

The Medical Times and Gazette

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see p 250 Dr Hall state Mr Stowe

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MEDICAL TIMES & GAZETTE

The Medical Times and Medical Gazette incorporated.

No. 271.—NEW SERIES. LONDON, SATURDAY, SEPTEMBER 8, 1855.

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STAMPED EDITION 8d.

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Notice.—To Advertisers.

Advertisements for insertion in the STUDENT'S NUMBER of the "MEDICAL TIMES AND GAZETTE," which will be published on SATURDAY, the 22nd SEPTEMBER, should be sent to the Publishing Office, No. 11, New Burlington-street, NOT LATE THAN WEDNESDAY, the 19th instant, or the insertion cannot be insured.

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VOL. XXXII. No. 832.—NEW SERIES, No. 271.]

NOTICE TO AUTHORS.

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ORIGINAL LECTURES.

LECTURES

ON THE

ANATOMY, INJURIES, AND DISEASES
OF THE HEAD,

DELIVERED IN THE

Theatre of the Royal College of Surgeons of England.

By PRESCOTT HEWETT,

Professor of Anatomy and Surgery to the College.

LECTURE IV.

(Continued from page 207.)

In the present day, it fortunately seldom happens, thanks to the early incisions now so commonly resorted to in this country, that the skin and the periosteum are extensively destroyed, even when great mischief exists in the cellular tissue. I have never seen but one case of this kind, and that happened some years back.

A middle-aged woman, who was admitted into St. George's Hospital, under the late Mr. Walker, with a burn occupying the neck and various parts of the body, was attacked with diffuse inflammation of the scalp, which, notwithstanding the incisions which were made, ended in extensive sloughing of the skin, with separation of the pericranium, and denudation of the bone, involving nearly the whole of the upper part of the frontal, the greater part of both parietals, and a piece of the occipital. The patient lived for about six weeks with the bones thus exposed, during which time she presented no head symptoms whatsoever, and ultimately died of exhaustion, from the extensive suppuration in this and in other parts of the body connected with the burn. At the post-mortem examination, the dura-mater proved to be quite healthy, and firmly adherent throughout its whole extent; the other membranes of the brain, and the brain itself, were also quite healthy. The skull-cap (a), taken from the patient, presents merely a slightly-marked, worm-eaten appearance in all those parts of the bone which were exposed for so long a time; but, on the inner surface, save a slight increase in its vascularity, marked by minute holes and diminutive furrows, the bones are healthy.

Hitherto, I have referred merely to the question of the local means to be used in traumatic erysipelas, or in diffuse cellular inflammation of the scalp; but the general treatment to be adopted in such cases must ever be a subject of deep concern. The Surgeons who, in such cases, recommend puncturings and extensive incisions, with the loss of blood locally, are also, as a matter of course, strong advocates for violent antiphlogistic medicines; those, on the other hand, who avoid, as far as possible, any loss of blood, adopt unreservedly the system of tonic remedies. But here, as in everything else, the practical man will be guided by the circumstances in which he finds himself placed. And I must say, as far as I have seen of erysipelas, or of diffuse cellular inflammation of the scalp, following an injury, that I have seldom or never met with a case in which anything like violent antiphlogistic treatment was necessary. Far from this, nearly all the cases which I have had to deal with, both in hospital and in private practice, have very soon required support, and that, at a very early period, and to a very great extent. The means used for this purpose vary very much with Surgeons: quinine, bark, ammonia, and other diffusible stimulants appear to be the sheet-anchor with some; but, in practice, these remedies will, one and all, be found unsuitable in many cases, and it has frequently happened that I have been obliged to abandon them altogether. Some Surgeons, under such circumstances, have, of late years, had recourse to those stimulants which we are in the habit of using in our daily life. Inquiring into the habits of the patient, the stimulant, whatever that may be, which is habitually taken, is to be given at once; and, having adopted the practice freely, I may say that I have derived great advantages from it. The following case, falling under my notice some years back, made a strong impression on my mind.

In the year 1839, Sir Benjamin Brodie, after having applied a ligature to the external iliac artery, was, on the same afternoon, suddenly called out of town. The operation was followed by inflammatory symptoms, which were looked upon as indicative of peritonitis, in consequence of which the patient was bled freely, and put upon calomel and opium. This plan of treatment was persevered in for two days, with but little relief. In the afternoon of the second day, however, the patient was seen by Sir Benjamin Brodie, who, thinking that the symptoms were those of diffuse cellular inflammation, and not of peritonitis, at once passed his finger through the wound into the cellular tissue of the iliac fossa, breaking down all the adhesions; a discharge of thin, sanious-looking fluid followed; the calomel and opium were left off, and some diffusible stimulant ordered in their stead, as the patient appeared to be sinking. Finding that the man was in the habit of taking large quantities of stimulants, Sir Benjamin Brodie, in the evening, ordered him some gin; and, on the following day, 8 ounces of port wine were prescribed for him, all medicines being laid aside. The pain in the belly, and all other inflammatory symptoms soon began to subside; the wound discharged freely, but, in the course of a couple of days, as it became evident that a further supply of stimulants was necessary, some egg and brandy was ordered, in addition to the wine. This was continued for some days, and the patient did perfectly well. For some years previous to the date of this case, the stimulant to which the patients were accustomed, either porter, gin, brandy, or wine, had been prescribed by Sir Benjamin Brodie in the wards of St. George's Hospital, in cases of erysipelas, or of diffuse inflammation of the scalp, as well as in that of other regions; all tonic medicines having been for the most part discarded.

Thus far, I have spoken only of the consequences which may, in the outer coverings of the skull, follow a wound of the scalp. I proceed now to the consideration of the mischief which may, sooner or later, arise in the deeper textures after an injury, apparently of a trifling nature.

As a consequence of a simple blow on the head setting up a diseased action, we may have enormous hypertrophy of the osseous tissue. Of this, the following case, for the history of which I am indebted to Professor Quekett, affords an admirable illustration.

A master-builder, aged 50, one day, while about his avocations, slipped from a scaffold, from fifteen to twenty feet high, and struck his head violently, causing severe concussion of the brain. All symptoms of the cerebral affection disappeared in the course of a few days; but, some time after his recovery, to his surprise, this man found that he began to have some difficulty in getting on the hat which he had been in the habit of wearing. The enlargement of the skull went on increasing; so much so, that he was obliged to have a new hat made; and, from this period, he found it necessary, from time to time, to have the size of his hats increased. He, however, went about his business as usual, and never suffered any other inconvenience, except as to the matter of the hats. He died at the age of 70, twenty years after the accident, and his friends, being anxious to know what was the real cause of all this enlargement about the head, had the skull examined, when it was found that the great size of the head was altogether dependent upon a diseased condition of the bones, which was all but limited to the vault, the base presenting very little alteration in its appearance.

The vault of this skull, belonging to the College Museum, is certainly one of the thickest I have ever seen. In some parts the bones are no less than 11 lines in width, and nowhere are they less than 6 lines in width. The circumference on the outside, from the nasal eminence to the occipital protuberance, measures 26 inches; that on the inside, 21 inches. All traces of the compact tables of the bones have disappeared, the whole structure being reduced to a fine cancellous tissue, with cells, for the most part, very small and irregular in form. The outer surface is perfectly porous and covered, throughout its whole extent, with minute foramina, looking as if it had, in every part, been pricked with small pin-points. The limits of the temporal fossae are strongly marked, the bone around forming an extensive ridge; large arborescent grooves exist in these fossae, showing the distribution of the deep-seated temporal vessels. On the inner surface, the channels for the meningeal vessels, of an enormous size, and very numerous, are remarkably deep, and groove the bones in every part, which are, moreover, throughout their

(a) St. George's Hospital Museum, A. 110.

whole extent, covered with holes of various sizes, many of which are very large. The channel for the longitudinal sinus is scarcely perceptible; but, on one of its sides, in the frontal region, there is a deep pit, as if for the lodgment of a large, so-called, Pacchionian gland. The weight of this skull-cap is not increased in proportion with its great size and thickness. The brain and its membranes were perfectly healthy. No disease was observed about the other parts of the osseous system.

But a simple blow on the head, or the denudation of the bone, may lead to inflammation of the osseous tissue, which may end either in caries, or in necrosis, or in both together. The disease may be confined to one of the tables, or it may involve the whole thickness of the bone; but, in either case, the patient may do perfectly well. Under such circumstances, the pieces of dead bone, whatever their thickness, and whatever their size, may ultimately be cast off; cicatrization then takes place, and the disease is ultimately cured. Slow in their progress, such cases may go on for years; but they are liable, at all times, to be brought to a sudden termination by an attack of inflammation spreading to the membranes, or to the brain itself. The result of an accident, the affection of the bone is generally limited; but, in some cases, a diseased action is set up, which spreads to some distance, and bones, far beyond the original seat of the injury, become involved in the destruction. Not only has the whole of a bone been thus attacked after a slight injury of the head, but cases are met with, where two or more bones have been thus destroyed.

And first, as to the extensive destruction of the outer parts of the bone. In a preparation, belonging to the Museum of St. George's Hospital, there is extensive caries of the frontal above the orbits, of both parietal bones, and a portion of the occipital. The disease, affecting principally the outer plate of the skull, dips, in some places, into the diploë; but there is no destruction of the inner plate, which presents, however, evident traces of increased vascularity. All this mischief was the result of a simple blow on the head.

In the Museum of St. Bartholomew's Hospital(b), there is a skull-cap, the bones of which are exceedingly thick, with the diploë and tables consolidated throughout, and of an ivory-like hardness. The outer table, very irregular on its surface, is extensively ulcerated and tuberculated, with crack-like fissures. The bones principally affected are the whole of the frontal, and both parietals, the intervening sutures of which are perfectly obliterated. On the inner surface, these bones present large and deep vascular channels perforated throughout with minute holes; this surface is also, in one or two places, slightly tuberculated. All these changes had their origin in the effects of external violence.

Such a disease, originating in an injury, most commonly affects the outer table of the skull, but it may likewise be confined to the inner surface; and of this, the following case from Dr. Abercrombie(c) affords a singular example:—

A woman, aged 48, about a year before her death, fell down a stair, and received various injuries, especially one on the head, which confined her to bed for some days. From this time, her health was bad; she generally complained of fixed pain in the head, and had a very disordered state of the stomach and bowels. She was able, however, to attend to the ordinary duties of her family, till about three weeks before her death, when she was seized with fever and outrageous delirium. These symptoms subsided after a bleeding; and next day she had erysipelas of the face, which went off in a few days. She was then able to be out of bed, but complained of a fixed and deep-seated pain in the right side of the head, a little above the ear, and there was a discharge of matter from the right ear. She continued in this state, sitting up part of every day, till three days before her death, when she became comatose, with partial paralysis of the left side, and frequent convulsive motions of the right arm. She died on the third day after the occurrence of these symptoms.

The cranium was very easily opened, the bones being remarkably soft. On raising the skull-cap, the inner surface of the whole upper part of the cranium exhibited a singular state of disease. The inner table seemed to be wanting through its whole extent, and there appeared the rough, irregular, and cancellated structure of the central part of the bone. Betwixt this surface and the dura-mater, there was a deposi-

tion of soft adventitious membrane of a yellowish colour, varying from one-twelfth to one-eighth of an inch in thickness. In raising the skull-cap, this membrane, in some places, adhered to the dura-mater, leaving exposed the irregular cancellated structure of the bone; and, in other places, it adhered to the bone, exposing the dura-mater, of its natural appearance. The parts affected by this singular state of disease were the frontal bone above the orbits, the whole of both parietal bones, the squamous portion of both temporal bones, and rather more than the upper half of the occipital bone. The greatest erosion was on the parietal bone, where several portions were very thin and transparent, and a few points were perforated. The external surface of the cranium was of a natural appearance, except at the few points where the erosion had perforated the bone by very small apertures. The immediate cause of death was an extensive abscess, probably recent, which was found in the lower part of the right hemisphere of the brain. In a subsequent note, Dr. Abercrombie states, that this patient was a respectable, married woman, and that there seemed no ground for suspecting a syphilitic taint.

Let me now bring before your notice cases of destruction of the bones, still more extensive.

In Mr. Norris's(d) case, we find a patient, aged 51, who fell in going down stairs, in April, 1803, and pitched with her forehead against a heap of wood. No immediate symptoms followed the accident; but three months afterwards, she, for the first time, felt violent pain in the head, especially in the frontal region; and here an abscess formed which was opened; the bone was exposed and carious. The trephine was subsequently applied over this spot, on account of her intense sufferings, but without any benefit: the dura-mater exhibited a perfectly healthy appearance, and there was no other discharge of matter than what oozed from the substance of the bone. Another abscess soon after formed on the back and upper part of the left parietal; here, too, the bone was carious; and then followed abscesses in various parts of the head which went through the same course. For the first two or three months, pieces of bone came away from the outer table only, but subsequently the whole depth of the bone was thrown off, at each time exposing the dura-mater; and, from this period, the sores in the integuments no longer healed. She died, worn out, in May, 1804.

Norris then states, that lest it be supposed by any one that this disease had its origin in syphilis, it is proper to observe, that the patient had not one other, even doubtful, symptom of that disease; and that, from the most minute inquiry that he could make, it seemed almost certain that she had never been infected by its poison. No mention is made as to anything like mercurial cachexia, and, after so minute an inquiry into the history of the case, we may fairly suppose that, had it been present, it would not have escaped notice.

The skull of this patient, in the College Museum, exhibits the extensive disease to which the blow on the head had given rise. The greater part of both parietal bones has been extensively destroyed, the destruction bearing upon the back and central parts, so that the whole of the lambdoid suture, and the sagittal, to within an inch of the coronal suture, have disappeared. The small part of the parietal bones which remains, and the frontal bone are, in some places, perforated by large and numerous holes; in other places, the destruction is limited either to the external or to the internal table; and, in many parts, a process of healing seems to have been going on, for the margins of the ulcerated bone are smooth and bevelled off. In many places the outer surface of these bones is irregular and mammillated, with narrow, puckered-like depressions, extending down to the inner table of the bone; in fact, the whole appearance of this part of the vault exactly resembles that which is described by some pathologists as the tuberculated syphilitic disease of the bones. In the central part of the frontal region, about an inch above the nasal eminence, is a large, round opening, with smooth and bevelled margins, the only indication I can find of the spot where the trephine was applied; but, if this be the spot, it is evident that the whole thickness of the bone was not removed in some parts, for there are still some thin portions of the inner table remaining where the perforation was made; and, on looking to the inner surface of the skull, the frontal crest is unbroken. The appearances about the occipital bone are very different.

(b) A. 60.

(c) Diseases of the Brain, p. 188.

(d) Transactions of the Med. Soc. of London, 1810. Vol. I, p. 168.

Wherever the disease exists in this bone, there the osseous tissue is thickly covered with small, closely-packed pits, looking like the skin when it has been seamed with small-pox. In many parts the bone thus ulcerated is completely perforated by small openings. The diseased appearances are principally confined to the part of the occipital above the inferior semi-circular ridge, both on the outer and on the inner surface; but, on the left side, traces of the disease, destroying the bone in its whole thickness, exist even down as low as the condyloid process. The temporal bones are but very slightly affected, and that only in the immediate neighbourhood of the other bones which were diseased.

There is no disease whatsoever either about the palate, or the alveolar processes, or the nasal septum; neither are there any diseased appearances about the frontal region below the trephine-hole, that is, within an inch of the nose and orbits.

But one of the most remarkable instances of this kind is that lately recorded by Mr. Drummond, in which a sailor, having fallen down a flight of stone steps, received a contused wound of the scalp on the left side of the occipital bone; and so trifling was the injury, that the bone was not thought, at the time, to have been hurt. Some time afterwards, however, it became evident that the bone was seriously affected, for a large piece of it was found denuded of its periosteum. Repeated attacks of erysipelas involved the patient in further mischief, and within the space of six years he lost—of the right side of the frontal, parietal, and squamous part of temporal bones, about five square inches; the whole of the occipital, to within a short space of the foramen magnum, had disappeared, save a portion of the centre, of about two square inches, which was detached and moveable, and in the process of being thrown off. A large portion of the left side of the frontal, parietal, and temporal bones was in a state of caries; and a portion of the posterior part of each parietal remained as a slender arch over the vertex. The patient was in robust health, and suffered but little inconvenience, notwithstanding the great extent of the disease. Such was the report which Mr. Drummond made of the case in the year 1851, and I am glad in being able to add, from a letter which I have received from that gentleman, that the man is still alive, and now no longer a patient. He is serving as a stoker in the Melville Hospital, at Chatham, and is in perfect health. Some more pieces of bone have been cast off both from the occipital and from the left parietal; but there does not, at present, appear to be any immovable piece of bone in a diseased state. The only inconvenience this patient appears to suffer is from an unpleasant sensation about his head whenever he sneezes or coughs. Like most old sailors, he gets occasionally drunk, or nearly so, but without more than the usual penalty of a sick head-ache.

One case more ere I close this part of my subject. It is Saviard's (e) case, which I make a point of quoting from the original, in somewhat antiquated French, as I find that a very different version of it has been given in English.

"Une pauvre malheureuse sortit de l'Hôtel Dieu au mois d'Octobre, 1688, après avoir été malade pendant plus de deux ans, en suite d'une playe à la tête, qu'elle s'était faite en tombant, pour avoir bu du vin avec excès. La partie supérieure de l'os coronal, les deux pariétaux entiers, et une grande portion de l'os occipital, s'étant découverts dans la suite du traitement, s'exfolièrent dans toute leur épaisseur, et se séparèrent en même temps; de sorte que cette exfoliation ressembloit au dessus d'une tête que l'on aurait sciée et séparée du reste du crâne. L'on voyoit à l'endroit d'où ces os étaient sortis, le battement de la dure-mère, qui n'était couverte que d'une pellicule fort mince."

Such is Saviard's own report; and we find Duverney, in his Anatomical Lectures, exhibiting this very skull-cap, which had thus come bodily away. And yet Dr. Abercrombie, in referring to this case, states "that successive exfoliations of both tables of the cranium took place to such an extent, that the pieces, when put together, resembled the skull-cap, as it is sawn off in dissections." Such a version differs, indeed, widely from the original.

Cases of necrosis of the bones of the skull admit of but little active surgical interference, save the incisions necessary for the evacuation of the matter when it is pent up, and the occasional removal of the loose pieces of dead bone. Symptoms, however, might arise in which the application of the trephine

might become necessary; but too much caution cannot be used in these cases; and, notwithstanding the brilliant results which are said to have attended the extensive application of the trepan in some instances, few English Surgeons of the present day would, I think, follow Daviel, and apply eight crowns of a trephine; and no one would be fool-hardy enough to do as Mécéc de la Touche did, and apply, within the space of fifteen months, no less than fifty-two crowns of the trepan, twenty-seven of which reached the dura-mater.

ORIGINAL COMMUNICATIONS.

ON FIBROUS TUMOUR OF THE UTERUS.

By Dr. RIGBY.

[Continued from Vol. XXXI. p. 468.]

THE details of the two following cases, where fibrous tumours have separated from the uterus and been extracted, differ considerably from those of the case I last reported, inasmuch as the tumour, being of much greater size, could not descend at once into the pelvis, and thus be removed in one mass, as in the previous case, but portion after portion was slowly forced through the superior aperture by the uterus, and gradually removed by ligature as it came within reach.

Mrs. S., aged 42; married sixteen years; one child, aged 15. Two miscarriages in the last five years.

April 17, 1852.—Great sense of pressure over the bladder, difficulty in passing water, especially at the catamenial periods. Sense of pressure on the rectum, with tenesmus; varicose veins of the legs. Pulse weak; has latterly had menorrhagia. The abdomen is enlarged by a fibrous tumour of the uterus; the uterine sound passes at least 5 inches.

R. Pil. hydrarg. extr. hyoscyami 33 gr. v. alt. noct.
R. Ferri sulph. gr. xvi., magnesiae sulph. 3i., acidi sulph. dil. 3i., syrupi rhæados 3ss., aque menthe pip. 3vjss. M. Ft. mistura: sumat cochl. magn. ij. primo mane.

R. Liq. calcii chloridi 3ss. ex infuso aurantii co.: bis die. Applicetur ung. hydrarg. durum ori uteri quaque septimanâ.

June 2.—The ointment has been applied four times in four weeks. During the third week a sudden appearance of catamenia took place, not at the regular period; the discharge was brisk, but lasted only a few minutes; she expects the period soon. Her Medical man considers that her tumour is softer. Her general health and appearance are improved. She can walk better, and does not feel so much pressure and weight in the pelvis as before.

December 1.—Pale and sallow: has not increased the liq. calcii chloridi beyond 35 drops for the dose; but says that she has felt better since she took it. Bowels open. Last catamenia on the 18th ult.; the discharge much less profuse, and appeared at the right time.

Rep. liq. calcii chloridi in gradually increasing doses.

October 23, 1854.—She has continued to take the muriate of lime occasionally, and latterly has taken a course of artificial Kreuznach water; the ointment has been used from time to time. During the last few months the menorrhagia has increased considerably. A great change has now taken place. The os uteri is thin, and dilated to about the size of a shilling—a tumour is felt pressing against it; it is firm and fleshy. I can pass up my finger all round to some little distance, and find that the mass is attached to the left side of the uterus by a broad base, which seems dragged into longitudinal folds, as if chiefly composed of the lining membrane of the uterus. I passed a ligature round it as high as I could, and produced no pain on tightening it. When firmly fixed I used a slight degree of traction, but the tumour would not stir.

Oct. 24.—Has been tolerably comfortable; the discharge has ceased. I tightened the ligature.

November 5.—The ligature has been tightened daily. The mass became soft from decomposition, so that but a small piece of solid matter came away. A fresh and larger mass descended almost immediately afterwards and filled up the pelvic cavity. It had the feel and consistence of a firm placenta, and I was enabled to detach a considerable portion, having previously passed a ligature round the upper part, and drawn it as tight as I could to prevent the chance

o hæmorrhage. It was full one pound in weight. The fœtor was intolerable, and the silver canula was instantly blackened by the sulphuretted hydrogen of the discharge. The ligature came away as soon as I had removed this large mass.

Nov. 6.—Is much more comfortable, and takes food with more relish. The abdominal tumour has disappeared. Nothing can be felt of it beyond a hardness close behind the crest of the pubic bone on the left side. R. Acid. hydrochlor. dil., acid. nitrici dil., aa ʒi., liq. taraxaci ʒi., infusi cinchonæ oblongifol. ʒvii. M. Ft. mistura: sumat cochl. magna ii. ter die.

As she lived at some distance I discontinued my visits until another portion of the tumour should have descended into the pelvis, which her husband promised to inform me of; this however was not done, neither was the medicine given to her. She gradually became weaker; diarrhœa set in, and, when sent for on the 11th, I found her sinking rapidly, and she died the following morning.

The early treatment of this case presents nothing different to those which I have already detailed. She commenced a course of the muriate of lime, and mercurial ointment was applied once a week to the lower part of the uterus. Her general health improved, the tumour was considered to be softer, and from the diminished sense of weight and pressure in the pelvis, and greater capability of walking, it may be inferred that it had become somewhat smaller. This improvement did not continue; during the following year she continued to suffer from menorrhagia, which at times was very profuse, and reduced her exceedingly. I did not see her while the change was going on which preceded the descent of the mass, but as far as I could learn she had felt a gradual increase of bearing down, and at last pains, like those of commencing labour. As with large polypi the mass began to soften as soon as its vitality had been destroyed by the ligature, and the fœtor of the discharge became so bad that I had considerable apprehensions lest absorption and blood-poisoning should follow. Finding that the second portion which descended was already much softer than the tumour had been when felt through the abdomen, I felt convinced that it was slowly dying upwards towards its attachment, and therefore determined to separate and bring away as much as I could of it before the powers of the system should have suffered too much. The precaution of applying a ligature previously appears to have been needless, although justifiable, because if any vessel had been injured in the attempt it would have been difficult to have stopped the hæmorrhage. Having removed a large mass already considerably advanced in decomposition, she felt greatly relieved, and the symptoms of exhaustion and general distress abated immediately. I am sorry that the mixture of bark and nitro-muriatic acid was not given, as the history of the next case will show how valuable it has been in supporting the patient through such a trial; the neglect also of not informing me how she was going on, as had been agreed upon, is much to be regretted, for when I last saw her there was no reason to fear such a result.

Miss S., aged 29, dark brunette, pale.

October 30, 1854.—Has come from a distant part of England to consult me on account of considerable abdominal enlargement.

She complains of constant pain in the left lumbar region, aggravated by standing or sitting. Has pains of a bearing down character, coming on about every hour, which sometimes make her strain and bear down involuntarily. Much fetid watery discharge; frequent desire to relieve the bladder, and difficulty in doing so. With the bowels it is also the same.

Bowels are open, and tolerably natural. Urine thick. Tongue covered with a thick dirty fur. Night perspirations. Pulse feeble.

First noticed a leucorrhœal discharge in February. It was not fetid then, but thick and white. From that time she gradually lost flesh and strength, but did not remark any abdominal enlargement until June. The catamenia became more frequent, lasting a whole week, and once in August were very profuse. The abdomen continued to increase. In July the discharge became fetid and watery, and about the middle of September was suddenly seized with retention of urine, and violent bearing down pains, which were partly relieved by using the catheter. The fœtor increased very much, and latterly small fibrous, putrid shreds have come

away from time to time. Yesterday, after a long journey, a considerable piece came away; it appears to be fibrous.

The abdomen is distended with a large, hard, circumscribed tumour. It is connected with the uterus, and has all the characters of a fibrous tumour.

