half of the thighs were swollen, and pitted on pressure; he had passed scarcely any urine; and the difficulty of breathing and other symptoms were considerably aggravated. It now became clear that I should either let the man die, or have recourse to bleeding. Accordingly, I ordered him to be bled to eight ounces, from a small orifice, and in the recumbent posture; and while the blood was flowing, to give him frequently a wine glassful of gin and water, in the proportion of one

part of the former to three of the latter. This being done, no weakness ensued, and the effect upon the dyspnœa, the action of the heart, and the pulse, was very satisfactory, and soon evident. He was then directed to continue his pills and mixture, to have small quantities of strong broths, and gin and water every third hour. The blood was very slightly buffed. Under this plan, he continued to improve until the morning of the 17th, when the amendment ceased, in some degree, to be progressive, and he was again ordered to be bled, as before, but not to more than six ounces; and to continue the rest of the treatment. After this bleeding, his progress to recovery was rapid, until the 20th, when the same reason made it necessary to repeat the venesection, and four ounces of blood were taken away. The blood was neither buffed nor cupped. From this period, still continuing the other part of the plan, nearly all the symptoms gradually retired; but the heart continued displaced, and at the right side of the sternum; and, although vesicular respiration was heard all over the anterior portion of the left lung, the lateral and posterior portions sounded dull, and gave unequivocal evidence both of bronchial respiration and bronchophony. He was now ordered solid animal food, and to proceed as before. On the 25th, the diuretic medicines were discontinued, and he was desired to take the following pills as directed:—

℞ Calomelanos grana octodecem.
Opii puri grana tria.
Conservæ rosæ grana duodecem.

M. et divide in pilulas duodecem æquales. Harum sumat quotidie unam mane, meridie, nocteque.

On the 29th his mouth was moderately affected, and the physical signs showed that the hepatization had diminished in extent. On the 5th of July, his mouth was well, and he was ordered light tonics, and permitted to walk in the grounds at the rere of the hospital. On the 27th, the heart still remained displaced, and at the right side of the sternum; and the hepatization of the lateral and posterior portions of the left lung still continued to a considerable extent. He was now advised to go to the country, and discharged from hospital.

In three months after his discharge, I saw him, and examined his chest. The heart was in the natural situation, and its action quite normal; and he said that this organ did not return to its proper position for more than two months after he left the hospital. On examining the left lung also, I was much gratified on finding clear vesicular respiration throughout its whole extent. He now resides in this city, and I saw him again in improved health and appearance on the 12th of October, 1842. The case was observed with great interest by Mr. Carmichael, and Drs. Hutton, Adams, and Macdonnell, and also by a large class of students.

Case VI.—R. B., Esq., of Lower Gardiner-street, aged 66, and, from his earliest years, very slightly affected with asthma and bronchitis, had, during the last eight years, about four or five attacks of oppression and difficulty of breathing, which came on slowly, and were accompanied by slight puffing of the face; swelling of the ankles, feet, and legs; diminished secretion of urine, strong action of the heart, and quick, soft, intermitting pulse. Some of these attacks came on in winter or spring, others in summer or autumn, and generally without exposure to cold, or any other assignable cause, except a full, plethoric habit. I attended him in all these attacks, and with the exception of the first, which was of an inflammatory nature, they all quickly yielded to one small bleeding, purgatives, and diuretics. Being one of my oldest and most valued friends, I saw him almost daily, and, about last May, perceived that one of his old attacks was coming on. I advised him to arrest its further progress by bleeding, but he would not consent to my proposal either then or frequently after. The disease gradually advanced, and, at length, I was sent for on the 18th of last July. His breathing was very much oppressed, but he had no pain in the chest, his pulse was quick, soft, and intermitting; his face and ankles were moderately puffed and swollen; he had not passed more than a few ounces of dark-coloured, lateritious urine, since the night before; as usual, his chest sounded tympanitic, and the respiratory sounds were loud and noisy. I ordered him to be immediately bled to eight ounces, and afterwards to have a fetid enema, with turpentine. He was bled, soon after, by his neighbour, Mr. Akinson, surgeon-apothecary. In about eight hours after, I saw him again, when he was greatly relieved, and informed me that he began to pass urine freely in a very short time after he was bled; and he had, at the time of my visit, passed more than a pint and a half of a clearer colour, and less lateritious. His bowels also had been freely moved. Seeing that his kidneys were acting so well, I ordered no diuretic, or other medicine; neither did I order him gin and water as usual, for he was not in the least weakened. On the following day, all difficulty of breathing and œdema had disappeared, there was very little intermission of the pulse; the kidneys had acted, and continued to act, in a satisfactory degree; and again no medicine was ordered. In two or three days after he was very well, and able to set out on a visit to his friends in Ulster.

The foregoing cases are selected from some others, and faithfully represent the powerful effects of small and repeated bleedings in the treatment of hydrothorax and œdema of the lungs, particularly in restoring the heart, absorbent system, and kidneys, to their healthy functions.

I should now proceed to detail cases of anasarca successfully treated by the same means, but as that disease is really but a mild form of hydrothorax, and as almost all the cases of it that I have met, yielded readily to a single bleeding, with diuretics and purgatives, I consider that the detail of such cases would but uselessly occupy the time of the reader. But I shall take the liberty of directing his attention to some facts respecting the use of venesection in dropsy, which may enable him to see at once the precise difference between my treatment of the disease, and that hitherto recommended and employed. Venesection is recommended by Hippocrates, and many ancient and modern authors; and about the middle of the sixth century, Alexander Tralles, or Trallian, advocated it *per exiguas missiones*, and his successors, down to Maclean, Blackall, and still later writers on the subject, have adopted the improvement. There is nothing new, therefore, in the treatment of the disease by small and repeated bleedings. But it will be found that, without any exception, all of them have restricted venesection by so many conditions respecting the age, strength, and temperament of the patient; the organ affected; the state of the pulse and respiration; the urine being or not being albuminous; the origin of the disease from inflammation, or from the suppression of either natural or accustomed discharges; the occurrence of hæmoptysis; and a great variety of other points, that the use of this valuable remedial means really constituted the exception, not the rule. In fact, it was, and now is, so very conditional, that many have been deterred from having recourse to it in any case. Again, even the modern works on the subject exhibit the clearest admissions of the great difficulty to be encountered in steering a safe course between, on the one hand, the obvious necessity for counteracting the tendency to debility,

and, on the other, the danger of exasperating a diathesis supposed to be inflammatory. But, now that the practitioner has before him views which avoid the extreme of both doctrines; now that he is supplied with a set of clear and simple rules to direct him in bleeding; now that he sees and must be convinced that he can not only support, but stimulate the patient with the greatest advantage, and without any risk; it is to be hoped that he will, sooner or later, surrender his prejudices against the use of the lancet, and adopt a practice which will not, I venture to assert, fail to answer all his reasonable expectations.

In conclusion, it is impossible for the reader to be more sensible of the numerous faults, both of omission and commission, with which this communication is chargeable, than I am. I could even point them out. But if the principles and practice which I advocate are sound, they will be taken up by some more competent person, who will, no doubt, correct the errors and supply the defects to which I allude, and no one will see that duty strictly performed with more real pleasure than myself.

MEDICAL CHARITIES' BILL—LOUTH INFIRMARY.

TO HIS EXCELLENCY THE LORD LIEUTENANT OF IRELAND.

Louth Hospital, 24th October, 1842.

We, the governors of this establishment, feel it our duty (in consequence of the bill regarding medical charities, to be offered to parliament during the next session for approval,) to place before your Excellency the state and circumstances of this charity, ascertained by a minute investigation of its records through the course of many years, (records open to all who may feel an interest in the examination of them.) And we beg respectfully to invite the attention of your Excellency's government to our statements, so that the system, which has proved so beneficial to the sick-poor of our community, may undergo no alteration that shall in any way endanger the connexion existing between the gentry and their sick neighbours in this county—a connexion which, however earnestly wished for, we have great reason to fear must be interrupted and injured, by placing the responsibility in other hands than those of the landlords and gentry interested in the welfare of the poor of the district around them by the best ties that can bind them together.

We feel ourselves justified in making this appeal to your Excellency's government, because the records of this establishment, after due investigation, exhibit the following truths:—

That there have existed, on the part of the governors for many years, very earnest endeavours to improve this establishment by every means in their power, so that the poor sick of the county may benefit thereby, and that such endeavours have proved in all respects successful, as the reports of visitors, medical, civil, and clerical, set forth in the books of the hospital satisfactorily establish; but above all, as the grateful acknowledgments of the patients themselves and their friends uniformly testify when in the establishment, and after they have left it.

The arrival at such a satisfactory state of things in this institution, we feel convinced has been occasioned by the course the governors have steadily pursued in the following respects:—

By an attendance of governors, quarterly, in sufficient numbers to discharge every duty requiring their attention, as respects justice to their officers, to the patients, and to the servants of the establishment, and by a careful expenditure of the funds of the charity committed to their management.

By the appointment of officers and servants, as vacancies occurred, not from partiality, but from acknowledged efficiency and qualification.

By the appointment of sub-committees.

By visits from individual governors, who, together with their friends, have secured to the establishment a superintendence hardly less than three times in each week.

By rescuing the patients from the former wretched building and its confined space—a space too small for any useful improvement or enlargement of the building, and in a position too limited and enclosed to justify the expence of improvement and enlargement, if the endeavour after these things had been attempted.

The testimony of these things may be read in the records of this charity—in these it will appear, that during several years, the governors were fully convinced that a new edifice was absolutely necessary. That in the year 1833, they happily arrived, by economy of the funds, at a state in which they felt themselves justified in appealing to the landlords and gentry of the county for pecuniary co-operation, in order to erect a new and sufficient building. That that appeal was responded to by the contribution of £1591 in donations and subscriptions—a sum exceeding by nearly £100 one-half the expence for which the building had been contracted, that sum being £3,000, and for which the key was delivered to the governors.

For these reasons, we, the governors of this hospital, earnestly entreat that the poor of our county may continue, as heretofore, under our care in the hours of sickness or accident, and we trust that the testimony we have given of our past course will be a sufficient warrant for that we shall pursue in future.

We would respectfully suggest that the appointment of inspectors, as in the case of county gaols, might prove of advantage, as thereby opportunities might arise for supplying information to governors of county hospitals, in regard to improvements that might have been exhibited to them in other institutions, or that might become available in other charities of a similar description.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

SATURDAY, NOVEMBER 19.—Council met.

Resolved—That a letter be addressed to the governors of the medical charities throughout Ireland, calling their attention to the proposed medical charities bill.

SATURDAY, NOVEMBER 26.

Letter read from Dr. Kidd of Armagh, enclosing the following memorial, which has been forwarded to Lord Eliot, from the Armagh Medical Association:—

"TO THE RIGHT HONOURABLE LORD ELIOT, M.P., CHIEF SECRETARY FOR IRELAND.

"*The Memorial of the Members of the Armagh Medical Association.*

"SHEWETH—That memorialists having seen your lordship's name inscribed on a bill proposing to be for remodelling the medical charities of Ireland, and having ascertained from the ordinary channels of information, that at the instance of others you are most anxious to have it become law, feel that they would not be discharging the duty they owe to the sick-poor, to the community at large, and to themselves, did they not endeavour, by earnest remonstrance, to dissuade your lordship from forcing on a measure fraught with so much mischief, and implore you to pause before you permit yourself to be unconsciously the instrument of effecting, by the power of the govern-

ment, the annihilation of institutions long established in the good will of the affluent, and the affections of the poor, and which, it cannot be denied, have accomplished a vast amount of good, in order that there may be built upon their ruins a system of relief in connexion with the poor-law commissioners, and under their control, which, partaking necessarily of the disesteem in which the proceedings of these functionaries are so generally held, will, as your memorialists conceive, bring into jeopardy the interests in question, and give at best but a contingent and precarious benefit in exchange for a long-enjoyed and substantial good.

"In reference to any change affecting the welfare and the health, as it is in the present instance, of large numbers in the state, one cannot avoid asking the question, '*cui bono?*'—Who, then, are the parties most likely to be benefited by the changes here contemplated? *They*, most assuredly, who are wise enough to see that by those changes their present *terminable period* of office, and enjoyment of all the sweets appertaining thereto, will be converted into a *perpetuity*. Who again are the accusers of the existing institutions? the very same persons and their subordinates, who being notoriously and demonstrably anything but disinterested, are ready on all occasions to impute to others, certainly not their inferiors in benevolence, in station, or in worth, the influence of interested and unworthy motives; and in their criminatory report, the foundation, as they fain would have it, of this measure, take every opportunity to aver 'that many of the respectable persons who met them expressed opinions favourable to the plan they proposed,' taking good care, however, to eschew the mention of individual names, from a prudent and far-casting dread of the contradictions, which, with all their caution, their statements have drawn down upon them, from all that is highest and most honoured in the land, and which, with all but the unthinking, have made their report but of little estimation indeed.

"Your memorialists do not deny, that among the residents in many of the localities, some are to be found who have joined with these persons in their cry for change; but who are they? Are they contributors to the funds set apart for the relief of the poor in this respect, who by a pecuniary test of their sincerity, have proved that they care at all for these things? No, but they are those who, either being poor-law guardians or hoping to become such, are not unwilling to take a part in dispensing charities, which cost them nothing but what they cannot help; and in a matter mainly one of humanity, is it fitting that the opinions of persons content to exercise a vicarious humanity should avail anything, at all events, should avail to supersede the deliberately expressed convictions of those who have unsparingly given their time and money, and risqued their personal safety in furtherance of the interests and comforts of the sick-poor, whose numbers and contributions your memorialists feel pleasure in assuring you have not fallen off in this neighbourhood, and whose *purchased* rights they are sorry to see it is proposed to transfer to others, leaving them but the shadow of authority in matters which they have administered so irreproachably, and making them the mere puppets of others, whose ungracious, and it may be unjust mandates, they are to have the task of carrying into effect.

"One point your memorialists would strongly urge upon your consideration—namely, that the recipients of poorhouse relief, and of fever hospital and dispensary relief, are by no means taken from the same classes of the community, the professed object of the poor-law being to relieve abject and absolute destitution; ours, by the timely interposition of medical relief, to prevent it; *they* have to deal with the pauper; *we* with the mechanic and small farmer; our and their operations are not '*in pari materie*,' and should not be forced into one common but unnatural system.

"Your memorialists pass, without lengthened comment, the grievous injustice of this bill, in that it contains no clause ensuring to the present occupants of office their being either re-elected or compensated; nor do they think it necessary again to do more than repeat the oft-reiterated declaration of the entire profession, that they are most anxious to have all the medical charities placed under the most rigorous inspection of faithworthy persons appointed by the crown, whose character and station will entitle memorialists to expect for themselves, as educated men and hard working public servants, such consideration and such compensation for their toil as they cannot but insist they are justified in seeking as matter of right; more than the semblance of which past experience teaches them they cannot hope to receive at the hands of the poor-law commissioners. That there are deficiencies in the present system, none know better, or are more ready to admit than the medical persons administering it, but as strenuously do they insist that they are not such as to demand for their remedy a sweeping measure, such as memorialists feel compelled now to denounce. What changes it would, under the circumstances, be prudent to adopt, they do not think it within their province on this occasion to point out, they content themselves with deprecating, in the strongest terms, consistent with the high respect they owe and feel for your lordship, the bill now before the public, and if, in tracing it up to its real authors, they may seem to have alluded to them in terms of more than necessarily severe reprehension, they have done so under the conviction however painful, that their proceedings, as regards the medical profession, have been of a character so tortuous and contumelious, as to render them unworthy of that deference which memorialists would gladly show to persons to whom the discharge of important public duties has been entrusted by the crown.

"Signed by order, and on behalf of the Association.

"W. L. KIDD, M.D., President.

"Armagh, November 17, 1842."

BOOKS RECEIVED FOR REVIEW.

The Anatomy of Sleep. By Edward Binns, M.D. 12mo. Pp. 394. London. 1842.

Observations on Medical Education. By John Simon. 8vo. Pp. 33. London. 1842.

Report on the chief results obtained by the use of the microscope. By James Paget. 8vo. Pp. 51. London. 1842.

Observations on the blood. By T. W. Jones, F.R.S. 8vo. Pp. 24. London. 1842.

A Treatise on the Enlarged Tonsil and Elongated Uvula. By James Yearsley, M.R.C.S. 8vo. Pp. 84. London. 1842.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, NOVEMBER 30, 1842.

EXCLUSION OF SCOTCH GRADUATES FROM PUBLIC PRACTICE IN ENGLAND.

It appears from an advertisement paragraph going the rounds of the papers, that the edict, or act of the poor-law parliament, which disqualifies Scotch graduates from practising publicly in England, is being used for the purpose for which we are firmly convinced it was designed by those who suggested it to their friends in Somerset-house. We alluded some time ago to a similar one relative to Irish graduates, and endeavoured to explain the illegality of the proceeding, without dwelling on its insolence and injustice, because we felt that it was useless to complain of such conduct by parties screened and defended by those whose duty it is to expose and punish them. That these advertisement paragraphs are not accidental, or to be attributed to the routine of newspaper composition must be obvious to all. They are so carefully worded and so slyly introduced, that there can be no doubt of their circulation by interested parties. Now, we should be glad to know who are those parties? Who is the individual, or which

is the body so interested in the promulgation of these edicts, that they thus incur the expense, and take the trouble necessary for the purpose? We have our suspicions, and more than our suspicions on the subject; but we shall now only express our firm conviction, that certain Irish worthies, who have been endeavouring to stir up strife in the profession, by attempts to persuade the members of the London College of Surgeons that designs, injurious to their interests, are contemplated, are more or less concerned in the affair. Looking to the channel through which this obnoxious edict was communicated to the profession in England, and knowing the direct intelligence which exists between it and the firm to which we allude, we can entertain no doubt on the subject. Be this, however, as it may, it is quite certain that the poor-law commissioners have issued an edict, declaring that no person holding a medical degree or surgical diploma, granted in Scotland, is qualified to fill any situation under their medical department, and that some interested parties are industriously engaged in giving publicity to this unjustifiable imputation. The following letter, addressed by a fellow of the Edinburgh College of Surgeons to the editor of the *Caledonian Mercury*, explains the state of the case so temperately and judiciously, that we are induced to lay it before the Scotch graduates practising in Ireland, in order to make them clearly acquainted with the nature of the position in which they are placed. We shall be glad to find the quiet remonstrances and cautious policy of our Scottish brethren successful; but, for the protection of Irish interests, a different course is necessary. The Irish College of Surgeons have ordered a case to be laid before council, with a view to a trial of the legality of the proceeding by application to the Queen's Bench, or to the Queen in council, to whom an appeal lies from these pampered officials:—

"*To the Editor of the Caledonian Mercury.*

"Edinburgh, Nov. 7, 1842.

"SIR,—I request your permission to notice the communication of your correspondent, M.D. on the very important theme of the recent order of the poor-law commissioners of England, by which Scottish-bred medical men are excluded from the offices under their patronage.

"Your correspondent most justly states, that the construction put on the clause of the poor-law act defining the qualifications of "medical officers" of the poor-law unions, so as to exclude all medical men not possessing *purely English* qualifications, is most unjust and illiberal towards Scotland, and he might have added, towards Ireland also. But it is not equally obvious that the Home Secretary had it in his power to refuse his sanction to that construction, or deserves blame for not doing so. You must be aware, that in the construcion of the meaning of acts of parliament, it is of little consequence what may appear to your correspondent or to the Home Secretary to have been the purpose of the legislature, nor even what really *was* its purpose, but only what may be found to have been its purpose by the judges whose office it is to interpret the acts, and who will determine their meaning according to their own professional rules and usages. The poor-law commissioners, bound to administer the law in terms of the statute under which they officially exist, are applied to by various parties, and no doubt by very interested and monopolising parties, who deem this obnoxious construction to be the right one. They ask advice of lawyers, and are guided by it. Aggrieved parties take the alarm, and instead of the 'Scotch universities, medical schools, and incorporations tamely submitting,' as your correspondent supposes, a flood of very warm remonstrances from almost all of these, commencing with the College of Surgeons of Edinburgh, is immediately poured in. The poor-law commissioners remit the whole of these representations to counsel, and receive a deliberate opinion justifying the exclusive construction of the act as its true reading. They publish the document in their own justification, professing, at the same time, to disapprove of the provisions of the act. Some of those most friendly to Scottish interests, members of parliament, and others, conceive that this construction of the words of the act is inevitable. Sir James Graham takes the same view, and professes himself desirous, and even zealous, to apply the remedy by a bill of medical reform, to be introduced early next session, conferring the right to practise all branches of the profession in every part of the kingdom upon all well educated and duly licensed medical men, in whichsoever of our great medical schools they may have received their education or their license. In this I have reason to believe that he is acting in good faith; and I know that those gentlemen who visited London last spring, and to whom our important Scottish medical interests were intrusted, hold the same opinion. I believe it is generally allowed, among men well informed on this subject, that there is at present a much greater probability than has ever existed before of obtaining, by the concurrence of all the great political parties, a broad and liberal measure of medical reform; and I conceive, that it is for the interest of Scotland, and of Edinburgh in particular, to promote the good work by doing justice to the intentions and actions of those who are likely to be instrumental in effecting it.

"I am, sir, your obedient servant, F.R.C.S."

MEDICAL CHARITIES' BILL.

WE feel much gratification in calling attention, although our limits permit us to do so but briefly, to the several movements in opposition to the medical charities' bill of Messrs. Nicholls and Phelan, recorded in our columns this day. We must, however, particularly allude to the memorial of the governors of the Louth Infirmary, and to the able document emanating from the Armagh Medical Association. We trust the former may be imitated at once by the governors of every hospital, infirmary, and dispensary in Ireland.

A respected correspondent suggests that petitions and memorials should be headed as from "the Nobility, Gentry, Clergy, and Freeholders" of the respective districts, so as to embrace persons not governors of the institutions.

THE committee of governors of the county Clare fever hospital have unanimously adopted resolutions, upon which petitions to the legislature are to be founded, condemnatory of Lord Eliot's proposed medical charities' bill. They object to the measure because it would remove the control of local taxation from the grand juries, and vest it in the poor-law commissioners; and because, by virtually abolishing voluntary subscription towards the support of the charities, it would directly tend (as is ably remarked by our correspondent, AGRICOLA) "to sever a link which now exists between the gentry and the peasantry of the country." The committee state that "the assertion made by the poor-law commissioners, that the subscriptions for the support of these institutions are failing, is not supported, as regards the county of Clare;" and although they do not disapprove of the establishment of a general supervision of the hospitals and dispensaries, they decidedly object to any control in the matter being given to the poor-law board.—*Evening Mail.*

FORCIBLE RESISTANCE TO POOR-RATES.

IN addition to the intelligence contained in our last, with respect to the popular discontent with the rates, and the lawless determination to resist the collection by force, we have now to state that the depot of the 35th regiment, stationed at Carrick-on-Suir, were ordered to be in readiness on Friday (to-day) to collect the poor-rates; and a party of the 7th dragoon guards, quartered in Clonmel, are to move to Carrick to assist.—*Ibid.*

FAILURE OF THE VACCINATION ACT.

At a meeting of the board of health, held on Thursday at the court-house, Ennis, the following important resolution was unanimously adopted:—

Resolved—"That in consequence of the great prevalence of small-pox in this town and neighbourhood, caused probably (as we have reason to believe,) by persons disseminating this disease by inoculation, and inasmuch as the vaccination act has not been carried into effect by the poor-law commissionners and guardians of this union, and that vaccination is not effectively practised, and as inoculation with the small-pox is illegal and altogether unjustifiable, we feel it incumbent upon us, as a board of health, to make such provisional arrangements with respect to vaccination, as may be calculated to arrest the further spread of small-pox among the poor and the public generally."

A committee was then appointed to carry this resolution into effect, the contract for vaccination being limited to a period of three months, Dr. Cullinan, the secretary of the board, at the same time observing that he was authorised to state that the services of all the medical practitioners of Ennis were at the disposal of the board upon the terms proposed by them.

The vaccinator will be required to furnish accurate reports of the numbers vaccinated, and of such of them as return to be inspected, distinguishing the successful and unsuccessful cases. It is expected that these reports will be of considerable statistical value, the returns on this subject being obtained by the poor-law commissioners being of very questionable authenticity.

The board of health then agreed to petition parliament to make such changes in the vaccination act as may seem fit to them, in order to render it practically more efficacious.—*Clare Journal.*

POOR-LAW INTELLIGENCE.

Drogheda Union, Oct. 20.—A letter was read by the clerk from the commissioners, relative to the increase of salary to the medical officer to £50 a year, and calling the attention of the guardians to some of the neighbouring establishments, where, although they contain a greater number of paupers than this union, and consequently given more employment to the medical officer, still the salaries were only £40 per annum, and as the commissioners are fully determined to carry out the strictest economy with regard to the salaries of the officers attached to the different unions, they therefore will not sanction the increase to Dr. Kelly.

Mr. O. Markey—Although I voted for no increase, still I think that the commissioners have no right to interfere.—*Drogheda Argus.*

North Dublin Union, Nov. 23.—The board of guardians met, and were attended by Mr. Assistant Commissioner Hall. An order for food and necessaries for the inmates was passed; but no other business transacted.

Tullamore Union.—Amongst others, a correspondence was read by the clerk, from the gentlemen of Somerset-house, *alias Arthur Moore*, apprising the board that they could not accede to an increase of salary to the doctor, inasmuch as the sum at present allowed to him was according to the scale laid down by them for houses of the like extent. Further, that *they* (A. Moore,) would not sanction a contract for vaccination on other terms than those promulgated in their original order. Forsooth, they, non-residents and strangers, were better and more competent judges than twenty-two magistrates and country gentlemen could be, who, in conclave, and after mature deliberation, unanimously voted an increase of £30 per annum to their officer, who had, morning noon and night, to administer advice and medical relief in a house, where about one-fifth of the inmates were now, and for some time past, labouring under infectious and other disease. Besides, that sum was granted only on the terms of the doctor undertaking the vaccination of the entire union. These despotic gentlemen would, as in the other surrounding unions, prefer appointing itinerant vaccinators, without medical standing or reputation, to fleece the rate-payers of the Tullamore union too, because their mandatory edicts would be thereby complied with, rather than suffer those guardians to transact business on economical terms for themselves, or those whom they endeavour to represent.

STATE OF THE HOUSE.

In the house on Saturday	...	...	360
Sick and in hospital ...	...	...	67

—*Leinster Express.*

BOHAIN'S FRENCH NEWSPAPER,

LE COURRIER DE L'EUROPE,

ECHO DU CONTINENT.

Published every Saturday at two o'clock, price Sixpence, stamped for post, and circulating free in the Colonies of Great Britain, and in all Foreign Countries on the same terms as the English Newspapers.

Sold by Joseph Thomas, 1, Finch-lane, London; S. J. Machen, d'Olier-street, Dublin, and all Booksellers and Newsmen.

LE COURRIER DE L'EUROPE, published in London for upwards of two years with the greatest success, presents each *Saturday* all the principal articles—Political, Literary, and Judiciary—which have appeared in the French Press, newspapers, magazines, and reviews, of all shades of opinion.

Its form, the paper, and types are similar to those of the *Examiner*; the number of its columns is 48, in 16 pages, containing more than 200.000 letters; or, in effect, the matter of an ordinary 8vo. volume.

It is not a newspaper, it is not a magazine—it is all the Newspapers, all the Magazines, all the Reviews of France reproduced, by a species of literary electrotype, in one immense sheet. In perusing "Le Courrier de l'Europe," the reader will have perused, substantially or textually, *Le Journal des Débats, Le National, Le Courrier Français, &c.*

Since the existence of "Le Courrier de l'Europe," not a single important public document has appeared, not a speech of any interest has been pronounced in the tribune or at the bar of France; there has not been published a poem of any eminence, an extract, or hardly a work by any author of whom France has reason to be proud, which has not been immediately transferred into its columns.

Every number contains a "Bulletin Politique," which shortly explains the general political aspect, and the existing state of things at the moment of publication. This is followed by copious extracts from all the French journals of the most important political articles, which have appeared during the week. These again, by full details of the most interesting trials before the Civil and Criminal Courts of France, and of all events which can interest public curiosity without offence to public morals. Under the head of "Angleterre" will be found all subjects relating to the British Empire, rapidly but lucidly explained, terminated by Review of the English Press. Then comes the Literary portion of the Paper which comprises all the best *Feuilletons*, Novels, Romances, Tales, Poems, &c., &c., which appear at the moment in Paris; and the Editor may almost defy his readers to point out a production by an author of any eminence, which has appeared during the last two years, and has not been instantly transferred to the columns of "Le Courrier de l'Europe." An account of the sittings of the Académie des Sciences, the statistics of French industry, articles of fashion, a bulletin of the Parisian Exchange, &c., &c., complete the *ensemble* of the picture.

The principal Editor of "Le Courrier de l'Europe" is M. Victor Bohain, formerly Prefect of one of the largest departments in France, original editor of *Le Figaro*, the most popular of the literary journals of Paris.

Persons residing in America, India, or the Colonies, will especially appreciate the importance of a Journal which brings to them every week all newspapers in one. In the existing state of steam navigation, they may, through its means, closely follow, even in their distant abodes, upon the movements of politics and literature in France.

The fifty-two numbers published in the year form an enormous volume, which presents at the same time a *Contemporary History of France*, and a *Library* rich in all that the most renowned authors of that country have published. It is impossible to offer to persons studying the French language the instruction they seek under a form more pleasing.

NOTE.—To demonstrate the extremely low price of this Journal, when estimated by what it contains, the following calculation has been made. The *Forgerons* of *Frédéric Soulié* inserted in "Le Courrier de l'Europe" is published in Paris in two volumes, at the price of 15 frs. These two volumes do not contain more matter than as many numbers of "Le Courrier de l'Europe." A volume of this Journal, therefore, is equal in value to 26 similar works, or so calculated to 390 frs. Now the price of 52 numbers of "Le Courrier de l'Europe" (paid in advance, yearly, or half-yearly, or quarterly,) is only £1 6s. 0d., or for credit £1 8s. 0d.

APOTHECARY PROFESSION.

The MEDICAL SUPERINTENDENT of a DISPENSARY would enter into an Arrangement with a young Man, (who would open a shop in the town,) for acting as Apothecary to him to the Dispensary.

None to apply who have either Medical or Surgical Degree.

For further particulars, apply to Dr. LOCKE, Askeaton.

A RESPECTABLE MEMBER of the medical profession having lately had an attack of apoplexy, attended by hemiplegia, is now reduced from the most active habits to a complete state of helplessness and debility. On the behalf of his wife and three infant children, I am induced to appeal to the characteristic benevolence and liberality of the profession, with the most sanguine hope of being able to afford relief to them in their hour of need. The creditors (since illness came upon the head of the family) have become impatient, and are about seizing the trifling effects which remain after sales already made to satisfy the most urgent; proceedings are also taken against his person, which, if carried into effect, will completely deprive him of the advantages of medical treatment.

He has for some time been under the care of Sir Henry Marsh, Bart., to whom references can be made.

This appeal, being limited to the profession, and a small sum being only required from each of its members, it is hoped that the fund may prove adequate to the relief of a professional brother under such melancholy circumstances.

Any contributions forwarded to Dr. John T. Banks, 8, Lower Merrion-street, or to the undersigned, shall be thankfully acknowledged in the MEDICAL PRESS.

G. W. O'BRIEN, M.D.,
Surgeon to the County Clare Infirmary.
Bellevue, Ennis, November 21, 1842.

AT A MEETING of the Physicians and Surgeons of the Rathkeale Union, held at the Fever Hospital, Rathkeale, the 26th day of November, inst.,—Thomas Enright, Esq., M.R.C.S., in the Chair—the following resolutions were unanimously agreed to:—

1st. Proposed by Charles Patterson, Esq., M.D., and seconded by Robert L. Roe, Esq., S.D.C.—That we have read the medical charities' bill, introduced and read a first time in the House of Commons in the last sessions of parliament, having for its object the connexion of the medical charities of Ireland with the administration of poor-law relief, and placing them under the control of the poor-law authorities. And we are of opinion that such a measure, if carried into effect, would be highly injurious to those institutions; inasmuch as it would put an end to a source of the kindly feelings which so generally exsit between the affluent and their more humble neighbours; degrade the industrious tradesman, small farmer, and labourer, (which are now almost the only description of persons requiring relief from those institutions,) to the rank of paupers; bring the institutions into disrepute, and so destroy their utility, and debase the character of the medical profession, and so deter persons of respectability and education from adopting it. And we are also of opinion that the present law only requires the addition of a central medical board of control, with proper inspection, and a power to the grand juries to present such amount, in addition to the voluntary subscriptions, as the medical board should recommend to render the medical charities of Ireland eminently efficient.*

2d. Proposed by George W. Langford, Esq., M.D., and seconded by Doctor Roe—That we decline accepting of the terms proposed by the poor-law commissioners for the vaccination of the poor of this union; and prefer continuing to vaccinate paupers grautitously, as heretofore, until the next sessions of parliament, when, it is hoped, the guardians may find themselves in a position to offer such remuneration as can be accepted of.

3d. Proposed by Robert Lock, Esq., M.D., and seconded by Dr. Langford—That the foregoing resolution is no more than a repetition of the sentiments of the profession generally, as expressed at the great medical meeting held in Limerick in October, 1840; and that we, with *the others*, assenting to the resolution passed on that occasion, cannot now consistently accede to terms which were then declared to be inadmissible and degrading.

4th. Proposed by R. L. Roe, Esq., S.D.C., and seconded by Dr. Patterson—That as vaccination is gratuitously performed at our several dispensaries in this union, it be recommended to the magistrates and police authorities to put down small-pox inoculation, by prosecuting the offenders, and carrying the law into effect.

THOMAS ENRIGHT, Chairman.

* Petitions, embodying this resolution to both houses of parliament, were prepared and signed at the meeting; and copies of the resolution have been forwarded to Lord Eliot and Sir James Graham.

Will be published, December 1st, price One Shilling,
THE PHARMACEUTICAL JOURNAL. No. XVIII.
EDITED BY JACOB BELL, (PUBLISHED MONTHLY.)

Containing the TRANSACTIONS OF THE PHARMACEUTICAL SOCIETY. ORIGINAL ARTICLES: On Ceylon Cardamoms, by Dr. Pereira—Illustrations of the Present State of Pharmacy in England, by Richard Phillips, F.R.S.—On Fermentation, by Mr. Fownes—On the Solubility of Lead in Water, by Mr. Ince.—Editorial Articles: On Pharmaceutical Nomenclature, Atomic Weights, the Liability of Chemists and Druggists to serve on Juries, Reviews of Books, &c., &c., with various EXTRACTS from the French and German Journals.

The object of this work is to convey to the Medical Profession and Chemists and Druggists the most useful and practical information respecting Chemical and Pharmaceutical operations, improvements, and discoveries, and thus to condense into a small compass an account of the progress of the science in this country as well as on the Continent.

*** The first volume, bound in cloth, price 12s. 6d.

London: John Churchill, Princes-street, Soho. Dublin: Fannin and Co., 41, Grafton-street.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 46, Prince's-street, Soho.

TERMS OF SUBSCRIPTION (PAYABLE IN ADVANCE.)

Twelve Months	£1 5 0
Six Months	0 13 0
Single Number	0 0 6

Wednesday, November 30, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CCV.] DUBLIN, WEDNESDAY, DECEMBER 7, 1842. { PRICE SIXPENCE, STAMPED.

MEETINGS OF SOCIETIES.

Academy of Medicine—Acute articular rheumatism 353
Entrance of air into the veins 354
Discusion on tenotomy ib.

REPORTS OF MEDICAL AND SURGICAL PRACTICE.

Foreign Bodies in the System—By J. F. Duncan, M.D., of Dublin 355
On Emetin: in the treatment of pulmonary diseases in the horse—By Hugh Ferguson, Esq., of Dublin 356

EXTRACTS FROM PERIODICALS.

Observations on some points in the anatomy, physiology, and pathology of the blood 358
Physiology of the corpuscles of the blood—Nature and uses of the red corpuscles ib.
The colourless corpuscles considered in their relations as one of the components of the blood 360
Extirpation of a fatty tumour from the neck 361
Statistics of delirium tremens in Berlin 362
Equivalents of French and English measures ib.
Medical Competition ib.
Medical Benevolent Fund Society of Ireland 363
THE MEDICAL CHARITIES' BILL ib.
MEDICAL CHARITIES' BILL—DEPUTATION FROM THE COLLEGE OF SURGEONS TO THE GOVERNMENT 364
POOR-LAW INTELLIGENCE—Bandon union ib.
Edenderry, Ennis, Limerick 365
Parsonstown unions 366
St. Bartholomew's Hospital ib.
Register of the Weather 367

MEETINGS OF SOCIETIES.

ACADEMY OF MEDICINE.

ACUTE ARTICULAR RHEUMATISM.

M. BOUSQUET read a memoir on the treatment of acute rheumatism by large doses of sulphate of quinine.

Twenty-three patients were thus treated; no selection was made of the cases.

The first day, according to the age, sex, and constitution of the patient, four, five, or six grammes* of sulphate of quinine were given in 190 grammes of a gummy potion, and dissolved by means of ten or twelve drops of sulphuric acid, a spoonful was taken every hour, so that the mixture was all consumed in twelve hours.

The second day the same dose was usually given in the same way.

From the third day the dose was usually reduced by one, or sometimes two, grammes daily, inasmuch as there was almost always a cessation or a notable diminution of the symptoms by the third day.

The treatment usually lasted from six to eight days; the patients usually took from twenty-five to thirty grammes of sulphate of quinine. The solution was the form usually preferred; but when the patients testified much repugnance to its use, the medicine was given in powder or in pill. The only adjuvants used were a ptisan of burrage and honey, opiate cataplasms, and absolute rest.

Of the twenty-three patients, fifteen were men and eight women; the majority were between 20 and 30 years of age. A third, at most, were strong vigorous persons; the rest were of a lymphatic constitution, or of a slender make. More than a third had been already attacked with acute rheumatism, and almost a fourth had symptoms of chronic pericarditis. The main term of the duration of the disease, at the commencement of the treatment, was from three to five days, with the exception of one person; all began the treatment the day after their admission to hospital. Two-thirds of the number presented a slight straw-coloured tinge of the skin, and had the tongue white and moist; almost all presented loss of appetite and great thirst; diarrhœa and cough were rare. A little more than a third presented obvious signs of ancient or recent pericarditis or endocarditis in various degrees and stages. In four, the pulse was from 60 to 65; in thirteen, between 70 and 90; and in six, between 100 and 120.

In all, the rheumatism was characterised by acute pain (either continued or excited by pressure or motion) by swelling, tension, heat, and sometimes redness of the skin, with fulness of the neighbouring veins. In some, the inflammation assumed the phlegmonous form; in others, there was only hydrarthrosis; in a few, there were muscular pains. The number of situations, simultaneously affected with the rheumatism, varied from three to four.

After twenty-four hours of treatment, there were four patients only in whom the symptoms were not manifestly improved; and one of these had taken the medicine but in part. In one, the local symptoms of disease completely disappeared after four hours of treatment; in fourteen, they disappeared on the third day; and in six, during the fourth day, so that all the patients were cured at this last date, excepting two, one of whom was a young woman affected with a general acute articular rheumatism, which did not disappear until the seventh day, and the other was a young man, who presented no amendment on the fifth day, and gave up the treatment. By complete cessation of rheumatism, M. Bousquet understands complete

* 1 gramme = 15.444 grains, or we may say 15½ grains.

absence of pain, and swelling; and restoration of the liberty and facility of motion of the affected joints.

It was not observed that the previous duration of the malady affected the influence of the treatment, as the patients, who had been eight days ill, were cured as quickly as those who had been but three days ill. But M. Bousquet observes that his cases are not sufficiently numerous to allow of any absolute opinion being pronounced on this point. He observed that the disease in general yielded the more rapidly the less intense it was.

At the same time that the local symptoms yielded, the appetite returned, so that on the third day most of the patients partook of soup, and on the seventh day took solid food.

A relapse occurred in but two cases.—*Gazette Medicale de Paris.*

ENTRANCE OF AIR INTO THE VEINS.

M. Amussat read the following case, transmitted to him by Gorré, first surgeon to the hospital of Boulogne:—

J. Morel, aged 58, was admitted to hospital, labouring under a scirrhous tumour, which occupied the left side of the neck—it was globular, its base broad and scarcely moveable.

On the 29th October, M. Gorré proceeded to extirpate it. The integuments were dissected back, and the tumour, with great facility, nearly enucleated, being almost separated from the subjacent parts, and only adhering by a narrow peduncle or packet of the tissues. The tumour was now put partly on the stretch and the peduncle divided, at which moment a peculiar noise was heard in the wound—a kind of *glou-glou*, as it has been termed, and which once heard can never be mistaken. The patient on the instant became pale—his respiration hurried—he uttered a plaintive cry, and exclaimed that he was dying; and, in effect, was dead after the lapse of scarcely a minute. The nature of the accident was at once recognised from the peculiar sound above mentioned. But so rapidly did death occur, that no effectual help could be given. M. Gorré at first applied his finger on the wound, hoping to block up the opening in the vein, which could not, however, be distinguished amidst the frothy blood. When he subsequently attempted compression of the thorax the patient was dead.

Post-mortem examination twenty-four hours after death.—Cadaveric rigidity: no appearance of decomposition.

An oblong gaping wound existed in the internal jugular vein on the aspect corresponding to the tumour. This opening was situated in the vicinity of the subclavian vein, and was six or eight millimetres long. On compressing the vein from below upwards, a quantity of blood, mixed with bubbles of air, issued from the opening in the vein. The anterior wall of the thorax being removed, the lungs did not collapse, but exactly filled each pleural cavity. When cut into they yielded a large quantity of frothy mucus.

The right cavities of the heart were distended. Pressure diminished their volume, and at the same time, a quantity of blood, mixed with air, issued from the wound in the jugular vein; when opened, they were found to contain a great quantity of bubbles of air, mixed with liquid blood, obviously of a less dark colour than venous blood usually is. The vessels on the surface of the brain contained here and there bubbles of air, which, from the thinness of their coats, could be readily recognised.

The sinuses of the brain contained neither blood nor air.

The left ventricle of the heart was empty, containing neither air nor blood.

The aorta, towards its tranverse portion, contained a fine froth of a rosy colour, evidencing the presence of air: blood, mixed with air, also existed in the iliac arteries.

CONCLUSIONS:

1st. Death was directly caused by the wound in the jugular vein, which allowed of the introduction of air into the circulating apparatus.

2d. The wound of this vein being kept gaping by the traction exerted on the tumour, the proximity of the injured point to the thorax, and the debility of the subject, who had suffered from several attacks of hæmatemesis, were all circumstances which favoured the entrance of the air.

3d. The rapidity of death was due to the sudden and almost simultaneous cessation of the circulation, the respiration, and the function of innervation.

4th. The passage of air into the veins seems to exert in man some special deleterious action, death not having occurred so rapidly in any of the numerous experiments of MM. Majendie, Nysten, or Amussat, as it did in the instance above recorded.—*Gazette des Hôpitaux de Paris.*

DISCUSSION ON TENOTOMY—CONTINUED FROM P. 295.

M. Gerdy observed that even if adherence of the two flexors of the fingers did follow their simultaneous division, this should not interfere with their action, as these muscles acted physiologically together, and the contraction of one necessarily implied the contraction of the other. If, then, these muscles did adhere as consequence of tenotomy, this should not prevent our dividing them, in a case where it might seem advisable to do so. According to M. Guerin, most deformities arose from a single cause—viz., muscular retraction; others recognised several causes, and those who did so, were, according to M. Guerin, under the influence of an empirical doctrine. But in seeking to establish generalisations, we must take care to avoid falling into error. M. Guerin understood by muscular contraction a state in which the muscles are tense, shortened, and limit the motions of the bones. M. Guerin also considered that the shortened muscles underwent fibrous degeneration; this, M. Gerdy considered, as very doubtful, and, at all events, as by no means established on anything like satisfactory proof. M. Gerdy also thought that contraction of the muscles was not always the cause, but was sometimes the consequence of the deformity. The cause of deformities should, therefore, be established. These causes are primary and secondary. The primary causes are, for example, alterations or vicious conformations of the bones, retraction of the ligaments. Deformity may also result from a limb being kept too long in the same attitude. Should the muscles be divided in such cases? Certainly not; the distortion disappears on changing the position of the limb. Those who habitually bear burdens often present flexures of the spine; here, again, dividing the muscles would be wrong. Too rapid growth of children causes distortion of the bones; in which case it has been said that the muscles do not grow with sufficient rapidity, which possibly may be the true cause of the deformity. Paralysis of antagonist muscles also causes deformities; here, again, we should not think of dividing the muscles. Pain in the muscles causes deformities, and convulsions are one of their most frequent causes. M. Gerdy enumerated several other causes of distortion, as arthritis, mechanical pressure, &c., &c., in none of which would division of the muscles be proper. In curvature of bones, there was often hypertrophy of the bones of the opposite side—a cause of deformity indicated by Glisson. There were then numerous causes of deformities which might be reduced to three

categories:—1st. Alterations of the bones. 2d. Alterations of the muscles. 3d. Alterations of the fibrous tissues; and tenotomy can be advantageously applied in one only of these classes; M. Guerin is consequently too exclusive in his assertions, and there are numerous deformities in which tenotomy is useless.

M. Bouvier in reply, stated that he would pass in silence much that had been said which did not bear on the real point under discussion. He would first again notice the case of M. Doubowitski. M. Guerin maintained that this was a case of *success*, but that the success was, as regarded the fingers, partial only; and further added, that in two of the fingers only was the motion less than after the operation. But what did the Russian professor himself say? "*The action of the superficial and deep flexors is almost lost.*" M. Doubowitski, indeed, states—that he was "*deprived of the use of the hand*" before the tendons were divided, but it was even still more useless after the operation; for previously he was able, by means of the flexed fingers, and the action of the muscles, to hold the reins in riding for example, which afterwards he could not do. M. Bouvier then commented on M. Guerin's refusal to submit the two patients he had presented to the Academy to the examination of a commission; though nothing could be safely concluded from cases of the kind without the most circumspect and minute examination. He (M. Bouvier) had, however, examined those two patients as accurately as was possible during a meeting of the Academy, and the result of that examination was as follow:

The younger patient, in whom the tendons of the sublimis, the deep tendon of the index finger, and the flexor of the thumb had been divided, had lost the power of flexing the third phalanx of the index, and the third phalanx of the little finger. The second phalanx of the index finger enjoyed a very limited motion, and the flexion of the third phalanges of the middle and ring fingers was equally restricted.

In the second patient, the flexor of the thumb, and all the tendons of the superficial and deep flexors of the fingers had been divided. Flexion was lost in the last phalanx of the thumb, the second phalanx of the index, and the third phalanx of the ring finger. The third phalanges of the middle and ring fingers enjoyed but very limited motion.

Thus, after fifteen sections practised on two patients, on the flexor tendons of the second and third phalanges, six motions only out of seventeen have been preserved—six have been diminished, five have been lost. The second patient, in whom both tendons of each finger were divided, has also fared the worst, having retained intact but two motions out of eight.

M. Bouvier then examined the conclusions derivable from his own experiments, and the results of operations on the human subject, and concluded—

1st. The section of the superficial and deep tendons of the index finger in the above two patients, practised in the palm of the hand, has produced the same result, as occurred in M. Bouvier's experiments, and in the operation performed by M. Larrey; with this exception, that in one of M. Guerin's cases, the mobility of the second phalanx was preserved. These cases, then, confirmed the opinion M. Bouvier had pronounced, condemnatory of that operation. The preservation of the motion of the second phalanx in one case did not invalidate that opinion, as it was a fortuitous result, and as the motion was moreover much restrained by the immobility of the third phalanx.

2d. The division of the deep flexor on the second phalanx, performed on three fingers, produced, in M. Guerin's patients, results almost analogous to those obtained in M. Bouvier's experiments.

3d. The division of the superficial flexor alone, *in the palm of the hand*, is not analogous to any operation hitherto published, nor to any of M. Bouvier's experiments.

At the meeting of the Academy on the 15th November, M. Bouvier resumed his reply. He stated that since the last meeting he had been enabled to minutely examine the condition of the two patients presented to the Academy by M. Guerin. His account of their condition, given at the last meeting, contained some inaccuracies which he would now correct.

In the elder of the two patients, the second phalanges of the thumb and index finger are, as already stated, completely motionless; and the motion of the third phalanges of the middle and ring fingers, which M. Bouvier had thought was merely diminished, is also equally lost, as is also that of the third phalanx of the ring finger; the second phalanx of the ring finger, which M. Bouvier also at first thought possessed some limited motion, is likewise quite inflexible. The motion of the first phalanx of the index finger is very limited. Thus, two only of eight motions of the second and third phalanges remain, those namely of the second phalanges of the middle and ring fingers; the six others are destroyed.

The two motions just indicated were the only ones executed by the patient before the Academy, they enabled the patient to grasp the hand when presented to her. The second phalanx of the little finger bends, merely because it is impelled by the ring finger, beneath which it is placed; the immobility of the second phalanx of the thumb was not noticed, because it was not called into action at the time. It was admitted that the motions of the phalanges were *somewhat deficient*, and it required a more accurate examination to demonstrate that they were absolutely lost.

The utility of the hand is as imperfect as its motions The girl could, before the operation, sew, notwithstanding the deformity—now she is unable to do so. The thumb and index finger being only moveable at their base, cannot come into contact so as to hold a needle. The hand cannot, either, lift any weight by grasping it, as the third phalanges being immoveable, the fingers cannot close on it. This case is another mishap, not so complete as that of M. Doubowitski, but not the less real. The patient here is a peasant unable to read or write, and competent for the discharge of some rude occupation by aid of the left hand, and the limited motions still remaining to the right hand. But put in her place an artist, a painter, a musician, and the operation would have at once taken away his means of support. The trial of mechanical means should always be preferred to the adoption of so very doubtful an operation.—*L'Experience.*

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

FOREIGN BODIES IN THE SYSTEM.

TO THE EDITORS OF THE MEDICAL PRESS.

19, Gardiner's-place, November 26, 1842.

Gentlemen—The following cases are presented to your notice, if you think them of sufficient interest for insertion in your journal.

I remain, gentlemen, yours truly,

JAMES F. DUNCAN, M.D.

Case I.—Mr. T., a young gentleman, about 35 years of age, who laboured under insanity several years ago, had swallowed some nails and pieces of iron under an idea that as ostriches had strong powers of digestion, and were able, in consequence, to swallow very hard substances with impunity, he would improve his digestive powers by resorting to a similar expedient. After

suffering a good deal of uneasiness in the epigastric region for two or three years, during which he said he could feel the nails within his stomach, an abscess formed in the epigastrium, and a large nail, three inches and a half in length, and nearly half an inch in breadth at the head, was removed by my brother, Dr. Nugent Duncan of Finglas, to his immediate relief. The wound closed immediately after, and he has never suffered any further inconvenience, although it is now nearly three years since the removal. I think the extraordinary size of the nail, which I have preserved, is very remarkable.

