Observations on Italian medical institutions and practice : with a brief comparative sketch of some points of French and English practice, and remarks on Italian climate / by Edwin Lee.

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A BRIEF COMPARATIVE SKETCH

OF

SOME POINTS OF FRENCH AND ENGLISH PRACTICE;

AND REMARKS ON

ITALIAN CLIMATE.

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ITALIAN MEDICAL INSTITUTIONS,

&c.

I PURPOSE, in the present paper, giving an account of some of the Italian hospitals and medical institutions, and attempting to convey an idea, by the observations which I made during my residence in Italy, and by the relation of some cases selected from hospital practice, of the actual state of medicine and surgery in that country. I shall also offer a few remarks on some of the more prominent differences in medicine and surgery, observable between this country and France: the French medical institutions, and the practice of individual professors, it is not my intention to describe, as two or three publications already exist on that subject.* I also add a few remarks on the climate of particular parts of Italy.

Although aware of the incompleteness of the following notes, which were taken as an occupation of leisure hours, without any intention of publication, yet, as no account of the Italian medical establishments has been published in England, (with the exception of some observations in Dr. CLARKE'S "Notes,") these observations, however imperfect, may perhaps, in the absence of other information, be not altogether void of interest.

I beg here to express my grateful sense of the kindness and urbanity I experienced from the professors and medical attendants of the different hospitals which I visited; and

* CROSS'S Sketches on Paris; RATIER, Coup d'Œil sur les Hôpitaux de Paris.

assure future travellers, that, on the continent generally, no impediment is offered to their visiting charitable institutions, but, on the contrary, every facility of investigation will be afforded them.

Brief Sketch of some Points of French and English Practice.

Almost all the hospitals and medical institutions on the continent are supported, either directly or indirectly, by the government of their respective countries, and patients obtain admission or relief on application, without any other recommendation than that of their requiring professional assistance. In England, where establishments for the relief of the sick poor partake more of the nature of private institutions, a letter of recommendation from one of the subscribers is requisite for the admission of patients, except in cases of accident. No circumstance can more strongly portray the benevolent disposition of the English nation than the existence of the numerous charitable institutions in all parts of the kingdom, which are, with very few exceptions, supported entirely by the subscriptions and donations of individuals.

On the continent, the medical officers of hospitals are elected by "concours," or the public examination of candidates: this method has certainly many advantages; it affords a guarantee to hospital patients of the skill of their professional attendants; and, as medical institutions are strictly public, no other plan could be so well followed. In England, however, where these establishments are supported by the benevolence of individuals, who are naturally entitled to take part in their internal management, the election of candidates is decided by the majority of the votes of the subscribers; and I question whether the voice of public opinion and criticism, far more strongly expressed in England than elsewhere, to which medical officers of charitable institutions are exposed, and the judicial investigation which must ensue on every fatal case, where a doubt exists as to the propriety of treatment, be not securities of the capabilities of hospital medical officers, quite as valid as those afforded by the election by "concours;" and whether they would not, more certainly, deter incompetent persons from proposing themselves as candidates.

The profession does not hold so high a rank in society on the continent as in England: it does not frequently happen abroad, that any one possessing much property selects the medical profession, while the trifling expense of professional

education allows admission to many of the lower class of individuals, who, in England, would be excluded by the heavy expenses attendant on their education. The bodies of all patients who die in the continental hospitals are examined; hence immense opportunities are afforded for the cultivation of pathological anatomy, of which the French have most zealously availed themselves; without, however, a corresponding amelioration in the treatment of disease taking place, to the extent which might have been expected.

From the same source, the dissecting rooms are plentifully supplied; and it may be questioned if this abundance of subjects have not its disadvantages, from the inducement it offers to students to hurry through their dissection in a careless manner: a principal cause of the greater neatness in dissection displayed in the London schools, is no doubt owing to the scarcity of subjects.

The majority of the profession in France follow in the treatment of disease the doctrine of Broussais; of which the leading feature is the reference of fever to a local origin. This is considered to be inflammation, in a greater or less degree, or irritation of the mucous membrane of the stomach and bowels, which is supposed to be present in the greater number of acute, and in many chronic diseases: hence the practice mainly consists in the avoidance of all kinds of stimulants and tonics, of active purgation, or of any medicine which would be likely to irritate this membrane; and in the employment of light farinaceous or liquid diet, occasional bloodletting, the repeated application of leeches to the abdomen, and the administration of acidulated or mucilaginous drinks.

A smaller proportion of practitioners of the old school of Pinel continue to follow the system of the "medicine expectante," or "Hippocratique," rarely using depletory measures, relying chiefly on the "vis medicatrix naturæ," and, even in cases of acute inflammation, confining their remedial efforts to a small bleeding, the application of leeches, the exhibition of an emetic, or the use of revulsives. Tisanes, decoctions of simple herbs, mucilaginous beverages, are the most usual remedies employed; joined to the use of enemata, tepid baths, and, in those cases where debility is present, of tonics and stimulants.

Many judicious practitioners, however, do not follow the extremes of any system, but, on prescribing according to existing symptoms and the circumstances of each particular case, endeavour to attain the "juste milieu" in the treament of disease: in fact, the too exclusive nature of the Broussaian

doctrine has of late years somewhat lessened the number of its followers.

One material difference in the treatment of disease, between England and the continent, consists in the much larger quantity of medicine of all kinds, and particularly of mercurial preparations, prescribed for patients in this country; a practice which may owe its origin to the manner of renumerating the majority of practitioners, (viz. in proportion to the quantity of medicine sent): and to the notion which is thus entertained of the necessity of quantities of medicine on every slight occasion, may doubtless be traced the habit which the English have acquired of doseing themselves with active remedies, on the most trivial deviation from a state of health.

Although in England the use of medicines is on some occasions carried to an injurious extent, yet, in acute disease, continental practitioners might perhaps find their advantage in adopting the English practice of using more freely those remedies which have the effect of increasing the secretions. This might have been inferred from the benefits derived from the exhibition of large doses of antimony, as used in Italy, which was made to supersede active depletion in many cases of acute inflammation. In France and Italy, antimonials are not unfrequently employed; calomel and active purgatives very rarely; blue pill scarcely ever heard of; and the class of antispasmodics, stimulants, and tonics, of such signal benefit in many nervous, dyspeptic, and other cases, is almost completely proscribed by the advocates of the Broussaian doctrine.

Bloodletting is a remedy very differently employed in England, to what it is on the continent. In this country, if a strong person be attacked by acute inflammation of an important organ, a full bleeding, from fourteen to twenty ounces, generally succeeds in checking the progress of the disease, and in many cases the necessity of its repetition is obviated; in those cases where the inflammation is not subdued, the bleeding is repeated, the quantity of blood abstracted being proportioned to the violence of the disease and strength of the patient; this, together with the use of purgatives, antimonials, &c., procures the speedy recovery of the patient in an immense majority of cases.

On the continent, when bloodletting is employed, the quantity of blood abstracted at the outset very rarely exceeds ten ounces: this, in a large proportion of cases, is not sufficient to arrest effectually the progress of the inflammation; hence the more frequent necessity of further depletion, which is effected either by the abstraction of a smaller quantity of bood from

the system, or more commonly by the repeated application of leeches; the patient at the same time taking an acidulated beverage or a decoction of simple herbs, with, perhaps, an occasional dose of castor oil; so that although the continental patient may lose as much or more blood in the aggregate, than the English patient, it is less calculated to produce the desired effect; while the neglect of the means of producing increased secretion from the bowels necessitates the more frequent abstraction of blood, and the patient, in the favorable cases, has to support a tedious convalescence.

Another striking difference is in the treatment of continued fever. The disciples of Broussais see nothing but gastro-enterite as the cause of the general disturbance of the functions, and continue the application of leeches and the use of acidulated or emollient drinks, even when the fever has assumed the typhoid type. How can they reconcile the existence of inflammation of the stomach, with the benefit which is derived from active purgation in many cases, and with the recoveries which so frequently take place in the advanced stage of the disease, from the employment of tonic and stimulant remedies.

Intermittents are considered by the followers of Broussais to depend on periodical irritation of the mucous membrane of the stomach and bowels; yet there is no more evidence of increased irritation of this membrane at the period of the paroxysm, than during the intermissions of the fever; nor can this theory be reconciled with the fact of bark being a specific in intermittents, and as such it is used almost as universally on the continent as in England.

There exist also material differences between England and France in several points connected with surgical disease.

One of the principal is the treatment of many local diseases by constitutional means, employed by English practitioners; such as the medical treatment of chronic inflammation in various textures, cachectic diseases and ulcers, some tumors of the breast, chronic disease of the testicle, many nervous complaints, periosteal inflammation, diseases of the eyes; constitutional irritation, either supervening on an operation or injury, or occurring during the progress of disease, as stone in the bladder, &c.

In France and Italy, scarcely any medicine is given in the majority of surgical complaints; the means of relief being generally restricted to rest, the abstraction of blood, local applications, or operation.

Less attention is also paid to the establishment of a correct diagnosis in diseases of the joints than in England: in France the generic appellation of "tumeurs blanches" is almost uni-

versally applied to these complaints: the treatment usually consists in rest of the part, the local abstraction of blood, emollient applications, blistering, and, in the more chronic forms of disease, the use of the moxa.

M. Roux, in his "Paralléle," accuses the English of not paying sufficient attention to the preparation of patients by diet, medicine, &c., previous to the performance of operations. However this may have been at the period of his visit, at the present time English surgeons cannot be justly accused of underrating the importance of preparatory measures, and I am inclined to think that more care is taken in England than on the continent to ascertain, previous to the performance of an operation, that the patient be in a fit state, with respect to his general health, and freedom from constitutional or organic disease, to undergo the operation with advantage.

The practice of treating wounds, whether from accident or operation, on the principle of union by the first intention, is not frequently followed in France by the majority of surgeons.