Examination per vaginam.—A large fleshy mass is felt occupying the cavity of the pelvis, down to the inferior aperture. It is so uniform in shape, that it feels like an enlarged uterus descending into the vagina, and an irregular depression near the symphysis pubis might, at the first touch, be mistaken for an os uteri. This, however, is not the case; the os uteri cannot be felt, being fully dilated, and out of reach. The tumour is distinctly insensible. The finger can pass to its full extent all round this mass, which is evidently a part of the abdominal tumour forcing its way into the pelvis.

R. Pil. hydrarg. extr. hyosc. aa gr. v., alt. noct.

R. Acidi hydrochlor. dil., acid. nitrici dil. aa ʒi., liq. taraxaci ʒi., infusi cinchonæ oblongifol. ʒvii. M. Ft. mistura: sumat cochl. magna ij. ter die ante cibum.

November 7th.—I passed a ligature round the mass with some difficulty, owing to its great size. I should have wished to have applied it higher up, but it will probably bring down a fresh portion as soon as the ligature has imbedded itself sufficiently to hold. Discharge very offensive. Rep. mistura. Lotion calicis chlorinatæ.

13th.—I have tightened the ligature morning and evening; the portion below it is becoming very shrunk and flaccid; and on pulling slightly with the canula it tore off, having evidently nearly cut through the mass. Only a small piece came away, which was excessively putrid.

14th.—Has been in much pain. It is evidently uterine action, not inflammatory pain; but the discharge is so putrid that I fear blood-poisoning and low typhoid fever will be induced; the pulse is quick and weak. She has had a bad night. Tongue furred; much thirst; a piece projected from the os externum, it tore away, but I was enabled to get hold of a portion of the mass in the pelvic cavity, and by degrees brought it down, aided by considerable efforts on the part of the patient. It was full two pounds in weight. The abdomen is evidently smaller.

R. Potassæ bicarb. ʒiv., potassæ nitratis ʒij., sp. ammon. arom. ʒss. aquæ puræ ʒviijss. M. Ft. mistura: sumat cochl. magn. ij. ter die post cibum. Let her drink champagne to allay her thirst. Rep. lotion calicis chlorinatæ.

17th.—Much better; sitting up; has occasional pains like those of early labour, and feels that the pelvic cavity is occupied by another mass. The tumour in the abdomen is much diminished.

It would be useless to note down at length the whole details of this interesting case; but it may be worth while merely to give the other dates at which the ligature was applied, and on which it came off, and then add a short account of any circumstances which appear worthy of special notice.

Ligature applied.		Came off.
November 24th	double	29th.
December 4th	single	6th, broke.
" 6th	double	13th.
" 22nd	"	25th.
January 2nd	"	7th.
" 22nd	silk	26th, broke.
" 26th	double	29th.
February 5th	"	10th.
" 14th	"	19th.
March 17th	"	18th, slipped off.
" 18th	single	22nd, broke.
" 22nd	double	25th.
April 4th	single	5th, slipped off.
" 6th	double	9th.
" 16th	"	20th.
" 23rd	"	26th.
" 27th	single	30th.
May 5th	double	8th.
" 11th	single	—

The circumstances most worthy of note which occurred during the above period are as follow:—

December 5th.—Has been very uneasy since the ligature was applied yesterday, and has not been able to relieve the bladder this morning, so that the catheter was required three times in the course of the day. A large mass completely fills up the pelvic cavity, and presses considerably on the bladder.

13th.—The polypus instrument has come off, but the tumour remains in the pelvis; bearing-down pains came on in about two hours afterwards, and I was sent for; a portion of a large mass protruded from the os externum, but although she made powerful straining efforts, she was unable to expel it. With some difficulty I succeeded in bringing it away; it was an oblong mass about as large as the trunk of a seven months' fetus; one extremity was softened and putrid, the rest of the mass was firm and fleshy; the other extremity was nearly as large as the head of the child at the full time; it was rounded and quite smooth, being evidently a distinct tumour or nodule which had separated from the main portion. The part which the ligature had destroyed, had broken and come away during the labour process by which the large piece had been expelled. From its size and solidity it could not have weighed less than 4 lbs.

The same happened on January 8th; the polypus instrument had come off the day before, and brought away a portion of the tumour; another much larger mass came down and was expelled the next day. On some occasions the shape of tumour which descended into the pelvis was so globular, and its surface so smooth, that it was difficult to make the ligature take hold; it was on this account that I occasionally used it single, so that it might more readily cut its way in, and, although it ultimately broke, in many instances it was of use in making a groove, into which the double ligature went, and was fixed securely.

At an early period of the case, when it presented considerable lobular irregularities, I endeavoured to cut away as much as was within reach by means of curved scissors, but the plan did not seem to answer so well as the ligature, and was more hazardous than useful. I soon found also, after four or five portions had come away, that apparently no further diminution of the abdominal tumour took place, although a large quantity had been removed at different times; it continued of the same size, and at times seemed larger and more prominent; further examination of the abdomen, as it became softer, explained the reason,—the tumour evidently extended very far backwards and continued to advance forwards as each successive portion entered the pelvis and was removed, so that at times, as it altered its direction to take that of the pelvis axis, it projected more forwards than it had done previously, and to a superficial observer appeared to have increased in size, though in reality it was smaller.

In this way I continued to diminish the mass, sometimes removing a good-sized portion by ligature, at other times extracting small portions by means of a spoonbilled forceps; at others, endeavouring to separate the attachment of the tumour by the blunt hook, and breaking it up by extractive efforts. This last proceeding evidently destroyed the vitality of the mass to a considerable extent. The discharge became very fetid, many portions became soft, broke up, and were removed by the action of the syringe, which was frequently used with camomile infusion to wash away putrid matter and prevent absorption. As it became necessary to vary my treatment, I will now give a few reports in detail.

July 13.—The tumour still rests on the brim of the pelvis, and shows no disposition to descend, and, as I find it difficult to apply the ligature, having removed the chief of the lower portion, I put her under chloroform, and attempted to introduce the hand, but the os uteri was too rigid to allow it; I therefore again used the blunt hook, and broke up a considerable portion; for the attachment is so firm, that whenever the hook gets a firm hold, it slowly tears its way through the tumour, like tough sponge, which gradually loses firmness as it descends into the pelvis.

14th.—Applied a double ligature pretty high up, as the os uteri was rather more dilated; the discharge is most offensive. She has had rigors and headache, and feels weak and ill. She continues the infusion of red bark, with nitro-muriatic acid before meals, and occasionally takes some potasse bicarb. and nitr. after. She also takes port wine or claret occasionally.

16th.—The ligature has been tightened night and morning, after which I have tried each time to pull the tumour into the cavity of the pelvis, pressing it firmly with the other hand above the symphysis pubis. It is evidently beginning to enter the brim. She now feels more inclination to bear down, and has the sensation, as it were, of a wedge forcing into the upper part of the pelvis. During each of these efforts to draw it down, the ligature seems to cut deeper into the tumour, as I

am then able to turn up the winch two or more notches, and this morning, while keeping up a firm tension on the polypus instrument, so as to pull down the tumour as far as possible, I was able to separate with my finger another portion of the attachment, which is very broad; it is situated on the left side, and somewhat forwards.

Evening.—Although the ligature was evidently wound up to its full extent, it required a considerable effort to bring the instrument away—a fleshy mass of about one-third of a pound was firmly attached to its extremity. The greater portion of it was not unlike a piece of firm placenta; but another portion was hard, white, and fibro-cartilaginous. With a large lithotomy forceps I was enabled to remove as much more in smaller pieces.

17th.—More of the tumour has evidently descended, for I could reach a fresh portion of its attachment, which I separated. I tried to pass the canule of the polypus instrument, but the mass is not low enough for the ligature to hold. I removed several portions with the lithotomy forceps, but they will not tear off in a mass, but draw through the forceps, evidently owing to the bands of fibro-cartilaginous tissue which permeate these structures; I therefore passed the polypus scissors, and cut above the forceps, while the part was put upon the stretch, and thus succeeded in removing about three-quarters of a pound. One piece was of the same hard, solid, white structure as I removed by the ligature yesterday. A considerable discharge took place during the above operation, and made the patient feel faint.

20th.—The tumour is distinctly lower. She has occasionally what she calls straining pains. The tumour is close down upon the os uteri, and I succeeded in encircling it with a single ligature, but from winding up the winch too tightly it broke; it had evidently cut deeply into the tumour. I tried a second with the same result. The winch appears to exert a greater amount of power than I was aware of. I tried also a twisted double ligature, but this does not pay out from the canule so easily as the smooth single ligature, and having failed to encircle the tumour with it I determined to wait two or three days, until I could do it under more favourable circumstances.

23rd.—The tumour as felt externally is much smaller and presses a good deal against the bladder; the anterior portion has entered the brim, although there is still a portion behind which seems to prevent it descending into the pelvic cavity. The os uteri is dilated to about half its full extent, and the tumour is pressed closely against it. I encircled it high up with a single ligature, and tightened it very carefully; and as the tightness increased it produced a sense of painful dragging high up in the uterus, showing that the attachment of the tumour is affected by it. I passed my finger as far as I could, but could not separate any more of it. In the evening I again tightened, and feeling that the ligature had cut its way up to the canule I used firm traction. It gradually yielded, not with a sensation of giving way suddenly, but of slowly drawing out, as in pulling up a plant by the roots from soft soil, and the instrument came away having a hard firm mass of fibrous tissue attached to it; it was white, and rather larger than a full-sized foetal heart, and of about the same shape.

26th.—Many small fragments have come away while using the syringe. The discharge has been copious, but somewhat less offensive. Feels better, though she has still a good deal of headache. Has continued the bark mixture, and enjoys some St. Julien wine, which seems to refresh her greatly.

The tumour is lower, and evidently less, so that I just feel it above the symphysis pubis; and as it is pressing down against the os uteri, I presume that the greater part has now passed the brim. Anteriorly to the left side, a part of the attachment is very firm. It is the broad, firm edge of a band, which gives no sensation of yielding. I cannot ascertain how far it extends. I encircled the mass with a double ligature, and, from the mobility of the tumour, I think that a little pressure against the os uteri, by drawing down the mass, would bring it through.

26th.—The ligature came away to-day, but with merely a small quantity of ragged debris of the tumour, in a putrid and most offensive state. As the mass was close against the os uteri, I immediately passed a single ligature round it high up, which was effected much more easily than with the double one. The tightening produced much painful dragging at the left side of the uterus.

31st.—The discharge has been most offensive, rendering the

vagina and os externum very tender and irritable, and considerably affecting her general health, in spite of the greatest possible attention. She continues the infusion of red bark, with nitro-muriatic acid, before meals, and the saline occasionally after dinner, and is much refreshed by the cool claret. As the instrument was still firmly attached, I passed up another beyond it, and while the first instrument was gently drawn down, I succeeded in encircling the mass with a second ligature still higher up, and on using a slight amount of traction, a large lump of ragged, disorganized, highly putrid, fibrous matter came away. It was almost entirely of the white appearance which the two or three last pieces have presented, and there was a hard nodule, of the size of a small plum, in the centre.

August 2.—As a fresh portion had descended, and the os uteri was about half dilated, I passed a double ligature as far up as I could, and tightened it. It produced the same dragging and cutting pain as before. The same evening, while the nurse kept up a tolerably firm traction on the polypus instrument, I passed a single ligature above the first, with another, and tightened this also.

6th.—The two ligatures have been tightened morning and night, and have evidently a firm hold on the upper portion of the remaining mass. The os uteri has dilated considerably; and I made several attempts to push it over the tumour while pulling it down by the two polypus instruments. I then removed the lower ligature, and passed a single one somewhat higher than the last, as the mass projected considerably through the dilated os. It has evidently become softer, for the ligature seemed to cut deeply into it, producing the same dragging, cutting pain as before.

7th.—There has been a profuse and fetid discharge. The mass gave way with a slight effort, and a large piece, of more than a pound in weight, came away.

27th.—A portion still remains, and is pressed down against the os by the gradual contraction of the uterus. It is very little more than a debris of small portions which adhere so firmly to the uterus that the finger is unable to separate them, and, indeed, it is impossible to determine precisely where the tumour commences. I removed several portions with the forceps, but, from the firmness of the union, I consider that it will be safer to leave the rest to time; every day shows that the remaining piece is dying off, becoming soft, and dissolving away. The uterus is now quite in the cavity of the pelvis, and is evidently contracting; I have, therefore, decided to leave the rest to nature and to send her into the country for the better re-establishment of her health.

I would have offered some remarks suggested by this highly interesting case, but the unusual length to which this report has been unavoidably extended forbids me doing so, and I hope to give them in a more detailed form on some other occasion.

ARMY MEDICAL REPORTS.

No. XXII.

SOME ACCOUNT OF THE WOUNDED IN THE RECENT BOMBARDMENTS OF SEBASTOPOL.

By D. J. DUIGAN, Esq., Surgeon, R.N.

Attached to the Naval Brigade serving before Sebastopol.

At daylight on Monday morning, April 9th, about 3 p.m., on Wednesday, the 6th, and at the earliest dawn on Monday, the 18th of June, the whole of the allied line opened fire upon the fortifications of Sebastopol, thus constituting the second, third, and fourth bombardments of that stubborn fortress.

The weight of metal employed, and the size of the projectiles thrown, by the opposing forces against each other's works, far exceed those of any previous siege. Even as regards the small arms, the old musket and bullet have been discarded, and far more destructive ones—the Minié rifle and conical ball—have been substituted in their room.

Some of the wounds which resulted were, perhaps, for those reasons, unusually severe, or, at least, novel in their characters. An account of the progress of cases could not be

kept, as they were almost immediately drafted from the Field Hospitals after the first indications were surgically fulfilled. Yet a mere record of a few of the most striking injuries, as they appeared when brought under the notice of the Medical Officer on duty in the trenches, as well as a brief Medical account of the arrangements, etc., may be received with some degree of interest.

It may not be irrelevant to the subject to give a short summary of the military position. The French occupy both flanks; the English are in the centre, their works being divided into the Right and Left Attacks (Chapman's and Gordon's batteries). The Right Attack fought the Mamelon, left flanks of Malakhoff, and Redan, and also some smaller works continuous with them. The Left Attack opposed the right flank of the works around the Malakhoff Tower, right flank of Redan, the Barrack, Garden, 4-Gun, and Flagstaff batteries.

The proximity of our batteries to those of the enemy ranged between 1800 and 660 yards; one, since raised in the Quarries, is distant only about 300 yards; the Rifle Pits, in advance, were, in some places, within 40 yards of each other.

During the bombardments, the Royal Naval Brigade sent 600 men into the trenches; those remained on duty between twenty-four and twenty-six hours; they marched into and out of battery under cover of night, to prevent the enemy firing upon them; the men took out their provisions cooked, and were accompanied by two Medical Officers—one for the Right, the other for the Left Attack.

The first parallel was occupied by the Royal Naval Brigade, Royal Artillery, Engineers, and Medical Officers, with their orderlies.

In the ravines, leading from the Camp to the batteries, ambulances were stationed for the transmission of the wounded to the Field Hospitals. The Medical Officers' duties in the trenches consisted, for the most part, in affording temporary relief to the wounded, namely, arresting hæmorrhage by ligature and tourniquet; splinting broken limbs, bandaging and forwarding the patients by fatigue parties on stretchers, to the different stations of the Ambulance Corps.

Most of the wounds were interesting in a Surgical point of view, but it would be both useless and tiresome to attempt even a list of them; yet some appeared to be so very singular in their nature, that I will mention those only, to the exclusion of all others.

I. Shell Wounds.

A seaman, knocked down by a fragment of mortar shell, was picked up dead. The head was apparently swept from his shoulders, but there was no trace of hæmorrhage. On disentangling his clothes, which were tightly jammed around the injured part, the head was found driven downwards into the chest, carrying with it a great portion of blue shirt and red comforter. A small tuft of hair alone was visible, at the bottom of a deep cavity. It was a regular intus-susception.

An officer of Engineers had just entered the battery, when a 13-inch mortar shell fell close by him, exploding as it struck the ground. One thigh was blown into the air; the other, with its bones, shattered throughout, but retaining its continuity by means of the integuments, was thrown around the back of his neck, and hung pliantly over the opposite shoulder, just as the arm of a child might lie in contact with its mother's neck. He lived for a few minutes.

A shell from the Malakhoff burst through the embrasure of the right Lancaster gun, disabling four men. One received a compound comminuted fracture of the left thigh, and a similar injury of the arm; the second, a compound comminuted fracture of the left thigh; the third, a comminution of the right knee-joint and ankle, both which joints were widely open. About a pound weight of the iron shell was immovably impacted in the inner condyle of the femur. The fourth was an artilleryman at the next gun, whose tarsus was injured. There was extensive laceration in the three first cases, and the shock was extreme: there was an oozing or welling of blood in two of them. The Medical Officers attended to those cases where the men fell in rear of the embrasure, at which the enemy still continued to pour their shot and shell, but, fortunately for the Medical Officers, with less precision than before.

A shell was fired at a group, principally composed of Sappers and Miners. One was killed, his face having been shot away. Another was carried up to the first parallel badly wounded. On examination, it was found that half of

the inferior maxilla of the dead man was driven into the roof of the second man's mouth.

A night or two after the capture of the Quarries, a man was killed in them by a shell from the Redan. An officer of the 97th, who was standing close by, received several severe superficial wounds from splinters. A foreign body was imbedded in the middle third of the left thigh, which was easily withdrawn by the finger. It was a large portion of one of the cylindrical bones of the man who had been killed; it was as sharp as a chisel.

Two artillerymen stationed in the 8-gun battery, in the advance, on the right attack, were sitting or lying down, engaged in conversation, when a shell exploded as it approached their position. The head of one was taken off, as if by an axe, above the neckcloth, the tie of which was undisturbed. The forearm of the other man must have lain in juxtaposition with his thigh, for both limbs were lopped off by the same blow, in a line corresponding with Poupard's ligament. This man lived for about half-an-hour, urgently requesting all around him to keep sprinkling his face with water. The wounds in both limbs were jagged. The muscles of the thigh were drawn out in long bands: there was no hæmorrhage.

Another artilleryman, somewhere about the same part of the works, had his left knee-joint laid open and comminuted by a fragment of shell; no shock; a slight hæmorrhagic oozing. As he approached the Medical Officers on a stretcher he facetiously asked, if it was not "a wooden leg for him;" and as he was being carried to camp he asked us "to make the leg for him."

A 13-inch mortar shell dropped so close to a seaman that it burned his perineum, testicles, and clothes as it burst. One of the ankle-joints was laid open; but the wonder is, how he escaped being blown to fragments.

About the central point of Gordon's battery, a shell burst among a gun's crew. One poor fellow was struck over the angle of the ribs. He uttered a cry for the Doctor, and rushed about twenty yards, when he staggered, fell, and instantly expired. His heart and great vessels were ruptured. A second man's face, right shoulder, and arm, with the trapezius and latissimus dorsi, were torn away from the body. A third received a compound fracture of ankle-joint, and a similar one of the ulna. The fourth escaped with a severe laceration of the calf of the leg.

An artilleryman, sitting near one of the magazines, had part of his thorax and shoulder cut away, in a line from the sterno-clavicular articulation to the hypochondrium, by the half of a 13-inch shell falling upon him.

As the Military Relief entered the Right Attack early one evening, the enemy opened a fire of shell upon them from the Garden batteries. One burst over the head of the column, by which two men were killed, and about a dozen seriously wounded, the legs and arms of some being carried away. One man, whose forearm was destroyed, had all the comminuted bones driven into the thigh.

II. Wounds from round shot.

These wounds are easily recognized at the first glance, as there is but little variety in the appearance they present. Most of the men killed by shot had their heads knocked away, either completely or in part. However, some cases occurred where those large projectiles went through the body, and even through the upper part of the thigh, making orifices of entrance and exit.

A bombardier, at one of the mortar batteries, while in the act of laying the mortar, was struck over the ribs by a spent shot, which had barely sufficient force to ricochet over the parapet, and drop into the covered way. As soon as the man was struck, he uttered a loud scream, and, as he fell, made a convulsive death-grasp, and seized the cap of the officer who was standing beside him. Death was instantaneous, although there was no mark nor breach of surface to show the site of the injury. Nothing could persuade his companions against the idea of his having been killed by a "wind contusion."

During the past winter, a shot ricocheted with great force over one of the parapets, carrying away the cap from a seaman's head. The man was a little stunned, but no further mischief ensued. When his cap was picked up it contained a handful of hair, which had been shaved from the scalp by the shot. This would have been "a poser" for the old wind contusionists!

III. Bullet-wounds.

Our advanced trenches being, in many places, within forty yards of the enemy's rifle-pits, wounds of great severity were inflicted on both sides, as the force of the bullets was undiminished by distance. The orifices of exit, caused by the conical balls, more resemble shell wounds, in some instances, than a bullet aperture. In wounds about the head, especially, I have seen nearly the whole of the parietal bone carried away.

Notwithstanding those jagged wounds from Minié balls, I have seen a soldier of the 41st hit by one on the nose, which caused as clean a wound as if done by a sharp knife. The nose was divided at the junction of the cartilages with the bones. The lower portion dropping down, but adhering by a good pedicle. It was brought together, as in hare-lip.

Most of the wounds caused by the new conical bullets are, however, remarkable for the manner in which they plough up the soft parts.

A soldier of the 33rd was struck by a ball which made six openings. It passed through the right thigh, through the scrotum, and through the left thigh, where it escaped.

The Russians use several kinds of bullets—one a solid conical ball, which belongs to the Liège rifle; another of a larger size and conical form; hollow at the base, with a small pillar, or nipple, standing in the cavity. It is surrounded by three lines. At the base, to guide the ball in its flight, there are two other smaller ones, modifications of this principle. The old round ball is also still employed. In some cases two of those round bullets have been found connected by a transverse wire, like bar-shot.

IV. Grape-shot wounds have been severe and numerous. The following was an interesting case:—

A soldier of the 49th was struck on the temple by a grape-shot, which destroyed the squamous portion of the temporal bone. The brain was flowing through the wound, the man breathing stertorously. The grape-shot was supposed to be within the skull. It was subsequently found in his mouth, at the base of the tongue, pressing against the epiglottis.

Since the commencement of siege operations before Sebastopol, one Medical Officer has been killed, and two or three have been wounded. The first, Mr. O'Leary, Assistant-Surgeon of the 68th Regiment of Light Infantry, was actually cut in two by a cannon-ball while in the act of assisting a wounded seaman. It is only to be wondered at that more casualties have not occurred among the Medical Officers; for during the heat of the fire they are constantly called from place to place, running along the batteries through the line of fire, in quest of the wounded. During the second bombardment this peripatetic system was very trying and fatiguing, for the soil was heavy and tenacious from the torrents of rain that then deluged the trenches; and instances occurred where officers' boots drew off while running along to assist the wounded.

The French arrangements are excellent. They have established a surgery, with all the necessary appliances, in one of the ravines, where a staff of Medical Officers are stationed for daily duty. The Medical Officers in the trenches apply tourniquets, or do whatever is most urgently called for, on the spot, and then send the wounded on to the Hospital Staff, by whom they are next examined. If the cases demand immediate amputation the operations are performed; if not so urgent, the cases are sent on to the Field Hospitals.

The duties of the siege fall heavily on the Medical Officers of the Naval Brigade, five of whom do that duty, and out of the five two go daily on trench duty. It comes to the turn of an Army Medical Officer to go less seldom into the trenches. The time of duty varies in the different divisions, according to the strength of the Medical Officers in them. In some the Medical Officer goes once in a fortnight, while in others the time extends even to once in five or six weeks. The Royal Artillery send no Medical Officer now, unless a general bombardment be going on. On the whole, this trench duty is very trying and hazardous; and, in performing it, the Medical men run the same dangers, if not more, certainly not less, than the executive Officers, who are generally stationary in a battery, while the Medical Officer, as ubiquitous as possible, is rushing in all directions to succour the wounded.

Camp before Sebastopol, August 14, 1855.

Addendum.—Another bombardment began this morning.—I will give the Medical results in a future paper.

August 17, 1855.

CURIOUS BIRTH, AND LUSUS NATURE.

By JOSEPH DREW, M.B. Lond.

Late House-Surgeon to the Manchester Royal Infirmary, etc.

Mrs. — aged 21, primipara, and of general robust health. During the seventh month of pregnancy had two falls, the first sideways, down two or three stairs, the second, against a water-tub, when the stomach was violently struck, but she was not necessitated to have Medical advice for either injury. She felt the child just as strongly after, as before, the accidents, and went her full time.

February 28th.—Occasional pains the whole of the day, and at half-past ten p.m. the membranes broke, the liq. amni continuing to dribble away during the night. Towards morning the pains increased in violence, and I saw her at half-past nine a.m. On examination, I found the vagina filled with some presenting part, but what it was I could not for some time at all divine; at last I felt clearly folds of small intestine, but how small intestine could get there was a puzzle; and mixed up with the folds of intestine were two hard, moveable bodies, which rendered the diagnosis still more difficult. Under these circumstances, I requested my friend, Mr. Sturges, to verify my diagnosis. He very kindly consented, and when we returned we found that what I had felt in the vagina was now, to some extent, expelled, so that we had ocular demonstration that small intestines had descended; we noticed, too, that the vagina was still full of intestine, and the loose bodies, which we could not make out.

In consultation together, we determined that I should return the intestines, pass the hand into the uterus, and ascertain at once the true condition of matters. I forthwith carried our resolution into effect, using the left arm. There was great difficulty in passing the hand into the vagina, and after that it was not very easy to keep the coils of intestine before it in its progress; but as the os uteri was completely dilated, a little perseverance enabled me to arrive at a leg, which, with considerable force, was pulled down, and brought externally. The pain now ceased, to a great extent, and as I felt convulsive twitches in the leg, a dose of secale was given; and in about half-an-hour, or three-quarters of an hour, the delivery of a full-grown dead male child was completed. The mother did well, and is becoming rapidly convalescent.