Case II.—On Monday last my attention was called to an infant, ten months old, in the workhouse, that was suffering a good deal of pain from a large tumour on the back, and which was supposed to have been occasioned by a fall, although the mother was not aware of its having met with any accident. On making an examination, I perceived that the swelling, which was seated over the lower dorsal vertebræ, extended a little to the left side; and, on passing the finger along the spine, from above downwards, it gave the feeling as if there had been a dislocation of one of the upper over the lower vertebræ. It was not angular, as the curvature of the spine, arising from caries, generally is, nor was there the degree of tenderness on pressing the vertebral column that is usual in such cases. I wished, therefore, to have the advice of my colleague, Dr. Kirkpatrick, on the case, and accordingly desired the nurse to ask him to look at it. Circumstances, however, prevented his doing so, and in a couple of days, on examining the part a second time, I found that all tenderness of the spine had now disappeared, that the tumour was entirely to the left side, and that it appeared moveable slightly On touching the part with the fingers, it presented precisely the feel that a large pin would have had under the integuments. What confirmed me in the opinion I immediately formed, was the observance of a small scar, such as might have been occasioned by its being forced into the flesh nearly in the line of its position, but nearer the vertebræ. Under this impression, I made a slight incision over the point of the integuments, which I rendered tense by depressing the other extremity, and easily extracted a headless, crooked pin, one inch and an eighth in length, to the astonishment of the mother and bystanders. It is needless to add, that this must have been unintentionally forced into the child's back during the process of dressing it, and that its cry of pain at the time was supposed to be nothing more than the fretfulness which is natural to infancy at such a time. This was the more likely to happen in this instance, because the mother, having been ill of fever shortly before, was unable to attend to it, and the care of the child was entrusted to a stranger. It is, however, an important lesson of the danger arising from the use of pins in the dress of children, and suggests a valuable commentary upon the wish of medical writers, so frequently expressed, that such articles should be entirely banished from the nursery. Had the pin penetrated the vertebral sheath, and wounded the medulla spinalis, there is no saying what bad effects might have resulted from the accident; and it appears to me that such injuries are more likely to happen from a child falling upon a part of its dress, which has been fastened with a pin (particularly a headless one) and so forcing it into its body by the mere weight, than from a nurse ignorantly doing so in the dressing of it. The cries occasioned by the pain are attributed entirely to the fall, and efforts are made to soothe its sufferings without investigating the cause, which is, perhaps, never discovered till, as in the present instance, the foreign body is removed, and leaves the relatives to wonder how it ever got in.

ON EMETIN; IN THE TREATMENT OF PULMONARY DISEASES IN THE HORSE.

BY HUGH FERGUSON, ESQ.

Experience and attentive observation, some years past, induced me to doubt the propriety of having recourse to aloes, as a general remedial agent for reducing the inflammatory diseases affecting the principal respiratory organs of the horse. Aware of this drug being so strenuously recommended by the London Veterinary College as the safest nauseant that could be adopted in the practice of equine medicine, I instituted a number of experiments for the purpose of testing its efficacy in that character. The result of my investigations on the horse and other animals clearly demonstrated that the listless and languid state of the patient, resulting from the exhibition of aloes, was more a symptom consequent on the localized irritation produced on the intestinal mucous membrane, than of any specific effect on the nervous system through the medium of the circulation, and thereby exciting a true nausea, or tendency to vomit: thus establishing in my mind a marked physiological difference between the therapeutical operation of a nauseant and the languid listlessness produced by aloes. The modus operandi of the one is quite at variance with that of the other: aloes in every dose having a tendency to increase the intestinal peristaltic motion in the natural direction from the stomach towards the anus; the intensity of the cathartic effect being, in a great measure, regulated by the dose; and nauseants, on the contrary, tending to reverse the order of the intestinal peristaltic motion, and when excess of this effect is produced, vomition is the result in those animals, the formation of whose stomachs admits of the gastric contents being expelled by the œsophagus. Thus, the principal effect produced by the exhibition of the generality of emetic substances is diametrically opposed to that resulting from aloes. When given in a small dose, they produce nausea, from being absorbed into the circulatory system by the veins and other vessels which carry their contents towards the heart, thus acting on the nervous system through the medium of the circulation; the intensity of the result, from a trifling nausea to the most violent vomition, being regulated by the degree of impression produced on the nervous system. If the dose be small, in proportion to the animal's power of resisting the action of the medicinal agent employed, the peculiar sensation termed nausea will be but trifling; sometimes so slight as to be inappreciable to the observer. Between this state and vomition every variety of intensity may be produced by the proper regulation of the dose, providing the existing condition of the animal be the same. If the effect be carried beyond a certain extent, the respiratory system of muscles sympathise with the digestive; involuntary or spasmodic contraction takes place of those concerned in vomition, and an oral expulsion of the gastric contents, or violent retching, is the result. Continued nausea produces a more permanent impression on the system than the most violent vomition. Some of the salts of copper, when given in a sufficient dose to the human subject, act almost instantaneously, and with the greatest violence; leading to the conclusion that they are *direct* emetics, or are not absorbed into the system previous to their effect, which, although intense, is of so short duration, that the system, when the contents of the stomach have been discharged, and the retching has ceased, feels but little impression remaining, except that resulting from the spasmodic exertion of those parts of the muscular system which were concerned in the act. I do not deem it necessary that I should describe the sensation of nausea, that being irrevalent to my present purpose. The effect of nausea on the animal economy, in a physio-pathological point of view, had

perhaps be better perfectly understood. Nausea, no matter how produced, whether mentally, sympathetically, or medicinally, diminishes the vital action of the system, lowering the circulation and intensity of every animal force throughout the frame. Although some of the secretions may be increased by nausea, yet this must generally be regarded as symptomatic of the debility produced: cold sweats offer a familiar exemplification of this fact. Some secretions may be increased sympathetically, as when the salivary glands sympathise with the derangement of the stomach. Nausea acts on the animal system as a diffuse sedative. As such the practitioner of medicine has recourse to its assistance for prostrating those diseases either attendant or consequent on increased action, or what is better understood by the term inflammatory. The distinction now becomes more evident between the effects of what I denominate *true nausea*, and the derangement consequent on the exhibition of aloes. To the cursory observer they certainly may appear the same, when observed in the chief patient of the veterinary surgeon. A horse suffering from the repeated exhibition of aloes, in doses not sufficiently great to produce purgation, may seem dull and listless; have the head drooped, the eye languid, the surface of the body cold, and refuse to take either food or water. Another animal of the same species may present similar symptoms, but from a cause quite different; a medicine having been administered to him, the therapeutical effects of which resemble aloes only by the presence of a few symptoms which attend the operation of both—a fact really unworthy of consideration, excepting to serve as an illustrative example of the fallacy of depending entirely on mere external symptoms for the discovery of what is going on within the complicated fabric of a living animal. Were brutes endowed with speech, they could give expression to their different sensations. The self-sufficient quack would then no longer confound the action of aloes with that of a true medicinal nauseant, and also be at once convinced of the prevailing error of determining that a similarity of prominent symptoms proves the identity of therapeutical effects produced on the system by different medicinal agents. How often are horses, when affected with gastro-intestinal or hepatic irritation, observed to evince all the external indications of nausea, when the derangement is not sufficiently great to induce the ordinary symptoms of abdominal pain! Aloes certainly deranges the digestive functions, and to such an extent as to destroy the appetite; but no person acquainted with therapeutics would ever dream of classing it under the head of emetics. There are few medicines which may not occasionally produce vomition in those animals to whom that power is not denied by physiological peculiarity. Although it appears that aloes, notwithstanding its passage through the stomach and small intestines, principally acts on the terminating divisions of the intestinal canal, yet no matter how exhibited, it generally seems to have the same effect. I have frequently observed the laxative effects of this drug when it has been applied to an extensively ulcerated or granulating surface, whether in the form of tincture or powder. This fact argues in favour of its being absorbed, and acting on the mucous membrane of the intestines, through the medium of the circulation. Its action, however, is unfortunately not always confined to the intestinal mucous tissue; but when bronchitis, or other pulmonary inflammation exists, too frequently it is extended to the mucous membrane of the bronchi, and affects it in a manner which experience has taught me is decidedly inimical to recovery. When this happens, the beneficial effects, resulting from opening the bowels, are much more than counterbalanced by the increased irritation of the bronchi. There are, however, some cases of inflammation affecting the respiratory apparatus in which the exhibition of aloes is admissible. The judgment of the practitioner, therefore, must be skilfully exercised for their selection. He must weigh well the different circumstances of the case before he comes to a decision. As to fixed and unalterable rules in the practice of medicine, there can be none.

A few years past, tartarized antimony was a favourite medicine for the horse, affected with pulmonary disease; but, like other old-fashioned preparations, it fell into disrepute with the modern hippiatrists. I, however, having, during a long course of observation in the wards of an hospital, remarked the beneficial effects of its exhibition in cases of bronchial and other pulmonary disease, determined on testing its efficacy in similar maladies affecting the horse; and the results of my experience have led me to conclude that it is a medicine eminently calculated to combat pulmonary disease. Administered in small and often-repeated doses, it produces the most intense nausea. Its action when exhibited in solution is most rapid. When dissolved in water, and given as a draught, on being swallowed it passes quickly through the stomach and small intestines into the cœcum, from which division of the alimentary tube, it is in an incredibly short time absorbed. Circulating with the nutrient fluid throughout the frame, it acts on the nervous centres, producing, when given in a sufficient quantity, intense nausea. Being a most excellent expectorant, it exerts its influence on the respiratory mucous membranes, increasing their secretion, although at the same time diminishing the morbidly increased circulatory action of the system generally, consequent on, or causing the inflammation of, whatever part of the pulmonary apparatus is affected. Tartar emetic in some instances also increases the capillary action of the skin, producing a tendency to diaphoresis. I have seen it act as a diuretic, and almost invariably found that its often-repeated and continued exhibition produces marked laxative effects; yet its specific effect, when regarded as inimical to life, in a dose sufficiently large to produce death in a previously healthy animal, is most decidedly on the bronchial mucous membrane and parenchymatous structure of the lungs, producing in these tissues the most intense inflammation, whether it be received into the system through the medium of the digestive organs, or brought in immediate contact with the circulating fluid by being injected into the veins. This fact indicates the great necessity of guarding against an over dose of this drug in pulmonary inflammation.

Having frequently observed fatal results from the continued use of tartarized antimony in protracted pulmonary disease, accompanied by gastro-intestinal irritation, and also having found that in many instances the intestines being morbidly susceptible of impression it induced this irritability, I attributed this unpleasant result, in some measure, to the irritating effects of the medicine by *direct contact* with the mucous membrane; arguing that any thing capable of producing pustular eruption by its application to the external surface of the body, might reasonably be supposed to highly irritate a mucous membrane when brought in contact with its organised villi. On this account partly, I deem it desirable that tartarized antimony should be given in solution. Independent of its action being more rapid when given in this manner, its powers as a direct local irritant are diminished by its being diluted in a large quantity of fluid. When given in the form of a ball, it passes from the stomach, through the intestines, in its most concentrated form, and during its solution in that viscus, is likely, by its presence and irritating qualities, to impair the functions of that organ

Thinking it desirable to have some agent that would not produce those irritating effects to such an extent on the intestinal mucous membrane, but at the same time possessed the nauseating, sedative, and expectorant properties of tartar emetic, I directed my attention towards *emetin*, the active agent of that invaluable expectorant and emetic for the human subject—ipecacuanha; and I found it capable of producing greater sedative and nauseating effects on the horse than tartarized antimony, without being accompanied by the dangerous intestinal irritation which too often attends the continued exhibition of the latter medicine. Its laxative effects on the digestive system were in many instances most decided, but never so great as to produce severe purgation. I have already had sufficient experience of the superior value of emetin over aloes and tartarized antimony as a medicinal agent possessing the combined properties of a sedative, nauseant, and expectorant, to amply justify me in its recommendation to the veterinary profession, as a medicine eminently calculated to form an adjunct to blood-letting and counter-irritation in the treatment of those cases of pulmonary disease in which the exhibition of nauseants is indicated; also as a superior remedy to tartarized antimony for the reduction of inflammation in almost all the diseases for which that medicine is usually prescribed.

The principal objection to tartarized antimony is, as I have before stated, its tendency, from continued exhibition, to produce inflammation of the intestines—an effect which seldom results from the use of emetin; although, if an over dose of this substance be administered, evident symptoms of intestinal derangement accompany the violent inflammation of the lungs and bronchi, which latter, if the case prove fatal, is the immediate cause of death.

There are more advantages attending the use of emetin in preference to tartarized antimony than merely its powerful sedative, nauseating, and expectorant qualities. Emetin acts more powerfully on the skin, and also has a decidedly narcotic effect. The quantity given in each dose must be regulated by many circumstances peculiar to the case, such as the age and strength of the animal, the disease, its stage, &c.

There are so many impure preparations of emetin that previous to determining the dose, the strength of that selected for the purpose of compounding from must be accurately ascertained.

But it not being my intention at present to do more than direct the veterinary profession to the general efficacy of emetin, I shall not enter into the minute particulars necessary to be understood for its judicious exhibition in each peculiar case, but leave veterinary surgeons to try its efficacy in different doses, by way of experiment, in doing which, however, I suggest that the vehicle for giving such a medicinal agent in a solid state, should be perfectly free from oily matter, as its being combined with such retards the solution of the bolus in the stomach.

Nauseants, however valuable as remedial agents in the human subject, are considerably more so in the horse to whom the power of vomition being denied, nausea can be carried to the fullest extent, without rendering the patient liable to the dangerous consequences resulting from violent reversed action of the digestive organs, when the system is much debilitated by protracted disease. Notwithstanding the many advantages which emetin offers over tartarized antimony, this latter medicine has one over it, which must not be forgotten, it being of no trifling consequence in the treatment of some peculiar cases. The advantage to which I allude, is the facility with which the tartarized antimony can be given in the form of a draught, or mixed with the animal's food; it being a medicine so devoid of taste, that the animal, if inclined either to eat or drink, will not decline the matters offered for the satiation of either appetite, even when they are made the vehicles of a large dose of the medicine in question. Emetin, having rather a bitter taste, must be given in the form either of a bolus or draught. It is worthy of remark, that I have frequently produced nausea in the horse and other animals by administering it per ano.

Veterinary Institution, Denzille-street,
Merrion-square, Dublin.

EXTRACTS FROM PERIODICALS.

OBSERVATIONS ON SOME POINTS IN THE ANATOMY, PHYSIOLOGY, AND PATHOLOGY OF THE BLOOD. BY T. WHARTON JONES, F.R.S., &c.

(From the British and Foreign Medical Review.)

[CONCLUDED FROM P. 331.]

PHYSIOLOGY OF THE CORPUSCLES OF THE BLOOD.—The common way of viewing the blood merely as a fluid has been a great obstacle to the establishment of clear notions regarding its vitality; but if the blood be viewed as a fluid containing suspended in it regularly organised solids, the question of its vitality becomes much more precise, simple and intelligible. The organised corpuscle may as easily be conceived to possess the essential attributes of vitality as any organ in the body; but the liquor sanguinis in which it is suspended is not organised, and can therefore be looked upon merely in the light of a chemical solution; a solution, however, depending on nicely-balanced affinities kept in play by the vital influence of the corpuscles, and the compositions and decompositions incessantly going on in it. Though not organised and living, the liquor sanguinis, or more properly speaking, some of the matters contained in it are strongly disposed to become so under certain conditions. The blood then may be viewed as consisting of organised and living solids, and of a fluid containing in solution matters highly susceptible of organisation and life.

The organised and living solids of the blood are the corpuscles, red and colourless.

NATURE AND USES OF THE RED CORPUSCLES.—The red corpuscles, according to the best physiologists, are not expended immediately for the purposes of nutrition and secretion. It is from the liquor sanguinis only which permeates the walls of the capillaries, that are derived the materials for nutrition, growth, and the various secretions.

A large number of observations have lately been brought together, however, in defence of the view that the red corpuscles are the material out of which the tissues are directly formed; but Dr. Martin Barry, the author of these observations, has, unfortunately, mistaken changes in the blood-corpuscles, arising from decomposition and from mechanical and chemical agencies from natural vital changes, and has confounded blood-corpuscles with other corpuscles, quite different in their nature. And he has not only failed to demonstrate the link in the chain of evidence required to establish the view he advocates, but has equally failed to adduce any valid arguments against the opposite view.*

* As an example of Dr. Barry's observations, the following may be adduced. He figures and describes muscle in the act of being developed from blood-corpuscles. The subject of his observation was *pressed out with mucus from the Fallopian tube of a rabbit* killed ten hours *post coitu*. The red corpuscles, "new cells," were arranging themselves to form muscle. "It is not needful," says he, "to refer to the observations of others, since the objects figured by myself *were obviously muscular fibres* (the future fasciculi) in the earliest stages of formation. There

If the red corpuscles do not immediately contribute to nutrition, growth, and the secretions, what then is their function, seeing that their presence is as necessary as that of the liquor sanguinis? Do the red corpuscles act merely as "carriers of oxygen,"—or do they in addition to this maintain by their presence the excitability of the organs?

The red corpuscles considered as carriers of oxygen.—The circumstance that change of tint of the red colour of the corpuscles is the only visible manifestation that the blood has lost or acquired oxygen, has led to the opinion that they are the medium through which that gas is carried to all parts of the system. But there is no reason to suppose that the liquor sanguinis less readily absorbes, and is less a carrier of oxygen than the corpuscles. Moreover it is to be remarked that the absorption of oxygen by the red corpuscles might be looked upon as accessory to some peculiar function performed by them, rather than as being solely for the purpose of distributing the oxygen to the different parts of the system.

Though the red corpuscles may not be mere carriers of oxygen, they still bear a relation to its consumption. Though not themselves expended in nutrition, the red corpuscles are intimately connected with its activity, and that in a manner which it will be endeavoured to explain below. Now, as the activity of nutrition has a relation to the amount of oxygen consumed, so also must the activity of the function of the corpuscles.*

In addition to being carriers of oxygen do the red corpuscles maintain by their presence the excitability of the organs?—The presence of blood is necessary to maintain the excitability of the organs, but whether the red corpuscles are in this case the sole and direct agents is a question not decided.

John Hunter has remarked that the red corpuscles are connected principally with the strength and vigour of the animal—less with nutrition than with action. But action pre-supposes nutritive change. The fact appears to be that to "maintain the excitability of the organs," is simply to minister to the nutritive changes which are incessantly going on, and which cannot be stopped without stopping action. Hence, as has been said above, in regard to their relation to the consumption of oxygen, the red corpuscles maintain the excitability of the organs, only inasmuch as they contribute to nutrition. The mode in which they do this, as yet merely alluded to, I now proceed to investigate.

The red corpuscles considered as glandular cells.—Numerous well-known circumstances combine to show that a process of elaboration goes on within the blood-vessels, whereby matters fitted for assimilation and secretion are prepared from the raw materials entering the blood. As regards the secretions, indeed, some physiologists suppose that they are formed independently in the blood, and are merely separated therefrom by the glands as filters.

The elaboration which goes on within the blood-vessels is partly of a chemical and partly of a vital nature. New chemical compounds are formed, and matters without undergoing any appreciable chemical change are rendered more highly organisable.

What are the agents of this elaboration? While the red corpuscles of the blood have been looked upon as mere carriers of oxygen, or as agents for maintaining the excitability of the organs, the elaboration of the liquor sanguinis out of the various matters poured into the blood-vessels, has generally been attributed to the lungs by those who have justly apprehended some elaboration necessary for the production of the liquor sanguinis—the liquid whence the materials for nutrition and secretion are immediately derived. But the great and perhaps sole function of the lungs is to serve as the medium through which oxygen is taken into, and carbonic acid gas excreted from the blood.

A view has been of late years gaining ground that the special agents of the secretory process are the nucleated corpuscles which constitute the epithelium of the interior of the cells and canals of glands.*

The view just referred to has led to the conjecture that the red corpuscles are the agents of the elaboration of the liquor sanguinis. Wagner remarks that the red corpuscles might be presumed to bear the same relation to the plasma and its normal composition, as the cells of secreting glands do to the secreted fluids;† and in his excellent volume on General Anatomy, Professor Henle of Zurich, calls the red corpuscles *swimming glandular cells.* It is only necessary to compare for a moment the red corpuscles of the blood with the epithelium corpuscles of glandular surfaces to detect a striking similarity in structure and relations, nor does it require much reflection to perceive the likelihood of an analogy in function.

---

is, therefore, it appears, a direct transition of blood discs into the elementary parts of muscle." (Phil. Trans. 1840, Part II, p. 605, Pl. xxx, figs. 14 to 17, inclusive.)

The explanation of the appearance observed, but so grossly misinterpreted, is this:—when blood is mixed with certain muculent secretions, the red corpuscles tend to arrange themselves, as usual, in rolls, but at the same time becoming somewhat distended by the absorption of fluid they appear like rows of beads. Thus, if a minute drop of blood drawn from a prick of the finger be mixed with a drop of urethral mucus, and the whole covered with a thin plate of glass and examined under the microscope, the red corpuscles are observed to have become somewhat distended, and to be arranged in many places in single rows, like beads, for the most part parallel. The rows are exactly like what Dr. Barry has delineated, but the most remarkable phenomenon attending this state of the red corpuscles Dr. B. does not appear to have observed,—it is a locomotive power exhibited by the rows of corpuscles. They are observed to move across the field of view somewhat like worms, but very slowly. Even single corpuscles move onwards with a sort of vermicular motion, or like a polygastric infusorium when moving very slowly. This movement appears, however, not to be owing to any contractile power within the corpuscles, but to be determined by attraction for each other and for the aggregations of corpuscles towards which their movements tend. The apparent peristaltic motion appears to be owing to the flaccidity of the corpuscles. A partially filled bladder moving along any surface would present the same appearance. The flacid state of the corpuscles, it is to be remarked, is a necessary condition for its progression, for when a reagent, such as a solution of salt, is applied, the corpuscle shrinks, and is arrested in its movements.

The mistaking of red corpuscles distended by fluid, and arranged in rows like beads, for muscular fibres is, supposing all the attending circumstances of the case abstracted, a conceivable error; but to suppose that blood-corpuscles effused into and mixed with the mucus of the Fallopian tube should there form muscle, is a most extraordinary illusion. For what possible purpose, it may be asked, could muscular fibre be formed in the mucus of the Fallopian tube?

* The relation of the activity of the function of the corpuscles with the amount of oxygen consumed, referred to in the text, it will be seen is indirect, but as in the course of the performance of their function the corpuscles absorb oxygen and as the oxygen thus absorbed may be accessory to the function of the corpuscles, a direct relation is also to be inferred.

* Purkinje—Report of the Meeting of Naturalists at Prague in 1837. Isis, 1838, No. 7. Dutrochet had well observed that all cells are, properly speaking, secretory organs.

† Physiology, by Dr. Willis. Part II. p. 448.

I agree with Henle in supposing that the red corpuscles draw from the raw materials of the liquor sanguinis a matter, elaborate it, and when elaboration is perfected give back the matter, becoming at the same time melted down in the liquor sanguinis, thus disappearing like the epithelium-cells of glands. In short, as the secretory corpuscles of glands elaborate the secretions from the liquor sanguinis poured out amongst them, so from the new matters constantly entering the blood, the red corpuscles elaborate the liquor sanguinis. The secretory corpuscles of glands are constantly being thrown off, or resolved into a part of the secretion, but are as constantly reproduced: in like manner the red corpuscles of the blood are constantly being melted down into certain of the materials of the liquor sanguinis, but are as constantly being reproduced.

It is a question how fibrin is formed in the animal body. The true starting-point in nutrition, says Liebig, is albumen. The various protein compounds used as food are, by digestion, all resolved into albumen. In lymph and chyle, some fibrin presents itself, but it is in the blood that that proximate principle is first formed in any considerable quantity, and endowed with the strong and peculiar tendency to become organised. The more peculiar object of the elaboration supposed to be performed by the red corpuscles is probably the conversion of one protein compound into another—albumen into fibrin—a less into a more highly organisable proximate principle.

We have seen that the quantity of fibrin is increased in blood, which shows the buffy coat, and the number of red corpuscles diminished; and we have seen reason to believe from the changes exhibited by the red corpuscles that their action is increased in inflammation, and those other states of the system in which the buffy coat forms on the blood. The result of the increased action of the red corpuscles here assumed, I consider to be the augmentation of fibrin in the liquor sanguinis. This augmentation of fibrin is at the expense, not only of the albumen of the serum, but also of the red corpuscles themselves; for by their increased action on the albumen of the serum, the red corpuscles are themselves more quickly exhausted and resolved, therefore, in greater quantity into fibrin than in health.

THE COLOURLESS CORPUSCLES CONSIDERED IN THEIR RELATIONS AS ONE OF THE COMPONENTS OF THE BLOOD.—Leaving out of view the origin and ultimate destination of the colourless corpuscles, it is purposed to consider them here only in their relations as one of the components of the blood. As in blood examined out of the body the colourless corpuscles appear very insignificant, and as an idea of their importance is to be obtained perhaps only by viewing them in the blood as it circulates in the transparent parts of living animals, I would direct attention to the condition of the colourless corpuscles in, and their mode of passage through, the minute arteries, the capillaries, and radicles of the veins.

Condition of the colourless corpuscles in, and their passage through, the minute arteries, the capillaries, and radicles of the veins.—When the circulation in the web of the hind-foot of the frog is carefully observed under the microscope, the colourless corpuscles are seen accumulated at the inner surface of the wall of the vessels, along which they move very slowly in comparison of the red corpuscles, which occupy the axis of the current. Besides the difference in rapidity, there is a difference in the mode of progression of the colourless and red corpuscles. Whilst the red corpuscles are carried directly onwards with the liquor sanguinis, the colourless ones roll along over and over like round pebbles at the bottom of a stream of water; sometimes only are they pushed or carried along without rolling. Frequently, when the general current of blood is slow, a number of colourless corpuscles is observed to be stationary, giving to the vessel an appearance as if it were lined with an epithelium of globular corpuscles; a few of which are every now and then becoming detached from the rest and roll along. In the minute arteries when the velocity of the stream of blood is great, the colourless corpuscles are mingled and carried along with the red ones like stones in a rapid current of water; but if the velocity of the stream be diminished, the colourless corpuscles are observed to extricate themselves from among the red ones, and as stones seek the bottom when the force of a current is diminished, come in contact with the wall of the vessel along which they now slowly roll. Through the smaller capillaries the colourless corpuscles pass one by one indiscriminately with the red ones. It is principally in the radicles of the veins that they accumulate in such numbers as actually to line the walls of the vessel like an epithelium.

The peculiar relation of the colourless corpuscles to the walls of the vessels suggested to Poiseuille, (who, it is to be remembered, however, appears not to have perceived any distinction between the colourless and red corpuscles,) the idea that, like what was shown by Girard to take place when a fluid passes through a tube of small diameter, the current of blood is less rapid towards the wall of the vessel, and the stratum in immediate contact with it altogether stationary. This, however, is not altogether a correct view of the phenomenon, as will immediately be seen.

Attractions and repulsions of the red and colourless corpuscles.—From the facts stated in the preceding part of this paper it may be admitted as fully established that the red corpuscles have an attraction for each other, but none for the colourless corpuscles. The accumulation of the colourless corpuscles at the sides of the vessels proves, as already shown by Ascherson and Weber, the existence of an attraction between them and these walls. The circumstance that the red corpuscles under the ordinary natural circumstances never adhere to the walls of the vessel, is a pretty sure indication of an absence of attraction between these parts, if not of the existence of actual repulsion. The red corpuscles keep together in the axis of the stream by virtue of the attraction they have for each other, but this attraction does not operate within the vessels to so great an extent as is observed in blood just abstracted, otherwise stagnation of the blood would infallibly take place. The cause of this I am inclined to believe is, that when by virtue of attraction contact takes place between the corpuscles, repulsion ensues just as when two bodies which by reason of their being in different states of electricity attract each other, are repelled immediately on contact. The breaking up in the course of a few minutes of the rolls into which the red corpuscles aggregate immediately when drawn, above described, is owing, perhaps, to an imperfect exertion of the same repulsion or at least cessation of attraction between the red corpuscles here supposed to supervene on contact.

A knowledge of the attractions and repulsions just mentioned appears calculated to throw some light on the circulation in the capillaries, including the terminations of the arteries and radicles of the veins.

Circulation of the blood in the capillaries, including the terminations of the arteries and radicles of the veins.—From the circumstance that the liquor sanguinis passes through the walls of the minute vessels by imbibition, it is to be inferred that there is an attraction between it and these walls. This being the case, the liquor sanguinis of the circulating blood in contact with the walls of the vessels will be retarded in its course, just as takes place in the passage of

water through narrow tubes of glass. The red corpuscles, by virtue of their attraction for each other and repulsion, or want of attraction, for the walls of the vessels, keep in the axis of the stream, whilst the colourless corpuscles, by virtue of their attraction for the walls of the vessels, and their want of attraction, or repulsion, for the red corpuscles, apply themselves to the walls. Being thus in the less rapid stratum of liquor sanguinis they are either not at all or very slowly carried along. The rolling over and over mode of progression which they so often exhibit, appears to me to be caused by the onward movement of the string of red corpuscles aggregated in the axis of the stream, acting in the same way as a log of wood does in carrying along with it the balls or rollers placed underneath, in order that it may be moved more easily. It is indeed probable that the colourless corpuscles do actually in this way facilitate, or at least offer less obstruction to the course of the stream of red corpuscles than if, considering their attraction for the walls of the vessels, they had to have been pushed along. It is scarcely necessary to remark that the mode of progression of the colourless corpuscles under consideration explains the slowness of their course in comparison of that of the stream of red corpuscles.

It has been stated that in the minute arteries, when the velocity of the stream of blood is great, the colourless are mingled and carried along with the red corpuscles. In this case the attraction between the colourless corpuscles and walls of the vessels is overcome by the force of the current, in the same way as rapid waters overcome the force of gravitation, by raising up from the bottom, suspending, and carrying along even very large stones. As when the force of the stream of water subsides, the stones by virtue of the attraction of gravitation again seek the bottom, so when the force of the stream of blood is diminished by any cause, the colourless corpuscles, by reason of their want of attraction for the red ones, are extricated from among them, and by virtue of their attraction for the wall of the vessel are brought into contact with it.

Mode in which arrestment of the circulation takes place in the capillaries.—The absence of attraction or the existence of actual repulsion between the red corpuscles on the one hand, and the walls of the vessels and colourless corpuscles on the other, is a most important fact to keep in view. Without this absence of attraction or existence of actual repulsion the passage of the blood through the small vessels would have been impossible. Indeed it is a change in the attractions and repulsions among the red corpuscles which appears to be the cause of inflammatory congestion.

When any irritating substance, a solution of common salt for example, is applied to the web of the frog's hind-foot, or when the part is wounded, the congestion which supervenes on the temporarily accelerated circulation, is observed under the microscope to commence by the red corpuscles agglomerating together and applying themselves here and there flat against the wall of the vessel, and adhering to it.* Other red corpuscles apply themselves to those already adherent and complete stagnation ensues. The blood in the lungs of the frog is observed to be arrested in the same way in the vessels when the part of the lung under observation is touched with solution of salt, or, as I have also found on making the experiment, *when a stream of carbonic acid gas is directed against it.*

* The observation of Weber that red corpuscles sometimes adhere to the walls of the vessels and are changed into colourless ones, has not been confirmed. All my observations are against it.

The stoppage of the circulation in the capillaries which occurred in Mr. Blake's experiments of injecting differents salts into the blood is to be attributed to the same change in the attractions and repulsions of the red corpuscles which is here considered as the immediate cause of the stoppage of the capillary circulation in the cases above described. The stoppage of the circulation in the capillaries of the lungs in asphyxia, it may be inferred from what is above stated of the action of carbonic acid gas, is owing to the same cause.

The colourless contrasted with the red corpuscles in their relations to the nutritive process.—In contemplating in their relations with nutrition, &c., the phenomena just described, the first thing that strikes us is the *distended* and *globular* colourless corpuscles, rolling *slowly* along the walls of the minute vessels, whilst the *collapsed flattened* red corpuscles proceed *rapidly* onwards in the axis of the stream. The very natural inference from this is that, as Weber has already observed, there is some reciprocal relation between the colourless corpuscles, and the parts outside the vessels in the process of nutrition; whilst, as I have above endeavoured to show, the red corpuscles have no direct relation with the parts outside the vessels, but are more concerned in the elaboration of the liquor sanguinis.

Cause of the variations in the capillary circulation.—It is interesting to consider the different capabilities for endosmose and exosmose, in reference to the liquor sanguinis, possessed by the red and colourless corpuscles, as indicated by their different states of distention, and to compare this with the difference in the attractions and repulsions they exhibit. The changes constantly going on in the blood is attended with variations in the capabilities of the corpuscles for endosmose, and in their attractions and repulsions. These appear to be the cause of the variations which are constantly occurring in the capillary circulation. The force of the heart alone, and not any action of the capillaries, determines the general passage of the blood from the arteries into the veins, but it is to the attractions and repulsions of the corpuscles that the varied peculiar movements of the blood in the capillaries are owing. In considering the circulation, through the capillaries, in short, it is always to be remembered that the blood is not a mere inert fluid, but one containing, in suspension, innumerable organised and living corpuscles endowed with peculiar attractions and repulsions.

The view now given of the nature and uses of the corpuscles of the blood appears calculated to guide to a more correct explanation of many obscure points in physiology and pathology. Without necessitating us to give up any of the arguments of solidism, it puts into our hands all the valuable ones of humorism.

EXTIRPATION OF A FATTY TUMOUR FROM THE NECK.

John Hill, æt. 54, was admitted under Mr. Shaw's care into the Middlesex Hospital with a tumour on the left side of his neck. It was situated in the space between the sterno-cleido-mastoideus and the trapezius, and reached from behind the mastoid process of the temporal bone to the middle of the clavicle. Its form was oval, and slightly lobulated. It projected, at its most prominent part, about four inches from the level of the neck. The posterior edge of the sterno-cleido-mastoideus overlapped it in front, and it was bound down by the platysma myoides; yet its attachments at its base were loose. No large vessel could be discovered in close connection with it. The skin was moveable upon the tumour, except at its most projecting part, where there was an extensive cicatrix; and here the skin was thin, and firmly adherent. The patient suffered no pain in the swelling.

On grasping it, it had a feeling of solidity throughout its general mass; yet there was a softness and elasticity in its more superficial part which gave the impression that the tumour consisted of fat. The patient first observed the swelling so far back as twenty-five years ago, and it was not long of acquiring its present size; since which time he has had no further inconvenience from it than as a deformity. About twelve years ago, by his wife's persuasion, he applied a quack salve to the tumour, in order to disperse it: the effect was, that a portion of the skin mortified, and the scar seen on its surface was produced.

Having been kept in the hospital a few days, and some purgative medicine administered, the operation of removal of the tumour was performed, October 14th.

Two elliptical incisions were made in the length of the tumour, so as to include the cicatrix mentioned above. The anterior flap was turned aside first. In effecting this, a layer of dense fascia, consisting principally of the platysma myoides altered in structure, was cut through; and then the cellular attachments of the tumour were found to be comparatively thin and delicate. These were divided by directing the edge of the knife upon the tumour, and pulling the tumour, at the same time, forcibly to one side, in the manner employed when cleaning the fibres of a muscle in dissection. Only one small vein was opened in the course of turning out the tumour from its bed. The chief adhesion was at the superior part: and when this was cut through at the last, a small artery, requiring ligature, was divided, and also a branch of the superficial cervical plexus of nerves, which passes to the occiput. The edges of skin were brought together by three sutures. In the course of a few hours after the operation the wound was dressed by placing a strip of simple dressing over the line of the incision, laying a long narrow compress of lint on each side, and securing these by adhesive straps: a pad of cotton wool was then put over all, and secured by calico roller round the neck. The patient did not utter any expression of pain during the operation, and walked back to bed without assistance. The tumour weighed three-quarters of a pound, and it consisted wholly of fatty substance, without any distinct cellular envelope. The patient was ordered—

Hydrarg. Chlorid. gr. iij; Extr. Colocynth. Co. gr. vi.; Antim. Pot. Tart. gr. ¼ Hora somni.

On the fifth day his health was so good, and the wound was so near being healed, that he was allowed to sit up.

October 25th.—There being only a small part of the wound not united, he was made an out-patient.—*Medical Gazette.*

STATISTICS OF DELIRIUM TREMENS IN BERLIN.

From November 1, 1840, to November 1, 1841, 106 patients suffering from delirium tremens, were admitted into the Charité at Berlin, of whom 24, or 1 in 5 died. Of these 106, 10 had been admitted once before for the same affection, 3 twice, 2 thrice, 2 four times, 1 five times, and 1 twelve times before. Most stated that they were in the custom of drinking half a pint of spirits daily, but some confessed to a quart, and one woman, only 22 years old, said that she was in the practice of drinking three pints of spirits every day. Forty-five of the patients were day labourers, 41 were mechanics, 6 were women, and 6 were persons who were above the poorer classes. It is evident, however, that most were of that class whose opportunities for indulging their vice would be greatly curtailed by the imposition of a heavy tax upon spirits.—*Allgemeine Medicin. Central Zeitung, 9 April, 1842.—Brit. and For. Med. Rev.*

EQUIVALENTS OF FRENCH AND ENGLISH MEASURES

		English Inch.
The millimetre (thousandth part of a metre)	=	0.039 or 1–26
The centimetre (hundredth, do.)	=	0.394 or 2–5
The decimetre (tenth, do.)	=	3.937 or 4
The metre	=	39.371 or nearly 39⅓ inches,—say 1 1–9 English yard.

The decametre, hectametre, and kilometre, are respectively 10,100, and 1000 metres.

The French inch (ordinary measure) is a trifle longer than our own, being equivalent to 1.066 English inch.

The French foot	=	12.078
The French toise = 6 feet English		4.735
	or 2 yards	2.131

The anne is equal to 1⅓ English yard.

As respects weights and measures of capacity:—

		Ounce Troy.	Grain.
The milligramme	=	0.000032	or 1–66
The centigramme	=	0.00032	or 1–6
The decigramme	=	0.0032	or 1½
The gramme	=	0.032	or 15½

But we may, in general, calculate, roundly, the gramme at 15 grains, or a quarter of a drachm. There are decagrammes and hectogrammes. The kilogramme, a weight in considerable use, is equivalent to 2.68, or 2⅝lbs. troy, or to 2 1–5lbs. avoirdupois.

		Imp. Gall.	Imp. Quart.
The litre	=	0.22	or about ¼
The hectolitre	=	22.	or 2¾ imp. bush.

—*Lancet.*

MEDICAL COMPETITION.

It has been often remarked that we live in an age of *individualism*. This tendency is general: it may be observed in every class, in every profession in society; it has been the necessary result of the principles of political economy professed during the last half century—principles which are most faithfully expressed by the familiar phrases—"Let things find their own level; let them follow their natural course." Medicine has had its share also of letting things take care of themselves; and the result to science has been the complete destruction of any general doctrine, of all general principles; to science the annihilation of all esprit du corps. Every individual creates a science for himself, and isolates himself, as much as possible, in the exercise of his art. In a word, *competition*, with its narrow egotism, its grasping tricks, its exaggeration of individual acquirements and skill, has thoroughly and universally tainted the medical profession, and is manifested on the most public as on the most private occasions.

Anarchy in ideas; discord and jealousy among individuals; exorbitant ambition; the adoption of *every* and *any* means to succeed; selfishness and egotism, such have been the results of the principle of unlimited freedom of competition; that principle which has devoured, has prostrated modern society, and of which the medical, more than any profession, has reaped the bitter fruit.

We exclaim against charlatanism, we denounce quacks, we invoke the rigour of the law for their suppression; but this is violating the rules of sound therapeutics, it is treating a symptom and neglecting its cause, which incessantly exerting its malign influence, must ever reproduce the same mischief. In asphyxia, from exclusion of air, would you administer a cordial to the patient? No: you would open the windows, and turn out the bystanders.

In the asphyxia then which smothers the profession, open the windows, expel the assistants—that is to say, reduce to a reasonable and sufficient number the members of the medical profession. All depends on this, and this alone.—*Gazette des Hôpitaux de Paris.*

MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

TO THE EDITORS OF THE MEDICAL PRESS.

York-street, November 23, 1842.

GENTLEMEN—I am directed by the Committee of the Medical Benevolent Fund Society of Ireland to transmit to you the enclosed resolution, which, I have much pleasure in saying, was unanimously and most cordially passed at their last meeting.

I have the honour to be, gentlemen, very faithfully yours,

CHARLES BENSON.

"College of Surgeons, Dublin,
"November 11, 1842.

Resolved—"That the best thanks of this committee are due and hereby presented to the Editors of the MEDICAL PRESS for the valuable services they have gratuitously rendered to this institution by advocating its cause, and printing its reports, in their influential journal.

"Signed,
"J MACDONNELL, Chairman.
"C. BENSON, Secretary."

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, DECEMBER 7, 1842.

THE MEDICAL CHARITIES' BILL.

WITHOUT preface or circumlocution, we have to inform the physicians and surgeons of dispensaries and fever hospitals that they must make up their minds to say whether they will take this bill or not—yea or nay—they must come to the point, and have an end to fencing and evasion. Matters have come to this pass. Lord Eliot announces that he is informed by those upon whom he relies, that the great majority of the medical profession, both in town and country, are favourable to this measure, and that it is only opposed by a small and insignificant "faction" in the College of Surgeons, and by an equally small "faction," constituting the Medical Association. Nay more, we understand that he and Mr. Lucas have actually asserted that certain members of the profession in Dublin have represented to them that they were authorised to give the consent of the Colleges of Physicians and Surgeons to it, and that they have given such consent and sanction accordingly. To this assertion, the College of Surgeons and the Council of the Medical Association have personally, by deputation, given a flat and unqualified contradiction, and it remains for the physicians and surgeons of fever hospitals and dispensaries to take the same course, or by their silence tacitly to acquiesce in these statements. We are not alluding to Phelan, or Corrigan, or Harrison, or any such small deer, but to those who, by their position and influence, can strengthen the hands of the authors of this bill, and as we are candidly giving our advice, we venture to warn all parties that the time has arrived when it is absolutely necessary to clear up all doubts about the matter. It comes to this: are the medical attendants of fever hospitals and dispensaries—yes or no—consenting parties to a bill which dismisses the present governors of these institutions, and replaces them by poor-law guardians, ex-officios, and a few subscribers to the poor-rate? Are they willing to abandon a certain income, however small, for an uncertain prospect? Are they prepared to exchange the protection of the statutes of the realm for the dangerous and unconstitutional legislation of three individuals? We need go no farther. Are they, we say, prepared for all this, or are they not? If not, they must say so, and that without one hour's delay. Silence, we can tell them, is accepted, and perhaps very fairly, as consent, and every man, who remains after full warning, a silent spectator, records his vote in favour of the "bill." We care not a pinch of snuff for the fencing and evasion we hear of: we thoroughly understand what men mean when they avow their acquiescence in the "principle," as they call it, of the bill, but pretend to object to the details. That is all a mere throwing of dust into peoples eyes. "The bill," the whole bill, and nothing but "the bill," is the thing contemplated, and nothing else will answer the purposes of the parties. Apparent concessions may be made, clauses of minor importance may be modified, and glaring objections removed; but it must at once strike every man that, unless a bill, which either openly or covertly effects the avowed objects, be carried, no bill is wanted.

The physicians and surgeons of dispensaries are accused of favouring this measure with the hope of bettering their condition. We do not believe it. In the first place, we cannot for one moment suppose that they would be so infatuated as to dissolve the tie which connects them with the gentry of the country; and in the second, we cannot consider them such fools as to believe that they are all to have an £100 or £150 a year secured to them, as promised by Phelan and Corrigan. There are six hundred and twenty dispensaries, which, multiplied by one hundred, makes sixty-two thousand. Sixty-two thousand pounds a year in salaries alone to dispensary medical attendants, exclusive of the general support of the institutions, and exclusive of the expense incurred for fever hospitals and infirmaries, and now for vaccination money!!! It is out of the question; and the sooner gentlemen put all that nonsense out of their heads the better. The grand juries now grant £34000 for dispensaries, £22000 for fever hospitals, and £28000 for infirmaries and other general hospitals, besides a large sum for lunatic asylums. Little less, if less, than £90,000 a year, exclusive of voluntary subscriptions, paid by those who bear this taxation, to the amount of something between forty and fifty thousand a year more, making a total of about a hundred and thirty or a hundred and forty thousand pounds a year for medical relief, exclusive of that given in the poorhouses and the new impost of vaccination money. We shall conclude with a *verbum sapienti*, and that is to let well alone, and to join in one long pull, strong pull, and a pull altogether to strangle this dangerous, voracious, and noxious reptile in its birth.

MEDICAL CHARITIES' BILL—DEPUTATION FROM THE COLLEGE OF SURGEONS TO THE GOVERNMENT.

A deputation from the Royal College of Surgeons, consisting of the President (Mr. Tagert,) the Vice-President (Dr. O'Beirne,) Messrs. Carmichael, Collis, and Jacob, waited upon Lord Eliot on Tuesday last, having previously submitted to his Lordship the resolutions agreed to by the College, and the report of a committee upon the clauses of the proposed medical charities' bill, all of which will be found in our advertising columns.

Lord Eliot was aided by Messrs. Lucas and Brewster, and the conference lasted for two hours. His Lordship's mind appeared to have been impressed with the notion, that there was no general hostility felt against the poor-law commissioners' control upon the part of the medical profession, and he seemed to have forgotten or not to be aware of the contest that has been going on between the profession and the commission during the last two or three years. The most remarkable statement made by his Lordship was, "that he had lately inspected a number of the poor-law unions in Ireland, and inquired into the operation of the measure which he found to be very popular, and working most admirably in Ireland."

POOR-LAW INTELLIGENCE.

Bandon Union, Nov. 30.—Mr. Wheeler moved

"That if the poor-law commissioners performed *their* duties as faithfully as the board of guardians of this union, the debt due to the treasurer would have long since been liquidated, as the rates would have been put in the course of collection had the commissioners furnished the necessary information for that purpose in proper time; and that a copy of this resolution be sent to the commissioners, in reply to their letter of the 24th instant, by the clerk, and also a copy to Sir James Graham, Secretary of State for the Home Department."

Carried unanimously.

Captain Davis from his experience of the law, as at present constituted, and its total inapplicability to the wants of the poor of this country, begged leave to resign his office of guardian.

Mr. O'Hea had just heard of Captain Davis's resignation of his guardianship, as he entered the room, and he (Mr. O'H.) came to-day to the board for the same purpose. As far as his personal intercourse with the gentlemen composing this board went, he had never received anything but courtesy and attention, and he would say that every question brought under discussion in this room was argued with calmness and for the best interests of the union. He had very seriously considered the step he was about to take; he had read the resolutions proposed at the last meeting calling for an amendment in the law, but they did not go far enough; nothing but a total repeal of the law will answer (hear, hear.) We have now a year's experience in this union, and no blame can be attached to this board for not carrying out its provisions. He (Mr. O'H.) waited patiently to see whether matters would mend, but we were retrograding instead of progressing. Wherever the money goes, it has not been expended on the pauperism of the union, (Mr. O'Hea here instanced the great expenses incurred in several electoral divisions) and seeing that the workhouse system could never relieve the wants of the poor of Ireland, and having no voice in the expenditure of the funds collected, except under the control of the commissioners, as an individual he felt it his duty to resign the office of guardian. When the law was about to be established in this county, he attended the meetings convened for the assistant commissioner's explanations, and that gentleman, certainly in the sweetest language, told us how the poor-law would raise the moral condition of the people, and promised us that the rate would only amount to five pence in the pound (hear, hear.) He (Mr. O'H.) regretted that gentleman's absence to-day, as he was anxious to tell him that he was a false prophet. In-door relief is not fitted for Ireland—just look at the last audit, where it is shown that it cost £1,800 to disburse £400 relief. He (Mr. O'H.) would not under any circumstances countenance resistance to the law (hear.) Far from it; he had upheld and would uphold the law while it was law, and he had by his influence induced many to pay their rates. He would urge on all obedience to the law (hear, hear)—but he thought it the duty of the rank and intelligence of the country to protest in calm and solemn language against an act, which is not tending to effect the object contemplated by its provisions.

Mr. Wheeler regretted that Captain Davis and Mr. O'Hea should have come to the determination of resigning. We are all embarked in the same ship; let us sink or swim together (hear, hear.)

Colonel Clerke agreed with Mr. Wheeler.

Mr. Leslie hoped Mr. O'Hea would reconsider his resignation at such a crisis.

Lord Bernard—If ever there was a time when we should act together, that time has now arrived. We are called upon by influence and example to induce the peasantry to obey the law (hear, hear)—and not peril the peace of the country. His lordship hoped that all that had passed would be forgotten, and that all would unite to support the law (hear, hear.)

Mr. Hurley said he agreed in a great deal that had been said with respect to the present system, and when he looked back on the working of the alms-houses and House of Industry of Cork, the contrast was great. The latter after having afforded relief for so many years, closed in debt only in a sum of £2,000. Look to the transfer to the workhouse, and after *two* years the debt is £3,200 (hear, hear.) He confessed, however, that out-door relief in Ireland should be administered with great caution; the able-bodied should not be permitted to live on the industry of others. Provide for the aged, sick and infirm (hear, hear)—and if the able-bodied be too numerous, give them an opportunity of earning their bread by emigration (hear.) Mr. O'Hea and Captain Davis ought not now retire from this board. We should pull together, and await the meeting of parliament with a hope of some redress to our grievances, and if it be not afforded, then let us resign (hear, hear.)

Captain Davis here withdrew his resignation.

Lord Bernard said, it was most satisfactory that Captain Davis had yielded to the wishes of the board, and his lordship would urge on Mr. O'Hea, in the strongest, but kindest terms, his following Captain D.'s example (hear, hear.)

Mr. O'Hea would receive with every kindly feeling his lordship's suggestion. Mr. O'Hea withdrew his resignation, and gave notice for a petition to both houses of parliament, for the total repeal of the present relief bill. To be taken into consideration on Wednesday, 14th December.

Mr. Herrick was for a total repeal of the law, as he did not consider it could be amended so as to meet the wants of this country.

Mr. O'Hea would again trespass for a few minutes

on the board, and follow up his notice of motion with a resolution to the effect—

"That the present rate in course of collection be expended in liquidation of our debt to the board, and to the support of the paupers now in the house, and that the board admit no more paupers, except aged and infirm, until such time as there shall be a balance to its credit in the treasurer's hands."

Seconded by Mr. Deacy and carried.

MEDICAL CHARITIES.

Mr. Spillar begged the noble chairman's permission to have the resolution adopted by the board on the 12th ultimo read. After the clerk had read the resolution, Mr. Spillar recapitulated the objections urged on a former occasion against the "medical charities' bill," which would give great and irresponsible additional powers to the commissioners, and fix considerable additional taxation on the already overburdened rate-payers (hear, hear.) He would beg leave to move that a copy of that resolution be forwarded to Lord Eliot, and also submit a petition founded on it, which he would read for the board:—

"*To the Honourable the Commons of Great Britain and Ireland in Parliament assembled.*

"THE PETITION OF THE BANDON UNION BOARD OF GUARDIANS,

"HUMBLY SHEWETH—That petitioners have proved by experience that the estimate of expenditure under the poor relief act has far exceeded the amount calculated on, and asserted to be sufficient for the support of the poor of Ireland, in the report presented by Mr. Nicholls to parliament, preceding the passing of that measure; and that the administration of the act under the direction of the commissioners has greatly added to the public burdens, without commensurate advantages either to the rate-payers or paupers.