M. Roux attributes the universal adoption of this practice in England, to our not having a sufficiency of the materials necessary for the daily dressing of large wounds in a state of suppuration; although he acknowledges its advantages in many instances,—that the danger and attendant inflammation are much lessened; that the wound more quickly heals when this practice is pursued; and that, even in those cases where union does not take place, the wound is much diminished, the suppuration less copious, the local and general irritation less severe, than in those cases where the wound is healed by the suppurative process. Nevertheless, he accuses us of applying the practice too indiscriminately; but does not support his statement by any valid arguments, nor point out any serious ill consequences from the failure of the attempt. Every one will agree with him, that immediate union is counter-indicated in many wounds, and few would attempt it in gunshot wounds, in deep punctured wounds, or in extensive lacerated wounds attended with loss of substance; but the objections he makes to its being attempted after the operation of castration, or the relation of a particular case which he saw in England, in which sutures were used, and union did not take place, in consequence of an attack of inflammation of the part, will not deter many who have had opportunities of judging of the merits of the practice employed in both countries, from attempting union, which, in the great majority of cases, takes place partially after this operation, is attended with trifling constitutional disturbance; and, even in the few cases where it fails altogether, leaves the patient in no worse

condition than those with whom the practice of filling the scrotum with charpie (which is not unfrequently attended with a dangerous degree of irritation,) is followed. The occurrence of subsequent hemorrhage might indeed be a good reason for not attemping union after this operation, were not care taken to prevent its happening, by placing a fine ligature on each of the small bleeding vessels of the scrotum.

The union of the wound after the ligature of a vessel for aneurism, is considered by M. Roux as another abuse of the practice: he says, "if such a wound be united with the view of obtaining a speedy cure, it will be necessary to apply no more ligatures than what are absolutely necessary to intercept the passage of the blood; the application of supernumerary ligatures for the prevention of hemorrhage, should it afterwards come on, is incompatible with the immediate union of the wound; at least it would be in the highest degree ridiculous to combine these two things; but to renounce the supernumerary ligatures for the purpose of remedying consecutive hemorrhage, is to deprive ourselves of the most simple remedy in case such an accident should occur; it is sacrificing an important resource to the poor advantage of a speedy cure; it is compromising the success of the operation."*

It would appear from the above passage, that, at the time of M. Roux's visit to England, a principle on which arteries are tied in this country, viz. that of detaching the artery as little as possible from its surrounding connexions, discarding all ligatures of reserve, and thereby greatly lessening the chances of consecutive hemorrhage, was not known in France: in fact, the principles which guide our operations on arteries are far from being generally understood on the continent at the present day. Secondary hemorrhage is of much rarer occurrence after operations for aneurism, ever since a single round ligature has been used, and in those cases where it has occurred, the cause could generally be traced to a diseased state of the coats of the vessel, to the artery having been too much separated from its connexions, and consequently deprived of the supply of blood necessary for its support; or to the ligature having been placed immediately below the origin of a large branch, thereby preventing the formation of a sufficiently firm coagulum within the vessel.

M. Roux acknowledges the advantages of the English practice in the treatment of ulcers of the legs by adhesive plaster and bandage, and has adopted it at La Charité;

* Parallèle de Chirurgie, &c.

yet this method is not applicable in all cases. Some ulcers of the legs are cured here by the means generally employed on the continent, viz. rest, emollient cataplasms, or simple dressings; and others by medicines tending to improve the general health, with stimulating applications to the part: this merely proves, however, that the cases require discrimination in the adaptation of the remedies.

Fractures of the bones are at the present day treated pretty much alike in both countries. Almost all the French surgeons maintain the possibility of union taking place in fracture of the neck of the thighbone within the capsular ligament. M. Roux censures the practice in fractures of the lower extremity, more generally followed formerly than at present, of placing the limb in a state of semiflexion, and resting on its outer side; and he infers, from having seen in London two cases of false joints in consequence of ununited fracture, the frequent occurrence of these accidents in England. It is seldom that we meet with, at present, even a false articulation of the humerus, where non-union of fractures occurs more readily than in other bones; most likely from this being the only fracture in which the weight of the limb tends to separate the extremities of the bone, unless care be taken to counteract this cause, by giving due support to the elbow.

An improvement applicable to simple fractures of the leg has lately been adopted in several cases in London: I mean the apparatus of Mr. Amesbury, in which, by means of the weight of the upper part of the limb being transferred to the ham, the patient is enabled to get about on crutches during the progress of the cure. In those cases which I have seen, consolidation appeared to be more quickly effected than in the treatment by the ordinary method.

Baron Larrey treats compound fractures of the leg in the following manner, and, as he states, with very successful results; although, from its not being more generally adopted, it may be inferred that the practice is not so successful in the hands of others. A junk is made with a piece of strong linen, and of pieces of straw bound firmly together, as in the London hospitals; on this are placed transversely three broad pieces of bandage; the limb is then placed on the junk, the foot resting on the heel; the Baron then covers the wound with a piece of rag, with holes cut in it, (*linge perforé*,) to allow the escape of any matter, which is absorbed by a quantity of charpie placed over the rag; a compress, wetted with a lotion composed of the white of three eggs, Oi. camphorated spirit, and Oij. Lotionis Plumbi, is then put over the whole; the transverse bandage, wetted with the lotion, is

bound firmly round the limb, the straw splints are approximated and tied with tape, as in a common junk; the limb is then left to itself, and the apparatus never removed or opened, on any account, till the expiration of sixty days, when the cure will be found to be effected.

The mode of performing the lateral operation for the stone does not materially vary from that employed in this country, except that the knife, or bistouri caché, are more frequently used than the gorget. M. Dupuytren employs a bistouri caché with two blades, which divides the neck of the bladder and prostate gland on either side of the urethra. I believe this plan has but few followers: two cases in which I saw M. Dupuytren operate in this manner, under apparently favorable circumstances, terminated fatally, from the consequences of extravasation of urine about the neck of the bladder.

The operation for hernia is performed much earlier after strangulation in France than in this country, where, in general, the attempts to reduce the hernia by the taxis are too frequently repeated, and much time is lost in the trial of various remedies in succession: although these means succeed in many cases in effecting reduction, yet, when they fail, the chances of success from the operation are much diminished by the frequent handling of the tumor, and by the delay these efforts have occasioned; and it is better that an operation, not in itself dangerous, should be performed in some cases where it might be obviated, than that it should be employed as a "dernier resource," and delayed until the probabilities of recovery are greatly lessened.

In consequence of the early performance of the operation in France, the subsequent inflammation does not generally run so high as in this country: when, however, violent inflammation supervenes, the after-treatment pursued is less calculated to subdue it than the energetic practice adopted in England, by copious depletion and the use of purgatives.

Continental surgeons agree with the majority of English surgeons, in considering Gimbernat's ligament to be the chief cause of the constriction in the greater number of cases of femoral hernia. Sir A. Cooper, however, states that this ligament can never occasion the constriction, which is situated at the crural arch. But do not these parts form an *ensemble*, the division of one of which would relieve the state of tension in which they mutually support each other? Granting the seat of stricture to be in the femoral ring, does not the sharp unyielding ligament of Gimbernat form a material part of that ring, and would not its division tend to

relax Poupart's ligament more than a partial division of this latter would relax Gimbernat's ligament? Doubtless in some cases the constriction is situated in the opening in the fascia lata for the passage of the vena saphena; but whether femoral hernia passes through this aperture in all cases, is a point which may be questioned.

Cold applications are not frequently used to reduce the temperature of parts in a state of inflammation, by French and Italian surgeons: this is the more surprising, as the beneficial effects of this remedy must be apparent on trial. The agency of heat is, however, frequently made use of, even in some cases where cold lotions would be applied in England: thus Baron Larrey uses the actual cautery in most cases of erysipelas, and the moxa is applied in some diseases of the joints, which are here benefited by cold applications.

Attempts have been made in some Parisian hospitals to cure scirrhous tumors by the use of compression. M. Recamier,* who has published the results of his experiments, even employs this method, joined to the cauterization or excision of cancerous vegetations, in open cancer. The results of this treatment have not, however, led to its adoption: in fact, in France, some tumors are considered to be cancerous, which would not be regarded as such by English surgeons; and it may be questioned if the majority of those cases in which material benefit was derived from this treatment, would not have been considered as simple chronic tumor in England. During my stay in Paris, I had an opportunity of seeing, at the hospital of La Pitié, a case of tumor of the breast, which was considered cancerous, and was certainly benefited by the use of compression; but the diagnostic symptoms of scirrhus were absent, and the patient was under thirty years of age.

An important invention has been brought forward by the French, that of lithotrity, or perforating and breaking a calculus within the bladder, which will have the effect of superseding the operation of lithotomy in many cases, particularly in young and middle-aged persons: in children it is not so admissible; in them the frequent introduction of instruments, and the necessary dilatation of the urethra, would occasion more irritation than the operation of lithotomy. In many old persons, also, labouring under enlargement of the prostate gland, the difficulties attendant on the introduction of the instrument must be greatly increased, and the success of the

* Recherches sur le Traitement de Cancer par la Compression; two vols. 1829. A brief analysis of this work is given in our last number.—Editor.

operation less probable, from the greater likelihood of retention of some of the fragments of the calculus. At the same time, the attempts could never occasion the danger and constitutional disturbance consequent on the operation of lithotomy.

Again, this operation would be more likely to succeed in those cases where the stone, being composed chiefly of the triple phosphate, is soft and friable, than where the calculus, formed principally of lithic acid, is hard and compact; and the division of such a calculus into several irregular fragments might occasion more inconvenience than the presence of the entire calculus in the bladder.

The practice of detecting disease of the thoracic cavity by means of auscultation, is another improvement, for which we are indebted to the French: as yet it has not become general in England. In order to arrive at a correct diagnosis by means of the stethoscope, a long period of study and practice is requisite; and from the diagnostic errors into which it led practitioners, who relied too exclusively upon it, and who, perhaps, were not sufficiently accustomed to its use, it is not in such general use on the continent as formerly.

The practice of *torsion*, or twisting the extremities of arteries after operations, in order to supersede the necessity of ligatures, was for a short period partially followed by a few French surgeons: this plan presented so little advantage, in comparison to the risk from hemorrhage, over the simple and efficacious method of the ligature, that it was never likely to be generally adopted.

Having thus taken a cursory glance at some of the principal points of difference in practice between England and France, although I cannot come to the conclusion at which M. Roux arrives, that French practice is more generally good than English, yet many points of French practice might be adopted with advantage in England: as, on the other hand, the treatment of disease in France might, in many instances, be improved, by their practitioners availing themselves of some parts of the practice peculiar to this country.

The majority of the medical institutions of Italy are regulated in their internal management on the same principles as in France: the funds for their support are chiefly derived from government; the election of medical officers is decided by "concours;" patients are attended on by "sœurs de la charité, or infirmiers;" and the bodies of those who die are examined; the medical visits are made daily, and at an early hour in the morning; clinical lectures are delivered to students.

