frequent that the elaterium was discontinued; the stools were large, loose, of dark colour, very offensive, and had sometimes the appearance of a little urine floating on the top. On the Thursday evening he became much worse; too weak to raise himself in bed; his countenance began to express much anxiety; his breathing became very quick; the abdomen more distended and harder; tongue rapidly dry and brown; pulse flagged. The sickness and pain ceased. Towards morning the breathing became more and more hurried; he gasped and panted for breath; and at eleven o'clock A.M. on the Friday, perfectly sensible and collected to the last, he died, just nineteen days from the time the urine first stopped, and eleven from the second period of its ceasing.

Autopsy, twenty-nine hours after death.—A large quantity of dark, grumous-looking fluid had flowed from the mouth and nostrils; the abdomen was very distended, leading us to expect to find a quantity of fluid in it, but on opening into it, through nearly two inches of fat, scarcely a teacupful was found, it being of a light colour, and having no urinous smell. The stomach was very inflated, but neither it nor the intestines presented any appearance of inflammation. The bladder, which was first examined, was entire, but quite empty and contracted. The left kidney was much enlarged and softened; a good deal of serum between it and its capsule, and a small quantity of urine in its pelvis. The ureter for about two-thirds of its length was perhaps double its natural capacity, and at that distance from the kidney was a small, elongated calculus, smooth, and of the size of a coffee-berry, lying lengthways in the direction of the canal; below it the ureter was of the natural size. The right kidney was much smaller, but also softened; on its capsule was a large cyst, which, however, did not communicate with the kidney. At the upper part, between the latter and its capsule, was some dark clotted blood, amounting perhaps to half an ounce. In the pelvis of the kidney was a little urine and a great many minute calculi. The ureter was enlarged like the other, and to the same extent down, where was also found another calculus, about the same size as the other, but round, rough, and more firmly impacted; below it the ureter was contracted to the natural size. The singularity of this case consisted in his living so long without passing urine, and also in none of the head symptoms coming on, which we usually expect when the urine is not eliminated from the blood. We must suppose that this last was owing to the immense quantity of fluid thrown off by both stomach and bowels from the very first, thus carrying away what otherwise would have passed into the blood, and if not secreted from thence by the kidneys, would have given rise to those brain symptoms, coma, &c., the absence of which so surprised us, and thus led to a more rapid termination of the case.

Great George-square, Liverpool, 1854.

CASE SHOWING THE POISONOUS EFFECTS OF BICHROMATE OF POTASH,

OCCURRING IN THE PRACTICE OF T. J. WILKINSON, ESQ.,
HULME, MANCHESTER.

By G. HEATHCOTE, Esq.

HAVING seen in several of the leading and scientific journals notices of the poisonous effects of bichromate of potash, I should feel much obliged by the insertion of the following, which may prove of interest and utility to some of your numerous readers:—

August 2nd, 1853.—I was requested to visit William H.—, a spare, anæmic-looking man, aged thirty, single, about five feet ten inches in height. He had been under medical treatment for ten weeks, during which time he gradually became much emaciated and exhausted. He had been suffering from ulcerated sore-throat for more than three months, which presented the following appearances: several ulcers on the tonsils and throat, the surface of which seemed covered with an ashy slough, and the surrounding mucous membrane was dark, livid, and swollen; pulse 120, small and sharp; great thirst; loss of sleep; tongue rather dry and red; difficulty in swallowing, in consequence of the state of the throat.

I considered him labouring under syphilitic sore-throat, although he stoutly denied it. I commenced with iodide of potash and mercury pill; but after four or five days, finding that the ulcers were spreading, I made further inquiry, and found he had been some time a crystallizer of bichromate of potash under Mr. Wm. Dentith, of Collyhurst. He told me it was a complaint to which the men were all more or less subject. His father, employed in the same occupation, died

some months ago with ulcerated sore-throat, aged fifty-five, though before he commenced as a crystallizer he had never been ill.

8th.—Having failed to produce any effect by the above treatment, and wishing much to get the man under the influence of mercury, I began to give him one-sixteenth of a grain of bichloride of mercury every four hours, at the same time sponging the throat with a lotion consisting of two grains of nitrate of silver to one ounce of water. This treatment was commenced with a twofold view, firstly, of forming an insoluble and therefore innocuous chromate of silver, should the ulceration be due simply to the corrosive action of any bichromate of potash mechanically resting on the throat; and secondly, I hoped, by the remarkable antiseptic properties possessed by bichloride of mercury, to counteract the decomposition of the tissues of the throat manifest by the ulceration, and due, perhaps, to the corrosive action of the bichromate. This treatment, I am happy to state, was remarkably successful, as will be seen on reference to the following notes:—

Aug. 10th.—Pulse 110, weak; tongue slightly moist; great restlessness and extreme sensation of suffocation. Continue medicine; throat to be sponged twice daily; to take beef-tea and jelly.