"That your petitioners therefore view with alarm the contemplated extension of further powers of taxation to the said commissioners, and look on the intended transfer of the medical charities of Ireland, by the proposed bill, laid on the table of your honourable house by Lord Eliot, as particularly objectionable, as likely to inflict great injustice on the poor, by severing the ties between them and the resident governors and subscribers in an several districts where those institutions have been established for such a lengthened period, and also as adding the increased burden of taxation on the already overtaxed rate-payers of the country, without affording any corresponding benefits beyond those now enjoyed by them, under the present economical system.

"That for these and other reasons petitioners implore your honourable house not to permit said medical charities' bill, in its present objectionable shape, to pass into law.

"And your petitioners will ever pray."

The petition was adopted, and ordered to be engrossed for signature, to be ready on the 14th December.

Mr. Hurley proposed that the presentation in the House of Commons be confided to Lord Bernard, and in the House of Lords to the Earl of Bandon.

Carried unanimously.

EDENDERRY UNION, Nov. 26.—The board of guardians for the Edenderry union met on Saturday, their usual board day, when nearly every guardian was present. After the usual business was gone through, the following resolution was proposed and carried unanimously:—

Proposed by Edward Wolstenholme: seconded by Francis Dames:

"Resolved—That ever since we have acted as guardians of the Edenderry union, we have endeavoured to the utmost of our ability to carry into full and fair operation the great *experiment* which the government wish to make as to the introduction of poor-laws in Ireland; but, as members of the board, we never can sanction the levying a cess upon the rate-payer, for the purpose of paying a demand which, after the most close and minute examination, this board deem extravagant, exorbitant, and unjust, and such as no rate-payer in his private capacity would submit to. That the commissioners, by having insisted on our paying a demand of the above nature, have compelled us, with extreme regret, LEGALLY to resist their unjust and arbitrary proceedings, by showing cause against the mandamus obtained in the Court of Queen's Bench at the prosecution of the said commissioners."

ENNIS UNION.—At the meeting of guardians, last week, Sir Lucius O'Brien recommended that the presentments for dispensaries should be withheld if the superintendents did not consent to vaccinate gratuitously. Mr. Powell moved that tenders for vaccination should not be opened, and that the dispensary doctors should do the duties of vaccination, which was carried by a majority of thirteen to eight. Sir Lucius O'Brien said he subscribed over £30 annually to dispensaries, which he would certainly retain if the medical men connected with them refused to vaccinate for the poor, and he trusted others would follow his example.

LIMERICK UNION, Nov. 30.—Dr. W. Griffin, in bringing forward the motion of which he had given notice on the subject of vaccination, said that it was an important question to the guardians at large, and the medical gentlemen of the union were most anxious to show that they were not actuated by the motives they had been charged with in opposition to the vaccination act.

The chairman intimated that a letter had been received from the commissioners, which the clerk read as follows:—

"Poor-law Commissioners' Office, Dublin,
"November 29, 1842.

"SIR—The poor-law commissioners have learned with regret that small-pox has broken out in the workhouse of the Limerick union, and they cannot but fear that this is in some measure attributable to the omission on the part of the board of guardians to carry out the provisions of the vaccination act. As the commissioners learn that the greater number of the children who have been admitted into the workhouse are found not to have been vaccinated, the commissioners therefore desire to call the attention of the board of guardians to the several communications which have been addressed to them on this subject, and request that they will consider the serious responsibility which attaches to them, in disobeying the express provisions of the act of parliament and witholding from the community the benefit intended by it.

"By order of the board,
(Signed,) "ARTHUR MOORE, Chief Clerk."

Dr. Griffin said that that letter made it more imperative on them to exonerate themselves from the charges that had been made by the commissioners. There could be no doubt that there was an immense responsibility attached to such interference as had been spoken of in that document (hear;) but he thought he would be able to show where that responsibility rested. If it could be shown that the medical men were actuated in their opposition by selfish or avaricious motives, he knew of no language severe enough to designate such conduct (hear.) The object of the legislature in proposing the payment *per* case system, was that medical men might be induced to carry out vaccination as far as possible; and, if that were the object, he should say that it had been, as far as it had gone, a total failure. He considered that a great mistake had been made in proposing a rate of remuneration, which was wholly inadequate to the trouble that would devolve on the practitioner willing to carry out vaccination as it ought to be. He believed also that medical men of respectability were prevented from carrying out the system at all by the means that had been adopted. The commissioners had the experience of the operation of the act in

England at 1s. 6d. per successful case. In England they had the advantage of surgeon-apothecaries, which they did not possess in this country. In Ireland they had a better class of medical men—unfortunately for the commissioners no apothecaries; and yet the commissioners offered a lower rate of remuneration to a more efficient and educated class of practitioners than they had in England (hear.) He would say, from the returns that had been made, that there could not be the slightest confidence reposed in those returns. He would show also that if they paid 1s. 6d. each successful case to respectable men, that they would have more done, and more efficiently done also, than if they gave but 6d. a case to the class of persons who had vaccinated in some unions. Mr. Phelan's report states—that in 42 unions no contracts have been entered into. In 36 unions the return is under one per cent. In 77 unions only 16 cases on the average were retured. In 58 districts contracted for, no return was made. In the Kilkenny and Shilelagh unions it is 15⅓ per cent. on the population. In Kanturk union it is 9 per cent. In the Cahirciveen union it is 26½ per cent. In the Kanturk and Kilbrin electoral divisions of the Kanturk union, it is 35 per cent. The population of Cahirciveen is 26,785. No. of vaccination districts, 4. No. successfully vaccinated, 4,442. Sum paid for vaccinating, £131 18s. As the population of the Limerick union is stated to have been 136,936 in the year 1831, if a proportional sum was for vaccination on this number, it would amount to £669 odd. The learned gentleman went on to show, that the returns from several of the districts as above must be wholly incorrect and fallacious, and such as the guardians and rate-payers could not rely upon, and he concluded a very lucid statement by moving the following resolution:—

"Resolved—As it appears from the report of Mr. Phelan (assistant-commissioner) on the vaccination extension act, that in 42 unions few or no contracts have been entered into; that in 36 unions, out of 88, in which contracts have been entered into, only 1 per cent. of the population has been vaccinated; that in 77 districts of these unions no more than 16 successful cases have been returned on the average, and in 58 districts not a single case returned. As it appears on the other hand that in those districts in which large returns of successful cases have been made, the amount of population was not such as to support the correctness of such returns, the board of guardians of this union, though highly sensible of the advantages to be derived by the community from general and efficient vaccination, entertain strong doubts as to the possibility of carrying out the objects of the vaccination extension act on the plan proposed by the commissioners."

Mr. Monsell said—That having on a former occasion seconded the resolution of Dr. Geary, rejecting the tenders that had been sent in, he felt that considerable responsibility was attached to him, as well as to the guardians for having assented to the resolution. He made inquiry from Dr. Brodie, the dispensary physician in his district, as to the number of persons who had been lately vaccinated there, and that gentleman informed him that out of that very extensive district, only 14 had been vaccinated. It was quite clear, therefore, in this case they were involved in a great responsibility. He entirely agreed in the observations made by Dr. Griffin, whose statement he thought was most convincing, and whose resolution he took leave to second; but he conceived, at the same time, that they were imperatively bound to take all the means they possibly could to save the poor from the ravaging plague of small-pox—and he would suggest that the clergy of the several districts be requested to tell their flocks from their altars that the dispensary physicians were ready to vaccinate their children, and save them thus from serious and lamentable consequences.—The resolution passed.

Mr. Monsell moved and Lord Clare seconded a resolution to the effect, that the clergy be earnestly requested to use their influence with their flocks to have them vaccinated.

Parsonstown Union, Nov. 26.—After an able exposé of the conduct of the commissioners by Mr. O'Driscoll, it was proposed by that gentleman, and seconded by Dr. Warburton—

"That this board regards with feelings of surprise and indignation, the attempt on the part of the commissioners to charge this union with a sum of £1,997 0s. 9d., for work which the board thinks should have been an indispensable part of the contract, and that with a view to ascertain if the demand can be legally resisted, a case be laid before two eminent counsel upon whose opinion the board shall forthwith determine its course, and that Mr. Julian be instructed by the clerk to frame the case for counsel, and attend to all proceedings consequent upon their opinion."

The Chairman (Mr. Head Drought)—I believe this will be adopted without a division. You are all of opinion as to the propriety of it.

Dr. Warburton—Mr. Chairman—We have had some delectable specimens of the mode in which the commissioners manage our affairs; but they imagine they have not yet sufficiently got the country under their control, and therefore they want to have the management and conduct of our medical charities. They have achieved such improvements in the condition of our poor, and at such a very trifling expense, that they want to impart the benefits of the legislation to our medical charities. This would certainly be the finishing stroke to the country, and we ought to resist it by all the means in our power. I therefore beg to propose a resolution—

"That having seen a draft of a bill introduced into parliament by Lord Eliot, it is the deliberate opinion of this board, that the transfer of the medical charities of Ireland to the control, either wholly or in part to the poor-law commissioners, must prove destructive to the efficiency of those institutions, injurious to the interests of the sick-poor, and calculated to break the link that has hitherto existed between the rich and poor of this country."

Mr. Charles Atkinson—I beg to second that resolution.

Carried *nem con.*

Several of the guardians have intimated a wish that a petition to parliament should be framed and forwarded from the board, expressive of their disapprobation of the proposed medical charities' bill, and measures taken to have the same presented to both houses on the assembling of parliament.

ST. BARTHOLOMEW'S HOSPITAL.

A meeting of the governors of this hospital was held on Wednesday last, upon the general business, but more immediately for the consideration of a report from the treasurer and almoners, recommending the appropriation of six houses, the property of the hospital, and situate in its immediate neighbourhood, for the formation of an establishment for the accommodation of a certain number of the pupils. The report, which was a very interesting one, detailed the advantages likely to arise from providing accommodation, more particularly for pupils coming from distant places to make their way in the world by studious application to the great school of experience in the hospital. It stated, that in many instances young men of great promise had been led into habits fatal to their education, character, and prospects in life, and destructive of their moral sense, by taking their chance in houses of which they knew nothing upon their arrival in the metropolis, remote from the protection of parents or friends, and it feelingly described the consequences of

such exposure. By such an establishment as that proposed by the treasurer and almoners, it was calculated that the apprehensions naturally entertained for the morals of their sons would be, at all events, considerably abated, as the young men would be watched over by the authorities of the hospital, who would prevent by their advice and assistance to the inexperienced, a vast deal of the mischief which daily arose from the want of good counsel and the presence of temptation. Amongst other governors who supported the measure, Mr. Joshua Watson, a very sincere friend of the institution, and one of its oldest governors, stated that he had received the notice of the intended proceedings of the day with the highest satisfaction, and had come at great personal inconvenience to support a measure which he considered would tend more to keep St. Bartholomew's Hospital in its pre-eminent station than anything he could imagine. He also declared that it was with the greatest pride he saw that great institution taking the lead in a matter of such vital importance to its interests. The report gave universal satisfaction, and as it was understood that the experiment would be in all probability tried without any draught upon the funds of the hospital, the general opinion being that the price paid for the accommodation would yield an ample rent, it was unanimously agreed to. The proposed building is to consist of a large dining-room, as well as a variety of bedrooms. It is supposed that parents in the country will feel much satisfaction at finding such a desideratum near at hand.—*Times Newspaper.*

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Nov. 20th,	55	45	29.770	.010
Monday,	21st,	48.5	41	29.900	.145
Tuesday,	22d,	46	40	29.450	.430
Wednesday,	23d,	45.5	35	29.300	.025
Thursday,	24th,	45	39	28.550	.275
Friday,	25th,	46 5	41	28.624	.115
Saturday,	26th,	43.5	37.5	28.950	.360
Sunday,	27th,	44	35	29.200	.025
Monday,	28th,	43.5	39.5	28.722	.735
Tuesday,	29th,	44	39	29.250	
Wednesday,	30th,	45	35.5	29.670	
Thursday,	Dec. 1st,	56	40.5	29.672	
Friday,	2d,	57.5	52	29.774	.004
Saturday,	3d,	58.5	46.5	30.218	

BOHAIN'S FRENCH NEWSPAPER,

LE COURRIER DE L'EUROPE,

ECHO DU CONTINENT.

Published every Saturday at two o'clock, price Sixpence, stamped for post, and circulating free in the Colonies of Great Britain, and in all Foreign Countries on the same terms as the English Newspapers.

Sold by JOSEPH THOMAS, 1, Finch-lane, London; S. J. MACHEN, d'Olier-street, Dublin, and all Booksellers and Newsmen.

LE COURRIER DE L'EUROPE, published in London for upwards of two years with the greatest success, presents each *Saturday* all the principal articles—Political, Literary, and Judiciary—which have appeared in the French Press, newspapers, magazines, and reviews, of all shades of opinion.

It is not a newspaper, it is not a magazine—it is all the Newspapers, all the Magazines, all the Reviews of France reproduced, by a species of literary electrotype, in one immense sheet. In perusing "Le Courrier de l'Europe," the reader will have perused, substantially or textually, *Le Journal des Débats, Le National, Le Courrier Français, &c.*

Since the existence of "Le Courrier de l'Europe," not a single important public document has appeared, not a speech of any interest has been pronounced in the tribune or at the bar of France; there has not been published a poem of any eminence, an extract, or hardly a work by any author of whom France has reason to be proud, which has not been immediately transferred into its columns.

Every number contains a "Bulletin Politique," which shortly explains the general political aspect, and the existing state of things at the moment of publication. This is followed by copious extracts from all the French journals of the most important political articles, which have appeared during the week. These again, by full details of the most interesting trials before the Civil and Criminal Courts of France, and of all events which can interest public curiosity without offence to public morals. Under the head of "Angleterre" will be found all subjects relating to the British Empire, rapidly but lucidly explained, terminated by Review of the English Press. Then comes the Literary portion of the Paper which comprises all the best *Feuilletons*, Novels, Romances, Tales, Poems, &c, &c., which appear at the moment in Paris; and the Editor may almost defy his readers to point out a production by an author of any eminence, which has appeared during the last two years, and has not been instantly transferred to the columns of "Le Courrier de l'Europe." An account of the sittings of the Académie des Sciences, the statistics of French industry, articles of fashion, a bulletin of the Parisian Exchange, &c., &c., complete the *ensemble* of the picture.

The principal Editor of "Le Courrier de l'Europe" is M. Victor Bohain, formerly Prefect of one of the largest departments in France, original editor of *Le Figaro*, the most popular of the literary journals of Paris.

Persons residing in America, India, or the Colonies, will especially appreciate the importance of a Journal which brings to them every week all newspapers in one. In the existing state of steam navigation, they may, through its means, closely follow, even in their distant abodes, upon the movements of politics and literature in France.

The fifty-two numbers published in the year form an enormous volume, which presents at the same time a *Contemporary History of France*, and a *Library* rich in all that the most renowned authors of that country have published. It is impossible to offer to persons studying the French language the instruction they seek under a form more pleasing.

NOTE.—To demonstrate the extremely low price of this Journal, when estimated by what it contains, the following calculation has been made. The *Forgerons* of *Frédéric Soulié* inserted in "Le Courrier de l'Europe" is published in Paris in two volumes, at the price of 15 frs. These two volumes do not contain more matter than as many numbers of "Le Courrier de l'Europe." A volume of this Journal, therefore, is equal in value to 26 similar works, or so calculated to 390 frs. Now the price of 52 numbers of "Le Courrier de l'Europe" (paid in advance, yearly, or half-yearly, or quarterly,) is only £1 6s. 0d., or for credit £1 8s. 0d.

THE MIDLAND RETREAT,

NEAR MARYBOROUGH,

Has been opened for the reception of a limited number of patients of both sexes by Dr. JACOB, Physician to the District Lunatic Asylum, which contains 170 patients, Surgeon to the Queen's County Infirmary, &c. The establishment, the entrance to which is within one hundred yards of Dr. JACOB'S residence, is agreeably placed in a retired but cheerful situation, the grounds are tastefully planted and well arranged for exercise and recreation, with a considerable extent of land attached. It is intended that the patients shall enjoy all the comforts of a private residence, the establishment in no way differing in appearance from a country house, the necessary security being obtained by a vigilant superintendence. There is daily communication by means of public conveyances with Dublin, Cork, Limerick, Waterford, Kilkenny, Galway, Athlone, &c., and intermediate towns.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

At meetings of the College, held upon November 14 and 24, 1842, the following report and resolutions were agreed to:—

"Your Committee beg leave to report that they have examined the last edition of the Medical Charities' Bill, as brought into the House of Commons last session by Lord Eliot, and that it is their opinion that it is in most respects as objectionable as the plan referred to, and condemned by the College in their resolutions of the 22d of April last. The grounds upon which they have formed this opinion may be shortly stated as follows:—

"Clause 9 gives the Poor-law Commissioners full and complete control over the fever hospitals and dispensaries, in every item of their management—such control being professedly limited, in certain cases, by the will of the Lord Lieutenant—a restriction which could not be other than nominal, inasmuch as the Poor-law Commissioners would be the Lord Lieutenant's advisers in every instance.

"Clauses 15 & 16 give the Poor-law Commissioners in a similar manner, full power to form, alter, dissolve, and reconstruct fever hospitals and dispensaries at their pleasure, and thus to remove the present medical officers of such institutions, whose rights are in no way protected.

"Clause 20 appears to provide a means whereby the present subscribers may, if they please, continue their connexion with the charities, but the provision is rendered practically void by fixing the amount of yearly subscription at £2, and especially by clause twenty-two, which enables the Lord Lieutenant, with or without cause or inquiry, to deprive any governor of the privileges, in consideration of which he has paid his subscription.

"Clause 27 gives the Poor-law Commissioners (with the nominal control of the Lord Lieutenant) full power to define the duties, and regulate the appointment and salaries of the officers of all the institutions.

"Clause 31 gives the Lord Lieutenant power, upon the application of the Poor-law Commissioners and their agents, to dismis medical officers, with or without cause or inquiry, and enables the Poor-law Commissioners, *ex mero motu*, to disqualify persons so dismissed from again holding offices connected with the purposes of the act.

"Clauses 47, 48, 49, & 50, in effect repeal the Irish Apothecaries' Act, and give the Lord Lieutenant power to fix the qualifications of medical officers of dispensaries and fever hospitals.

"The act throughout, in a concealed manner, goes to extend and confirm the arbitrary and unconstitutional powers of the Poor-law Commissioners, and altogether removes the power of raising funds for the support of the charities from the grand juries.

"The establishment of the Medical Charities Board is nugatory, as no powers of any kind are given to it, and no provision made for providing it with an office, or officers, or for defraying any of those expenses which must necessarily be incurred, were it intended to be a working institution.

"Under these circumstances the Committee recommend the College to take steps for explaining to the government the objectionable nature of the Bill, and to use its influence for procuring the adoption of a measure, which will provide for the proper inspection and control of the Charities, and for the extension of support to them (if necessary) by some modification of the present system, without subjecting them to the baneful influence of the Poor-law Commissioners."

It was then resolved—

"That the Report now read be agreed to, and that a deputation from the College be forthwith appointed to lay a copy of the same before Lord Eliot, and to assure him that this College will most cordially co-operate with the government in carrying into effect a salutary measure for the better regulation of the medical charities; but that they will not be parties to any plan which directly or indirectly places these institutions under the control of the Poor-law Commissioners.

"That the deputation shall also distinctly inform Lord Eliot, that no member of this College was, or is authorised to state, or otherwise to intimate to the government that the bill now before parliament, or any modification of it, has been approved of or sanctioned by the College; and further, that they shall explicitly, but respectfully explain to him that the opinions, wishes, and intentions of the College, can only be made known by its officers or members duly instructed and accredited for the purpose.

"That the deputation be requested to represent to Lord Eliot, that it is the opinion of this College that any connection between the poor-law commission and the medical charities, would be injurious to the public, and altogether opposed to the feeling of the medical profession throughout Ireland—and that the President be requested also to wait, with the deputation, upon the Lord Lieutenant, should he deem it prudent to do so.

WM. TAGERT. President.
JAMES W. CUSACK, Secretary.

DEDICATED, BY PERMISSION, TO HER

MOST GRACIOUS MAJESTY QUEEN VICTORIA,

AND HER ROYAL HIGHNESS THE DUCHESS OF KENT,

BLOFELD & CO.'S NEW MAP

OF ENGLAND, SCOTLAND, AND WALES,

Compiled from the Trigonometrical Survey of the Honourable the Board of Ordnance, and corrected to the present time, from documents in possession of the Commissioners of Boards, &c.

SIZE—5½ FEET LONG, BY 4 FEET WIDE, MARGIN NOT RECKONED.

Where preferred, it can be had in two parts, the one containing the map of Great Britain; the other, the information round the border.

With this Map are given, according to the Reform Act, the Divisions of the Counties, the Boroughs, Polling Places, and the number of Members returned for each.

Distance Tables of each County in England, as well as of Ireland, Scotland, and Wales, and a general one of Great Britain; forming a Key by which the Distance may be found between any two Market Towns in the United Kingdom.

Also various Topographical and Statistical information respecting the United Kingdom, the English Counties individually, and the number of Square Miles, Statute Acres, &c.

The population of all the principal Market Towns, and the Total Amount in each County. The Market Days, &c.

The Railroads and Canals are laid down in most instances, from Plans in possession of the various Companies: and the Iron, Coal, Lead, Tin, Copper, and Salt Mines, as correctly as possible.

Price, handsomely coloured, varnished, and mounted on Mahogany Rollers, French polished, or done up in a Case, made to resemble a Book, £3 3s.

Do. do. on Brass Rollers, £3 13s. 6d.

The above as a GEOLOGICAL MAP, coloured so as to show the various Stratum, &c., Half-a-Guinea in addition.

Published by BLOFELD & Co., Map Sellers to the Queen, 29, Thavies Inn, Holborn, London, and may be obtained through any respectable Bookseller in Dublin.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 46, Prince's-street, Soho.

TERMS OF SUBSCRIPTION (PAYABLE IN ADVANCE.)

Twelve Months	£1 5 0
Six Months	0 13 0
Single Number	0 0 6

Wednesday, December 7, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CCVI.] DUBLIN, WEDNESDAY, DECEMBER 14, 1842. { PRICE SIXPENCE, STAMPED.

MEETINGS OF SOCIETIES.

Surgical Society of Ireland—Case of gun-shot wound of the shoulder-joint, treated by excision of the head of the humerus..... 369
Anatomy of the ornithorynchus paradoxus..... 371
Royal Medical and Chirurgical Society—Amputation of the thigh, during an alleged mesmeric state, professedly without the sensation of the patient..... 372

REPORTS OF MEDICAL AND SURGICAL PRACTICE.

Wounds of the Abdomen—By G. M. Mayberry, M.D., Kenmare..... 375
Inflammation of the cornea in nurses—By Allen French, M.D. Mount Talbot..... 376

EXTRACTS FROM PERIODICALS.

Case of complete anchylosis—in which the knee-joint was permanently flexed—cured by an operation..... 377

The Irish poor-law—Death of a female pauper in Fermoy under circumstances of great hardship. 378
Medical Charities—Innishannon Dispensary..... 380
MEDICAL ASSOCIATION OF IRELAND—Proceedings of Council..... ib.
THE MEDICAL CHARITIES' BILL..... 381
MEDICAL INTELLIGENCE.—Court-martial at Jamaica..... 382
POOR-LAW INTELLIGENCE.—Kinsale and Mountmellick unions..... 383
Promotions..... ib.
Register of the Weather..... ib.

MEETINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.

Second Meeting for the Session.

Dr. O'BEIRNE in the Chair.

Dr. HARGRAVE read a paper on amputation of the head of the humerus successful in result, furnished by Dr. Baddely, Bengal Service, and exhibited two drawings—one, showing the condition of the patient three months after the operation—the other, showing the manner in which the amputation was performed. He considered it a very practical and valuable contribution to the society.

CASE OF GUN-SHOT WOUND OF THE SHOULDER-JOINT, TREATED BY EXCISION OF THE HEAD OF THE HUMERUS.

The following case, illustrative of the power possessed by nature in effecting the restoration of injured joints, and the wonderful rapidity and perfection with which that process appears to have been effected in this instance, is deserving of attention, and is a most interesting fact, both in a pathological and physiological point of view.

The safety, too, with which the operation for excision of the head of the humerus may be performed, even under circumstances somewhat unfavourable, together with its decided superiority over that of amputation at the shoulder-joint, whenever the latter may be at all dispensed with, must arrest the attention of every observer.

CASE.—About the latter end of February 1840, a Hindoo soldier, aged 21, attached to one of the regiments stationed at Candahar, in Affghanistan, disgusted at having been addressed in a surly manner by a subordinate native officer, went at once to his quarters, and throwing himself on his bed, discharged his loaded musket into his left shoulder, pressing at the same time the trigger with the toe.

On examination of the man, half an hour after the occurrence, two circular wounds on the left shoulder were observed corresponding to the entrance and exit of the bullet—one, about an inch below the coracoid process of the scapula—the other, larger and more ragged, immediately beneath the outer angle of the acromion, the edge of which was torn off. Through the latter, the finger was easily passed into the joint, where it encountered synovial membrane and rough fragments of the shattered bone. Not knowing to what extent lesion of the parts, more immediately connected with the vitality of the limb, had taken place, and the hæmorrhage being moderate, I contented myself with enlarging the wound, made by the ball's exit, for the purpose of relieving tension of the swollen parts, and for admitting of the extraction of a piece of bone, the size of a hazel nut, which proved to be a portion of the articulating surface of the humerus. Under the use of cold water dressing, and moderately active antiphlogistic measures, the inflammation, &c., gradually subsided, and the wounds healed, with the exception of two fistulous openings, giving passage occasionally to small portions of bone, and discharging matter, which, becoming rather profuse, and the man's health rapidly declining in consequence, an operation for the removal of the splinters of bone and head of the humerus was determined on, and performed on the 10th of April, six weeks after the infliction of the injury, in presence of Messrs. Colquhoun, Lock, and Healey, of the Bengal Service. The patient seated and supported with his arm a little removed from the side; a perpendicular incision, from the point of the acromion, nearly to the insertion of the deltoid, was made down to the bone—on which venous hæmorrhage, to considerable amount, took place. On drawing asunder the edges of the wound, the lacerated articulation was brought into view, enveloped in a dense

mass of fibro-cartilaginous substance, the result of the previous injury and inflammation. Numerous fragments of bone were removed, (twenty in number) as they presented themselves to view; and the disengagement of the fractured head of the humerus was attempted, but the strong cartilaginous adhesions, surrounding the bone, rendered that impossible. In order to accomplish this step of the operation, a transverse incision, to the extent of three inches, was next made, at right angles to the former, through the deltoid posteriorly, an inch and half below the acromion—when, with a probe-pointed bistoury guided on the forefinger, the dissection was carefully continued all round, and after some time the insulation of the head of the bone completed sufficiently to admit of a plate of metal being passed behind it, for the protection of the soft parts preparatory to the application of the saw. The man now became faint, and while in that state, the head of the bone was partially turned out and taken off, the whole of what is denominated the anatomical head and neck had been shot away, and an oblique fissure ran through the portion of the bone, which was removed an inch and a half below the tubercles, with a common amputation saw; the glenoid cavity not being injured, was left untouched. On clearing the cavity of the wound from fragments of bone, here and there impacted in the substance of the soft parts, the posterior circumflex artery was cut—pressure above the clavicle commanded the hæmorrhage, and the vessel was secured. The lips of the wound were now brought into apposition, and secured by means of four sutures and straps of adhesive plaster, covered with lint soaked in compound tinct. Benzoin. A pad was placed in the axilla, and the arm supported in a sling, and secured to the side by a bandage; copious suppuration of healthy matter was soon established, and the man continued to improve daily; so that at the end of a few weeks the wound was almost entirely cicatrized, and he was beginning to make use of the hand and forearm.

At the expiration of three months and a half (at which time the drawing was taken) his health was completely re-established, and he had become fat and strong. The use of the hand and forearm was complete, and he could already separate the elbow from the side to the extent of six or eight inches.

No perceptible difference in the length of the two limbs was observable. A very slight oozing of matter still continued from a fistulous opening in the site of the ball's entrance, arising probably from the presence of some small foreign body driven in by the ball.

In February, 1841, ten months after the operation, Mr. Healey describes the man as exhibiting the same healthy, robust appearance, having recovered considerable power and use of the limb, which he was enabled to elevate, that is to say, at an angle of about 70°, nearly at right angles to the trunk, and bring it forwards almost to the natural limit. Scarcely any perceptible difference in the length of the two arms could be discovered; a minute fistulous opening existed, giving discharge from time to time to a few drops of matter.

Remarks—A chain-saw is indispensable, I conceive, to render this operation expeditious, when the parts have become at all consolidated by previous inflammation.

Had the operation been performed immediately, or on the subsidence of the inflammation in the first instance, the difficulty experienced in disengaging the bone from the surrounding parts would of course have been avoided, and the operation much simplified.

It is worthy of remark, as showing the danger of inoculation with the fluids of certain diseased parts, that while engaged in the above operation, I received a very slight wound on the fore finger, just sufficient to raise the skin, which nevertheless in a few days inflamed and degenerated into an obstinate phagedenic ulcer, causing considerable constitutional irritation, and terminating, after two months of great suffering, with loss of the joint.

P. T. H. Baddeley, Bengal Medical Service.
Dublin, November 25, 1842.

Dr. Hargrave observed that during the operation, though the posterior circumflex artery was wounded in removing one of the fragments of the humerus, almost to a certainty the accompanying nerve was uninjured; his reason for so thinking was the great power which the patient enjoyed in raising the arm, which could not be regained in so short a time if such a great nerve as the circumflex had been divided during the operation. The case itself gives another example of the success of this valuable operation, also a new plan for performing it, by which the injured bone was exposed, and removed with facility, under the great difficulty presented by the condensation of the soft tissues by previous inflammatory action, also under the inconvenience arising from the use of the common amputating saw.

Dr. O'Beirne said that successful excision of the head of the humerus was a rare event, and ought to command the notice of the society—he wished to ask Dr. Hargrave what power of the limb was then left?

Dr. Hargrave mentioned that he had elevation of the limb in a considerable degree; rotation was not so perfect; the motions of the forearm and hand were unrestricted.

Dr. O'Beirne asked if in opening the joint, in order to excise the head, it was necessary to open the sheath of the biceps?

Dr. Hargrave—The long tendon of the biceps was not seen during the operation, as it had been destroyed by the ball traversing the head of the humerus; but no injury was inflicted on the short head of the biceps and coraco-brachialis, both were found perfect during the operation, and left so by the operator.

Dr. O'Beirne had seen several cases of amputation of shoulder joint, and always found great difficulty in entering into the cavity of the joint, although it lay bare before him; he has then opened the sheath of the biceps. Dr. Hennen in his work mentions these, but without acknowledgment, although they originated with him (Dr. O'B.) Webber says that it is owing to atmospheric pressure which prevents the entrance into the cavity.

Dr. Hargrave thought that, owing to the rotator muscles being destroyed, it is probable that the pectoralis major and latissimus dorsi exerted a rotating power; but when the head of the humerus was removed the rotation must be limited. With respect to the difficulty of opening into the capsular ligament, he saw three or four operations by flap, in which there was no difficulty whatever; the contrary might be the case in gun-shot wounds, owing to the lacerated state of the parts.

Mr. Palmer witnessed a case in which the operation was performed with a superior flap of the deltoid, and there was no difficulty whatever in cutting into the joint, except what occurred in cutting the long head of the biceps. The incisions commenced at the acromion and terminated at the axilla.

Dr. O'Beirne operated in the same manner as Dr.

Hennen, in which, when the joint was exposed, the rotator muscles were cut through, and the circumflex artery divided. Dr. O'B. prefers raising the flap of the deltoid, and, to avoid the faintness which usually occurs, it should be performed upon a table or sofa, and never on a chair: where the joint is not sufficiently exposed, the arteria circumflexa must be cut through twice, which is very objectionable.

Dr. Houston observed that, though the discussion wandered from the case, which was one of extirpation of head of the humerus alone, he felt justified in making an observation bearing on a point alluded to by Dr. O'Beirne and Mr. Palmer, namely, the difficulty of dislocating the head of the humerus in amputation of that part. He had amputated at the shoulder joint, in the City of Dublin Hospital, in a case in which the arm was broken off by machinery, a few inches below the joint, and in that case he found no difficulty or delay on this head whatever. A flap being made of the deltoid muscle by one sweep of the knife, and the upper part of the joint enveloped by its articular muscles exposed, an incision was made transversely through these textures, and the head of the bone thereby fully exposed; it was then found easy, notwithstanding the shortness of the bone to be laid hold of, to push up the head so as to get the knife round its inside, and thence to make a flap of the parts between it and the axilla. In this incision the nerves and the blood-vessels were all divided equally and at once, and the hæmorrhage was arrested with facility. The operation was successful; and the point which induced him to mention the case at all was, that there was no difficulty in disarticulating the head of the humerus from the socket of the joint, after having made a flap of the deltoid.

Dr. H. Kennedy remarked, that it was an observation of Humboldts, that coloured men bore operations better, and had a better regeneration of parts than whites. This case occurred in a coloured man.

Dr. O'Beirne did not attach weight to that remark: he had a case at the siege of Salamanca of a Spaniard who was shot in the shoulder, and the parts much injured by the head of the humerus; he cut down on the head of the bone, amputated, and in three weeks after the man was removed to the rear in a convalescent state.

Dr. Hargrave believed that intemperance was a source of bad success, rather than variety of race; for in the Greek war, amputations of the thigh and hip-joint succeeded well—much better than in Western Europe. This also might be the case of the Hindoos, who, leading a temperate life, have a good constitution to work upon.

Mr. Ellis wished to know how atmospheric pressure could affect the shoulder-joint. He thought such a power quite incapable of keeping the head in situ. In the hip-joint it required considerable force to separate the head of the bone from the acetabulum; but it has no effect in the shoulder-joint where the capsular ligament is large and loose, and the adaptation of the bones prevented it: he thought it was owing to muscular power.

Dr. O'Beirne remarked that Müller's experiments went to prove it was atmospheric pressure.

Dr. Jacob agreed with Mr. Ellis, that atmospheric pressure would account for little in shoulder-joint, it does come into play in the hip-joint; but when the surfaces of contact are so small there, no force can be attributed to atmospheric pressure; it must be owing to the muscular power pressing the head up into the cavity. The four capsular muscles are meant for keeping the bone in its place, while the pectoralis, deltoid, &c., are for power. In paralytic affections of the shoulder-joint, when the muscles are wasted, atmospheric pressure will not prevent the head of the bone from descending: he thought that the force of atmospheric pressure was overrated.

Dr. Kirby said that if the capsular muscles of the shoulder were removed and the ligament exposed, it would hang like a loose bag, and the head of the humerus and glenoid cavity would not remain opposed. The contrary was the case with the thigh: again, on making an incision into the shoulder-joint, no noise of air rushing in is heard. In the thigh there is a great noise heard, and he, therefore, thought that the difficulty was owing to muscular power.

Dr. Jacob said he did not deny the effect of pressure in the hip-joint—it is the only joint influenced by pressure, but in the shoulder that can have but little influence, also in the hip-joint the cotyloid ligament served to approximate the surfaces.

Dr. M'Coy, in two instances under his knowledge, found no difficulty in opening the cavity; also in cases of paralysis of the deltoid, he has seen the humerus hang loose, the muscles not being able to support the head. This may be remarked likewise in the dissecting room. With regard to the difficulty of finding parts in amputation, he has seen some surgeons looking for the biceps tendon for five minutes.

Dr. Beatty brought before the society the skeleton of an ornithorynchus paradoxus; he had exhibited the perfect animal at a meeting of the Royal Zoological Society last spring; it was the first specimen which arrived in this country: he had not dissected it at that time, but has since, and would now bring the skeleton before their notice, with some remarks upon it.

The animal belongs to the family of the "monotremata," the genera of which are the ornithorynchus and the echidna; this latter has two species, the "histrix" and the "setosa." The genera, though similar in many respects, are easily known from each other. The ornithorynchus is an animal with a soft fur, while the echidni have their skins beset with bristles, like a hedgehog. (Dr. Beatty produced an ech. setosa.) He would confine himself to a few observations on the skeleton on this evening. On looking at the head of the animal while young it is found to consist of many bones, like the head in the mammalia, but the sutures become obliterated before the animal has arrived at the adult state, and it then resembles the skull of the bird; it differs from the head of birds, in having two condyles for articulating with the spine, while birds have but one. The jaws are remarkable in their form. The upper jaw has what is termed, a facial fork, that is, it comes forward, expands, and is forked, in order to carry the broad beak upon it. This is not a process of the superior maxillary bones, but is formed by the inter-maxillary bones which turn off from each other and assume this shape. There are true zygomatic processes present, and articulating surfaces for the condyles of the lower jaw.

The lower jaw differs from that of most other animals in having two coronoid processes, one turned outside, the other inside. The bones after uniting at a symphysis are prolonged, and diverge from each other to support the lower mandible, like the upper jaw. The jaws have teeth, which are not composed of bone, but of a horny nature; they are four in number, two in each jaw—they separated from the jaw in preparing the skeleton, and have sabulous matter deposited in their hollows.

In the interior of the skull there is a perfect bony falx separating the hemispheres; the tentorium is membranous.

The spine consists of twenty-six vertebræ, of which seven are cervical, seventeen support ribs, and two are connected with the pelvis. The cervical vertebræ are well developed, have cervical ribs, and spinous

processes, large and long. The processes of the seventeen vertebræ following, are small and shallow, resembling those of crocodiles and lizards. There are two vertebræ attached to the pelvis, and no sacrum. The echidna has three vertebræ performing the office of a sacrum. The vertebræ of the tail expand down as far as the tenth vertebra, and then diminish in breadth down to the point as in the beaver, and have spinous processes on the under surface as well as the upper. The tail is thick and solid, and covered with dense fat and thick coarse hair.

The ribs are seventeen in number. The first rib is straight and flat, and is joined to the sternum by cartilage. The five succeeding ribs are connected by cartilage with sternal ribs, which this animal possesses, like the crocodile. The cartilages of the false ribs form flat plates overlapping each other anteriorly.

The true sternum is like that in mammalia, having different pieces, which are not united in after life, but it has superadded above an additional bone.

In the sternum, the animal resembles the Saurian reptiles more than the mammalia. It has an episternum in the form of a T or anvil-shaped bone, which gives support to the other bones on each side. The epicoracoid bones of this animal are flat plates on either side of the episternum. The true clavicles run along the upper edge of the episternal bone.

The scapula presents a variety from mammalia in having no spinous process, in this respect resembling the scapula of birds. Cuvier was of this opinion; but Owen thinks the thickened anterior margin represents the spine of the scapula in mammalia. The humerus is mis-shapen, like that of the mole, flat, twisted, and irregular, and the superior extremity of the ulna is terminated by a large olecranon.

The ornithorynchus lives in burrows, and has broad claws for shovelling out the earth. The pelvis is small and contracted. The bones are distinct, and there is the appendage of marsupial bones. These bones are almost peculiar to the animals of New Holland and Van Diemen's Land, most of which have a pouch outside the abdomen to carry the young in; but this animal has marsupial bones, although it has no pouch or marsupium. The femur is not remarkable.

The tibia is of regular length and size—it is curved. The fibula is much longer than the tibia; the upper extremity being prolonged into a process resembling the olecranon.

The tarsus has a spur resembling that of the common cock. It does not belong to the skeleton, but appears to be connected with a sesamoid bone. It is peculiar to the male—the female has none. The spur is hollow and communicates with a long duct, which may be traced up to a gland situated in the groin. Dr. Beatty could not detect it in the specimen before them; the use of the gland is problematical. It was thought to contain a poisonous fluid, like the poison fangs in serpents; but experience has not proved that. Mr. Bennett, in the Transactions of the Zoological Society, mentions that he tried to make the animals wound him, but that they never struck him, and that he also scratched his hand with the spur, after having irritated the animal, without any bad effect.

It may probably be connected with the function of generation, and its use may be to excite the female during the act.

Dr. Beatty exhibited a preparation of the beak of the animal, showing the very large nerves by which this organ is supplied, like the beak of the duck.

The Chairman mentioned he had a communication from Dr. Kingsley of Roscrea, which, owing to the lateness of the hour, would be read upon the next night.

Meeting adjourned.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, November 22, 1842.

DR. WILLIAMS, PRESIDENT.

AMPUTATION OF THE THIGH, DURING AN ALLEGED MESMERIC STATE, PROFESSEDLY WITHOUT THE SENSATION OF THE PATIENT.

This paper was divided into two parts, the first written by Mr. W. Topham, a barrister, of the Middle Temple, London; the second by Mr. W. Squire Ward, M.R.C.S., formerly house-surgeon to St. Bartholomew's Hospital. The case has since been published by Mr. Baillière of Regent-street.

Part 1.—Mr. Topham apologises for intruding his name upon the public, in connection with a subject so foreign to the vocation of a barrister.

The phenomena of mesmerism, he adds, were, two years ago, first examined by him as curious, and afterwards studied as facts, having since made numerous experiments with "extraordinary results." In stating the case, he says he shall confine himself to such facts as he can personally vouch for. He then contributes his share of the communication in the following terms:—

James Wombell, aged 42, a labouring man, of calm temperament, had suffered for five years from a painful affection of the left knee. On June 21, 1842, he was admitted into the District Hospital, at Wellow, near Ollerton, Notts, no longer able to work, and suffering much pain. Amputation above the knee-joint was inevitable, and it was proposed that it should be performed during mesmeric sleep. On the 9th of September Mr. Topham first saw him; he was sitting on a bed in the hospital, the only position he could bear; he complained of great pain from his knee, &c.; had not during three weeks slept more than two hours in seventy. Mr. Topham now began to mesmerise him. On the second attempt, next day, in twenty minutes, he was asleep. He continued to mesmerise him until September 24, his susceptibility gradually increasing, so that on the 23d the sleep was produced in four minutes and a half. He was invariably awakened, though without being startled, by the violent pain from his knee, which suddenly recurred at uncertain intervals. The labours of Mr. Topham not only, he says, produced sleep, but when he was suffering great agony, and distressed even to tears, passes, longitudinally over the diseased knee, in five minutes produced comparative ease. In the sleep his arms were violently pinched, as well as the diseased leg itself, without his exhibiting any sensation, yet this limb was so sensitive in his natural state that he could not bear even the lightest covering to rest upon it. (We give Mr. Topham's own words):—

After mesmerising him for twelve days the hue of health returned: he became stronger, slept well, and recovered his appetite. On September 22d he was first apprised of an amputation being necessary. The communication affected him considerably.

On the 28th he was looking healthy and cheerful; his sleep sound, his pain diminished, and (says Mr. T.) I was convinced that the operation might be safely attempted during mesmeric sleep. On Saturday, October 1, I mesmerised him in the presence of Mr. William Squire Ward, and two other surgeons. He slept an hour; I then showed them my power of affecting his limbs, even when awake. At my request he extended his arms, and by three passes over each I transfixed them from the shoulders to the fingers, as rigid as bars of iron, and yet instantly dropping from the effect of my breath alone; and relief from immediate pain was frequently afforded by similar passes over the leg, but it was only during mesmeric sleep that I found it totally gone. We then made the ne-

cessary arrangements. From the suffering inflicted by the slightest movement it was found impossible, without needless torture, to place him upon a table. The low bed on which he lay was therefore lifted upon a temporary platform. Ten minutes after being mesmerised he was drawn, by means of the bed-clothes beneath him, towards the end of the bed. To preclude further movement his leg was now placed in the most convenient position which he could bear. In a quarter of an hour Mr. Ward, after one earnest look at the man, slowly plunged his knife into the centre of the outer side of the thigh, directly to the bone, and then made a clean incision round the bone, to the opposite point, on the inside of the thigh. The stillness was awful; the calm respiration of the sleeping man alone was heard. Soon after the second incision a moaning was heard from the patient, which continued at intervals until the conclusion. But his sleep continued profound: the placid look of his countenance never changed; his whole frame rested in perfect stillness; not a muscle or nerve was seen to twitch. The operation occupied upwards of twenty minutes. His pulse becoming low from the loss of blood, some brandy and water was poured into his throat, which he swallowed unconsciously. Finally, when about to be removed, his pulse being still very low, some sal volatile and water were administered to him; it proved too pungent, and he gradually awoke. For some moments he seemed bewildered, but after looking around exclaimed, "I bless the Lord to find it's all over!" I asked him to describe all he knew after he was mesmerised. His reply was, "I never knew anything more, and never felt any pain at all: I once felt as if I heard a kind of crunching." I asked if that were painful? He replied, "No pain at all! I never had any, and knew nothing, till I was awakened by that strong stuff" (the sal volatile.) The "crunching," no doubt, was the sawing his own thigh-bone. He was left easy and comfortable. On the Monday following the first dressing of his wound was in mesmeric sleep. Of this dressing, usually accompanied by much smarting, he felt nothing; and, after awakening, remained unconscious of its having been done. Mr. Ward's own statement he has permitted to be appended to my own, which I leave without a comment.

Part 2.—Mr. Ward's address to the "President and Gentlemen," runs as follows. We do not give his statements verbatim, but as much of them as is essential to their full comprehension.

The circumstances of the operation, he says, are so novel, that they may afford much ground for calm discussion without prejudice. The subject (should further experience confirm the anticipations that may reasonably be entertained from the result of the present trial) holds out a great boon to the surgeon. The case was one of very extensive ulceration of the cartilages of the knee-joint, of four and a half years standing, the consequence of neglected inflammation of the synovial membrane, produced by injury, which was treated by a quack in the first instance, and came under my own notice three years before his admission into the hospital at Wellow, when, supposing ulceration to have commenced in the cartilages, I ordered absolute rest and the usual treatment, which was only adhered to for ten days, when he would return to his agricultural labour.

When he at last applied for admission into the hospital the disease had far advanced; the slightest motion of the joint was attended by the most excruciating agony; his nights were sleepless; his pulse weak and rapid; his appetite gone, &c. He was now confined to his bed, but could not bear a horizontal position. Opiates, quinine, wine, &c., prescribed to fit him for the operation (which I deemed inevitable) were given without any apparent benefit; but, on hearing that Mr. Topham was coming into the neighbourhood, I determined to request him to try mesmerism upon him, to tranquillise the system prior to the operation, and if possible to procure insensibility to the pain of it, as the "summum bonum" of mesmerism. On the 27th of September, three weeks after the commencement of the mesmerism, I was, on returning home after an absence, astonished to observe the improved condition of the man; his nights tranquil; his appetite returned; in fact, had I not known the case previously, I must have doubted the propriety of immediate amputation. True, there was still the pain on the slightest movement of the joint, and still some of the same painful startings at night, but his general health was greatly improved; yet there was too much disease to admit of a final recovery.

On the 29th I requested Mr. Topham to mesmerise him. His susceptibility was great. When asleep (if I may use the term) his breathing was unaltered; his pulse tranquil, and about 80; his waking gradual; and he was insensible to the prick of pin; and at his own urgent request I fixed Saturday, October 1, for the operation.

The patient, though considerably excited by the cries of another patient, was soon put into mesmeric sleep. I was by no means sanguine of success. Having adjusted the tourniquet (his very unfavourable position precluding otherwise compressing the artery) I made the anterior flap, without the slightest expression of consciousness by the patient, completing the posterior one in three stages. First, by dividing a portion of the flap on the inside, then a similar portion on the outside. This proceeding (far more tedious and painful than the ordinary one) was rendered necessary, to enable me to pass the knife through under the bone, and thus complete the whole, as I could not sufficiently depress the handle to do so without the two lateral cuts. The extreme quivering or rapid action of the divided muscular fibres was less than usual; nor was there so much contraction of the muscles themselves. Two or three times I touched the divided end of the sciatic nerve, without any increase of the low moaning described by Mr. Topham, and which to all present gave the impression of a disturbed dream. The patient sat up to eat his dinner three weeks from the operation; not one bad symptom.

On dissection of the joint the cartilages of the tibia, femur, and patella proved to have been entirely absorbed, excepting a much thinned layer, partly covering the patella. There was deep, carious ulceration of the exposed ends of the bones, and especially on the inner condyle of the femur, which had wholly lost its rounded shape. Some coagulated lymph was effused upon the surface of the synovial membrane in several places, and the joint contained a certain quantity of dark-coloured pus. I do not stand forward as the champion of mesmerism generally. For a long time I had been a sceptic, when Dr. Elliotson, a few months ago, allowed me an opportunity of examining the power of that agent in producing coma, in rendering rigid the muscles, and in causing, to a certain extent, insensibility to pain. I saw and was convinced that my opposition was ill-founded, and there can be very few now, even of the most bigoted objectors, who will venture to deny its powers in producing coma.

This single experiment is scarcely sufficient to set the question at rest, but is it *not* sufficiently encouraging to demand immediate repetition by my professional brethren in the splendid institutions of the metropolis?

The PRESIDENT, in proposing that the thanks of the society should be voted to the author of the "in-

teresting paper" just read, thought that it would be advisable to discuss the subject with reference to the *cause* of the alleged insensibility. Some eminent medical men believed in mesmerism, and had made great sacrifices to maintain their opinions.

Mr. COULSON regretted that the council had allowed this paper to be brought under consideration, as the only point of professional interest in it was the non-expression of pain during an operation. He had no doubt that the patient could control his feelings, from previous mental discipline. What surgeon had not witnessed similar instances in persons who had not been previously disciplined? He would rather believe that the authors of the paper were deceived than that the man felt no pain.

Dr. MOORE noticed an important omission in the communication—namely, an affidavit taken before the Lord Mayor to the truth of such a veracious document (laughter.)

Mr. WOOD was present at the operation, and was quite certain the man was insensible. The affidavit could easily have been procured if it had been thought necessary.

Mr. BLAKE—Even if the operation was borne without expressing pain, the circumstance was not very remarkable. Ann Ross submitted, at University College Hospital, when the question of mesmerism prevailed there, to the removal of a double tooth during a feigned mesmeric trance, without the slightest expression of feeling. She was, however, palpably discovered to be an impostor, and then acknowledged that her apparent insensibility was the result of determination. In that case no evidence was manifested whatever that the girl felt the operation.

Mr. RUTHERFORD ALCOCK—The question was simply this—was the limb amputated during insensibility or not? The evidence on the subject was by no means satisfactory, nor did he see how any evidence that could be convincing was obtainable. He had amputated limbs without the patients evincing pain. In one case the man smoked his pipe during the operation, and watched the proceeding with perfect indifference.

Dr. JOHNSON regarded the "insensibility" as the result of voluntary power. He had seen several instances of amputation without apparent painful sensation. Every one had heard of the man who voluntarily held his hand in the fire until it was consumed. He was bound to credit the statements before the society, but he would not have believed what was stated had he seen it himself (laughter.)

Dr. TRUMAN—There was no evidence to prove that Mr. Ward's patient was insensible. The idea that mesmerism could effect the wonders that its disciples professed was ridiculous. As to insensibility to pain, take as examples the flogging of boys at school when they are determined to show no sign of any.

Mr. SYME did not see how any evidence, besides that before the society, could be adduced. He believed in the conveying of mesmeric influences by the water experiments.