With the birth of the child, the mystery of the case was immediately solved. The contents of the chest and abdomen were loose and uncovered, and apparently no distinction between the cavities of the thorax and abdomen; but, on closer investigation, the following appearances presented themselves:—

Head, perfect.

Spine—strong curvature towards the right side in the lumbar region, and impossibility of straightening the body.

Chest—right side developed and containing the healthy lung; left side undeveloped, the left lung thus left exposed, and consisting of three lobules; the heart was healthy but similarly unprotected, save by the overlapping left lung.

Diaphragm very small, and assisting to constitute only the right thoracic cavity, so that the left or smaller leaflet was undeveloped.

Abdomen, liver, stomach, pancreas, spleen, kidneys, large and small intestines, bladder, etc., all preserving their proper relative position, size, and healthy aspect.

Peritoneum of the abdominal parietes extensively torn, but large enough, when put on the stretch, to cover the whole of the internal organs.

Muscles of the abdominal parietes, undeveloped.

Skin of abdomen developed as high as the navel, and on either side to the extent of about an inch.

It is very easy to understand from this short account that there was nothing in the conformation of the body to interfere with fetal life and growth; the fact of the heart and left lung being situated in the common abdominal cavity would not hinder in any way the circulation of the blood; neither would the absence of skin and muscle in the abdominal wall prevent the proper development and functions of the primæ viæ and their appendages.

There can be no doubt that the fetus occupied a transverse position from an early period, for the lumbar vertebrae were sufficiently grown in their distorted position, that it was impossible to straighten the body, even with force.

When the time for the expulsion of the child had arrived,

the part nearest the os uteri was the abdomen, having for its anterior parietes, in the most of its extent, the thin and delicate peritoneum—the bag of the peritoneum thus became the presenting part. The liq. amni began to be discharged at half-past ten p.m., and, most probably, the peritoneum gave way at the same moment with the membranes, or nearly at the same time, for it could scarcely resist the pressure of a severe pain; in this way, the instant the peritoneal bag was ruptured, more or less of its contents were at once forced into the vagina: first, the small intestines, and then, as the pains increased in severity, the pancreas, spleen, stomach, etc. In the pancreas or spleen consisted the hard moveable bodies which we had felt in the vagina, and could not make out.

The case, as a whole, is perhaps unique in the annals of midwifery. There are a great many cases on record of arrest of development much more wonderful, but no author has ever reckoned upon the possibility of the abdominal contents becoming the presenting parts, from rupture of a badly-developed paries.

It would be idle to speculate upon the chances of its living, had it presented with the vertex; but the probability is, that if the head had come down first, the peritoneum would not have been ruptured, and the right lung would have supported a measure of life, at least for some considerable time.

In conclusion, I would beg to observe, that such deviations of Nature from what we are accustomed to call Nature's laws, which laws, forsooth, many men in the present day would have us believe are unchanging and eternal, prove to my mind the constant and particular watchfulness of Providence. It is the Great Eternal alone who breathes into the atoms of earth the breath of life, and He alone can form the creature thus made to complete development, or arrest it in its progress according to His will. One of Goethe's mystical choruses constitutes a pretty little requiem, for such departures from the normal type, and the remains of such undeveloped organisms—

"Alles Vergängliche
Ist nur ein Gleichnis
Das Unvergängliche
Hier wird's Ereigniss."

33, Colet-place, Commercial-road, East,
March 10, 1855.

THE LONDON

PRACTICE OF MEDICINE AND SURGERY.

ST. BARTHOLOMEW'S HOSPITAL.

VENTRAL HERNIA, SIX YEARS IRREDUCIBLE.—
TREATMENT BY ICE.—REDUCTION.

(Under the Care of Mr. LLOYD.)

The reduction of hernia, which without symptoms have long been irreducible, is not always a matter of moment. They generally consist of omentum, and, excepting they occasion inconvenience by their size, or by dragging upon the other viscera of the abdomen, it is, perhaps, as well to allow them to remain. While in the sac the omentum acts as a sort of plug, and, to a certain extent, lessens the likelihood of the protrusion of bowel. There are cases, however, in which it becomes very desirable to effect reduction, and as a guide to the practice most likely to be successful, the following brief narrative seems worthy of being placed on record.

A few weeks ago Richard B., a labouring man, aged 54, stout and fat, was admitted into Piteairn ward, on account of an adipose tumour in the right thigh. At the same time he mentioned also a second tumour of much smaller size, and to which he did not attach much importance, which was situated in the abdominal wall. On examination, a lump about the size of an egg, flattened, and giving to the finger exactly the impression of a mass of omentum, was found about an inch to the left of the median line, midway between the umbilicus and pubes. The margins of the aperture in the muscular parietes could be plainly distinguished, and, as the mass received a very decided impulse during coughing, no doubt was felt as to its nature. The man stated that he had known of its existence for six years, during which time he had never been able to get it back. He had never had any symptoms of strangulation, but ever since the tumour had

existed, he had been liable at times to sickness and vomiting, especially after eating freely. A sense of dragging was, he said, very frequently present, when at work, but it had never prevented him from following his occupation. His most comfortable position was the recumbent.

The fatty tumour having been excised, during the time that the man was confined to bed on account of the wound, Mr. Lloyd several times attempted to reduce the hernia, but without success. On each occasion it would seem to diminish somewhat, but could never be quite returned. Such being the case, it was decided to try the ice treatment, and a bladder of ice was accordingly ordered to be kept constantly applied over the part. Mr. Jowers, the House-Surgeon, was to employ the taxis perseveringly every morning. Under this plan complete reduction was effected on the ninth day. No restrictions in diet had been enforced, and the application of the ice had not been quite constant. The man was subsequently furnished with a truss, and up to the time of his discharge no reprotusion had ever taken place.

The case of a young man, under the care of Mr. Hilton, in Guy's Hospital, for whom a large scrotal hernia, which had been six months irreducible, was returned under the ice and abstinence plan, may be found detailed in our Reports for May 28, 1853, page 554. In it the necessity for reduction was great, as the man had been quite prevented from doing work. Five days' treatment were required, during which time the man was made to almost abstain from fluids, while diuretics and purgatives were freely given. By these means the quantity of the circulating fluid was reduced as much as compatible with health, and so manifest was their effect, that the tumour which had much decreased in size, and become soft and loose in its sac, ultimately slipped back almost without pressure.

M. Malgaigne, to whom belongs much credit for drawing attention to this mode of practice, has recorded several very instructive examples of its success. In one (a) under his care, a scrotal enterocoele, unreduced for several years, was got back by seventeen days' treatment. In a second, a scrotal enterocoele, which had been irreducible for seven years, yielded in six days. In both these a very low diet was enforced.

GUY'S AND OTHER HOSPITALS.

AMPUTATIONS THROUGH THE TARSUS.

Professor Sedillot has just communicated to the Académie des Sciences a paper on amputations through the tarsus, which is, in some respects, really amusing. Our readers will find it published in the *Gazette Hebdomadaire* for August 17, page 606. The Professor enters a vehement protest against all amputations of the foot in which more of the tarsus than the astragalus is left, and is confident that "as science advances the operation known as Chopart's will be definitely abandoned." He goes, however, even further than this, and endeavours to prove that unless the patient have been previously the subject of talipes varus, amputation through the tarsus cannot be otherwise than a failure. Now it so happens, that during the past eighteen months, there have been performed in the London Hospitals no fewer than twelve partial amputations of the foot. In the list of operators occur the names of Fergusson, Cock, Birkett, Hancock, Cutler, Curling, and Moore; and but that the conditions permitting of these procedures are not frequent in civil practice, we doubt not we might have added those of almost all the Hospital Surgeons in London. Since perusing M. Sedillot's communication, we have made many inquiries of those who have had large opportunities of observation in this matter, and have almost always received very satisfactory reports as to the results of these operations. The following conversation took place a few days ago between the writer and a Surgeon than whom perhaps few living have seen more practice or observed it better.

Ego.—What, Sir, has been your experience of amputations through the tarsus? do you approve of them?

Mr. Cock.—Undoubtedly, Sir; they give the very best stumps we ever get.

Ego.—But do you not find that long after the operation the os calcis gets displaced backwards, and that the patient cannot walk?

Mr. Cock.—That is easily rectified by the division of the tendo-Achillis, which, by the way, should be always practised.

Ego.—Have you ever known a second amputation performed, on account of the stump after a Chopart being an inconvenient one?

Mr. Cock.—Never. In several cases amputated by other Surgeons the patients have come to me complaining of their stump, but by the section of the tendon I have always succeeded in giving them useful feet.

Ego.—But, Sir, M. Sedillot ridicules the practice of dividing the tendo-Achillis as founded on ignorance of the cause of the deformity, and as not affording the least chance of benefit.

Mr. Cock.—I cannot help that, Sir; I can only say that it succeeds admirably.

Having cited so much of authority in opposition to his teaching, it is but fair to M. Sedillot to explain the very plausible reasoning which he adduces. This may be done in few words. The foot, says he, is an arch, and the weight of the body is received through the tibia on to its middle. Now, in amputating through the tarsus, you cut away one-half of the arch, and leave the tibia resting upon its unsupported key-stone. This is quite clear; and, by the aid of the Professor's diagrams, it is made yet more plain. After Chopart's amputation, if the patient attempt to walk, his foot must infallibly fall forwards, the os calcis being forced backwards, and the face of the stump brought in contact with the ground. Theoretically, all this is certain to happen; practically, (in England at least,) it does not do so. The absurdity of the position taken consists in the appeal to theory in a matter which facts can alone decide. Thus, the assertion that the tendo-Achillis has nothing to do with the displacement backwards of the heel, it being caused solely by pressure, is demonstrated to be untrue in almost every case which occurs, since the period in which the greatest tendency to such retraction is shown, is during the healing process, and before even the foot has been put to the ground. Had M. Sedillot studied a little more closely what the Germans call the "teleological efforts" of nature, he would have known that arguments founded on healthy anatomy do not always hold when applied to conditions which have been changed by disease or by the Surgeon's art. Nature has a wonderful power of adapting herself to altered circumstances, and generally contrives to put to the very best use whatever is left to her. We have never yet had an opportunity of dissecting a Chopart's stump which had long done duty; but should one occur we shall fully expect to find that by the yielding of a ligament here, and the elongating a tendon there, the bones have been allowed to assume such relative positions as best fit them to their changed circumstances, and enable them to form parts of a useful foot.

ST. MARY'S HOSPITAL.

FISTULA IN ANO.—OPERATION FOLLOWED BY ERYSIPELAS.

[Under the care of Mr. COULSON.]

The following case is given as very well illustrating the course and progress of erysipelas, such as it presents itself in our metropolitan Hospitals. There are some facts relating to this disease, as it occurs under these circumstances, which are well worthy of attentive consideration. It would appear that patients coming from the country, and having undergone an operation in an Hospital, are more liable to become affected with Hospital erysipelas than other patients who have previously resided in London. The patient, whose case is about to be detailed, was a healthy-looking woman from the country, and was seized with erysipelas after having been operated on for fistula in ano. If the proposition we have laid down be, as we have strong reason to believe, true, there would seem to be an analogy between it and a fact recently noticed in the campaigning experiences of the Crimea, when the men recently arrived were found to have an extreme susceptibility to be attacked with diseases, and especially with cholera, from which those who had been acclimatized enjoyed an almost complete immunity. The great mortality which prevailed for some time after their arrival among the soldiers composing the Sardinian contingent, will be fresh in the memory of all. Erysipelas does not, we believe, often occur after the operation for fistula in ano, although cases of the

kind have undoubtedly been observed; operations about the head or face being, as is well known, much more frequently followed by this very troublesome and often dangerous disease. The treatment adopted in this case is that now most frequently adopted in combating this affection, and the favourable result which was obtained in this instance affords only a confirmation of its propriety.

Susan W., aged 33, a married woman, residing at Carshalton, in Surrey, was admitted into the Beverley Ward, in St. Mary's Hospital, under the care of Mr. Coulson, April 24th, 1855.

She reports herself as having enjoyed good health, and has every appearance of a woman in robust health. About nine months ago she noticed, on stooping, a pain about the anus and on going to the water-closet. An abscess soon after formed in this situation, which was opened. There has been a constant discharge from this neighbourhood ever since. Walking exercise appears to make the discharge greater, and gives her a little pain; but she does not suffer any great inconvenience from it. There is a fistulous opening on the left side of the anus, connected with the interior of the rectum, not far from the orifice.

The next day Mr. Coulson performed the usual operation for the relief of the fistula. The patient bore the operation very well. On the 29th a little castor oil was administered, and produced a tolerably free action of the bowels.

May 1st.—The patient is feeling a little low to-day, but does not complain of pain. Tongue a little dry. Pulse a little too quick and full. Did not sleep well.

To have two ounces of house medicine directly, and one ounce of effervescing saline mixture three times a-day.

3rd.—A very slight blush of redness appeared on the nates. The bowels were freely opened yesterday. Beef-tea and simple diet. A mixture containing bark and two ounces of wine daily.

5th.—The redness has extended over both nates; it is of a dusky brown tint. The edges of the wound are a little sloughy. The colour of the face of the patient is altered remarkably; it has a darkish dusky appearance, contrasting greatly with the healthy hue which was to be seen a few days ago. She feels weak. Pulse 95.

Mr. Coulson ordered the wound to be dressed with water dressing alone, and to be kept very clean. To take three grains of carbonate of ammonia, one drachm of tincture of cinchona, and one ounce of the decoction, three times a day. The patient, not sleeping well, to have twenty minims of tincture of opium at bed-time. The next day the slough was removed, and nitric acid applied to the wound.

7th.—Has had a much better night. No headache. Tongue a little brown along the centre, red at edges. Patient complains of thirst. To have a chop, an egg, and four ounces of wine daily.

9th.—Patient feels better. The redness has extended down the legs, and has somewhat diminished in intensity over the buttocks. Add to each dose of bark mixture five minims of tincture of opium.

12th.—Able to eat meat more comfortably. Countenance has still the dull reddish hue observed before. Redness less intense on the legs. Sleep good.

14th.—Bowels open; sleep and appetite improved.

17th.—The bark mixture omitted, and a combination of it and effervescing saline ordered instead, patient being a little more feverish.

21st.—Patient worse last two days. She is now a little deaf, speaks in a low tone of voice, complains of feeling "very low," but not of pain. Pulse 124. Tongue glazed and brown; lips dry; countenance very dusky. Skin is hot, and conveys a very dry impression to the hand. The patient is lying low in the bed; breathing, 36 in the minute. Ordered solution of acetate of ammonia, and decoction of bark, of each half an ounce three times a day. Chicken, a little brandy and ice.

23rd.—Still very low in the bed, but better. Tongue more moist, and less glazed. Deafness still exists. Redness of both legs considerable, as to extent of surface covered. The right bursa patellæ is much enlarged, and contains fluid, this state having come on since the erysipelatous redness extended down the leg to the neighbourhood of the knee, a few days ago. Bowels a little relaxed.

30th.—Lower part of legs and feet still remained red. Swelling of the right bursa patellæ also remains. Patient sleeps well,

and has a tolerably good appetite. Pulse 80, quiet. Tongue clean. To continue the mixture last ordered.

31st.—A lump appeared in the right groin.

June 2nd.—There are now two small swellings in the right groin, along the line of Poupart's ligament, the inner one being about the size of an egg. They are soft, the skin covering them brown; and they evidently contain matter. The patient is now doing extremely well.

5th.—An incision was made into the abscess in front of the knee, and a considerable quantity of matter evacuated. The patient would not consent to having the abscesses in the groin opened at the same time.

12th.—The abscesses in the groin have much increased in size. To-day chloroform was administered, and an incision made into each of them. The wound in front of the knee is nearly healed. There is a spot of redness, and obscure fluctuation on the inner side of the left leg, near the ankle, about the size of a crown piece.

18th.—The abscess on the left leg was to-day opened, together with two others which had formed, the one in the left groin, and the other over the right great trochanter. To take dilute nitric acid and bark mixture. After this date the patient's progress towards recovery was rapid and satisfactory.

July 12th.—Discharged. The fistulous passage into the rectum has not been cured, as, when the erysipelas appeared, it was found necessary to remove the dressing from the wound, and attend exclusively to that.

The fistula, subsequently to the patient's discharge, healed, and when last seen (August 14th) she was quite well.

THE PROVINCIAL PRACTICE OF MEDICINE AND SURGERY.

THE STAFFORDSHIRE GENERAL INFIRMARY.

REPEATED ATTACKS OF EPILEPSY.—DEATH AFTER A FIT.—LARGE EFFUSION OF BLOOD INTO THE BRAIN.

(Communicated, with remarks, by Mr. MORETON, House-Surgeon.)

T. H., aged 21, but in appearance much younger, a farm-servant, was admitted into the Stafford Infirmary on Friday, May 18th, 1855.

As far as he is aware, there is no tendency to fits in either branches of his family, and he was not subject to them even when an infant. There is no ascertained scrofulous taint in the family.

The patient always enjoyed remarkably good health, never having had a day's illness in his life. Four or five years ago he was troubled with worms, but, with that exception, has never taken medicine. On April 25th in the present year he had been working in the fields, and was coming home, when it seems that he was quite suddenly seized with his first fit, which, without previous warning, rendered him suddenly senseless. He was found by a neighbour in the lane, who wheeled him home. He supposes that he was quite insensible for ten or fifteen minutes. The person who found him stated that he had not injured himself, nor did it seem that he had struggled much; that he found him foaming at the mouth, but his features were not distorted, nor was his face drawn over to either side. As soon as the patient became sensible, he felt oppressed with severe headache, internally, as he afterwards expressed it, which continued for some time after the fit, and he thought he should be relieved by bleeding. In a fortnight from that same day he had a second fit of precisely similar character, but the coma seemed of longer duration; he foamed at the mouth, was not sick, did not injure himself, and had the same kind of headache afterwards.

On his admission he gave lucidly the above description of his illness, said that he did not now feel ill; but was evidently apprehensive, and afraid of a repetition of the attacks. He appears quite intelligent both in manner and conversation; does not complain of anything, except dull headache occasionally in the morning. Tongue clean; pulse quiet; appetite good. Was ordered common meat diet, and the following prescription:—℞ Olei filicis maris, olei terebinth., ʒss.,

mist. acacie ʒi., infus. quassie ad ʒiv. Misce et fiat mistura ejus capiat partem quartam omni mane. After the second dose this brought away several large lumbrici, and he felt altogether better in his general health. He had entirely lost his pain in the head, and felt so much better, that he wished to go home on the Friday following.

May 23rd.—Wednesday morning, half-past three, a.m., was called to him, as he was then in a fit. He first felt sick, and complained of headache, and in getting out of bed to vomit he fell down in the fit, and, according to the account of the patients in the same ward, was certainly convulsed. I saw him after the convulsive moments had ceased. He was then, or, at least, appeared to be, in the usual comatose state after epilepsy; was frothing at the mouth; features not distorted. Pupils about natural in size, and equally so. The left arm and leg were still tense and rigid. Pulse about 84, and weak but regular. Respiration, quiet, regular, and not stertorous. He was placed upon his back, and left to recover, as is usual in epilepsy. He soon became very quiet indeed, and in about an hour after I had left him, one of the patients becoming rather apprehensive from his silence, went to him, and found him dead.

Post-mortem examination, 12 hours after death.—Head only allowed to be examined.

The vessels of the scalp were much congested, as also were those of the dura mater on its cranial surface. On removing this fibrous investment the right hemisphere of the brain appeared of a dirty straw colour, and seemed remarkably free from moisture. The convolutions were evidently squeezed and flattened out, and the sulci on this side almost obliterated, so that I presumed that we should find some tumour upon that side of the brain. The veins and sinuses were not distended with, but contained a fair quantity of, dark fluid blood.

Upon the under surface of the anterior lobe of this the right hemisphere was a small ragged opening, and within it appeared a dark-coloured clot, which was in close approximation to the parietal layer of the arachnoid (the visceral layer having been torn through), but no blood had been extravasated into the general cavity of the arachnoid. Upon cutting away the sides of this opening we came down upon a large cavity in the interior of the hemisphere, which contained upwards of half-a-pint of clots and bloody serum. From external appearances, part of the blood, at least, had been extravasated for some considerable period before his death, and as far as we could infer, the clots varying in size from a pigeon's egg to a pea, and presenting different conditions of consistence, solidity, and darkness of colour, must have been formed at different periods during his illness. Those clots, which were situated in close proximity to the walls of the cavity, contained within their surface small particles of cerebral substance. This cavity, on further exploration, occupied nearly the whole of the right side of the cerebrum; it communicated with the corresponding ventricle on the inner side and below the corpus striatum. The cerebral structure in the immediate neighbourhood of the clot was rather softer than natural, and stained of a brightish red colour. There was no fluid, not even serum, in either of the lateral ventricles, but in the posterior cornua of the left was a small clot of the size and shape of an ordinary leech, and apparently of quite recent formation; the sides of the ventricle in the immediate vicinity seemed rough and torn. The cerebral substance of the right side, which, even to the naked eye, was softer, contained numerous molecules and corpuscles of different characters, besides those naturally belonging to the central nervous mass; the majority of these were evidently some modification of a blood corpuscle having a strong tendency to a disc-like form, but their outline was extremely indistinct, and, in fact, only appreciable because the walls were studded with small dark granules. Besides these there were a few unmistakable exudation corpuscles. The former were about twice the size of ordinary blood cells; the latter were larger even than this. Upon comparing, under the microscope, the quantity of granular matter and cell formation found in corresponding portions of the two cerebral hemispheres, it was very evident that the side in which the blood had been extravasated possessed much the greater share. No disease of the cerebral blood-vessels was discovered after the most careful investigation, even in the vicinity of the right corpus striatum, from which the extravasated blood seemed to have originated.

Remarks.—In attempting to explain what I believe to have been the true nature of the above case, I would suggest as probable, that upon, or shortly previous to, the first fit, blood was first extravasated into the brain—and from that time until the man's death the effusion was, at times, going on—that the fits were only the indications of a certain amount of mischief having been done, and when the fit was over, although there was the same amount of mischief within the skull as had caused it, yet the excess of nervous force, like electricity, had been discharged, and in due time accumulated until another shock. If this was the case it is very interesting and useful to be aware that so large a clot can tear up the substance of the brain, and give no notice whatever of its presence except by convulsive movements at rather distant intervals; that it can exist and continue to increase without disturbing any of the special senses or interfering in any way whatever with the due regulation of voluntary motion or general sensation, or more strange still, with the proper functions of the cerebrum. These considerations remain the same, whether the clot was caused by heart disease or not; (from which, however, there was no reason to suspect that he was labouring during his residence in the Hospital). A complete post-mortem inspection would certainly have been much more satisfactory; if present, it might in some measure have accounted for the manner of his death; but the cause would, I apprehend, have remained the same.

Our first practical suggestion on the above case is that it was in reality one of apoplexy, and belonged to that class described by Dr. Abercrombie as "cases not primarily apoplectic." Before his last and fatal seizure there certainly was no reason at all for believing the case anything but epilepsy. Considering that he had been quite well, with the exception of slight and occasional headache, during the intervals of the fits, and that he had been able to go about and follow his employment; that he had already had two fits, which, from the account of the patient himself and of those who saw him, both during and immediately after them, were, in all probability, epilepsy; above all, that he had recovered from these attacks, and that his last seizure answered the description of the previous ones, as also of a true epileptic fit, with the unusual superaddition of the symptom of vomiting, there can, I apprehend, be little cause for self-condemnation in having formed an incorrect conception of the nature of the morbid processes then going on. And if we consider that there were no symptoms present by means of which, or not present, by the absence of which, we could form a correct diagnosis, then are we equally free from blame in that no treatment was adopted during the fit. What could have been done? Should he have been bled? but bleeding, whether local or general, is universally condemned in epilepsy, and there were no especial symptoms present in this instance which could even suggest such a proceeding. Should we have given him medicine? If we had been aware of anything likely to have been of service, he was unable to swallow it. In the highest degree it is probable, or in fact we may say certain, that whatever means had been resorted to for relief in his last attack, the result would still have been given as we now have it; and under the peculiar circumstances of the case, with the symptoms which occurred before his admission, it was, I consider, equally impossible to have adopted proper treatment.

Our last consideration is—are there any symptoms or circumstances in this case capable of guiding us in future practice, thus leading us to a more accurate diagnosis, and consequently giving our patients greater chance of relief from proper and prompt treatment being had recourse to? In solving this last question, we are driven entirely to the symptoms presented during his fatal seizure, and with this additional strong disadvantage, that we were prepossessed in favour of epilepsy, from the fact that he had already gone successfully through two fits, and that at a considerable interval, without any impairment of the faculties, and but with slight and occasional headache; under these circumstances, we did not dream of any form of apoplexy. The statement received of his last fit, as already recorded, gives vomiting, pain in the head, convulsions, and absence of the usual epileptic cry. On careful consideration, each of these, in a pure epileptic case, may be present or absent, and still the disease retains its peculiar character. The vomiting was a symptom of great importance, as it is not generally or frequently present in epilepsy, but to the remaining circumstances no importance could be attached. Weighing carefully, then, the symptom

of vomiting against the history of the case previous to admission, and up to the time of his fatal seizure, there was no reason, I think, for coming to any other conclusion respecting the diagnosis during his lifetime. But seeing that the result had proved fatal, the consideration assumed a different character. I was quite convinced that he had not died in consequence of the direct effect of the fit, such as particles of food in the larynx after the vomiting, or from the laryngismus of Dr. Marshall Hall; so that the only alternative forced itself upon us, that the patient died from the same cause which produced the convulsive movements, and that the epileptic seizure was only a symptom. I was prepared for a tumour in the brain, but in what position, or of what size or character, of course I could not even guess; but I certainly was not quite prepared for all that appeared at the post-mortem inspection.

