

*vinum ipecacuanha, syrup of ipecacuanha, pulvis ipecacuanha compositus, pilula ipecacuanha composita*, all of which names except the last are incorrect. The errors are for the most part typographical, but, were they corrected, there is still an incongruity in a mixture of English and Latin. We find the same inadvertence in other places. It is to be hoped that Dr. H. will obviate this defect, should his work come to a second edition, and recommend to him with all deference the strict nomenclature of the U. S. Pharmacopœia. J. C.

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ART. XXI.—*On Diseases of the Liver.* By GEORGE BUDD, M. D., F. R. S., Professor of Medicine in King's College, London; and Fellow of Caius College, Cambridge. With coloured plates and numerous wood-cuts. 8vo. pp. 392: Philadelphia Edition. Lea & Blanchard, 1846.

THE treatise of Dr. Budd will be found a valuable addition to the library of the practitioner. The new light that has been thrown upon the minute structure of the liver by recent investigations, and the important additions which have been made of late years to our knowledge of its pathological conditions and the changes in its structure thence resulting, have rendered a treatise embodying the present state of our knowledge in relation to the various morbid affections of the organ and its appendages, an important desideratum, which has been very ably supplied by the work before us.

The opportunities enjoyed by the author for the study of the pathology of the liver appear to have been sufficiently ample, and to have been cultivated with commendable industry; while his intimate acquaintance with the observations of others engaged in the same field of inquiry with himself, is shown by his frequent reference to their labours.

In the introduction, we are presented with a very excellent abstract of the present state of our knowledge in regard to the structure and physiology of the liver—including a notice of the cause of the variations in its form, size, and colour—the physical qualities and composition of the bile—its sources and uses; with a few sensible remarks on cholagogue medicines. The structure of the liver is illustrated by eight wood-cuts.

The first chapter is devoted to congestion of the liver. The second to inflammatory diseases of the liver. Suppurative and gangrenous inflammation of the substance of the gland—adhesive inflammation of the capsule and of the substance of the liver—inflammation of the veins of the liver—and inflammation of the gall-bladder and ducts. The whole of the subjects embraced in this chapter are very fully considered in all their pathological bearings, and a good summary is presented of the proper therapeutical management of the several inflammatory affections to which the liver and its appendages are liable. This chapter occupies alone one-third of the whole treatise.

The next chapter treats of diseases which result from faulty nutrition of the liver, or faulty secretion—softening of the liver—fatty degeneration of the liver—scrofulous enlargement of the liver—excessive and defective secretion of bile—gall stones. On each of these interesting points of the pathology of the biliary organ, the author has presented a series of very interesting observations. On the subject of gall-stones, especially, his remarks are very full and satisfactory.

The subject of the fourth chapter is the diseases which result from some growth foreign to the natural structure of the gland—embracing cancer of the liver—hydatid tumours of the liver, &c.

The fifth and concluding chapter is devoted to the pathology of jaundice—which, although a mere symptom that may occur in most diseases of the liver, the author nevertheless considers a symptom so striking, and such an important element in any case in which it may occur, as to require a separate consideration.

Dr. Budd refers its production to two causes: 1st, some impediment to the flow of bile into the duodenum, and 2d, defective secretion on the part of the liver, so that the principles of the bile are not separated from the blood. He considers it probable, that in the cases in which an impediment exists to the flow of the bile through the common duct, the jaundice does not result merely from absorp-

tion of the retained bile, but also, in part, from the secretion of the liver being rendered less active by the distension of the gall ducts, and the consequent retention of the secreted bile in the lobules of the liver, so that the principles of bile are retained in the blood.

After an examination of the causes capable of producing jaundice, the author remarks as follows:—

“Since, then, jaundice may arise from such various causes, and be a symptom in diseases so different, it is clear that we cannot foretell its issue in any given case, or have well-grounded confidence in our treatment, unless we can pass from the jaundice to the particular cause by which it is produced.

“In some cases we have little difficulty in doing this. We can generally, for instance, interpret the slight shade of jaundice that occurs in the granular or hob-nailed liver. We are sufficiently informed of the nature of the disease by the previous habits of the patient, and by the symptoms of impeded circulation through the liver, that are almost always present in these cases, when there is jaundice. Frequently, too, we can interpret the jaundice that occurs during the passage of a gall-stone, or in the course of cancer of the liver, by the presence of other symptoms indicative of those diseases.

“When, again, there has been, for a considerable time, deep jaundice without any bilious tinge in the matter discharged from the bowels, and without alarming head symptoms, we may be sure that the common or hepatic duct is closed in some way or other, and that the jaundice results from mechanical impediment to the flow of bile into the intestines. But, in many cases, with our present knowledge, it seems impossible to trace the jaundice to its source, and especially to tell whether it depends on inflammation of the gall-duct, or on suppressed secretion of bile. Our knowledge of the causes of these several diseases at present helps us but little to distinguish them.

“In a former chapter I have given the details of several cases, collected from different authors, in which jaundice from suppressed secretion proved fatal, and in which the lobular substance of the liver was found to be completely disorganized, or very much softened. I placed these cases together with the view of exhibiting the characters of this obscure disease, which is far more important than the fatal cases merely, which are few, would lead us to suppose. It is clear, from the instances in which jaundice occurred in several members of a family in succession, that jaundice of this kind does not always prove fatal, and that occasionally it is attended by no alarming symptoms. It is possible, therefore, that a considerable proportion of the cases of jaundice that we meet with in practice, and especially in young persons, may be of this kind.