Dr. MARSHALL HALL observed, that the case just adduced to prove the influence of mesmerism in obliterating sensibility, proved too much. It was said that, whilst one limb was undergoing amputation, the other remained perfectly motionless. Now, unless man differs from all other animals, this could not be. Even when the head, which comprises the organ of sensation, was removed, the laceration, incision, or puncture of one limb induced muscular actions in the other. Was the source of these movements, as well as sensation, annihilated? Certainly not; for the patient breathed perfectly, swallowed brandy and water, and was choked by sal volatile. The man was not a physiologist. Instead of holding the amputated limb still, he ought to have enacted the reflex motions. It was stated that the quivering of the divided muscles was less than usual. Was, then, the *vis musculosa*, as well as the sensibility, suspended? In a word, the case proved too much, or rather flatly contradicted itself. What said the patient? Why, that he *heard* the sawing of the thigh-*bone*, which is unendowed with sensibility; but he was insensible to the contusion of the sciatic *nerve*, whose sensibility was extreme! What physiologist could believe such an absurdity? Besides, this great defect existed in the case. There was one organ that was very different (in its relations to sensation and volition) from the muscles of the limbs. Could the man keep his heart quiet, as he did the muscles of his face and leg? Why were not the action of the heart, the number of the pulse, carefully noted? We should then have had positive proof of the supposed loss of consciousness, in the actual absence of all emotion,—the testimony of the heart showing whether it corroborated that of his head. In any future experiment of the kind let that test be applied. All mere physical lesions, acting through the medium of the ganglionic system, lowered the number and force of the beats of the heart, and the pulse, under the influence of the operation, and unaffected by emotion, would become slower. All emotion, under such circumstances, short of faintishness, which would be obvious, quickened the action of that organ. Increased frequency of the pulse would therefore detect the imposture.

Dr. ELLIOTSON begged to ask Dr. Hall a question relative to the condition of a limb held still by volition, and then would appeal to the gentlemen who were present at the operation whether it were so.

Dr. HALL remarked, that the patient's having determined not to move either feature or limb did not imply that the muscles should be kept in a state of rigid contraction. That would betray itself. No: all that was required was to keep them motionless,—free from the expression of pain, the precise object of the patient.

Sir B. BRODIE—Mr. Ward's case forms a companion to one which occurred about a century since, and was recorded in the "Philosophical Transactions." A man somewhere near Bath feel asleep in the spring, and did not awake until August, and then believed that he had slept only one night. During this alleged sleep he was cupped, scarified, and blistered, without yielding the slightest evidence of sensation. It was curious how he lived during that period, but it appeared from the narrative that some bread and cheese were regularly placed beside his bed every day, and were gone on the return of the family to his room. He appeared never to have defecated during the entire time; at least when he did so, he left his bed for the purpose at times when his friends were ignorant of it. He believed, with Dr. Hall, that Mr. Ward's case proved too much, if it were asserted that the sound limb was insensible and motionless during the operation on the diseased member; such a circumstance, as had been shown by Dr. Hall, was not consistent with the physiology of the nervous system. As for natural insensibility to pain, he had seen many examples of it. In one instance a young girl of fifteen joked and laughed during the amputation of her leg, and appeared to suffer no pain whatever. A friend of his (Sir Benjamin's,) a surgeon, and fellow of that society, unfortunately had strangulated hernia. During the greater portion of the operation for its relief, he looked on with the indifference of a bystander, and asked questions respecting the steps of the proceeding. He showed no sign of pain until one of the lumbar nerves was touched at the upper

part of the incision. He knew a gentleman who had never felt pain. The late Sir Thomas Hardy, though often wounded, never felt anything like pain. But in Mr. Ward's case, even the low moaning led to the inference that the man did suffer. He was not, however, under the ordinary condition of the human system. He was worn down by pain and disease, and had become like a hysterical girl, and might have been (as hysterical girls occasionally were) in a state of insensibility for a time. Hysteria occurred in men as well as women. The report of the French commission satisfied him as to the real nature of mesmerism.

Mr. Liston inquired if the interesting patient had advanced in his education since the operation, and was likely to read the report of this evening's proceedings with the nape of his neck, or could yet spell with the skin of his belly?

Mr. B. Cooper—Some of the professors of mesmerism should address the society, the talk being apparently all on one side.

Dr. Mayo—The subject should not be treated with ridicule. Our knowledge of the mind is so vague and uncertain that we must expect to be startled by any discovery regarding it. When any "fact" is adduced for discussion it is right to inquire calmly into its merits, and not, because it is startling, to altogether reject it. It is highly improbable that the patient in this case was hysterical; and I cannot believe that Elizabeth Okey was pretending to be insensible, or that her insensibility was the result of determination, for on one occasion I pricked her severely with a pin, when her back was turned, and she appeared to possess no sense of the fact.

Mr. Syme said that no *hypothesis* had been entertained by the gentlemen who brought the case before the society. It was a simple question of *fact*. The case mentioned by Sir B. Brodie, as having been published in the "Philosophical Transactions," was strictly in point. The man had, doubtless, a double consciousness, and did not know in one state what occurred in the other. He (Mr. Syme) had seen many such cases in connection with mesmerism. It was not denied that in some morbid states, such as paraplegia, there was a loss of sensation in some part of the body. Why should not this state of insensibility be produced by artificial means? He had seen many cases in which patients could read from a book while their eyes were completely covered.

Dr. Truman believed that Mr. Ward's patient was prepared for the occasion, and designed to be a "great card" among the mesmerists, who went to the operation expecting that the man would not evince pain.

Dr. Burrows was not satisfied with the evidence of insensibility. He, too, thought with Dr. Hall, that the case proved too much; for the confession that the man *heard* the crushing of the *bone*, but did not *feel* it, proved that he was conscious.

Mr. Wood—How can you prove facts excepting by observations?

Mr. Arnott—It was asserted that the patient showed no sensation; but we observed the same phenomenon occasionally in injuries and at operations. Look at the insensibility of coma, and that following a large dose of opium. He recollected a lady who was bled to fifty ounces before an operation, in order to induce insensibility, and the operation was performed during that condition, but he could not be persuaded that mesmerism would produce a similar effect.

A Visitor (not a medical man) related the case of one of his female servants who underwent a formidable operation on the lower jaw during a "mesmeric trance." He himself was fully satisfied of mesmerism and of the insensibility of the woman.

Dr. Elliotson said that the statement of Sir B. Brodie, that some persons did not feel pain, had no weight in the present instance; for here the poor patient was worn down by the agony of a formidable disease of the knee-joint. *He* was but too well acquainted with pain. The case of the man who was free from pain during an operation, until the operator touched a nerve, bore no analogy to Mr. Ward's case; for in the latter case the sciatic nerve was touched without pain, or its manifestation. Some phenomena observed in the case could not have been the result of imagination. The tranquil sleep which followed the mesmeric process, previously to which the man had slept only four hours in seventy, was no result of imagination; neither was the recovery of his appetite the result of his will. No, they were both the effects of mesmerism, and such as he (Dr. Elliotson) had repeatedly observed from the same cause. It was said that there was nothing wonderful in the occurrence of insensibility as the result of disease, such as paralysis. So, during the paroxysm of epilepsy, there was no sensibility, but, the paroxysm over, sensibility returned in a moment. The question was, whether we could induce a condition of insensibility by mesmerism. The mesmerists asserted boldly and determinately that they could; to those who disbelieved that assertion he said, try it; the book of nature is before you, make experiments, observe for yourselves. Cases in which occasional insensibility occurred were not uncommon. A number of *The Lancet*, published in 1830, contained a report of a case of anæsthæsia, at the Edinburgh Infirmary, under Dr. Duncan, in which no pain was felt during the paroxysms, and some cruel experiments were performed to try if pain could be produced, but without effect. These effects on consciousness and sensation could be produced by mesmerism, and not all the ridicule that could be directed against him would ever induce him to deviate from a path which he believed was one of truth. Cases poured in upon him daily, proving the truth of mesmerism. He had lately received a report from a highly respectable dentist at Southampton, who had extracted teeth from various persons, in all ranks of life, without any pain to them, during the mesmeric sleep. He had received an account from Sheffield of an operation, performed during mesmeric sleep, for the removal of several small tumours, during which there was no pain. The question of seeing with the back and belly was not before the society. He did not feel satisfied, as did Sir B. Brodie, with the reports of the French commissions.

Dr. Williams, in adjourning the society, and with reference to the remarks that the council ought not to have received the case for public perusal, observed, that the great interest exhibited in the evening's proceedings, as manifested in the overflowing attendance, proved that the council did right in not rejecting the communication. No better place than that society could be found for testing the truth or incorrectness of the assertions made in relating of the operation.—*Lancet.*

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

WOUNDS OF THE ABDOMEN.

TO THE EDITORS OF THE MEDICAL PRESS.

Greenlane, Kenmare, December 6, 1842.

Gentlemen—Conceiving that every medical man is bound to contribute his quota, be it ever so trifling, to the general stock of information, I beg leave to enclose you the history of two cases which occurred within my practice in this remote district, with the

treatment adopted in each and the issue. Should you deem them calculated to prove, in the slightest degree, interesting to any one among the numerous readers of your truly valuable journal, they are most freely at your service.

I am, gentlemen, yours faithfully,

GEORGE M. MAYBERRY, M.D., & Surgeon,
Medical Attendant to the Foras Dispensary.

WOUND OF ABDOMEN FROM A SCISSORS—EXCISION OF PORTION OF OMENTUM.

CASE I.—February 13, 1839.—Called to see M. Riney, ætat. 28, from whom I learned that on the morning of same day he had, in a quarrel with another man, a tailor, received the injury for which I had been summoned. I found him complaining of great pain and uneasiness, with tenderness on pressure over the abdomen. His pulse was 98, full and bounding, and there was a considerable degree of general febrile excitement present. He had a wound of the abdomen in the right lumbar region, of a lacerated, penetrating character, and triangular shape, corresponding with the form of the instrument with which it had been inflicted. A portion of omentum, which was much swollen, congested, and altered from its normal condition and feel, from having been for a considerable time (twelve hours) constricted by the edges of the wound, which had tightly grasped and compressed it, protruded through and completely filled up this wound. It would be quite impossible to return the omentum without enlarging the wound still more. To this proceeding, although it be one very frequently, if not constantly adopted on similar occasions, I was strongly opposed, as, independent of other considerations, I had serious apprehensions that injurious consequences might follow the introduction into the abdomen of what might now be regarded in the light of a foreign body, as I felt convinced, from the circumstances and situation above detailed, that partial disorganisation of the omentum had already taken place, and gangrene was rapidly about setting in: so I decided upon excising it. Slight hæmorrhage succeeded the detachment of the exposed omentum, which, however, was easily arrested by the application of a small piece of lint to the wound. I took blood from his arm; put him on calomel and opium pills, and enjoined quiet, and the strictest antiphlogistic regimen. On my next visit, I was much pleased to find that no bad consequences whatever had resulted from my operation. His pulse had already come down to near the natural standard; the pain and tenderness were almost completely removed, and there were no indications of the severe peritoneal inflammation I had dreaded would attack him. He continued steadily to improve, without the supervention of a single bad symptom; the wound soon healed up by the first intention, and in less than a month he travelled over sixty miles to the assize town of this county, and prosecuted to conviction the perpetrator of the injury.

WOUND OF ABDOMEN—PROTRUSION OF INTESTINE, WITH PERFORATION—ARTIFICIAL ANUS.

CASE II.—August 7, 1842.—This was a case of injury from goring by a bull. On being called to see the subject of it, a servant to Mrs. H———, I found him in the following condition:—He was lying on chairs on his left side. His countenance was exceedingly anxious, and he appeared to be suffering much pain and torture, with the legs drawn up. There was a considerable wound of the abdomen on the right side over the site of the ascending colon, through which a portion of intestine had escaped. On examination, I found the bowel had been perforated, and a portion of its contents (mixed chyle and fœces, among which I could easily recognise half-digested portions of his last meal, potatoes, &c., &c.,) had passed through it. Here, then, was a case in which I might either enclose the perforated portion of gut with a ligature, according to the practice of some, or following the plan of others, first inculcated, I believe, by Scarpa, return it, without any such interference on my part, and leave the cure to nature. There were high authorities for either course; but conceiving that the weight and influence was in favour of the latter, and moreover, as, I may be permitted to add, such coincided most with my own views, I determined to adopt it. Having carefully freed the intestine from all adhering matter, fœces, &c., I proceeded to return it cautiously, in the customary order of succession, the part last escaped, being first returned; having done which, I gently drew the wounded edges together, and put on the usual slight dressing. I deemed it advisable, at the same time, to abstract blood from the arm, and put him on small, but repeated doses of calomel and James' powder, as a precautionary measure against inflammation. The bowels continued constipated, and required enemas, which were administered when necessary; composed of castor oil, Epsom salts, &c. No bad symptoms manifested themselves during the entire of this case; the alvine evacuations are returning to their accustomed regularity, and the fistulous opening (which I have endeavoured to narrow, with strict regard to the indications afforded by the passage of fœces in the natural way) is gradually growing less, nevertheless, at this distance of time from the period of the first occurrence of the accident, the more fluid portion of the contents of the intestinal canal are occasionally discharged by it; still the man is in every other respect in the enjoyment of the most perfect health. To guard against the well-known liability to hernia in cases of this kind, I have prepared for him a bandage, which he will continue to wear until the parts have required their natural strength.

INFLAMMATION OF THE CORNEA IN NURSES.

TO THE EDITORS OF THE MEDICAL PRESS.

Ballygar Dispensary, Mount Talbot,
December 5, 1842.

GENTLEMEN—Having read in the MEDICAL PRESS for September 28, 1842, strictures on a peculiar inflammatory affection of the cornea in nurses by Professor Nasse, I take the liberty of laying before you a similar case. Impressed, however, with a conviction that a different mode of treatment was necessary, I take the liberty of submitting same for your consideration, and am, gentlemen, your obedient servant,

ALLEN FRENCH,
Surgeon to Ballygar Dispensary.

The patient, Mrs. Quilty, aged thirty years, nursing her fifth child (now eleven months old) of lively manners, slight frame, and delicate constitution, was on the 9th of November taken ill with febrile symptoms, for which she got a dose of calomel and James' powder at night, and a castor oil draught in the morning. These relieved her very much.

11th.—On my inquiry how she did this day, I was told pretty well, with the exception of her eye. On examination I found the vessels of the conjunctiva injected with blood, with small vesicles upon the upper lid, side of the face and ears; a vesicular, cutaneous eruption exhibited itself also on that side of the body. Patient complained of great pain in the eye, extending up the side of her head; the upper lid was œdematous and inflamed.

I ordered her to be blooded to twelve ounces; to take three grains of calomel, combined with half a grain of opium, three times a day; that a bread poultice should be applied to the eye, and a weak solution of acetate of lead used as a lotion.

The blood had an inflammatory appearance, being buffed and cupped.

12th.—Not relieved—eye more inflamed—lachrymation profuse—a feeling of sand in the eye—vesicles on the conjunctiva—morbid insensibility to light.

Ordered her to continue her medicine, to cease suckling her child, and to use chamomile fomentations.

13th.—Eye still inflamed—pain unabated—great vascularity of the eye.

V. S. ad ℥xii.

Syncope followed depletion this day: on her recovering she was thankful, inasmuch as she had experienced great relief, and could open her eye.

I desired she should continue her pills till ptyalism was produced; a drop of two-grain solution of nitr. argenti to be dropped twice a day into the eye; bowels to be relieved with castor oil; and a blister to be applied behind the ear.

14th.—Feels better to-day—had some sleep—pain less—gums affected with the calomel.

Ordered her to take a pill every night, and continue the nitrate of silver drops.

17th.—All redness has disappeared, leaving a small opaque speck on the cornea.

To have a four-grain solution of nitr. argenti dropped into the eye, and to discontinue the pills.

22d.—The opacity of cornea has nearly disappeared, and vision is restored; her strength and appetite are also much improved.

I consider this an interesting case as one peculiar to nurses: it is also remarkable, in consequence of the decided effect produced by mercury, aided by *depletion*. Had the case in question been treated as one of debility, and the inflammatory stage not been attended to, it is obvious that the organ would have been destroyed, and sight lost.

EXTRACTS FROM PERIODICALS.

CASE OF COMPLETE ANCHYLOSIS—IN WHICH THE KNEE-JOINT WAS PERMANENTLY FLEXED—CURED BY AN OPERATION. BY WM. GIBSON, M.D. PROFESSOR OF SURGERY IN THE UNIVERSITY OF PENNSYLVANIA.

Last fall, during the attendance of Dr. Gibson as surgeon to the Philadelphia Hospital, James Johnson, coloured, ætat. 17, was admitted. He, two years previously, whilst cutting with an axe, inflicted upon his right knee a wound, of which nothing more is known than that he recovered with loss of the joint, and with the leg flexed backwardstoward the thigh. In this situation he entered the hospital, the leg being so flexed as to form an angle much less than a right angle with the thigh. He came in determined to submit to an operation, and expressed great anxiety that it should be performed. A careful examination satisfied Dr. Gibson, that the parts belonging to the joint were all destroyed—ligaments, cartilages, and the synovial membranes; and that it was a case of complete anchylosis. As, in the patient last operated upon by Dr. Barton, he (Dr. G.) did not think that circumstances justified his attempting the double indication of forming a false joint and extending the limb too. His only aim, therefore, was to correct its malposition. Accordingly, everything seeming to favour the operation, both as to the will and robust health of the patient, and the entire concurrence of other surgeons consulted by Dr. Gibson, it was determined on.

November 17, 1841.—The patient having been for several days restricted in his diet, was brought forward, prepared for the operation. Before a full attendance of medical students, and many eminent physicians, the proposed operation was explained by Dr. Gibson; after which, he proceeded as follows:—Two incisions were made, as in the operation of Dr. Barton; the first extending from the outer to the inner side of the limb, and passing immediately above the patella; the second commencing on the outer side, two and a half inches above the first, and meeting it at an acute angle on the inner side. These incisions penetrated to the bone, engaging the integuments, the tendon of the extensor muscles, and some of their fibres. The soft parts included between the incisions being dissected off and turned back, the bone was exposed to view. A portion of the femur, of a wedge shape, was then removed with a saw, having a base upwards of two inches and a half anteriorly, and reaching to within a few lines of the posterior surface of the bone. The operation was then concluded by inclining the leg backwards, which caused that portion of the bone's diameter, undivided by the saw, readily to yield, and the solution of continuity to be made complete. This method of accomplishing the separation of the bone, was regarded as an important step in the operation, inasmuch as it guarded the popliteal artery against wounds from the saw; and the dovetailed edges of the opposed surfaces were influential in fixing the extremities of the bones, until the asperities of these surfaces were removed by absorption, or by the formation of new matter. No blood-vessels were divided requiring the ligature or compression. The operation was completed in a few minutes, and the flap being returned to its place, and secured by the interrupted suture, light dressings were applied. The patient, lying upon his back, was put to bed, with the limb supported upon a double inclined plane, having an angle correspondent to that of the knee, before the operation. As great care was necessary to provide against pressure upon the popliteal vessels, the limb reposed on two bran bags, which were fastened to the edges of the plane, so fashioned that its angularity could be varied, without being removed from beneath the leg, as its extension might require. The vacancy between the bags was carefully supplied with cotton. Very slight hæmorrhage followed, which, proceeding from the division of one of the articular arteries, stopped spontaneously in a short time; and except for a slight oozing, which continued for two days, there was no sign of hæmorrhage afterwards.

In the evening, the patient suffered very little pain; complaining only of a slight uneasiness in the inguinal region, which was attributed to the position of the limb: was indisposed to sleep, consequently took fifty drops of laudanum.

18th.—Passed a comfortable night; was without pain, and felt perfectly easy; oozing from knee very inconsiderable; rigidity of muscles diminished, and leg less contracted.

19th.—Slept all night without pain. Pulse full, strong, and regular (about 72 in the minute.) Leg had, by force of gravitation, extended itself a good deal.

20th.—Enjoyed undisturbed sleep throughout the night without any laudanum; complains of slight pain opposite the lesion of the bone; no fever; appetite good; bowels opened naturally. The dressings removed for the first time, and the leg allowed to extend itself. Measurement proved the height of the

angle to be diminished by three quarters of an inch. Simple dressings applied again.

21st.—Continued to do well. No fever or pain; towards evening, slight uneasiness endured, from the stretching of the tendons. Extension of leg increased by full another inch.

23d.—Limb was approaching the extended condition fast. No fever. In consequence of slight pain experienced, patient was allowed forty drops of laudanum.

24th.—Bowels were again opened. Passed a restless night from pain in the foot, caused by the heel's accidentally coming in contact with the splint; suppuration commenced. Laudanum repeated.

25th.—Entirely free from pain. Bowels again opened. No fever. The extension of the leg required the splint to be let out. The extension progressed so rapidly, that a pad was applied to the sole of the foot, by which resistance was opposed to the direction of the elongation of the leg.

26th.—Wound discharged freely. Pulse a little accelerated. Towards evening the knee stripped, and newly dressed. Sutures all free.

Dec. 5th.—Between the 26th of Nov. and the 5th of Dec., nothing transpired worthy of being mentioned. The patient continued uniformly to improve, the limb to extend itself, and his general health such as to require no interference on the part of the surgeon. On the 5th, the straightening of the limb was sufficient to justify the removal of the splint, for which a simple box was substituted. This was carefully lined with carded cotton, no part of the leg or foot being suffered to rest upon the wood. The comparative length of the two limbs was taken, measuring from anterior superior process of the ilium downwards. As far as an accurate measurement was obtained we were induced to give the sound limb an excess of an inch and a half.

11th.—Since the date of the preceding note, the patient's condition was very favourable. No unpleasant symptom appeared. The wound continued to heal. Suppuration was so abundant as to require two dressings daily. Had no pain. Slept naturally. Appetite was good, and digestive functions perfect. In consequence of the too rapid growth of granulations, red precipitate ointment was applied to the wound of integuments, and sponge tent introduced into the upper incision, to favour the escape of pus. Tumefaction of the knee commenced. Pulse somewhat excited.

16th.—Wound improved regularly after the application of the ointment. Tumefaction of knee increased. No pain endured. The secretion of pus was so copious, that an opening was made near the head of the fibula—which situation being more depending, matter to the amount of eight ounces flowed out. Symptoms of debility now began to manifest themselves. Pulse was quickened, 112. Appetite continued good, and bowels naturally soluble.

23d.—Progressive improvement. Except the irritation symptomatic of the free suppuration, nothing was observed. The pulse was regularly excited, though the patient always expressed himself as being perfectly comfortable. Tumefaction of knee diminished.

Jan. 5th, 1842.—From the 23d of December to this time, suppuration continued free. The orifice made with the lancet, enlarged itself by ulceration. Pulse remained quick, but general appearance improved. In consequence of a sinus seeming to run up the thigh, a seton was introduced through the opening opposite the lesion of the bone, and brought out two inches above.

12th.—The tape withdrawn. The discharge diminished. The bones were found to be firmly united. Patient was allowed to sit up with the leg supported at a right angle with his body.

26th.—Patient was able to walk with the assistance of crutches. Wound not entirely healed.

Feb. 15th.—Wound every where closed. Could bear the weight of his body with difficulty. The leg shortened nearly an inch. Walked without the enclosure, assisted by crutches. General health perfect.

May 1st.—For the last two months the patient has walked about continually without the use of a crutch or a stick; and latterly has been twice to town and back on foot—having walked three or four miles without the slightest inconvenience. The knee at this time is only half an inch shorter than the other.—*American Journal of the Medical Sciences.*

THE IRISH POOR LAW.

DEATH OF A FEMALE PAUPER IN FERMOY UNDER CIRCUMSTANCES OF GREAT HARDSHIP.

On Monday last Daniel Geran, Esq., of Rushmount, one of the coroners for this county, was called upon to hold an inquest on the body of a young girl, named Julia Mangan, who came by her death under such circumstances, that we deem it right to publish the following copies of the depositions taken at the inquest, with the verdict of the jury, which on perusal will be found worthy of attention.

The jury having been sworn, proceeded with the coroner to the lodgings of the first witness, Mary Mangan, widow, mother of the deceased, to take her depositions; they found her a miserable, emaciated being, lying on a bundle of straw, placed on a damp earthen floor, and with scarcely any covering. During the progress of the inquiry, so feeble and exhausted was she, that a considerable time elapsed before her evidence could be concluded. On a form (the only article of furniture in the apartment) was laid the corpse of Julia Mangan, and standing beside it were three miserable looking children, her sisters.

The following is a copy of her deposition:—

Mary Mangan, of Fermoy, widow, being sworn, saith:—She is unhealthy for the last five months, and partly bedridden; had no means of support but the charity of her neighbours. Saith she is the mother of five female orphans, the eldest of whom is 14 years of age. Deceased, Julia Mangan, is her second daughter. Saith that she and her deceased daughter, Julia Mangan, were both sick in bed on the 21st of November last, and were dying of want; that she sent for Doctor Murphy and begged of him, for God's sake, to take her into the dispensary; that Doctor Murphy kindly came to her, and upon examining her daughter said she had no fever, and that the dispensary was not a fit place for her. The doctor remarked that he would arrange a clean ward for witness and her daughter if they would come into the dispensary; witness replied that they would, as they were dying of want. On the evening of the same day, witness and her daughter, Julia Mangan, now deceased, got out of their bed; witness walked down to the dispensary, aided by her eldest daughter, and Julia was taken between the neighbours there; when witness arrived at the dispensary she felt better and got some drink; deceased also had some drink which she took very raveneously. Witness felt that all she required was nourishment. Saith that on the following morning Doctor Murphy called into the dispensary, and asked witness how she felt; witness said that she felt very comfortable, having had a good bed and clean linen; the doctor thereupon remarked, that the room was not a fit place, and ordered her into another room; witness cannot now recollect how long she remained in the first room; when witness was removed into the second

ward, she and her child got some milk, and her child was getting daily worse from that time, and upon Thursday the child was calling for the priest. On the same morning the doctor was passing by the door, when witness called upon him to look after her child, for that she would not leave her to nurse-tenders any longer, as the child would die without benefit of clergy, and that the blame would lie upon him; the child was moaning at the time and panting for breath. The doctor came in and put his hand upon her forehead, and said "you are grunting now that you see me coming." He then stated, on leaving the room, that he wished witness and her daughter were out of the room, and that they had no longer than until Friday to remain there. Witness saith, that upon Saturday morning, the nurse tender, Catherine Barry, came to her and told her to dress herself quick, for that she must go off immediately to the poorhouse; accordingly, witness sent for her eldest daughter to dress her, who, with the aid of Catherine Cosgriff, helped witness into the donkey's car; also witness's daughter, Julia Mangan, was taken by three persons and placed in the donkey's car; when placed in the car, witness and her daughter both said, "the Lord have mercy on us, we will die before we are over," meaning at the poorhouse; witness was altogether in the dispensary for thirteen days; witness saith that, whilst in the dispensary, she got good treatment in the way of drink and food, which she was not able to use; as regards the nurse-tenders, they were not as attentive to her as to other patients; got light for one part of a night only during the entire time whilst in the second ward in the dispensary; saith she cannot blame the nurse-tenders they were so much taken up with other patients. Saith about eleven o'clock, on Saturday morning last, she, with her daughter, left the dispensary; both were taken in the donkey's car towards the poorhouse, the neighbours supporting them. While on their way in the car, the daughter was crying out for mercy, adding that the jolting of the car would kill her before she reached the poorhouse. On reaching the poorhouse gate, witness saw Sergeant Curtain, the porter, who took down her name, and those of her two younger children and deceased. Witness and her children were waiting at the gate about three-quarters of an hour; some of the gentlemen passed in and out; witness knew only two of them—young Dr. O'Neill and Mr. Austen. Young Dr. O'Neill examined her sick daughter, as also herself, and asked them how long were they ill; he made the daughter put out her tongue, when he shook his head, and made no reply but walked away; witness upon seeing Mr. Austen asked him, for God's sake, not to keep her long there, and to let her pass in; Mr. Austen made no reply, but passed on; witness, after being delayed at the outer gate about three-quarters of an hour, was let in to the door, where she remained for some time over an hour; she and her sick daughter sitting in the car all the time, and her two young daughters standing beside the car, both naked and hungry. After the lapse of a little time, a man with a key in his hand came out and said to witness "be off; be off; drive away the donkey, and make sale of the dung," meaning thereby that she should sell some dung and support herself by the the proceeds of it; witness immediately left the place with a broken heart—her children crying when they saw other children there eating, that is her two children who had their health: her ailing child here raised her head, and on their return down from the poorhouse the donkey took head, and jolting the deceased along the rough road, she called out, "Mother, did you hear that?" "What is it," said the Mother, is it your ribs are broken?" "Oh, no," said deceased, "it's what's alive of my heart that's gone." On witness and her daughter reaching her lodgings, about two o'clock, Mrs. Brien took herself and her sick daughter and warmed them at the fire; at nightfal the landlord of the house returned, and placing some straw upon the ground with some little bedclothes, witness and her daughter went to bed, and about four o'clock in the morning (Sunday) Julia Mangan died, stating before her death that between them all she was left to die without the benefit of the priest.

The depositions of Ellen Mangan, sister to the deceased, are generally to the same effect as those of the last witness.

Mr. Voules was the principal examiner, and asked Ellen Mangan whether she intended coming with her mother and family into the workhouse? She replied and said it was not her intention to come in. Mr. Voules then asked her the reason, and she said that she had a heap of manure (which was worth a pound) to dispose of. Witness recollects that during Ellen Mangan's examination, she said something about redeeming pawn tickets with the price of the manure. On the conclusion of her examination, Mr. Voules put it to the guardians present, "whether they thought the family of the Mangans were fit objects for admission, having a pound's worth of dung?" and the chairman of the day, Mr. T. Dennehy, having put the question—some of the guardians were for admitting, and some for rejecting them. A division took place, and there was a majority of the guardians for their rejection. Witness cannot state the names of the majority and minority of the guardians who voted on that occasion. At the conclusion of the voting, the master of the workhouse was directed to inform the family of Mangans that their claims were rejected.

Thomas Twohy, master of the workhouse, being sworn, saith—That he is master of the Fermoy workhouse; was present at the board-room when Ellen Mangan was under examination; previous to her examination witness stated that there were a sick family at the board-room door; witness was then directed to bring up some of the family, when he replied that they were too sick to come up; witness then brought up a young girl who stood by the car; she stated, in reply to Mr. Voules that she was a daughter of Mrs. Mangan's, and did not intend herself coming into the workhouse, but wished her family to come in, as she intended to dispose of a heap of dung. Mr. Voules, the assistant commissioner, put it to the discretion of the guardians, "whether a family possessed of twenty shillings' worth of any kind of property were fit persons to be admitted into the workhouse?" Some of the guardians were for receiving them, but the great majority were for rejecting them, and witness was accordingly directed to inform the family of the Mangan's that they were inadmissible: when witness informed the poor-law commissioner and the guardians that the family applying for admittance were sick in the car [redacted]-able to attend, neither the poor-law commissioner nor any of the guardians went down to see the state of health the family were in.

Francis P. Drew, Esq., M.D., being sworn, saith—That he made a post-mortem examination on the body of Julia Mangan, and found it without any marks of external violence; quite emaciated, having the appearance of one who died from long-continued disease. On opening the chest, the lungs were found throughout their entire structure thickly studded with tubercles and abscess of considerable size, one of the latter having bursted into the trachea and chest, which was the cause of death, and the immediate bursting of the abscess was caused by the body being put into violent motion, as witness understands, by the jolting of the car in which the patient was conveyed from the dis-

pensary to the workhouse, and back again to her lodgings.

Eugene O'Neill, jun., Esq., M.D., Fermoy, being sworn saith—That he is the medical officer of the Fermoy workhouse; recollects having seen on Saturday, the 3d of December, inst., some females in a donkey's car outside the workhouse; witness looked at them on passing in; both appeared ill; it was not witness's duty to have examined the state of health of those persons until they were first admitted; did not see them since, and further deponent knows not.

At the termination of the inquiry the coroner summed up the evidence, when the jury retired, and, after an hour's consultation, returned the following verdict:—

"We find, that at Fermoy, on Sunday, the 4th of December, inst., Julia Mangan died of a lingering disease, and that her death was hastened by the bursting of an abscess, while on her way from the poor-house, where her destitute claims were unfeelingly rejected by the majority of the guardians there assembled, on Saturday, the 3d of December, instant; and we further find, that Dr. Murphy, the medical superintendent of the dispensary, was very culpable in dismissing Julia Mangan in her feeble state, without first making some effort to procure for her an asylum in the workhouse."

The jury were then discharged, and the proceedings terminated.—*Cork Reporter.*

MEDICAL CHARITIES—INNISHANNON DISPENSARY.

The half-yearly meeting of the governors and subscribers to the Innishannon dispensary was held at the dispensary house, on Thursday last,

Lieut.-Col. MEADE, in the chair.

After the general business of the institution had been transacted, the contemplated medical charities' bill was taken into consideration. Several of its clauses having been read,

The Chairman said, that the administration of medical relief to the poor of this country was a matter of much importance to the community at large, and he hoped that if the present system were to be altered, the alteration would not tend to deprive those who now receive relief from those institutions, from the benefits hitherto afforded them. He could not contemplate the transfer of those charities, from the present governors, altogether to the poor-law commissioners, and he should be happy to hear the opinions of the gentlemen present on the subject.

Rev. Mr. Bennett hoped that some useful alterations had been made in the bill since the subscribers had it last under consideration. He hoped that the obnoxious penal clauses had been expunged.

Mr. Dennehy felt convinced that the transfer of the dispensaries to the entire control of the poor-law commissioners would give general and great dissatisfaction (hear.)

Mr. Cole was happy to find such unanimity of opinion respecting a subject of such importance. Had the poor-law commissioners exercised a beneficial control over the funds which had been entrusted to them under the poor relief bill, and fulfilled the promises of economy made by them on the introduction of the law, there would have been little cause for complaint; but, from what had already appeared in the administration of the law, in the several unions throughout the kingdom, he could not consent to the placing additional powers of taxation in such irresponsible hands; besides, he much feared that, in addition to increasing the taxation of the country, the more legitimate objects (the mechanic, the small farmer, and the labourer) of these charities would, under the control of the commissioners, be deprived of the advantages which they justly enjoy under the present system. It had, he understood, been said that the governors were afraid of inspection and inquiry. This he denied. They were willing to submit to inspection under the control of the government, but not through the commissioners; and he hoped that duty would be placed in the hands of trust-worthy and respectable individuals (hear.) He had given the subject some consideration, and would beg leave to move the following resolutions:—

"Resolved—That we deprecate the adoption of any legislative measure by the present government which will have the effect of placing the medical institutions of this country under the control of the poor-law commissioners, for the following reasons:—

"1st.—That the constitution of these charities has been a bond of union between the higher and lower classes of the community, whereby kindness and sympathy are enlisted on the part of the one and gratitude on the part of the other—the poor man finding the medical attendant of the rich entrusted with the care of himself and his family in the hour of sickness and distress.

"2d.—That as a taxation is intended to be established by the proposed medical charities' bill, under the control of the poor-law commissioners, in order to provide relief for the sick-poor of Ireland, we deem such a measure highly objectionable, as, from the feelings of the people against the tax already existing under the direction of the said commissioners, the worst and most sanguinary consequences may follow.

"3d.—That the poor-law commissioners, having exhibited such a total ignorance of the wants of the sick-poor of *Ireland*, we deem them incapable of administering the provisions of an act such as that contemplated, with satisfaction either to the poor, the rate-payers, or the medical profession.

"That in thus candidly expressing our opinion as to the present administration and support of those charities, we are at the same time most willing that a rigid inspection of them under the control of the government, but not through the commissioners, should be established.

"That as we understand the government expressed a wish to obtain public opinion on the proposed bill, a copy of these resolutions be forwarded by the secretary to Lord Eliot and Sir James Graham, and that petitions founded thereon, be prepared and confided for presentation in the House of Commons to Lord Bernard, M.P., and in the House of Lords to the Earl of Bandon."

Captain Meade had much pleasure in seconding the resolutions, which were carried unanimously.

MEDICAL ASSOCIATION OF IRELAND.

PROCEEDINGS OF COUNCIL.

SATURDAY, DECEMBER 10.—Council met.

The following letter was read:—

Bindon-street, Ennis, December 6, 1842.

SIR—I beg you will call the attention of the Medical Association of Ireland to the following circumstances, which I should hope the Council will consider as deserving their consideration. A vacancy having lately occurred in the coronership of this county, I became a candidate, and from the very flattering and most favourable manner in which I was received on my canvass, my election became certain; but upon looking over the act of parliament, respecting the qualification (11 Geo. IV., cap. 115) I found that though I possess in actual amount the annual sum required to give eligibility, yet it is not all, though nearly all is *freehold*, and freehold is the only species of property which, by the act, qualifies. I beg to call the attention of the Council to the act, and I would submit that the qualification is, in the first place, unnecessarily high, considering that the emoluments of the office cannot exceed £60 annually. Secondly, that chattel property and money in the funds, or lent on private security, should be a qualification as well as a freehold. Third, that the object for which a money-qualification is required, might be as effectually attained by the coroner giving security to a

specified amount to some public authority in the county in trust for any persons whose names may come into his (the coroner's) hands, and who may by defalcation on his (coroner's) part be losers. I have addressed a letter to Lord Eliot on this subject, and I should hope the Council of the Association would consider the matter as one upon which it would be desirable to have a communication with his lordship. A modification of the qualification would place the office within the reach of the profession, and, if I am to judge of the other counties in Ireland, by the feeling manifested here with regard to the peculiar fitness of a medical man for the office, we would, before many years shall pass over, have several medical coroners in the country.

I am, sir, your very obedient servant,

MICHAEL HEALY.

Resolved—That the subject be considered at the next meeting of the Council.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, DECEMBER 14, 1842.

MEDICAL CHARITIES.

WE had not time to direct the attention of our readers in our last number to the resolutions of the College of Surgeons, relative to the medical charities' bill of Messrs. Nicholls and Phelan; we have now, therefore, to beg of them to peruse them carefully, and to consider how far the views and opinions entertained by that body are entitled to support. Let the result be what it may, this College cannot be charged with neglecting the interests of the profession or the public in its corporate capacity, as to this affair, however individual members may find it expedient or prudent to take a different course. At the same time it must not be supposed that any public body can effect much without the active co-operation of numbers. A central body is of great importance as a rallying point and pivot of organisation, but otherwise may be incapable of exercising any very powerful influence, and this, those who rely on such resources should bear in mind. The physicians and surgeons of dispensaries should not therefore flatter themselves that this bill can be effectually resisted by any such means; they must put their own shoulders to the wheel, and avail themselves of the means afforded them, and those who do not choose to rely on the College of Surgeons, have the Medical Association to look to with a certainty of cordial and energetic co-operation. In fact, there is no want of that description of assistance, which formerly was so deficient, and if gentlemen in the provinces do not take advantage of it, upon their own heads be it; it is much more their affair than that of the metropolitan practitioners. To stimulate them to exertion, and to rouse them from that fatal apathy into which, we must confess, we fear some of them have fallen, we have to state that every exertion has been made by the poor-law people, their adherents, familiars, and expectants, to persuade the government that the profession is favourable to this measure, and that it is resisted by a small minority, only, of insignificant and factious individuals, and that the physicians and surgeons of fever hospitals and dispensaries are not only not opposed to it, but are actually anxious to have it carried into effect; and what is more, we have to state that Lord Eliot believes them, although he has had the most demonstrative proof that their statements are not to be relied on. Matters have even gone farther than this. Mr. Nicholls first, and subsequently Mr. Lucas and Lord Eliot have declared, that both the Colleges of Physicians and Surgeons gave their sanction to this measure, and even name the persons who led them to suppose that this was the case, by intimating that they were, if not officially, at least virtually authorised to give the consent of these two bodies. This was promptly and unequivocally denied by Sir Henry Marsh, as far as he was concerned, and the resolutions of the College of Surgeons, to which we have alluded, pointedly and directly contradict the assertion, that any person or persons were authorised to make any such statement. However all this may be, it is obvious that it is incumbent on all persons, who are opposed to this measure, to record their dissent without delay, as otherwise they may be set down as advocates for its enactment. We do not pretend to dictate to people, or to assume that every man is bound to entertain our views and opinions; we are only anxious to show that circumstances make it absolutely necessary for every man to avow his views and intentions, because it is assumed that every man who does not object is a consenting party. We are fully aware that many persons cannot, in prudence, venture to take such a step, because already, patronage, corruption, and official intimidation begins to have its weight; but it shocks us to find men, who have nothing either to hope or fear for, sneaking from a public avowal of principles, which, in private, they undisguisedly adopt. We were much amused lately by the reasons assigned by a gentleman for refusing to sign a declaration objecting to this bill, for placing the charities under the poor-law commissioners. "I have (said he) as strong objections as any of you to this measure, but I have a wife and three children and am looking for a situation, so you must do without my name." Now, this was an honester fellow than the man who comes to the College to-day, and declares that he is opposed to the measure, and the next, goes to the Castle and says he is in favour of it; or who tells country gentlemen in his study in the morning, that the thing is a political job, and in the evening writes over to my Lord, or Sir Robert in London, that it is the finest thing in the world.

The following document is in course of signature through the counties of Cork, Carlow, Kilkenny, Wexford, Limerick, Tipperary, Waterford, Westmeath, Galway, Fermanagh, and King's and Queen's counties:—

"*To his Excellency Earl De Grey, Lord Lieutenant General, and General Governor of Ireland, &c. &c.*

"We, the undersigned magistrates, attending the petty sessions of , in the county of , respectfully observe to your Excellency—

"That it would be inexpedient, and unjust to the governors and committees of dispensaries and fever hos-

pitals in Ireland, and greatly detrimental to the interests of these charities, to introduce the changes in their government and support, contemplated in the proposed medical charities' bill.

"That it would be detrimental to the cause of charity to deprive the grand juries of the power of local taxation for local purposes, and to transfer that power to the poor-law commissioners.

"That it would be unwise to sacrifice the large amount of money at present voluntarily contributed in this county for the support of these charities—and we are persuaded that the qualification of life, or annual governor, viz.: a subscription of £20 for life, or £2 annually to the poor-rate, would completely extinguish voluntary subscription.

"That the assertion made by the assistant poor-law commissioners, that 'the subscriptions for the support of these institutions are failing,' is not supported generally as regards this county, and that to draw their support from the poor-rate would be prejudicial to the poor-rate.

"That the medical charities, as at present constituted, form a kindly link between the rich and the poor; and that the clauses of the proposed bill would sever that bond, and would be therefore injurious to the best interests of society.

"That we approve of the appointment of a medical charities' board and inspectors, but object to any connexion between it and the poor-law commissioners of Ireland.

"That we disapprove of extending the powers of the commissioners, by placing the governors, as well as the medical and other officers of dispensaries and fever hospitals, under their control."

This is going to work in the proper way, and, when taken together with the declaration from the medical profession, to which we alluded on Friday, will show a list of "factionaries" that must be satisfactory to Lord Eliot. The medical declaration has, we understand, already been signed in Dublin by nearly one hundred persons, including the most eminent of the medical practitioners of the metropolis. Under the present circumstances of the general poor-law question, it is scarcely possible that an inquiry into its operations can be much longer postponed; and we would suggest that a parliamentary committee should be called for, to commence a strict investigation into the whole subject, immediately upon the opening of the session. With the many contradictions of the testimony of the poor-law commissioners, and blots upon the proceedings of those gentlemen, as well as direct charges against them, which stare the government in the face, it is scarcely possible that they can think of legislating for the medical charities without more information regarding them than has been furnished by Messrs. Nicholls and Phelan. For a full inqury, then, all parties should call, and the friends of the medical charities should be prepared to go fully into their case.

One piece of advice which we have already given, it is necessary for us to repeat, and that is, that copies of all documents sent to the secretary's office, at Dublin Castle, should also be forwarded direct to the Lord Lieutenant and to Sir James Graham. Notice of every memorial or petition should also be inserted in the public journals. To the wise these hints will be sufficient.—*Evening Mail.*

MEDICAL INTELLIGENCE.

COURT-MARTIAL AT JAMAICA.

At a general court-martial held at Up-Park Camp on the 15th day of September, 1842, and continued, by adjournments, to the 26th of the same month, Assistant-Surgeon Dr. James Henderson Hardie, 2d West India Regiment, was arraigned upon the following charges, viz.:—

First—For conduct unbecoming an officer and a gentleman, in the following instances, viz.:—For having associated with the wife of Sergeant-Major C. F. Johnston, 2d West India Regiment, by driving her, without her husband's consent or knowledge, in a gig or chaise, to the canteen man's quarters at Stony Hill, where he remained until the following evening, thereby inflicting a grevious injury and insult on his inferior, a non-commissioned officer. For having remained at the canteen man's room with the wife of the sergeant-major, where no one else was present, to the injury and wrong of Sergeant Major Johnston. For having demeaned himself by sleeping on the same bed with Charles Brittlebank, a discharged soldier from the 82d regiment, the canteen-keeper at Stony Hill.

Second—For conduct unbecoming the character of an officer and a gentleman, in having returned to Stony Hill, where the wife of the said Sergeant-Major Johnston was, and having there associated with the said canteen man, by publicly riding out with, and sitting and drinking with him until night, and having associated and demeaned himself by sleeping in the same bed with the said discharged soldier.

Third—For conduct unbecoming the character of an officer and a gentleman, in having visited and kept company with the wife of the said Sergeant-Major Johnston, when the sergeant-major would be on parade or absent.

Fourth—For conduct unbecoming the character of an officer and a gentleman, in having at Up-Park Camp, permitted Armourer Sergeant R. Crampton, 2d W. I. Regiment, to reproach and rebuke him by saying to him, "Dr. Hardie, if you continue your repeated visits to Mrs. Johnston in the absence of her husband it will not end well; it is a shame for you, and you ought to respect yourself as an officer and the coat you wear better, than to sit down in a sergeant's quarters, when you must fell uneasy at the husband coming in," without noticing such rebuke, or reporting to the commanding officer.

Fifth—For having absented himself from his quarters at Up-Park Camp, on the nights of the 4th and 6th of August, 1842, without leave, there being at the time twenty-one soldiers under his immediate care and sick in hospital.

All such conduct being subversive of good order, and to the prejudice of the service.

W. B. Nicholls, Lieut.-Col. com. 2d. W.I.R.

Opinion—The court having maturely considered the evidence both on the part of the prosecutor and the defence, is of opinion that with respect to the first charge, the prisoner is guilty of so much of the first count of the said charge as is comprised in the words "having associated with the wife of Sergeant C. F. Johnston, 2d W.I. Regiment, by driving her, without her husband's consent or knowledge, to Stony Hill, in a gig or chaise." With respect to the second charge, the court is of opinion that the prisoner is not guilty, and the court doth acquit him thereof. With respect to the third charge, the court is of opinion that the prisoner is not guilty; and the court doth acquit him thereof. With respect to the fourth charge, the court is of opinion that the prisoner is not guilty, and the court doth acquit him thereof. With respect to the fifth charge, the court is of opinion that the prisoner is guilty.

Sentence.—The court having found the prisoner guilty of the fifth charge, and the same being in breach of the articles of war, the court therefore, by virtue thereof, doth sentence and adjudge him the prisoner, Dr. J. H. Hardie, 2d W.I. Regiment to be reprimanded.

Medical Charities.—Roscrea Fever Hospital.—The subscriptions and donations in support of this institution have been just paid to the treasurer for the ensuing year, and show an *increase of in-*

come over every other year since the hospital was first opened for the reception of patients in 1825, with the exception of 1841, when a *second* subscription was called for in consequence of an increase of typhus fever.

POOR-LAW INTELLIGENCE.

KINSALE UNION.—At a numerous meeting of the board of guardians, held on Thursday last, William R. Meade, Esq., V.C., in the chair.

Dr. Jago moved, in pursuance of his notice, the following resolution:—

"Resolved—That having been informed of the intention of the government to bring in a bill for the regulation of the medical charities of Ireland, this board is desirous of recording its opinion that any bill giving uncontrolled power over these institutions to the poor-law commissioners, will not be satisfactory to the public."

Mr. Supple seconded the resolution, which was carried *nem. con.*

Ordered that a copy of this resolution be forwarded to Lord Eliot. Dr. Jago gave notice that on Thursday next he would move for the appointment of a committee to consider and report on the working of the poor-law in this union.

MOUNTMELLICK UNION—VACCINATION.—The commissioners have again endeavoured to force the vaccination act into operation in this union, and have been again defeated. We are happy to be enabled to state that a decided spirit of independence continues to actuate this board. The following resolution was, after an animated discussion on Friday last, carried by a majority of ten to five, four out of the minority of five, declaring that they only yielded to compulsion in supporting the proposal of the commissioners:—

"Resolved—That inasmuch as the medical attendants of the dispensaries have been in the habit of vaccinating such of the poor of the union as think proper to apply for their assistance, we are of opinion that these duties should continue to be performed by the medical attendants of dispensaries, inasmuch as we entertain strong doubts as to the propriety of carrying out the objects of the vaccination extension act on the plan proposed by the commissioners."

In the course of the discussion, statements of a very extraordinary character were made with respect to one respectable practitioner of the union. These statements called forth an expression of most indignant sentiments from several guardians. We forbear for the present to publish a report of the proceedings, entertaining, as we do, a hope that some satisfactory explanation may be offered of the circumstance to which we allude.

PROMOTIONS.

MILITARY.—27th Foot—W. N. Irwin, gent., to be Assistant-Surgeon, vice Grant, appointed to the 28th Foot.

28th Foot—Assistant-Surgeon, J. Grant, M.D., from the 27th Foot, to be Assistant-Surgeon, vice Macdonnell, promoted to the 80th Foot.

42d Foot—Wm. M. Muir, M.D., to be Assistant-Surgeon, vice M'Gregor, appointed to the Staff.

80th Foot—Assistant-Surgeon, A. S. Macdonnell, from the 28th Foot, to be Surgeon, vice Turnbull, deceased.

91st Foot—W. Stuart, M.D., to be Assistant-Surgeon, vice M'Larne, deceased.

97th Foot—Assistant-Surgeon, James J. Wardrop, from the Staff, to be Assistant-Surgeon, vice Leith, deceased.

NAVAL.—Surgeons—Dr. W. Bruce to the Camperdown; W. H. Mahon to the Samarang; John Hately, from the Frolic, to the Thunderbolt; John Rees to the Frolic, vice Hately; P. Niddior to the Gorgon.

Assistant-Surgeons—Mr. Eames to the Gorgon; John S. Peddie to the Victory; Arthur Adams to the Samarang; R. Hastings to the Thunderbolt; G. S. G. Bowen to the Minden; Mr. Arthur Adam to the rank of Surgeon; Mr. West of the Winchester to act as Surgeon of the Lily; R. Bernard to the Megara; Messrs. J. Davidson, J. Findlay, and J. Campbell, (additional) to the Madagascar.

HOSPITAL STAFF.—Assistant-Surgeon, J. M'Gregor, M.D., from the 42d, to be Assistant-Surgeon to the Forces, vice Sharply, deceased; Thomas H. Young, gent., to be Assistant-Surgeon to the Forces, vice Wardrop.