The only instance on record at all similar to the above, is in the Third Edition of Dr. Abercrombie's work on Diseases of the Brain, page 226, which I will relate:—

"A lady, aged 56, enjoying good health, except occasional disorders in the stomach, on Tuesday, July 30, 1816, walked out in perfect health. She had gone but a very short distance, when she was seized with violent pain in the head, and giddiness. Soon after, she lost her recollection, and fell down. She very soon recovered her recollection, and was carried home, being unable to stand. She was then seen by Mr. White, who found her pale and faint; the pulse 70, and weak. She was a little incoherent, complained of severe headache, and had repeated vomiting. The vomiting recurred frequently for two days, and then subsided; the severe headache continued a week. During this period she was generally confined to bed, but was sometimes able to sit up for a short time. Her face was pale; her pulse from 70 to 76, and rather weak. She had some appetite, but bad sleep. She had no paralytic symptom, and made no complaint, except of the constant pain of her head, which was always referred to the back part. At the end of a week, this pain became much less severe; she then complained chiefly of pain in the back and limbs, and some dysuria. Her pulse was as formerly, and her mind entire. In this manner she passed another week, still confined to bed, but towards the end of the week she appeared to be much better. Tuesday, August 13th, exactly a fortnight from the first attack, she was suddenly seized with violent pain in the head, chiefly referred to the back part of it. In less than an hour she became comatose, and in three hours more was dead. The face had continued pale, and the pulse natural.

"Post-mortem inspection.—In the substance of the anterior lobe of the right hemisphere of the brain there was a cavity filled by a coagulum of blood, the size of a hen's egg. From this cavity a lacerated opening led into the right ventricle, and all the ventricles were completely filled by coagulated blood. A thin stratum of blood was also found under the base of the brain, which seemed to have escaped from the ventricles, by forcing a passage under the posterior pillars of the fornix. Around the cavity in the right hemisphere the substance of the brain was much softened and broken down."

This case of Dr. Abercrombie's demonstrates that a clot may form in the brain, and continue there, without giving any evidence, by paralytic symptoms, of its presence. The principal symptoms, of pain in the head, vomiting, and comparative health, during the interval between the fits, are very similar, and I have thought that it would be well to place the two cases together.

NEW INVENTIONS.

CAMP AND BARRACK SANITARY CART AND PORTABLE LATRINES OR SOIL PANS.

By JAMES BIRD,

Late Surgeon Royal Glamorgan Militia.

It is a well-known fact that the health or otherwise of troops, or of any other closely congregated community, will depend mainly upon the precautions taken in respect to its refuse matter.

The alvine secretions when fever or dysentery prevails,

become rapidly putrid, and generate poisonous emanations intensely contagious to healthy persons exposed to their influence, while the accumulated dejections of persons in health, if not absolutely pernicious, are obnoxious in many ways.

It must be obvious, therefore, that the early and complete removal of all feculent matter from camp or barrack, is the primary and fundamental means of securing the health of troops, and of arresting the ravages of disease, and without this all other precautions are vain and ineffectual.

These remarks apply with double force to tropical climates.

It is intended to effect this by means of the sanitary cart and portable latrines, or soil pans, as constructed by order of the Government for experimental trial at Aldershot. The cart and latrines are of wood and iron, each latrine being 5 feet long, 18 inches wide, and 2 feet 6 inches deep, and capable, when full, of holding about 115 gallons; there is a spindle at each end, fixed eccentric, and a moveable cover, to be used when the latrine is carted away for the purpose of being emptied. Previous to removal a yoke is attached to each spindle—the yoke having side-triggers, which preserve the latrine in an upright position, and admit of its contents being readily discharged. The cart is constructed on two wheels, having two arms projecting from the back, and resting upon the axle, with curved extremities adapted to the yoke. The shafts act as the long arm of a lever, the axle being the fulcrum. By this simple contrivance, one latrine at a time can be removed with great facility, without risk of overflow, and its contents deposited without any manual labour being necessary, either for filling or baling out.

By an arrangement, the bottom of the cart can be extended so as to admit of four latrines, with the yoke, cover, and other appurtenances, being packed up conveniently for travelling.

Noiseless wheels might be fitted to the latrines, when intended for hospitals, or other buildings of a permanent character, for the more easy transmission to the cart; and in such cases one cart would be sufficient for an indefinite number of latrines.

The cart and latrines, as constructed for Aldershot, were manufactured by Mr. Swan Nash, ironmonger, 253, Oxford-street, and may be seen on application.

The cart may be made to work by manual labour.

NOTES AND QUERIES.

Et tunc questioneth much shall learn much.—Bacon.

NO. 34.—EARLY ENGLISH MILITARY SURGEONS.

[To the Editor of the Medical Times and Gazette.]

SIR,—When Henry V. was about to invade France, he engaged by indenture the attendance of one Surgeon, a certain John or Thomas Morstede, having in his company 15 assistants, 3 of whom were to act as archers. Notwithstanding this precaution, there was only one surgeon at the battle of Agincourt, (October 25th, 1415,) namely, Morstede himself, for the 15 assistants he had pressed under a Royal warrant had not joined the army, indeed they had not landed."

The above sentence is from "Marshall on Recruiting," etc., p. 254. The only authority quoted on the subject is *Medical Almanack*, 1839. Will some of your readers say on what real authority the statement is made, and where further accounts may be obtained of other early English Military Surgeons? Surgeons were impressed for service in the Army and Navy by Royal warrant until 1641, when an Act was passed enabling justices of the peace to impress "soldiers, gunners, and chirurgeons."

I am, etc.

Dardanelles, Aug. 23rd, 1855. BASHI BAZOUCK.

NO. 35.—ROMAN SURGICAL INSTRUMENTS.

SIR,—Through the medium of your Notes and Queries, may I ask the favour that you, or some of your readers will inform me of any published description of Roman Surgical Instruments which have been discovered in this country? I have been told that some few years since some Roman Instruments were discovered in the West of England, I believe, in the neighbourhood of Cirencester, and that with much care

they had been named and their uses assigned by one of the Surgeons in Gloucestershire. I want the information in order to facilitate the naming some instruments discovered in the North of England, about the application of which there is some obscurity. The representations of Roman Instruments in some of the old writers, as Scultetus, etc., appear so imaginary, that I wish for reference to representations which are known to have been taken from the actual object.

I am, etc. ARUNDO.

No. 37.—"FORCIBLE FEEDING."

SIR,—In your Impression of the 25th of August last, under the head "Progress of Medical Science," is an article on "Forcible Feeding," in which a Dr. Szigmondy has the credit of suggesting the administration of liquid food through the nostrils, and his rationale is appended.

If you refer to the Lectures of Dr. Marshall Hall "On the Nervous System, and its Diseases," you will find that the suggestion is Dr. M. Hall's. He says, "that if the mouth is fixed, a fluid, forced by a syringe through a flexible tube, passes, *vid* the nostril, to the region of deglutition, viz., the region of the pharyngeal nerves, and is as serviceable as passing a tube into the stomach itself."

Dr. M. Hall also devotes a special article to the mode of introducing the œsophagus-tube.

Not having the original work by me to-day, I transcribe the above from my MSS. The words may not be exactly his, but the essence is

"Palman ferat qui meruit."

I am, etc. C. B. GARRETT, M.D.

Thames Ditton, September 4, 1855.

ANSWERS.

TO QUERY 31.—GLUTEN BREAD.

[To the Editor of the Medical Times and Gazette.]

SIR,—In answer to Query 31, I can recommend the following method of making gluten bread. A diabetic patient of mine is now using it, and likes it very much. Take of good potatoes, well washed, etc., 16 lbs., 12 eggs, $\frac{1}{2}$ lb. fresh butter, $\frac{1}{2}$ lb. sheep suet, 3 $\frac{1}{2}$ j. bicarb. sod., and 3 j. dilute muriatic acid. The potatoes being peeled are grated on a fine calico cloth, placed over a large vessel containing water, and so washed in repeated waters until all the starch is washed away. To the residuum add the eggs beaten up, the butter and suet melted together, and the carbonate of soda; and, lastly, the dilute muriatic acid. Divide immediately into 8 cakes, and bake quickly.

I am, etc.

M. J.

Birkenhead, Sept. 3, 1855.

Medical Times & Gazette.

SATURDAY, SEPTEMBER 8.

SLOW POISONING.

THE crime of poisoning is, unhappily, a matter of such everyday occurrence, that the mind scarcely, without an effort, forms a true conception of its atrocity. It is not a simple crime: it is murder, and something more. As incest is a something viler than adultery, and sacrilege than robbery, so poisoning adds to the guilt of homicide that which deprives every crime of all shadow of palliation or excuse. Murder may be committed under the influence of a maddening passion; the victim may be attacked openly, may attempt to resist, or to fly the assassin. But poisoning can never be perpetrated without the coldest deliberation and contrivance, and it involves the breach of the most sacred and most religious confidence. The hand raised to smite excites the instinct of self-preservation. The hand that offers food lays all fear and suspicion asleep. Poisoning is murder debased by treachery. It cannot be done by the "open enemy;" it must be the work of the "companion, the guide, the familiar

friend." The common murderer does his deed and flies. The poisoner watches, with unrelenting malignity, life slowly wrenched out with unutterable torture. Well may we say with Lord Chief Justice Coke, "Of all felonies, murder is the most horrible; of all murders, poisoning the most detestable; and of all poisoning, the lingering."

It is a crime, too, of which the latest ages are the most prolific, and in which the spirit of evil seems to employ the subtlest and rarest of those discoveries which should tend to the convenience, health, and comfort of civilized communities. Old writers dwell with emphasis on the fact, that it is a crime not mentioned in the Scriptures; and Chief Justice Coke, in his charge to the Grand Jury on the trial of Weston for the murder of Sir T. Overbury, dwells with complacency on the idea that it was rare to hear of poisoning in England, "so detestable was it to our nation." It was peculiarly a crime of hot climates, of the abject slaves of superstition and despotism, who dared not meet their foes in fair stand-up fight.

It has been fondly supposed, too, that it was a crime peculiar to large cities; to communities enervated by long peace, familiar with every luxury that could be an incentive to lust—in which the son, bred in idleness and debauchery, plotted the death of the father; and the father took antidotes for fear of the son. So Juvenal tells the old man—

"Your destined time the astrologers may know,
But he will think the sisters spin too slow.
You'll die untimely; your long life destroys
His eager prospects, and defers his joys.
Hie to the doctor—get that dose with haste
In which the Pontic King his safety placed!
For this must be your guard, if you propose
To taste a next year's fig, or smell a rose.
The king or father that would safely eat,
Must take an antidote before his meat."

Such a state of things is conceivable enough in Rome under the later Empire, or under the Popes of the sixteenth century; in England, under James the First; and in France, under Louis Quinze. But then, if the crime was great, so was the temptation, and the prize of success. The poor were safe. *Nulla aconita bibuntur fetilibus*, said the Roman satirist—

"No poisonous drug
Was ever swallowed from an earthen mug;
When rich wine sparkles in the bowl superb
With gold and gems—then fear the deadly herb."

We fear that this privilege of poverty no longer exists. Nay, for moral England, in the nineteenth century, is reserved the infamous distinction of an almost epidemic rage for poisoning among the meanest peasantry; of children sacrificed, in order that the money fraudulently obtained from burial clubs may be expended in vulgar junketings at their funerals; of husbands, fathers—nay, of whole families made away with, one after the other, by wives and mothers. That

"A Mammonite mother poisons her babe for the sake of the burial-fee," as sings the indignant Laureate in "Maud," is peculiar to England.

Of all modes of poisoning, the lingering, as Chief Justice Coke truly observed, is the most diabolical; and it is curious to notice how prevalent was the belief which he expressed when he said, "That the devil had taught divers to be so cunning in it, that they can poison in what distance of space they please, by consuming the *naticum calidum*, or *humidum radicale*, in one month, or two, or more as they list; which they four manner of ways do execute:—1. *gustu*; 2. *haustu*; 3. *odore*; 4. *contactu*." It may, perhaps, be interesting, as a portion of Medical gossip which may refresh our readers after their severer studies, if we jot down, out of such books as are most accessible to us, the ideas which have been entertained during the last three centuries respecting the power of accom-

plished poisoners to cause death secretly, and after any fixed limit of time, and of the means by which they effected their purposes.

The infamous Borgias were believed to employ a powder having the taste and smell of sugar, and called *cantarelle*. Of this, it was said to be impossible to detect the admixture in drink or aliments, and it caused death, slowly or quickly, according as it was administered, but without the possibility of detection. They were also said to use a liquid prepared thus:—A bear was made to swallow a strong dose of arsenic; then, at the moment it began to act, he was suspended by the hind feet; convulsions quickly succeeded, and a copious deadly stream of foam was discharged from the animal's throat. This, collected in a silver plate, and kept in a bottle hermetically sealed, formed their liquid poison. There was a poisoned key, too, which the Pope, Alexander VI., kept by him; and "when his Holiness wished to rid himself of one of his familiars, he desired him to open a certain wardrobe; but, as the lock of this was difficult to turn, force was requisite before the bolt yielded, by which a small point in the handle of the key left a slight scratch upon the hand, which was mortal. Caesar Borgia wore a ring composed of two lions' heads, the stone of which turned inwards when he wished to press the hand of a friend. It was then that the lions' teeth became those of a viper, and the friend died cursing the villany of Borgia." The succeeding Pope was alleged to have been poisoned by his Surgeon, who was bribed to apply poisoned plaster to his leg. The *acqua Toffana*, a solution of arsenic, was believed to have the power of causing death at any determinate period, and was, in the sixteenth century, the dread of every noble family in Naples.

The learned Mead says, "I had once in my possession, given me by an ingenious chemist, a clear liquor, which though ponderous was so volatile that it could all fly away in the open air without being heated. The fume of it was so thin, that if a candle was set at some distance from the bottle upon a table, the heat would direct its course that way; so that it might be poisonous to any one that sat near the light, and to nobody besides. I know, continues he, "the composition of this Stygian spirit; but it is better that the world should not be instructed in such arts of death. It is sufficient for our purpose to observe, that it was salts combined with metallic bodies." There was, too, the "poudre dite de succession, inventée sous le Grand Roi, à l'usage des familles trop nombreuses. Rien qu'une pincée de cette poudre dans une paire de gants, ou dans une fleur, suffit pour produire d'abord un étourdissement vague, puis une exaltation au cerveau, et enfin un délire étrange, qui conduit à la mort." This is the description put into the mouth of one of his characters by M. Scribe, in the popular tragedy of *Adrienne Lecouvreur*; and they who had the happiness of seeing Rachel in the rôle of Adrienne, during her recent visit to London, will admit that her representation of delirium and syncope were true studies from nature, whether or not they could be produced by smelling a poisoned bouquet. Thus far, then, concerning the popular ideas of the power of poisoners; who were believed to be able to execute their fell mission, by means undiscoverable, and at what distance of time they pleased.

But when we examine the accounts given us of these arts put into practice, we find rather the evidence of clumsiness and force, than of astute secrecy, and feel that the assassins owed their impunity rather to the carelessness and ignorance of the times, than to their own astuteness and skill. We find that they employed the commonest poisons, and so clumsily, that they often were victims themselves. The Borgias were themselves poisoned, through the grossest carelessness, with wine which had been prepared for their guests, and their symptoms were those produced by arsenic. Among the

effects belonging to Sainte Croix, the accomplice and instructor of the Marchioness of Brinvilliers, we find enumerated corrosive sublimate, calcined vitriol, opium, regulus of antimony, infernal stone, and a white powder and clear liquid, both, without doubt, arsenical. Sainte Croix, with Glazer an apothecary, and one or two other accomplices, were themselves killed by the fumes of a poison which they were engaged in subliming, and which was, no doubt, arsenic. The poisonings of the infamous Marchioness owed whatever secrecy they possessed solely to the ignorance of those about the sick, and to the fact that the deadly agents were administered by household servants, suborned for the purpose. Her first victim was her father, who was seized with symptoms of irritant poisoning shortly after having taken soup at her hands, and died after four days of agony. She escaped detection solely through the ignorance of the Physicians. Then, in order to find out a slower poison, she acts on the principle, *fat experimentum in corpore vili*. She visits patients at the Hôtel Dieu, and distributes fruit and biscuits to the convalescent. A month afterwards she calls to inquire for them. They were all ill. In another month all were dead. Desiring to make away with her brother, she caused her confidential servant to administer to him the same poison which had succeeded at the Hôtel Dieu. The wine in which it was mixed had the taste and smell of vitriol, and the victim refused it. Three months subsequently, two of her brothers, with five other persons, were poisoned by means of a pigeon-pie, and died, after three months of suffering, from gastrointestinal irritation. Now, in all of these cases there is no evidence of superhuman craft or skill; in the present day detection of the poison and conviction of the offenders would have been the work of less than one day.

The case of Sir Thomas Overbury owed whatever of secrecy or mystery it possessed, to the fact, that he was entirely in the hands of persons who poisoned everything that he took—food, medicine, sweetmeats, and clysters; and this in a manner so barbarous and clumsy, that concealment would have been impossible, had there been any one about the unfortunate man who knew what was going on. Bacon, who was attorney-general, and prosecuted Frances Countess of Somerset for her complicity in this crime, thus sums up the opinions prevailing in the best-informed quarters of that day on the poisons used, and their capability of concealment:—"White arsenic was fit for salt, because it is of like body and colour. The poison of great spiders, and of the venomous fly cantharides, was fit for pig's sauce, or partridge-sauce, because it resembled pepper. As for mercury water, and other poisons, they might be fit for tarts, which is a kind of hotch pot, wherein no one colour is proper." At the present day, if a man could swallow spiders and Spanish flies in his bread-sauce, he would surely rebel at corrosive sublimate in his apple-pie, and there would be no long doubt as to the presence of arsenic in his salt.

Our own sentiments, as to the slow poisoners of past times, are, that their skill was overrated, that their success was due to opportunities of treachery, and their impunity to the ignorance of the times in chemical and pathological science. As regards the speciality of *slow* poisoning, it is evident that it may be effected in one of these two ways.

In the first place, a dose of arsenic may be given, not sufficient to destroy life by its earliest effects, but enough to produce a degree of disorganization of the gastro-intestinal canal, from which the patient cannot recover. This appears to have been the *système Brinvilliers*; and, as we observed above, it is so clumsy, that it is scarcely likely to be attempted at the present day by a slow poisoner, who desired to be a secret poisoner also. That the symptoms began speedily after taking

food or medicine, with intense and continuous vomiting and purging, would be enough to excite suspicion.

The other method is, that of giving incessantly and continuously small doses of the poison, no one of which shall be capable of exciting symptoms severe enough to cause alarm or suspicion; but which shall gradually impregnate the whole system, and derange the action of the digestive organs and nervous system, and so kill by a kind of slow fever. We proceed on the supposition that arsenic will be the drug selected, because it is so easily procurable, so easily administered, and because it produces the greatest range and variety of symptoms.

That this kind of poisoning is often, or, at least, occasionally, attempted, is not incredible; but, cunningly as it may be carried out, it strikes us, that practically, speaking, the difficulty will lie, not so much in the detection, as in the first suspicion. The person who is attempting this crime can only be one much about the patient, entirely in his confidence, and who probably possesses the power of keeping away any Medical visitor whose attentions might interfere with his scheme, and of misrepresenting symptoms so as to mislead him. Yet, if once suspicions are aroused, if there are symptoms of violent irritation of the stomach, and of the whole track of the intestines; if the air-passages are also affected, including the nose and eyes; if the skin is pustuled, the urinary organs heated, and there is a state of feverishness and prostration inexplicable on any other hypothesis, and rebellious to all remedies; then we hold that it is the duty of the Practitioner to endeavour to protect the supposed victim, by stating his suspicions that arsenic is being imbibed in some form, and to set on foot an analysis of the excretions, for the purpose of detecting the mineral which Nature endeavours to eliminate through these channels.

FRENCH AND ENGLISH HYGIENE.

It frequently happens that countries most favoured by Providence with rational liberty and free institutions, are least attentive to matters relating to the general health of the population. The spirit of freedom which rises up in indignation at a real or supposed act of political oppression, slumbers apathetically during the decimation of the people by preventible disease, and though energetically defending individuals from public wrong, often neglects altogether to guard the subjects of a State from the influences which undermine their health, embitter their existence, and shorten their lives. The opposite extremes of despotic and republican systems of government, often exhibit to our view more enlightened schemes of preserving the health of the population, and guarding against the invasion of disease, than those mild forms of constitutional monarchy, which, in fearing to break down the barriers of popular freedom, encourage, in reality, some of the worst species of tyranny, namely, national misery, physical deterioration, and premature death.

Nor can the unprejudiced lover of free institutions fail to notice with regret that respect to sanitary science, and recognition of its exertions, are often more conspicuous in governments where real liberty can hardly be said to exist, than under a limited monarchy, where the balance of different and often opposing powers is maintained with difficulty, and where the welfare of the subject is often made a subordinate aim to the more pressing necessity of preserving the equilibrium of the state machine.

Reflections like the foregoing have been forced upon us by comparing together the systems of Hygiene respectively existing in France and England, and we are indebted to a valuable Report, lately presented to the English Government

by Dr. Waller Lewis, for important information on the means taken in France for guarding the community from disease.

In confirmation of the remarks which we have just made, it is interesting to observe that, notwithstanding the violent social convulsions which have shaken the French empire to its foundation, and introduced in succession the most opposite forms of political government, the physical health of the people has always been guarded by stringent laws, and the professors of science held in merited respect. In the present century, France has seen a Republic, an Empire, a Bourbon dynasty, an Orleanist rule, a second Republic, a second Empire; yet, throughout the whole of this time, amidst the furious riot of Republican licence, as well as during the iron sway of Imperial despotism, the health of the people has occupied the attention of its rulers, and hygienic science has not only survived each successive political catastrophe, but has pursued an even and an onward course.

We learn from Dr. Lewis's Report, that at a period when France had barely recovered from the fury of the First Revolution, namely, on the 12th of February, 1806, the Prefect of Police prohibited the establishment in Paris of any workshop, manufactory, or laboratory, which could endanger health, without a statement of its nature being made to the Prefecture, and a strict examination being instituted as to the mode in which it was to be conducted, and its probable influence upon the physical condition of the population. But as these regulations were imperfectly carried into execution, the Minister of the Interior consulted the Academy of Sciences on the measures necessary for the regulation of manufactures in regard to their effect on public health. Now, mark the persons chiefly concerned in reporting on Sanitary Measures—not lawyers, nor placemen, nor politicians, even at a time of intense political excitement—but men eminent in science, namely, Guyton Morveau, Chaptal, and George Cuvier; and upon their Report was based a decree, dated the 15th of October, 1810, and an ordonnance dated the 14th of January, 1815, which two documents regulate all sanitary subjects up to the present day. Thus, while France was distracted by political excitement, while she was emerging from her First Revolution, while she was under the empire of the first Napoleon, and while she was struggling with the military forces of all Europe, she still was attending to the physical welfare of her people, and establishing laws for the preservation of public health, based upon scientific data. During the stormy periods of French history which have succeeded the memorable year 1815—during the reign of the Bourbons—a second Revolution—an Orleanist dynasty—a third Revolution—a second Republic—a second Empire—no attempt has been made to reverse the laws and ordonnances relating to the public health in France. The changeable population of that great country, fickle in almost all other respects, have yet learned to regard the sanitary condition of the nation as one of the chief objects of every form of government, whether imperial, monarchical, or democratic, and have cheerfully submitted to the necessary and wholesome restraints imposed by hygienic laws and enforced by executive authority.

All dangerous, unhealthy, or inconvenient establishments in France are divided into three classes, and Councils of Health are appointed in different localities to regulate and control the formation and the operations of such establishments. The establishments of the first class are those which must be kept at a distance from private habitations, and which require for their legalization the authority of the Government; those of the second class are such as do not rigorously require to be kept at a distance from habitations, but are compelled to give an assurance that the operations proposed to be carried on in them are executed in such a manner as not to be a nuisance to the neighbourhood, and not to

cause damage; those of the third class are such as may remain without inconvenience near dwellings, but are subject to the surveillance of the police.

Among the establishments of the first class, which must be kept at a distance from private habitations, we find *abattoirs*, sheds for bone-calcining, manufactures of glue, and leather, and varnish, knackers' establishments, and many others, which might, perhaps, be considered salubrious by Dr. Snow, but which our Gallic neighbours consider, and we think justly, to be detrimental to the public health. These, and similar places, are superintended by Government officers, who carry out the orders of the Council of Health; and we are not aware that any difficulty has ever been experienced by the authorities in enforcing obedience to their directions. On the contrary, we are assured that the Government Superintendents and the proprietors of the different establishments work well together, and that the latter cheerfully acquiesce in the measures ordained for the general welfare.

Now, we cannot but contrast this state of things in France with our own proceedings in sanitary matters. Here the Legislature, though expressing itself convinced of the necessity of Hygienic measures, practically leaves their execution to the tardy and uncertain operation of the Courts of Law. Does some rich bone-boiler, or grease-melter, or horse-knacker, in this country poison the air, and endanger the health of his neighbours, by the emanations from his trade, the only redress is to summon him before a magistrate, or indict him for a nuisance. Mr. Horse-knacker then pays fees to Counsel and Attorneys, who forthwith browbeat the witnesses for the prosecution, and to complete their case, probably bring up a score of witnesses on their own side, who swear that the odours which perfume the air are the very gales of health, like those which blow over the plains of Araby the blest! or, which is worse, pleads a prescriptive right from time. The magistrate, who is bound to judge according to evidence, probably dismisses the case, and Mr. Horse-knacker departs triumphantly to resume his odoriferous employment.