The medical profession is divided, as in France, into physicians, surgeons, obstetric practitioners, and pharmaciens. The division between medicine and surgery is more arbitrary than in France: in some parts of Italy the duties of the surgeon are confined to rendering manual assistance, and the performance of operations, while the physician prescribes for any constitutional disorder attendant on a surgical case. The principles by which the practice is guided resemble those adopted in France, and are generally based upon the Broussaian doctrine; the number of followers of the doctrine of Rasori and Tommassini is much diminished. The practice of exhibiting large doses of antimony, to supersede venesection in acute disease, is not frequently followed. The abstraction of blood from the system in small quantities is a mean pretty generally adopted: counter-irritation, by blisters or the tartar emetic ointment, is frequently employed; purgatives are seldom used, in comparison with the frequency of their employment in this country; sedatives, as hyoscyamus, digitalis, &c. are employed in many cases; tonics and stimulants rarely made use of.

In surgical cases, little or no medicine is ordered. Patients who die after accidents or operations, usually succumb under internal inflammations, which a better regulated after-treatment would in many instances prevent or subdue. Purulent deposits in the lungs and liver are of frequent occurrence in those who die after accidents or operations: the general temperance of Italians, however, and the purer air of their cities, render them less liable to the severe inflammatory attacks, and the high degree of constitutional irritation, which so frequently supervene on accidents or operations in this country.

FLORENCE.

Florence, situated in a plain surrounded by the Appennines, has a population of 80,000 persons, and contains four hospitals: these are placed under the direction of a superintendent, appointed by the grand duke. The Spedale Santa Maria

Nuova, for the reception of accidents, acute and chronic diseases, is a handsome edifice, and contains nearly 1000 beds; the bedsteads are made of iron and have curtains. In some wards the beds are too closely placed together to allow a free circulation of air. The wards are clean, lofty, and well ventilated. A paper, stating the material circumstances and daily progress of each case is placed at the head of the bed. Patients are admitted on application, and are attended upon by "sœurs de la charité:" the bodies of those who die are invariably examined, and supply the dissecting room. There are two commodious operating theatres adjoining the surgical wards, one on the ground floor, the other on the first floor; a theatre for the delivery of anatomical and other lectures, a dissecting room, and a cabinet of pathological anatomy. Separate wards are appropriated to syphilitic patients, and patients afflicted with diseases of the eyes are placed in a darkened ward; a ward is also set apart for those patients who contribute towards their own maintenance, from three to five *pauls* a day.

Two professors of medical clinique, two of surgical clinique, and several assistant physicians and surgeons, who receive salaries, are attached to the service of this hospital. One half of these attendants do duty for six months of the year, at the expiration of which period they are replaced by the other half. The surgical visit takes place at eight o'clock every morning, and the medical visit at ten; the professors hold clinical discourses with pupils at the bedside of patients.

The lectures of the Faculties of Medicine and Surgery are delivered in this hospital, on the different branches of medical education; the examination of candidates for the diploma of medicine or surgery takes place before the members of the colleges. Medical candidates are previously obliged to take their degree at the university of Pisa.

The *Spedale di Bonifacio* is divided into two parts, one for insane patients, and the other for military patients, and those afflicted with incurable diseases. The hospital contains about 800 beds; the wards are spacious, airy, and particularly clean.

The average number of insane in the hospital is from 280 to 300: males are in greater proportion than females. Small cells, having each a window with iron bars, and containing a bed, are situate on either side of passages about fifty feet in length; each patient has a separate cell, but in the daytime they are indiscriminately allowed to walk about the passages, or in the open air. The patients are all clothed alike, in a white woollen dress. New patients are kept in separate rooms for a few days, in order that the peculiaries of their insanity

may be observed. The greatest attention is paid to cleanliness throughout the establishment.

When confinement of the hands is necessary, a wooden case (*manchôt*) is used, into which both hands are placed, and kept bound to the abdomen by means of a strap passing round the waist. Furious patients are confined to a small darkened room, with well padded walls; the darkness is found to render the greater number of such patients tractable. Dr. Bruni is chief physician, and he conducts the treatment chiefly on moral principles; many of the patients are employed in mechanical occupations, gardening; the women in knitting, spinning, &c. The system formerly in use of employing depletory measures indiscriminately every summer, is now discontinued, and bleeding is employed only when there exists great exaltation of the cerebral functions.

The *Spedale degl' Innocente* is a large building for the reception of lying-in women and of infants; the number of which averages upwards of 2000 annually. The manner in which infants are bound up in swaddling cloths, somewhat resembling an Egyptian mummy, occasions frequent distortions of the limbs, and is productive of other bad effects.

The ergot of rye is administered at this hospital in those cases of protracted labour dependent on deficient contraction of the uterus.

There is at Florence a fourth hospital, containing about forty beds, for patients with acute and chronic diseases; also a Casa dei Poveri, or workhouse, on an extensive scale; and obsteric institutions in different parts of the city, for affording assistance at the habitations of poor women.

The *Societa della Misericordia.* This charitable establishment was instituted in the beginning of the 15th century, and counts among its members several of the nobility: its object is to render assistance to the sick poor, for whom the members perform many kind offices, and supply those who are treated at their own houses with necessaries of all kinds. They undertake the burial of the bodies of poor persons, and, in case of accident or disease, repair to the place where their services are required, and convey the patient to an hospital, or to their own residence. The brethren meet in a building in the Piazza del Duomo, where the affairs of the society are conducted by a committee: one or more of the committee is always in attendance at the central institution, to indicate to those on duty the place where their services are required. The sick are carried in covered litters, on the shoulders of the brethren, who maintain a profound silence, and are clothed from head to foot in a black domino, in order to

conceal the persons of those who are thus engaged: ten, twelve, and sometimes more of the brethren, accompany each litter, and frequently relieve each other in supporting the burden.

In the Museum of Natural History, perhaps the finest existing, is the splendid collection of anatomical wax models, coloured according to nature, and exhibiting all the parts of the body, both conjointly and in detail, of the natural size. A room is allotted to each division of anatomy, as osteology, myology, &c. In addition to the anatomical models, are others illustrating the progress of utero-gestation, growth of the fœtus, &c. The models are in general pretty correct.

The most prevalent diseases at Florence are acute and subacute inflammation of the lungs, pleurisy, bronchial affections, dysentery, gastric irritation, rheumatism, and diseases of the eyes.

State of Medicine. No particular system in the treatment of disease is followed; the practice, however, leans to the Broussaian: all irritants and tonics are avoided; bleeding is very generally employed, small quantities of blood, as four, six, or eight ounces being abstracted at a time; consequently the frequent repetition is necessary, which has the effect, in many cases, of debilitating the patient, without effectually arresting acute inflammation. Hence one cause of the fatality attending acute inflammation of the lungs, known by the name of Mal di Petto, which so frequently occurs from the variable temperature of Florence. Leeches are often used, but not so generally resorted to as in France. Counter-irritation, by means of the application of the ointment of tartarised antimony, is frequently employed. Purgatives are seldom used, from a dread of their inducing gastro-enterite; sedatives are not unfrequently employed. Prussic acid, or the aqua lauro cerasi, is sometimes given in bronchial complaints.

Intermittents are not of frequent occurrence; they are treated by venesection when required, and by the exhibition of the preparations of bark. In continued fever, small general bleedings are employed; more frequently, however, the application of leeches to the pit of the stomach: lemonade and cooling drinks are resorted to.

Rheumatism is treated by bleeding, warm bath, and diaphoretics: the colchicum is not used; its effects in this class of diseases do not appear to be known.

In gastric and intestinal irritation, the application of leeches, and the administration of demulcent mixtures, are chiefly depended on.

No operation is performed without a previous consultation,

at which the superintendent of hospitals is present. All persons, professional or not, are allowed to be present at operations, which are frequently performed by the more advanced pupils, under the guidance of the professor of surgery. Operations are in general pretty successful; patients are bled subsequent to their performance in all cases.

The lateral operation is performed for stone in the bladder; the bistoire caché is generally used for incising the neck of the bladder.

Hydrocele is treated by the operation of excision, the method by injection is adopted only in recent cases. The operation of couching is preferred in cataract.

Cases of strangulated hernia are operated on immediately: no other remedial means are employed, nor are any attempts made to effect reduction by the taxis. Strictures of the urethra are treated by confining the patient to bed, and passing an elastic gum catheter into the bladder, the size being gradually increased: when a catheter cannot be introduced into the bladder, a catgut bougie is passed into the urethra as far as possible, and retained against the stricture for some time: on withdrawing this, a catheter can generally be passed.

Fractures of the lower extremity are treated by placing the limb in the extended position: in fracture of the thigh, the limb is confined between two long splints, connected together by a piece of cloth, passed under the limb, and extending its whole length; the splints are tied together by pieces of tape. By this mode sufficient extension is not kept up, and shortening of the limb, more or less, is the consequence.

Ophthalmiæ, whether acute, chronic, or strumous, are treated by general or local depletion, warm emollient applications and fomentations; the patients being kept in a darkened room, stimulating collyria are scarcely ever had recourse to. Blisters are also seldom used in the treatment of diseases of the eyes. Under this treatment patients are long in recovering, and, from the debilitated state in which the organ is left, suffer frequent relapses after exposure to the sharp winds so prevalent in Florence.

Inflammations of joints are treated by rest, local abstraction of blood, and emollient cataplasms; counter-irritation is seldom employed. It is generally a long while before recovery takes place.

Mercury, both used externally and given internally, is chiefly trusted to for the cure of syphilitic complaints; its use, however, is not carried so far as to induce copious salivation.

Union by the first intention is generally attempted after operations, or recent wounds.

Abscesses are opened by a very minute aperture being made, and the matter forcibly pressed out. In two cases which I saw, this gave rise to severe inflammation of the part, accompanied with a high degree of febrile irritation.

I here subjoin the abstract of a few cases treated at the Spedale Santa Maria, as illustrative of the practice pursued.

Case of supposed Spinal Disease. December 10th, 1830. A girl, æt. seventeen, of good general health, but subject to irregular menstruation, on descending into a close cellar, fainted, and fell to the ground, three months ago: in falling, she struck her neck below the left ear, against some projecting body; abscess formed in this situation, was opened, and continued discharging for six weeks; at the expiration of which time it healed. Some days before her admission to the hospital, she lost the use of her left arm; shortly after, that of the left leg; and the right arm and leg subsequently became paralytic, in which state she was conveyed to the hospital, in the beginning of November. The functions of respiration, digestion, &c. continued unimpaired; as did those of the detrusor urinæ and sphincter ani. The case was considered as inflammation of the spinal marrow: bleeding, the repeated application of leeches, and blisters along the spine, the exhibition of strychnine, restricting the patient to low diet, and the formation of a sore by caustic in the situation of the previous abscess produced no amelioration.