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Dec. 4th,	50	41.5	30.250	
Monday,	5th,	52	47.5	30.190	
Tuesday,	6th,	53	45	30.190	
Wednesday,	7th,	49.5	42.5	30.250	
Thursday,	8th,	49.5	40	30.400	
Friday,	9th,	47	40.5	30.400	
Saturday,	10th,	47	40.5	30.114	

DEDICATED, BY PERMISSION, TO HER
MOST GRACIOUS MAJESTY QUEEN VICTORIA,
AND HER ROYAL HIGHNESS THE DUCHESS OF KENT,
BLOFELD & CO.'S NEW MAP
OF ENGLAND, SCOTLAND, AND WALES,
Compiled from the Trigonometrical Survey of the Honourable the Board of Ordnance, and corrected to the present time, from documents in possession of the Commissioners of Boards, &c.
SIZE—5½ FEET LONG, BY 4 FEET WIDE, MARGIN NOT RECKONED.

Where preferred, it can be had in two parts, the one containing the map of Great Britain; the other, the information round the border.

With this Map are given, according to the Reform Act, the Divisions of the Counties, the Boroughs, Polling Places, and the number of Members returned for each.

Distance Tables of each County in England, as well as of Ireland, Scotland, and Wales, and a general one of Great Britain; forming a Key by which the Distance may be found between any two Market Towns in the United Kingdom.

Also various Topographical and Statistical information respecting the United Kingdom, the English Counties individually, and the number of Square Miles, Statute Acres, &c.

The population of all the principal Market Towns, and the Total Amount in each County. The Market Days, &c.

The Railroads and Canals are laid down in most instances, from Plans in possession of the various Companies: and the Iron, Coal, Lead, Tin, Copper, and Salt Mines, as correctly as possible.

Price, handsomely coloured, varnished, and mounted on Mahogany Rollers, French polished, or done up in a Case, made to resemble a Book, £3 3s.

Do. do. on Brass Rollers, £3 13s. 6d.

The above as a GEOLOGICAL MAP, coloured so as to show the various Stratum, &c., Half-a-Guinea in addition.

Published by BLOFELD & Co., Map Sellers to the Queen, 29, Thavies Inn, Holborn, London, and may be obtained through any respectable Bookseller in Dublin.

TO ALL THOSE WHO HAVE CONSERVATORIES, AND GARDENS.

Saturday, January 7, will be published, price Sixpence, stamped to go free by Post,

THE FIRST NUMBER FOR 1843 OF

THE GARDENERS' CHRONICLE,

A WEEKLY RECORD OF RURAL ECONOMY AND GENERAL NEWS.

THE HORTICULTURAL PART EDITED BY PROFESSOR LINDLEY.

Such has been the success of THE GARDENERS' CHRONICLE, that it has already a sale far beyond any contemporary of a like character—a sale which has gone on progressively increasing from the commencement. This fact, gratifying as it is to the Proprietors, will only stimulate them to further exertion; AND, THEREFORE, MERELY REFER TO THE PAST AS AN EARNEST OF THE FUTURE, and announce for the information of the public generally the nature of the Publication.

The GARDENERS' CHRONICLE is, in the first place, a weekly record of everything that bears upon Horticulture, Floriculture, Arboriculture, or Garden Botany, and such Natural History as has a relation to Gardening, with Notices and Criticisms of all works of importance on such subjects. Connected with this part are WEEKLY CALENDARS OF GARDENING OPERATIONS, given in great detail, and adapted to the objects of persons in every station of life; so that the Cottager with a few rods of ground before his door, the Amateur who has only a greenhouse, and the Manager of extensive gardens, are alike informed each week of the routine of operations which the varying seasons render necessary. It moreover contains very extensive Foreign and Domestic Correspondence upon Horticultural subjects—Reports of Horticultural Exhibitions and Proceedings at home and abroad—Notices of Novelties and Improvements—in short, everything that can tend to advance the profession, benefit the condition of the workman or conduce to the pleasure of his employer, all accompanied with Woodcuts, whenever the matter treated of requires that mode of illustration. Replies to all questions connected with the object of the Paper are also given weekly in great detail. And although the Paper is not, strictly speaking, an Agricultural Journal, yet it contains full Reports of the Proceedings of the Royal Agricultural Society, and much valuable information upon the more interesting subjects of discussion in this branch of inquiry.

IN THE SECOND PLACE, that description of domestic and political News is introduced which is usually found in a Weekly Newspaper. It is unnecessary to dwell on this head further than to say, that the Proprietors do not range themselves under the banners of any party; their earnest endeavours are to make THE GARDENERS' CHRONICLE a full and comprehensive *Record of Facts* only—a Newspaper in the true sense of the word- leaving the reader to form his own conclusion and opinions: their object being the elucidation and discussion of the laws of Nature, not of man. The reader is thus furnished, IN ADDITION TO THE PECULIAR FEATURE OF THE JOURNAL, with such a variety of information concerning the events of the day, as supersedes the necessity of his providing himself with any other Weekly London Paper.

Each year commences a new Volume, and is complete in itself.

A Prospectus, with List of Contributors, may be had on application, or by letter, at the Office, 3, Charles-street, Covent Garden, London.

Parties intending to commence with the New Volume had better give their orders at once to any Newsvender.

TO THE MEDICAL PROFESSION AND THE PUBLIC.

BEWLEY AND EVANS, CHEMISTS AND APOTHECARIES, 3, LOWER SACKVILLE-STREET, being appointed WHOLESALE AGENTS for the sale of JEFFREY'S RESPIRATOR in Ireland, beg to call the attention of the Medical Profession and the Public generally to that invaluable instrument, the utility of which, in incipient Phthisis, Bronchitis, and other affections of the chest, particularly those attended with extreme sensibility or irritability of the air passages, has been satisfactorily demonstrated in many thousands of cases. Testimonials of its usefulness have been furnished not only by private individuals, but also by the highest professional authorities.

The construction of this elegant instrument is scarcely less remarkable than its utility. It consists of a number of layers of most exquisitely wrought wirework of such singular minuteness that the whole instrument with its drapery can scarcely be distinguished from an ordinary silk handkerchief tied round the mouth. Its structure may be seen and examined by any person interested, on application at THE PATENTEE'S DEPOT as above.

Prices. 1st quality, of gold throughout, Gentlemen's size 64s; Ladies' 52s; 2d quality, faced with gilded wire, Gentlemen's 36s; Ladies' 30s; 3d quality, Gentlemen's 24s; Ladies' 20s.

A Respirator will be forwarded by post to any part of the Kingdom on receipt of a post-office order for the amount, and 1s., extra for a Lady's, or 1s. 4d., for a Gentleman's, for the postage.

The Trade supplied on liberal terms.

THE MEDICAL CHARITIES' BILL.

The following declaration lies for signature at the Royal College of Surgeons, Messrs. Hodges and Smith's, College-green, Messrs. Fannin's and Co., Grafton-street, and at the Office of the MEDICAL PRESS, 13, *Molesworth-street:—*

"*We, the undersigned Physicians and Surgeons of Ireland, hereby declare that we are of opinion that the Medical Charities should not be placed under the control of the Poor-law Commissioners.*"

Medical gentlemen in the country, desirous of having their signatures affixed, will please to communicate as speedily as possible with Dr. Osborne, 26, Harcourt-street, or Maurice Collis, Esq., Merrion-square, North, Dublin.

Dublin: Printed and Published by the Proprietors, at 13, Molesworth-street. London: by John Churchill, 46, Prince's-street, Soho.

TERMS OF SUBSCRIPTION (PAYABLE IN ADVANCE.)

Twelve Months	£1 5 0
Six Months	0 13 0
Single Number	0 0 6

Wednesday, December 14, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CCVII.] DUBLIN, WEDNESDAY, DECEMBER 21, 1842. [PRICE SIXPENCE, STAMPED.

MEETINGS OF SOCIETIES.
Academy of Medicine—Discussion on tenotomy continued—Statement of M. Velpeau..... 385
Reply of M. Guerin..... 388
ORIGINAL REPORTS OF MEDICAL PRACTICE.
Memoranda and Cases—By R. Cane, M.D., of Kilkenny—Dislocation of the humerus forward—Cases in midwifery..... 389
Notice of a case of Ichthyosis—By T. Laycock, M.D., of York..... 390
EXTRACTS FROM PERIODICALS.
Case of gun-shot wound of the face with an account of interesting nervous phenomena resulting from the injury..... 392
St. George's Hospital—Successful operation for hernia at the age of 107..... 393
Hôtel Dieu—Death from the administration of large doses of quinine..... 394
REVIEWS AND NOTICES OF BOOKS.
A Manual of Diseases of the Skin; from the French of Cazenave and Schedel—By T. H. Burgess..... ib.
Medical Charities—Letter from H. Kennedy, Esq..... 395
THREATS OF THE POOR-LAW PEOPLE..... ib.
Vaccination..... 396
Society for the relief of widows and orphans of medical men in London and its vicinity..... 397

MEETINGS OF SOCIETIES.

ACADEMY OF MEDICINE.

NOVEMBER 26.

TENOTOMY—CONTINUED FROM PAGE 355.

M. VELPEAU said that the question under discussion, at first exactly defined and of limited extent, had gradually assumed greater development and importance. As usually occurred in scientific or practical discussion, each disputant almost involuntarily appealed to collateral matter, either to prove his own views, or impugn those he disputed. Thus, in the present instance, M. Bouvier, having observed that the division of the flexor tendons of the fingers in dogs was followed by adhesions and abolition of the motion of their phalanges, maintained that a similar result would, in all probability, follow the same operation in the human subject, and that consequently tenotomy should not be practised at the wrist, the palm of the hand, or fingers. M. Guerin, on the contrary, who has divided the flexors of the fingers in man, stated certain facts respecting these operations, and exhibited two patients with a view of demonstrating that M. Bouvier laboured under a mistake, and that tenotomy was as applicable in retractions of the fingers as in deformities in other situations.

So far, nothing could be more precise than the matter in dispute, but M. Guerin superadded to this—the sole original question—certain general considerations respecting the etiology of deformities, the indications of tenotomy, and the mode of performing that operation. And another of our colleagues, applying himself to one of these superadded questions, reviewed the various doctrines entertained respecting deformities in general, so that the discussion at length involved, not merely tenotomy of the flexor tendons of the hand, but the various questions relative to deformities in general and their treatment.

During the discussion, M. Guerin expressed his gratification at its affording him an opportunity of explaining his doctrines. M. Guerin, who has extensive practice in tenotomy, has for some years spoken so often of his doctrines, of the principles that guide him in that operation, that I, with many others, at length thought he had a doctrine and principle peculiar to himself, though, I must acknowledge, I was ignorant in what they consisted, but after hearing M. Guerin, I found with surprise that M. Guerin entertains the same opinions respecting deformities and tenotomy as other surgeons do.

M. Guerin attributes *most* deformities of the joints to muscular retraction; but has any surgeon ever denied that articular deformities result from this cause? Doubtless, some surgeons consider this retraction to occur more frequently than others do; but a mere difference of opinion, as to the frequency of a phenomenon, does not constitute a principle or a doctrine. M. Guerin also admits "deformities resulting from disease of the bones or external violence;" but this expression is either incomplete or inaccurate, for there are numerous deformities which are not produced either by muscular retraction, disease of the bones, or external violence, but one caused, for example, by subcutaneous bands, and by certain alterations of the ligaments. Do I not, then, asked M. Velpeau, indicate a doctrine more complete, and at least as rational as that of M. Guerin, when I state in my treatise on Operative Medicine, that the deformities which surgical interference may remedy, may be caused by an alteration of the skin, of the subcutaneous tissue, of the tendons or muscles, of the ligaments, or of the bones and ligaments? M. Guerin says "tenotomy is destined to follow retraction of the muscles whenever it occurs," while I have said, "before we determine on performing tenotomy, we must be satisfied that the

deformity does not depend on stiffness of the joint, nor on cicatrices, but that it depends, in a great degree at least, on shortening or stiffness of some tendons or muscles; the operation is applicable to every tendon or muscle not separated from the skin by any important organ. It has already been performed on the fingers, the toes, the foot, the leg, the ham, and the neck—doubtless, it is equally applicable to the knee, fold of the arm, the wrist, and axilla." How does all this differ from what M. Guerin calls his doctrines? In fact, M. Guerin possesses no peculiar doctrine, what he terms his doctrines are as much my property, they are generally recognised; let us now examine his principles.

M. Guerin has said that the principles of tenotomy were no where laid down until he defined them, but this is an error. In my work already alluded to I have stated that the mode of performing tenotomy consisted in making but one puncture in the skin, gliding in a tenotome on the flat till it passed the opposite edge of the tendon, and then turning its cutting edge towards the tendon, &c., I attached the chief importance to the following particulars:—

1st. That the puncture of the skin should be very small.

2d. That the tendon should be divided as completely as possible, its sheath being opened as much as was practicable.

3d. That the vessels should be carefully avoided.

4th. That the part should be immediately straightened, if greater separation of the ends of the tendon than an inch and a half was not required.

5th. To gradually augment that separation after the expiration of the tenth or the fifteenth day.

6th. That a bandage should be immediately applied.

7th. To subsequently apply a suitable apparatus.

8th. To gradually move the part, &c. &c.

M. Guerin may disapprove of these principles and reject them as faulty, but they are nevertheless rules of practice clearly expressed, and generally adopted by practitioners, and consequently M. Guerin had no right to state that he first laid down principles for the performance of tenotomy. M. Guerin, in expounding what he calls his principles, spoke at great length of reunion, or organisation, of the length of the cicatrix of motions preserved, and of results realised, but his whole statement was so obscure that I found it absolutely difficult to divine what he meant to say. But what right has M. Guerin to assume that any surgeon, be he who he may, ever yet undertook an operation of tenotomy, without contemplating the reunion and the re-establishment of the regular length and motion of the divided organ? Does not such a mode of expression resemble that obscure phraseology in which some envelope themselves, that they may, as occasion requires, have a pretext for contending that they expressed whatever ideas it may subsequently be convenient to claim.

M. Guerin has defied me to show any where in print the principle of physiological voluntary contraction, as a means of facilitating tenotomy; this defiance on his part I think strange, and M. Guerin has expressed himself here also, in that obscure and vague way in which he so willingly expresses his proposition. In fact, what does he mean by voluntary physiological contraction in the performance of tenotomy? If he means that the patient should in every case put the tendon to be divided on the stretch, the principle is bad and even inapplicable, as many patients have their minds very differently occupied during the operation. If he merely means that the tendon should be put on the stretch, and made more prominent, whether by the will of the patient, by the act of the surgeon, or in any other way, it is a principle common to all the world, and indeed one which must of necessity be applied, as without it no one could practise tenotomy. M. Guerin says it is no where indicated; but in my work already quoted I say, "when the tenotome is glided under the skin, the tendon must be put on the stretch to allow of its being divided by the bistoury," and the same direction is repeated, with directions how to effect it in each particular case when speaking of the division of particular muscles in the respective regions of the body.

These details indisputably prove that M. Guerin has laboured under some delusion on every point which he claims; he must now understand that in all he said to us respecting tenotomy, there is nothing peculiar to himself; that the doctrines and principles which he claims are doctrines and principles of all the world, which he found in existing treatises of surgery.

We have now examined a question purely academical in a practical point of view.

In his appreciation of M. Bouvier's experiments, M. Guerin endeavoured to show that the results obtained resulted from M. Bouvier's mode of operating. But as it is now evident to every one that M. Guerin's doctrines and methods are those of every surgeon, it must be admitted that the results of his practice must depend on something else than merely his mode of operating, if indeed his practical results are really different from those obtained by others; it is therefore important to examine if M. Guerin has been more fortunate than his brethren.

I find from the cases he mentioned that he has divided the flexor tendon of the fingers on the phalanges and in the palm of the hand thirty-four times, and that in sixteen of these cases the operation, by his own confession, either failed totally, or left much to be wished for; consequently, if we take M. Guerin's facts in the shape he offers them in, tenotomy on the palmar aspect of the hand is far from being so efficacious as in the other regions of the body.

But if, instead of accepting these facts without examination, we admit what M. Bouvier stated respecting them at the last discussion, must we not conclude that tenotomy of the flexor tendons of the fingers has failed in M. Guerin's hands in a great majority of cases? This remark leads me to mention my request that M. Guerin should separately consider in the discussion, tenotomy as practised in different regions, but as this was not done, I shall enter into some details which I have long taught on the subject.

To give tenotomy every possible chance of success, it should be applied to those organs which are surrounded with a large quantity of cellular tissue. If it be true, as I maintain, that the reproduction of a divided tendon is effected by the aid of its cellular sheath, and of the filaments and layers of the surrounding cellular tissue, which, becoming more vascular, coalesce, harden, and gradually solidify, it is easy to understand in what regions tenotomy must be most efficacious, and where it will be less successful, or completely fail. Numerous experiments on animals, and many observations on the human subject, do not now allow me to entertain any doubt on the subject, and I have no hesitation in opposing this doctrine to that of MM. Held and Duval, which M. Guerin, some

ays since, represented to us as being his own, and in which the reproduction of the tendon is attributed to the effusion of plastic lymph, either pure or mingled with a little blood. Those who maintain this opinion have doubtless overlooked that plastic lymph, if effused, must become adherent to something, and that in the fibro-synovial sheaths of the fingers, the extremities of the tendons lost in the lymph must necessarily become adherent to the inflexible parts, and thus lose their proper relations. If M. Guerin thinks, by flexing the finger, to place the two ends of the tendon in contact, and thus obtain their immediate union, he evidently deceives himself. It would be in most cases impossible to do so, and would also be injurious in most cases. However, on this point I shall imitate M. Guerin by reserving my detailed opinions, and shall wait until he explains himself more fully.

My manner of viewing the reproduction of tendons enables me to say, *a priori*, that wherever the tendons are surrounded by sheaths, either purely cellular or fibro-cellular, tenotomy has every possible chance of success, and that in the regions where the tendons are surrounded with synovial or fibro-synovial sheaths, the operation is much less efficacious. Let us examine what are the regions respectively thus circumstanced.

The tendo-Achillis is, in this respect, evidently the best circumstanced. Thence, it is the one which has been most frequently operated on, and which is divided every day with the greatest amount of success. Next in order come the tendons of the ham, the tendon of the biceps brachialis, the two heads of the sterno-mastoid, the peroneal tendons, the tendon of the tibialis anticus, the extensors of the toes above and below the malleoli, &c.

In the other category are the tendons of the long flexor of the toes towards the point of the foot, and the tibialis posticus, of the long flexor of the great toes, and of the two lateral peroneal muscles, where they pass behind the malleoli; of the superficial and deep flexors in the palm of the hand, and more particularly on the palmar surface of the phalanges; in the palm of the hand in fact the tendons are enveloped between the aponeurosis and the inter-osseous muscles, merely by a synovial layer, or rather a dense and little vascular fibro-synovial tissue. However, the neighbourhood of the lumbricales muscles, of the filaments which traverse the palmar aponeurosis, and of the inter-osseous muscles may afford by the rarifaction of their various elements, a kind of new band connecting the two extremities of the tendons, and thence there is some room to hope that some motion of the fingers may be preserved after division of the superficial or deep flexor tendons in the palm of the hand.

On the front of the phalanges success is much more doubtful. The fibro-synovial, or osteo-fibrous sheath there situated, represents a gutter formed posteriorly by the phalanges themselves, and by very dense, completely fibrous, transverse, and longitudinal fibres. As the interior of this sheath is rather a simple synovial surface than a membrane capable of being isolated, the result is that the tendon, once cut, finds nothing by which its continuity can be established, and its action on the fingers runs therefore much risk of being abolished.

This remark, however, which is equally applicable to the tendons of the long abductor and two extensors of the thumb, would not, however, induce me to completely reject tenotomy in the hand, as M. Bouvier seems to inculcate.

When the tendon is cut, it retracts to a certain distance, which is not, however, ever very considerable, and it does not fail to contract adhesions with the tissues which may be within its reach. If the tendon of the deep flexor be divided on the second phalanx it withdraws a certain distance, and finally will adhere on some point corresponding to that same phalanx, and thence the patient may only lose the action of the ungual phalanx. If the tendon of the superficial flexor be divided, the motions of the finger will be still less interfered with, as the deep flexor, aided by the lumbricales muscles, may possibly act on the three phalanges. I may add that some collateral bands almost always remain, after these various sections, on one or other side of the divided tendon, so as to admit of the tendon exerting more or less action on the deformed finger.

M. Gerdy denied that the sublimis tendon could be cut on the phalanx. I am compelled to advert to that point now. And first, as I cannot admit that M. Bouvier's experiments on animals are applicable without qualification to the human subject, so must I refuse to recognise the analogies attempted to be established between experiments on a hand in its natural state and operations performed on a deformed hand.

When the fingers are retracted, if the sublimis tendon alone be contracted, it elevates, distends, invariably widens the sheath which envelopes it, becomes thus separated, and more or less perpendicular to the phalanx, and is completely separated from the profundus tendon, which it embraces in the natural state. The profundus tendon is further retained by means of a solid band, and by a most ingenious artifice on the anterior surface of the first phalanx. In the patient on whom I operated, the finger was so forcibly retracted that its extremity was in contact with the thenar eminence, and the sublimis formed a cord so straight, so perfectly isolated, that it was divided without the least difficulty. Despite M. Gerdy's operation, the section of the sublimis tendon is easy, and presents more chance of success at the root of the finger towards the palm of the hand than towards the anterior extremity of the phalanx.

Thus, anatomical considerations preceded all my experiments, and they are, I conceive, a better guide as to what may be expected from tenotomy in various regions than experiments on dogs, or imperfect observations on the human subject.

With respect to the hand, the palmaris brevis and longus, and in the anterior cubital muscles, tenotomy promises every chance of success: the same is the case with the extensor tendons, except at the point where they pass through the fibro-synovial sheaths over the head of the radius. In the palm of the hand tenotomy may often succeed, though less perfectly; on the phalanges it is least likely to succeed, but still may be serviceable on account of circumstances already adverted to; moreover, there are some cases in which the removal of the deformity is the great point to be attained. When a finger is firmly bound down on the hand, for example, it causes inconvenience, not merely because it cannot itself grasp anything, but because it prevents the grasping of anything in the hand, and thus renders the entire organ useless. By straightening such a finger, even should it remain quite immoveable, a benefit would still be conferred on the patient; and there is no reason why it should not be only one-half or three-fourths straightened, so that it should represent an arch of a circle, and thus be able to assist in supporting any object grasped in the hand.

I recently saw a gentleman who suffered for years from painful retraction of the fingers, an operation in such a case might relieve a patient from an inconvenience which might render life a burthen. This gentleman who suffers from a continual tremor, and seems to labour under some disease of the spinal marrow, has the fingers so forcibly contracted that two of them have caused ulceration of the palm of

the hand; should he not be relieved from such suffering, even though the general cause of the disease cannot be relieved?

The remarks made respecting the tendons of the hand apply to all the tendons of the foot that are surrounded with synovial sheaths; but there is an important difference in a practical point of view.

The reason that defective reunion or vicious adhesions are so much to be apprehended in the case of the flexors of the fingers, is that all the delicate motions, the agility and varied flexibility of the fingers, depend on their action. This is not the case in the foot; in this organ we require the power of firmly applying the sole of the foot throughout its entire length on the ground; even if the toes are motionless, the patient sustains little inconvenience; consequently, division of the flexors of the toes, whether in the sole of the foot, or on the calcaneum, should be performed whenever deformity of the toes requires it.

I also inquired if M. Guerin's patient's retraction of the fingers from shortening of the muscles, had been accurately distinguished from that caused by subcutaneous bands. I have no doubt that M. Guerin can make the distinction most accurately, but it would have been desirable that he should have indicated it.

Previous to Dupuytren, these retractions were attributed to the muscles alone; but he demonstrated that they frequently depended on the indurated elongations of the palmar aponeurosis. In some cases the distinction is so difficult as to embarrass skilful surgeons. M. Berard presented to us a case of this at our last meeting but one. He exhibited to the Academy a girl, because he was unable to decide whether the contraction in her case arose from the tendons or from a subcutaneous band. On examining the patient, I was for some time in doubt, and was obliged to call the muscles into action in various ways before I ascertained that it was a subcutaneous band, and not a retracted tendon that caused the deformity.

Two other questions require explanation. M. Guerin informed us, at least I think I heard him say so, that after his operations the tendons are reproduced so quickly that a portion of their action is restored at the end of two or three days. He even added, if I am not mistaken, that in a patient whose eye remained motionless after the operation for strabismus, he detached the muscle formerly divided, placed it in contact with the eyeball at a more favourable point, and at the end of two or three days found the motions of the organ restored. If M. Guerin witnessed the motions he mentions, and he is too accurate an observer to be mistaken in this respect, the motions must certainly have arisen from some other cause than the one he supposes. I have no hesitation in most decidedly stating that the new-formed substance between the two extremities of a divided tendon or muscle could have not caused these motions within the period mentioned.

The question of arthralgias now remains. M. Guerin has told us that tenotomy may be of the greatest service in deformities consequent on arthralgias. But first, what does he understand by *arthralgias* by *arthralgic deformities*? They are those he says which are observed as the consequence of coxalgia, &c., but surgeons know that coxalgia is a serious disease of the hip-joint, a malady complicated with grave alterations of the capsule, the cartilages, and the bones, and which terminate in death, or in anchylosis, or in irremediable displacement of the bones; is it in such cases that M. Guerin considers tenotomy applicable? Besides coxalgia can occur in the hip alone. But M. Guerin making a new name, perhaps, refers to the diseases of joints called white-swelling; here again the disease may be caries, neurosis, tubercular deposition, suppuration, &c., and which, when they are cured, and deformity results, terminate in true or false anchylosis. If the anchylosis be true, tenotomy can do nothing; if it be false, tenotomy has been long applied to remedy it.

I wish here also to state deliberately that tenotomy is sometimes an excellent resource to favour the resolution of certain sub-acute or chronic inflammations of the joints. Of this I saw a remarkable example in a young man, who, for eighteen months, laboured under a fungous arthropathie of the ancle joint, and who, as a consequence of the disease, became affected with retraction of the tendo-Achillis. No decided amelioration occurred in the disease until after I divided the tendo-Achillis.

In fine, I think that I am authorised to conclude that the two doctrines, one rational, the other empirical, mentioned by M. Guerin, exist only in his own imagination; that he is not the author of any peculiar orthopedic doctrine; that the principles claimed by him as his own have been recognised in science; that the experiments of M. Bouvier are not absolutely conclusive; that the cases adduced by M. Guerin do not possess the value attributed to them; that tenotomy is little applicable in the fibro-synovial sheaths, when the object is to preserve the natural motions of the tendons divided; that tenotomy is less successful in the palm of the hand, and especially on the fingers than elsewhere; but that still it ought to be performed in these regions in particular cases.

I may add that the following is the order in which the idea of subcutaneous sections developed itself—J. Hunter is the true originator of the idea—he divided the tendo-Achillis in dogs by means of a cataract needle passed under the skin. Bell comes next; he recommended the division of the lateral ligaments of the fingers when dislocated, by introducing a fine-pointed knife through a puncture in the skin. A. Cooper follows; he divided subcutaneous bands in the palm of the hand. Brodie is the fourth; he divided varices by a simple puncture. We next come to Dupuytren, who applied this method to the sterno-mastoid muscle in 1822. Stromeyer next applied it to the tendo-Achillis. Subcutaneous incisions were then practised by every one, by Dieffenbach, Duval, Stoer, Bouvier, J. Guerin, and was quickly applied to every tendon susceptible of retraction. This is its true history, despite of rivalship, personal interests, and individual pretensions.—*Gazette des Hôpitaux de Paris.*

DECEMBER 3.

M. GUERIN in commencing his reply stated that the discussion related to two principal points. 1. The question of tenotomy of the flexors of the hand and fingers. 2. Certain general principles respecting tenotomy.

As to tenotomy of the flexors at the wrist, he thought himself entitled, from the result of the discussion, to conclude, that the admissibility and utility of tenotomy of the wrist, which had been questioned, if not completely denied, by M. Bouvier, was fully established by the theoretical considerations and clinical facts which he (M. Guerin) had advanced during the discussion: and indeed all the disputants seemed now agreed as regarded this point of practice.

Respecting tenotomy in the palm of the hand, M. Bouvier had stated that its performance in this situation must necessarily be followed by loss of motion, in consequence of the formation of vicious adhesions. M. Guerin considered that he had demonstrated that this result had occurred in M. Bouvier's experiments, in consequence of the manner in which he performed the operation; and that preternatural adhesions would be obviated by dividing the superficial

flexor separately, and not implicating the deep flexor in the same incision. M. Guerin had not only established this theoretically, but had exhibited patients in whom the superficial flexor had been divided in the palm of the hand, the deep flexor having been also divided on the first phalanges, and the motions of the hand on the wrist, and of the two last phalanges on the first phalanx were preserved.

Tenotomy on the fingers.—The division of the deep flexor is the most difficult point in question; but notwithstanding these difficulties (M. Guerin) conceived that he had proved that the division of the deep flexor on the second phalanges was not necessarily followed by loss of motion of the phalanx, as M. Bouvier had maintained. In proof of this he had submitted two patients to the inspection of the Academy; M. Bouvier had indeed subsequently contested the reality of the cure in these cases; but he (M. Guerin) on hearing this contradiction begged MM. Amussat, Blandin, Bousquet, P. Dubois, and Ribes, to examine the patients, and these gentlemen had signed a certificate (which M. Guerin read) to the effect, that the flexion of the phalanges and the other motions of the fingers and of the hand were as perfect as he (M. Guerin) had asserted. It was for the Academy to determine which of the opposite opinions respecting these patients was the most accurate.

M. Guerin then went into an extended consideration respecting the priority of the discovery of the theory of muscular retraction as a cause of deformities, and the priority of the establishment of the true principles of performing the operation of tenotomy, both of which he claimed for himself, supporting his claim by a reference to numerous documents. M. Guerin deferred the completion of this portion of his reply to the next meeting of the Academy.

M. Bouvier said the hour was too far advanced to reply to M. Guerin; but he must call on the Academy to nominate a commission to examine the two patients whom M. Guerin had presented to their inspection. The Academy had heard the utter difference of opinion between M. Guerin and him (M. Bouvier) as to the condition of those two patients. M. Guerin, though he refused to submit those patients to the inspection of a commission nominated by the Academy, had yet read a certificate signed by five members of the Academy contradictory to the account which he (M. Bouvier) had given of their present condition. M. Bouvier therefore again demanded that a commission should be nominated by the Academy to inspect and report on the state of those patients.

M. Gerdy warmly supported this proposition.

M. Amussat opposed it, as he thought when any member of the Academy announced a fact he should be believed on his simple affirmation.

M. Bouvier agreed with M. Amussat that it would be most desirable that their members should be believed on their mere assertion. But in the present instance how could this be? The five volunteer commissioners, of whom M. Amussat was one, asserted one thing, he (M. Bouvier) asserted another; but they were all alike members of the Academy. An official commission could alone decide between them.

M. Amussat would not reply to this remark; he would only say that he had found commissions very troublesome things, and had experienced much trouble from them.

M. Bouvier—I can only reply to M. Amussat by saying that science was the gainer.

M. Amussat—It may posssibly be true that science gained thereby, but I know that I gained nothing.

M. Guerin again refused to submit the patients to a commission, but would submit them to the inspection of any of his colleagues who desired to see them.—*Gazette Medicale.*

ORIGINAL REPORTS OF MEDICAL AND SURGICAL PRACTICE.

MEMORANDA AND CASES.

By Robert Cane, M.D., M.R.C.S.L., Kilkenny.

(*Continued from No. CXCV.*)

NO. III. DISLOCATION OF THE HUMERUS FORWARD.

In a former paper I endeavoured to point out a mode of reduction of dislocations of the humerus downwards, which I conceived to be peculiarly facile, and therefore perhaps not unimportant to the profession. The peculiarity of the mode I suggested and described lay in the manœuvre by which the fingers of the left hand of the operator were brought to act directly upon the head of the bone, and in the direction of *its axis*. In reduction by the heel or knee in the axilla, it is obvious that neither powers act upon the head of the bone in the direction of *its axis*; or from the head of the bone in a direct line towards the elbow. On the contrary, their power in the axilla is simply an elevatory power, and becomes valuable only at the moment when powerful extension on the limb has brought it out of its dislocated situation, and to the edge of the glenoid cavity—the heel or knee acts on *the side* of the head or neck, and must embarrass the reduction, if it be used forcibly, before powerful extension has advanced the head of the bone towards its normal state. I endeavoured to explain the movement by which I brought the fingers of the left hand to act as an *expelling power* upon the head of the bone, and the consequent extreme facility of the reduction which appeared to be attained, not so much by the power of traction on the limb, as by the lever thus brought to bear upon the very vertex of the bone. I detailed four cases of dislocation into the axilla, which I had thus reduced with a facility, such as I had never felt in reducing dislocations after the ordinary manner, and I stated that I had had no opportunity of ascertaining how far such a mode of reduction was applicable to other dislocations of the humerus. Since then, I have had an opportunity of testing it in a dislocation forwards, beneath the clavicle.

November 30th, Matthew Timmins, aged 34, while moving with a crowd in the street, tripped and fell forward, suffering a dislocation of the left humerus under the clavicle, and behind the pectoral musele. I saw him in about an hour after the accident. My servant being placed to fix the scapula, I elevated the dislocated limb until it was somewhat over an horizontal line, when grasping the limb above the elbow with my right hand, and holding the forearm firmly under my axilla, by the pressure of my arm against my side, I passed the fingers of my left hand under the pectoral muscle until they bore upon the head of the bone which, thus drawn forward by my right arm, and pressed steadily and directly outwards by my left, was instantly reduced. In thus effecting a reduction, the small quantity of force used, and the little pain given to the patient, forms a broad contrast to what usually occurs in some of the other methods.

NO. IV. CASES IN MIDWIFERY, ILLUSTRATING THE VALUE OF SOME MECHANICAL CONTRIVANCES.

Case I.—*Retention of the head in utero, the body being separated.*—I was called to Mrs. K———h on the 15th of August, 1842, in consultation with the late Dr ———. She had been delivered of the body of a child about sixteen hours before my seeing her, the body being separated from the head which remained in utero; Dr. ——— had, during the night, made repeated but ineffectual attempts to extract the head. He gave the following account of her case:—"She had gone her full time, and had tedious labour, in consequence of its being a breech presentation, and the

woman over her thirtieth year. For some time after the delivery of the body, the further progress of the labour appeared to have been arrested, and the head remained without entering the true pelvis; and, while efforts were being made to complete the delivery, the neck gave way, and the head was left behind. Uterine action then ceased; the placenta came away quietly, but there had been much hæmorrhage. He had repeatedly tried to deliver the head with the long forceps, and had made various attempts with the perforator, but was unable to succeed with either, in consequence of the difficulty experienced in fixing the head so as to steady it for the application of instruments." The woman was blanched from loss of blood, and in a state of great exhaustion and alarm. An examination per vaginam discovered the head, its vertex presenting and just touching the upper brim of the pelvis, but the instant the finger pressed upon it, it receded before it, and even though both hands of an assistant were used to make pressure downwards in the uterine region, the slightest touch appeared sufficient to give it a sort of rotatory motion, as of a body revolving on its own axis. Dr. ——— again attempted to fix the perforator, but the head rolled before him, and it was evident that no pressure used by the assistant could sufficiently steady it to enable him, at the height to which he had to pass the instrument, to attain his object, while the slipping of the instrument made the operation one of much hazard to the mother. He made another attempt with the forceps, but there was no fixing it. From the attempts I had seen him make, it was obvious that the great difficulty was caused partly by the height at which the head lay, but still more in its perfect mobility, which was that of a smooth convex body, resting on a sort of concave cup, where even the very efforts from above, as well as those beneath it, tended to produce a sort of semi-rotatory motion. I saw that I must vary the mode of proceeding, and, if possible, bring the face or jagged neck over the vagina, and act on it. Accordingly, not trusting the fixing of the uterus to an assistant, but taking advantage of the "*consensus*" between my own hands, I performed that office with my left hand, while the right being in the vagina, I used its middle fingers with a tipping or jerking motion against the head from before backwards so as to effect the turning of it upon itself. This movement was easily effected, and my fingers soon rested against the face. The head was now much steadier. I now entrusted the pressure over the hypogastrium to an assistant, and taking the crotchet in my left hand, I passed it along my right hand, which guided it up until I fastened it on the lower jaw; but the first effort I made at traction convinced me that the jaw would give way at the symphysis, before the power necessary to deliver the firm head could be used. A further tilt brought the upper part of the face more over the vagina. I resolved upon fastening the crotchet in the orbit, so as to take advantage of the shape of the forehead for advancing. With my nail well pointed, I plunged my finger into the orbit and forced out the eye. The instrument was easily secured, and steady traction with the left hand which held it, while the right kept it in its place and guarded it from slipping, soon and easily effected the delivery. The woman did well.

SHOULDERS AND SPINE PRESENTATION.

Case II.—I was called to see Mrs. C. in March last. Dr. ——— had been in attendance upon her during the previous evening, and having early ascertained the nature of the presentation, had done every thing which science could suggest to arrest the labour, dilate the parts, and deliver by turning. The parts dilated, but the uterine action was not to be controlled, and he could not succeed in passing his hand into the uterus. When I saw her, the uterine action was powerfully expulsive, having resisted over 200 drops of laudanum; the toes of the right foot were presenting out under the pubes, (where it had been brought in one of the early efforts to turn) the leg lying in the direction of the urethra, the spine doubled so as to appear convex, presenting in the antero-posterior diameter of the pelvis, the centre of the spine coming down towards the vulva, while it receded upwards in front, and in the same manner behind, until both scapulæ could be distinctly felt up towards the hollow of the sacrum, and one of the arms was hanging down into the vagina. The woman was healthy and well made, and had gone her full time. It was the third occasion upon which she had suffered from cross births. We each made several attempts to turn, but there was no possibility of passing the hand into the uterus, and every attempt was followed by such action of the uterus as to threaten laceration, if relief was not speedily afforded. It was plainly a case where to delay delivery would be to hazard the woman's life, and we were in the act of considering embryotomy, when it struck me to attempt a manœuvre to revolve the child in utero, so as to tilt the shoulders upwards, and thus permit the feet to drop downwards, and I proceeded accordingly. I passed the left hand into the vagina from before backwards, so as to bring the ring finger under one scapula, and the index finger under the other, while the middle finger lay along the spine, and in the direction of the nape, and thus I attempted to lift or press upwards the head and shoulders. I was as astonished as delighted at the facility with which I felt the parts move before me until they escaped beyond the reach of my fingers, and the feet descended. The delivery was immediate. My idea of the mechanism of the position of the fœtus is, that the spine being bent forwards upon itself, the head and neck resting on the thorax, while the breech advancing in the other direction, made the whole of so globular a shape, that while the spine was convex to the vagina, the neck rounding off to the nape, lay in the hollow of the sacrum, in which it turned with ease upon the application of a very slight force; the arms going up with it, and the breech descending as it ascended.

(to be continued.)

NOTICE OF A CASE OF ICHTHYOSIS.

By T. Laycock, M.D., Physician to the Dispensary, York.

A Dutch woman is travelling about the country with a disease of the skin by no means common, and has been lately exhibited in York. I subjoin the popular description of her case as an amusing literary curiosity, and a good specimen of the ingenious Mr. John Allart's powers of exaggeration:—

"For a short time only.—Just arrived from the continent, John Allart, with the greatest living wonder of the world! Franciena Kroon, aged 36 years, born at Wyk, by Duursteede, in the Netherlands.

"The above phenomenon of nature is a beautifully made female: from the head to the breast downward, she is covered with beads of a dark brown colour, which are grown out of the skin; the inside of her hands are like small pebbles; her knees and elbows are that of oyster shells; and her feet that of rock. The soles of her feet are as transparent as tortoise shell of the hardest description.

"To describe this phenomenon—the greatest in creation—would be presumption for any one to attempt, but suffice to say, that all who have seen her, express, not only their great astonishment, but are fully satisfied. Any person disbelieving the fact will be permitted to see her previous to paying.

"To be seen at No. 29, Coney-street, York, (opposite Messrs. Barber and North's) from ten in the morning till ten at night.

"Admittance—Ladies and gentlemen 1s. each—Mechanics and children half-price."

Mr. John Allart did me the honour to ennoble me and place me among the aristocracy of wealth by accepting a shilling for the opportunity he afforded me of inspecting his "Greatest Living Wonder;" and certainly the case is interesting both to the physiologist and pathologist. The disease may be termed a combination of ichthyosis and psoriasis, and consists essentially in an increased secretion from the papillary layer of the skin and a consequent abnormal development of the horny structure. It is well known that the product of this papillary layer presents different appearances on different parts of the body and in different animals. On the mucous membranes it is the epithelium: on the skin, the epidermis, scales, hairs, spines, nails, claws, hoofs, horns, and feathers. The corns and callosities of the human skin, as on the elbows, knees, heels, soles of the feet, and palms of the hands, &c., are formed by condensed layers of the epidermis. In F. Kroon these natural callosities are developed in an unusual degree. The feet, in fact, are enclosed in a sheath of horny matter, or as if covered with one continuous layer of corns. On the heel this layer is remarkably thick and hard, and being semi-transparent is not unlike the shell of a tortoise, which latter, in fact, is itself a thickening of the epidermis of the animal. There are roughnesses here and there on the feet; and, in particular, a projection of horny matter from the first joint of the great toe presents an appearance not unlike a long claw, or rather a diseased crooked nail. On the leg the epidermis is scaly; on the knee it is opaque, rough and hard, and not unlike the callosities on the knees of horses. The skin over the point of the elbow is similarly encrusted, and being fixed to the bone, and stiff with the horny deposit, a curved wrinkle is formed whenever the arm is bent, and so some resemblance to an oyster-shell, in form, can be made out. In the palm of the hand the peculiar arrangement of the papillæ necessarily determines a peculiar arrangement of the secreted horny matter, and here it appears in the form of oblong or rhomboidal masses, which Mr. Allart pronounces to be pebbles. A similarly diseased state of the skin covering the palms has been termed psoriasis palmaris, and it is not long since I had a case of the kind under my care. Kroon's shoulders and upper arms are covered with scales, as in psoriasis, but below the elbow, and especially on the inner surface of the forearm, the papillæ themselves are enlarged and present the appearance of small horny beads arranged symmetrically on the skin. In colour they are a brown-black, evidently from containing the true colouring matter of the skin, and are highly polished, probably by frequent handling. The skin is exceedingly loose, and when pinched up, the projections are not unlike the pile on velvet.

The subject of this case is not able to speak English, but I conversed a little with her in German; and I learned from her that her skin was diseased at the time of birth; that she had undergone a great deal of medical treatment without permanent benefit; that her health suffered if the formation of the horny structures was checked; that a sort of moulting took place once a year, about autumn, and that she had two children, both perfectly healthy. She also told me that she had been to Blumenbach at Göttingen, and that he took great interest in her case and lectured on it to the students of the university. Blumenbach was very curious in matters of this kind, and as this was well known, "living wonders" seldom failed to visit him. He had three human horns in his collection all taken from one woman. One of these, which had been growing for thirty years, dropped off spontaneously when about ten inches long.

Many histories, more or less resembling the case of Kroon, have been published from time to time. The early volumes of the Philosophical Transactions contain several. In the third volume of the abridgement is the history of a girl, aged thirteen or fourteen years, who had horns growing from different parts of her body, principally from the flexures of the joints. At the point of each elbow they were twisted like ram's horns, one of these being half an inch broad and four inches long. One grew from each finger, like a turkey's claw in colour and form. The whole skin of her feet, legs, and arms, is described as being very callous. In the fifth volume is the case of a boy with chronic disease of the skin, whose finger and toe-nails were two inches and more in length, and shaped like horns. They fell off once in twelve months. The celebrated Lambert family is, however, the most remarkable instance of ichthyosis, for in these the males for five generations have had the whole body, with certain exceptions, covered with projections, like those observed on the forearms of F. Kroon. The first notice of the progenitor of this family may be found in the Philosophical Transactions for about the year 1731. He is described as a boy, aged fourteen, with a dusky-coloured, thick case covering every part of his body, except the palms of his hands and soles of his feet, and resembling the bark of a tree, or the hide of a rhinoceros. At the time of shedding or moulting in autumn, this condensed epidermis was three-fourths of an inch thick. The disease commenced at the age of seven or eight weeks. His case appears again in the Philosophical Transactions some years subsequently, and in 1755, at the age of forty, he is called the porcupine man, and is described as being covered "with an innumerable company of warts of a dark brown colour." The autumnal moult is again mentioned, "at which time he was commonly let blood," and it is further stated that he had had six children, all with a similar disease, and commencing at a similar period, namely, the ninth week after birth. Of these six children, only one, a boy, was living, and this lad or his children figures in the medical journals and scientific publications published since, both at home and abroad. Tilesius, Delvaux, Buniva, and others, analysed the horny matter, and those writers, and Geoffroy St. Hilaire, have published histories of the case. In the seventy-first volume of the Philosophical Transactions is an account of several horns found growing from the body. The author of "The Doctor" has collected some curious examples of the same kind. "Was not Margaret Griffith," he observes, "wife of David Owen of Llan Gaduain in Montgomeryshire, shown in London because a crooked horn grew out of the middle of her forehead? 'A miraculous and monstrous, but yet most true and certain account' of her, with a rude portrait affixed, was imprinted at London in the year of the Spanish Armada, and sold by Edward White at the sign of the Gun." (Vol. iv., p. 289–290.)

In some individuals with chronic skin-disease the epidermis is less thickened, and also less condensed, as in the case communicated to the Royal Society in 1769 by Mr. Warner. In this instance, the feet, hands, and forearm of a young woman were covered with a thick crust which scaled off twice a year. In the *Midland Medical and Surgical Reporter* for 1829, the history of a young lady, aged twenty, is recorded, whose cuticle exfoliated twice a year. The epidermis might sometimes be drawn from the hand like a glove.

Anomalous instances of this kind are far from being useless to science. They illustrate points both in

physiology and pathology. In pelagra and elephantiasis the same structures are implicated as in ichthyosis, but also the sub-cellular tissue.

The doctrines of transcendental physiology, which insist upon unity of function and structure, are well illustrated by these histories. The common origin of nails, claws, and other tegumentary appendages is shown, the one structure passing into the other in disease, just as we find to occur in the normal state of some animals. The aye-aye, for instance, has nails on all the toes of the hind-feet, except on the first, which is armed with a crooked claw. The thumb only of the midas rufimanus monkey has a nail; the other fingers have claws. I remember seeing in the museum at Berlin several genera of the class Charadrus, (C. Senegallus, C. Lampronotus, Spinosus, &c.,) having a spur projecting from the second joint of each wing. They had also leather-like (not fleshy) wattles, or horny appendages to the head. There are two common cocks (G. Gallinaceus) in the same museum (Nos. 33, 49) which have both a curved spur in place of—not implanted into—the usual comb; in both the comb was wanting, and the wattles were unusually small. Many similar examples of transformation of cutaneous appendages might be mentioned.

Perhaps a more interesting point in the history of these cases is the *quasi* proof they afford, that mankind is subject to something like the periodic moulting observed to take place in lower animals. And if this be really the fact it must be considered of great importance to pathology, because the identity of the epithelium of mucous membrane and of the epidermis being now established, analogical reasoning necessarily leads to the conclusion that the mucous membranes will experience a change contemporaneously with the skin. That this is the fact in lower animals has been long known. Swammerdam, speaking of the moult of the grub of the Oryctes Nasicornis, a beetle common in Holland, observes, "it is not only the external skin which these worms cast, but the throat and part of the stomach, and even the inward surface of the great gut change their skin at the same time. Some hundreds of pulmonary pipes within the body of the worm cast also each its delicate and tender skin." (Quoted in Kirby and Spence's Entomology.) If there be really an annual or di-annual shedding of the epidermis and mucous epithelium in man, the natural processes of secretion must be necessarily interfered with, and consequently at that time there will be a proportionate derangement of the health, or at least, a greater liability to diseased action.

York, December 13, 1842.

EXTRACTS FROM PERIODICALS.

CASE OF GUN-SHOT WOUND OF THE FACE, WITH LOSS OF A GREATER PROPORTION OF THE TONGUE, AND EXTENSIVE LESION OF THE BONY STRUCTURE, SUCCESSFULLY TREATED; TOGETHER WITH AN ACCOUNT OF INTERESTING NERVOUS PHENOMENA, RESULTING FROM THE INJURY. BY J. F. PEEBLES, M.D., PETERSBURG, VA.

In the month of August, 1840, Washington Perkins, a middle-aged man of robust constitution, but intemperate in his habits, induced by a fit of jealousy to attempt self-destruction, placed the muzzle of a fowling-piece, charged with duck-shot, immediately below and in front of the angle of his right jaw, and discharged the gun with his foot.

I saw him a few minutes after the accident; the hæmorrhage was frightful, though he was composed and sitting up in bed. Upon examination I found an entire breach in the inferior maxillary bone at the point where the shot had been received of more than an inch in length, involving the loss of the two lower molar teeth. Passing obliquely upwards through the mouth, the tongue was torn across in the line of the shot, all the free portion of it with the attaching frænum, completely severed and thrown forward between the front teeth. The charge passed out through the antrum about three quarters of an inch below the eye, carrying with it also the two cuspidati and their alveolar processes.

In addition to the injury of the inferior maxillary bone already named, there was a tranverse fracture at the symphysis. Owing to the nature and peculiar situation of the injury, the means for arresting the profuse hæmorrhage were confined principally to rest in the recumbent posture and cold applications to the head, face, and neck. But the quantity of blood which had found its way into the stomach, and still continued to trickle down the throat, despite our efforts to prevent it, very much embarrassed and impeded their effects by the frequent retchings it induced. As soon as fainting came on, however, firm coagula formed in the cavity of the mouth and the orifices of the wounds, and the hæmorrhage entirely ceased. In this state he was left for the night with directions for the *diligent* continuance of rest and the cold applications to the head and face.

During the night, from the frequent gratification of his intense thirst, the coagula were removed, and the bleeding partially returned, but a bit of ice in the mouth controlled it until the following morning, when all oozing was promptly suppressed by pledgets of lint soaked in a solution of creasote applied on the bleeding surface.

His face and wounds now presented the following appearances. His mouth, particularly the lower portion of it, was drawn to the left side; he complained of feeling a notch in the glass from which he drank, owing to loss of sensation in the right portion of his lower lip, phenomena which indicated lesion in the motor and sensitive nerves which supply the lower portion of the face. Over the inferior maxillary bone where the charge had entered there was a circular but jagged wound of over an inch in circumference, either way, extending up on the neck. On introducing the finger the fractured ends of the inferior maxillary bone were found to present a remarkable peculiarity. Instead of being shattered, and split or splintered as might have been expected from the violence of the accident and the nature of their structure, the ends of the bone were found presenting regular and transverse surfaces, as if only that plug of bone had been clearly removed which had received the violent charge, without material injury to the adjoining portion. The osseous system of this man had always exhibited evidence of remarkable fragility. He had suffered fracture of the thighs five different times, and as it is usual in individuals suffering from fragilitis ossium, the bones had in each instance united, with but little inconvenience, and with remarkable facility. Was not the regularity and favourable nature of the fracture to be attributed to this condition of the osseous system, which, doubtless, was general?

The end of the tongue was retracted and swollen, so as considerably to impede deglutition. The left antrum was exposed; whilst the external wound above presented the form of a triangular incision, with a flap perfectly preserved and thrown back. This was now brought down, the parts adjusting themselves perfectly together, and confined with adhesive plaster.