We do not assert that convictions *never* take place, but we maintain that the difficulty of obtaining a conviction, where the defendant has means at his command, is so great as to present a practical obstacle to the institution of any proceedings, and thus nuisances are perpetuated in spite of the voice of science, the calls of humanity, and even the dictates of common sense.

Whether the late enactments on the subject of the management of the Metropolis will introduce any effective improvements into our hygienic condition, we are as yet unable to conjecture; but we fear that the delegation of power to Parish Boards, and the recourse to the old and clumsy machinery of summoning before a magistrate, or preferring indictments, will tend only to perpetuate the present defective system. Already, as we learn from the newspapers, the division of the parishes into districts, for the purpose of carrying out the late Act, has been the signal for brawling and agitation at Vestry Meetings, in the tumults of which the beneficent objects of the measure will probably be defeated: while the patronage thrown into the hands of the local cliques, and the powers vested in them, will, no doubt, produce results as unsatisfactory as those which the Board of Health has already often had occasion to lament, but has no power to obviate.

THE WEEK.

THE Hospital for which, under such auspicious circumstances, the foundation stone has just been laid in Manchester, is one which claims the hearty approval of the Profession. The Institution to which we allude, is to be called St. Mary's

Hospital, and is to be devoted to the treatment of the Diseases of Women and Children. Dr. Radford having given it his Museum and Medical Library, may be taken as a guarantee of the excellence of its plans. One wish, however, arises in the minds of all who are conversant with the practical questions relative to Medical education when they hear of new Special Hospitals,—it is that they may be kept in close connexion with the Medical Schools. If they are, the advantage to Students is great. We hope, therefore, that in this instance some liberal arrangement will at once be made to allow of the attendance of Students.

The Medical Officers of the British Army serving before Sebastopol have memorialized the Home Government, setting forth the grievances which they suffer in being denied the rank and honours which have been showered, with no niggardly hand, upon their military brethren; and complaining that mere routine and seniority are still held to be paramount to matured experience and active service in the field of battle. They also show, that although the Medical Officers are denied military honours and rewards, their services are quite as valuable, and the dangers they encounter, quite as great, as those of the other branches of the Service.

Dr. Armstrong, Surgeon of the Cornwallis in the attack on the batteries of Sandham, east of Sveaborg, and who was the Surgeon in medical charge of the boats of H.M.S. Cornwallis, Hastings, and Amphion, in two attacks on a frigate and batteries of Sveaborg, on the nights of the 9th and 11th of August, is the same officer who, as Surgeon of H.M.S. Investigator, went through all the unparalleled hardships and privations incidental to the discovery of the north-west passage, and whose distinguished and meritorious conduct we had the pleasure of noticing in the columns of this Journal on his return. We mention these facts, because (as in many other cases) Dr. Armstrong's services have been treated with great neglect, he never having received the slightest reward or public acknowledgment for them.

The Medical Officers attached to the Turkish Contingent have signed a Memorial to Lord Panmure, complaining that their pay is utterly inadequate to compensate them for their onerous duties, and to maintain them in the station which they are expected to occupy. In case of the non-compliance of the Authorities with their just demands, the Medical Officers of this branch of the service have sent in their resignations *en masse*.

REVIEWS.

Pathological and Clinical Observations respecting Morbid Conditions of the Stomach. By C. HANDFIELD JONES, B.A. Cantab., F.R.C.P., F.R.S., Assistant-Physician to St. Mary's Hospital. London: John Churchill. P. 226.

THIS book well supports the high reputation of its author. We find in its pages the records of laborious, careful, and accurate observation. Its style is good, the diction being concise and explicit. The illustrations are well executed. With the stomach and the thousand ailments of digestion for his theme, we cannot, of course, pretend to congratulate Dr. Handfield Jones on having in any way exhausted the subject. Such a feat is not to be accomplished within the limits of a thin octavo. In the work before us, however, is material of far more value than any general compendium of knowledge in this matter could have possessed. The author is no retailer of other men's opinions, far less is he of the school of speculators who trust an ingenious imagination where the scalpel, the microscope, and the case-book ought alone to avail. His observations are original, and what is yet more, they bear the stamp of scrupulous accuracy. With thus

much of general praise we will pass on, in our own justification and for our readers' profit, to a brief analysis of the work.

Concerning the Anatomy and Physiology of the Stomach, the subjects of the first two chapters, much need not be said. Under the latter head are detailed some original experiments respecting the digestive power of the duodenum, the results of which fully bear out the conclusions of Bidder and Schmidt, that this tract possesses a digestive function little, if at all, less active than that of the stomach itself. The importance of this conclusion is apparent. As the author remarks, it would seem to indicate that the acid part of the gastric juice is not the efficient digestive element, since here we have a like power manifested in a part the secretion of which is alkaline.

Chapter III. treats of the "Morbid Conditions of the Stomach." The different causes of "Passive Congestion" are first investigated and six illustrative cases are detailed. With regard to the appearance of congestion in the mucous membrane after death, the author seems to agree with the opinions of Andral, that only the history of the case can enable the Physician to state whether it was of post-mortem origin or otherwise. The influence of obstructive disease of the liver in throwing back blood upon the stomach, causing congestion, and not unfrequently hæmatemesis, is much dwelt upon in this section. Inflammation, which forms the subject of the next section, is considered under the two forms of Catarrh and Gastritis, terms which are certainly much preferable to those of Enteritis Erythematosa and E. Phlegmonodes, which Cullen applied to the same diseases. Catarrh is stated to occur under precisely the same circumstances as catarrh of the air-passages, and to be almost equally common. Out of 100 autopsies, taken indiscriminately, catarrhal inflammation existed in 23. Although admitting it, *a priori*, very probable, Dr. Jones does not find that his collected facts support the conclusion that spirit drinking has any marked tendency to produce this condition. Of acute idiopathic gastritis, the author remarks that it is known to be very rare, and that he has not met with an instance of it. In order to procure specimens illustrating it, it was necessary to poison dogs, etc., by the introduction of arsenic into wounds. The third Lecture considers Hypertrophy and Atrophy of the Solitary Glands, and in this the excellent plan of description, by means of well-selected cases, is adopted. Of "Atrophy of the Glandular Tubes," of "Mammillation," of "Changes in the Epithelial Contents of the Tubes," of "Softening," and of "Fibroid Thickening of the Tissues," which respectively form the subjects of the 4th, 5th, 7th, 8th, and 9th, we must not say more than that they are investigated with the author's usual ability. The sixth section, embracing the important subject of Ulceration, deserves some detailed remarks. Dr. Jones does not confirm the long-entertained opinion that young females are especially liable to this disease. The eight cases he has met with were all in-patients, above the age of 48, and six of them were males. The number collected is, it must be admitted, very small, but the conclusion indicated is further strengthened by the citation of Rokitsky's facts, who, out of 79 cases, found a larger number above 50 than below 30. Should we, as seems probable, be compelled to give up the old and universally received opinion, another most cogent example of the danger of trusting to "general impressions" will have been afforded. As to the causes of ulceration of the mucous membrane of the stomach, Dr. Jones does not add anything to our very scanty knowledge. He is unable to trace any intended connexion between it and lesions of other organs, which sometimes accompany it. He considers it quite a local disease, and states that it is clear that general degeneration of the mucous membrane, spoiling and washing of its tubes, constitutes nothing in the way of causal agency to it. The tenth and last section of the chapter treats of Cancerous disease. The author does not believe in the existence of any characteristic cells, which are invariably present in cancer, and states, that in none of the cases cited (four in number) did the growth consist "of cells or corpuscles which could have been declared positively to have belonged to a malignant tumour."

The fourth and concluding chapter is devoted to Clinical Observations. Five interesting cases are narrated as illustrating the causes, the various phenomena, and mode of treatment of gastric catarrh. In all its relations the author insists strongly on its close analogy with the like affection of the

bronchio-nasal tract. Respecting one "inveterate case of gastric catarrh" it is remarked, that "the effect of cold in exciting it was quite as apparent as if it had been bronchial." Other exciting causes are, of course, admitted besides cold, as, for instance, exertion after meals, whether bodily or mental. A very large proportion of the cases of dyspepsia to which other writers have assigned different names are brought together in this class. The form of it attended by most flux produces those affections more commonly known as pyrosis, and has its analogue in bronchorrhœa. Like its congener, it varies in degree of severity, and may be acute or chronic, or even pass into a stage in which such slight causes produce exacerbations, that it may almost be called persistent. In treatment, the remedies must vary according to the stage, those suited to the earlier ones being sedatives, mild mercurials, and counter-irritants, those of the later ones, astringents and peptic tonics. Amongst the sequelæ of gastric catarrh is mentioned a condition of irritability or hypersthesia sometimes very difficult of relief. Two or three good cases are cited as showing the beneficial effects of sedatives. Among the author's favourite sedatives, opium (liq. sedat.), nitrate of silver in half-grain doses, and hydrocyanic acid, appear to be the chief. Case 49 is cited as an example of a "not very common occurrence," viz., of rheumatism constituting the sole exciting cause of gastric inflammation. Case 50 is of a similar nature, the narrative, in both instances, making it clear that a treatment directed against the rheumatic poison succeeded in curing the disease. Case 51 is of more doubtful nature, being believed to exemplify the occurrence of syphilitic gastritis.

In this chapter the reader will find many very interesting practical observations. In the above notices we have but jotted down a very few of what appeared of most importance. If he be a practical man he will be glad to recognize in so exact an investigator as Dr. Handfield Jones one who yet retains a firm faith in the curative powers of drugs, and in the efficacy of well-directed treatment. Whether, indeed, he be regarded as a physiologist, a minute investigator of morbid changes in structure, or a practical Physician, the author of the work before us commands our high esteem, and we have, therefore, great pleasure in recommending the work itself to all classes of our Medical readers.

PROGRESS OF MEDICAL SCIENCE.

Selections from Foreign Journals.

OILY FRICTIONS IN MESENTERIC DISEASE.

(By Dr. BAUR.)

In this Paper, Dr. Baur reports the great success that has attended the friction of the whole surface of the body, night and morning, with a sponge imbibed with tepid oil, the patient being kept in bed, wrapped in a blanket, for two hours after. The first effect produced is abundant general sweating; the skin, losing its dry aspect, becomes supple, turgid, and of a fresh colour, a rubeloid eruption sometimes occurring. A secondary and highly beneficial calming effect is produced, which is manifested in the production of tranquil sleep. As a third, there is increased secretion, especially of the kidneys and liver. It is evident that many affections may be rendered tractable by such an agent, and Dr. Baur regards it as almost possessed of specific properties in diseases of scrofulous origin, as tabes mesenterica, or glandular tumours. He believes the frictions are powerful adjuvants in scrofulous hydrocephalus, and may even prove curative in phthisis, when steadily persevered in.

Rev. Méd. Chir. 1855. Pp. 295.

ON PROGRESSIVE MUSCULAR ATROPHY.

By M. ARAN.

In reference to three patients suffering from it, M. Aran recently delivered some clinical observations upon this affection, already described by him (a) and M. Cruveilhier.

Emaciation is the most prominent symptom, but this may affect but one limb, or muscle, or but part of a muscle, the congeners frequently suffering while the antagonists escape. Thence arises a strange appearance of the affected limb, and

(a) Vide Brit. and For. Med. Chir. Rev. Vol. vii. p. 538.

that in persons who seem in the enjoyment of perfect health. Partial at first, however, it may afterwards become generalized. It is preceded by debility, cramps, fibrillary contractions, and subsultus. The muscles, and the parts to which they are attached, are agitated by involuntary movements, and these continue even during sleep. The fibrillary contractions are characterized by a vermicular motion coursing along the muscles affected like a current, being produced by isolated and successive contractions of the different fibres, or bundles of fibres. These fibrillary contractions exist almost constantly in the muscles that are, or are about to be, atrophied, and are especially induced by fatigue or friction, while contractions observable in disease of the spinal marrow are induced by the action of stimulant agents, the sudden application of cold, tickling, etc.

The weakness felt is at first, like the atrophy, partial, the patient finding himself unable to perform some particular movement, although all others may be possible to him. There may be temporary cramps only, or these may be prolonged for weeks, inducing a kind of contraction of the limb. They are rarely painful, but the extension of the limbs causes severe suffering.

The atrophied muscle imparts to the hand a peculiar sensation. It is not a homogeneous mass, hardening through its entire substance; but a soft, spongy, non-homogeneous mass, hardening more or less incompletely under contraction. Besides the strange aspect given to a limb by the predominance of the healthy over the atrophied muscles, the defeat of antagonism that may become established imparts sometimes to the limbs strange positions, or causes deformities.

The diagnosis is of importance. Various forms of paralysis not infrequently determine muscular atrophy, and in various affections of the brain and spine we find it; but then a whole side, both limbs, etc. are simultaneously atrophied. There is, in fact, an entire paralysis, and there are special symptoms that clear up the diagnosis. Saturnine paralysis sometimes leads very rapidly to partial atrophy; but localized electricity, as employed by M. Duchesne, serves to distinguish it. As long as the fibres of the affected muscles, in progressive atrophy, are not entirely destroyed, they respond to this stimulus, and contract with various amounts of force. In saturnine paralysis, the muscular excitability is always lost. In whatever quantity the electricity is applied, and although it may induce pain, the muscles will not contract. This is a constant diagnostic sign, and cannot deceive. It is also available in distinguishing progressive muscular atrophy from progressive general paralysis.

M. Aran at one time believed that this affection was incurable, and its termination necessarily fatal. Cases have, however, occurred in which it has become spontaneously arrested, and in which the muscles affected recover their size; and M. Duchesne has shown also the great power localized electricity exerts over this affection. Employed with perseverance, it suspends the fibrillary and other contractions, arrests the atrophy, and rapidly restores a part of its strength to the limbs, inducing, only later, a favourable change in their size. These effects are immediate, but not very durable. The electricity requires to be long continued, and so applied as to excite the affected muscles without fatiguing them; and it succeeds best during the warm months of summer. Sulphureous baths are very useful adjuvants, and when the pains are very persistent, cold applications or douches are of service. Means which analogy would lead us to employ, experience teaches us to reject as injurious, viz., blisters, setons, issues, and especially frictions, which bring on a tetanic spasm. Bleeding, too, should be avoided as far as possible, being always followed by a great loss of power. Repose of the part is indicated, and forcible exertion of it, in spite of the pain it may cause, is very injurious.

Gaz. des Hôpitaux, 1855. No. LXXIV.

GENERAL CORRESPONDENCE.

ON TOWN SEWAGE.

[To the Editor of the Medical Times and Gazette.]

SIR,—Your "leader" of last week on this subject is good, for of the evils that infest this world, few are worse than filthy sights and foul stinks, notwithstanding what Dr. Snow may

say in their favour, whose beautiful name by-the-by suggests purity and not offence. But let me do justice to this gentleman. His laborious investigations on the unwholesomeness of Thames water deserve the praise of town and country, and if you Londoners do not universally benefit by them, you will deserve to keep the name of "Cockney."

But to your "leader." I fear we must take the proverb, "What can't be cured must be endured," so far as the Thames is a city drain; but none but a fool would drink from a drain if he could help it, and Dr. Snow has shown how this may be helped. People must, therefore, put up with the slight discoloration of your noble river. If the celebrated Professor, the other day, had taken his test paper or rag down to some of the country rivers, he would have found it black from a dip instead of stained. I was at Trowbridge the other day, and there the river looked like the Styx, but I do not suppose the folks are so silly as to drink it.

How can a running stream be noxious? Its motion preserves its life. It will not at least hurt a man's lungs, though it may his stomach. We may depend upon it, if the fish like it its emanations will not injure. There would not be so many fat aldermen enjoying whitebait if the sewage was turned away from the Thames, any more than we should eat ducks if they lived at the crystal fountain, or pigs were kept on acorns.

The truth is, that two great provisions are wisely made for the purity of rivers,—the circulation and the fish. Life against death is the order of nature. Like as when a swarm of flies collect upon a dead partridge above ground, or worms about it beneath, the bones will soon be picked clean, so we know do the fishes dispose of the fouled water, and make it again comparatively sweet and good. Woe betide the lovers of salmon, and mackerel, and oysters, and lobsters, when the English people shall religiously guard their rivers from all naughty stuff.

You are quite right, Mr. Editor. Genteel people, "now-a-days, will not take their little walk" under the blue sky, and therefore the coat must be cut according to the cloth, and flushing be the order of the day. The river must be the drain. By-the-by, one cannot help thinking, that if the *delicates* were to take a leaf out of Miss Nightingale's book, the old-fashioned way might come in again. A week without the camp in the Crimea, would cure lots of *civets*.

As to using in any extensive way what belongs to worms and fishes, we, as a cleanly nation, ought not to think of it. Let Mr. Mechi be a unique in the country. If the Jews could afford to lose the blood, surely we may the stools. If, indeed, by a process speedy enough earth be mixed so as to destroy offence, let the artificial guano makers pursue their trade, which they will as long as they find customers. I, for one, like the American, prefer the genuine. There was, indeed, a farmer in my neighbourhood, who, having a spite against a piece of land, said he would poison it. He therefore sent his night carts to it plentifully. They say in process of time it flourished again, but it lay long under interdict.

In conclusion I repeat my conviction, that this subject of drainage and abatement of nuisances is as you say, a very consequential one. All filthiness of flesh as well as spirit is commanded to be purged away. It has been well said that cleanliness is next to godliness. The Jews would not have had such particular directions about it had it been a trifling matter. We want no foreign ways. England is still the glory of all lands, barring her traducers.

I am, etc.

St. Ives, Hunts.

J. LEIGH.

RESUSCITATION OF A DEAD CHILD IN JERSEY.

[To the Editor of the Medical Times and Gazette.]

SIR,—In the *Lancet* of the 28th July, appears, from the pen of John Wills, M.D., Jersey, one, certainly, of the most extraordinary cases ever chronicled in the annals of the profession. Had the *soi-disant* miracle obtained publicity from oral testimony alone, one might naturally have believed that some casual remarks of the accoucheur on a case (so frequently occurring) of asphyxia, in a new-born child, had shared the fate of the three crows in Peregrine Pickle, and by dint of repetition, had grown into the marvellous. But the wonder is derived from the fountain-head, and thus the dead child,

the goose quill, and the illustrious M.D. himself, become public property, and as such, subject to the ordeal of public criticism. Dr. Wills first states that he "cannot say how long life had ceased before the head was born;" no fault can be found here, for it matters little to establish his future fame, whether the baby had been dead a week or more; this was a mere bagatelle, but "c'est une autre chose," where immediately after, he affirms, "that evidently life was quite extinct at birth." When it is said that life is quite extinct in a body, we presume, and the recognized principles of Aristotelian logic support the notion, that it is impossible to cause life to return to that body. The term "suspended animation" would have been more appropriate, for the stillness of apparent death may be mistaken by the inexperienced for actual death, and no rational understanding can be imposed upon by the relation of a case of restoring the dead to life. Ignorance has reached its climax when it assigns to mortal hands a power that belongs to Deity alone.

Yes, "evidently life was quite extinct." May I ask what were the evidences of the so-called death? If, as appears to be the case, the sanious discharge filling the mouth and air passages, be adduced as the proof of the putrefactive changes having begun, Dr. W.'s further practice of Obstetrics will show him that this is not an unusual phenomenon with newborn children. Again, the child is said to have been "quite cold;" and yet he employs "cold shocks" to revive it. Whence the rationale of this procedure? Perhaps the Doctor practises Homeopathy. All the usual means fail, and then it is that a goose-quill figures in the scene. This is not the first time the Anserine race has been made subservient to saving of life, but never before to giving life where it did not exist. I do not know whether Frankenstein needed a goose-quill to animate his clay, but the cackling of geese it was that saved the Capitol. So the highest genius chooses the simplest means of attaining the end it has in view. What an important event has been brought about! What a practical fact established! What a skillful reputation enhanced! and all by the instrumentality of a goose-quill!

It, however, seems *prima facie*, from the anatomical conformation of the part, a very difficult thing to introduce a goose-quill into the larynx of an infant, for, in order to effect this purpose, it must be curved, and, even if this could easily be done, its permeability would be destroyed. Possibly the Doctor mistook the arches of the palate for the rima glottidis, and was satisfied with inflating chest and stomach both. But to retain it there for half-an-hour, and carry on sufflation by its means, enhances the difficulty. Pardon my scepticism, Sir, when I say I have my serious doubts that even suspended animation could have been well marked. Were the pupils insensible to light? Had the heart ceased its action? Were there no evidences of torpid reflex actions? These are rational questions to be answered before death can be said to triumph. Resuscitation proves the case to have been one of slight asphyxia, and, probably, the country midwife's remedy in such cases, *i.e.*, a sharp slap on the nates, might alone have answered the purpose. Half-an-hour's inflation of the lungs with carbonic acid and other impure expired airs ought to have killed the child outright had it not been tenaciously alive, even without considering the cold shocks on the cold body. The Doctor has certainly much cause for gratulation, for he blew life, and not air only, into the nostrils, since the former "was evidently extinct;" and thus half an hour's praiseworthy blowing "was crowned with success."

"Exegi monumentum aere perennius."

must have been his exclamation when he delivered the once dead infant, now "crying lustily," into the nurse's arms.

No mention is made in this wonderful case whether the miracle was achieved on a male or female baby; if on the former the Doctor's influence, which, according to his own showing must be great indeed, had better be exercised, and if it is not too late, let him insist as a token of gratitude to himself that the child be christened Redivivus.

I am, etc. CHARLES VAUDIN, M.R.C.S.

The above letter was sent to the *Lancet*, but not inserted. The following is the case referred to by Mr. Vaudin:—

On the 8th instant I was summoned to attend Mrs. J., with her first child, and after a natural labour of twelve hours she was safely delivered of a still-born child, and great was my disappointment at

finding such to be the case, as Mrs. J. came from France here to be under my care.

How long life had ceased before the head was born I cannot say, but evidently life was quite extinct at birth, and the child's mouth and nose full of dark, sanious discharge, a large quantity of which passed with the child. There had been no liquor amnii.

After having divided the cord I determined on trying to recover the child, and after having tried the usual means—shocks of cold water, etc.—to no effect, I requested the nurse to bring me some hot water, into which I immersed it, the child then being quite cold, and sent to the husband to ask if he had a tube of any sort; but he had not, so I procured a goose-quill, of which I made a tube, one end of which, guided by my finger, I passed into the larynx, and inflating the lungs with my breath, and emptying by pressure on the chest, which process I continued for more than half-an-hour, when I perceived slight motion of the abdominal muscles, and, still persevering, my efforts were crowned with success, and I delivered the child to the nurse crying lustily, much to the joy of the parents, as well as my own satisfaction. The child has since done well.

This case, I think, fully proves that we ought always to make the attempt at resuscitation in still-born children, and it also proves by what simple means it may be brought about. Had I lost the child I should have blamed myself for having neglected taking with me which I invariably do, an elastic catheter.

RECLAMATION.

[To the Editor of the Medical Times and Gazette.]

SIR,—I lay claim to the discovery of the formation of Tubercle, mainly from the carbon and other impurities retained in the blood, owing to the imperfect performance of the function of respiration. This I assume to demonstrate in my Treatise on Consumption, presently to be published.

I am, etc.

Belfast, August 26, 1855.

HENRY M'CORMAC.

THE CURE OF DEAFNESS.

[To the Editor of the Medical Times and Gazette.]

SIR,—A few days since, I was asked by a country clergyman to give him what information I could respecting a Dr. Hoghton, the author of an advertisement which I now enclose for your inspection. One of my friend's parishioners had been in correspondence with the aforesaid Dr. Hoghton, who had guaranteed a cure for the sum of 2*l.* 1*s.*, as you will see by the enclosed letter. The deaf man, though possessing but scanty means, would willingly pay a larger sum than that mentioned, for an actual cure; but, having read Dr. Hoghton's treatise on Deafness (which I also enclose for your inspection), and having learnt from it that there are quacks and pretenders in the department of aural surgery, the patient took the precaution to seek my advice in choosing a practitioner.

I scarcely need assure you that my advice was adverse to any further dealings with Dr. Hoghton; and remembering that you, sometime since, directed attention to this individual, I thought you might be interested to know that he is still pursuing his career of disinterested benevolence.

I inclose my card, And am, Sir, yours, &c.

London, Sept. 3, 1855.

F.R.C.P.

"INSTITUTION FOR THE CURE OF DEAFNESS AND NERVOUS COMPLAINTS."

9, Suffolk-place, Pall-mall, London.

Hours of consultation, 11 till 4 daily.

FRANCIS ROBERT HOGHTON, M.D., Consulting Surgeon to the above Institution;

Member of the London Royal College of Surgeons, May 2, 1845; and Licentiate of the Apothecaries' Company, April 30, 1846.

"Dr. Hoghton will esteem it a favour if each person writing to him, on every occasion, will enclose in their letter a stamped and directed envelope for his reply."

"All Money Orders to be made payable at the Charing-cross Post-office, London, to Francis Robert Hoghton, 9, Suffolk-place, Pall-mall, London."

"August 23, 1855."

"Sir,—I have given your answers due consideration, and it is my candid opinion that your case will speedily yield to the curative principle lately discovered and practised only by

myself. It is one that I am daily—I may say hourly—in the habit of meeting with, and scarcely an instance has occurred of failure, the majority of cases being of a more inveterate nature than the one described. The treatment is easy, and can be applied by the most timid or nervous person, without assistance, and the benefit is great and immediately experienced. It enables persons extremely deaf to hear with ease the usual-tone conversation, and permanently removes all distressing noises in the head and singing in the ears. My charge for forwarding the means of cure will be 2*l*. 1*s*. On receipt of that sum by Post-office Money-order, the same will be sent, with plain directions for use to effect a perfect and permanent cure.