A fortnight ago, she suddenly heard of the death of a near relation, and from that time constant movements of the limbs succeeded to the state of paralysis in which she had previously lain, and have continued ever since; the arms are constantly beating against the breasts, and the thighs and legs alternately flexed and extended with violence. Although pale, her countenance does not indicate the existence of organic disease; the intellectual and natural functions are not impaired; she answers questions readily; the tongue is clean; the urine of natural appearance, and slightly acid; skin cool, pulse weak; the sensibility of the skin is lessened, and she does not feel when pinched. The prognosis delivered by her physician is unfavorable; she takes no medicine, but leeches are occasionally applied along the spine.

I ascertained that the motions of the limbs, although pretty constant during the day, ceased altogether at night, and did not prevent her sleeping; they were also more violent when any one approached her bed, or conversed with her; but when she was not conscious of being observed, their violence was much lessened, and occasionally ceased altogether for a few seconds. She could put her hand to her head, or point to any thing she wanted. From a consideration of the peculiarities of the case, and of its long duration, I was led to suppose that, although the paralysis, in the first instance, might have been occasioned by some irritation of the nerves, consequent on the healing of the abscess, the present symp-

toms did not indicate an affection of the spinal marrow; that the complaint was essentially nervous, having great analogy with chorea, and, as in that disease, the motions of the limbs were, in some degree, kept up by habit. This view of the case I communicated to her physician, Professor Nespoli, who did me the honour to ask my opinion.

24th December. The depletory means have been discontinued, and the quantity of her food increased: has had several hysterical symptoms, as tremulous motions of the eyelids, loss of voice for a day or two, occasional fits of laughter; the movements of the limbs are less violent, and at times altogether cease; she sleeps well, and her appetite is good.

30th. The patient has been allowed a more full diet, and is improved in appearance; motions are now almost entirely confined to the hands, and cease if her attention can be diverted from her complaints; has occasional hysterical fits of laughter. From this time she gradually recovered: the motions of the hands ceased entirely; she regained flesh, and was discharged in the course of the month of January.

Gangrenous Erysipelas of Thigh. December 20th. A man, æt. twenty, of cachectic habit, after exposure to wet, was attacked seven days ago by fever preceded by rigors; two days after, the fever recurred, accompanied by pain and swelling of the lower part of the thigh, which gradually increased until his admission to the hospital on the 18th December, when he was bled to ℥vi., with temporary relief. The lower third of the thigh, and the knee, are much swollen, tender to the touch, and of a dark red hue; skin is hot; pulse 110, small; tongue coated; bowels confined. Ordered bleeding to ℥viii.; leeches to the affected part; and a nitrated drink, low diet; a laxative in the evening.

22d. Application of leeches was yesterday repeated. Patient has had several rigors; countenance is anxious; pulse quick and weak; skin cool; knee and thigh less painful, but retaining the dark hue, which is circumscribed, half-way up the thigh, by a distinct line of demarcation. The nitrated beverage repeated, and poultice applied to the thigh.

23d. The patient is scarcely sensible; breathes with difficulty; pulse quick and feeble. Bleeding to ℥vi.; leeches to the limb and poultice; medicine continued.

25th, died. On examination of the thigh, a quantity of pus was found surrounding the bone; periosteum thickened; the cellular texture above the knee in a sloughy state. No disease of viscera.

This is a case in which early and free incisions would have been made in this country, and, conjoined to an opposite mode of medical treatment, might have led to a different result.

Sloughing Ulcer of the Leg. A man, æt. sixty-two, was admitted into the hospital, with foul ulcer over the tibia: the patient was labouring under considerable nervous irritation; dry tongue, fre-

quent pulse, skin warm. He was bled to ℥vi., and ordered to take lemonade.

On fourth day from his admission, the skin was cool; pulse weak and quick; tongue brown and dry; and he had slight delirium. Bleeding to ℥iii.; lemonade; poultice to the ulcer.

Sixth day. Wandered more in his talk; countenance sunk; pulse feeble; considerable difficulty in breathing: bleeding to ℥iv.; lemonade. Eighth day, died.

Strangulated Femoral Hernia. A woman, æt. forty-five, was admitted under the care of Professor ANDREINI, with femoral hernia: symptoms of strangulated intestine had existed eleven hours. The patient had vomited several times, and had pain and tenderness on pressure of the lower part of her abdomen; the tumor was of the size of a walnut, and somewhat painful. Venesectio ad ℥viii. Two hours after admission, the operation was performed. No attempt was made to reduce the tumor by the taxis.

The patient being laid her whole length on the operating table, to which her legs were tied down, one of the pupils, under the direction of the Professor, made the preliminary incisions through the skin, fasciæ, and hernial sac, by which a knuckle of intestine, of a dark red colour, was exposed; the Professor then endeavoured to pass his finger up to the seat of stricture, but experienced considerable difficulty, which was doubtless increased by the tension in which the parts were kept, from the the position of the patient: having at length reached the stricture, a small straight bistourie caché was introduced by the Professor, and its division effected by an incision made in the direction of the symphysis of the pubis. The intestine was then reduced without difficulty.

Shortly after the operation, the patient had an evacuation from the bowels. In the course of eight hours, the pulse increased in frequency, accompanied with more tenderness of the abdomen on pressure. Eight ounces of blood were abstracted, by which the symptoms were for a time relieved; but, on the following day, the patient had pain all over the abdomen, attended with tension, vomiting, and quick small pulse. Venæsectio to ℥iij., and fomentations to the abdomen were employed. These means afforded no relief; hiccough supervened, and fœcal matter made its appearance at the wound; half an ounce of castor oil was then ordered, which occasioned slight evacuation per anum. The patient, however, died on the fourth morning from the operation.

In this case are chiefly remarkable the absence of urgent symptoms at the time of the patient's admission; the position in which she was placed for the operation; the nugatory effect of the means employed to combat the subsequent inflammation; and the non-employment of laxatives, from a fear of thereby increasing the inflammation of the bowels.

Treatment after Lithotomy. A boy, æt. eight years, underwent the lateral operation for stone in the bladder, and went on well

until the fifth day from the operation, when he was attacked with pain and tenderness on pressure of the abdomen, accompanied by fever and constipation of the bowels; the urine passed freely away by the wound. He was ordered venesection to ℥vi., a poultice to the abdomen, and to drink lemonade. The severity of the symptoms was by these means mitigated, but the bowels continued constipated.

On the fifth day, the bleeding was repeated to the amount of ℥iv. On the seventh day, the same quantity of blood was abstracted from the arm, and leeches applied to the abdomen: the patient had a slight evacuation, and felt somewhat relieved; the symptoms, however, were not removed, and he was greatly reduced.

On the eighth day, ℥ss. Ol. Ricini was prescribed, which procured four or five copious evacuations from the bowels; the patient, in consequence, felt great relief, the pain and tenderness of the abdomen shortly after subsided, and he gradually recovered.

Cataract. A young woman, æt. twenty, was admitted with capsular cataract affecting both eyes, so as to occasion complete blindness, which had existed upwards of two years; the patient was, however, able to distinguish a strong light from darkness. The operation of couching was performed on the left eye, from which no apparent benefit was derived, and she left the hospital. Shortly afterwards, she became better able to distinguish the degrees of light or darkness; in a few days, she obtained a confused view of objects, and ultimately was able to see particular objects pretty clearly. It appears that the retina had been so long inactive in this case, that some time was required for regaining its sensibility.

Contracted Cicatrix. A boy, æt. fourteen, was admitted to the hospital, having permanent semiflexion of the fore-arm, in consequence of contraction of the cicatrix from a burn: the contraction had existed ten years. The whole of the cicatrix was excised with a scalpel; the edges of the wound retained in contact by adhesive plaster; and a splint fixed along the anterior part of the limb, which was thus kept in a state of extension during the cure. The wound was healed, and the patient had regained free motion of the fore-arm at the expiration of three months.

Strangulated Femoral Hernia. In this patient, a woman, æt. forty, the strangulation had existed twenty hours; during which time bleeding, the warm bath, and fomentations, were employed, without relief to the pain, vomiting, and hiccough, which symptoms had gone on increasing. On her admission, the operation was performed, and the intestine reduced with little difficulty: after the operation, she was bled; and an emollient enema injected, which occasioned free evacuation of the bowels. The inflammatory symptoms were slight: the bleeding was, however, repeated twice; and on the fourth day was ordered ℥ss. Ol. Ricini. The patient left the hospital in three weeks.

Strangulated Inguinal Hernia. A man, æt. fifty-six, was

received into the hospital with strangulated inguinal hernia: the strangulation had existed twenty-four hours. The operation was immediately performed. On opening the hernial sac, a quantity of bloody serum escaped, and a portion of small intestine presented itself, in a high state of inflammation. After dividing the stricture, the intestine was reduced, although with some difficulty. Severe inflammatory symptoms came on, which were relieved by energetic depletion; (was bled five times in thirty-six hours.) No alvine evacuation having taken place on the third day from the operation, notwithstanding enemata had been administered, he was ordered an oleaginous laxative, which procured copious stools, to his great benefit. Some days after, however, fœcal matter passed out from the wound, and the patient had a recurrence of the inflammatory symptoms: these were relieved by appropriate measures, but the patient having eaten some indigestible food, the inflammation returned, and occasioned his death.

Recto-vesical Lithotomy. The patient was sixty-one years of age, and has been subject to symptoms of calculus in the bladder for twenty-five years: the prostate gland was considerably enlarged, and he passed his urine with great pain and difficulty; the urine was loaded with mucus, and occasionally mixed with blood. After a few days' rest, the recto-vesical operation was performed, and two large calculi extracted: after the operation, antiphlogistic means were employed, and the patient enjoyed during some days a state of greater ease than he had experienced for years. On the sixth day after the operation, the urine did not pass away so freely; he was attacked by obstinate rigors, tympanitic abdomen, and died on the eighth day. On examination *post mortem*, extensive sloughing was found in the cellular membrane between the rectum and bladder, where a quantity of urine was collected.

Gunshot Wound. A man, æt. twenty-one, was shot in the hand, which occasioned such extensive injury of the parts as to demand amputation: this operation was performed at the wrist joint. The stump, however, did not heal, sloughing of the tendons took place, and the patient died at the expiration of six weeks. After death, an abscess was discovered, extending from beneath the deltoid muscle to some distance beneath the pectoralis major: a collection of serum had taken place in the thoracic cavity of the opposite side.