The portion of inferior maxillary bone between the symphysis and the breach at the angle had fallen inwards, protruding the teeth longitudinally into the mouth, and was so loose and detached as to occasion

some thoughts of the propriety of its immediate removal. It was however erected into its proper position and confined as securely as the circumstances would permit, and for the few succeeding days the patient remained tolerably comfortable. After this time for the succeeding ten days alarming hæmorrhage from time to time continued to recur, but by the diligent continuance of cold applications to the head and face, together with the topical application of creasote to the bleeding surface of the tongue and cheeks, it was checked; when he ceased to suffer further annoyance or danger from this score. At the end of the second week the external wound over the antrum had healed by the first intention, and although the antrum still remained exposed, the wound in the superior maxillary bone from this time gave no further inconvenience. The tongue was also well, and healthy granulations were shooting up in the wound in the right cheek. The detached piece of inferior maxillary bone became now the most embarrassing feature of the case. As it was not fastened at either end it was impossible, such was the state of the external wound, now to adopt any means by which it could steadily be held in its proper place a sufficient length of time for union to occur: and for upwards of a month the prospect of its removal, either by necrosis or excision, was improbable. About the middle of the second month, however, it had united at the symphysis, and at once the health of the patient, which had been kept feeble by the exhausting discharge and irritation about the mouth, rapidly improved.

From this time the contraction of the muscles gradually approximated the ends of the inferior maxillary bones, and at the termination of the fourth or fifth month they became united, and the cure was complete.

The following is the condition of the man's face at this time. Considering the great loss of bone, its general contour is but little altered. The inferior maxillary bone, though somewhat shortened, and with the exception of a slight protrusion at the point where the union at the symphysis occurred, is perfect and sufficiently strong for the purposes of mastication. The remaining portion of the tongue, doubtless from the long inactivity of its muscles, is atrophied to a mere membrane. It has well-developed papillæ, however, and the taste still remains unimpaired. It affords no assistance in speech, or in mastication, (the finger being used in the latter operation to keep the material between the teeth,) but remains motionless on the floor of the mouth. The deglutition is perfect. The membrane covering the exposed antrum is healthy. The mouth is still partially drawn to the left side, and the muscles of the lower part of the right side of the face take no part in the expression of the countenance. During laughter they are motionless, grotesquely distorting the face. But as this state of things is confined to the lower part of the face, the eyelids and muscles on the side of the nose remaining unaffected, it is probable that the lesion is confined to the lowest branch of the *portio dura* on the face. A portion of the motor branch of the fifth pair is also complicated in the lesion, as the muscles of the right cheek are atrophied, and flap, from a want of consent between their action and the motions of the jaw, in such a manner between the teeth as to prevent mastication on that side. But the *sensation* has returned in the lip. This occurred soon after union had begun at the fracture near the symphysis, proving consequently, that the paralysis which had occasioned the loss of sensation was owing only to the pressure exerted by the displacement of bone, on the branch of the third division of the fifth pair of nerves, which emerges from the anterior mental foramen to be distributed on the lip. This man has returned to his old habits, and is frequently seen intoxicated about the streets, yet the bones of the face and the mucous membrane of the mouth continue perfectly healthy. Indeed the whole history of the case manifests a hardihood, and a strong disposition to the healthy reparation of injury in the osseous system which, I think, is quite remarkable.—*American Journal of the Medical Sciences.*

ST. GEORGE'S HOSPITAL—SUCCESSFUL OPERATION FOR STRANGULATED HERNIA, AT THE AGE OF 107!

We do not know that there is any record of the performance of a severe operation at the advanced age of 107, which has, however, been performed by Mr. Cæsar Hawkins, with success, in St. George's Hospital; and we apprehend there is no doubt of the patient's real age, as the certificate of his birth has been preserved by his friends, one of whom came with him to the hospital, and asserted that he had seen it. The patient is, moreover, well known as a musician, who had the honour, as he expresses it, of playing on the violin with his late Majesty George the Fourth. His name is Rochard, a Frenchman, and his faculties are quite entire; he was able to walk into the ward, and within these few days was strong enough to walk from Bayswater to Charing Cross, and back again.

This man came to the hospital about one o'clock on Thursday last (Nov. 24th) with strangulated inguinal hernia, which had been fixed from, at least, the previous morning, and perhaps for a longer time, as no motion had passed for three or four days: the tumour was hard and tender, and vomiting had repeatedly taken place, but the countenance was cheerful, and the pulse unaffected.

While some other operations were being performed, Mr. Hawkins informed the students of the case having been admitted, and said that two attempts to reduce the hernia had been made before his admission; that the muscles being at his age completely relaxed, the only remedy likely to be useful was the application of ice, which he thought not unlikely to diminish the size of the tumour enough to enable it to recede, and that as the symptoms were not severe, and were generally slow in their progress at an advanced period of life, he would give him this chance, and see him again at five o'clock. When Mr. Hawkins came, however, at this period, he found that although there had been no sickness, yet the tumour was rather more tender, and therefore proceeded at once to the operation. The sac was very thick, and on opening it a mass of apparently transparent jelly protruded, which was a considerable quantity of recent lymph, distended with the serum, which filled the sac: the contents were a few inches of inflamed small intestine glued together and to the sac by lymph, which Mr. Hawkins was obliged, after dividing the stricture, to tear away from the bowel in order to reduce it. The case went on very well afterwards, and requires no particular notice; evacuations were passed the next day, after an injection; some slight tenderness of the abdomen was relieved by chamomile poultice, and by one or two doses of calomel on the Saturday. The wound united entirely by the first intention, except where two ligatures had been applied to a divided vessel of the outside of the sac, which part was slightly opened by the probe: the last section was removed on Sunday, and on Wednesday, the 30th, we saw him sitting up in a chair. We may observe that nourishment was given him from the first, and a little wine the last day or two; he is rather weaker since the strangulation, but appears to be going on quite satisfactorily.

Dec. 7.—Continues to go on favourably in every respect; in fact, he may be regarded as having entirely recovered.—*Medical Gazette.*

HOTEL DIEU.—DEATH FROM THE ADMINISTRATION OF LARGE DOSES OF SULPHATE OF QUININE IN THE TREATMEET OF RHEUMATISM.

A man aged 26, No. 11, Saint-Madeline's ward, was affected with acute articular rheumatism; he had been shortly before treated in the Hôtel Dieu for small-pox, and having probably left the hospital too soon was exposed to cold, and contracted acute rheumatism, in consequence of which he was admitted under the care of M. Recamier on the 27th November; he then laboured under general fever without any complication; the heart, lungs, and head were not implicated; there was derangement of intelligence; no headache; both wrists were very painful and swollen, but the skin was not red; the knees were also painful, but in a less degree; no pain in the hips. The diagnosis was thus stated. *Acute rheumatism of the joints, with fever of medium intensity;* as to the prognosis it was stated that they would probably be of tolerably long duration; that complications were to be expected, such as inflammation of the serous membranes of the thorax, though nothing of the kind yet existed.

M. Recamier having just witnessed an admirable cure effected in an analogous case, by the administration of sulphate of quinine, to a lady, in private practice, resolved to employ the same treatment in this case. He prescribed the first day three grammes (46½ grains) in twelve papers, one to be taken every hour. No bad effect resulted.

The next day the pains were diminished in the lower extremities, but were more severe in the wrists. On a careful examination of the heart, no bruit de soufflet could be detected, but its pulsations were not quite so distinctly clear as natural.

The second day five grammes (77 grs.) of sulphate of quinine were prescribed; to be taken in the same manner as the first day. The patient had only taken 3½ grammes when he was suddenly attacked with extreme agitation, followed by furious delirium, and death occurred in a few hours.

On dissection, the signs of a general and most intense meningitis were discovered; considerable sanguineous effusion of the meninges; penetrated vascularity of the surface of the brain, of which some points, more intensely inflamed, presented a commencement of softening; the quantity of serum in the ventricles was natural.

While the foregoing case was in progress, a similar but less disastrous one occurred under the care of M. Husson, in the person of a patient affected with symptoms of rheumatism, closely resembling those above mentioned. Six grammes of sulphate of quinine were administered: after the ingestion of the last dose, the patient fell into a state of prostration, rapidly followed by extreme agitation and delirium, to which soon succeeded excessive debility and complete immobility. The pains, however, had disappeared.—*Gazette des Hôpitaux de Paris.*

REVIEWS AND NOTICES OF BOOKS.

A MANUAL OF DISEASES OF THE SKIN: from the French of MM. Cazenave and Schedel; with notes and additions. By Thomas H. Burgess, M.D., Surgeon to the Blenheim-street Dispensary for Diseases of of the Skin, &c. London. 1842.

If we look to the extent of surface of the cutaneous covering of the body, to its exposed situation, its complicated structure, the important functions which it performs, and the intimate sympathy which subsists between it and several internal organs, and then to the numerous different diseases to which it is liable, we must be convinced that its diseases are second in importance to no others. If, again, we take into account the frequency of diseases of the skin, the amount of misery caused by many of them, the tedious nature of some, and the obstinacy of others, under almost every plan of treatment, we cannot help feeling surprised that their study should be so much neglected, and that notwithstanding the advances made in other branches of medical science, the majority of practitioners should be so superficially informed upon them. In fact, in no other class of diseases can all the phenomena be so accurately observed—they are all from their situation visible to the eye; their rise, progress, and decline can be watched and noted; and yet the ignorance of the great mass of practitioners upon them is almost proverbial. This, no doubt, partly depends upon the natural difficulty of the subject, for though cutaneous diseases are very common, they are also very numerous, and their appearances are exceedingly variable at different periods; opportunities, too, for their study are not generally afforded in this country. In addition, a good work upon the subject was wanting, which, avoiding the diffuseness and unnecessary details of some of the continental treatises, should include all the modern improvements in the treatment, and every thing really of importance connected with the history and origin of cutaneous diseases; and at the same time, whose price should place it within the reach of every student—a desideratum which appears to us (from our knowledge of the original) to be well supplied by the Manual of Diseases of the Skin, translated by Dr. Burgess.

The work commences with an outline of the principal methods of classification which have been applied to cutaneous diseases; the arrangement adopted is nearly similar to that of Willan, with some modifications by M. Biett.

The following table gives an outline of this classification:—

"Order 1. *Exanthemata*—Erythema; erysipelas; roseola; rubeola; scarlatina; urticaria.

"Order 2. *Vesiculæ*—Miliaria; varicella; eczema; herpes; scabies.

"Order 3. *Bullæ*—Pemphigus; rupia.

"Order 4. *Pustulæ*—Variola; vaccinia; ecthyma; impetigo; acne; mentagra; porrigo; equinia or glanders.

"Order 5. *Papulæ*—Lichen; prurigo.

"Order 6. *Squamæ*—Lepra; psoriasis; pityriasis; ichthyosis.

"Order 7. *Tubercula*—Elephantiasis grecorum; molluscum; framboesia.

"Order 8. *Maculæ—Coloratione*, viz., fuscedo cutis; ephelides; nœvi—*Decoloratione*, viz., albinismus: vitiligo."

The foregoing eight orders comprise the majority of cutaneous diseases; the seven following, or additional orders, contain diseases which could not be included under them, viz., lupus; pellagra; malum alepporum; syphilida; purpura; elephantiasis arabica; cheloidea.

The principal advantage which this classification presents is the facility of diagnosis to which it leads—it being founded upon the most prominent characters of the eruptions, which at some period of the disease are necessarily present; and as the diagnosis of these diseases is one of the most important points connected with them, we shall lay before our readers some general rules upon the subject, with some examples of the method of proceeding to be adopted in order to arrive at the knowledge of a given disease:—

"The chief point is to determine the elementary lesion, this done we have merely to compare the disease with the few which possess the same elementary characters. In cases where the elementary lesion remains unaltered, we

have simply to ascertain whether it be a papule, vesicle, scale, &c., and this generally is a very easy task. Our next step is to determine the species, and in this we are aided by the *form*, seat, progress, &c., of the eruption.

"For example, a patient has, on the inner side of the arm, between the fingers, &c., a number of *small collection of serum*, distinct, acuminated, transparent at the point, and accompanied by itching, &c. On carefully examining, we find that the elevations contain no pus, that they are not solid and resisting, that they are not papular eminences covered by a scale, nor an injection of the skin which disappears under pressure; the disease is therefore vesicular. We have then to find out to what species of vesicular eruption it belongs. It is neither *miliaria* nor *varicella*, which are accompanied by constitutional symptoms; it is not *herpes*, for in herpes the eminences are collected together in groups; it must, therefore, be either eczema or scabies; but it is not eczema, for the vesicles of eczema are flattened, while here they are acuminated—*ergo*, it is scabies.

"But a mere knowledge of the elementary character of a cutaneous disease is not sufficient for its diagnosis; this character may have disappeared, and given place to the secondary or consecutive lesions. The fluid of a vesicle may, for example, dry off and leave a small incrustation; a pustule may be converted into a scab, and the latter give way to an ulcer; hence it is necessary that we should study these secondary lesions, and know to what primary characters they correspond. Incrustations may succeed vesicles; scabs occur in most pustular diseases, and ulceration may be a consequence of rupia, ecthyma, &c.

"In cases like the foregoing, we must first ascertain the nature of the secondary lesion, then determine its corresponding primary element, and finally pursue the course just pointed out. For example, a patient comes to us with a disease of the skin, characterised by thick, rough, yellow scabs, which cover a large portion of the extremities, especially the legs, and when they fall off expose superficial excoriations; the latter discharge a purulent secretion, which dries up, and forms fresh scabs, these being the most characteristic features of the disease. Now, it is easy enough to tell at once that this is a pustular affection; but not so easy to determine its species. The disease is evidently neither *variola* nor *vaccinia*; the pustules of *ecthyma* are large, isolated, and frequently covered by black, tenacious scabs which end in ulceration; it is neither *acne* nor *mentagra*, the pustules of which rarely ever give rise to scabs. The only affections, then, that remain are *impetigo* and *porrigo*, and we have merely to compare the character of these two species in order to decide. It is unnecessary to enumerate here the signs by which we know that the disease is not porrigo; it is therefore impetigo, and as the scabs are scattered irregularly over the limb, it is *impetigo sparsa*."

The foregoing extracts will serve as examples of the style of the work, and of the manner in which the translation has been executed; as it would be utterly impossible in the space allotted to us here to give even an analysis of its contents, suffice it to say that the cutaneous diseases belonging to each order are described separately; their causes, prognosis, and treatment are then considered under separate sections; a formulary of the principal remedies employed by M. Biett at the Hôpital St. Louis has been appended; and the utmost conciseness, consistent with accuracy of description, has been carefully studied: the work is furthermore enriched with notes and some additional observations by the translator; and a chapter upon glanders and farcy (diseases not noticed in the original) has been added.

In conclusion, we shall only observe that as the original treatise of MM. Cazenave and Schedel has been long the text book of the pupils of the Hôpital St. Louis at Paris, we have little doubt that the translation by Dr. Burgess will eventually supersede most others upon the subject; and become the guide, in the study of an important class of diseases, to the students and practitioners in this country.

MEDICAL CHARITIES.

TO THE EDITORS OF THE MEDICAL PRESS.

GENTLEMEN—As one of the individuals concerned in a letter published in the *Dublin Evening Post* by Drs. Corrigan and Harrison, I beg to state that in the paragraph which I signed at the College of Surgeons there was nothing vague or undefined. The meaning was simply this, that I did not wish to be subjected either directly or indirectly to the control of the poor-law commissioners. As to saying that by attaching my name to this paragraph, I gave an opinion either for or against the present or ultimate working of the poor-law, the assertion is totally unfounded. I did not jumble together what has been the law of the land for some years with an act, which, as yet, has not come into existence: hence, I did not offer any captious opposition to the government by signing the protest, but merely exercised the right of expressing my opinion on a point which, I again repeat, is not yet the law of the land. In acting thus, I believe I have not done anything unusual or out of the way. To a lawyer there is no difficulty in disputing the meaning of the simplest sentence in the English language, particularly when he has a good client to plead for. One apparent argument in the letter is so truly ludicrous that it is worthy of notice—I mean that, because Sir Henry Marsh signed himself in the protest, President of the College of Physicians, he thereby represented that whole body. As well might Drs. C. or H. be said to represent the patients in the Whitworth and Jervis-street Hospitals, because they signed themselves as connected with those institutions.

I have only to add, that had the poor-law commissioners acted towards us in a fair spirit, as regards the appointments to the poorhouses and the vaccination act, they would not now have the voice of the profession against them; neither would the grand juries of fifteen counties over the country have petitioned, as they have already done, to keep the management of the medical charities in their own hands.

I have the honour, gentlemen, to remain your obedient servant,

HENRY KENNEDY.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, DECEMBER 21, 1842.

THREATS OF THE POOR-LAW PEOPLE.

SINCE our last, a desperate, and, we venture to add, a very impudent attempt has been made to suppress the expression of opinion as to the proposed medical charities bill, and to threaten with the vengeance of the authors of this measure all persons who dare to attach their names to the declaration now in course of signature against the scheme. This audacious experiment has been undertaken by the irresponsible, unsalaried, but not unrewarded, agents of the poor-law office, and to carry it into execution the means appear to be furnished from the same source which supplied the sinews of war on a former occasion. Two letters have been published as advertisements in the public papers—one signed "An Old Dispensary Officer," and the other "Dominick Corrigan and Robert Harrison," with the view stated; but we have ascertained that they both emanate from the same parties, Corrigan having actually paid for them at the office

of the paper in which they were inserted. We do not mean to say that he actually paid for their insertion out of his own pocket, far from it, we know too well that he is too fond of money to do that, even if circumstances justified his making such a sacrifice. He only handed over the money entrusted to him for such purposes—a fund, respecting which, we may have more to say hereafter.

The medical attendants of dispensaries are warned that this declaration is put forward "with the design of defeating the government." Now, this is simply an impudent assertion, to support which, these persons could not produce a particle of evidence, and is thus hardily promulgated to alarm timid people, and so prevent them from giving expression to their feelings and opinions. That this is the case we know, because we have caught this same Corrigan actually making it his business to go to a gentleman holding office under the government, and threatening him with the displeasure of his superiors and its consequences, unless he withdrew his signature from the declaration in question. No: if we wanted "to defeat the government," we have now an excellent opportunity of doing so by admitting that these worthies are in its confidence, and thus bringing it into contempt. We will, however, do no such thing; but, on the contrary, will assert, without fear of contradiction, that the odour of these proffered services is quite as offensive to those to whom they are tendered, as that which the proverb says, usually emanates from such spontaneous offers of patronage. We will not even venture to excite the risibility of our readers by drawing a picture of Dominick Corrigan in the garb of a government confidential agent, but rather use our endeavours to show that he assumes the dress with the vain hope of being some time or other permitted to wear it. The fact is that Lord Eliot, so far from considering the signing such a declaration as evidence of a design "to defeat the government," was, to his credit be it spoken, the very person to suggest that some such method should be adopted to ascertain the wishes of the profession respecting the measure in question. He feels, we are convinced, that he has been most grossly imposed upon, and led astray by misrepresentations, and is now most anxious to come at the real truth. We told our friends in the provinces, at the time, to be on their guard against these poor-law go-betweens, and not to reply to their worming and fishing epistles, or for one moment to believe the statement they made, without the slightest grounds for doing so, that any such thing as securing salaries of one hundred or one hundred and fifty pounds a year was contemplated. We told them then, and we now repeat it, that that statement was made to entrap them into a correspondence, to be subsequently garbled for ulterior purposes. We now, once for all, pledge ourselves that there is not, and that there never was, in any shape or form, any bill, or any clause or provision in any bill, such as has been represented, and we now find that the use made of the answers thus obtained, by such gross misrepresentation, has been to tender them as a proof that the writers are anxious to have the bill now before parliament passed into law. Not only has this been the case, but by some means or other, we care not how or by whom, Lord Eliot has been led to believe that *two hundred* medical attendants of dispensaries have signified to these persons their approbation of this bill, although the answers to the letters did not amount to more than *one* hundred, of which not five-and-twenty, if so many, gave in their adhesion to the poor-law people, and abandoned their connexion with the present governors of their institutions. Lord Eliot has repeatedly declared that this is not a government measure, that he is not wedded to it, and that he is anxious to receive every suggestion and information that can be offered on the subject: the medical officers of charities may therefore rely upon it that no man need fear that he is to be denounced as a person conspiring to "defeat the government," because he exercises his undoubted right to express his opinion on a subject which so nearly concerns him.

But this retained advocate of the measure in question, and of the system and objects of which it forms a part, elated by the encouragement he has received and the prospects held up to him, goes still farther. He not only assumes that he is the person called on to warn medical evil doers of the danger of taking any step which may have the effect of, as he calls it, "defeating the government," or of joining the authors of this declaration in their "uncompromising hostility to the government," but he also has the unparaleled audacity to denounce the noblemen and gentlemen who are taking steps to make known their opinions of this bill, as factious persons having ulterior objects of a criminal nature in view, and absolutely insinuates that there exists an understanding between them and the persons who are now offering forcible and illegal opposition to the collection of the poor-rate. He says—"It is notorious that this declaration, *and other documents of a similar character*, against the medical charities bill, *now being actively distributed chiefly through the southern counties* (where some temporary opposition has been raised against the poor-laws) for the signatures of magistrates, grand jurors &c., *have an object beyond* the medical charities bill; that they constitute part of a machinery and the commencement of a system, that being first successful against this measure, will then be directed to uproot the whole system of poor-laws in Ireland, and to extinguish the blood-stained impost, as some in their public denunciations of it have stigmatised the poor-rate. It is right that those who join in this declaration should be aware of *its full scope and tendency*, and how they may unconsciously aid in an object, which, though not openly expressed, is hoped for by some to result from its adoption." We should not condescend to notice for one moment this atrocious libel, if we supposed it to be the mere expression of the writer's own feelings and opinions; we should look upon it as a characteristic and natural ebullition; but seeing the character, he considers himself entitled to assume, and the claim he obviously sets up to be recognised as a demi-official authority, we cannot refrain from calling attention to the matter, however disagreeable the duty.

VACCINATION.

At a meeting of the medical attendants of the dispensaries in the Roscrea poor-law union, convened by circular notices, and held in the dispensary house, Roscrea, on Tuesday the 10th of May, 1842, Dr. Bindon in the chair, the following resolutions were unanimously adopted:—

Resolved—That we make a proposal this day to the board of guardians, on the part of the whole of the medical attendants of the dispensaries within the union, to vaccinate all children within our several districts, at the

rate of 1s. 6d. each for the first 200, or even 150 successful cases, and one farthing each for any others for the ensuing year.

Resolved—That Drs. M'Arthur, Bindon, and Powell, be requested to wait on the chairman of the board of guardians with this resolution.

Resolved—That in the event of the above proposal being rejected by the board of guardians, the deputation be empowered to hand in the accompanying letter offering our gratuitous services as heretofore.

(Signed)

JOHN VEREKER BINDON, Chairman.
HENRY POWELL, Secretary.

DEAR SIR—In reference to an inquiry made of me by the chairman of the board of guardians, respecting the vaccination contracts, I beg leave to inform you that we vaccinate as usual at the Roscrea Dispensary, and propose continuing to do so. I have, upon inquiry to the same effect, received similar answers from the medical superintendents of the dispensaries located in the Roscrea poor-law union.

I am, dear sir, yours very truly,

WM. KINGSLEY.

To the Chairman of the Board of Guardians
of the Roscrea Poor-law Union.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN IN LONDON AND ITS VICINITY.

THIS society was established in the year 1788 for the purpose of granting relief to the widows and to the orphans, under fourteen years of age, of its deceased members, who, upon application, shall be considered as needing and deserving of pecuniary assistance. The capital is now £34,589, 16s. 4d. in the 3 per cent. consolidated annuities, and £210 in new 3½ per cent. in the names of the trustees, £686, 8s 10d; and £7355, 18s. 5d., in the names of other trustees, being the late accumulating fund. The sum of £28,817 has been distributed amongst eligible persons. Thirty-two widows, several of whom have families, twelve orphans, three incapable adults, now receive assistance, half-yearly, from the funds of the institution.

ARMY MEDICAL OFFICERS' BENEVOLENT SOCIETY.

The society's funded property now consists of £11,200, 3 per cent. consols, and £1000, 3½ per cents. £390 have been distributed.

ARMY MEDICAL OFFICERS' FRIENDLY SOCIETY.

The receipts during the past year amounted to £4620, 18s. 7d.; the expenditure to £3173, 15s. 6d.; and there was invested the sum of £1447, 3s. 1d. The present number of members is 572. The capital of the society amounts to £67,000.

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Dec. 11th,	48	43	29.660	.025
Monday,	12th,	57	46	29.520	.185
Tuesday,	13th,	59.5	52	29.662	.055
Wednesday,	14th,	59.5	47.5	29.850	
Thursday,	15th,	55.5	51.5	29.550	
Friday,	16th,	56.5	48	29.300	.140
Saturday,	17th,	53	41	29.950	.040

ERRATUM.—In Dr. Healy's letter in our last number, p. 381, col. 1, line 2, for "names," read "monies."

THE MEDICAL CHARITIES' BILL.

The following declaration lies for signature at the Royal College of Surgeons, Messrs. Hodges and Smith's, College-green, Messrs. Fannin's and Co., Grafton-street, and at the Office of the MEDICAL PRESS, 13, *Molesworth-street:—*

"*We, the undersigned Physicians and Surgeons of Ireland, hereby declare that we are of opinion that the Medical Charities should not be placed under the control of the Poor-law Commissioners.*"

Medical gentlemen in the country, desirous of having their signatures affixed, will please to communicate as speedily as possible with Dr. Osborne, 26, Harcourt-street, or Maurice Collis, Esq., Merrion-square, North, Dublin.

Sir HENRY MARSH, Bart., President of the College of Physicians,

WILLIAM TAGERT, Esq., President of the College of Surgeons, and

JAMES O'BEIRNE, M.D., Vice-President, Royal College of Surgeons.

Richard Carmichael, Surgeon to the Richmond Hospital.
Alexander Read, Surgeon to Mercer's Hospital.
Arthur Jacob, Surgeon to the City of Dublin Hospital.
Maurice Collis, Surgeon to the Meath Hospital.
Thomas Edward Beatty, Professor of Midwifery, Royal College of Surgeons.
Edward Hutton, Surgeon to the Richmond Hospital.
H. Maunsell, Professor of Political Medicine, Royal College of Surgeons.
Charles Benson, Physician to the City of Dublin Hospital.
H. H. Massy, Dublin.
J. A. Carr, do.
H. Garner, do.
Patrick T. Roney, do.
James Hone, do.
Wm. Carson, A.B., M.D., do.
A. B. Palmer, Surgeon to Mercer's Hospital,
B. G. M'Dowell, A.B., Dublin.
Philip Bevan, do.
J. Macartney, M.D., late Professor of Anatomy, T.C.D.
Hamilton Labatt, A.B., Surgeon to the North-Eastern Dispensary, Dublin.
Geo. Robinson, M.B., Blessington Dispensary.
R. C. Williams, Surgeon to the City of Dublin Hospital.
John Hannan, M.D., Lucan Dispensary.
Albert J. Walsh, A.B. M.D., Dublin.
Edmond J. Duigan, M.D., do.
Jerome Morgan, do.
Richard Hastings, M.D., do.
Henry Tweedy, M.D., do.
Andrew Nolan, Wicklow Fever Hospital.
Michael Healy, M.D, Ed., M.R.C.S.L., late R.N., Ennis.
J. Grant, A.B., Dublin.
R. L. Nixon, Surgeon to St. George's Dispensary, do.
Wm. Bevan, A.M., do.
W. F. Montgomery, Professor of Midwifery, College of Physicians.
Wm. Henry Porter, Surgeon to the Meath Hospital.
Wm. Hargrave, Surgeon to the City of Dublin Hospital.
Cusack Roney, Surgeon to the Meath Hospital.
Edward Dillon, Dublin.
John Houston, Surgeon to the City of Dublin Hospital.
T. G. Geoghegan, Professor of Medical Jurisprudence, Royal College of Surgeons.
J. Macdonnell, Surgeon to the Richmond Hospital.
Thomas Byrne, Surgeon to the Lock Hospital.
Wm. Auchinleck, Surgeon to Mercer's Hospital.
A. Mitchell, M.D., Dublin.
J. Kirby, Surgeon to Jervis-street Hospital.
R. S. Ireland, Dublin
Samuel Wilmot, Surgeon to Steevens' Hospital.
Henry Kennedy, A.B., Dublin.
W. Jameson, M.D, Assistant-Surgeon, Mercer's Hospital.
Wm. Barrett, A.B. M.B., Dublin.

J. Maguire.
George Dickson, M.D.
Wm. H. Hall, M.D.
Wm. Harty, M.D., Physician to the City of Dublin Prisons.
Jonathan Osborne, M.D., Physician to Mercer's Hospital, Queen's Professor of Materia Medica.
Mark W. Daly, M.D., Granard Dispensary.
O'B. Bellingham, M.D., Surgeon to St. Vincent's Hospital.
Clement Peat, M.D., Limerick.
George W. O'Brien, M.D, Infirmary, Clare.
William Thompson, M.D, Lisburn Infirmary.
George West, M.D, Longford Infirmary.
Richard Tristan, M R C S I, Athleague Dispensary.
William Stoker, M.D, Dublin.
William Moss, do.
John Woodroffe, M.D, do.
William R. Nesbitt, do.
Edward G. Brunker, M.D., Louth Infirmary.
Harward O'Farrell, M.D., Physician, Boyle Workhouse.
John W. Matthews, M.D., Moate Dispensary.
Hugh Carmichael, A.M., Dublin.
Thomas R. Mitchell, Physician, South-Eastern Lying-in Hospital.
David Brereton, M.D., do.
John H. Power. M.D., do.
Robert O'Brien, A.M., do.
William Adams Trenor, M.D., do.
J. Eustace, M.D., Physician, Cork-street Fever Hospital.
Robert Shekleton, M.D., Dublin.
J. Mollan, M.D., Physician, Richmond Lunatic Asylum.
George Ellis, M.B., Dublin.
J. A. Orr, M.D., do.
James V. O'Dowda, do.
G. W. Smith, do.
G. W. Young, M.D., do.
Leonard Trant, Surgeon to Cork-street Fever Hospital.
Charles Davis, M.D, Dublin.
C. Lees, M.D., Physician to the South Dublin Workhouse.
John Jacob, M.D., Queen's County Infirmary.
G. T. Hayden, M.B., Dublin.
John Denham, M.D., do.
S. L.L. Bigger M.B, Surgeon, South-Eastern Dispensary.
Henry Richardson, M.D., Dublin.
Thomas Wright, M.D., do.
John Coulter, M.D., do,
William Healy, do.
R. O. Creighton, M.B., do.
Thomas Palmer, M.D., do.
D. F. Brady, M.D., do.
Thomas Belton, A.B., do.
L. W. Whitestone, M.D., do.
M. H. Ryan, M.D., do.
G. B. Russell, M.B., do.
Clement Hamerton, A.B., Castletown Dispensary.
Zach. Maxwell, Moneymore Dispensary.
C. J. Labatt, M.D., Dublin.
Arthur Quin, Dungarvan Fever Hospital.
Peter Gibney, M.D, Navan.
C. O'Brien, M.D, do.
P. B. Hazlewood, M.D, do.
Alfred Hudson, M.D, Navan Fever Hospital.
Henry C. Beauchamp, M.D, Adelaide Hospital.
John Francis West, Ballinacargy Dispensary.
William Faussett, A.B, Dublin.
Richard H. Butcher, do.
Henly Thorpe, do.
Lewis Edward Lipsett, do.
Richard Woodley, do.
R. L. M'Intire, A.B, do.
J. Hart, Professor of Anatomy, R.C. Surgeons.
Samuel Clarendon, M.D, Dublin.
C. Hyndman, A.B, M.B, do.
John Peebles, M.D, do.
James Apjohn, M.D, Professor of Chemistry, R.C.S.
C. P. Croker, Physician to Swift's & Steevens' Hospitals.
Josiah Smyly, A.B, Surgeon to the Meath Hospital.
George Ryan, Dublin.
Hans Irvine, M.B, do.
Charles Frizell, M.D, Castle Kevin.
William F. Richey, L R C S I.
James Smith, New Park, Mountrath.
Matthew O'Brien, M.D, County Clare Fever Hospital.
William Edward Steele.
R. W. Willis, A.B, M.B.
Edmund Sharkey, A.B, M.B.
William C. Beatty, M.D. Physician, Whitworth hospital.
William Plant, M.D. Rathdrum dispensary
Ross Maguire, Chapelizod dispensary.
R. J. Burkitt, M.D, Tallaght do.
Richard Tuohill, M D, Dublin
Reynolds Dockery, M D, Carrick-on-Shannon
J Callcott, Kilcorley dispensary, New Birmingham
D Wright, Arklow dispensary
E Goodall, Wexford
H B Evanson, M D, Cork
Robert A Bagnall, M B
Charles E Ross, M B, Castlecomer dispensary
Thomas Lane, M D, Wexford Fever Hospital
Robert Lynn, A M, M B. Sligo dispensary
Thomas B Lane, M B, Wexford
Richard Kelly, M B, Drogheda
P M Cullinan, M B, County Clare Fever Hospital
J Bracken, Ballymahon dispensary
John A Creighton, Surgeon to the Foundling Hospital
William Barker, M D, Dublin
M M O'Grady, M D, Swords dispensary
William Hamilton, M D, Wicklow infirmary
A B Sherwood, M D, Redeross dispensary
B G Darley, A B, Coolock dispensary
C Fleming, M D, Dublin
James Reid, M D, Ballibay dispensary
John Pierce, M D, Physician to Newcastle fever hospital and workhouse
A French, Ballygar dispensary
Thomas Paye, M D, Kilworth dispensary
William Taylor, Dublin
Richard Burgess, M D, Clonmel
William Burgess, M D, Clonmel
Edward Jephson
Francis L'Estrange, Dublin
James Isdell, M D, do
Alfred M'Kinley Millman, do
R L Nunn, do
Henry Patterson, M D, do
John R Price, M D, do
John Hamilton, do
George Davis, M D, do
James H Wharton, A B, do
Robert Johns, M B, do
Robert Macdonnell, do
William R Gore, Limerick
A H Marks, M D
Luke Byron, M D, Navan infirmary
George Blood, Surgeon, Richmond Lunatic Asylum, and Netterville dispensary
J H Field, M D, Blackrock
A Carte, M B, Dublin
W H Evans, Tipperary
J Smith, M D. Tipperary
G V Dunne, M D, Maryborough
William Thornell, M D, Mountmellick
John Widdup, Horetown and Cornwall dispensaries
Wm Clayton, R N, Athy Fever Hospital and Dispensary

(To be continued weekly.)

THE MIDLAND RETREAT,

NEAR MARYBOROUGH,

Has been opened for the reception of a limited number of patients of both sexes by Dr. JACOB, Physician to the District Lunatic Asylum, which contains 170 patients, Surgeon to the Queen's County Infirmary, &c. The establishment, the entrance to which is within one hundred yards of Dr. JACOB's residence, is agreeably placed in a retired but cheerful situation, the grounds are tastefully planted and well arranged for exercise and recreation, with a considerable extent of land attached. It is intended that the patients shall enjoy all the comforts of a private residence, the establishment in no way differing in appearance from a country house, the necessary security being obtained by a vigilant superintendence. There is daily communication by means of public conveyances with Dublin, Cork, Limerick, Waterford, Kilkenny, Galway, Athlone, &c., and intermediate towns.

TO ALL THOSE WHO HAVE CONSERVATORIES AND GARDENS.

Saturday, January 7, will be published, price Sixpence, stamped to go free by Post,

THE FIRST NUMBER FOR 1843 OF

THE GARDENERS' CHRONICLE,

A WEEKLY RECORD OF RURAL ECONOMY AND GENERAL NEWS.

THE HORTICULTURAL PART EDITED BY PROFESSOR LINDLEY

Such has been the success of THE GARDENERS' CHRONICLE, that it has already a sale far beyond any contemporary of a like character—a sale which has gone on progressively increasing from the commencement. This fact, gratifying as it is to the Proprietors, will only stimulate them to further exertion; AND, THEREFORE, MERELY REFER TO THE PAST AS AN EARNEST OF THE FUTURE, and announce for the information of the public generally the nature of the Publication.

The GARDENERS' CHRONICLE is, in the first place, a weekly record of everything that bears upon Horticulture, Floriculture, Arboriculture, or Garden Botany, and such Natural History as has a relation to Gardening, with Notices and Criticisms of all works of importance on such subjects. Connected with this part are WEEKLY CALENDARS OF GARDENING OPERATIONS, given in great detail, and adapted to the objects of persons in every station of life; so that the Cottager with a few rods of ground before his door, the Amateur who has only a greenhouse, and the Manager of extensive gardens, are alike informed each week of the routine of operations which the varying seasons render necessary. It moreover contains very extensive Foreign and Domestic Correspondence upon Horticultural subjects—Reports of Horticultural Exhibitions and Proceedings at home and abroad—Notices of Novelties and Improvements—in short, everything that can tend to advance the profession, benefit the condition of the workman or conduce to the pleasure of his employer, all accompanied with Woodcuts, whenever the matter treated of requires that mode of illustration. Replies to all questions connected with the object of the Paper are also given weekly in great detail. And although the Paper is not, strictly speaking, an Agricultural Journal, yet it contains full Reports of the Proceedings of the Royal Agricultural Society, and much valuable information upon the more interesting subjects of discussion in this branch of inquiry.

IN THE SECOND PLACE, that description of domestic and political News is introduced which is usually found in a Weekly Newspaper. It is unnecessary to dwell on this head further than to say, that the Proprietors do not range themselves under the banners of any party; their earnest endeavours are to make THE GARDENERS' CHRONICLE a full and comprehensive *Record of Facts* only—a Newspaper in the true sense of the word—leaving the reader to form his own conclusion and opinions: their object being the elucidation and discussion of the laws of Nature, not of man. The reader is thus furnished, IN ADDITION TO THE PECULIAR FEATURE OF THE JOURNAL, with such a variety of information concerning the events of the day, as supersedes the necessity of his providing himself with any other Weekly London Paper.

Each year commences a new Volume, and is complete in itself.

A Prospectus, with List of Contributors, may be had on application, or by letter, at the Office, 3, Charles-street, Covent Garden, London.

Parties intending to commence with the New Volume had better give their orders at once to any Newsvender.

THE IRISH MEDICAL ALMANACK AND DIRECTORY FOR 1843.

In January will be published,

THE IRISH MEDICAL ALMANACK AND DIRECTORY FOR 1843,

Containing, with the Calendar, an account of the Irish Medical Corporations and various Schools of Medicine, the Medical Charities of Ireland, including the Metropolitan and Provincial General Hospitals, County Infirmaries, Fever Hospitals, Dispensaries, Lunatic Asylums (public and private), Gaols, Union Workhouses, &c., with their respective Medical Officers, the Coroners of Ireland, and laws relating to them, a Registry of the Medical Practitioners of every City, Town, Village, and locality of Ireland, with their qualifications and appointments, the several Literary and Scientific Societies, with Medical Statistics, and a variety of other miscellaneous and interesting intelligence, and blank ruled pages for memoranda for every day in the year, handsomely printed on fine paper, neatly bound and lettered, forming a compendium of Irish Medical intelligence and summary of useful information, not only to the Profession, but to the Public in general—intended as a Pocket-companion or Medical Fee-book for Irish Practitioners.

COMPILED AND ARRANGED BY

HENRY CROLY, M.D. (Edinburgh,)

Licentiate of the Royal College of Surgeons in Ireland, Physician to the Mountmellick Dispensary, Queen's County.

Communications post-paid, to be sent to Doctor HENRY CROLY, care of the Publishers, JOHN S. FOLDS, SON, and PATTON, No. 5, Bachelor's walk, Dublin.

NOTICE.

The publishers intend adding an Advertising Sheet, and as it is expected the book will have an extensive circulation among the Medical and other learned Professions, it will be found a most desirable medium for announcing Medical Works, Lectures, Life Insurance Companies, &c. &c., as also for Miscellaneous Advertisements. Gentlemen are requested to forward their orders as soon as possible to J. S. FOLDS, SON, and PATTON, No. 5, Bachelor's walk, Dublin.

December, 1842.

EDUCATION.

Nullum munus rei-publicæ afferre majus, meliusve, possumus, quam si doceamus atque erudiamus juventutem.

WOODSIDE, BIRKENHEAD, CHESHIRE.

SELECT EDUCATION OF BOYS OF THE HIGHER RANKS OF SOCIETY,

IN ANCIENT AND MODERN LANGUAGES AND LITERATURE, COMBINED WITH NATURAL, THEORETICAL AND PRACTICAL SCIENCES.

CHARLES EDWARD HERBERT ORPEN, M.D., M.R.I.A.,

Devotes his time entirely to the Education and Instruction of Pupils, along with his own Sons, upon the principle of arrangements, in which the old, well tested and successful Plans of Classical, English and Scientific Education,—by means of grounding boys thoroughly in established Books of Elementary Instruction, followed by Progressive Lessons, graduated difficulties in Tasks and constant Repetitions, the Translation of Standard Authors and Re-translation into their language and idioms, effected either by required or voluntary self-exertion, and all

tending to produce an ultimate power of independent study, at pleasure, and without supervision, or help, are combined with the modern aids to the development of the mental powers, by rational, intuitive, explanatory, and interrogative methods of tuition, especially in particular branches, as introduced chiefly by Pestalozzi, Fellenberg, Von Feinaigle, &c.; and also united with some of the peculiar processes, by which alone children, who have been born deaf and dumb, had ever been taught at all, namely, with Universal Grammar and Tabular forms, Philological Analysis and Grammatical Synthesis, Contrast of Ideas and Philosophical Generalization, applied, by entirely novel adaptations, to the general instruction of hearing children, in the necessary branches of Language and Science.

TERMS.—For Board; Instruction in Classics and the usual Branches of an English Education; Writing, Arithmetic, Mathematics; Geography, History, &c., &c.

As Dr. Charles Orpen wholly devoted himself some years ago to Education, not solely with a view to money or profit, but because he had been always enthusiastic about education, and wished to superintend the entire instruction of his own Sons, and to give to them with others the benefit of his experience, by carrying into execution his own combination of plans, and by applying to general education the union of principles above explained, he wishes to receive only very fit and eligible Pupils; and as this matter cannot be ascertained, or measured by the pecuniary resources of their Parents or Guardians, he makes his General Terms to vary according to circumstances, age, number from one family, &c., &c., and to be a subject of private special agreement in each case; so as to meet, as far as practicable, the means of each family, and yet not, if possible, exclude any pupil, who may be very desirable, nor yet do injustice to himself, or his own children. Within these limits and considerations, he will be happy to meet the wishes of Parents, if controlled by their circumstances, or by other equally just claims upon them. But no Pupil, who is known to be unsuitable from age, neglect, mismanagement, ill temper, manners, or morals, will be received or retained, on any pecuniary conditions whatever.

Modern languages, drawing, music, singing, gymnastics, drill, &c., are taught, when required, on the usual terms, by the best masters from Liverpool, from which steam ferry boats cross the Mersey every half hour. The pupils also attend popular courses of lectures, on natural, theoretical, and practical sciences, such as natural history, natural philosophy, mechanics, astronomy, the steam engine, electricity, magnetism, chemistry, &c.

No separate charge, however, is made for any general instructions in languages or sciences, &c., given by Dr. Charles Orpen himself.

The vicinity presents safe opportunities for salt water bathing, and for learning to swim, in summer. Each pupil has of course a separate bed.

For medical care in casual illness there will not be any charge, Dr. Charles Orpen being himself a graduate in medicine and surgery of Edinburgh, London and Dublin. His practical knowledge and long experience also still more ensure adequate attention to the health, even of delicate children, or of those from tropical climates.

To preserve intimacy and affection between parents and children, there are two vacations in the year, of six weeks each, commencing, respectively, on the Wednesday nearest to the 21st June and 21st December. Business is always resumed on a Thursday, by which means sufficient week days are allowed for packing and travelling, unpacking and getting into order.

The course of education is intended to prepare pupils, from the very first steps, in classics and science, for the universities and learned professions: while at the same time it equally provides for the requirements of mercantile or commercial, literary and scientific life; by superadding instruction in fixed, natural, theoretical and practical sciences; and by grounding a conversational knowledge of modern foreign languages upon the basis of a sound English education; combined with a philological initiation into the structure and idiomatic peculiarities of the ancient classical and sacred languages, as illustrated by the works of their standard authors.

The pupils, who form part of Dr. Charles Orpen's family circle, are treated with attention to their happiness, being governed by parental care, combined with kindness and proper firmness, and with strictness of discipline. The harmonious culture of the moral feelings and domestic virtues, on which the habits, conduct and character, in after-life, so much depend, is thus promoted, as much as possible, in union with the advantages of public education.

The Religious Education and Scriptural Instruction are carefully attended to. Dr. Charles Orpen is a Member of the Established Church, and his Pupils also enjoy the peculiar privilege of regular instruction by the Minister of the Parish.

Oversight of the pupils is not confined to the school-room and dormitory, but extends to their preparation of lessons, leisure, play and social intercourse. Dr. Charles Orpen accompanies them in their daily walks, country excursions and frequent visits to exhibitions or manufactories, and to natural or artificial curiosities; which afford him many of the best opportunities of communicating general knowledge and scientific information, as well as of applying moral and religious principles, motives and restraints, to feelings, conduct, temper and manners.

The proximity of Woodside, in Cheshire, to Liverpool, (at the opposite side of the Mersey,) which is now the great centre of steam communication, both by sea and land, offers facilities of access to pupils, even from the remotest parts of the United Kingdom, the East and West Indies, and other British Colonies. It combines the advantage of contiguity to a city, as the means of obtaining the assistance of the best masters, in particular branches and special departments of instruction, with complete separation; and secures to the pupils, while growing up, the benefits of a residence in good air, amid cheerful scenery, and of daily healthful exercise, in a part of the country highly esteemed for its salubrity.

DEDICATED, BY PERMISSION, TO HER
MOST GRACIOUS MAJESTY QUEEN VICTORIA,
AND HER ROYAL HIGHNESS THE DUCHESS OF KENT,

BLOFELD & CO.'S NEW MAP
OF ENGLAND, SCOTLAND, AND WALES,

Compiled from the Trigonometrical Survey of the Honourable the Board of Ordnance, and corrected to the present time, from documents in possession of the Commissioners of Boards, &c.

SIZE—5½ FEET LONG, BY 4 FEET WIDE, MARGIN NOT RECKONED.

Where preferred, it can be had in two parts, the one containing the map of Great Britain; the other, the information round the border.

With this Map are given, according to the Reform Act, the Divisions of the Counties, the Boroughs, Polling Places, and the number of Members returned for each.

Distance Tables of each County in England, as well as of Ireland, Scotland, and Wales, and a general one of Great Britain; forming a Key by which the distance may be found between any two Market towns in the United Kingdom.

Also various Topographical and Statistical information respecting the United Kingdom, the English Counties individually, and the number of Square Miles, Statute Acres, &c.

The population of all the principal Market Towns, and the Total Amount in each County. The Market Days, &c.

The Railroads and Canals are laid down in most instances, from Plans in possession of the various Companies: and the Iron, Coal, Lead, Tin, Copper, and Salt Mines, as correctly as possible.

Price, handsomely coloured, varnished, and mounted on Mahogany Rollers, French polished, or done up in a Case, made to resemble a Book, £3 3s.

Do. do. on Brass Rollers, £3 13s. 6d.

The above as a GEOLOGICAL MAP, coloured so as to show the various Stratum, &c., Half-a-Guinea in addition.

Published by BLOFELD & Co., Map Sellers to the Queen, 29, Thavies Inn, Holborn, London, and may be obtained through any respectable Bookseller in Dublin.

Dublin: Printed by the Proprietors at 13, Molesworth street.—Wednesday, December 21, 1842.

DUBLIN MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

No. CCVIII.] DUBLIN, WEDNESDAY, DECEMBER 28, 1842. { PRICE SIXPENCE, STAMPED.

MEETINGS OF SOCIETIES.

Surgical Society of Ireland—
Results of operations upon coloured races.... 401
Morbid anatomy of the bladder..... 402
The epizootic among cows..... 403
Academy of Medicine—Conclusion of the discussion on tenotomy.... 407

EXTRACTS FROM PERIODICALS.

On the operation of lithotomy..... ib.

Medical charities—Letter from Messrs. Carmichael, O'Beirne, and Macdonnell. 409
Correspondence between Lord Eliot and the Committee of the Royal College of Surgeons..... 411
No. I. From the Committee of the College to Lord Eliot..... 411
No. II. From Lord Eliot to the Committee..... ib.
No. III. From Dr. Maunsell to Lord Eliot..... ib.
No. IV. From the Committee to Lord Eliot..... ib.
Nos. V, VI, VII, VIII, IX, correspondence between Lord Eliot, and Drs. Corrigan and Ireland..... 412
No. X. Final letter of the Committee, with enclosures..... 413
MISREPRESENTATION BY ANONYMOUS ADVERTISEMENTS..... ib.
POOR-LAW INTELLIGENCE—Tullamore union..... 414
Register of the Weather. ..... ib.

MEETINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.

SATURDAY, DECEMBER 17, 1842.

The Vice-President of the College in the chair.

The CHAIRMAN introduced Dr. Healy, who had kindly consented to give any further information concerning the interesting case brought forward by Dr. Hargrave upon the last night, and which was furnished by Dr. Baddely from Affghanistan. He hoped Dr. Healy would speak to that case.

Dr. HEALY said, with regard to Dr. Kennedy's observation on the last night, it is generally the case that coloured people bear operations better than whites. He saw several instances of this in Affghanistan, where coloured people bore amputations very successfully, owing to the better state of their constitution. They are in general temperate, their religion not permitting the use of intoxicating liquors. He saw the man, whose case was read, in ten months after, and he had the power of lifting the elbow to a right angle with the trunk; circumduction was moderate.

The CHAIRMAN inquired if, after the operation, there was any restoration of parts—how was shortening prevented?

Dr. HEALY said that no more than one inch of the bone was removed, and that so much of shortening remained.

The CHAIRMAN asked if operations were often followed by tetanus?

Dr. HEALY did not think it so common a sequel as in Europe. His experience was limited, but he saw one case of it after contusion and removal of the two forefingers. The patient died. A few cases of operations on Affghans were followed by gangrene.

Mr. ELLIS thought that people of colour could not be said to bear operations better than whites, if gangrene be a common consequence.

Dr. HEALY said the Affghans bore operations very well in general, yet sometimes gangrene followed. They differed a good deal from the other native tribes—their food being very much like our own, mixed animal and vegetable, whilst the Hindoos lived more simply. The Affghans were a more robust people than the Hindoos, but the latter bore operations best.

Dr. JACOB thought the question before the meeting was of considerable importance, with respect to the result of operations in different tribes, not so much with reference to their colour, as to the influence which food exerted on them. A question that came home to them in Ireland, where the peasants are as purely a vegetable-eating race as the Hindoos. The success of operations on vegetable-eating animals, which would prove fatal in carnivorous man, was very striking. Difference of constitution seemed to have more influence than difference of colour, and the former depended on various causes. The different results of capital operations on the countryman and the citizen were well known.