“It appears from the cases before related, that in mild forms of the disease, the patient's illness begins with general disorder; with languor or listlessness, vague pains in the belly, and sometimes with vomiting; but without much fever. In a day or two jaundice comes on, but the flow of bile into the duodenum is not *completely* stopped—the matters brought up by vomiting, or passed by stool, are still bilious. The jaundice may continue some time with no more alarming symptoms, and may then go off gradually, and the patient gradually recover. But, now and then, after it has continued in this state from a few days to several weeks, head symptoms come on, and the patient soon dies comatose.

“In more acute forms of the disease, the illness begins with symptoms more like those of remittent fever:—with fever, vomiting, and thirst, and furred tongue, and headache, and restlessness. In a day or two, jaundice comes on, soon followed by drowsiness, or active delirium, which speedily passes into coma.

“Two circumstances that may serve to distinguish this variety of jaundice, are, 1st, that the liver is not enlarged,—generally, indeed, in the cases that prove fatal, it is found to be much smaller than natural; and 2dly, that the flow of bile into the duodenum is seldom completely stopped; the discharges from the stomach and bowels are still tinged with bile.”

The whole of this chapter on jaundice is an interesting one and replete with sound practical views, expressed with great clearness. We have quoted the above passage from it as well to give to our readers some idea of the author's manner of treating the subject, as from the fact of its having reference to a form of

jaundice of not unfrequent occurrence, the true character of which is not generally understood.

Had it been our intention to present an analysis of Dr. Budd's treatise, we might have indulged in repeated quotations from the preceding chapters, all of which contain matters not less interesting than important to the practitioner, in relation to a class of diseases the true pathology and correct diagnosis of which have only of late years been accurately investigated. Convinced, however, that the work is one which, being now placed, by its republication in this country, within the reach of every physician, will soon be added to the libraries of most of them, we have thought it merely necessary to express in general terms our estimate of its value.

D. F. C.

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ART. XXII.—*Du Hachisch et de l'Aliénation mentale; Etudes Psychologiques.* Par J. MOREAU, (de Tours,) Medecin de l'Hospice de Bicêtre, Membre de la Société Orientale de Paris. Paris, chez Fortin, Masson, et cte., 1845: 8vo. pp. 431.  
*Psychological researches in reference to the Indian Hemp and Mental Alienation.* By J. MOREAU.

THIS book comes before the profession with high pretensions to originality,—claiming for its author a farther progress within the domain of the world immaterial than had been made by any of his predecessors,—new discoveries in regard to the philosophy of mind,—a revelation of some of the hitherto undeveloped mysteries of the pathology of psychology. With such imposing claims it ought, perhaps, to receive a more elaborate review than our limits will at present permit. We shall attempt, however, to give such an analysis that its general propositions, its pretended discoveries, and the true nature of the title of the latter, to be considered as discoveries, may be clearly understood.

It appears that an extract of hachisch (*Cannabis Indica*, or Indian hemp), is extensively and habitually used among the Orientals,—the Egyptians, Syrians, and particularly the Arabs,—for the same purpose that opium is employed by the Turks and the Chinese, and the diverse modifications of alcohol by Europeans, Americans, and others. This extract is a stimulant narcotic, potent and peculiar in its action, giving rise to mental phenomena and muscular action strikingly analogous to those produced by the nitrous oxide, when inhaled, the effects of the former being, however, of much longer duration than those of the latter. That these properties of the hachisch may be more accurately understood, we shall give an abstract from two cases reported by M. Moreau. In the first, the man having taken a portion of the extract and seated himself at dinner, was seized with a violent fit of laughter. Dinner being over, he took a spoon and put himself on guard opposite a jar of preserved fruit, with which he supposed that he was to fight a duel. He then left the dining-room, laughing loudly. Desirous of hearing music, he placed himself at a piano and played part of an air from the *Domino noir*. Suddenly he saw above the piano the image of his brother, with a black queue, terminated by three lanterns, one green, one red, and one white. This image presented itself several times during the evening.

Seated upon a sofa our subject—not *patient*—felt as if he had become a mass of lead. Some one attempted to raise him, but he fell heavily upon the floor and prostrating himself in Moslem style, began a confession. Being raised, he seized a foot-stove and danced the Polka, imitating, in voice and gesture, several actors whom he had seen at the theatre. He next imagined himself at a ball, where he saw the brilliant lights and the masked dancers, and heard the noise of the crowd. Passing, now, into a dark room, he felt a sense of suffocation, and thought he fell into a well of immense depth,—the well of Bicêtre. To save himself, he grasped the stones of the wall of the well, but they fell with him. He was brought back to the lighted room, when he exclaimed, "Fool that I was! I thought I was in a well, but I am at the ball of the opera!" Running against a tabouret, he imagined it to be one of the masked dancers and requested what he supposed to be a police officer to arrest it. He called for lemonade, and told the servant to make it of a lemon less yellow than her face.