12th.—Throat not quite so painful, and sensation of suffocation very much relieved; pulse and tongue much the same; sleep better. Continue medicine; beef-tea; to take two glasses of port-wine daily.

14th.—Throat decidedly better; swelling less; ulcers granulating nicely; gums slightly affected; pulse 100; sleeps well. Continue medicine, sponging, beef-tea, &c.

16th.—Throat and general health continue to improve; gums painful; teeth rather loose; livid appearance of throat seems in a great measure to have gone. Medicine to be taken three times a day, and throat to be sponged once; to take a mutton-chop in addition to wine &c.

20th.—Ulcers nearly healed; pulse 90; tongue clean, and appetite good. To continue medicine &c.

30th.—Ulcers perfectly healed; throat presents rather a redder tinge than natural; pulse 80; sleeps soundly; appetite very good, and declares himself well. To take the medicine once a day, and to discontinue the lotion.

Sept. 10th.—Quite well, except a slight redness of the mucous membrane of the throat, and a little hoarseness of the voice; has become very much stouter, and can walk five or six miles with ease.

Remarks.—Since the latter date, I have had under my care several similar cases, although not quite so severe as the one in question; and by the treatment described, I have in every case been enabled to effect a complete and rapid cure.

I am indebted to my friend Mr. Lowe, of the Manchester Royal Institution, for the information regarding the decomposition of the medicine, not being exactly *au fait* in chemistry.

Hulme, January, 1854.

ON THE IMPORTANCE OF MENTAL PHILOSOPHY AS A BRANCH OF MEDICAL AS WELL AS GENERAL EDUCATION.

By JOHN ROSE, Esq., M.D., L.R.C.S. Edin., &c.

It has been well remarked that the study of the phenomena of mind presents a subject of intense interest not to the moral philosopher only, but to every one who has in view the cultivation of his own mental powers, or the proper application of them to the investigation of truth in any department of knowledge.

The medical observer has admirable opportunities of collecting facts illustrating these phenomena, and it is gratifying to know that an increasing share of attention has been lately given to these investigations by some members of the profession. Valuable facts, however, are frequently lost either from negligence or indifference, or from an erroneous impression that because they are not altogether new or original, they are not worth recording.

For example, it is particularly interesting to observe the effects of febrile affections, injuries of the head, cerebral diseases, and even gastric derangement on the mental functions. A patient, say, has received fracture of the cranium; is insensible for several days or weeks, and recovers without the slightest recollection of the accident, or of what has occurred in the interval. He is found to have lost the memory of words, or it may be all his former acquirements. This state may be either temporary or permanent. This simple illustration will show

that in these and similar cases there is a succession of phenomena to be observed and noted of the highest importance to mental philosophy and psychological medicines. In this way new and curious facts might be collected, leading to useful practical results.

It is to be regretted that it is not made imperative on all those who are qualifying for the medical profession not only to attend a course of lectures on mental science, but also to submit to an examination on the subject.

The Universities of London, Oxford, Cambridge, and Dublin, are, we believe, the only institutions in Great Britain where students of medicine are examined in moral philosophy. The other colleges appear to treat this branch of science as as if it were the exclusive property of the theologian, and altogether beyond the province of the physician and surgeon.

A late eminent physician has said, "that a remedy may often be introduced by the mind capable of composing tumults of the corporeal functions which cannot be tranquillized by physical aid." It is obvious, therefore, that the physician should possess an intimate acquaintance with the philosophy of mind, which has happily of late years been cultivated on the principles which are acted upon in physical science—namely, *a careful observation of facts and conclusions drawn from these by the most cautious induction.*

While the study is in itself most interesting and valuable, in an intellectual, moral, and philosophical point of view, it may be turned to purposes of the utmost practical importance, in the treatment of disease.

Much has been written, and more might still be added, on the importance of the study in a moral and religious aspect; but, on this head it is not my province or privilege to dwell, even if I were able to do it justice; besides, it were at present out of place.

Viewed simply as a means of intellectual culture, and as a powerful auxiliary towards the due regulation of the moral feelings, and a habitual control over the current of our thoughts, the philosophy of mind is a subject of paramount importance; and I hope the day is not far distant when it will receive that attention which it deserves.

The late Dr. Abercrombie did much to encourage this study amongst members of our profession, and we rejoice to know that some now living have profited by his advice, and are following in his footsteps.