Dr. M'COY observed that the difference of food between nations was not greater than between the rich and the poor man of the same country.

Mr. BEVAN said there was a vast difference between the rice of the Hindoo, and the potato of the Irish; the former contained no gluten, and was very inferior in its nutritive powers.

Dr. JACOB thought it was assuming too much that the eating of animal food deteriorated the constitution in the Affghans. There is no very marked difference between those who live wholly on animal food, and those who eat only vegetables. The Esquimaux is purely carnivorous, yet his constitution is not dete-

riorated. If he had to perform an operation on one of the lower classes of the Irish, who are herbivorous in their habits, he would prefer waiting a little until he had given him animal food for some time.

Dr. Benson was of opinion that in the present discussion too much stress was laid on the influence of food and of colour, and too little on the influence of mind. He had no doubt that intellectual refinement, or mental cultivation in any shape, exerted a powerful influence on the results of operations. The refined, the intellectual, the person with delicacy of mind, and high nervous sensibility, would have to suffer irritative fevers, and other general disturbances after operations, from which the more ignorant, thoughtless, and unpolished, would be totally exempt. He had often observed in hospitals, both here and on the continent, that persons of the same race and country suffered almost in proportion to their refinement. Even the trifling advantage which reading and writing gave to one man's mind over another, was attended with a proportionate degree of suffering and of danger. And he has often amused himself by guessing, from the look of a wound, whether the patient could, or could not, read and write. He was sure that in nations, too, the more highly civilized they were, no matter what their colour, their food, or their race, the more would they be found, as a general rule, to suffer from severe accidents and operations.

Mr. Porter remarked in corroboration, that for operations, Sir Astley Cooper always preferred a clod from the country.

Mr. Porter exhibited a morbid specimen of bladder. The case was that of a man, æt. 25, who on Friday, 25th of November, for the first time experienced a difficulty in passing water. On Saturday he applied to a dispensary surgeon, who drew off the urine with ease, sent him home, and desired him call in the evening if necessary. He did call, but as the catheter could not, on this second trial, be introduced, the man came to him (Mr. Porter) on Sunday morning, and he also failed in his efforts to reach the bladder. Mr. Porter then sent him to the Meath Hospital, and after a warm bath, he passed the catheter, not without difficulty, owing to an enlarged prostate gland. The urine drawn off had been accumulating 24 hours; it was moderate in quantity, and contained some sabulous matter. Mr. Porter left the instrument in the urethra, and fastened it there, but soon withdrew it, as it caused a burning sensation of a most violent kind. On the 2d December, the urine was fœtid; a few days after blood appeared, grumous matter, and small flakes of lymph, with an intolerable smell after the last drops of urine. He suffered most after the urine was removed, and then an evident tumour could be felt over the pubis. It was thought that a false passage had been made by the instrument, and that the bladder was filled with blood—the catheter was coloured reddish, and some deliberations were held as to the best mode of getting the blood out of it. After a little time rigors came on, and the man died this morning exhausted, just three weeks after the first necessity for drawing off the urine. He was a strong man, and very temperate. Mr. P. got leave to examine the body, but was not allowed much time. He brought away the bladder and membranous portion of the urethra, which he would now exhibit. The bladder was small, contracted and rugous, tolerably thick, much more so than usual: the left ureter where it opens into it is very large, twice its usual size, and when cut across was full of healthy urine: below that the bladder was thickly coated with sabulous matter like mortar; attached to it is another bladder or pouch communicating by an aperture below. The pouch was to the right side, and on the same plane, and was capable of being emptied into the first. It has the same structure as the true bladder, a muscular and mucous coat, with some loose sabulous matter. The pouch may have always existed, forming a biocular or sacculated bladder, yet it does not follow that it was always so large, as the distension during twenty-four hours may have occasioned it; it probably became irritated, and gave rise to some of the symptoms. There was no false passage in the urethra, but on cutting open the prostate gland, Home's lobe was enlarged, the catheter struck against, and made a false passage below Home's lobe—it was while passing here that the catheter acquired its tinge. He could not find the other ureter; it was cut short.

Dr. O'Beirne suggested it would be well to look for it.

Mr. Porter—The kidneys are large in size, but healthy in appearance; the right one distended up to the pelvis.

Dr. O'Beirne—Do you consider the second cavity muscular?

Mr. Porter—It is certainly covered with muscular fibres.

Dr. Beatty—It could not become so in three weeks, and must be of old standing.

Mr. Porter was so hurried that he could not make the examination as satisfactorily as he wished; the pouch was distended with fetid urine, while the bladder was empty. The second ureter was now found, not distended as the other was; it does not enter the sac. The tumour felt above the pubis, was the enlarged sac; the prostate gland was enlarged.

Mr. Adams said that the very interesting case laid before the society by Professor Porter was, in his opinion, a very good specimen of a pathological state of the bladder, which he believed to be not very rare; at least in the museum of the College of Surgeons are two well marked examples of bladder, with accessory pouches connected with the proper and original cavity of the bladder itself, and in the Richmond Hospital museum there were five specimens, one of these cases was under his own care, and in many respects accurately resembled the case just adduced. The history of this pathological condition, then, could be clearly enough perfectly made out, if the particulars of all these cases were minutely stated. What will be found, Mr. A. imagined common to almost all, will be *some* obstruction *either in* the neck of the bladder, *or some* stricture or obstacle in the canal of the urethra; hence the straining which usually we hear to have been present as a symptom, and the difficulty of passing water; it is almost certain that under these efforts of the bladder, the mucous membrane becomes protruded through some of the interstices, which the crossing columnar fibres of the bladder form and leave behind them, and thus a hernia of the mucous membrane is produced, constituting a simple cavity, communicating by a small aperture with the cavity of the bladder itself. Mr. Porter supposes (from the thickness of the parietes of the accessory cavity in his case) that muscular fibres strengthened the wall, but Mr. A. believes that Mr. P. has not yet had time (as the patient died only this day) to dissect carefully the walls of the cyst and study their organisation. It is not, however, altogether inconsistent with his (Mr. A.'s) views that the walls of the accessory bladder may have a few scattered fibres over them, which may have been carried in arches before the mucous membrane which constitutes the herniary tumour.

One of the best specimens in this city is in possession of this College, and it owes it to the liberality of Mr. Kirby, who presented it, among others which constitute the valuable collection he gave to the College, and it is to be regretted he is not now present

to give us, in his own words, a description of the symptoms the patient laboured under, as it is much to be desired that experience would render us sufficiently familiar with the external signs of this disease to enable us to recognise them in the living. He would relate the symptoms and post-mortem examination of a case of this sort which fell under his care, the resident pupil of the hospital, the late Mr. Gwynne, noted them at the time, and there is an excellent drawing of the bladder, and the organ itself preserved in the museum. As in Professor Porter's case, the patient did not direct professional attention to his urinary disease until *three weeks* before his death; but it is highly probable that the patient had chronic disease of the bladder and prostate gland, for a long time previously, which he neglected, and that then retention of urine came on, demanding the introduction of the instrument daily—a practice which once begun, surgeons know too well, cannot readily be laid aside—indeed, in elderly persons, under such circumstances, acute inflammation of the bladder is apt to supervene, and this is the immediate cause of death, as it was in the case he would now briefly relate to the society.

John Boland, ætat. 74, was an inmate of the House of Industry, in which asylum he had been almost for five years bedridden. About three weeks before his death, he for the first time got retention of urine, and required the catheter; some little difficulty was experienced in introducing the instrument; but by introducing the manœuvre, recommended by Mr. Hey, of withdrawing the stilette while the instrument was passing the prostatic portion of the urethra, the introduction of the catheter was facilitated, the bladder became incapable of ever emptying itself again after the first attack of retention, and the patient frequently called for the catheter; whenever the desire of emptying the bladder seized him, he was in intolerable agony until the urine was drawn off.

He had no power himself at any time under their observation in the Richmond Hospital, which was for three weeks before his death, of emptying the bladder, even when the instrument was in it; making strong pressure over the hypogastrium was necessary to get the urine off. The last portion of it was white, and horribly offensive, and so thick as to pass with difficulty through the instrument. The bladder from day to day became more irritable, and required the more frequent introduction of the catheter; when the instrument was removed, the patient would even then feel an impatient desire to pass more urine, and would remain a long time straining, keeping constantly an urinal in the bed with him. Latterly he had occasionally stillicidium urinæ.

Post-mortem.—Bladder much thickened in its muscular parietes. The mucous membrane was of a dark green colour, highly congested, and presented vestiges of inflammation; it was villous and pulpy. Decussating columnar bands were very numerous. *At the superior fundus* of the bladder, the mucous membrane was protruded through some of the interstices of the fibres of the muscular coat, and there formed a tumour of the size of an orange. This accessory sac contained internally an "odiously fœtid matter," *mixed in the* urine. This did not readily flow into the cavity of the bladder, except when pressure was used. *The foramen of communication* between the two cavities was *small*—the fœtid matter, which the accessory pouch contained, answered to the chemical tests for pus.

The preparation and drawing are preserved in the museum at the hospital.

Mr. Ellis wished to ask Mr. Porter what were the symptoms under which the man sank? Did he die from inflammation or absorption of urine? Was it attended with typhoid fever, or if there was inflammation? Delirium may have supervened. The man did not die from retention, as the physician in the country relieved him, so there was no time for accumulation.

Mr. Porter—Yes; twenty-four hours.

Mr. Ellis—But there were no constitutional symptoms. The local symptoms arose from the difficulty of passing the catheter, and the perforation of the prostate gland. He must have died from inflammation of the bladder: the two cavities agree in the quantity of sabulous matter.

Mr. Porter—No, no.

Mr. Ellis—Then if the catheter removed the urine from the cavity, how could sabulous matter be deposited? If the patient died from absorption of urine, there would be more sabulous matter deposited. He would wish to know what were the constitutional symptoms, and what did the man die of?

Mr. Porter never gave any reason to infer that the sabulous matter was owing to retention. The urine was retained in the bladder for 24 hours, but not longer. As for the quantity of sabulous matter, he stated it as he found it. The bladder was empty, and the pouch full of urine; there was no smell of urine; there was no delirium. On the last day there was low moaning—pulse regular—some slight symptoms of irritative fever.

Mr. Ellis would not expect to find the pulse natural.

Mr. Houston produced the specimen of bladder referred to from the museum, and read the following account from the catalogue of the museum, published by Dr. Houston:—

"F. A. 150, Presented by Mr. Kirby—Most extensive disease of the bladder, the result of stricture of the urethra. The organ is consequently enlarged; its coats are thick, tough, and leathery; the mucous surface is rough, flocculent, and universally encrusted with calcareous matter, so much so that a catheter, when moved about in the cavity, communicated the same sensation as if it had struck against a stone. Towards the right side of the trigone, the mucous membrane is protruded outwards, between the muscular fibres, in the form of a large sac, which communicates with the general cavity by a comparatively narrow aperture, and appears so insulated, that it might, on a superficial examination, be mistaken for a second bladder. The existence of such a cyst was diagnosticated during life, by noticing the effect which position had in producing an additional flow of urine, after, to all appearance, the bladder had been emptied."

Dr. Jacob next read a communication from Dr. Patterson, Rathkeale, containing a case of the epizootic in a cow, with some observations:—

TO ARTHUR JACOB, ESQ., M.D., PROFESSOR OF ANATOMY AND PHYSIOLOGY, R.C.S.

My Dear Sir—From the perusal of Mr. Adams' communication to the Surgical Society, respecting the prevalent epizootic, as reported in the last number of the Medical Press, I am induced to send you the following account of the post-mortem appearances observed in a cow that suffered under the disease, with a few observations. If you think the report of any interest, you will oblige me by laying it before the society.

The cow, which was about three months in calf, was first noticed to be ill on the 25th of November. The first circumstances that excited suspicion were her moping languidly about, lying down and getting up every five minutes, and seeking the shelter of hedges and trees. She had little or no cough, except when made to run or walk quickly, and then she coughed a little. She refused all food, but drank, and in the progress of the disease the thirst much increased. The owner, a most intelligent gentleman, had her immediately bled, until she appeared to be falling under the operation. The next day but one

it was repeated. She was also purged with salts. He afterwards had her blistered on both sides with boiling water, and then applied epispastic ointment on one side, and turpentine fomentations on the other. He also had the blistered surfaces dressed with mercurial ointment, and he gave her ten grains of calomel and one grain of tartar emetic every hour for three or four doses, and then every two hours. She had been ailing three or four days before the sides were blistered, or the tartar emetic and calomel given, at which time she was brought into a house. She lingered until the 2d inst., when, it being conceived that she could not survive more than a few hours, she was killed.

During the whole period of the disease (seven days) she coughed but little; but when she did, it appeared to be with distress. There was no expectoration, and for the first five or six days the only symptoms, besides thirst and occasional cough, were that she ate nothing, (she was supported by pouring porridge, &c., down her throat,) was dull, and kept her head drooped. Within the last two days profuse diarrhœa supervened; and towards the end, respiration became most distressing. It was effected with the nose poked out, the tongue partly protruded, and laborious heaving of the flanks.

It is not easy to observe with the stethoscope the respiratory phenomena in a healthy cow. The respiratory motions are so limited and indistinct, that they are reckoned with difficulty; but I think there are sixteen respirations in a minute. And from the restlessness of the animal, added to the thickness of the thoracic parietes, and the intervention of a thick coat of hair, a bad conductor of sound, the normal respiratory murmur can hardly be heard at all. In the case of this cow, during the progress of the disease, the motions of the ribs of the right side, and particularly of the flanks, became very distinct, and the number of respirations were as high as sixty in a minute. I saw her on the fifth and on the sixth days, when, from her indisposition to move, I had a good opportunity of applying the stethoscope; but no respiratory sound whatever could be heard in any part of the left side of the chest. Over almost the entire of the right side, the respiration was very audible; it was rather husky, but there was neither mucous nor crepitant rattle.

I was present when she was killed, and according as the butcher opened the different cavities, and removed the organs, I examined them, and noted the following particulars:—

In the abdomen.—The *peritoneum*, whether lining the parietes or covering the various organs, was throughout pale, thin, and smooth, without the least abnormal appearance in any part of its extent. There was effusion of about a quart of pale, thin, nearly transparent serum, without any admixture of lymph.

The *liver* was of the natural size, its edges thin, and its colour and consistence uniformly and perfectly natural. The gall-bladder was full of bile.

The *spleen* was thin and flaccid; there was no alteration of its structure.

The *kidnies* were perfectly healthy, both in their internal and external aspects.

The *bladder* was greatly distended with urine, and on being emptied it did not contract itself. There was nothing else unnatural in its condition.

The *uterus* was healthy and contained a small fœtus. Both sides of the fœtus, extending from the shoulders to the nates, and the abdomen, were of a dark purple brown colour; a portion of the fœtal end of the chord presented the same appearance. The tissues of the thoracic and abdominal parietes and the discoloured portion of the cord were easily lacerated, and were infiltrated with dark-coloured sanguinolent fluid.

The first and second stomachs had no portion of their substance, either on their internal or external aspects, thickened or congested. There was no appearance of increased vascularity on either surface. They were perfectly sound.

The third stomach was also natural in all its parts; but the food contained between its laminæ appeared to be dryer and harder than is usually the case.

The fourth stomach had nothing irregular on its external surface. When opened, it was found to be empty, except that it contained a small quantity of colourless, transparent, watery fluid. The sub-mucous tissue of this stomach was excessively infiltrated with the same kind of watery fluid; the longitudinal duplications being filled and distended with it, so as to have their villi obliterated, and to resemble guts attached by narrow mesenteric bands to the surface of the stomach. In the colour, thinness, and translucency of their tunics, and in the seeming consistency of their contents, these duplicatures bore considerable resemblance to the bags of serum that form on a blistered surface. When incisions were made into them, the fluid readily ran off, and appeared to have been contained in a cellular tissue of great tenuity; and the mucous membrane between them was pale, and had no abrasion nor induration of its surface.

The Chest was next examined. In opening it, the butcher allowed his knife to penetrate at the same time into both pleural cavities, and into the pericardium. A large quantity of thin watery fluid of a reddish tinge, and containing portions of coagulated lymph, immediately gushed forth; and the quantity of it that escaped was calculated to be two gallons.

The *pericardium* presented no morbid appearance. Its internal surface was smooth and white. There was no part thickened or indurated.

The *heart* was also natural in every respect.

The *left lung* collapsed and sunk down to the apex of the thorax. (The cow had been at this time hung up.) The *right lung* did not collapse: it retained its form and position; but it was smaller than what was natural, and was firm to the touch. The whole of the *pleura costalis* of the left side was thickened, indurated, and opaque; and the entire corresponding *pleura pulmonalis* was in a similar state, and was dark-coloured and mottled. Between the two pleural surfaces in their whole extent there were interposed thick flaky layers of firmly coagulated lymph. In some places, particularly where the lung overlapped the pericardium, it was more than half an inch in thickness; and when cut into, the incised surfaces closely resembled yellow, gristly, beef fat. The *left lung* felt much heavier than an equal bulk of flesh: it was also harder than flesh, and when taken up in the hands, its weight and hardness communicated the idea of a mass of ossified matter, which had its greatest density at the centre; and yet its substance was so friable, that it was lacerated by the fingers in its removal from the chest of the animal to a table. It was then found, on making incisions into its substance, that there was not the smallest portion of it healthy. Every individual air-cell, all the smaller tubes, were entirely obliterated; and a dense, firm, fleshy, reddish matter, occupied their place. The cut surface of the inferior or sternal half of the lung was of a dark, reddish-brown colour; its texture was close, hard, heavy, and rough, and exactly resembled that of coarse salt beef, that had been a long time subject to pressure in the bottom of a brine tub. The upper or dorsal half was of a brighter and paler colour. It was smoother on its surface, and was softer and more elastic than the other. It was like the muscular part of fresh pork. The walls of the inter-lobular septa were thick, hard, and white, and gave a marbled appear-

ance. Neither air nor fluid escaped from the lung in making any of the sections: neither did pressure afford either; consequently, there was neither sero-sanguinolent nor purulent infiltration. There was not a particle of pus discovered in the whole lung. Towards the root of the lung, there were scattered small spots of a bright scarlet colour.

The left pulmonary artery at its entrance into the lung, and in several of its larger branches, had its lining membrane marked with red vascular patches. These were not stains from imbibition, but were evidently the effect of the minute capillaries being distended with red blood.

The trachea, in its cervical extent, had the mucous membrane free from any morbid character. But its left bronchi, throughout all their subdivisions, as far as they could be traced, had the mucous membrane and sub-mucous tissue greatly thickened. The latter was in some places more than the eighth of an inch thick, and possessed great firmness and density. The narrow longitudinal *rugæ* of the free surface of the mucous membrane were much deepened—the effect, no doubt, of the sub-mucous morbid deposition, as well as of the contraction of the substance of the lung from consolidation. These bronchi contained no muco-purulent nor other fluid; but were filled with firm, polipiform, pale, yellow, fibrinious concretions. The surface of the concretions presented *sulci*, which were moulded on the *rugæ* of the mucous membrane of the tube; but the surfaces of the mucous membrane and of the concretions were not adherent. These concretions were not tubular; they extended as far as the bifurcation of the trachea.

The right lung throughout its whole surface and substance was natural, except at its inferior or sternal edge. Here there were four or five separate portions in various states of inflammation. They also varied in bulk from one or two to six or eight cubic inches. In none of them had the condensation of structure advanced to any thing like the state of the other lung. The pulmonary tissue was of a bright, inclining to crimson red; it in some parts, more or less crepitated, but one or two portions were so completely altered, as to have entirely lost the pulmonic character, and to have assumed the exact appearance of flesh. These portions sunk in water. The morbid appearance was most intense towards the surface, and the fine cellular tissue of theinter-lobular *septa* appeared to be scarcely if at all affected. There was no infiltration of fluid either into the air-cells, or into the inter-cellular tissue. In fact, the knife in making incisions was not more wetted than it would have been in cutting a piece of flesh. The pleura pulmonalis of this lung, corresponding to the morbid portions of the parenchyma, was altered in a less degree than the latter; but between it and the opposite surface of the pleura costalis, there was interposed much consistent coagulated lymph.

The blood drawn at her death presented no appearance of buff, neither did it cup. The guts were not examined, they were laid aside until the examination of the other parts should be over, and were then forgotten. This cow was not salivated by the calomel.

It is quite evident that this epizootic disorder is a combination of pleurisy and pneumonia, with a peculiar form of bronchitis. I cannot entertain the suggestion, that the inflammation is of the diffuse form; on the contrary, it appears to possess the most violently and intensely plastic character. The serous effusion in the chest and in the abdomen was a consequence of the disease; to the same cause I think must be attributed the serous infiltration of the sub-mucous tissue of the fourth stomach. The serous fluid was effused into the stomach, as well as under its mucous membrane; and that circumstance was most probably the cause of the diarrhœa. But the diarrhœa did not supervene till the second last day, which may be taken as the date of the origin of the stomach affection.

As to the treatment, it is evident enough; but to be successful, it must be prompt, unremitting, and as violent as the disease itself. Repeated bleeding carried as far as the animal can bear. Tartar emetic in large doses, and the rapid introduction of mercury, with opium, to protect the bowels, are the only means to be relied on. In inflammation of such intensity, as has been seen to exist in this case, blisters cannot be of much benefit, till the violence of the disease has been subdued by other means. It is evident that when such disorganisation, as we have seen here, has implicated a whole lung, or even a considerable portion of it, that nothing can undo the mischief and save the animal. It is then of the first consequence to discover the existence of the disease, and adopt vigorous treatment at the first moment of its onset.

CHARLES PATTERSON, M.D.

Rathkeale, December 5, 1842.

Dr. Jacob said it was pleasing to find men of such skill and knowledge in the provinces, and so capable of conducting investigations of this kind. In Ireland, where there are no veterinary men in the counties, medical men are usually applied to by the country gentry. This disease might be altogether considered to be situated in the chest, as the inflammation that existed in the fourth stomach might be owing to the treatment the animal had been subjected to.

Dr. O'BEIRNE—Dr. Adams stated in a paper read lately that the animals were relieved only in the second stage. That was the case here also, the cow had not been seen in the early stage, which thus passed over unnoticed. The treatment would appear to be the same as in the human being, viz., bleeding, more than once if the case required, tartar emetic in large doses, ℈i. or more. A question for consideration arises—is it true that animals dying of this disease are not fit for food?

Dr. HARGRAVE wished to know was cupping tried in this disease; it had been applied with great benefit in horses with inflammation of the lung; they tried it early; he did not exactly know in what stage; veterinary surgeons are not particular in auscultation.

Dr. O'BEIRNE has frequently seen the ear applied to examine the state of the chest?

Dr. HARGRAVE—Is calomel the best mercurial preparation to give animals? May it not be easily decomposed by the juices of the stomach? Mercurial inunctions in the axilla are preferable; the lymphatics of the udder are large and well adapted for absorption. Dry cupping, frequently repeated, has been used advantageously in congestion of the lungs.

Dr. H. KENNEDY wished to make a remark upon the absence of cough; that such sometimes occurs as was the case in this animal. It was a question also how far the strength should be kept up while under antiphlogistic treatment, and with a disease running its course in seven days, little or no food should be given. The great fault in veterinary men is not following up active treatment by diminished food, by which the treatment would be more effective.

Mr. WILLIAMS said that the President had proposed for consideration a point which had not been yet adverted to—viz., whether the flesh of animals affected by the prevailing epizootic was thereby rendered deleterious. The opinion of the public indeed seemed to be settled on this question, as paragraphs appeared almost every day in the papers condemning the exposure of such meat for sale as a crime of no small atrocity, and magistrates and other public functionaries often seized

and destroyed such flesh. Mr. Williams considered the question as of great importance, both in an economic and hygienic point of view; deleterious food should doubtless be destroyed, but it should be well ascertained that it was deleterious before the authorities ventured to diminish the available supply of food, and so very prevalent was the epidemic that such supply would be materially lessened if the flesh of all the animals affected by it was destroyed. Mr. W. said he was not aware of a single instance in which such flesh had produced prejudicial effects when eaten; and it would be important if any members could state any case of the kind that had fallen within their knowledge. He (Mr. Williams) believed that such flesh was not in the least prejudicial, it was extensively eaten, and no bad results had yet been recorded as following its use, even *a priori* it seemed unlikely that it should be capable of generating any disease in the human subject; for it was more than doubtful whether in the case, even of maladies transmissible from animals to man by inoculation, the flesh of animals labouring under such disease could communicate it when eaten. The epizootic called charbon, so formidable in some parts of the continent, was unquestionably readily transmissible by inoculation, or even by contact of the animal fluids with the unbroken skin, but the flesh of animals affected with it had often been eaten with impunity, even a whole army had been fed for weeks on it; no doubt several cases had been mentioned in which the human subject was alleged to have become affected with charbon from eating the flesh of animals affected with the disease; but as the malady was communicable by inoculation, some source of error might have readily existed in these cases. It would seem then that the process of cooking destroyed any injurious element even in the flesh of animals affected with contagious disease; and there did not appear to be any reason to suspect that any such deleterious element existed at all in the flesh of animals affected with non-contagious epizootics.

Dr. Houston stated that he could furnish one fact, showing that the flesh of animals, affected with epizootics, generated disease in man; the public prints lately mentioned an instance of a large number of people at some festival being rendered seriously ill—poisoned in fact in this way.

Mr. Williams replied that the instance just alluded to, was an example of injury from an animal poison of a very different origin from those which he (Mr. Williams) adverted to, in consequence of the President's remark. Some unknown poison was occasionally generated in meat, during its preparation in various ways, as often occurred in the manufacture of sausages, &c., in certain districts of Germany and Switzerland; the persons alluded to by Dr. Houston had been poisoned in that way, but, however interesting such facts, they were distinct from the present question.

Dr. Jacob—One important point may be considered settled—namely, that the flesh is not injurious, for the peasantry every where through the country eat it. Dogs also eat it with impunity.

Dr. Beatty—The development of the noxious principle is often owing to the treatment to which food has been subjected; we know that it is altered by the temperature to which it is subjected, and that bodies which are poisonous when raw, become harmless when dressed. With regard to the sausages, in process of curing they are not subjected to heat, but dried and preserved, and thus the poison is not got rid of. With regard to the disease in the epidemic in animals, it appears to have some of the characters of typhoid fever, and therefore antiphlogistic treatment should not be pushed too far.

Dr. Bevan—Captain Franklin, in his account of the expedition to the Pole, mentions that in Canada they were obliged to feed upon some flesh which had been killed long before, and had been put by raw in a bladder, and when that was exhausted, to feed on Iceland moss; yet nothing more than excoriation of the lips followed the use of it.

Dr. Brady said that it was the habit in France for the government to interfere in the state of the markets. Whatsoever number of cattle enter daily are inspected, and those not deemed healthy are not allowed to be exhibited; this arises not from the opinion that they are poisonous, and produce immediate illness, but that the living on bad, poor, innutritive food has a tendency to lower the general health of the people, and produce other disease. The butcher can immediately recognise the disease by the altered quality of the meat, and the food cannot be nutritious. Mr. Adams mentioned that the cow which died was very plump, but it is hard to conceive that an animal passing three weeks without digestion going on to any extent could be wholesome food. With regard to Dr. Patterson's case, it is doubtful if bleeding would be useful in every stage, as in epidemics the character of the disease is typhoid, and the disease of the lung is slow in termination: if it can be judged properly, the whole system appears to be deeply implicated.

Mr. Williams said that if Dr. Brady was correct in stating that the flesh was bad, the question was settled, but that was begging the question, and what he (Mr. Williams) wanted was proof. The acts of governments were no proof, they were often wrong, and as to authorities the preponderance of authority was against Dr. Brady's view. The original question was, was the flesh of animals, labouring under a certain epizootic, capable of generating a given disease; the whole weight of the facts went to show that it was not. It was quite another question was its nutritive power impaired, and another question again, whether if its nutritive power was impaired it should be destroyed on that account alone. Into this latter question, Mr. Williams would not enter, but merely say that if such a proposition was affirmed and acted on by any government, they should prohibit the sale of potatoes, oatmeal, of all this class of food, indeed except the best wheat flour, and prevent any, save the primest sheep and black cattle, going to market; as all other food was less nutritive, and should therefore, on the principle advocated, be destroyed.

Dr. O'Beirne mentioned that the blood which was drawn was not buffed in the second stage, whatever it may have been in the first stage.

Dr. Apjohn—With regard to what has fallen from Dr. Brady, it may be said that if meat produce illness, though remote, it must be poisonous. It was not fit for nutrition. He was not aware that governments have interfered with the state of the market, but municipal authorities have. In Paris, too, it is doubtful to what extent interference exists, for the markets there have the worst quality of meat exposed. It is notorious, too, that the refuse of the knacker's yard is exposed for public sale. There can be no worse food offered than in Parisian markets. He had taken the liberty of introducing a gentleman this evening, who, though not professional, may be able to detail some important circumstances respecting the proper treatment of this epizootic. He is Mr. Graydon from the County Kildare, and he mentions a curious pathological fact—that those animals having the epizootic, and which died while under the influence of mercury, that their flesh when used as food was found injurious, while in those animals which did not die during salivation, the meat was not injurious.

Mr. Graydon mentioned that he had at one time sixty head of cattle diseased—some of them recovered under early bleeding—the bleeding was repeated on the second day, and oftener if required.

The animals were separated from the rest; during recovery they were very much exhausted; after the bleeding he used to give full doses of calomel and tart. emetic (cal. 20 to 60 gr. tart. em. 40 gr. in each dose) repeated every second hour until purging came on. It was curious, that if on recovery, the animal were driven quickly, so as to bring on perspiration, it was much improved, and the butcher scarcely knew that the beast had been diseased. With regard to the average of success he could not speak very accurately, he always found it safer to send the beast to market directly as he showed symptoms of recovery, than keep them on hands; he sent as many to market as he could, and no injury resulted. He sent over one hundred to market. An average might be, twenty died of sixty cows.

The Society then adjourned.

ACADEMY OF MEDICINE.

DECEMBER 10.

The discussion on tenotomy was resumed.

M. GUERIN stated that in obedience to the desire of the Academy to have the discussion closed at this meeting, he would defer to another occasion the details into which he had intended to go respecting the principles of tenotomy. M. Guerin then again shortly alluded to the difference of opinion that existed, respecting the condition of the two patients he (M. Guerin) had exhibited to the Academy, between M. Bouvier and the five members who had inspected those patients in private.

M. BOUVIER, in reply to M. Guerin's assertions respecting the origin of the doctrines of tenotomy, read a passage from Rudolphi's Physiology, which explains the etiology of club-foot, and another passage from Delpech's memoir on club-foot, in which the principle of generalising tenotomy is stated. The date of these two works is 1823—that of the earliest document produced by M. Guerin was 1838, and was consequently subsequent to them, and also to the researches of Stromeyer, Dieffenbach, Little, &c.

M. Bouvier said that he would not insist on difference in value between a private certificate and the report of a committee of the Academy; he admitted that the certificate, signed by five members of the Academy, respecting M. Guerin's patients, merited discussion, and he would examine its contents and see if it differed from what he had himself stated about the same patients.

I stated (said M. Bouvier) that flexion of the third phalanx of the index finger was lost in Clementine Mouchy, and that flexion of the second phalanx of the index finger was lost in Clemence Delamain; this accorded with the statement originally made by M. Guerin himself on the 25th October. The certificate states that in the former patient the flexion is *very* limited, though quite obvious, and that in the latter it is very limited also. It seems curious that the signers of the certificate, should, on a single inspection, have detected motions, which M. Guerin himself had not perceived during the several months the patients were under his observation; and which I also could not discover during two careful examinations. But even if the accuracy of every thing stated in the certificate is admitted, the operations performed on those patients had failed, and produced a mischievous result, because the thumb had lost the use of the second phalanx in consequence of the operation; the action of the second phalanx of the index finger is lost; the third phalanges of the middle and ring fingers are inert, and the little finger can be flexed at its base only, the two last phalanges remaining stiff and motionless.

M. VELPEAU entered into a variety of details disproving M. Guerin's claims to the discovery of the general etiology of deformities from muscular contraction, and the doctrines of tenotomy. The discussion then closed.—*Gazette des Hôpitaux.*

EXTRACTS FROM PERIODICALS.

ON THE OPERATION OF LITHOTOMY. BY JAMES SYME, ESQ., PROFESSOR OF CLINICAL SURGERY IN THE UNIVERSITY OF EDINBURGH, AND SURGEON TO THE QUEEN.

Notwithstanding all that has been said and written on the operation of lithotomy, the subject does not yet appear to be exhausted, as there are still two points connected with it, in respect to which professional opinion is divided; these are, the principle on which an adequate aperture at the neck of the bladder is to be obtained, and the best mode of accomplishing this. In regard to the first, the question is, to what extent may incision be safely carried? and to the second, what is the most convenient apparatus for effecting the incision? Having had occasion to operate very frequently for stone in every variety of circumstance as to age of the patient, size and number of the concretions, contraction of the urethra, and enlargement of the prostate, I think it right to state the result of my observations, especially as I have met with no small share of bad success, in the hope that the conclusions to which I have arrived may save other practitioners from travelling through the same path of bitter experience, and assist them to perform the operation with no less exactness than satisfactory consequences.

I began to operate under the impression that infiltration of urine was the great source of danger, and that a free external incision, affording a dependent opening, together with the use of a tube kept in the wound for two or three days, would effectually protect against any risk of this kind. I also believed that if the prostate were divided to a moderate extent, the aperture might be safely dilated without any farther cutting. Proceeding on these principles, I advanced to my eighth case with only one bad result, of which the subject was a very old man nearly eighty years of age. So far it seemed that I was in the right path, and might safely pursue it; but meeting with some large stones, I was shaken in my confidence, since, when force proved necessary for extraction, although the urine passed freely and the patient made no complaint of pain in the belly, a feverish excitement followed the operation, and persisted to a fatal termination at the end of from one to three weeks, when the textures at the neck of the bladder were found to have suffered from inflammation and suppuration. I then felt satisfied that urinary infiltration was not to be avoided more than tearing the substance of the prostate; and with the view of determining how far it was necessary to cut for obtaining sufficient space, made many dissections of the parts concerned, and trials to ascertain their capacity of distention when divided. The principal result of these observations was, that after all its surrounding coverings had been removed, the prostate, when completely divided in the direction of the lateral operation, would not allow the passage of a spherical body exceeding in diameter one inch and a quarter. If one of larger size was forced through, the lining membrane of the bladder readily yielded, while the muscular fibres separated from each other so as to afford sufficient space, and if the prostate was only partially cut through, its substance could also be made to yield by pressure, since its texture, though altogether inelastic and incapable of stretching, could in most cases be torn in the line of an incision directed towards its circumference,

without employing any great degree of violence. Unless, therefore, the prostate were to be completely divided, or the stone were so small as to admit of extraction through a partial incision of its substance, it followed that tearing of the glandular texture must take place, and in all probability prove fatal. I then resolved to cut freely through the whole thickness of the prostate, and can safely affirm, that in no case has any bad consequence resulted from doing so. It is true that I have still met with unfortunate results, and these I wish particularly to notice, since without explanation they might naturally be attributed to the principle I advocate, while in truth they have attended departure from it.

In the ordinary way of performing the operation, a variety of circumstances, such as depth of the perineum, rigidity of the limbs, bulk of the prostate, or position of the staff, may impede and render imperfect the prostatic incision, any subsequent enlargement of which is not only difficult, but dangerous to the rectum. Through obstacles of this kind, though contrary to my wish, the aperture has proved incomplete, and I have, nevertheless, effected extraction, perhaps encouraged, in opposition to my own experience, by the strong statements of justly respected authorities as to the safety of dilating the prostate; but regret to say, that I feel more than ever confirmed in the dread of taking this liberty with the gland. The success of an operator affects merely the interests of his patient and himself; but the principle of an operation involves the welfare of the whole human race. If, therefore, the testimony which I have borne to the safety of cutting the prostate, and the danger of tearing it, has any effect in opposing the modern heresy which threatens to bring back, instead of the lateral operation, the painful process of the apparatus major, I shall feel consoled for the disappointments that have occurred in my practice.

In proceeding to consider the mode of performing the operation, I may remark that lithotomy is distinguished from all other surgical performances by some remarkable peculiarities in regard to the time occupied in its execution, and the instruments employed for the purpose. I am not aware that, during any other exercise of surgical art, as the operations for hernia, aneurism, or trepanning, the spectators hold their watches ready to note the precise number of minutes and seconds that elapse; and I believe that, with the exception of *cutting for stone*, all the difficulties that present themselves in surgical practice, may be overcome by whatever apparatus seems to the operator most convenient, without any slavish restriction to the use of particular instruments, or fear of compromising dignity, by preferring convenience to fashion. It is not easy to account for these anomalies, unless, indeed, they may be ascribed to the low place in scientific character which lithotomy formerly held, when it was banished from the regular profession of surgery, and practised exclusively by empirical itinerants. But in order to make any improvement in the operation, it is necessary to put out of view every consideration of this kind, and to arrange the plan of its performance with the single object of the patient's safety.

There is no difference of opinion as to the situation and extent of the external incision, and also as to the propriety of freely dividing the perineal muscles. Unless the orifice of the wound be free and dependent, there cannot be either freedom of access to the deeper regions, or a safe outlet for the urine; and if the muscles are cut insufficiently, the stone cannot be extracted. In operating with a gorget, or *bistoire caché*, it was usual to cut at once for the membranous portion of the urethra; and then pushing the instrument into the bladder, divide all the parts from the muscles inwards to the same extent, so that the wound possessed a cylindrical, instead of a conical form. The consequence of this was that if the stone exceeded a very small size, it could not be extracted without great force, and the risk of breaking it. It is thus that we are to explain the stories still told of the desperate efforts made in effecting extraction—of operators perspiring under their labour—and of patients pulled off the table. If the muscles be properly divided, the prostate will not oppose any resistance at all requiring the exertion of such force; but too readily suffers the fatal tearing, which is so much to be avoided. The muscles, and indeed all the textures of the perineum, with exception of the urinary organs, are slow to resent irritation, even from an extreme degree of violence, as may be seen in the case of operations and injuries in this part of the body. A young man was brought into the hospital some months ago in a state of drunken stupor, in which he had been found lying in the street at night. On examination, it appeared that some large and blunt-pointed body must have been thrust up by the side of rectum, as there was a ragged wound, through which several fingers could be introduced for several inches up along the gut and neck of the bladder, the coats of both being so denuded, that they were distinctly felt. Yet this patient never had a bad symptom. The reason for dividing the muscles is, therefore, not to protect them from laceration; but to afford access for cutting the deeper parts, to facilitate extraction, and to promote the free discharge of urine.

It is usual to make the incisions of the perineum, with the knife which is to be employed for cutting the urethra and prostate, and which necessarily requires a length both of blade and handle, considerably greater than what belongs to the scalpel or bistoury chosen for the ordinary dissections of operative surgery. The instrument is, consequently, less manageable than the smaller one, which should certainly be preferred, especially as the next step of the operation is executed much more easily with it. This is laying open the membranous portion of the urethra, which I have known operators of great experience regard as the most difficult part of the process. With a small knife there can be no difficulty whatever, or what is worse, any risk of missing the groove, and injuring the neighbouring organs. The most certain way of attaining the object, is to shield the blade with the forefinger of the right hand, and press it upon the groove, so as to make an opening into it, through which the knife, having been turned in the direction of its edge, may be pushed through the apex of the prostate. The operator then keeping the point of his finger in the hollow of the gland, should desire the curved staff to be withdrawn, and introduce a thick straight one, nine inches long, with a wide and deep groove, through the wound of the perineum into the bladder. Holding this sure guide in his left hand, raised so as to elevate the prostate, and withdraw it from the rectum, he may, with perfect confidence, introduce whatever instrument he thinks best for dividing the prostate. I would advise the handle to be four inches, and the blade about three and a half long, half an inch broad, straight on the back, except just at the point, which should be rounded off to make it run smoothly in the groove, and sharp on the edge, only to the extent of an inch and quarter. The extent of incision may be regulated with the utmost precision, by the angle at which the knife is held in the groove; and if enlargement proves requisite, it may be safely effected by reintroducing the staff, and running the knife again along it, or using one of a larger size, with the edge rather thin than sharp.

It may be said that there is nothing new in

this mode of conducting the operation—that Dr. Thomson many years ago proposed the use of a straight staff introduced through the wound—and that Mr. Aston Key has long, by example as well as precept, recommended the employment of one throughout the whole process. But as Dr. Thomson advised that the prostate should be divided "outwards and upwards," it is plain that no good could come of his suggestion; and the presence of a straight staff introduced through the urethra, is inconvenient during the early part of the operation, as I can testify from experience, while the length of the instrument renders it more unwieldly for the critical stage of dividing the prostate, than a short one introduced through the wound. The latter instrument has the farther advantage of being much more readily replaced, in the event of its proving necessary to enlarge the incision.

It may also be said that surgeons of the past as well as present day have operated successfully with the ordinary apparatus. But this is no reason why those who do not acquire the knack of operating with a curved staff, should refrain from availing themselves of a safer guide.

In cases requiring the operation to be repeated, it has been advised to cut on the right side of the perineum. This proceeding I should think very embarrassing, and quite unnecessary. Three instances of the kind have occurred to me, in which I operated as usual with perfect facility and success.—*Lond. and Edinb. Monthly Jour.*

MEDICAL CHARITIES.

TO THE EDITOR OF THE DUBLIN EVENING MAIL.

Sir—In the *Dublin Evening Packet* and *Dublin Evening Post* of the 13th inst., insertion was given to an attack upon us by a person in a mask, who addresses us, and misrepresents our opinions and conduct with reference to the proposed medical charities' bill, under the *alias* of an "Old Dispensary Officer." The conductors of the journals referred to have declined to admit a reply from us into their columns, except on the condition of its being paid for as an advertisement—a condition, with which, upon principle, we decline to comply. As the only comments, however, which it is necessary for us to make, will have reference to the public cause, in the defence of which we are heartily engaged, and which might suffer by our silence, we are induced to trespass upon your kindness for an opportunity of publishing the following remarks.

It is as contrary to fact, that we have distinguished ourselves by repeated public denunciations of the poor-law commissioners, as it is true that we are among the most active opponents of the medical charities' bill, introduced in the last session of parliament by the Chief Secretary for Ireland. We have formed the deliberate and well-considered opinion, that the medical charities of Ireland should not be placed under the governance of the poor-law commissioners; and, if to maintain this opinion in public and in private, with uncompromising, but gentlemanlike firmness, be to denounce the poor-law commissioners (which we deny,) we have denounced them—if not, we have not denounced them.

We have never asserted anything calculated to make our brethren of the dispensaries and fever hospitals "content to suffer all the humiliating annoyances necessarily arising from having their institutions dependent on the precarious support of voluntary contributions." On the contrary, we have always considered these annoyances as among the principal grievances to be remedied; and have urged upon our brethren, and the county authorities, the necessity of procuring an alteration of the existing law, such as would entirely relieve medical officers from the necessity they are now too often under—of soliciting subscriptions for the support of their institutions as a personal favour to themselves. We have moreover suggested, and urged the adoption of the easy means of remedying this grievance, by rendering grand jury presentments for the support of dispensaries and fever hospitals no longer dependent, as now, for their amount, on the amount of voluntary subscriptions.

The "Old Dispensary Officer" quotes one of the reasons of our disapproval of the poor-law commissioners' draft of a medical charities' bill, "because, as Brisish subjects, we can never consent to the enactment of a statute, giving to a single individual the power of visiting, with unlimited fine, imprisonment, and hard labour, offences against that individual's arbitrary will,"—for the purpose of remarking upon it in parenthesis—("It may be observed, *en passant*, that this we now know was all pure fiction, there never having been any such clause in any medical charities' bill.") We shall not comment upon the equivocating disingenuousness of the *suppressio veri et suggestio falsi* of this assertion; but simply remark that we have ourselves read a printed copy of a draft of a medical charities' bill, recommended by the poor-law commissioners to be passed into law, and placed by them in Lord Eliot's hands for that purpose; and that it contained, 1st—A penal clause, punishing a third, or any subsequent disobedience of an order of the poor-law commissioners on the part of any officer of a dispensary or fever hospital, "by a fine of £20 and imprisonment, with or without hard labour." 2dly—That it gave the poor-law commissioners the power of arbitrarily dismissing any dispensary or fever hospital officer, "with or without complaint or suggestion made." The "Dispensary Officer" well knows that these clauses were in the poor-law commissioners' draft of a bill; yet quotes, with apparent indignation, the terms applied to it by Mr. Carmichael, at the last anniversary meeting of the Medical Association of Ireland, where he spoke of it as "an audacious attempt to degrade the profession." And was such language uncalled for or misapplied? Where and when have the dispensary and fever hospital officers exhibited a spirit of intractability and insubordination, such as to justify the poor-law commissioners in thus borrowing law, to curb and punish them, from the codes of Barbary? Such law we think ill suited for the government of a liberal and learned profession. With what temper would the gentlemen of the bar learn that a bill was in progress to apply such a law to them? But the bar run no risk of such insults. They are represented in parliament: we are not. We grieve to know, that there are in our profession, men so regardless of its respectability, and so devoid of *esprit de corps*, as to be ambitious of a seat at the projected medical board, under the poor-law commissioners; and who can condescend to compass that despicable object, by writing anonymous slanders against the individuals who have used their best endeavours to uphold the honour and dignity of their profession. It is not the fault of the poor-law commissioners that the above-mentioned clauses are not now law. They are not to be found in Lord Eliot's bill, because of the strenuous opposition of a part of our profession, amongst whom it is our pride to have been. It has been our lot to live under various dynasties—military and other—in the House of Industry and its hospital establishment. We lately prospered under the government of Major Edgeworth; and we are at a loss to know on what principle we could refuse to continue to live, resigned without resigning, under the government of his successors, Mr. Nicholls and Mr.

Hall. We will even avow, as we do with pleasure, that the condition of the Richmond Hospital has been materially improved under its present government. But we will not, therefore, subscribe to the opinion that a poor-law commissioner, or a military gentleman, is the most fit and proper person to superintend a great hospital establishment; far less, that either would be the most fit and proper authority to regulate, govern, and control, the medical charities of this country. Of resignation, then, we will not think, except resignation to our fate: for this, among better reasons, because we fear our old friend of the dispensary would die of laughter at the Quixotism we should be guilty of, in resigning. When our honour and independence are in danger of being lost, we will resign—and not till then.

In the meantime, the "Old Dispensary Officer" will receive with pleasure, our assurance, that we consider our honour perfectly safe in the hands of the poor-law commissioners; and, for our independence, circumstanced as we are, we believe our conduct, throughout the agitation of the medical charities question, answers, in a manner not to be mistaken, for the safety of that. Placed as we are under the authority of the poor-law commissioners, and opposing, as we have done, an extension of their powers, so eagerly sought for by them, we are persuaded the conclusion the profession will draw from our conduct will be, not what the special pleading of the "Old Dispensary Officer" aims at leading them to, viz., that our words and deeds are at variance; but, that the objections must be powerful indeed, which have, as we think, imposed upon us the duty of acting as we have. We have never wished to have either our own institution, or any other medical charity, dependent for support on precarious voluntary subscriptions. As we have explained above, we have exerted ourselves to have the dispensaries and fever hospitals placed on such a footing, that they should be maintained by compulsory assessments, even though, in any instance, voluntary contributions should altogether fail. As for the institutions of Dublin, to demand that they should be supported by either voluntary or forced contributions of the citizens of this impoverished capital, would be to demand their destruction. "Your President, Mr. Carmichael," says the "Dispensary Officer," "in his own person, practically and incontrovertibly proves that he feels, not as a degradation, but esteems as an honour, holding office under control of the poor-law commissioners; for having resigned, a few years back, his office, as surgeon in ordinary to the Richmond Hospital, he anxiously laboured and succeeded in obtaining the privilege of continuing his connexion with the institution, under the title of consulting surgeon: thus voluntarily binding himself by a link of his own making within the jurisdiction of an authority which he affects to abhor." Our president, at the sacrifice of his own interests, resigned the substantial appointment of surgeon to the Richmond Hospital, in exchange for the honorary one of consulting surgeon; imposing thereby an obligation on the government, and a deep debt of gratitude on the gentlemen who succeeded him and the late Dr. M'Dowal in the Richmond Hospital. This occurred in December, 1835. In March, 1840, the hospital establishment of the House of Industry was placed by the 34th section of the Irish poor-law act under the poor-law commissioners. Thus, by the showing of the "Dispensary Officer," our president courted slavery under the poor-law commissioners about four years before a poor-law commissioner existed in Ireland. The "Dispensary Officer" will do well to consult dates before penning another such paragraph as the above. We have not sought to have a maximum and minimum salary fixed by act of parliament for dispensary and fever hospital officers, because we are clearly of opinion that it is not the pecuniary interest of the profession to have the salary so fixed. The minimum, we are sure, would be miserably small; and assuredly, under the poor-law commissioners' control, the minimum would be the rule, and the maximum the exception. The minimum of £100 per anuum proposed by Drs. Harrison and Corrigan was a delusion, a Will-o'-wisp, to lure dispensary officers into a fool's paradise. Are Doctors Harrison and Corrigan ignorant that their *minimum* is the long-refused and reluctantly-yielded *maximum* of the metropolitan workhouses? that in the country, *the maximum salary* (£40 per annum) *sanctioned by the poor-law commissioners*, is just four-tenths of *their minimum*? According to the report of the poor-law commissioners,* the officers of 626 dispensaries now receive £44,768 7s. 3¾d. in salaries annually. This gives as the *average* salary £71 10s. 3½d. If there are any dispensary officers who take merely a pecuniary view of this, most important question, we beg of them to consider well what has just been said before giving support, direct or indirect, to the delusive proposals of Doctors Harrison and Corrigan. We never joined in passing any vote of thanks to the poor-law commissioners. After an inspection of our hospitals by Mr. Phelan and Dr. Corr, some years ago, we passed a vote of thanks to those gentlemen for the manner in which they had performed the inspection; and on the occasion alluded to by the "Dispensary Officer," Dr. O'Beirne explained to Lord Eliot that our vote was nothing more than an expression of our satisfaction at the manner in which the inspection in question had been conducted. The principal reasons upon which we ground our opposition to Lord Eliot's bill are the following: 1. It is the bad offspring of a worse parent—the draft of a bill of the poor-law commissioners,—from which we do not think it essentially differs in any feature. 2. We desire to maintain intact the power, which should be preserved and guarded with jealousy, and which is now in the hands of the resident landed gentry—the power of local taxation for local purposes. So far as the funds for the support of dispensaries and fever hospitals are concerned, the bill proposes to deprive the grand juries of this power, and to transfer it to the poor-law commissioners. We object strongly both to the deprivation and transfer of the power. 3. We think the poor rate an insecure fund from which to draw the support of the medical charities. It is difficult to collect the rate in some places at this moment. It will be more difficult to collect it when it is rendered heavier by having to support the mendicants who now swarm in our streets and through the country. We think the further addition of one or two hundred thousand a year, for dispensaries and fever hospitals, would peril the existence of both workhouses and medical charities. 4. We desire to uphold the system of voluntary subscription. A valuable connexion is thereby secured between the profession and the institutions on the one hand, and the resident gentry on the other; and the charities thereby form a most useful and kindly bond between the rich and the poor. Lord Eliot's bill proposes to make an annual subscription of two pounds to the rate constitute an annual governor of a dispensary or fever hospital, and a donation of £20 to the poor rate to constitute a life governor. We are satisfied that this plan would nearly as effectually cut off subscribers as a direct enactment to that end. 5. We wish to have a *bona fide* medical, or medical and lay board constituted for the superintendence and regulation of the medical charities.