PISA.

Pisa, though a large city, contains but 20,000 inhabitants: it is situated on a plain, bounded on the north and east by the Appenines, and on the west by the sea. Pulmonary inflammations, although frequent among the inhabitants, are less so than at Florence; intermittents are not of frequent

occurrence since the drainage of the surrounding country. The courses of the university are attended by about 500 students annually; not more than one third of these, however, follow the study of the medical sciences. VACCA was formerly professor of surgery to the university.

A branch from the Societa della Misericordia are here engaged in their charitable offices, and obstetric establishments are established in various quarters of the city. The Spedale di Santa Chiara contains about 300 beds; the wards are airy and clean. Clinical lectures are delivered to the students of the university.

As illustrating the practice employed by Vacca, I here insert two or three cases treated by him, from a work published by one of his pupils.*

Supposed Hernia. A woman, æt. forty-three, who had been some time in the hospital Santa Chiara, for some chronic complaint, was suddenly attacked by acute pain in the lower part of the abdomen, which was tense and tender to pressure, vomiting, and hiccough; the pulse was small and frequent. The patient had had an alvine evacuation a few hours before. She stated that she had had hernia some years ago, which was reduced, and she wore a truss for some time, but discontinued its use, and had not since felt any inconvenience. On examining the groin, a tumor was perceived beneath Poupart's ligament, of the size of a large nut: the case was considered by Professor VACCA to be strangulated femoral hernia; yet the tumor not being very tender to the touch, and the patient having been confined to bed for some days previous to the attack, occasioned some doubt. An incision was, however, made though the skin and fascia, and the tumor exposed: an opening was made into the supposed herniary sac, and a small quantity of serum escaped. No intestine or omentum were, however, visible, and the finger could not be passed beyond Poupart's ligament. It was then ascertained that the tumor had been formed of an old herniary sac, which had become closed at its neck, probably from the pressure of the truss. Antiphlogistic means were employed, but the symptoms increased in intensity, and the patient died twenty-four hours after the operation.

On examining the body, a quantity of extravasated blood was formed in the abdomen, partly in a fluid state, and partly in coagula, which adhered to the surface of the intestines. It was supposed that this proceeded from the rupture of a large vessel; but, on removing it, a fresh collection took place, and it was perceived to transude from the whole of the surface of the intestines, and the peritoneum lining the abdominal parietes; these parts were highly inflamed and thickened. No evidence of intussusceptio, or strangulation of any part of the intestines existed.

* Espositione delle Malattie trattate, dal Professore VACCA: Pisa.

Vertebral Disease. A woman, æt. twenty-six, had been subject, during some months, to fixed pain in the back, attended with loss of power over her inferior extremities: when admitted to the hospital, the paralysis had so far increased that she could only move the legs with difficulty: the spinous processes of the eleventh and twelfth dorsal vertebræ projected considerably. Professor Vacca ordered the moxa to be applied on one side of the projection, and the wound kept in a suppurating state. Before the separation of the eschar, an evident amelioration had taken place; the patient was able to move her legs more freely. At the expiration of two months she could walk pretty well, without feeling pain in the back; the spinous projection also appears lessened. At this time the patient complained of pain extending over the right side of the abdomen, she was also feverish towards the evening. On careful examination, a deep-seated tumor was felt, giving a sensation of obscure fluctuation in the right iliac region. After some weeks, the tumor had increased in size, with evidence of fluctuation; the patient had still slight hectic fever; however, she acquired more strength in the inferior extremities, and could walk with ease. No further change took place in the tumor in the course of the two following months; the patient had in the mean time acquired flesh and strength, and left the hospital, where she had been five months.

The opinion of Professor Vacca was that a cure of the caries of the spine had taken place; that a condensation of the matter of the abscess, with adhesion to its cyst, had occurred.

Three months after having left, the patient came to shew herself at the hospital; she had become much fatter, and could walk several miles without inconvenience; the tumor was stationary, having neither increased nor diminished.

Several months after her last appearance, she returned to the hospital in a different state: she stated that the pain in the back returned, accompanied with torpidity of the right thigh. The tumor had increased considerably in size, and another fluctuating tumor was perceptible in the situation of the ischiatic notch; the thigh and leg were œdematous. The patient was still able to walk and did not enter the hospital: she returned, however, in five weeks' and was admitted; in addition to the two previous tumors, another in the superior part of the thigh had supervened, and pressing the matter from one, increased the size of the others. The termination of this case is not given, but the result may be imagined.

It may be questioned whether the benefit derived in the first instance is attributable to the good effects of the moxa, or to the matter having shifted its situation, and consequently affecting less, by its pressure, the nerves which supply the lower extremities.

Recto-vesical Lithotomy. A young man, æt. twenty, was received into the hospital with stone in the bladder; the recto-vesical operation was performed by Professor Vacca in his usual manner: the calculus was seized with facility; but, being large

and friable, was broken in attempting to extract it. The portions were extracted singly, and the bladder washed out by injection of tepid water. No serious symptoms followed the operation until the fourteenth day, when the patient felt pain about the neck of the bladder, attended with a frequent desire to void his urine. The symptoms led to the suspicion that a fragment of the calculus remained in the bladder, which was verified by the introduction of a sound. A pair of forceps, was passed with some difficulty through the wound into the bladder, and a large irregular-shaped fragment, which occasioned much pain in its removal, was extracted. A dose of opium was given to the patient after the operation; he was bled, and fomentations applied to the abdomen; fever, however, came on, accompanied with pain and tension of the abdomen. These symptoms were relieved by the means employed: but, three days aftewards, flatus and fluid stercoraceous matter passed away by the urethra each time he had a stool; he was harassed by frequent diarrhœa and tenesmus, and greatly reduced in strength. An elastic gum catheter was passed by the urethra into the bladder: this prevented the entrance of fœcal matter into the bladder, but was obliged to be withdrawn shortly afterwards, in consequence of the increased irritation it occasioned. The diarrhœa at length ceased; the patient regained flesh and strength, and was able to walk about two months after the operation: the fistulous opening, however, remained, through which a great proportion of the urine passed, occasioning much tenesmus. He was about to leave the hospital when he was suddenly attacked by nephritic colic, which was relieved by antiphlogistic means. This attack occasioned suspicion of the presence of a calculus in the pelvis of the kidney; but, as the patient continued pretty well in health, he left the hospital.

Soon after his return home, he experienced fresh symptoms of stone in the bladder; these continued to increase in severity, and obliged him to return to the hospital, after seven months' absence. A calculus was detected by sounding, the fistulous communication between the bladder and rectum remained in the same state. Rest, and the occasional use of the warm bath were employed for some time. Six weeks after his admission, being considered in a fit state to undergo the operation, the fistulous aperture was enlarged with a bistoury, and a calculus of the size of a walnut extracted; the bladder was then washed out by tepid injection, charpie introduced between the edges of the recent wound, and the patient was bled. Some fever and pain in the hypogastric region having supervened towards the evening, leeches and fomentations were applied, which relieved these symptoms. The wound was healed on the twenty-sixth day from the operation; the patient enjoyed good general health, and was shortly after discharged; the original fistula remaining in the same state.

The profession is at a lower ebb in the Roman states than elsewhere in Italy: the hospitals are in a shameful state of neglect, and the mortality among poor patients is immense. Intermittent and malignant fevers from malaria are endemic in the summer. The enervating effect of the climate, the physical and moral habits of the Romans, further predispose them to attacks of fever. Dr. CLARK observes, that foreigners are less liable to be affected by the malaria during the first and second years of their residence in Rome, than in subsequent years. The principal proximate cause is considered to be the impression of humidity on the skin after sunset: hence the wearing of flannel is one of the best preservatives. The insalubrity of the season is always in a direct ratio to the intensity of the heat, and the quantity of rain that has fallen. Of late years, since the improved drainage of the Pontine marshes, the frequency and severity of these fevers have diminished. There is reason to believe that the influence of malaria may remain latent for some time in the constitution, and be the occasion of various diseases at a future period. I heard of two instances, one of total, the other of partial paralysis of the limbs, occurring in young Englishmen after their return to England, which could be pretty clearly traced to this cause.

Apoplexy, or, as the Italians term it, "*accidente*," is of very frequent occurrence at Rome. Nervous affections are also very general, particularly the morbid sensibility of the olfactory nerves with respect to agreeable perfumes, which Dr. JOHNSON, in his recent work on "Change of Air," attributes to the olfactory nerves of the Romans being so habituated to the stink of their streets, as to render them unaccustomed to decent smells, and to throw them into convulsions on contact with an agreeable perfume: the dislike of perfumes is, however, by no means general among the Romans.

Acute inflammation of the lungs occasions a great mortality every winter. Rheumatism and diseases of the eyes, although prevalent, are less general than at Florence and Naples. Bronchocele is not often met with; gastric irritation, and visceral "engorgement" are of frequent occurrence. Phthisis is not frequent, except as consequent on attacks of acute inflammation.

The practice in the treatment of disease inclines to the Broussaian. The physician prescribes for any constitutional disturbance attending a surgical disease; the surgeon confin-

ing himself to operations and the application of external remedies. The abstraction of blood, in small quantities, is resorted to in the majority of cases, and as a preventive against malaria fever. Blisters are used occasionally to combat chronic inflammation. The practice of exhibiting large doses of antimony in acute inflammations is less frequently employed than formerly; the prussic acid and sedatives are frequently employed in bronchial affections. Vaccination is not encouraged; the stethoscope is not used.

The largest hospital in Rome is the *Santo Spirito,* for the reception of acute diseases: it can contain 1400 beds: at the time I was in Rome (February,) but 500 were occupied, and those chiefly on the ground floor. The building is low, but of great length; the wards are lofty, but badly ventilated and lighted, the windows being small, and placed near the ceiling. The patients are crowded together; the beds being arranged along the wards in double, and in some parts treble rows, the foot of the first bed touching the head of the second. The floors and bed furniture are dirty, and a stranger, on entering the wards, feels great inconvenience from the combination of close air and bad smells. There is a small surgical ward, containing about forty patients: the visits and dressings are made in a hurried and slovenly manner. Within the hospital are a large handsome theatre, for the delivery of anatomical and other lectures, a dissecting room, and a cabinet of pathological anatomy.

