PART II.

Pathological and Surgical Observations relating to Injuries of the Brain. By B. C. BRODIE, F.R.S., and Surgeon to St. George's Hospital.

Throughout the one hundred pages which are devoted to Mr. Brodie's "Pathological and Surgical Observations," there is not a single line worthy of transcribing. The paper is made up of the most commonplace remarks, familiar to the merest tyro, and to be found in every elementary work on surgery. Is this a part of the "valuable matter," which led to the premature birth of the volume? We pass on to the next paper.

Analysis of a Specimen of Cutaneous Perspiration. By J. BOSTOCK, M.D., F.R.S., with an Account of the Case, by RICHARD BRIGHT, M.D., Physician to Guy's Hospital.

The perspired fluid, in this case, submitted to analysis, was obtained from a patient in the clinical ward of Guy's Hospital, labouring under nephritic affection. Under the use of the warm bath, perspiration was excited to such a profuse degree, that the sweat ran completely through the bedding, and formed streams on the floor. The composition of the fluid was found to be as follows:—

Water.....	981.7
Animal matter	4.6
Muriate of soda	12.56
Soda	1.14
Phosphates and sulphates, a trace	
	<hr/> 1000.00

Of the Catarrhus Æstivus, or Summer Catarrh.

By J. BOSTOCK, M.D.

In the tenth volume of the Society's Transactions, Dr. Bostock gave an account of a disease which, from its symptoms, and its occurring only at a certain period of the year, he proposed to name *catarrhus æstivus*. At the time the former communication was made, Dr. Bostock only detailed the symptoms as they occurred in his

own person, whilst, in the present paper, he treats of the disease as it occurred in other individuals, its cause, and observations on the mode of treatment.

Dr. Bostock has met with twenty-eight cases. In all the complaint made its appearance at the same season of the year, viz. about the end of May, or beginning of June, and continued from four to eight weeks.

"Most of them," says the Doctor, "are attended with fulness of the head, stoppage of the nose, sneezing, watering of the eyes, and discharge from the nostrils. In about half of the whole number the respiration is considerably affected, and, in three or four instances, it is almost the only symptom. Some of the cases are attended with distinct cough, most of them with irritation of the fauces, and some with a degree of sore throat. Actual inflammation of the eyes is not a very common occurrence; and, in some of the cases, there is not even the discharge of tears, or the irritation of the eyes. The degree of general indisposition varies very much in the different cases; in some, the patient, during the whole period, is unable to use any exertion, or to continue his ordinary occupations; while, in other instances, he feels no inconvenience, except what arises from the fits of sneezing, and the copious discharge from the nose."

There is no connexion to be traced between the peculiar symptoms, and any circumstances of age, sex, constitution, or mode of life, in the patient. In respect to the exciting cause of the disease, an idea has generally prevailed, that it is produced by the effluvium from new-made hay, and hence has arisen the popular term—*hay-fever*. In his own case, however, Dr. Bostock found that the effluvium from hay had no connexion with the disease.

Case of Rupture of the Stomach produced by Vomiting; with some Observations. By J. N. WEEKES, Esq. M.R.C.S.

"GEORGE ANDOVER, æt. 34, had been liable for about two years to paroxysms of pain in the stomach. The pain usually continued for several hours, and generally went off with vomiting, and it returned at uncertain intervals, frequently of many weeks. Between the attacks the patient enjoyed tolerably good health. About

Christmas last he vomited a large quantity of blood, which rendered him so feeble, that he was confined to his bed for five weeks. Since that time, his health has been much impaired, and the attacks of pain followed by vomiting have been more frequent.

"On the evening of April 13th, he was brought to St. Bartholomew's Hospital, where I first saw him. He was then suffering great pain, extending from the epigastric region over the whole abdomen, and accompanied by nausea; there was neither tenderness nor tension of the abdomen; the pulse was frequent, tongue clean. He had shortly before his admission drunk some shrub and water, to which he, in great measure, attributed these symptoms, and told me he had a similar attack a week ago, after indulging in spirituous liquors, and that it went off with vomiting. On the following day the pain had subsided; there had been no vomiting, but he complained of nausea; the abdomen was distended by flatus, and he had frequent eructations; the pulse was weak, tongue natural.

"At eleven o'clock, p. m., he had a sudden attack of most severe pain. I was called to him about an hour afterwards, and found him groaning with agony at the pit of the stomach; the abdominal muscles were hard and contracted; the belly was neither painful nor tender on pressure; his pulse was small and feeble; he was extremely restless, and his countenance expressive of the greatest suffering. I instantly gave him sixty drops of tincture of opium, and, as he found no relief, they were repeated, but without benefit. He continued to suffer most acute pain for about two hours, when he was suddenly seized with violent vomiting. After this the pain somewhat abated; there was no return of vomiting; but he sunk rapidly, and died at four o'clock in the morning.

"*Examination.*—On opening the abdomen, the stomach was observed to be flaccid and empty, and its contents, which consisted of a large quantity of dark-brown fluid, were effused into the peritoneal cavity, through a ragged opening situated on its anterior surface, and near the oesophageal orifice. The rupture extended from below the lesser arch of the stomach to near its cardiac extremity, and was about four inches in length. The three membranes were not torn equally, the rupture of the peritoneal extending an inch farther than that of the muscular or mucous coat. On the posterior surface of the stomach was a laceration, measuring three inches in length; and there were two or three small ones, from an inch to an inch and a half in length, at its great arch. These lacerations

extended only through the peritoneal coat of the stomach, the muscular and mucous tunics remaining perfectly whole. The mucous membrane of the stomach was lined with a great deal of dark-coloured secretion, beneath which the membrane itself was of a deep red colour throughout; its texture was softened and partially emphysematous. The stomach, in other respects, appeared healthy; the liver was pale and softened; the gall-bladder contained a calculus; the structure of the spleen was unusually soft; the other viscera were healthy."

[We shall conclude our review of this volume next week, with a pretty copious abstract of Mr. LAWRENCE's valuable paper on Erysipelas.]

INUTILITY OF THE APOTHECARIES' ACT.

To the Editor of THE LANCET.

SIR,—You have published a communication from a Surgeon in the North Riding of Yorkshire, on the inefficiency of the Apothecaries' Act. Allow me to state, that not only in that place, but everywhere, the grievance is precisely the same, and I really see no use in passing the Hall in its present state of enforcing the Act. I applied at the Hall some little time ago, for the purpose of inquiring in what manner I should proceed against an ignorant pretender, who, although he can scarcely tell A from a bull's foot, and cannot even write his own name, has a practice of between 5 and 600*l.* per annum, much to my injury and others who live near; and what do you think I had for an answer, that I must get a bill from some person so attended, (so far so good,) but, then, it must be *strictly medical*, or they could not interfere. I suppose, Sir, if I produced them a bill, where the person had an inflammation of the lungs, and was bled, an objection would be started that it was not *strictly medical*, for the lancet was a surgical instrument. Not being exactly able to define what is *strictly medical*, I stand in need of advice; but my firm opinion is, that there can be no boundary so nicely drawn between medicine and surgery, that, for a certainty, we can discriminate them. I may, however, err; but I believe the highest authorities likewise think so. I hope you will pardon me for troubling you upon the subject, but I thought it right to let the medical community know, through the medium of your valuable Journal, in what manner they are to get redress, if they require it.

I remain yours,

A REGULAR SURGEON.