* See Supplementary Appendix to the Report of the Poor-Law Commissioners for 1841-42. Appendix D, p. 290.

The medical board of Lord Eliot's bill is a shadow. It would be a board of medical guardians resembling the boards of poor-law guardians, but differing in this respect, that whereas the poor-law guardians have little power, the medical guardians would have none.

We conclude by expressing a confident hope that when Lord Eliot has been put fairly in possession of these and many minor objections which have been urged against this bill, his lordship will abandon, or entirely change, a measure fraught with so much injury to the institutions to be provided for and protected.

We are, sir, your most obedient, &c.

RICHARD CARMICHAEL, M.R.I.A., Corresponding Member of the Royal Academy of Medicine in France &c.

JAMES O'BEIRNE, M.D., Vice-President of the Royal College of Surgeons in Ireland, Surgeon Extraordinary to the Queen, &c.

JOHN MACDONNELL, M.D. M.R.I.A.; Surgeons to the Richmond, Whitworth, and Hardwicke Hospitals.

LORD ELIOT AND THE MEDICAL CHARITIES BILL.

NO. I.

FROM THE COMMITTEE OF THE COLLEGE TO LORD ELIOT.

College of Surgeons, Dec. 17, 1842.

MY LORD—I am directed by the committee of the College of Surgeons to acquaint your lordship that they fully understood it to be your desire (expressed plainly in the interview with which your lordship lately favoured them) to ascertain the unbiassed opinion of the public and the medical profession respecting the placing of the medical charities under poor-law control.

In accordance with the expressed wish of your lordship, the committee accordingly put forward a declaration, a copy of which I have the honour to enclose. This declaration is in course of signature, and has already been numerously signed; but the committee are informed that the expression of opinion has been pointedly interfered with by an individual who appears to represent himself as honoured with your lordship's confidence on this subject; the person alluded to is Dr. Dominick Corrigan, who (as the committee are informed) yesterday stated to a gentleman who holds a medical appointment under government, and who had signed the declaration, that he had by that act placed himself in a position directly hostile to the government.

The committee think it right to make your lordship acquainted with this circumstance, as they do not believe that your lordship could have adopted such a course; and it is only justice to your private character, and to that of the government, that an opportunity should be afforded for explaining what would otherwise appear to be a very strange interference with the expression of public opinion, previously sought for by your lordship.

I have the honour to be, &c.,

H. MAUNSELL,
Secretary to the Committee.

The Right Hon. Lord Eliot, &c., &c., &c.

NO. II.

FROM LORD ELIOT TO THE COMMITTEE.

Dublin Castle, Dec. 19, 1842.

SIR—I received on Saturday your letter of that day's date, enclosing a declaration signed by a number of members of the medical profession, to the effect that in their opinion the medical charities ought not to be placed under the control of the poor-law commissioners.

This paper does not furnish me with the information that I wished to procure. I desired to know whether the members of the medical profession were satisfied with the present system of medical relief, and if not what system they proposed to substitute for it.

You inform me that Dr. Dominick Corrigan has menaced with the displeasure of the government, a gentleman in the public service, who had signed the declaration; and you ask whether I authorised Dr. Corrigan, who is, you say, in my confidence, to use such a menace.

Dr. Corrigan is not more in my confidence than the other gentlemen of the medical profession with whom I have been in communication on the subject of the medical charities bill, but I believe him to be a man of high honour and respectability, and incapable of doing that which you represent him to have done. It is right that Dr. Corrigan should know that such a charge has been brought against him, and I shall therefore place your letter in his hands.

With regard to myself, I shall only say that I have not endeavoured directly or indirectly, to deter any man from expressing his opinion on this or any other subject; and that if your knowledge of me had not been as slight as it is, I should have felt some indignation at your supposing it to be possible that I have done so.—I am, sir, your obedient servant,

(Signed) ELIOT.

Dr. Maunsell, M.D., &c., &c.

NO. III.

FROM DR. MAUNSELL TO LORD ELIOT.

College, Dec. 19, 1842.

MY LORD—I beg leave to acknowledge your letter of this date, and without waiting for a meeting of the committee, I hasten to assure your lordship that, in placing my letter in Dr. Corrigan's hands, you have taken the precise course which I should have desired. I beg leave also to say that the gentleman in the public service alluded to in my letter told myself, in the presence of another person, that he had been informed that, by signing the declaration, he had placed himself in a position directly hostile to the government, and that Dr. Corrigan was his informant. A third person was also present at a part of the conversation, and heard its purport repeated in presence of the gentleman belonging to the public service. The names of all the parties I am ready to give, should it be thought necessary to inquire into the matter. In the meantime I beg to assure your lordship that you are mistaken in supposing that my letter attributed to you any participation in conduct which you so very properly condemn. I beg leave to add another fact to that which I have already stated respecting Dr. Corrigan, and it is, that he is the author of a letter, published in the *Dublin Evening Post* and *Packet* newspapers on the 13th instant, addressed to Mr. Carmichael and Drs. O'Beirne and Macdonnell, and signed, "An Old Dispensary Officer." For the insertion of this letter, of the nature of which your lordship will be able to judge, should you take the trouble of reading it, Dr. Corrigan paid £2 in one of the newspaper offices above-mentioned. Mr. Carmichael will be able to satisfy your lordship of the truth of this statement.

I have the honour to be, my lord, your obedient servant,

H. MAUNSELL.

Lord Eliot.

NO. IV.

FROM THE COMMITTEE OF THE COLLEGE TO LORD ELIOT.

College of Surgeons, December 21, 1842.

MY LORD—I am directed by the committee of the College to acknowledge the receipt of your lordship's letter of the 19th instant, and to state that your lord

ship has, in some measure, misunderstood the words of their former communication. The committee did not state that they supposed it to be possible that your lordship interfered, directly or indirectly, with the expression of public opinion; on the contrary, as you will find by a reference to my letter of the 17th inst., they expressly said that they "did not believe that your lordship would have adopted such a course:" neither was it stated that Dr. Dominick Corrigan is in your confidence, but that he "appears to represent himself as honoured with your lordship's confidence." These explanations the committee request your lordship to bear in mind; and they beg now to say that they can furnish you with the names of three persons who can testify that a gentleman in the public service sought, with much anxiety, to withdraw his name from the declaration against poor-law control over the medical charities, and that he assigned as a reason that he had been informed by Dr. Corrigan that his having affixed his signature to that document was an act of direct hostility to the government, and would be considered as such. The gentleman referred to was under the impression, as the result of this conversation, that Dr. Corrigan had the authority of the government for making such statement. Under these circumstances, the committee beg leave respectfully to submit to your lordship that a simple denial—if such should be made by Dr. Corrigan—is not sufficient to clear up the matter, and that an inquiry is necessary both for the character of the government, and for the independence of the members of the medical profession.

With respect to the signatures forwarded to your lordship in my last communication, the committee desire me to state that they are but a small portion of those already obtained, and that the whole will in due time be laid before the government.

Your lordship states "that you desired to know whether the members of the medical profession were satisfied with the present system of medical relief, and if not, what system they proposed to substitute for it?" The committee clearly understood your lordship to have desired an opinion upon the present bill, the main principle of which is to impose poor-law control upon the medical charities. Respecting this principle the committee conceive the declaration to convey a precise and explicit opinion. With respect to the opinion of the medical profession as to what system they would substitute for the present, or for that which the poor-law commissioners propose, the committee beg to say that various proposals have been made by the agents of the profession to the present and former governments, and concessions offered for the sake of facilitating a final arrangement; but that they have never found that these proposals were honoured with any attention. They would, however, willingly again take upon them the labour of constructing a measure, had they any security that it would receive favourable and unprejudiced consideration.

I am, my lord, your most obedient

H. MAUNSELL.

Lord Eliot.

On Thursday evening, December 22, the letters numbered 1, 2, 5, 6, 7, 8, and 9, of the present series, appeared in the *Dublin Evening Post* and *Packet* newspapers. The letters inserted above, (Nos. 3 and 4,) and in the possession of Lord Eliot, on the 19th and 21st instant, were not published.

NO. V.

TO THE EDITOR OF THE EVENING PACKET.

4, Merrion-square, West, Dec. 24, 1842.

SIR—I shall feel obliged by your giving insertion to the following correspondence, which Lord Eliot has permitted me to publish.

I cannot find terms to express my gratitude to his lordship for acquainting me with the unfounded and gross attacks made upon my personal character, and made in such a way that I should not have had an opportunity of refuting it but for his lordship's prompt consideration.

I am, sir, yours, truly,

D. J. CORRIGAN, M.D.

NO. VI.

Dublin Castle, Dec. 19, 1842.

SIR—I think it right to send you the copy of a letter which I have received from Dr. Maunsell, and a copy of my reply to that communication.

I am, sir, your obedient servant,

ELIOT.

Dr. Corrigan, M.D.

NO. VII.

FROM DR. CORRIGAN TO LORD ELIOT.

4, Merrion-square, West, Dec. 19, 1842.

MY LORD—Most gratefully do I thank you for transmitting to me a copy of Dr. Maunsell's letter to your lordship, and of your lordship's reply.

The statements made in Dr. Maunsell's letter in respect to me are altogether and in every particular untrue, and not only untrue but without the shadow of a foundation on which to rear the falsehood.

Dr. Maunsell omits to name the gentleman to whom he asserts my communication was made; however, it matters not, for the *only* gentleman holding a medical appointment under government who signed the "declaration" to whom I ever spoke on the subject is Dr. Ireland, and to him only in a casual conversation of a few minutes. Immediately on the receipt of your lordship's communication, I laid it and Dr. Maunsell's statement before Dr. Ireland, with the accompanying letter from myself. My own letter and his reply I now submit to your lordship. I trust you will consider them sufficiently explicit and satisfactory. Returning my sincere and respectful thanks for the terms in which your lordship has been pleased to express your opinion of myself—I have the honour to remain, my lord, your lordship's most obedient servant,

D. J. CORRIGAN.

To the Right Hon. Lord Eliot, &c.

NO. VIII.

DR. CORRIGAN TO DR. IRELAND.

4, Merrion-square, West, Monday, Dec. 19, 1842.

MY DEAR IRELAND—Have I in any conversation with you at any time ever mentioned Lord Eliot's name in such a manner as to lead you to suppose that I represented myself as possessed of his lordship's confidence on the medical charities bill; or have I ever said that Lord Eliot had authorised me to intimate his lordship's displeasure towards you for whatever course you might think proper to adopt in regard to that bill?—Sincerely yours,

D. J. CORRIGAN.

To R. S. Ireland, Esq., M.D., Stephen's-green.

NO. IX.

DR. IRELAND'S REPLY.

Stephen's-green, Dec. 19, 1842.

MY DEAR CORRIGAN—In reply to your query, whether you ever used Lord Eliot's name as mentioned in your letter, or said that you were in possession of his lordship's confidence on the medical charities bill, I beg to say that you never used his lordship's name to me on the subject, or represented yourself as being in his lordship's confidence. You casually asked if I signed the declaration against the medical charities bill? I answered I did, seeing so many other professional names previously attached, and as a mere matter of form; for indeed

I had never read the bill, nor was I aware that it was a government measure until, in our accidental conversation, I learned it from you.

I think it right at the same time to add, that I should be the last person to join in any factious opposition to the government.—Yours most truly.

R. S. IRELAND.

To D. J. Corrigan, Esq., M.D., Merrion-square.

NO. X.

FROM THE COMMITTEE OF THE COLLEGE TO LORD ELIOT.

College of Surgeons, Dec. 23, 1842.

MY LORD—I am instructed by the committee of the College of Surgeons to state that they have seen in the public prints, with considerable surprise, a part only of a correspondence between your lordship and themselves, the withholding of certain letters from which, tends to obscure the point at issue. The committee desire me to state that the concluding paragraph of a letter in the published correspondence signed "R. S. Ireland," containing the following words:—"nor was I aware that it was a government measure until, in our accidental conversation, I learned it from you" [Dr. Corrigan,] fully corroborates the fact that Dr. Dominick Corrigan "stated to a gentleman who holds a medical appointment under government, and who had signed the declaration, that he had, by that act, placed himself in a position directly hostile to the government." The committee beg leave to enclose documents marked A B C, which, they respectfully submit, further prove that Dr. Dominick Corrigan "*appeared* to represent himself as honoured with your lordship's confidence," your lordship being understood to be the organ of the government, and the letters showing that Dr. Corrigan made such an impression upon Dr. Ireland's mind, as induced him to suppose that he (Dr. Corrigan) knew intimately the views of government.

The committee desire me to say that having, as they conceive, supported every allegation which they made to your lordship, they mean to lay the whole correspondence before the public.—Your obedient servant,

H. MAUNSELL,
Secretary to the Committee.

Right Hon. Lord Eliot.

NO. XI.

FROM LORD ELIOT TO THE COMMITTEE.

Dublin Castle, Dec. 24, 1842.

SIR—I have to acknowledge the receipt of your letter of yesterday's date, and of its enclosures.

I think it right to acquaint you, that the only letters of which I authorised the publication, were those referred to in my letter of yesterday*—namely, your letter dated December 17th, and my reply to it dated December 19th.

With the publication of the correspondence between Dr. Corrigan and Dr. Ireland I had no concern whatever.—I am, sir, your obedient servant,

Dr. Maunsell, M.D. ELIOT.

* The letter here referred to is one of a series personally concerning Dr. Maunsell.

ENCLOSURES REFERRED TO IN NO. X.

A.

23d December, 1842.

SIR—In reply to certain inquiries which have been made of me, I beg to state that, on the 16th instant, Dr. Ireland called on me, and expressed a desire that his name might be withdrawn from the declaration against poor-law control over the medical charities; or, at all events, that his designation of surgeon to the police establishment should be omitted, as he had been told that the bill was a government measure, and that consequently, in affixing his signature to the declaration, he had acted diametrically opposite to the views of government. Dr. Maunsell having been then in the office, I referred Dr. Ireland to him, and was present at part of his communication, which was in substance similar to that made to myself; but I immediately learned from Dr. Maunsell that he had been informed by Dr. Ireland that Dr. Corrigan was the gentleman who had called his attention to the circumstance of his having signed the declaration.—I remain, &c. C. O'KEEFE, Registrar.

W. Tagert, Esq., &c., &c.

B.

December 23, 1842.

The following conversation occurred between Dr. Ireland and me at the College of Surgeons, on the 16th December, instant; Dr. Ireland having been brought into the room where I was sitting, said—he was anxious to have his name removed from a declaration in course of signature, with reference to the medical charities, as he had been informed that, by adding his name to the document, he had placed himself in direct hostility to the government; I asked him who had told him so, adding that I was under the impression that Lord Eliot desired to have an expression of feeling upon the subject. He (Dr. Ireland) replied that he had the information from the best authority, although not directly from the government; I said, perhaps you were told by Harrison and Corrigan; he said he had been told by Corrigan that the measure was a government one, and that it was unwise for him (Dr. Ireland) to place himself in direct opposition to the government by opposing it.

(Signed) H. MAUNSELL.

C.

28, Lower Baggot-street, Dec. 23, 1842.

MY DEAR SIR—I beg to state through you, as President of the College, and in reply to certain inquiries which have been addressed to me in relation to a conversation which took place in the Registrar's room on the 16th instant, between Doctors Maunsell and Ireland, that I was present during a part of such conversation, but being engaged on matters of business with Mr. O'Keefe, I cannot speak to the precise words which passed between them.

Immediately, however, upon Dr. Ireland's leaving the room, Dr. Maunsell observed to me in a jocular manner that Dr. Ireland was *frightened*, an observation in the justice of which I expressed my concurrence, having noticed, as I conceived, something hurried and unusual in his manner. I then inquired of Dr. Maunsell the cause of his alarm, and I was told in reply, that Dr. Ireland was after stating to him (Dr. Maunsell) that he had been informed by Dr. Corrigan that, in signing the protest against connecting the medical charities with the poor-law commission, he had incurred the marked displeasure of the government.—I am, my dear sir, yours very truly,

JAMES APJOHN.

William Tagert, Esq., &c., &c.

MEDICAL PRESS.

"SALUS POPULI SUPREMA LEX."

DUBLIN, WEDNESDAY, DECEMBER 28, 1842.

MISREPRESENTATION BY ANONYMOUS ADVERTISEMENTS.

ONE of those anonymous productions which have latterly obtained circulation through the newspapers by payment as advertisements, for the purpose of misleading those at a distance, either by the assertion of direct falsehood, or by suppression or distortion of

the truth, contains a list of thirty-four Dublin practitioners assumed or claimed to be friendly to the scheme for breaking up the present medical charities, and placing this department in other hands, under the fostering patronage of Messrs. Phelan, Corrigan, and Company. These thirty-four gentlemen, the advertisement states, "have not only not signed the declaration, but have met the solicitations to sign it with a direct refusal." Now, what is the fact? Of these thirty-four, *twelve only* were applied to for their signatures, if sending the list to their houses by a messenger to afford them an opportunity of attaching their names, could be called an application. No solicitations were used with any one, and the list was merely transmitted by a messenger, in order to prevent any feeling being entertained that there was an intention to pass over those thus noticed. The assertion, therefore, that "the solicitations to sign it met with a direct refusal," is *untrue;* it is, to use the polite phraseology of Dr. Corrigan, *a falsehood.* Of these thirty-four names, however, two had actually signed the declaration, and two who did refuse held government appointments, and were therefore in the same dilemma as Dr. Ireland. This reduces the number to thirty, from which list we select the following, affording, the advertisement says, "sufficient proof that more than a majority of the talent and respectability of the medical profession of Dublin have *not* signed the declaration against Lord ELIOT's bill."

Dominick Corrigan,
Robert Harrison,
Andrew Ellis,
R. P. O'Reilly,
James Duggan,

being physicians and surgeons of an hospital to which the medical attendants are appointed after a very peculiar and original fashion, and which we understand Messrs. Nicholls and Phelan propose to select as a model for the new and improved medical charities of Ireland. It is called Jervis-street Hospital. Then we have

C. Leet, M.D.,
Benjamin Al'-:ock,
Professor Kane,
J. M. O'Farrel,
Professor Brady,
C. O'Reilly, and
J. M. Neligan.

This makes twelve out of the thirty, leaving eighteen to be accounted for. Upon what grounds the following masters, ex-masters, and assistants of the Lying-in Hospital are claimed as advocates for what they blazon in capitals as Lord ELIOT's bill, we are at a loss to say, but this we know, that we are firmly convinced that these dignitaries of their department neither love nor like a bone in the tegumentary membrane of the authors of it, and that the attempt to mix them up with their schemes and tricks is a mere piece of impertinence. However, we give the names as they have been put forward—

Charles Johnson, M.D.,
Dr. Labatt,
Dr. Breen,
Dr. M'Keever,
R. Collins, M.D.

This leaves twelve or thirteen out of the thirty to be accounted for, at the head of whom stands Sir Philip Crampton, but why or wherefore we are at a loss to say. That he is not a party to this scheme for hunting the ladies and gentlemen of Ireland from their present connexion with the poor, through the medical charities, we are convinced, and that he does not join in the libels and slanders so industriously impressed on persons in power, respecting the physicians and surgeons of dispensaries, we are equally certain. We therefore repeat that we are at a loss to say how it happens that he is claimed as an associate. Mr. Cusack, with Drs. Graves and Stokes, are also assumed to be of this side of the question, which is very amusing, for Mr. Cusack and Dr. Stokes went to London at great loss and expense to tell Lord Eliot that they objected to placing the charities under the poor-law commissioners, although they have not signed the declaration, which we do not pretend to understand, so complicated are the intricacies of diplomacy. It may be said, that these thirty gentlemen acquiesce in this proceeding, and permit their names to be thus used, because they do not disclaim it, and we agree that such a construction may be put on it. The introduction of Mr. Colles's name is a piece of gross indelicacy.

TO CORRESPONDENTS.

Want of space obliges us to apologise to several correspondents this week.

POOR-LAW INTELLIGENCE.

TULLAMORE UNION—FRIDAY, DECEMBER 16.—An immediate meeting of all those guardians who could conveniently and promptly attend, was convened this morning, to take into consideration the means of procuring medical relief for the languishing inmates of the establishment.

After some discussion on the matter, the clerk was directed to apprise the commissioners that their medical officer was now, and for some days labouring under typhus fever; that the recently elected matron had caught the dreadful malady; that twelve new cases had appeared amongst the paupers in the house within the last forty-eight hours; that the gentleman who conducted the medical department of the establishment since the confinement of the doctor, had refused his further attendance, and that the board required medical aid and the advice of the commissioners, under these very distressing circumstances.

SUNDAY, DECEMBER 18.—Another immediate meeting called to receive the commissioner's instructions.

The clerk's assistant read the commissioners' communication, which suggested the propriety of the board promptly calling in the aid of some respectable, local, and qualified medical practitioner, during the temporary illness of their medical officer.

A messenger was then quickly dispatched to Clara, to ensure the attendance of Dr. Walsh.

MONDAY, DECEMBER 19.—Dr. Walsh attended this day, when he met the house committee, (their permanent chairman, T. P. O'Flanagan, Esq., presiding,) with whom, he (Doctor Walsh) arranged, *pro tempore*, and entered on the duties of the establishment.

Dr. Walsh reports, that, although the fever be of great extent, it is not of a very malignant character; still, the public abroad say it is raging with unabated fury within the walls.—*Leinster Express.*

REGISTER OF THE WEATHER,

KEPT IN THE COURT-YARD OF THE ROYAL COLLEGE OF SURGEONS, DUBLIN.

	1842.	Max. T.	Min. T.	Barom.	Rain.
Sunday,	Dec. 18th,	45.5	41	30.250	.003
Monday,	19th,	46.5	40	30.450	
Tuesday,	20th,	50.5	43	30.400	.050
Wednesday,	21st,	53	49	30.322	.095
Thursday,	22d,	53.5	46	29.900	
Friday,	23d,	51	35.5	29.500	.050
Saturday,	24th,	39	32.5	29.700	

THE MEDICAL CHARITIES' BILL.

"*We, the undersigned Physicians and Surgeons of Ireland, hereby declare that we are of opinion that the Medical Charities should not be placed under the control of the Poor-law Commissioners.*"

Sir HENRY MARSH, Bart., President of the College of Physicians,
WILLIAM TAGERT, Esq., President of the College of Surgeons,
JAMES O'BEIRNE, M.D., Vice-President, Royal College of Surgeons.

With 191 signatures printed in last PRESS.

Clement Taylor, M D
Thomas Rumley, ex-president College of Surgeons
J H Jagoe, M D, Ballineen dispensary
C Patterson, M D, Rathkeale fever hospital
Robert Odell, M D, Ballingarry dispensary
Robert Fitzgerald, Croom dispensary
Thomas Ambrose, Abbeyfeale do
Thomas R Phayre, Knockaderry do
G W Langford, M D, Adare fever hospital
Thomas Enright, Glin dispensary
Robert Roe, Shanagolden do
W C Sampson, M D, Scariff do
Alexander Robinson, M B. Armagh infirmary
T R Blackley, A B, Beech-hill, Armagh
Thomas Cuming, M D, Armagh
John Colvan, M D, Armagh fever hospital
W L Kidd, M D, Armagh lunatic asylum
M Armstrong, Armagh
J Armstrong, do
Philip Lavery, do
W T Wilson, do
Henry Stanley, do
Thomas Forster, do
Alexander Brice, do
Richard Crozier, M B, Richill dispensary
J M Lynn, M D, Markethill do
Samuel Gamble, Assistant surgeon, do do
J A Sturgeon, M D, Portadown
William Leigh, do
James Kelso, M D, do
A Bredin, M D, do
Edward Lochrane, Middleton
R Montgomery, M B, Ardee dispensary
J Nelson, M D, Loughgall
J Heron, M D, Portumna dispensary
S Bennett, M D, Bruff
R Stevenson, Ardagh
J W Williams, M B, Castletowndelvin dispensary
J S Macdowell, physician Monaghan gaol
R Maffett, M D, Glasslough dispensary
William Murray, M D, Monaghan do
R Murray, A M, M D, Coroner, county Monaghan
Thomas Reed, Kilmore Dispensary, Monaghan
J S Christian, M D, Castleshane dispensary
J Taylor, Drum do
J Moorehead, Smithborough do
E Jago, M D, Kinsale
J Stephens, M D, Berehaven
J Custis, Wellesley Lying-in Hospital, Dublin
A D Walsh, M D, Valentia dispensary
Robert Mayne, M D, Lecturer on Anatomy, Richmond Hospital
George Ribton, Dublin
Patrick Daly, M D, do
Robert Law, M D, Queen's Professor of Institutes of Medicine
George E Walsh, M B
Lawrence Midleton
Joseph Ferguson, M D, Mullingar infirmary
J Willett, Dublin
Francis Pentland, Drogheda
Robert Heighington, Dublin
T Dillon, M D, Castlebar, Surgeon, county Mayo infirmary and prison
W S Malley, M D, Castlebar
J C Barrett, do
J O Pemberton, Cong dispensary
C Neilson, Killala dispensary
Wm Whittaker, M D, Ballina fever hospital
John L Gaussen, M D, Crumlin dispensary
Richd Henry, Newbliss
Wm Mitchell, Newbliss dispensary
Geo Hetherington, M A, M B, Athlone dispensary
P Walsh, Naas fever hospital and dispensary
Philip Russell, M D, Dundrum, Tipperary
Robt. Elliot, Tempo dispensary
Wm. Ross M'Loughlin, M D, Killygarvan dispensary
S R Biggs, Fethard dispensary
Wm Wallace, Surgeon to the Forces, Tullamore
J Ridley, M D, Tullamore
George Pierce, King's county infirmary
H A Boxwell, Wexford do
R W Nunn, Wexford
R. Renwick, M D, Wexford fever hospital
Denis G. Croghan, M D, Wexford
John Harvey, M B, Treasurer, county Wexford
T Mawe, Wexford
J. Geary, M D, Limerick fever hospital
J T Wilkinson, M D, county Limerick infirmary
J Wilkinson, M D, Assistant-surgeon, do
J Wilkinson, M D, Limerick
W M Fitzgerald, M D, do
J S Thwaites, Limerick infirmary
Edwd Lloyd, Limerick
C J Peat, M D, do
Chas. Kidd do
Philip Lyons, M D, do
James Geary, M D, do
J Frazer, M D, do
J. Peppard, M D, do
A. Vereker, M D, Limerick fever hospital
D O'Flaherty, M D, Limerick
W J Geary, M D. Assistant-physician, fever hospital do.
R R Gelston, M D, Kilpeacon dispensary
Peter Griffin, Limerick
Thos Kane, A B, M D, city Limerick infirmary
W Z Myles, Limerick
T Carey, do
J K Carey, M D, do
M Brodie, M D, physician, Limerick workhouse
W Hogan, M D, Limerick
Wm Apjohn, M D, Pallasgreen dispensary
J Sayers, M D, Limerick
J Heffernan, M D, Murroe dispensary
H. Brown, M D. Limerick
R Massy, M D, do
T T Riardan M D, do
Wm Westropp, M D, Kilpeacon dispensary
Wm Hutchinson, Carrick-on-Shannon infirmary
C Macartney, M B, Dublin
T Rawson, M D, Carlow infirmary
Shewbridge Connor, M D, Carlow fever hospital
M E White, M D, Physician, Carlow lunatic asylum
J Tuomy, M D, Physician, Carlow college
T Carey, M D, Fenagh dispensary
Z Johnson, A B, Bagenalstown dispensary
R Carey, M D, Newtown-Barry fever hospital
W B Clayton, M D
Robt Burnett, Tullow fever hospital
J N Bolton, M D, Ballickmoyler dispensary
J Briscoe, M D, Surgeon, Waterford gaol
M Poole, M D, master of the Leper hospital, Waterford
T L Mackesy, M D, senior medical officer, do
J Cavet, Waterford
W Carroll, M D, do
J Elliot, M B, do
J Martin, Portlaw dispensary
W M Wade, Belturbet dispensary
P O'Reilly Belturbet
W H Reynolds, do
W Mitchell, Monaghan
A. Tyler, M D
J. Lougheed, M D, Ballymote dispensary

To be continued weekly. More than 500 names have already been signed.

Medical gentlemen in the country, desirous of having their signatures affixed, will please to communicate as speedily as possible with Dr. Osborne, 26, Harcourt-street, or Maurice Collis, Esq., Merrion-square, North, Dublin.

DEDICATED, BY PERMISSION, TO HER
MOST GRACIOUS MAJESTY QUEEN VICTORIA,
AND HER ROYAL HIGHNESS THE DUCHESS OF KENT,

BLOFELD & CO.'S NEW MAP
OF ENGLAND, SCOTLAND, AND WALES,
Compiled from the Trigonometrical Survey of the Honourable the Board of Ordnance, and corrected to the present time, from documents in possession of the Commissioners of Boards, &c.

SIZE—5½ FEET LONG, BY 4 FEET WIDE, MARGIN NOT RECKONED.

Where preferred, it can be had in two parts, the one containing the map of Great Britain; the other, the information round the border.

With this Map are given, according to the Reform Act, the Divisions of the Counties, the Boroughs, Polling Places, and the number of Members returned for each.

Distance Tables of each County in England, as well as of Ireland, Scotland, and Wales, and a general one of Great Britain; forming a Key by which the distance may be found between any two Market towns in the United Kingdom.

Also various Topographical and Statistical information respecting the United Kingdom, the English Counties individually, and the number of Square Miles, Statute Acres, &c.

The population of all the principal Market Towns, and the Total Amount in each County. The Market Days, &c.

The Railroads and Canals are laid down in most instances, from Plans in possession of the various Companies: and the Iron, Coal, Lead, Tin, Copper, and Salt Mines, as correctly as possible.

Price, handsomely coloured, varnished, and mounted on Mahogany Rollers, French polished, or done up in a Case, made to resemble a Book, £3 3s.

Do. do. on Brass Rollers, £3 13s. 6d.

The above as a GEOLOGICAL MAP, coloured so as to show the various Stratum, &c., Half-a-Guinea in addition.

Published by BLOFELD & Co., Map Sellers to the Queen, 29, Thavies Inn, Holborn, London, and may be obtained through any respectable Bookseller in Dublin.

At a Meeting of Physicians and Surgeons practising in the town of Carlow and its vicinity, held in the board room of the Carlow Infirmary on Monday the 19th inst., Thomas Rawson, M.D., Chairman, M. Esmond White, M.D., Secretary, the following resolutions were unanimously agreed to.

That disapproving, as we do, the placing the medical charities of Ireland under the control of the poor-law commissioners, we affix our signatures to the "Declaration" condemnatory thereof.

That, in addition to said declaration, we take this opportunity of recording our opinions as to the reforms we consider desirable in the constitution of the Irish medical charities.

We wish for a careful and regular supervision of medical charities by *competent medical* inspectors, being convinced that such supervision would contribute to the advantage of the sick-poor, to the respectability of the profession, and to the general interests of medical science.

We think there should be a central medical board in Dublin, composed of physicians and surgeons of experience to protect, control, and direct the Irish medical charities; to ensure uniformity of observation and record in those institutions; to serve as the means of communication between the government and the profession at large, and generally to manage all subjects of medical policy.

We think the present mode of supporting the Irish medical charities in some points objectionable, precarious, and insufficient, and we would therefore suggest that when the medical inspectors at any time found the funds of a charity insufficient for its support, they should report the same to the central board, on whose recommendation the Lord Lieutenant and Privy Council should be authorised to advance the necessary funds to such charity, said funds to be reimbursed by grand jury presentment at the next assizes of the county, in which such charity is situated; and finally, we are of opinion, that in any alteration of the Irish medical charities, the vested interests of the local boards of governors and subscribers, as well as of the present medical attendants, should meet with that respect and attention to which they are so justly entitled.

T. RAWSON, Chairman.
M. E. WHITE, Secretary.

DR. GRAVES' CLINICAL MEDICINE.

This day is published, in one large 8vo. volume, closely printed, price 18s.,

A SYSTEM OF CLINICAL MEDICINE.

BY ROBERT JAMES GRAVES, M.D.,

Physician to the Meath Hospital and County Dublin Infirmary, late Queen's Professor of the Institutes of Medicine, &c., &c.

This work is systematically arranged, so as to present to the profession a connected Series of Lectures on Fever, Diseases of the Lungs, Heart, Stomach, Skin, &c., &c., and embraces many of the improvements in practical medicine up to the present period.

Dublin: FANNIN and Co. London: Longman and Co., and Henry Renshaw. Edinburgh; Maclachlan and Stewart.

Published by Longman and Co., London, and sold by all booksellers, in one volume, price 16s.,

METHODUS MEDENDI; or, the Description and Treatment of the principal Diseases incident to the Human Frame.

BY HENRY M'CORMAC, M.D.

"A very great mass of information is contained in this volume. The advanced student, to whom we earnestly recommend it, will find the facts which have been made out, and the opinions which are recorded, by almost every writer, on the different branches of medicine, whose sentiments are in any degree worth knowing."—*London Medical Gazette.*

Just published, 8vo., cloth, price 7s.,

SKIN DISEASES; a Manual of Diseases of the Skin. From the French of Cazenave and Schedel: with Notes and Additions.

BY T. H. BURGESS, M.D.,

Surgeon to the Blenheim-street Dispensary for Diseases of the Skin, &c.

"Dr. Burgess's Manual is by far the most convenient and useful one we know of. The practitioner cannot follow a more safe or faithful guide. It is unrivalled in point of accuracy of description and clearness and conciseness of style."—*Prov. Medical Journal.*

"We know of no better Manual of Diseases of the Skin than this."—*Edinburgh Medical Journal.*

London: Henry Renshaw, 356, Strand.

PAU AND THE PYRENEES.

ON the Curative Influence of the Climate of Pau, and the Mineral Waters of the Pyrenees on Disease, &c., &c.

BY A. TAYLOR, M.D., PAU.

One volume, 10s. 6d.

T. W. Parker, West Strand, London. May be ordered through any bookseller.

"Dr. Taylor, in his closely printed volume, has exhausted the medical statistics of the Pyrenees."—*Athenæum.*

"In a literary point of view, this work is a model of its kind."—*Spectator.*

Dublin: Printed by the Proprietors at 13, Molesworth street. London; John Churchill, 46, Princes'-street, Soho.

Wednesday, December 28, 1842.

INDEX TO VOL. VIII.

FROM JULY TO DECEMBER, INCLUSIVE.

MDCCCXLII.

Abdomen, wounds of, 375.
Academy of Medicine, Paris; extirpation of the parotid gland; treatment of aneurism by Brasdor's method, 209; microscopic characters of the sputa in phthisis, 210; efficacy of vaccination, 241; ascites, 242; section of tendons of the hand, 264; tenotomy, 276, 293; rheumatism, 353; entrance of air into the veins, 354; tenotomy, 354, 385, 406.
Academy of Sciences; Fallopian tubes; effects of heat on the skin, 23; composition of animal substances, 24; membrana decidua; intimate structure of the lung, 107; influence of solar eclipses on animals, 242; intrinsic motions of the lung; treatment of hematuria; new method of arresting epistaxis, 243; biliary circulation, 277; puncture and injections in dropsies; stricture of the urethra; formation of teeth, 278.
Adulteration of drugs, 246.
Albumen, 24.
Aloes, compound decoction of, 265.
Alum, employment of, 24.
Anasarca after scarlatina, 49.
Anasthœsia, 249.
Anchylosis of the jaw, 6.
Anchylosis of the knee-joint, 377.
Aneurism, treatment of, 209, 210.
——— of carotid artery, 331.
Angina pharyngea, alum in, 24.
Aorta, aneurism of, 210.
Appendix vermiformis, perforation of, 168.
Aqua chalybeata, 308.
Arm presentation, 120.
Armagh Grand Jury, 77.
Arthritis, 54.
Ascaris lumbricoides, 66, 177.
——— vermicularis, 67, 178.
——— alata, 68.
Ascites, 242.
Association, Armagh Medical, 348.
———, British Scientific; instruments used in auscultation; statistics of consumption, 23.
———, Medical of Ireland, 11, 29, 45, 62, 77, 92, 156, 188, 205, 218, 236, 269, 314, 348, 380.
———, Midland Medical, 233.
———, Provincial Medical, 151.
Auscultation, instruments used in, 23.
Bankruptcy under the poor-law, 302.
Belfast Lunatic Asylum report, 84.
Bellingham, Dr., on entropion, 53.
———, lectures on intestinal worms, 65, 97, 145, 161, 177, 193.
Benson's, Professor, lectures, 226, 257, 289.
Benevolent fund, 12, 362, 397.
Bibliothek for Læger, 266.
Birds, lymph globules of, 150.
Bladder, pin introduced into, 165.
Bladder, morbid anatomy of, 402.
Blood-globules, 295.
Blood, anatomy, physiology, and pathology of, 308, 327, 358.
Blue foot, 148, 263.
Bothriocephalus, 100.
Bradshaw, Dr., letter from, 46.
Brandish's solution of potash, 246.
Brain, tubercular deposit on surface of, 6.
———, Dr. Macartney on structure of, 305.
Braithwaite's Retrospect, 59.
Bredon, Mr., case of congenital tumour by, 84.
Burgess on diseases of the skin, 394.
Bursal tumour, 262.
Byrne, Mrs., trial of, 121, 141.

Calculus in the bladder, 1, 17.
Calomel in ophthalmia neonatorum, 296.
Cane, Dr., cases by, 197, 389.
Cantharides, 246.
Carlow Fever Hospital, 46.
Carmichael, Mr., letter from, 409.
Carotid artery, ligature of, 89, 331.
Carr, Mr., letter from, 286.
Caseum, 24.
Catty, Mr., on the Ems Waters, 230.
Cauda equina, tumour in, 166.
Chimpanzee, brain of, 305.
Circulation, biliary, 277.
College of Surgeons in Ireland, regulations of, 273.
College of Surgeons in London, regulations of, 274, 284, 314.
Collegiate system of medical education, 366.
Coercion in Workhouses, 334.
Competition, 362.
Combustion, spontaneous, 87.
Congenital tumour on the head, 84.

Consumption, statistics of, 23, 24.
Cork-street Fever Hospital report, 68.
Cornea, inflammation of, 200, 376.
Coroners' inquests, 76, 126, 221.
Coroner convicted of fraud, 107.
Coronership, vacant, 285.
Court-martial, 382.
Cow-pox, petechial, 7.
Creasote, 243.
Croly, Dr. H., case of empyema by, 138.
Croton oil, 25.
Croup, tracheotomy in, 167.

Declaration against the control of the poor-law commissioners over the medical charities, 397, 415.
Darbey, Dr., letter from, 207.
Delirium tremens, 362.
Digitalis, 247.
Dilating canula, 37.
Dislocation of humerus, 88, 197.
Dislocation of hip, 25.
Doctor, rules for sending for, 94.
Donegal Grand Jury, 77.
Doyle, Mr., letters from, 76, 126.
Dropsy, puncture and injections in, 278.
———, nature and treatment of, 321, 340.
Drumsna dispensary, 92.
Dublin charities, report of commissioners on, 42.
——— dispensaries, 47.
Dublin City Hospital, 249, 262.
Duncan, Dr. J. F., on foreign bodies in the system, 355.
Dunne, Dr. G. V., invention of a dilating canula by, 37.

Eclipses, influence of, on animals, 242.
Elbow-joint, excision of, 73.
Electricity, evolution of, 311.
Eliot, Lord, memorial to, 234.
————, correspondence with, 411.
Emetin in diseases of the horse, 356.
Empyema, 138.
Ems Waters, 230.
Entropion, 53.
Epistaxis, new mode of arresting, 243.
Epizootic, 339, 403.
Equivalent doses, 246.
Ergot of rye, 36.
————, in paraplegia, 73.
Erichsen on diseases of the scalp, 120.
Evans, Dr. S. P., on morbus coxæ, 101.
Eye, tumours of, 337.

Face, gun-shot wound of, 392.
Facial hemiplegia, division of muscles in, 35.
Fallopian tubes, 23.
Fees, recovery of, 128.
Femur, luxation of, in the infant, 262.
Ferguson, Mr., on emetin in diseases of the horse, 356.
Fibrine, 24, 311.
Fœtal circulation, 200.
Fœtus, impression on, 296.
Foreign bodies in the system, 355.
Fracture, deformity from, removed by operation, 86.
Franz on mineral waters, 184.
French, Dr. A., description of a human body found in a bog, 21; on inflammation of the cornea in nurses, 376.
French measures and weights, 362.
Fruits of Mr. D. Phelan's mission to the south, 315.

Gall-bladder, diseases of, 257.
Galway Grand Jury, 92.
Gilbert on consumption, 89.
Gilding of surgical instruments, 24.
Glasgow Faculty of Physicians and Surgeons, 158, 188.
Glottis, spasm of, 56.
Grand Juries, 48, 62, 77, 91, 92, 190.
Gluten, 24.
Gravidine, 60.
Gray, Mr., letter from, 205.
Gulliver, Mr., on muscular fibre of the heart and gullet, 7; on blood-globules, 295; on fibrine, 311.
Gully on the simple treatment of disease, 233.

Hargrave, Dr., on the uses of the spleen and vena portæ, 81.
Harrogate Water, artificial, 111.
Harty, Dr., letter from, 312.
Healy, Dr., case of anchylosis of the jaw by, 6.
Heat, animal, 37, 74.
Heart, diseases of, 28.
———, malformation of, 35.
———, displacement of, 138.
Hernia, radical cure of, 27.
———, strangulated, operation at the age of 107, 393.
———, umbilical, treatment by ligature, 36.
———, thyroid, 279.
Hematuria, 243.
Hepatic neuralgia, 226.
Heron, Mr. A., letter from, 231.
Hip, dislocation of, 25.
Hip-joint disease, 101.
Hospital statistics, 296.
——— ship, 300.
Human body found in a bog, 21.
Humerus, dislocation of, 88, 197, 389.
————, excision of head of, 369.
Hydrophobia, case of, 307.
Hyoscyamus, 150, 247,

Ichthyosis, case of, 390.
Idiot, brain of, 306.
Iliac artery, external, ligature of, 180.
Innishannon dispensary, 380.
Intelligence, poor-law, 112, 160, 175, 192, 222, 253, 270, 286, 316, 335, 351, 364, 378, 383, 414.
Intelligence, medical, 13, 31, 48, 64, 79, 95, 112, 128, 144, 159, 222, 239, 319, 335, 382.
Intestinal worms, 65, 97, 145, 161, 177, 193.

Jackson, Dr. G., report of Cork-street Fever Hospital, 68.
Jaundice, 259.
Jaw, anchylosis of, 6.
Jeffreys, Dr., on large doses of lead, 36.
Jones, Mr., on the blood, 308, 327, 358.

Kennedy, Dr. H., on anasarca after scarlatina, 49; letter from, 395.
King's County Grand Jury, 62.
Kingsley, Dr., case of blue foot by, 148.
Kirby, Mr., on luxation of the femur in the infant, 262.
Knee-joint, anchylosis of, 377.

Larrey, Baron, memoir of, 221.
Laryngitis in a lamb, 55.
Lactation, influence of, in preventing pregnancy, 263.
Lawrance, on diseases of children, 332.
Laws relating to medical men, 275.
Laycock, Dr., case of ichthyosis by, 390.
————, on vital periodicity, 75.
————, on the influence of lactation, 263.
Lead, large doses of, 36.
Legislation, medical, 62.
Letters of approbation, 29.

Letters, suppressed, 45.
Ligature, mode of passing, in popliteal aneurism, 151.
Lightning, morbid appearances after death from, 22.
Lindsey, Dr. T. E., letter from, 28.
Lithotomy, 1, 17, 407.
Litigation for a dispensary, 63.
Liver, uses of, 59.
London hospitals, statistics of, 297.
Lords, House of, late proceedings in, 11.
Louth Infirmary, 348.
Lung, intimate structure of, 107.
———, intrinsic motions of, 243.
Lynn, Dr., case of arm presentation by, 120.

Macartney, Dr., on the structure and functions of the brain, 305.
Macdonnell, Dr., letter from, 409.
Macintire, Mr., case of hydrophobia by, 307.
Mackness, on the Climate of Hastings, 215.
Maffett, Dr., letter from, 44.
Maxfield on ulcers, 170.
Maunsell, Dr., letter from, 61.
Mayberry, Dr., on wounds of the abdomen, 375.
M'Cormac, Dr., on arthritis, 54.
———, Methodus Medendi, 181.
Mayo Grand Jury, 91.
Meath Grand Jury, 77.
Medical charities' bill, 13, 15, 31, 42, 47, 79, 91, 94, 126, 129, 158, 175, 188, 206, 219, 237, 251, 269, 301, 348, 363, 380, 381.
Medical intelligence, 13, 31, 48, 64, 79, 95, 112, 128, 144, 159, 222, 239, 319, 335, 382.
Medical reform, 201, 216, 280.
Membrana decidua, 107.
Mesmeric state, amputation of the thigh during, 372.
Midwife, ignorance of, 250.
Midwifery, mechanical contrivances in, 389.
Milk, preservation of, 74.
Misrepresentation, 413.
Monaghan Grand Jury, 190.
Morbus coxæ, 101.
Murphy, Dr. W. D., letter from, 250.
Muscle, degeneration of, 279.
Muscular fibre of the heart and gullet, 7.
Myotomy in facial hemiplegia, 35.
Maxilla superior, removal of, 198.

Nasal fossæ, diseases of, 200.
Neck, cysts in, 33.
Nicholls, Mr., his opinion of Mr. Phelan, 160.
Nitrate of silver, discoloration of the skin by, 113.
Nolan, Dr., case of tetanus by, 119.
Nugent, Dr., letter from, 15.
Nurses, sore mouth peculiar to, 8.
———, inflammation of the cornea in, 376.

O'Beirne, Dr., on dropsy, 321, 340.
———, letter from, 409.
Obituary, 80, 96, 128, 160, 176, 208, 222, 319.
Operations upon coloured races, 401.
Ophthalmia neonatorum, local employment of calomel in, 296.
Opium smoking, 151.
Orbit, tumours of, 337.
Orleans, Duke of, post-mortem examination of, 58.
Ornithorhynchus paradoxus, anatomy of, 371.

Parisian hospitals, results of operations in, 232.
Parotid gland, extirpation of, 209.
Patterson, Dr., on discoloration of the skin by nitrate of silver, 113; on the epizootic, 403.
Pauper, death of, in Fermoy, 378.
Periodicity, vital, 75.
Phayre, Mr., account of morbid appearances in a case of death from lightning, 22.
Phelan, Mr. D., 30, 192.
Phthisis, statistics of, 23, 24.
———, characters of sputa in, 210.
Physic, Professor Benson's lectures on, 226, 257, 289.
Poorhouses, medical visitation of, 78.
Poor-law, medical, in England, 61, 80.
Poor-law intelligence, 112, 160, 175, 192, 222, 253, 270, 286, 316, 335, 351, 364, 378, 383, 414.
Poor-law Commissioners, powers of, 171.
——— expenditure, 174.
———, working of, 285.
Porter's, Professor, lectures, 1, 17.
Portio dura, paralysis of, 197.
Portstewart dispensary, 268.
Pregnancy, sign of, 60.
Presentation of shoulder, 390.
Promotions, 16, 32, 80, 96, 112, 128, 160, 222, 240, 302, 319, 383.
Pulmonary artery, laceration of, 296.
Purpura, 164.

Qualifications of medical attendants of workhouses, 157.
Queen's County Grand Jury, 48.
Quinine, death from administration of large doses of, 394.

Recovery of fees, 128.
Respiration, present state of knowledge on, 37, 74.
Rheumatism, 353.
Rhinoplastic operation, 169.
Roe, Dr., letter from, 61.

Saliva, 266.
Schools, provincial medical, 238.
Scarlatina, analysis of urine in, 10.
———, anasarca after, 49.
Sciatica, 88.
Scotch graduates in England, 349.
Seminal tubes, 85.
Shapter on the Climate of Devon, 232.
Shoulder-joint, gun-shot wound of, 369.
Skin, effects of heat on, 23.
——, discoloration of, by nitrate of silver, 113.
Small-pox inoculation, 191.
Society, Medico-Chirurgical of Edinburgh—creasote, 243.
Society, Surgical, of Ireland—tumours of the eye and orbit, 337; epizootic among black cattle, 339; rupture of uterus, 340; excision of the head of the humerus, 369; anatomy of the ornithorhynchus paradoxus, 371; results of operations upon coloured races, 401; morbid anatomy of the bladder, 402; epizootic, 403.
Society, Royal Medical and Chirurgical—tubercular deposit on surface of the brain, 6; petechial cow-pox, 7; tubercle of the brain in children; cysts in the neck, 33; malformation of the heart, 35; amputation of the thigh during an alleged mesmeric state, 372.
Society, Zoological, of London, seminal tubes, 85.
Spleen, uses, 81, 289; diseases of, 291.
Sputa in phthisis, 210.
Squill, 247.
St. Vincent's Hospital, 180.
Statistics of phthisis, 23, 24.
Statistics of hospitals, 296.
Stewart, Dr., report of Belfast Lunatic Asylum, 85.
Stridulous convulsion, 56.
Students, hints for, 283.
Strychnia, tannin as an antidote for, 27.
Surgery, Professor Porter's lectures on, 1, 17.
Sunter, Dr., case of laryngitis in a lamb, 55.
Stomach of a seagull, absorption of, 231.

Strabismus, operation for, 231.
Swords dispensary, 267.

Tœnia, 99, 140, 178.
Tannin as an antidote for strychnia, 27.
Taraxacum, 149.
Teeth, structure of, 278.
Tenotomy, 264, 276, 293, 354, 385, 406.
Tetanus, 119.
Thackaray, Rev. Mr., letters from, 184, 236.
Thompson, Dr. R. D., on respiration and heat, 37, 74.
Threats of the poor-law people, 395.
Trachea, rupture of, 312.
Tracheotomy in croup, 167.
Trading mischief-makers, 12.
Tricocephalus, 97, 178.
Tubercle in the brain, 6, 33.
Tumour in neck, 361.

Urethro-plasty, 25.
Urethra, strictures of, 278.
Urine in scarlatina, 10.
Urine in pregnancy, 60.
Uterus, gangrene of, 191.
———, rupture of, 340.

Vaccination, efficacy of, 241.
———— act, 269, 286, 351, 396.
Vagina, prolapsus and separation of, 27.
———, imperforate, 88.
Veins, entrance of air into, 354.

Walsh, Dr. J. N., letter from, 28.
————, case of purpura by, 164.
————, of disease of the wrist-joint by, 165.

Weather, register of, 16, 32, 48, 64, 96, 112, 128, 144, 160, 176, 192, 208, 240, 287, 319, 336, 367, 383, 397, 414.
West, Dr., case of tœnia by, 140.
Wetzlar on the Springs of Aix-la-Chapelle, 215.
Workhouses, post-mortem examinations in, 93, 110.
Worms, intestinal, 65, 97, 145, 161, 177, 193.
Wrist-joint, disease of, 165.

END OF THE EIGHTH VOLUME.

SUPPLEMENT TO THE DUBLIN MEDICAL PRESS.
JANUARY 25, 1843.