Six physicians, and I believe one surgeon, are attached to the service of this hospital. Intermitting fevers are treated by the preparations of cinchona; inflammations of the thorax, by bleeding in small quantities, the administration of antimony, and occasional blistering; in gastric or enteritic inflammation, bleeding, application of leeches, and the employment of laxatives and enematæ, are resorted to; in rheumatic affections, bleeding, warm baths, antimony, and other diaphoretics, are employed: the colchicum is not used. Separate wards are appropriated to phthisical patients; rooms are also set apart for the accommodation of patients who contribute towards their maintenance. Adjoining the hospital is an establishment for the insane.

The *Spedale St. Giacomo* is situated on the Corso, in the heart of the city, and is appropriated to chronic and surgical diseases, and to the performance of operations. The number of beds is about 350: the men are placed on the ground floor, in close and dirty wards, the beds being placed in double rows, as at Santo Spirito; the women's wards are on the first floor, and somewhat cleaner and more airy than the

men's. Very little internal treatment is employed in surgical diseases beyond small bleedings, the exhibition of cooling drinks, an occasional laxative, or opiate. Almost the only dressings employed are simple charpie and emollient poultices. The mortality after accidents and operations is very great, from the frequent supervention of hospital gangrene. Ulcers and slight wounds are also very apt to run into gangrene. The lateral operation is usually performed for the stone. The cure of aneurism is attempted by compression, placing the patient on low diet, and the administration of digitalis: if these means fail, the artery is tied; in popliteal aneurism in the middle of the thigh, ligatures of reserve being used. Hydrocele is treated by injection of wine; couching is the operation usually adopted in cataract.

The *Spedale della Consolatione*, situate near the former, and in better air than the other, consists of two wards on the ground floor, on opposite sides of the street: it is exclusively appropriated to the reception of accidents. The men's ward contains about sixty beds, is very clean, and well ventilated; the patients are not crowded together, as in the other hospitals. The women's ward contains about thirty beds. Two surgeons and one physician are attached to this hospital.

Union by the first intention is attempted in most wounds. Fractures of the thigh and leg are treated as at Florence, in the extended position, and placing the limb between two ferulæ, or straight splints, connected together in the manner of a junk, by tapes passed round the limb.

Rome also contains an hospital, with 400 beds, for women labouring under acute diseases; an hospital, with 150 beds, for diseases of the skin; a lying-in and foundling hospital; and one for convalescent patients.

I shall here insert a few cases from the Clinique of Prof. Sisco, surgeon to the Spedale St. Giacomo.

Foreign Body in the Bladder. A man, ætat. forty-eight, had been for some time in the habit of passing a piece of straw down his urethra: on one occasion the straw broke, and a portion slipped into the bladder; this became incrusted with earthy matter, and occasioned severe pain; increased every time he passed his urine; at length he came to the hospital to have the operation of lithotomy performed, without, however, stating the original cause of his complaint. The lateral operation was performed, and the foreign body extracted with some difficulty, owing to its form. On the nature of the nucleus being ascertained, the patient confessed that the straw accidently slipped into the bladder five months previous to his admission. An opiate was given after the operation; no dressing was applied to the wound. The patient recovered, and

was dismissed on the twenty-second day from the performance of the operation.

Lithotomy in a Female. A woman, æt. sixty, had laboured under symptoms of stone in the bladder twelve months before her admission to the hospital. The existence of a calculus having been ascertained by sounding, a grooved director was introduced into the bladder; the urethra was then divided as far as the neck of the bladder, which admited of free dilatation; forceps were introduced, but the calculus not being readily felt, these were withdrawn, and a small scoop passed; by means of this instrument the stone was brought to the neck of the bladder, and readily extracted. The calculus was of the size of a small walnut. A sedative was given after the operation. On the second day, the patient, being somewhat feverish, was bled. After a few days, an elastic gum catheter was passed into the bladder, but was removed on account of the irritation it occasioned. The patient recovered without experiencing the inconvenience of incontinence of urine.

Compound Fracture of Cranium. A robust young man, æt. nineteen, received two wounds on the head, in consequence of a heap of bricks falling on him: one wound was over the occiput, exposing the bone and detaching the scalp to some extent; the other was over the left parietal bone, which was fractured, and a portion depressed. The patient was stunned at the time of the accident, but, when admitted into the hospital, had no symptoms of injury of the brain. The edges of the wound of the occiput were brought in contact by adhesive plaster; the wound over the parietal bone was dressed with charpie, and a bandage applied to the head; the patient was ordered the lowest diet, and ℥xii. of blood were abstracted from the arm. No unfavorable symptoms came on.

After four days, on the dressings being removed, the wound over the occipital bone was found to be healed, and the other in a state of healthy suppuration.

Light dressings were continued; the wound healed after a small portion of bone had come away; and the patient left the hospital six weeks after admission.

Disease of Testicle. A man, æt. twenty-three, after the suppression of the discharge of a gonorrhœa, became affected with pain, hardness, and swelling of the right testicle. The remedies employed did not relieve him, and his surgeon intended to perform the operation of castration. This was prevented by the patient being attacked by intermitting fever, which lasted several months. On recovering from the fever, the size of the diseased testicle had increased, the patient had frequent lancinating pains in the part, and the scrotum was ulcerated. He was admitted to the hospital, and on the day following an incision was made, exposing the spermatic cord, and extending to the bottom of the scrotum. A ligature was passed under the cord, and tied tightly. The tumor sloughed in five days, and was separated by scissors. The wound

was dressed throughout the cure with charpie, and the patient dismissed six weeks from his admission.

A man, æt. thirty-eight, had long been afflicted with sarcocele, which the treatment employed had not benefited; he was obliged to go into the country, and there consulted a surgeon, who, considering the disease to be hydrocele, plunged a trocar into the tumor: as no fluid escaped, he made an incision through the scrotum, and lacerated with his finger its connexions with the tumor, which occasioned an increase in its size, and considerable constitutional disturbance to the patient. The surgeon then passed a seton through its substance; the patient became worse, returned to Rome, and was admitted into the hospital. The tumor was of the size of a small melon, uneven and tuberculated on its surface, and discharging, through the apertures made by the seton, dark fetid matter. The patient was greatly reduced, with irritable pulse, and troubled with diarrhœa. After three days' rest, a bistoury was plunged into the tumor, which was laid open in its whole extent: about a pound and a half of fungous substance of a livid colour was excised, the operator fearing to remove the whole tumor, on account of the weak state of the patient. The bleeding was restrained by application of ice.

On the seventh day from the operation, a ligature was tied tightly round the base of the tumor, which separated in five days. The patient gradually recovered, and was quite well at the expiration of seven weeks.

A man, æt. twenty-two, had had disease of the testicle, which was situated in the groin, whence it had never descended to the scrotum. The tumor was of the size of a lemon, hard at its base, with a feeling of fluctuation at other parts; it was punctured with a trocar, and a quantity of fluid escaped. On the day following, the spermatic cord was exposed by an incision, and a ligature passed under it, tied tightly. Mortification of the testicle soon came on: in a few days, however, the patient experienced some stiffness in the motions of the lower jaw; tetanus supervened, and he died.

Popliteal Aneurism. A man, æt. thirty-six, in pursuing his adversary, exerted himself very much; a few days after, he discovered a swelling in his left ham, which quickly increased to the size of a hen's egg. On admission to the hospital, it was ascertained to be popliteal aneurism. The cure was attempted by restricting the patient to low diet, giving the digitalis, and compressing the femoral artery at its upper third by a semicircular spring, pressing on the artery and opposite side of the thigh. This treatment was continued some days, but did not affect the size of the tumor, to which ice was applied, without advantage resulting. It was then proposed to the patient to have the femoral artery tied, or the limb amputated: the patient would only submit to the amputation, which was consequently performed. It appears that he wished to die, and thought he should sink under the amputation; being disap-

pointed in this, the same night he swallowed a quantity of opium, which he had concealed, and died the following morning.

NAPLES.

Naples is built along part of the bay of that name, and partly on the acclivity of a hill; contains 380,000 inhabitants. The most prevalent diseases are, inflammations of the lungs, pleuritis, bronchial affections, rheumatism, gastric fevers, and diseases of the eyes.

The *Spedale degl' Incurabili* is the largest hospital: it is situated in an elevated and airy position, in the centre of the city, and can contain 1400 beds. The building is two stories high, and built round a courtyard; the wards are long and lofty, clean, and pretty well ventilated. This hospital is properly for the reception of chronic and surgical diseases; many acute diseases are, however, admitted.

The lectures of the Colleges of Medicine and Surgery on the several branches of medicine and surgery are here delivered; clinical lectures on medical and surgical cases, and on diseases of the eyes, are also given. Dr. QUADRI is professor of this last branch of surgery: he employs depletion and warm applications; only at the commencement of acute ophthalmia; in the varieties of chronic inflammation, he has recourse to counter-irritation and stimulating collyria.

As at other Italian hospitals, some rooms are set apart for patients, who pay from four to six *carlini* daily. Syphilitic and consumptive patients have also wards separate from the others. There is also an incurable ward, to which moribund patients, or those considered past recovery, are transferred. Female patients are attended on by "sœurs de la charité; the men by "infirmiers," or infirmary men; the medical service is performed by twenty physicians and fourteen surgeons. Daily visits are made at an early hour.

The practice is chiefly "Hippocratique," the administration of remedies being determined by observation of the symptoms in each particular case. Bleeding is not so general as at Florence and Rome; antimony and James's powder are in very general use in acute disease: this remedy, however, is not given in the same large doses as formerly. In syphilitic cases, mercurial frictions are made in the sole of the foot, and continued for about twenty minutes each time, by an assistant, whose hand is covered by a leathern glove. Vital operations are only performed in spring and autumn, except in cases of emergency. Over the operating theatre a hand is painted, with an eye in the palm.

All the patients here, as in most continental hospitals, are

confined to bed until the completion of their cure: none are seen walking about the wards.

The dressings made use of to wounds are simple, stimulating applications being rarely used; union by the first intention is attempted, where practicable.

Case of Pneumonia and Typhoid Fever. A man, æt. fifty-five, was received into the hospital, labouring under fever, accompanied by great prostration of strength, fixed pain in left side of thorax, great difficulty in breathing, expectoration of bloody mucus, anxious expression of countenance, and brownish dry tongue. He was ordered venesection to the amount of fourteen ounces; leeches to the side; ℥i. Ol. Ricini; and a mixture containing nitrate of potass. The thoracic symptoms were much relieved by these means: the patient was, however, greatly weakened, and had dry, arid, brown tongue.

On the third day, he was ordered a blister to the side, and a mixture containing tartarized antimony.

On the eighth day, he was more weak, and had occasional hiccup. Same medicine continued.