"An early reply will oblige,

"Yours respectfully,

"F. R. HOUGHTON.

"P.S.—The description of your case is entered in the patients' book; and if the means are applied as I will direct I can guarantee a cure.

"DEAFNESS, DISTRESSING NOISES IN THE HEAD.

"JUST PUBLISHED, Gratis, for the Protection of the Deaf.—Truly miraculous discovery.—An infallible method by which sufferers can positively cure themselves explained in a book of thirty pages, sent free of charge to any deaf person, through the post, who may write for the same. Published by the Consulting Surgeon to the Institution for the Cure of Deafness, 9, Suffolk-place, Pall-mall, Dr. F. R. Houghton, M.D., Member of the Royal College of Surgeons; date of diplomas, 2nd May, 1845, L.A.C., 30th April, 1846. It will save many sufferers from the dangerous advertised impositions and deceptions set forth by unqualified and assumed aurists of the present day. By means of this book, thousands have been restored to perfect hearing in distant parts of the world, without absence from home or business. Dr. Houghton has published this new discovery as a help and hint, NOT FOR GAIN, BUT TO BE GIVEN AWAY for the benefit of deaf persons, and a stop to quackery and extortionate fees. It contains startling cures, deaf persons having cured themselves—many instantaneously effected. All letters, post-paid, to be directed to Dr. Houghton, 9, Suffolk-place, Pall-mall, London.

"Personal consultation, 11 till 4 every week-day."

MEDICAL HEROES AND MARTYRS.

[To the Editor of the Medical Times and Gazette.]

SIR,—From the deep interest always manifested by you in asserting the just claims of the Medical officers of the army to those honours and rewards which their courage and devotion justly entitle them to, I have no doubt you will be happy to place another name beside those of Brady and Phelps, and from the same gallant 57th, too, ever foremost, as at Albuera, "where life is lost or victory won." The officer whose conduct at Inkermann gained such honourable mention in the subjoined official report, and whose uniform was actually torn by rifle bullets, is now unhappily an invalid, owing to the hardships of a Crimean winter. I enclose my name and address.

I am, etc.

August 29th, 1855.

A RETIRED MEDICAL OFFICER.

"Heights above Sebastopol, Camp,
7th November, 1854.

"SIR,—Owing to the lamented death of Lieutenant-General Sir George Cathcart, I beg to bring to your favourable notice the conduct of Assistant-Surgeon John James Scott, of the regiment under my command, who, on the 5th day of November, 1854, during the action with the enemy, exerted himself to the utmost in having the wounded removed from the field of action, and who was to be seen in the thickest of the fire, attending to those who had fallen, and bringing up the stretchers, not confining his attentions to this regiment only, but extending them to all within his reach. I have, etc.

(Signed)

"J. S. POWELL, Lieut.-Col.,

"Major Commanding 57th Regiment.

"Colonel Windham, Commanding 4th Division."

ALLEGED HOMŒOPATHIC TENDENCIES AT THE LIVERPOOL MEDICAL INSTITUTION.

[To the Editor of the Medical Times and Gazette.]

SIR,—I must leave the questions as to whether I pleaded guilty to any of the charges brought against the Liverpool Medical Institution by a member of its Council, and whether I misrepresented his assertions, and whether my arguments were merely *ad captandum*, to be answered by those who will take the pains to read his letter and my answer.

Some points, however, in his last communication, require notice. I find that we have two members who practise Homœopathy, so that your correspondent is right in asserting that we have "more than one;" but he is wrong when he goes on to say that there are several others whose sympathies are with the "globulists," and who would be found ranging on their side in any contest for rights and privileges, and adduces as a proof, the number of votes in favour of the admission of a Homœopath as a subscriber to the Library. Any one reading his letter would naturally conclude that the application was for admission to the membership of the Institution. To state the case fairly, it should be mentioned, that the subscription to the Library is open to persons of any profession or trade, and confers no right to attend any meetings of the Medical Society, or to give any vote as to the control of the affairs of the Institution; so that electing a person to such a position is an essentially different thing from admitting him into an association which is strictly Medical.

A very offensive and unjust imputation is conveyed when he says, in reference to the meeting which negated the proposal to reject all Homœopathic books, that "the bias and feeling of the meeting were quite evident;" which, if it means anything, implies that the bias and feeling of that meeting were in favour of Homœopathy. This I beg most emphatically to deny, and I appeal to any unprejudiced person to say, whether the fact of our declining to exclude heresy from our library-shelves, by establishing a sort of Medical "Index Expurgatorius," for the benefit of our members—is any proof of a bias or feeling in favour of that heresy?

The dispute as to whether there was any compromise in the withdrawal of the case of Homœopathic cure of cancer is now, I perceive, reduced to a mere question as to the meaning of the word "compromise," which, according to Johnson, signifies "a compact or bargain in which some concessions are made on both sides;" and as we, on the Allopathic side, conceded nothing, and the Author of the Homœopathic paper withdrew it unconditionally, I think that it rests with your correspondent, and not with me, to "favour us with a new rendering of the term not found in Johnson;" for I should hardly imagine that he, or any one, could regard as a "concession" the fact, that the gentleman who threatened to bring forward a motion to the effect that Homœopathy is unworthy the notice of the Society, did not think it needful to propose it.

I assert, then, that the Liverpool Medical Institution does not, directly or indirectly, sanction any "apostasy from rational medicine;" for, as it has never demanded a declaration of belief from any of its members, it cannot be held answerable for the errors of any of them. We have no laws as to what opinions the members must or must not hold. Homœopathy has not frightened us into adopting a single piece of that panoply of protective laws which, like the armour of old times, makes a show of usefulness, but, in reality, does more harm by its incumbrance, than it does good by its protection. In conclusion, allow me to say, that I know at least as much of the state of feeling of our Institution as your correspondent, and that I give a complete denial to his repeated implication that we are biased in favour of Homœopathy.

Doubtless there is error among us; but I feel assured that, if any occasion should render desirable an expression of our collective opinion on this subject, it would be to the effect that Homœopathy is false in theory, and in practice either useless or mischievous. I am, Sir, your obedient Servant,

F. D. FLETCHER,

Secretary to the Council of the Liverpool Medical Institution.

1, Mornington-terrace, Liverpool, Sept. 4, 1855.

[Having now allowed both parties to be heard on the subject, we must decline to insert any more letters in reference to it, merely remarking that we are glad to find both disputants equally anxious to repudiate Homœopathy.—ED. M. T. & G.]

THE LATE DR. J. BOWEN THOMPSON.

It is with feelings of deep regret that we have to record the death of an eminent member of the Medical Profession, Dr. James Bowen Thompson, who has fallen a victim to malignant typhoid fever, at the early age of 41. He died on the 5th of August, at the British Hospital at Kululee, Constantinople, whither he had been attracted by his desire to minister to our suffering army in the East.

Dr. Thompson was a native of the county of Kerry, and having taken his degree as B.A. and M.D. at the University of Dublin, where he obtained many honours, he was subsequently appointed to the Royal Dispensary in London. But his ardent zeal in the pursuit of his Profession, made him desirous to investigate the more formidable maladies incident to man, and he accordingly accepted the post of Physician and Surgeon, under the Syrian Medical Aid Association, to the British Hospital at Damascus, which he conducted from the years 1843 to 1848, latterly entirely at his own expense, the funds from home having failed.

Here he carefully trained several Syrian youths, and gave every encouragement and facility to the native Doctors to acquire scientific knowledge, especially in the practice of dissection—so utterly repugnant to the Turkish mind. Ere long he had the happiness to see many deep-rooted prejudices give way, and the aid of Medical science applied to arrest the frightful mortality arising from the diseases of the climate, which had hitherto been abandoned to the charm-vendor, the magician, or, worse than either, to the charlatan.

His conciliatory manners and active benevolence quickly gained him the confidence of the many mingling tribes and sects which inhabit this part of Syria: Syrians, Greeks, Jews, Bedouins, Turks, Maronites, Druses, Kurds, Georgians, Nubians, Circassians, Persians, etc.; and in the course of a single year, from 1844—45, he relieved no less than 8137 cases of various ailments. The Hospital was visited by many English and foreign travellers, who bore their testimony to its usefulness and importance.

During a very severe visitation of cholera at Damascus, Dr. Thompson was most indefatigable and successful in his endeavours to arrest its progress, and his efforts were highly appreciated by the Turkish authorities, as well as by the Christian Patriarchs, and others, who presented him with an Address, and many flattering tokens of regard. He was also appointed Inspector of Health to the Turkish Government; remodelled the Leper Asylums, and introduced the classification of the inmates of its wretched prisons. Indeed, it was a position altogether suited to his comprehensive and inquiring mind; and while he studied the diseases, the languages and manners of the people, his Christian philanthropy led him also to labour for their religious and social improvement; and while he distributed numerous copies of the Bible, the Jews, as well as Moslems, declared that his example was its best commentary.

On his return to England, in 1850, he married Elizabeth Maria, the daughter of H. Evans Lloyd, Esq., and had the promise of an extensive practice. But his heart was in the East—and to this may be traced his conception of the plan of the "Short Route to India, via Antioch and the Euphrates." The project was submitted to H. R. H. Prince Albert, and a committee having been formed for carrying it out, he proceeded to Constantinople, and would no doubt have succeeded in securing the necessary firman, had not the absorbing politics of the day called off the attention of the Ottoman Government.

He once more repaired to Antioch, in Syria, and, in conjunction with Mrs. Thompson, laboured to improve the religious condition of the natives. The latter had free access to the Turkish harems, and at once opened a school both for the higher and lower ranks of females among the Jews, Turks, and Christians, and succeeded in overcoming the prejudices of these conflicting sects to receive instruction together. The sufferings, however, of our brave soldiers in the war, aroused all Dr. Thompson's sympathies; he considered that they had the first claim upon his professional experience, and he resolved upon proceeding to the Bosphorus and tendering his services to the Medical Department. It was in the pursuit of this patriotic object that he lost his life by an attack of typhoid fever, under which so many of our noble countrymen have sunk. He received the most unwearied attentions from the

Medical Staff, as well as those "ministering women" whose presence has been so signally blessed in that land of strangers. Mrs. Thompson, too, was permitted to watch beside his dying bed, and to receive the consolatory assurance that his religious principles enabled him to triumph over all his sufferings. He was interred with full military honours in the quiet graveyard at Kululee on the following evening.

THE TURKISH CONTINGENT.

THE following memorial has been presented to the Right Hon. Lord Panmure, Secretary of State for War:—

"The respectful Memorial of the Medical Staff of the Turkish Contingent humbly sheweth:—

"That your Memorialists were engaged in London to serve with the Anglo-Turkish Contingent on certain rates of pay, with lodgings or lodging-money, and free rations.

"That on making inquiry previous to their engagement regarding the lodging-money, they were informed by the Inspector-General, the officer deputed by your Lordship to offer your Memorialists employment, that the lodgings or lodging-money had only reference to such periods as they were on duty at fixed Hospitals; but that, on taking the field with the army, such allowances as Government granted to other officers of the force would in like manner be granted to your Memorialists.

"That on these terms your Memorialists cheerfully tendered their services for their Queen and country, leaving, in many instances, their wives and children, and renouncing lucrative practices in their Profession, and that, too, at a period when they had every reason to anticipate much increase in their respective positions from the fact of so many Medical Men having already left the country for services in the East.

"That your Memorialists, on arriving in Turkey, were at once ordered to take the field, and provide themselves with horses and field equipments in like manner with other officers of the force.

"That your Memorialists have done their duty cheerfully, faithfully, and to the best of their ability; that they have conformed to the orders of their superiors, and are equally prepared with other officers of the force to fulfil their engagements.

"It is with extreme regret that your Memorialists appeal to your Lordship; but in justice to themselves and to their families they are constrained to do so, because field and servants' allowances granted to all other officers, clerks, interpreters, etc., are denied to them, gentlemen by birth, and members of a learned Profession, obliged to support their positions, and at the same time to make remittances to their families in England; that their duties are most onerous, brought perpetually in contact with disease; and, equally with their military brethren of the force, exposed to all the perils of war, but, unlike them, without any other resource save their temporary employment to provide for the future.

"That your Memorialists most respectfully and most humbly beg to submit their case to your Lordship, feeling confident your Lordship will award to them the allowances they consider their right.

"Your Memorialists feel satisfied that, independent of all private reasons whatever, your Lordship (having in the official Gazette granted your Memorialists the rank of officers in Her Majesty's army) will not withhold the allowances of their respective ranks, in like proportion conceded by your Lordship to officers with whom they are in friendly contact and good fellowship, and thus place them in a most humiliating and degrading position.

"That the better to enable your Lordship to form some estimate of the expenses attendant on their position with this force, your Memorialists will take, for example, the pay and position of a Surgeon attached to the force:—His pay per diem is 25s.; he is obliged to keep up, to render him effective, two riding and two bat horses, which will cost him to purchase at least £60 or £70. To look after these horses and his other property, the Surgeon has to keep up three servants, at from 3s. to 5s. per diem each, out of which, with the purchase and keeping up of his field equipments, your Lordship will see that there is very little remaining for the support of his family in England. The position of the junior grades, who have considerably less pay, and equal expenses in proportion,

will, without these local allowances, be much more distressing. And your Lordship will be pleased to bear in mind that many of the Assistant-Surgeons are men of maturer years than are generally found filling the grade in the army, who have been tempted to take service in a very pressing period for the love of their country, and the advancement of their Profession.

"That it has been stated in Parliament, that, to compensate for the deduction of Income-tax from the pay of officers now in the East, field allowances have been granted. Now, your Memorialists humbly represent that Income-tax is regularly deducted from their pay, but they receive no compensation in the shape of field allowances.

"In conclusion, your Memorialists will only urge that, with duties doubly laborious, they are receiving emoluments far less than their contemporaries in civil employ in several Hospitals of Smyrna, Scutari, and elsewhere. Your Memorialists, therefore, trust that your Lordship will take their claims into your Lordship's favourable consideration, and, as in duty bound, etc.

(Signatures.)

"While fully concurring in the prayer of the above Petition, we, the undersigned, request that, should your Lordship not see fit to give a favourable reply to its humble prayer, your Lordship will accept our resignations according to the term of our agreement, reckoning three months from the 1st proximo."

(Signatures.)

DR. ANDREW SMITH.

Army and Ordnance Medical Department.
13th August, 1855.

SIR,—I have the honour to acknowledge the receipt of your communication of the 6th instant, setting forth the views and opinions of the Faculty of Physicians and Surgeons of Glasgow, in reference to the accusations which have been made against myself and the Medical Department of the Army since the commencement of the present war; and further, acquainting me that I had been elected an Honorary Fellow of the Faculty by acclamation.

The incessant efforts I made after I was informed that a war was imminent, nay certain, gave me fair reason to expect that the Medical Department, at least, of the army about to take the field, would be found fully provided; therefore, when the *Times* newspaper began to proclaim it as not only defective but even the most defective of all the Departments, the disappointment was crushing; and had I not felt convinced that there could be no just grounds for the accusations which were made, assuming the measures I had recommended had been adopted, I should not have been able to have borne up against the obloquy which was cast on me. The full conviction, however, that I had neglected nothing, and a constant belief in the truth of the old adage, "Magna est veritas et prevalebit," carried me through the storm; and now I have had the pleasure to receive from yourself and your distinguished associates, the first proof, and a convincing proof it is, that I reasoned rightly.

Thousands of persons have reprobated the injustice to which I have been subjected; still their sympathies have given me little satisfaction as compared with that which I have derived from the act of the Faculty of Physicians and Surgeons of Glasgow; as the approval of even one honorable and unbiassed Medical man is, in such a case as mine, better than that of thousands of any other class.

This being my feeling, I beg to offer to every Member of the Faculty my most sincere thanks for the noble and generous treatment they have extended to me. Generous in the extreme, I feel it to be, because generosity in favour of those whom popular clamour has hunted down, requires an amount of courage which but few comparatively possess.

I have the honour to be, Sir,

Your most obedient, humble servant,

(Signed) ANDREW SMITH, M.D.

Director-General.

Dr. A. D. Anderson, President, etc.
Faculty of Physicians and Surgeons, Glasgow.

DR. HALL AND THE LATE MR. STOWE.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

SIR,—May I request the favour of your perusal of the enclosed correspondence with the Editor of the *Times* newspaper? I had hoped, after the severe attack made on Dr. Hall's character, that that journal would have had the generosity to allow him an opportunity of clearing himself from an unjust and untrue accusation. As you will see, I have failed in obtaining this justice for my husband, as this week has closed without the letter appearing. May I hope that you will give publicity in your Journal to Dr. Hall's and Mr. Fitzgerald's letters? My sole object is to clear one who is absent, and thus unable to defend himself. I am, etc.

LUCY C. HALL.

Craig Crook, Black Hall, Edinburgh, August 25.

I.—(COPY.)

TO THE EDITOR OF THE TIMES.

SIR,—On Friday, the 3rd of this month, I forwarded a letter from Dr. Hall addressed to you, relative to an accusation of inhumanity to the late Mr. Stowe, "Commissioner to the *Times* Fund." I also forwarded a letter from Mr. Fitzgerald, the purveyor at Balaklava, in hopes that it might aid in disabusing your mind of any impression that Dr. Hall had been instrumental in excluding the late Mr. Stowe from the Military Hospitals in the Crimea. It is now more than ten days since I forwarded these inclosures; and I had hoped, Sir, from your well known impartiality, that after the attack made on Dr. Hall's character, you would have allowed him a fair opportunity of clearing it from such a stain as inhumanity to a dying man.

In case the letters forwarded have not come safely to your hand, I inclose you copies with this, and would feel much obliged by your letting me know whether you object to publish my husband's letter. I remain, Sir, yours truly,

Wednesday, August 15.

LUCY C. HALL.

II.—(COPY.)

Printing-house-square, Aug. 17.

The Editor of the *Times* presents his compliments to Mrs. Hall, and has only abstained from publishing the letters from Dr. Hall and Mr. Fitzgerald because he thought that the letter of Mr. Hayward, which reached him by the same mail, entirely disposed of all possibility of imputation upon Dr. Hall as regards the treatment of Mr. Stowe, and did so more effectually than Dr. Hall's letter could do, as Mr. Hayward wrote as an impartial person—an eye-witness, and a friend of Mr. Stowe; whereas Dr. Hall wrote in reply to an erroneous charge, was not himself present at the time of Mr. Stowe's last illness, and might be supposed, however unjustly, to have a prejudice against Mr. Stowe, and the mission he had gone out to execute.

The Editor thought, therefore, and still thinks, that Dr. Hall's character would not gain by the publication of his letter; but if Mrs. Hall is of a contrary opinion, the Editor will publish it immediately upon the receipt of a note from her to that effect.

Mrs. Hall.

III.—(COPY.)

TO THE EDITOR OF THE TIMES.

SIR,—I regret that my having left Warwickshire has delayed my reply to your note. I should very much wish to have the letters I sent you published, and would feel obliged by your giving them room in your journal. The impression of Dr. Hall having, from vindictive feeling, committed an act of inhumanity, has been so widely circulated that I am anxious it should be quite removed, and I cannot think that Mr. Hayward's letter does this. He might easily, when writing, have stated the fact that Dr. Hall was never informed of Mr. Stowe's illness, or applied to to rescind his order regarding the Castle Hospital in Mr. Stowe's favour; and which, considering the nature of that gentleman's mission, still more his personal amiability and talent, would, I am sure, have been a mark of respect and favour that my husband would have readily granted to one so universally esteemed and beloved as the late Mr. Stowe seems to have been.

I remain, Sir, yours truly,

Craig Crook, Black Hall, Aug. 20.

LUCY C. HALL.

IV.—(COPY.)

TO THE EDITOR OF THE TIMES.

Head-quarters, Camp before Sebastopol, July 19.

Sir,—In the *Evening Mail* of the 4th inst. I see I am accused by some one of having prevented Mr. Stowe's admission into any Military Hospital under my control, and that I had even been instrumental in getting him excluded—poor man!—during his last illness from that of the Royal Marines.

Now, Sir, I trust you will allow me to contradict through your columns this vile calumny, this gross libel on my humanity. I assure you I had never even heard of Mr. Stowe's illness until after his death. I could not, therefore, have been instrumental in excluding him from the Army Hospitals, the doors of which, particularly the General Hospital at Balaklava, are never closed against any one requiring Medical aid, as is evinced by the very large number of extra patients at all times under treatment in it. Nor are we or our establishments held vile and cheap, except by the writers in your columns. Men as high in rank as General officers in the Sardinian Contingent have solicited as a favour to be admitted into the wards when ill. But, as I said before, of Mr. Stowe's exclusion from the Military Hospital I knew nothing, and over the admissions into the Hospital of the Royal Marines I had about as much control as you have.

The church to which Mr. Stowe is reported to have been carried, and where many others were lying in a similar condition, was the private residence of the Rev. Mr. Hayward, the garrison chaplain; but to have said so would not have sounded so cheerless as taking him to a church. His reception by Mr. Hayward was an act of personal and private friendship, not part of a system of admitting patients. Mr. Hayward, good and charitable as he is, has other duties to perform; and beyond Mr. Stowe, I do not believe there was another sick person in his house—or church, if you will, for part of it is appropriated for the purposes of public worship. The inference the writer has drawn of my motives is worthy of the premises on which it is founded, and does not require, or rather does not deserve, comment.

It is quite true I have been frequently censured in your paper; but as most of the accusations have been as groundless as the present, they have not disturbed my peace of mind—the *mens conscia recti* preserved me from that; but as the present attack imputes paltry and unworthy motives for doing an uncharitable act towards a fellow-creature in distress, I am called on to set myself right with the public, and I feel assured you will assist me. I can understand the envenomed malice of certain parties; but that you, who are a perfect stranger to me, and could not benefit by my downfall, should lend your powerful aid to crush a man after forty years' honest and conscientious toil in all climates and in every quarter of the globe, is to me an enigma. You are much too shrewd not to know and see that I have been censured for things over which I had no control, and, contrary to every principle of English equity, condemned unheard.—I have the honour to be, Sir, your most obedient servant.

J. HALL,

Inspector-General of Hospitals.

V.—(COPY.)

General Hospital, Balaklava, July 20.

Sir,—In reference to your inquiries respecting the illness and demise of the late Mr. Stowe, I have the honour to state that shortly after he became unwell the Rev. Mr. Hayward called; and in the course of conversation he asked if Mr. Stowe would be admitted here. I replied that I could see no objection, as civilians of all grades were received into the Hospital.

Mr. Hayward was at that time aware that Sardinian officers of all ranks had even sought admission. A sovereign prince attached to the Sardinian Contingent admired the arrangements; and a count, the second of two in the Hospital at that time of that rank, observed that "the English fed their sick on luxuries."

Mr. Hayward seemed undecided and unwilling to part with his friend, whom he thought too ill for removal, and, I conceive, preferred having him under his own immediate care and attendance. Soon after, Mr. Stowe's illness increasing, the Rev. Mr. Hayward called on me for some articles, a bedstead, mattress, pillow, and close stool-pan and frame, which I immediately supplied. The disease becoming more serious,

and a constant attendant being necessary, the reverend gentleman called on me, and proposed the attendance of an orderly. I observed that the orderlies were very limited, and even insufficient for attendance on the wards, and, under such circumstances, I could not feel myself justified in ordering a soldier to attend, but that the same objection did not apply to nurses, and that one must be detached to the attendance required. I added, if, however, a nurse cannot be had, I shall risk all the consequences, and send an orderly.

The nurse was furnished by Miss Weare, the Superintendent, and attended on Mr. Stowe, not in the church, but in a room of the Rev. Mr. Hayward's, where the same excellent gentleman bestowed his kindness on the late Dr. Smith, and who bestowed more than fraternal solicitude and attention on the deceased gentleman. Medical comforts, of every description required, were prepared and issued for his use from the Kitchen of this Hospital.

Independent of the calls of duty I felt a personal friendship for the deceased gentleman, from his urbane manners when he called, and esteemed him for his acquirements, and was prepared to render him every possible assistance. His illness and demise were announced to you at the same moment by me, when you asked me who he was, and I replied, "the *Times* Commissioner."

I have, etc.

DAVID FITZGERALD, Purveyor to the Forces.

Dr. Hall, Inspector-General of Hospitals, etc.

THE BRITISH HOSPITAL AT RENKIOI.

(From the *Times* Correspondent.)

RENKIOI, Aug. 25.—On the 18th inst. I embarked on board the screw transport *Lady Eglintoun*, which left Smyrna with soldiers for the Crimea, for the purpose of visiting the new Civil Hospital at Renkioi, now in process of erection.

The village of Renkioi lies imbedded in the hills at the mouth of the *Dardanelles*, on the Asiatic side. The plain on which the hospital stands is about two miles off, and runs down on the slope to the coast; the town of *Dardanelles* is about eight miles further north. Thus there can arise none of the inconveniences which are stated to ensue from the proximity of a large city. The plain of Renkioi consists of a sandy loam: it is bounded by an amphitheatre of mountains, 1000 feet high, whence an abundant supply of excellent water is collected. The Medical superintendent conducted me to the springs by which the hospital is supplied. Most magnificent scenery struck the eye at every turn. The first spring was about 700 feet above the level of the sea, the second, on the summit of the mountain, nearly 1000 feet high. From these springs, the engineer, Mr. Brunton, has collected the water by earthen pipes into tanks, which will receive, when the works are completed, not less than 50,000 gallons *per diem*. Some idea of the magnitude of this undertaking may be formed when I say that the springs are two miles distant, and that there is not a part of the building in which this important necessary does not flow in profusion. When cooled in porous jars it tastes as fresh and as pure as at the fountain-head. Should the hospital require it, other springs can be directed into the same channel; but at present this does not seem likely, inasmuch as the abundant supply has been continuous during the period of summer.