The errors into which some metaphysicians have fallen, and the wild and useless speculations in which they have indulged, should not deter us from entering on this subject. They should rather serve as beacons in our search after truth; and, while they teach us to pursue our investigations with judgment and candour, they should lead us to rest satisfied with conclusions drawn from facts, without attempting to unravel mysteries removed beyond our limited faculties.

In a recent leading article in *THE LANCET*, the neglect of the study of mental diseases as a branch of medical education was fully discussed; and it was there stated that "our corporate bodies made no provision whatever for the instruction of students in the pathology and treatment of insanity." As a necessary preliminary, however, the phenomena of mind in its natural and healthy condition should have their due share of attention. An accurate knowledge of anatomy is considered indispensable to the pathologist: we affirm that an acquaintance with mental science is equally necessary to the physician. Finally, I propose that *all* licensing boards include this subject in their required curriculum of study. I am persuaded that the greatest possible benefit would accrue from such a regulation; and I know that I am borne out in this suggestion by the opinions of those whose age, experience, and transcendent abilities entitle them to our highest consideration. I am unwilling to trespass longer on your valuable space, or to obtrude myself unnecessarily on your columns, but as I have long been impressed with the great importance, unmerited neglect, and all but practical disregard, of this subject, I have ventured, with all deference to offer the above remarks. My object will be gained if I have conveyed even one useful hint to those who have the will and the power to contribute to the improvement of medical science.

Royal Hospital, at Haslar, 1854.

APPOINTMENTS.—At the annual meeting of governors of the Birkenhead Hospital and Dispensary, held at the Town-hall, Birkenhead, on the 30th ult., W. T. Hamilton and Matthew Jennette, Esqrs., formerly honorary surgeons to the institution, were unanimously elected consulting medical officers, vice Jerome Smith and Wm. Stevenson, Esqrs., deceased.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

CHARING-CROSS HOSPITAL.

*Ascites, unconnected with Organic Disease; Tapping;
Permanent Benefit.*

(Under the care of Dr. CHOWNE.)

It has often been remarked, and we have ourselves expressed the opinion, that the value of a case depends, among other circumstances, on the time which is allowed to elapse after an apparent cure. This applies both to medicine and surgery, and it will be allowed, on all hands, that it is essential to watch results for several years, in order to gain the data necessary for the study of disease. It is principally from private practice that such facts should emanate, for patients may then be followed for indefinite periods, the progress of organic or functional disease may be observed, and the value of apparent cures be tested. We need not say that complete histories of this kind are extremely scarce, and it must certainly be regretted, by all the cultivators of the art of healing, that the great number of valuable cases which pass through the hands of the practitioners of this country should be lost to science. Hospital and consulting practice afford the physician excellent opportunities for studying acute disease; but the family-attendant has great facilities for following up and noting the progress of chronic disease, of observing the results of acute attacks, of gaining knowledge as to the occurrence of relapses, and of trying the best means of combating the slow inroads of obscure and chronic affections. It is he who obtains exact data as to the influence of heredity, he knows the constitution of the parents, ushers the child into life, and through a long range of years he may study, and sometimes successfully arrest, the development of morbid tendencies. And yet where are the works of the men so favourably circumstanced? They might, however, very justly answer, and where is the time necessary for collecting the facts which come to our knowledge? Hard-worked and ill-remunerated as we are, how can we toil over the midnight lamp?

Although hospital practice does not usually afford many complete cases followed up through several years, it now and then happens, especially with surgical patients, that their ultimate fate is ascertained by their returning to the institution. This is often the case with malignant disease after extirpation; partial removal of diseased bone; operations for cataract; lithotomy; dilatation or division of stricture, &c. In the medical wards it is not unfrequent to see patients return with heart disease, after having been treated for rheumatism; with ascites, after a treatment for inflammation of the liver; with paraplegia, after having been relieved from incipient affection of the spine, &c. But, amongst the most ordinary causes of the return of certain patients into the wards, we may reckon dropsical effusions, relieved either by diuretic medicines or artificial evacuations. Some idea may thus be formed of the number of relapses in these affections; but the data are extremely imperfect as to the cases in which permanent benefit has been obtained, since the patients may be subsequently treated either at home or in another hospital, or sink under the affection.

Dr. Chowne had under his care, about two years ago, a case of ascites in which the operation of tapping was performed, and as this case may be considered as quite mature, and affording some data as to the subsequent fate of patients tapped for ascites, unaccompanied by organic disease, we beg to subjoin a few details, which will be found both instructive and interesting. Paracentesis abdominis is certainly not to be lightly undertaken, and those physicians who put off the operation until all other means are exhausted are certainly