On the tenth day, two or three lumbrici were passed from the bowels, with several copious evacuations of fetid matter. He continued to get worse; delirium supervened, and he died on the twelfth day from his admission.

On examining the body, traces of inflammation were apparent in the stomach and ileum; the pleura was strongly adhering on left side; and small abscesses were found in left lung, which was in part hepatized.

Dropsy, with Hypertrophy of the Heart. A keeper of a cook-shop, æt. forty-five, was admitted, with ascites, edema of lower extremities, and great difficulty of breathing; he had laboured under dyspnœa for several months past; the pulse was, however, regular; he had no cough nor thirst, and passed his urine freely.

The means of relief employed were, the repeated application of leeches to the anus; giving the patient supertartrate of potass every morning, two grains of Pulv. Scillæ every night, and putting him on milk diet: the disease, however, made progress. The diuretics were varied, and the digitalis given, but without benefit; and the patient died fifteen days after his admission. The diagnosis on his admission was hydrothorax, followed by abdominal and serous effusion.

On examination post mortem, the peritoneum and intestines were healthy; several quarts of fluid in the abdomen; liver enlarged and tuberculated; extensive adhesions of the pleuræ; lungs slightly inflamed; the heart much increased in size, and softened in its substance; ascending aorta greatly dilated. The quantity of serum found in the thorax was less than had been anticipated.

Acute Ascites. A porter, æt. thirty-two, who had enjoyed good

general health, was admitted into the hospital, with ascites and anasarcous lower extremities. The abdomen was not much distended, but fluid was readily felt on percussion. He first felt himself indisposed after exposure to wet and cold, a fortnight before his admission.

On admission, he had thirst and dry skin; the tongue was redder than natural; pulse regular, but hard; bowels constipated; urine scanty. He was ordered milk diet, a bleeding from the arm, and saline purgatives. In a few days, a sensible amelioration had taken place; the abdomen was less tumid, and the anasarca of the lower extremities had diminished. A continuance in the same plan completed the cure, and he left the hospital three weeks after admission.

Chronic Ascites. The patient, a man æt. forty-five, was of an emaciated and cachectic appearance; he resided in a marshy district, and had felt, for some weeks previous to application for relief, obscure wandering pains in the abdomen; great weakness; he experienced constant thirst, and his urine was scanty. When admitted into the hospital, the existence of fluid in the abdomen was apparent on percussion; the tongue was clean, and no appearance of disease of the liver existed. The ascites was considered to be the result of chronic peritonitis, the predisposing cause of which was the malarious influence to which he had been constantly subjected. He was sent to an establishment for convalescents in the country: was allowed to walk in the open air; prescribed milk diet; ℥ss. Oxymel Scillæ night and morning. A few weeks passed over without any perceptible change for the better or worse. The quantity of Oxymel Scillæ was increased to ℥ii. per diem, and blisters were applied to different parts of the abdomen. By perseverance in this plan, he recovered firm health, and was discharged three months after application at the hospital.

Popliteal Aneurism. A man, æt. sixty, of good constitution, was received with an aneurism of the size of a small orange in the right ham: he had no appearance of any other disease of the vascular system. Low diet, bleedings, digitalis, and the application of cold to the tumor, were the means prescribed. This treatment was continued for some weeks, without effect. The femoral artery was then tied in the upper third of the thigh; a ligature of reserve was employed. The pulsation in the tumor ceased, and all went on well for some days, when the pulse became more frequent, and occasionally intermitted. A bleeding from the arm was practised, and cooling drinks ordered. In a few days the pulse became more weak, and cough, dyspnœa, and spitting of blood supervened; the bleeding was repeated, and hyoscyamus given: the pulmonic symptoms yielded; the patient recovered his strength, and, being cured of the aneurism, was dismissed in three months.

In the composition of the notes on Bologna, Parma, and Padua, I have extracted largely from the work of Dr.

VALENTIN;* as the time I remained in those places was too short to allow me to visit the medical institutions, except in a very cursory manner.

BOLOGNA,

Situate in an extensive plain at the base of the Apennines, was the headquarters of the theory of contra-stimulus. Dr. TOMMASINI was until lately professor of clinical medicine to the university. The number of students is between five and six hundred annually. The university contains theatres for different lectures, dissecting rooms, chemical laboratory, and anatomical wax models. GALVANI, MALPIGHI, and VALSALVA were educated at this university.

Dr. CLARK, in his "Notes," gives the plan of study adopted in the following order: Medical students are obliged to attend the classes during four years: in the first year, lectures on natural history, botany, chemistry, anatomy; second year, anatomy, physiology, comparative anatomy, institutes of surgery; third year, pathology, clinical medicine, materia medica, chemistry; fourth year, pathology, clinical medicine, medical jurisprudence, and midwifery. During the last year of study, a certain number of patients are placed under the care of each pupil, who, previous to his examination, has to give an account of the cases, and of the treatment he has adopted. Surgical students, during the first and second years, attend the same courses of lectures as the medical pupils; third year, institutes of surgery, clinical surgery, anatomy, and dissections; fourth year, medical jurisprudence, midwifery, dissections, clinical surgery, and the performance of operations on patients, under the guidance of the Professor. At the termination of the first year, students take their degree of bachelor; at the end of the second year, of licentiate; and at the end of the fourth year, of doctor of medicine or surgery.

The mode of examination of candidates is as follows: five professors of the different branches of education submit each to the candidate twenty different subjects, taken from his own course of instruction; the pupil draws one of these by lot, and is examined on that subject. Thus the candidate is examined on five subjects connected with medicine or surgery. When the examination is terminated, each of the professors gives his vote separately as to the fitness of the candidates: those who are not considered sufficiently competent have to study during another year.

The prevalent diseases of Bologna are thoracic and gastro-

* Voyage Medical en Italie.

enteritic inflammations, phthisis, rheumatism, and intermittents. In the treatment of disease, the theory of contra-stimulus is more followed at Bologna than elsewhere: the followers of this doctrine consider that the regular exercise of the functions of the body is maintained by a due equilibrium being kept between the states of stimulus, or exalted excitability, and contra-stimulus, or diminished excitability; and when this equilibrium is destroyed by any cause, disease exists, requiring for its removal, in the first case, contra-stimulant remedies, as bloodletting, general or local; medicines tending to diminish vascular action, as sedatives, digitalis, antimony, blistering the surface of the body, and cooling beverages. In the opposite state of diminished excitability, or contra-stimulus, remedies are prescribed, which tend to increase vascular action, as stimulants, tonics, &c.

The mortality of those attacked by inflammation of the lungs is about one in four.

The *Spedale della Vita* contains about 200 beds: the wards are airy and clean, and the service performed with care and regularity. Two physicians and two surgeons perform the professional duties of this hospital, and deliver clinical lectures to the students of the university. The hospital is appropriated to the reception of acute and surgical diseases and accidents. Intermitting fevers are treated with the sulphate of quinine, preceded by an emetic or purgative.

The *Spedale St. Orsola* is for chronic and syphilitic complaints, and also for insane persons. The nux vomica has been given at this hospital, with great success, in cases of paralysis. Poor patients are also visited at their own habitations: each parish provides a physician and a surgeon for this purpose.

PARMA,

With a population of 35,000 inhabitants, contains an hospital for medical and surgical diseases, a lying-in and foundling hospital, an establishment for the reception of the insane, and an university.

The *Spedale della Misericordia*, or general hospital, has about 350 beds: the wards are clean and airy, and great attention is paid to the comforts of the patients. There are two clinical wards, one medical and one surgical; each contains twelve patients of both sexes, selected from the most instructive cases in the hospital. Clinical discourses are held at the bedside of the patients.

The university is but thinly attended by students. Lec-

tures on the various sciences are delivered during eight months in the year. The doctrine of contra-stimulus is followed in the treatment of disease, although less than formerly.

There is also at Parma a society for the relief of poor persons, and affording them medical assistance at their own habitations: this is called the *Congregazione Pietosa della Caritá,* and was established in the fifteenth century; one half of the members are ecclesiastics, the other half is composed of nobles and citizens. Two members of the society are attached, in rotation, to each district of the city and adjoining country, whose duty it is to seek out and relieve those persons who may need assistance. Several physicians and surgeons, who are elected every three years, perform the medical duties, and receive a salary from the society; the physicians about eighteen pounds, the surgeons eleven pounds annually. The affairs of the society are managed by twelve members, six secular, six ecclesiastic, who are divided into pairs; each pair have a particular department to superintend. Medicines, and all other articles of which the poor may stand in need, are gratuitously furnished them by the society.

PADUA.

The population of Padua is about 25,000 souls; it contains the largest university in Italy: the number of students is estimated at about 1500 annually; many are from foreign countries; the medical classes are attended by about one third of the above number. On the wall around the court-yard are the heads in relievo, with inscriptions of the names, &c., of those celebrated men who have done honour to the university; among these is the head of Harvey. Lecture rooms, an anatomical museum, one of natural history, a library and chemical laboratory, are contained in the university. The faculty of medicine is composed of a director, a dean, and thirteen professors of the different branches of medical and surgical education. Caldani is professor of anatomy; Brera professor of clinical medicine; Ruggieri of surgery and pathology.

Padua contains two hospitals; the largest has 300 beds, and is appropriated to the reception of acute diseases. Clinical lectures are delivered by the professors of clinical medicine and surgery of the university. The other hospital is for chronic complaints. There is also at Padua a society for the relief of indigent patients.

MILAN

Is situated on an extensive plain, bounded on the north by the Alps, and contains 120,000 inhabitants. There are three principal hospitals: the *Spedale Grande* is perhaps the largest building of the kind in Europe; its façade measures 900 feet in length; it is composed of a ground floor and first floor, built around a spacious courtyard, and contains 2000 beds. The wards are long, lofty, and well aired. Ten physicians, four surgeons, five assistant surgeons, and eight "internes," or house surgeons and physicians, perform the medical duties. The medical visit takes place daily at six o'clock; the surgical visit as soon as the physicians have completed their rounds. The average number of patients in the hospital is 1000; there are also many out-patients: all diseases are admitted. Separate wards are appropriated to those patients who pay for the extra accommodation.

The treatment of disease does not differ materially from the practice followed in the French hospitals. Fractures of the thigh are treated by the long splint; fractured legs are placed in junks; in operations for aneurism, ligatures are used composed of several threads; "*ligatures d'attente*" are employed. Union by the first intention is attempted in all incised wounds; dressings are of the simplest kind. Purgatives are more freely used at Milan than elsewhere in Italy. Vaccination is encouraged by the government, and smallpox is rarely seen.