The amphitheatre of hills protects the hospital against the land wind, which, however, rarely blows; the rush of water between the Mediterranean and the Sea of Marmora seems to keep up a perpetual sea-breeze. Much warmer clothing is required here than in Smyrna, and the nights are positively cold; therefore one may enjoy the comfort of a good sleep wrapped up in a blanket, and undisturbed by a perpetual visitation of mosquitoes and flies.

Several of the families of Smyrna come to this neighbourhood to recruit during the summer and autumn, and the young people regain here the bloom of health.

As far as I can form an opinion, this place seems most admirably adapted for an hospital. Those who have known the coast for many years have spoken to me of the spot in the same way. There are many who say it is very cold in winter; but then the Asiatic notions of temperature are different from those entertained in England. But I believe a short winter is very beneficial to European constitutions, and I heard with satisfaction that occasionally the rivers in this part of the

world are covered with ice. A warm greatcoat or a fur jacket will doubtless be sufficient for all emergencies. Confidence must be placed in the judgment and opinion of Dr. Parkes. He has, after infinite trouble, selected a site which is approved most generally, and no tangible objection of any kind has yet been raised. He has commenced the hospital; let him therefore complete it, unfettered by any fears or restrictions, and supported by his countrymen.

The landing places for the sick are two little bays, one protected from the north, the other from the south wind. From the tongue of land which separates them runs a wooden passage, or corridor, which will ultimately be nearly half-a-mile long, and wide enough to constitute a carriage drive. On each side are arranged "the huts," as they are called, but a fitter appellation would be "the wooden hospitals," for each building is formed to receive 50 men, each patient having 1300 cubic feet of air. A longitudinal partition divides each ward into two compartments; at one end are rooms for the wardmaster, orderlies, baths, and necessary stores; at the other end are lavatories, urinals, and waterclosets, as complete as at a railway-station. The roof is covered with felt and sheet tin; the windows are numerous and supplied with blinds, which do not exclude the air; there is an underground apparatus for forcing air into the wards, but if the wind commonly prevails, as at the present moment, there can be rarely any necessity for artificial ventilation. One hut is fitted up with medicines, etc., and it is purposed to provide a distinct dispensary for every 500 patients, that there may be no delay in attending to the Surgeons' orders. These buildings, situated on an inclined plane, the lowest part 30 feet above the level of the sea, are admirably drained. Iron kitchens are erected at intervals, one, I believe, for every 500 patients. There are storehouses and quarters for the officers and attendants. At some distance are the engineering department and Mr. Brunton's hut. This establishment would require a special communication, being of considerable extent. Each Medical officer has a single boarded apartment, 12 feet by 15, which serves for bedroom and sitting-room. It is quite innocent of paint or paper, and usually contains a camp-bed, a washing-stand, a deal-table, and chair; but all the Staff seem in good health, cheerful, and contented, and certainly constitute a very efficient and well-informed body of men. All will agree that these arrangements are what they ought to be. Every necessary, as regards cleanliness and health, is provided, but all superfluities are scrupulously avoided. Nothing could be in better taste. The residence of the Medical superintendent is but a small wooden hut, divided into four small compartments or rooms, and but little superior to the rest.

So actively has this work progressed, that at the present moment 500 patients, and, indeed, upon a pressure, 700 patients, could be readily received and treated. The separation of the huts allows of a scientific classification of cases, and the collection of the fever patients into buildings where their presence is not dangerous to others.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their Examination in the science and practice of Medicine, and received Certificates to practise, on August 30, 1855:—

DE LA GARDE, JOHN LEMPRIERE, Exeter, Devon.

MORRIS, E. JOHN, Victoria Dock-road, Plaistow, Essex.

PINDER, JOHN BAYNES, Whalley, Lancashire.

DEATHS.

BUCK.—August 23, J. B. Buck, Esq., Surgeon, Winchelsea, Sussex.

JOHNSTON.—August 3, at his residence in Woolmarket, George Johnston, Esq., M.D., aged 58. Dr. Johnston's eminent talents reflected honour on the place of his residence, no less than the active part he had been accustomed to take in the local government and other public affairs. Two years back he was exposed for a long time, when visiting some country patients, to a shower of rain, the immediate effect of which was a severe cold, with general debility. From the injury then sustained he never altogether recovered. A month ago he went to Edinburgh for a consultation. The result of that consultation was the

advice to retire to the Bridge of Allan for repose and relaxation; which advice he complied with, and it was there that on Saturday morning he was attacked by palsy. The attack was so severe that it completely paralyzed him. From Thursday last he was in a state of unconsciousness, relieved only at brief intervals, and on Monday morning at seven o'clock, surrounded by his family and one or two friends, he breathed his last. Deceased was born at Simprin, in Berwickshire. Dr. Johnston received his early education at the Grammar-School of this town, then under the management of the late Mr. Gardiner. From this he went to the High School of Edinburgh, and thence to the college, where he matriculated and qualified for a Surgeon. He had been apprenticed to Dr. Abercrombie. He also studied in London under Mr. Brooks. He practised in Bedford for about two years, and returned to this town in 1818, where he commenced practice as a Physician, and from the very commencement met with great success. He early had a taste for literature, and his studies in botany and marine animal and vegetable life occupied all the leisure of his early residence here. The result of these studies appeared in his publication of "the Flora of Berwick." In 1835 he was elected one of the first members of the Town Council. He continued a member till 1850, and in the course of that period he was three times elected to the office of Mayor, was twice Sheriff, and for ten years was an Alderman. He was also a Justice of the Peace for the borough from 1836. His later publications on British Zoophytes and other marine productions, and his lectures to the Mechanics' Institute on various parts of Natural History and ancient local traditions, have invariably been successful, commanding great attention from his auditors and great respect in literary criticism. He was oldest Physician to the Dispensary in this town, and was the Secretary to the Berwickshire Naturalists' Club, in both of which offices he was most zealous and efficient. The public have all along shown an appreciation of his talents and his worth, and by general consent he has been awarded a leadership in all public movements. During one of his mayoralties the great Agricultural Show under the Highland Society took place here—an event which imposed an immense amount of labour and responsibility on the local authorities. For the liberality he displayed on that occasion the public exhibited their estimation by the presentation of an elegant silver épergne. At deceased's funeral the Town Council attended in a body. Dr. Johnston was a Fellow of the Royal College of Surgeons of Edinburgh; and Honorary or Corresponding Member of most of the Societies in Britain instituted for the promotion of Natural History. His works which have been published comprise,—1. A Flora of Berwick-upon-Tweed. 2 vols. duod. 1829 and 1831. 2. Illustrations in British Zoology. 3. A History of the British Zoophytes. 1 vol. 8vo. 4. Contributions to the "Annals of Natural History." 5. A History of the British Sponges and Lithophytes. 6. The Mollusca and Acarides of Berwickshire described. 7. An Introduction to Conchology; or Elements of the Natural History of Molluscan Animals. 8. Botany of the Eastern Borders. 1 vol. 8vo. 1853.

LONGMORE.—August 25, of cholera, at Sebastopol, John Longmore, Esq., Acting-Assistant-Surgeon, attached to the 19th Regiment, third son of Thomas Longmore, Esq., Surgeon, London.

MOODY.—Recently, of Mortimer-street, Cavendish-square, John Duffy [Query, Doble?] Moody, Esq., of disease of the heart, aged 60. In practice prior to 1815.

IMRAY.—August 27, at Stonehaven, N. B., Keith Imray, Esq., M.D., F.R.S.

NELSON.—August 19, at Burnley, Lancashire, Joseph Dunn Nelson, Esq., Surgeon, M.R.C.S. Eng., 1839; L.S.A. 1852, late Surgeon H.E.I.C. Service; late Medical Officer to the Dispensary.

THE BOURNEMOUTH SANITARIUM.—A short time since an amateur theatrical performance, in aid of this Charity, was held at Colonel Waugh's residence, Campden-house, Kensington. Colonel Waugh has followed up his generosity upon that occasion by holding a grand bazaar at his marine residence, Brantsea Castle, Poole, which commenced on Wednesday, and terminated on Saturday last. The object of

this Institution (which is in connexion with the Hospital for Consumption, Brompton) is to receive patients afflicted with consumption who have a fair prospect of being cured by a residence in the mild air of Bournemouth, a watering-place situated midway between Poole and Christchurch. The bazaar was of the most extensive nature, and the arrangements for the public accommodation complete. It was announced that £1000 had been given by one person, and £500 offered by another, if the same sum could be raised. Independent of the sums, between £500 and £600 were realized at the bazaar.

BARON LIEBIG has arrived on a visit to Her Majesty.

MR. J. S. GAMGEE left London for Novara the evening of Saturday, 1st September, as 1st Class Staff-Surgeon and Chief of the Medical Corps to the Anglo-Italian Legion, now assembling in the north of Italy under General Perey. We have reason to know that before his departure Mr. Gamgee expressed high admiration of the liberal and very wise manner in which the authorities at the Army Medical Department are providing for the health of the troops in Her Majesty's service.

MR. GORDON CUMMING, who has become celebrated from his exploits in Southern Africa, has opened his rooms in Piccadilly for the public exhibition of the skulls, horns, skins, tusks, and bones of the different animals killed by him in his hunting expeditions. He illustrates this collection by a lecture, and is assisted in his descriptions by well-executed paintings of the scenes he visited and the wild animals he encountered. Independently of its other attractions the series of specimens of Natural History brought together in this collection is well worthy the attention of zoologists and comparative anatomists.

THE "BOY WITH THE REAL TAIL."—Dr. Sexton, in a letter to the Editor of the *Morning Advertiser*, states that immediately the paragraph appeared, Dr. Kahn sent a telegraphic message, and caused inquiry to be made among the Medical men and others interested in science at Middlesboro', but none of them knew anything of such an extraordinary phenomenon. The Surgeons who held the consultation are like the boy's tail, not to be found, so that there can be little doubt the whole affair is a hoax.

DEATH FROM THE BITE OF A TARANTULA.—Captain Foster, of the 12th Regiment at the Cape, lost his youngest child, a boy seventeen months old, under all the symptoms of a poisonous bite. Just before death a small bladder appeared in the spot where the swelling was first noticed; and on examining this vesicle after death, two small punctures could be distinctly seen. It is supposed to have been the bite of a mygale (tarantula), common in old thatched houses in Graham's Town.

THE CHOLERA has increased at Madrid.

STATISTICS OF FRANCE.—M. Boudin has extracted from the Census Returns, just published by the French Government, many interesting particulars, some of which we here reproduce. In 1851 the population of France amounted to 35,783,170 souls, 379,289 being foreigners, and of these 20,357 English. From 1846 to 1850 there were—

In France . . . 1 birth to 37.48 inh. 1 death to 41.97

In Towns (except

Paris) . . . 1 " 37.81 " 1 " 37.32

In Paris . . . 1 " 33.17 " 1 " 32.36

The total number of houses amounted to 7,462,545, or a little less than 5 persons per house. They were thus distributed:

	To a House.	To a Family.
In France . . .	4.84 persons	3.46 persons
In Towns . . .	9.05 " "	3.58 " "
In Paris . . .	35.17 " "	2.99 " "

From among the list of occupations we may specify that there were 906,666 servants (287,750 males and 618,916 females,) 26,768 Medical Practitioners and Pharmacians, 12,666 midwives, and 16,239 prostitutes. There were also 39,471 prisoners (31,324 males and 8150 females). From the list of infirmities we select the following:—

Blind	37,062	105 per 100,000
Blind of one eye . . .	75,063	210 "
Deaf and dumb . . .	29,512	82 "
Insane	44,970	125 "
Goutreux	42,382	118 "
Deviation of spine . .	44,619	125 "
Loss of one or both arms	9,077	25 "
Loss of one or both legs	11,301	32 "
Clubfoot	22,647	62 "

MORTALITY NOTABILIA.—The returns of the Metropolitan Registrars continue to exhibit a rate of mortality which is not high for London at this period of the year. In the week that ended on Saturday the deaths from all causes registered were 1031, of which 559, or considerably more than a half, occurred under 20 years of age, 19 at 80 years or above that age; and the remainder occurred, in nearly equal numbers, in the three intermediate vicennial periods of life. Zymotic diseases preponderate in the aggregate of deaths ascribed to them; they number 317. Diarrhoea was fatal in 134 cases last week, of which 111 occurred to infants less than two years old. Eighteen deaths are returned variously as caused by cholera, English cholera, choleraic diarrhoea, infantile cholera. In one case the disease is described as "Asiatic," and is stated to have occurred without premonitory symptoms to a man who lived in Drummond-crescent, Somers-town, and died after 12 hours' illness. In 8 of the 18 cases enumerated the sufferers were adults, 20 years of age and upwards.

BIRTHS.—The births of 840 boys and 831 girls, 1671 children, were registered. Average, 1393.

METEOROLOGY.—The mean height of the barometer in the week was 29.979 in. On Saturday its mean height was 30.212 in. The mean temperature of the week was 61.4°, which is 2.1° above the average of the same week in 38 years. The highest temperature occurred on Tuesday, and was 79°; the lowest occurred on Thursday, and was 47.3°. The highest readings of a thermometer in the sun were 102° and 104° on Tuesday and Wednesday respectively. The mean dew-point temperature was 52.4°, and the difference between this and the mean temperature of the air was 9°.

The following are the number of Deaths from Small-pox, Measles, Scarlatina, Hooping-cough, Diarrhoea, and Typhus, in the Several Districts of London for the past Week:—

	Popula- tion.	Small- pox.	Measles.	Scar- latina.	Hooping- Cough.	Dia- rrhoea.	Ty- phus.
West.....	576,427	8	4	5	2	12	7
North.....	490,396	3	4	5	7	38	19
Central.....	393,256	3	1	12	4	24	5
East.....	485,522	1	2	5	7	29	8
South.....	616,635	3	1	14	6	21	15
Total..	2,562,236	15	7	43	26	134	45

DEATHS REGISTERED in the Metropolis for the Week ending Saturday, September 1, 1855.

CAUSES OF DEATH.	In the Week ending Saturday, September 1, 1855.							Averages of Temperature and Deaths in 10 Weeks.
	Deaths of Persons.							
	AT ALL AGES.	Under 20 Years of Age.	At 20 and under 40 Years of Age.	At 40 and under 60 Years of Age.	At 60 and under 80 Years of Age.	At 80 Years of Age and Upwards.	Averages of Temperature and Deaths in 10 Weeks.	
Mean Temperature	61.4						60.5	
ALL CAUSES	1031	559	140	157	156	19	1396.1	
SPECIFIED CAUSES	1030	558	140	157	156	19	1390.4	
DISEASES:—								
1. Zymotic Class	317	250	18	23	24	2	625.8	
2. Dropsy, Cancer, and others of uncertain seat ..	49	3	5	18	21	..	43.9	
3. Tubercular Class	192	81	69	34	8	..	171.3	
4. Of Brain, Nerves, etc. . .	117	50	14	26	25	2	112.9	
5. Of Heart, etc.	34	4	5	9	15	1	30.8	
6. Of Respiratory Organs . .	100	50	5	21	20	4	78.7	
7. Of Digestive Organs . . .	55	26	9	13	6	1	67.9	
8. Of Kidneys, etc.	8	..	1	4	3	..	10.6	
9. Of Uterus; viz.—Puer- peral Disease, etc.	9	..	6	2	1	..	10.0	
10. Of Joints, Bones; viz.— Rheumatism, etc.	3	..	3	..	..	..	6.2	
11. Of Skin, etc.	2	1	1	..	..	..	1.0	
12. Malformations	5	5	..	..	..	..	2.5	
13. Debility from Premature Birth, etc.	29	28	..	1	..	..	27.9	
14. Atrophy	46	38	..	1	7	..	34.2	
15. Age	31	..	..	..	22	9	39.7	
16. Sudden	5	3	1	..	1	..	5.7	
17. Violence, Privation, etc. .	28	19	3	5	1	..	31.4	
CAUSES NOT SPECIFIED. . .	1	1	..	..	..	..	5.6	

BOOKS RECEIVED.

The Pharmaceutical Journal. September.
The Edinburgh Medical Journal. September.

TO CORRESPONDENTS.

NOTICE TO SUBSCRIBERS.

Amended Regulations in regard to the Transmission of Newspapers to British Colonies and Foreign Countries:—

GENERAL POST-OFFICE, August, 1855.

Henceforth it will not be necessary that Newspapers sent abroad, whether to the British Colonies or to Foreign Countries, should bear the Impressed Stamp (the old Newspaper Stamp); but, as at present, a Postage of One Penny must be prepaid (either by means of a Postage Label or in Money) on every Newspaper sent to a British Colony, with additional Postage (according to the Table in Instructions No. 45), when a Newspaper passes through a Foreign Country.

The Postage on Newspapers to Foreign Countries remains the same as given in Instructions No. 45; but, as already stated, it is no longer necessary that the Newspaper should bear the Impressed Stamp.

In future the Impressed Stamp will be required only in cases of repeated transmission of the same Newspaper in this Country, though it will of course be available also for single transmission in this Country.

In the transmission of Newspapers abroad (whether to the Colonies or Foreign Countries), the use of the Impressed Stamp will entirely cease; it will neither be required nor will it count as Postage, as it will be presumed that, where it is employed, it has already served for the transmission of the Newspaper in the United Kingdom.

From these Regulations it will necessarily follow—

- 1st. That every Newspaper going abroad must hereafter have the Postage to which it is liable represented by adhesive Postage Stamps, or paid in Money.
- 2nd. That a Newspaper, whether published with or without the Impressed Stamp, will be placed in the same position for transmission abroad.
- 3rd. That the Impressed Stamp will hereafter apply only to transmission and retransmission within the United Kingdom.

ROWLAND HILL, Secretary.

In our next Number we shall commence a series of LECTURES ON ORTHOPÆDIC SURGERY, by Mr. WILLIAM ADAMS, Assistant-Surgeon to the Orthopædic Hospital.

Dr. Hülbers.—This gentleman, who is a Homoeopath, writes to inform us of the circumstances which led to the withdrawal of a paper, written by him, from the Liverpool Medical Society, and to which allusion has been indirectly made in some correspondence from Liverpool which has appeared in our pages. It seems that the paper was spontaneously withdrawn by the author. The subject of the proposed communication was, we are informed, a case of *schirrus* (?) tumour of the tongue, which had got well under Homoeopathic treatment. Probably the Homoeopaths entertain peculiar views of the pathology as well as of the spelling of *schirrus*; but, as for ourselves, we do not believe in the curability of that disease. It is possible that in Homoeopathic language *schirrus* means any swelling; but we must observe that perhaps the Homoeopaths employ these, and similar words, as they use Professional titles, not really for the purpose of definition, but in order to delude the public.

J. L.—The Reports alluded to would be very acceptable.
Dr. Handley Jones will receive a private note.

ADDENBROOKE'S HOSPITAL.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Mr. Humphry presents his compliments to the Editor of the Medical Times and Gazette, and will be obliged by his correcting in the next Number the statements contained in the reply to *Students* this week.

Addenbrooke's Hospital is recognized by the Royal College of Surgeons, and Clinical Lectures are delivered weekly, in accordance with the regulations of the College; *Students* may, therefore, save time in London by availing himself of the opportunities it affords.

Moreover, the attendance on the Anatomical and Chemical Lectures, delivered by the respective Professors in the University Medical School, dissections, etc., are recognized by the College of Surgeons and the Society of Apothecaries as an equivalent for one winter session in London.

Hence, if *Students* be desirous of qualifying for the membership or fellowship and licence of these bodies, he may complete his first winter session, in accordance with their curriculum, in Cambridge.

It may be added that, with the view of encouraging the more frequent combination of University and Medical study, the Bachelor of Medicine of Cambridge is admitted to examination for the membership of the College of Surgeons on adducing proof of having completed the anatomical and surgical education required by the College; no other certificate being demanded. He is also admitted to examination for the licence of the Apothecaries' Society, provided he is able to produce the necessary indentures of apprenticeship.

The facilities afforded to Graduates at the Universities who may be desirous of obtaining the Fellowship of the College of Surgeons are sufficiently well known.

Cambridge, September 3, 1855.

TO THE EDITOR OF THE MEDICAL TIMES AND GAZETTE.

Sir,—Would you be kind enough to inform me, through your valuable paper, whether there is any remedy for the following apparent injustice to the Profession?

A child was brought here dead, the wheel of a vehicle having passed over it. I am the only Medical man who saw it, yet I am not appealed to in any way—not to give a certificate of death, not to make a P. M., not as witness at the Coroner's Inquest. I am told that the Coroner here usually acts in this way. To me it seems strange and improper.

Is there any work which treats of the Duties and Privileges of our Profession (legal)?

Royal Infirmary, Manchester, Sept. 1855.

J. L.

[We fear that there is no legal remedy.—Ed. M. T. and G.]

Dr. McLoughlin has sent us two small pamphlets, in one of which, detailing the premonitory symptoms of cholera, he has stated that we are able "to walk about for pleasure or business after our blood has ceased to circulate, and our heart has ceased to beat." The second pamphlet supports these rather strong assertions by one or two cases, which Dr. McLoughlin thinks satisfactory. One of these cases was that of a gentleman, who was amusing himself in the Gallery of the Louvre, and who soon afterwards, when he imagined that he had little the matter with him, presented a blue, icy cold skin, covered with the clammy dew of death; he had no pulse at the wrist, nor could Dr. McLoughlin discover any beating of the heart. The cases are not so satisfactory to us as they appear to be to Dr. McLoughlin.

ERRATUM.—In the report of the case of tapping the cranium by Mr. Craven, in our last Number, for "the bones of the cranium were snapped," read "strapped."

COMMUNICATIONS have been received from—

A RETIRED MEDICAL OFFICER; Mr. W. SMITH, Blackheath; Dr. McCOR MACK; Mr. WILLIAM ADAMS; Mr. J. H. TUTIN; AMICUS; ARUNDO; Mr. SPENCER WELLS; Mr. T. WESTROFF; BASHI BAZDOCK; THE ARMY MEDICAL DEPARTMENT; Mr. D. H. MONCKTON; Mr. DUGAN, Sebastopol; Mr. RICHARD BARWELL; Mr. J. Z. LAURENCE; J. L.; Mr. HUMPHRY, Cambridge; Mr. THOMAS HUNT; Dr. HENRY DICKEN; M. J.; Mr. J. T. LAMBERT; Mr. C. W. DASENT; F.R.C.P.; Mr. CHARLES VAUDIN; Mr. HENRY SMITH; Dr. RIGBY; Dr. HANDFIELD JONES; Mr. F. D. FLETCHER; Dr. ANDERSON; Dr. HELLERS; Dr. GARRETT, Thames Ditton; Mr. J. LEIGH; Mr. BIRD; THE REGISTRARS OR SECRETARIES of the following Institutions:—University and King's College, Aberdeen; Manchester Royal School of Medicine and Surgery; Leeds School of Medicine; Sheffield Medical Institution; London Hospital; University College; Westminster Hospital; Charing Cross Hospital; St. Bartholomew's Hospital; King's College Hospital; St. Mary's Hospital; Dr. TANNABILL; Dr. ANDREW SMITH; Mr. JOHN LANG; Mr. JOHN GAMGER.

APPOINTMENTS FOR THE WEEK.

SEPTEMBER.	MISCELLANEOUS REGISTER.
8. SATURDAY....	Operations at St. Bartholomew's, 1½ p.m.; St. Thomas's, 1 p.m.; Westminster, 1 p.m.; King's, 2 p.m.; Charing Cross, 1 p.m.
10. MONDAY.....	
11. TUESDAY.....	Operations at Guy's, 1 p.m.
12. WEDNESDAY...	Operations at University College Hospital, 2 p.m.; (Mr. Quain on his visiting days.) St. Mary's, 1 p.m.
13. THURSDAY....	Operations at St. George's, 1 p.m.; Middlesex, 12½ p.m.; Central London Ophthalmic, 1 p.m.
14. FRIDAY.....	Operations at the London, 1½ p.m.; Moorfields Ophthalmic, 10 a.m.; Westminster Ophthalmic, 1½ p.m.

THE CHOLERA is at this moment raging in Tuscany. The number of cases throughout the Grand Duchy averages, according to the *Monitore Toscano*, seven hundred per day.

King's College, London. — Medical DEPARTMENT.

The WINTER SESSION, 1855-56, will commence on Monday, October 1st, 1855, on which day all Students are expected to attend the Introductory Lecture, at Two o'clock.

The following Courses of Lectures will be given:—

Anatomy—Professor Richard Partridge, F.R.S.
Physiology and General and Morbid Anatomy—Professor Lionel S. Beale, M.B.

Chemistry—Professor W. A. Miller, M.D., F.R.S.
Principles and Practice of Medicine—Professor George Budd, M.D.

Principles and Practice of Surgery—Professor William Fergusson, F.R.S.
There are two Laboratories in the College fitted up with every convenience for the attainment of practical chemistry, and for the prosecution of scientific researches.

Dr. Beale has also a Laboratory adjoining King's College Hospital for the prosecution of pathological chemistry, demonstrations of the urine, etc.

KING'S COLLEGE HOSPITAL.

The Hospital is visited daily. Clinical Lectures are given every week, both by the Physicians and by the Surgeons. The Physicians' Assistants and Clinical Clerks, the House Surgeons and Dressers, are selected by examination from the Students of the Hospital.

SCHOLARSHIPS.—New Students will have the privilege exclusively of contending, in October next, for two Warneford Scholarships of £25 per annum, for three years. The examination commences on the 30th of September next, in Divinity, Classics, (subjects the same as for the Matriculation examination this year at the University of London,) Mathematics, and the Modern Languages.

One Scholarship of £40, tenable for three years; one of £30, and three of £20 each, tenable for two years, will be filled up in April next, the subjects of the examination being exclusively medical.

Full particulars upon every subject may be obtained from Dr. Guy, Dean of the Department, or upon application to J. W. Cunningham, Esq., Secretary.

R. W. JELF, D.D., Principal.

Leeds School of Medicine.—Twenty-FIFTH SESSION, 1855-56.—PLAN OF LECTURES.

The Winter Session will commence on Monday, October 1st, 1855, when Dr. Pyemont Smith, President, will deliver the Introductory Lecture, at Twelve o'clock.

Anatomy, Physiology, and Pathology, by Mr. Ikin, Mr. S. Hey, Mr. Wm. Nicholson Price, and Mr. C. G. Wheelhouse.

Descriptive Anatomy, by Mr. Wm. Nicholson Price, and Mr. C. G. Wheelhouse.

Principles and Practice of Surgery, by Mr. Hey and Mr. Nunneley.

Chemistry, by Mr. Morley and Mr. Scattergood.

Principles and Practice of Physics, by Dr. Chadwick and Dr. Heaton.

Superintendent of Dissections, Mr. E. W. Ward.

Summer Session, 1856, commencing May 1st.

Materia Medica and Therapeutics, by Mr. Bishop.

Midwifery and Diseases of Women and Children, by Mr. Smith and Mr. Braithwaite.

Forensic Medicine, by Dr. Pyemont Smith.

Botany, by Dr. Heaton.

Practical Chemistry, by Mr. Scattergood.

Operative Surgery.

Application for Tickets may be made to the Treasurer, Mr. Samuel Hey, Albion-place.

N.B. Attendance at the above Lectures will confer the same qualification for Examination as is obtained in the Medical Schools of London.

Clinical Lectures will be given at the General Infirmary twice a week; on Medical Cases by Dr. Chadwick and Dr. Heaton, and on Surgical Cases by Mr. Smith, Mr. T. P. Teale, and Mr. Samuel Hey.

On Ophthalmic and Aural Practice, at the Eye and Ear Infirmary, by Mr. Nunneley.

Medical Libraries are connected both with the School and the Infirmary.

The Manchester Royal School of MEDICINE and SURGERY, Pine-street, behind the Royal Infirmary. Founded 1824.

WINTER SESSION, 1855-56.

The Winter Session of this School will open on MONDAY, the 1st of OCTOBER, at Twelve o'clock, when an Introductory Address will be delivered by Mr. Greaves.

Anatomy and Physiology, by Mr. Turner and Mr. Wm. Smith.

Microscopic Anatomy, by Mr. Wm. Smith.

Practical Anatomy and Demonstrations, by Mr. Lund.

Medicine, by Dr. Browne.

Surgery, by Mr. Orr.

Chemistry, by Dr. Allan.

Clinical Medicine and Surgery, at the Royal Infirmary, by the Physicians and Surgeons to the Hospital.

SUMMER SESSION, 1856.

Midwifery, by Mr. Heath.

Materia Medica, by Mr. Childs.

Forensic Medicine, by Mr. Greaves.

Botany, by Mr. Grindon.

General Pathology and Morbid Anatomy, by Dr. Renaud.

Anatomy, Physiology, and Pathology of the Eye, by Mr. Hunt and Mr. Lund.

Practical Chemistry, by Dr. Allan.

The Winter Session commences on the 1st of October, and terminates at the end of March. The Summer Session begins on the 1st of May, and terminates at the end of July.

Medals and Certificates of Honour will be awarded to the most distinguished Students.

Three Scholarships will be open for competition to the Students of the School, of the value respectively of—£20, tenable for two years; £15, tenable for one year; £10, tenable for one year.

The Register of Tickets for the Winter Courses is open from October 1st to October 15th, 1855, and for the Summer Courses, from May 1st to May 15th, 1856.

St. Bartholomew's Hospital and MEDICAL COLLEGE.

The WINTER SESSION will commence on October 1st, with an Introductory Address by Mr. PAGET, at Seven o'clock p.m.

LECTURES.

Medicine—Dr. Burrows and Dr. Bailey.

Surgery—Mr. Lawrence.

Descriptive Anatomy—Mr. Skey.

Physiology and Morbid Anatomy—Mr. Paget.

Chemistry—Mr. Stenhouse.

Superintendence of Dissections—Mr. Holden and Mr. Savory.

SUMMER SESSION, 1856, commencing May 1st.

Materia Medica—Dr. F. Farre.

Botany—Dr. Kirkes.

Forensic Medicine—Dr. Black.

Midwifery, etc.—Dr. West.

Comparative Anatomy—Mr. M'Whinnie.

Practical Chemistry—Mr. Stenhouse.

HOSPITAL PRACTICE.—The Hospital contains 650 Beds, and relief is afforded to nearly 90,000 patients annually. The in-patients are visited daily by the Physicians and Surgeons, and Clinical Lectures are delivered weekly; on the Medical Cases by Dr. Burrows and Dr. Farre; on the Surgical Cases by Mr. Lawrence, Mr. Stanley, Mr. Lloyd, and Mr. Skey; on the Diseases of Women by Dr. West. The out-patients are attended daily by the Assistant-Physicians and Assistant-Surgeons.

COLLEGIATE ESTABLISHMENT.—Warden, Dr. Black. Students can reside within the Hospital walls, subject to the rules of the Collegiate system, established under the direction of the Treasurer and a Committee of Governors of the Hospital. Some of the Teachers and other Gentlemen connected with the Hospital also receive Students to reside with them.

SCHOLARSHIPS, PRIZES, &c.—At the end of the Winter Session, Examinations will be held for Two Scholarships of the value of £45 for a year. The Examination of the Classes for Prizes and Certificates of Merit will take place at the same time.

Further information may be obtained from Mr. Paget, or any of the Medical or Surgical Officers or Lecturers, or at the Anatomical Museum or Library.

The Middlesex Hospital.—The Winter

SESSION will commence on Monday, October 1st, with an Introductory Address at Eight o'clock p.m.

The Hospital contains upwards of 300 beds, of which 120 are for Medical, and 185 for Surgical cases. The Cancer Establishment receives 33 patients. Wards are set apart also for the reception of cases of Uterine Disease and of Syphilis. Upwards of 15,000 out-patients and nearly 900 Midwifery cases were attended during the past year. Ophthalmic and Dental cases are separately attended to.

Fee for Eighteen Months' Medical and Three Years' Surgical Practice, £30.

Fee for Attendance on all the Lectures and Hospital Practice required by the Royal College of Surgeons and the Society of Apothecaries, £75, which may be paid by instalments of £30 at the beginning of the First Session, £30 at the beginning of the Second Session, and £15 at the beginning of the Third Session.

For further information apply to Mr. De Morgan, Treasurer to the School, at the Hospital, daily from One to Half-past Two o'clock; to Dr. Corfe, the Resident Medical Officer; or to Mr. Shedden, Secretary to the Hospital.

St. Mary's Hospital Medical School.—

The WINTER SESSION will commence on MONDAY, October 1st, at Half-past Two o'clock, with an Introductory Address by Mr. Coulson.

LECTURES.

Anatomy and Physiology—Mr. Lane and Dr. Handfield Jones.

Descriptive and Surgical Anatomy—Mr. Haynes Walton and Mr. James Lane.

Pathological Anatomy—Dr. Markham.

Chemistry—Albert J. Bernays, Ph.D.

Medicine—Dr. Chambers and Dr. Sibson.

Surgery—Mr. Coulson and Mr. Spencer Smith.

Clinical Medicine—Dr. Alderson.

Clinical Surgery—Mr. Ure.

SUMMER SESSION, 1856.

Botany—Dr. Burdon Sanderson.

Materia Medica—Dr. Sieveking.

Practical Chemistry—Albert J. Bernays, Ph.D.

Midwifery, etc.—Dr. Tyler Smith and Mr. Baker Brown.

Medical Jurisprudence—Mr. Ansell.

Military Surgery—Dr. James Bird, F.R.C.S.E.

Ophthalmic Surgery—Mr. White Cooper.

Aural Surgery—Mr. Toynbee.

Dental Surgery—Mr. Nasmyth.

Comparative Anatomy and Zoology—Graily Hewitt, M.B.

Natural Philosophy—Mr. Lindsey Blyth.

Hospital Practice.—The Hospital contains upwards of 150 Beds, 65 of which are devoted to Medical, and the rest to Surgical cases. This division includes a Ward appropriated to the Diseases of Women, and also beds for Ophthalmic and Aural cases. A Maternity Department is attached to the Hospital; 194 poor married women were delivered at their own homes during the past year.

There are four Resident Medical Officers, who board in the Hospital, and are appointed for eighteen months; two Non-Resident Medical Officers; a Medical and a Surgical Registrar; Clinical Clerks and Dressers will be selected from the best qualified Students. All the above offices are open to competition among the qualified Perpetual Pupils of the Hospital without extra fee.

Further information may be obtained on application to the Dean of the School, who will also furnish the names of gentlemen in practice in the vicinity of the Hospital, willing to receive pupils to reside with them.

H. SPENCER SMITH, Dean of the School.

St. Mary's Hospital, August, 1855.

East India Board Medical Examination.

Mr. Power and Dr. Power propose, early in September, to form a special class for gentlemen who intend to compete for the Indian Appointments in January, embracing the subjects of Natural History, etc.

The general Lectures and Examinations for the various Medical Boards are continued as usual daily.

Mr. Power prepares Practitioners privately for the College of Physicians, and Scotch Universities. He also prepares, by weekly correspondence, Practitioners who are unable to absent themselves from home for any length of time.

Dr. P. receives two House-Pupils.
Lecture Room, Exeter Hall, Strand.

Great Reduction in the Prices of New MEDICAL GLASS BOTTLES and PHIALS, at E. AND H. HARRIS'S, 2, UPPER COPENHAGEN-STREET, BARNBURY ROAD, ISLINGTON, LONDON.

6 & 8 oz., any shape, plain or graduated...	8s. per gross.
3 & 4 oz., do.	7s. 6d. do.
1 oz. moulded phials	4s. 6d. do.
1 oz. do.	5s. 6d. do.
1 1/2 oz. do.	6s. do.
2 oz. do.	7s. do.

In quantities of not less than six gross, (in smaller quantities, 1s. per gross extra,) assorted to suit the convenience of the purchaser, delivered free within seven miles. Prompt attention to country orders on remittance.

London Cloth Establishment.—Pur-

chasers of CLOTHS, summer trousering, vestings, etc., are respectfully invited to inspect the extensive new STOCK of the above establishment. Every yard of cloth is sold at the very lowest price, and gentlemen who desire it can have their purchases made up on the premises, at as low a charge as is compatible with the best work and trimmings.—WILLIAM SNEWING, 16, Coventry-street, Haymarket.

Dinneford's Pure Fluid Magnesia,

now greatly improved in purity and condensation.—"Mr. Dinneford's solution may fairly be taken as a type of what the preparation ought to be."—Pharmaceutical Journal, May, 1846.

This excellent remedy, in addition to its extensive sale among the public, is also very largely used in dispensing, for which the best form is in the stone jars, (half-gallon, 5s. 6d.; gallon, 9s. 6d.) specially adapted for the use of Surgeons and Chemists. To be had from the Manufacturers, DINNEFORD and Co., Chemists, 172, Bond-street; and all respectable Wholesale Druggists and Patent Medicine Houses.

TO SURGEONS, APOTHECARIES, AND DRUGGISTS.

Important Saving, by Prepayment, in the PURCHASE of NEW WHITE MOULDED VIALS.

APSLEY PELLATT and Co. submit the following PRICES of VIALS, for PRE-PAYMENT only:—

1/2 oz., 1 oz., 10 dr., and 1 1/2 oz. per Gross, 6s.	In quantities of not less than
14 dr., and 2 oz.	7s.
3 oz.	8s.
4 oz.	10s.
6 oz.	15s.
8 oz.	18s.
1 1/2 oz. graduated in 3 doses,	12s. 6d.

The above Prices being based upon a calculation which excludes all charge whatever between the Manufacturer and the Consumer, no attention can be paid to any order not accompanied by a remittance in full, made payable in London.—Orders and remittances to be addressed,

APSLEY PELLATT & Co.,
FALCON GLASS WORKS, LONDON.

Adnam's Improved Patent Groats

AND BARLEY.—THE ONLY EXISTING PATENT, and STRONGLY RECOMMENDED BY THE MEDICAL PROFESSION.

TO INVALIDS, MOTHERS, and FAMILIES.—The important object so desirable to be obtained, has at length been secured to the Public by J. and J. C. ADNAM, Patentees, who, after much time and attention, have succeeded by their IMPROVED PROCESS, in producing preparations of the purest and finest quality ever manufactured from the Oat and Barley.

The Barley being prepared by a similar process is as pure as can be manufactured, and will be found to produce a light and nourishing Food for Infants and the Aged.

A report having been circulated, that preparations of so white a character could not be produced from Groats and Barley alone, the Patentees have had recourse to the highest authority for an analysis to establish the fact, a copy of which is subjoined:—

"Chemical Laboratory, Guy's Hospital,
February 19, 1855.

"I have submitted to a microscopical and chemical examination the samples of Barley-meal and Groats which you have forwarded to me, and I beg to inform you, that I find in them only those principles which are found in good Barley; there is no mineral or other impurity present, and from the result of my investigation, I believe them to be genuine, and to possess those nutritive properties assigned by the late Dr. Pereira to this description of food."
(Signed) "A. S. TAYLOR.

"Messrs. J. and J. C. Adnam and Co."
To be obtained Wholesale at the Manufactory, Maiden-lane, Queen-street, London; Messrs. Barelay and Sons, Farringdon-street; and Edwards, St. Paul's-churchyard; Sutton and Co., Bow-churchyard; and other Wholesale Houses. Retail in Packets and Canisters at 6d. and 1s. each, and in Canisters for Families at 2s., 5s., and 10s. each, of all respectable Grocers, Druggists, etc., in Town and Country.

Caution.—To Tradesmen, Merchants,

SHIPPERS, OUTFITTERS, &c.—Whereas it has lately come to my knowledge that some unprincipled person or persons have, for some time past, been imposing upon the public by selling to the trade and others a spurious article under the name of BOND'S PERMANENT MARKING INK, this is to give notice, that I am the original and sole proprietor and manufacturer of the said article, and do not employ any traveller, or authorize any persons to represent themselves as coming from my establishment for the purpose of selling the said ink. This caution is published by me to prevent further imposition upon the public, and serious injury to myself. E. B. BOND, sole executrix and widow of the late John Bond, 28, Long-lane, West Smithfield.

To avoid disappointment from the substitution of counterfeits, be careful to ask for the genuine Bond's Permanent Marking Ink, and further to distinguish it, observe that NO SIXPENNY SIZE is, or has at any time, been prepared by him, the Inventor and Proprietor.

Dr. Kahn's Grand Anatomical Museum.

Consisting of upwards of One Thousand highly interesting Models, representing every part of the human frame, in health and disease; also the various Races of Men, etc. Open (for gentlemen only) daily from 10 till 10. Lectures, varying every day in the week, are delivered by Dr. Sexton, at 12, 2, 4, and half-past 7. Admission, One Shilling. 4, Coventry-street, Leicester-square.

Surgical Instruments, and every Im-

plement necessary for Surgeons, can be had (warranted best quality and moderate prices), retail as well as wholesale, from the Manufacturer, JAMES ARNOLD, Surgical Instrument Maker to St. Bartholomew's Hospital, 35, West Smithfield, London.

	£ s. d.		£ s. d.
Single Circular Trusses	0 2 6	Case of Tooth Instruments	1 0 0
Double ditto	0 5 0	Case of Cupping Instru-	
On Salmon's expired Pa-		ments	2 13 6
tent	0 4 6	Case of Pocket Instruments	1 0 0
Double ditto	0 2 0	Brass Escara Syringe, com-	
On Coles's expired Patent		plete, in mahogany case,	
Double ditto	0 5 0	18s. and	0 12 0
Cotton Net Suspensory		Case of Dissecting Instru-	
Trusses, from	0 10 0	ments, ivory handles	0 15 0
Elastic Stocking-net band-		Best Bleeding Lancets, per	
age, per yard	0 0 4	dozen	0 18 0

BONUS.

POLICIES EFFECTED ON THE PARTICIPATING SCALE BEFORE THE 31ST OF DECEMBER NEXT WILL BE ENTITLED TO SHARE IN FOUR-FIFTHS OF THE PROFITS, TO BE DIVIDED AT THE CLOSE OF THE PRESENT YEAR.

New Equitable Assurance Company.

(Incorporated by Act of Parliament, 7 and 8 Vict. cap. 110.)

CHIEF OFFICES—449, STRAND, LONDON.

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The aggregate amount of Business transacted by the Company, up to the end of each year, from its commencement to the end of the year 1854, is as follows:—

	Number of Policies issued.	Sums Assured.	Annual Premiums.
1851	301	£29,503	£23,439 0 1
1852	677	278,885	10,603 12 2
1853	1,025	413,735	15,836 3 6
1854	1,282	500,165	18,750 13 3

MEDICAL PRACTITIONERS.

The Directors acknowledge and consult all duly-qualified Medical Practitioners as the Medical Advisers of the Company, and uniformly pay a Fee of Two Guineas for every Medical Report when the Proposal for Assurance is for £200 and upwards, and a proportionate Fee for a smaller amount.

Medical Practitioners are also entitled to Ten per Cent. Commission on First-Year's Premiums, and Five per Cent. on all subsequent Payments, for Assurances effected through their Introduction.

EVERY DESCRIPTION OF LIFE ASSURANCE BUSINESS TRANSACTED.

Prospectuses, Forms for Proposals, and any further information, may be had on applying to the Resident Director, or Secretary, at either Office, or of the Company's Agents.

N.B.—Active and influential Agents wanted.



At Goodrich's, 416, Oxford-street,

LONDON, nearly opposite Hanway-street. Box, containing 14 Cigars, for 1s. 9d.; post-free, 27 stamps. Acknowledged by connoisseurs to be the finest and cheapest ever imported. CAUTION—None are genuine unless signed "H. N. GOODRICH."

DREW'S

Ol. Jecoris Aselli cum Quinâ.—This

elegant preparation—a perfect combination of the above valuable medicines—has given the greatest satisfaction to those Physicians and Surgeons who have already prescribed it, and is now offered to the Medical Profession generally, either through their usual Druggists or direct of the undersigned, at the following prices:—

In sealed bottles (Two grains of Quinine to each ounce of oil) 20 ounces by weight, including bottle, 4s. 9d. 40 ounce ditto, 9s. 80 ounce ditto, 17s. Hospitals, Dispensaries, and large consumers will be supplied at reduced prices. Specimens sent to all parts on application.

Prepared only, as prescribed and approved by Dr. Lever, Dr. Barlow, etc., Guy's Hospital, Dr. Griffiths, Dr. Peacock, etc., St. Thomas's Hospital, by BERNARD DREW and COMPANY, Wholesale Chemists, Blackman-street, Southwark, London.

Messrs. Drew and Co.—

Gentlemen,—Having given a fair trial in the Diseases of Women and Children, to your preparation of Cod-Liver Oil and Quinine, I can bear testimony to its value in those various cases in which such combination is desirable.

SAMUEL GRIFFITHS, M.D.

Physician Accoucheur, &c., St. Thomas's Hospital,
8, Wellington-street, London Bridge, and Med. Coll.
June 15, 1855.

To Physicians, Surgeons, and
DRUGGISTS.—BROWN'S CANTHARIDINE BLISTERING
TISSUE.—PREPARED FROM PURE CANTHARIDINE.

An elegant preparation, vesicating in much less time than the Emp. Lytta P. L., easily applied and removed, and will not produce strangury or troublesome after-sore. It has received the sanction and commendation of many of the most eminent Practitioners in the Kingdom.—In Tin Cases, containing ten feet, 6s. 6d.; and small Cases of five square feet, 3s. 6d. each.

BROWN'S TISSUE DRESSING.

An elegant, economical, and cleanly substitute for all ointments, as a dressing for Blisters, and may be called a companion to the above.—In Tin Cases, containing twelve square feet, 1s. 6d. each.

Extracts and Editorial Note from the New York Journal of Medicine.

March 1st, 1855.

"BROWN'S CANTHARIDINE TISSUE.—It presents peculiar claims to our notice in the inflammatory diseases of females and children, in whom the unpleasant consequences which so often follow the application of the Emp. Cantharides are most apt to occur. We have found it a reliable and peculiarly safe vesicant, and from the many trials we have given it, we are satisfied that it deserves the attention of the Medical Profession.

"Accompanying this Article is a very simple and neat dressing."

"10, Finsbury-place South, March 16, 1852.

"Dear Sir,—I beg to acknowledge the receipt of a case of your 'Cantharidine Tissue,' as well as a case of your 'Tissue Dressing,' for which I have to offer you my best thanks. I have given both preparations a thorough trial, and cannot refrain from speaking of them in the highest terms. The 'Cantharidine Plaster' is the most elegant and effective blistering agent with which I am acquainted, and only requires a trial or two to insure its being preferred before those applications of a similar kind that are now in use.

"I am, dear Sir, yours faithfully,

"JOHN GAY, F.R.C.S.,

"Honorary Surgeon to the Royal Free Hospital, etc., etc.

"To Mr. Brown."

"Army Medical Department, January 16, 1847.

"The Principal Medical Officer of the General Hospital, Fort Pitt, Chatham, reports that Mr. BROWN'S BLISTERING TISSUE has been used extensively in the Military Hospital, has been found effective as a vesicatory, when carefully applied, and has not been productive of any degree of strangury.

"ANDREW SMITH, M.D.,

"Deputy Inspector-General of Hospitals.

"Mr. T. B. Brown, Druggist, Handsworth, Birmingham."

Prepared and sold by THOMAS B. BROWN, PHARMACEUTICAL CHEMIST, 42, ADMIRAL-TERRACE, VAUXHALL-BRIDGE-ROAD, LONDON, and by the Sole Consignee, Mr. WILLIAM BAILEY, Wolverhampton; and all wholesale and retail Druggists and Medicine Agents throughout the British Empire.

**Samuel Brothers' Stock**

for the present Season is worthy of your inspection, combining the three requisites—Quality, Style, and Moderate Price.

READY MADE CLOTHES EQUAL to BE-SPOKE—an advantage not to be obtained at any other establishment. Dress Coats, 21s. to 42s.; Frock ditto, 25s. to 46s.; Paletots, 21s.; Oxonian Coats, 16s. to 24s.; Albion Over Coats, 21s. to 42s. 9d.; Toga, 25s. to 50s.; Talma, 25s. to 50s.; Poncho, 21s. to 42s.; Fancy Vests, 6s. to 10s.; Hussar Suits, 25s. to 38s.; the new Circular Coat, with Belt, 13s. 6d.

A FOUR-POUND SUIT Samuel Brothers strongly recommend—made from Saxony cloth, manufactured by an eminent West of England house, the wear of which they warrant.—Patterns, etc., sent free.—No. 29, Ludgate Hill.—SAMUEL BROTHERS, MERCHANT TAILORS, OUTFITTERS, HATTERS, etc., 29, Ludgate-hill, London.

Bland and Long, Philosophical and

CHEMICAL INSTRUMENT MAKERS and OPERATIVE CHEMISTS, 153, FLEET-STREET, LONDON, invite the attention of the Medical Profession to their improved MEDICO-GALVANIC MACHINES, which produce a continuous current of Electricity, of any required intensity, in One Uniform Direction, 2, 3, 4, 5, and 8 Guineas. Conductors for Applying the Current to the Spine, Feet, Ears, Teeth, Eyes, and other parts of the body. ANATOMICAL ACHROMATIC MICRO-SCOPES, with Jointed Stands, in Cases, complete, 25 5s. and upwards. Slides of Urinary Deposits, Injections, Muscular Fibre, etc. CHEMICAL CHESTS arranged for the Analysis of Urine, and for Toxicological purposes. URINOMETERS in metal (gilt), 14s. each; ditto in Glass, 4s. 6d., 8s. 6d., 15s., and 30s. each.

**At Pratt's, Army, Navy**
Surgeons, and others, can be supplied with the best**SURGICAL INSTRUMENTS**

cheaper than any other house in the trade.

Travelling Urinals from 12s.
Brass Enema Syringe in Case .. 7s. 6d.
Elastic Stockings 5s.
Case of Amputating Instruments .. 43 15s.
Pocket Case 30s. & 42s.
Tooth Instruments from 25s.

Wooden and Artificial Legs, Crutches, Bandages, &c. at greatly reduced prices.

PRATT, SURGICAL INSTRUMENT MAKER,
420, Oxford-street.

Important to the Medical Profession.

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SYRUP OF THE IODIDE OF QUININE AND IRON.

From the late Dr. GOLDING BIRD.

"48, Russell-square.

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"GOLDING BIRD, A.M., M.D., F.R.S.,

"Fellow of the Royal College of Physicians,

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L.A.C., who has been in Practice several years, is desirous of meeting with a good PRACTICE or PARTNERSHIP, where the Premium might be paid by yearly instalments. A gentleman wishing to be relieved from the arduous duties of the Profession would find this an eligible opportunity. Address, Omega, Mr. Onwhyn, News Agent, Catherine-street, Strand.

Chester General Infirmary.—Notice is

hereby given, that a Special General Board of the Governors will be held in the Board Room, on Wednesday the 19th September, 1855, at the hour of 12 o'clock at noon, for the purpose of electing an Assistant House-Surgeon.

The duties may be known on application at the Infirmary.
Unexceptionable Testimonials will be required of moral conduct; and the Candidates must be Members of one of the Royal Colleges of Surgeons of London, Edinburgh, or Dublin, and legally qualified as Apothecaries.
Salary £60 per annum, with residence and maintenance in the House.
Testimonials to be addressed to the Chairman of the Board, on or before the morning of Election. By order,
J. JONES, Secretary.

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