The *Santa Catarina*, or foundling hospital, receives nearly 3000 infants annually; many of these are sent to breathe a purer air in the country.

The irrigation of the rice fields, with which the Milanese abounds, is a fertile source of fevers of all types; which, with thoracic inflammations, chronic bronchial affections, phthisis, rheumatism, and gastric irritation, form the prevalent diseases. The pellagra is endemic throughout the Milanese: it is chiefly benefited by change of air, warm baths, and generous living.

TURIN

Contains 80,000 inhabitants. The principal hospital, *San Giovanni Battista*, for the reception of acute and chronic diseases, has about 400 beds. The physicians are elected every ten years, assistant physicians every four years: these last reside in the hospital, and receive a yearly salary of about thirty pounds. Clinical lectures are delivered.

The *Maniconico*, or establishment for the insane, is much better managed at present than when Dr. Clark published his account of the institution. Chains are never used as a means of restraint, but recourse is had to the strait-waistcoat. The indiscriminate bleeding and purging the patients every spring, formerly practised, is now discontinued. Among the remedial means now in use, where great cerebral excitement exists, are general and local bleeding, purgatives, tepid and shower baths, the application of iced cloths to the head. In many cases where these means have failed to afford relief, opium has been used with great advantage. Noisy and intractable patients are placed for a short time in a dark room, well padded, without confinement of the hands or legs: this means usually renders them quiet. In some cases of furious mania and deep melancholia, the application of the actual cautery to the nape of the neck, so as to form a deep burn, has been productive of very beneficial effect, after the failure of other means. The remedy was introduced by the recommendation of the French physician, Dr. VALENTIN.* Among the more tractable patients, various moral means are employed, such as gymnastic exercises, gardening, swinging, and mechanical labour, the training of birds, knitting, spinning, &c.; the introduction of reading and music is in contemplation. The number of patients in the institution last year was about 320; the great majority were unmarried persons, and the men in greater proportion.

* Mémoire sur l'Emploi du Cautere Actuel; 8vo. Nancy, 1815.

REMARKS ON THE ITALIAN CLIMATE.

It may not be out of place to offer here a few remarks on the climate of particular parts of Italy, considered in a remedial point of view. The vague notions which generally prevailed until lately in this country, respecting the benefit to be derived from a southern climate in consumptive diseases, induced many invalids to repair to the south of France and Italy, in the hope that, after the failure of other means, they had still a resource in the balmy air of the south. From want of discrimination as to the diseases likely to be benefited by climate, and in the choice of a residence, the expectations of patients and their friends were doomed, in the majority of instances, to end in disappointment, and the error was only discovered when too late to be retrieved.

Owing to the increased intercourse between England and the continent of late years, and to the able treatise of Dr. Clark on Climate, the subject is now much better understood, and more discrimination used in the selection of cases likely to derive benefit from climate. Many patients, however, unwilling to forego this last hope, annually leave England, when in a state of health little likely to be benefited by any change, who might be deterred from leaving home, and needlessly subjecting themselves to the many privations attendant on travelling and living abroad, were the subject of climate more generally understood. I have been induced to make the following remarks, thinking that any information on this important subject cannot be too universally diffused.

It is now generally admitted that the south of France, formerly resorted to by so many invalids labouring under consumptive and bronchial complaints, is one of the worst climates that could be selected for the winter residence of such individuals: in fact, the frequent prevalence of the "*vent de bise*" renders great care necessary on the part of persons in health; and inflammations of the lungs, bronchial affections, and consumption are almost as frequently met with as in England.

Many parts of Italy are liable to the same objection: the piercing *tramontana*, or north wind, is felt as severely as the "*vent de bise*" in the south of France, while at the same time, in some situations, the sun has great power, and renders the inhabitants more susceptible to inflammatory attacks of the chest and air-passages, on exposure to cold winds, than persons living in a climate uniformly cold. The greater

number of Italians guard against these variations of temperature by the constant practice of wearing large cloaks, without which they seldom stir out during five months of the year: foreigners, however, who are less cautious in this respect, frequently experience the bad effects of their negligence.

The cities mostly frequented by the English during winter are Nice, Pisa, Florence, Rome, and Naples.

Nice. The sky of Nice is generally clear, and the air light, dry, and bracing; hence it is well adapted to individuals of a relaxed habit. The soil is rich in vegetable productions; the olive, pomegranate, lemon, orange, almond, fig, and vine grow luxuriantly. The climate is more settled, and the transitions of temperature less frequent, than at Pisa, Florence, or Naples. Nice has the maritime Alps behind it, by which it is sheltered from the "*vent de bise*," or north winds: easterly and north-westerly winds are, however, severely felt, particularly towards the spring, at which time pulmonary complaints are very prevalent among the inhabitants: on this account it is not calculated for the winter residence of consumptive patients. According to Dr. Clark, the mean temperature of Nice in winter is nine degrees warmer than London; in spring, seven degrees warmer.

The complaints which the climate of Nice is likely to benefit are, phthisis in the earliest stage, or where the predisposition to this disease is not fully developed, and the patient not subject to attacks of pulmonary or bronchial inflammation: such invalids should, however, not remain at Nice later than the beginning of February, when their residence may be advantageously transferred to Pisa or Rome for the remainder of the winter: the constant communication by steam between the ports of the Mediterranean will obviate the fatigue and inconvenience of travelling at this period of the year. Patients with chronic bronchial or asthmatic diseases, in whom little tendency to inflammatory action exists; nervous and hypochondriacal patients of relaxed habits, and those labouring under the chronic forms of dyspepsia, will derive great advantage from passing the winter at Nice.

Pisa is built on the Arno, distant six miles from the sea, and is much frequented in winter by patients suffering under pulmonary or bronchial disease. The air is less dry and sharp than that of Nice; less soft than that of Rome; it is sheltered by hills from the full influence of the north and east winds, and is less liable to great and sudden variations of temperature than Florence and Naples: cold winds are, however, occasionally severely felt at Pisa. The north bank

of the river, called Lung' Arno, where the houses have a southern aspect, is the most eligible situation for invalids. The heat of the sun is at times very great, and there exists a difference of several degrees of temperature between this situation and other parts of the city less exposed to its influence, and less sheltered from cold winds. Many patients with laryngeal and bronchial affections, particularly young persons, are permanently benefited by passing a winter at Pisa: the climate is also well suited to the majority of consumptive patients. Persons predisposed to phthisis, and in the earliest stage of this disease, will in general derive great advantage from passing two or three successive winters at Pisa: it is, however, a dull winter residence, both on account of its offering none of the resources of a capital city, and from the number of invalids there congregated. For those patients who require more amusement, Rome is preferable in many respects: many patients, however, find Pisa agree better with them than the more relaxing climate of Rome.

Florence is, perhaps, the residence least adapted to persons suffering from disease of the lungs, trachea, or bronchi, or to those liable to rheumatic complaints: the winter is generally very severe; the transitions of temperature great, frequent, and sudden. The *tramontana*, sweeping over the Apennines, is piercing and sharp; while at the same time, in some parts of the city, the heat of the sun is inconveniently felt: thus in one minute the change from the heat of summer to the cold of winter may be experienced. With some patients labouring under nervous asthma, Florence has agreed better than any other city in Italy: such persons should reside in that part of the city north of the Arno. With dyspeptic, hypochondriacal, and nervous patients, who seek mental recreation in travelling, the climate of Florence will, in general, be found not to disagree; while the city has more resources for amusement than any other in Italy.

Rome. The climate of Rome is milder, more equable, and the winter shorter and less severe than at Pisa: the *tramontana* is, however, sometimes prevalent for several days together; during which period an invalid cannot leave the house without danger; yet, in general, the air is light, soft, and balmy. After much rain, and during the prevalence of the sirocco wind, the air is humid; at other times, less so than that of Pisa. Rome has the advantage over Pisa in possessing more resources for mental and bodily recreation, and is perhaps the best winter residence for consumptive patients in general. For those persons with bronchial affections, in whom a tendency to inflammation or irritation of the air-

passages exists, Rome is the most advantageous winter residence: with some patients, however, of this class Pisa agrees better.

In the more chronic form of bronchial affection, and that called winter cough of elderly persons, the climate of Nice is preferable to either Rome or Pisa. Rheumatic and dyspeptic patients are generally benefited by wintering at Rome.

Naples. The climate of Naples is one of the most variable in Italy: cold winds are severely felt in that part of the city inhabited by foreigners, viz. the Sta. Lucia Chiaja and Strada Vittoria, and the houses are less calculated to exclude cold air than those in other Italian cities. The heat of the sun, and the relaxing effects of the sirocco wind, render invalids extremely susceptible of the great and frequent changes of temperature. All patients with thoracic, tracheal, or rheumatic complaints, should avoid Naples during the winter and early part of the spring. For nervous and hypochondriacal patients, who require mental relaxation, Naples joins to the bustle and gaiety of a large capital the advantages of clear sky, beautiful scenery, and a residence on the sea shore.

Baths of Lucca. For those who are unable or unwilling to leave Italy during the summer, the Baths of Lucca offer the most eligible and agreeable residence: the season is from the middle of May to the end of August, during which time the weather is fine and settled. It is the coolest summer residence in Italy, and possesses sheltered walks, where exercise may be taken at any hour of the day. The part called the Ponte Seraglio, and the Bagni alla Villa, are pleasantly situate in a valley among the Apennines, on a branch of the river Serchio, and distant about three quarters of a mile from each other. The most eligible situation, however, for pulmonary or rheumatic invalids is the part called the Bagni Caldi, situate on a hill overlooking the Ponte Seraglio, at which last-named place, and at the Bagni alla Villa, considerable humidity prevails towards evening. The water which supplies the baths is derived from hot springs; it has not any active medicinal properties, and is beneficial in rheumatic and other complaints.

The months of September, October, and part of November, may be passed at Florence, where, during this period, the weather is generally fine and mild. Leghorn may also be advantageously resorted to during the month of September.

On the whole, therefore, I should say that, in consumption, Pisa and Rome are the only two places in Italy likely to be beneficial in retarding the melancholy termination of the

disease: in the earliest stage of phthisis, and in many bronchial complaints, permanent benefit may be derived from wintering in either of these cities; but in those cases where the existence of phthisis is manifest previous to leaving England, the friends of patients will act more considerately in counselling them to seek such alleviation as the climate of the south and south-west of England will afford, among the comforts of home, sooner than to undergo, to so little purpose, the fatigues of travelling, and the inconveniences and discomforts of a residence abroad.

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