

ter, I hope, than those three men—who, I believe, were all duly rejected.

A second rigorosum, embracing the subjects of legal medicine, chemistry, pharmacology, theory and practice, and ophthalmic surgery, was as creditable to the candidates concerned as the other was discreditable. It is not possible to form a general estimate of scholarship from hearing only five men examined. But the test of scholarship seemed to me to be in no wise exorbitant; and if the students really acquire a fair knowledge of botany, zoölogy, mineralogy, legal medicine, and ophthalmic surgery—in addition to the ordinary "practical" branches—they are all the better for it.

D. F. L.

#### STATISTICS OF THE MEDICAL PROFESSION IN THE UNITED STATES.

By J. M. TONER, M.D., Washington, D. C.

HAVING completed a synopsis of the list of all the physicians of the United States who have paid the special internal revenue tax of ten dollars on their profession for the year ending April 30, 1871, and forwarded it to W. B. Atkinson, M.D., Permanent Secretary of the American Medical Association, as requested by a resolution of that body, for publication in its forthcoming volume of transactions, I am left in possession of the following data, which are deemed of sufficient interest to the profession to make public.

Quite a number of letters from medical men in different parts of the country have been received, inquiring as to the completeness and reliability of the list, and whether it has been published; and, if so, where a copy may be had. It has not been published, but should sufficient encouragement be given to justify the expense of printing, the project will be entertained, and other matters of interest to the profession, such as brief notices of the *personnel* of the medical colleges, medical societies, and medical institutions of the different States added, which would make it a valuable handbook for this kind of information.

The list, as it is at present, may be considered a complete "Medical Register of the United States." It is arranged by States and Territories, and has the post office address, with a prefix to each physician's name showing the theory or system of medicine which he practises. The profession is divided and classified under the following heads:—Regular physicians, homœopathic, hydropathic, eclectic, and mis-

cellaneous and unknown. The latter includes all those irregulars who could not be placed in either of the classes named, as well as many supposed to be regular, but of whom we have not sufficient facts to warrant placing their names in that class.

Whole number of physicians of all classes,	49,798
“ “ regular physicians,	39,070
“ “ homœopathic physicians,	2,961
“ “ hydropathic	133
“ “ eclectic	2,860
Miscellaneous and unknown,	4,774

This gives a ratio of 16·8 physicians to one homœopath in the whole number, and 13·1 regular physicians to one homœopath. Estimating the population of the United States in round numbers at 39,000,000, we have one regular physician to every one thousand of the population. The proportion of homœopathic physicians to the whole population would be about one in every 13,000.

#### CASE OF SIMULTANEOUS EXTRA- AND INTRA-UTERINE PREGNANCY.

Reported by Dr. HADERUP in the "Nordiskt Medicinski Arkiv," 2 Bd., 2 Heft., 1870. Translated by Dr. HENRY TUCK.

Mrs. N. N., born in 1842, a tall, slender woman, with small muscular development and pale, flabby, transparent skin, was married in the summer of 1864, and in May, 1865, gave birth to a healthy, robust child. The menses reappeared in November, but only for that month. In January, 1866, she had an abortion, followed by quite severe hæmorrhage and a series of hysterical attacks, in one of which she lay in a rigid spasm for eleven hours. She also became greatly emaciated. She came under my care in the spring of 1866. In June, 1866, her menses reappeared, and again in July, but not after that. She was somewhat better through the summer, but after August her condition became worse than ever, and she had very frequent hysterical and nervous attacks, and often fainted, once remaining in a rigid spasm for many hours, but instantly coming out of it after having a subcutaneous injection of morphia. About this time she began to suffer from pain in the region of the ovaries and a bearing-down sensation about the genitals. In November, I noticed a resisting, circumscribed tumor in the region of the ovary (on which side of the body is not stated), which was tender on pressure, and steadily increased in size. The neck of the uterus was somewhat depressed, but no increase in size of the uterus, such as would indicate preg-

nancy, was to be detected. I suspected extra-uterine pregnancy, but what complicated the diagnosis was that early in 1867 the uterus began to enlarge, and, on examination, seemed more and more as if pregnancy existed. The above-mentioned tumor at one side of the uterus became more evident and more tender to the touch; and in May, and several times later, local peritonitis showed itself in the region of the tumor. These symptoms lasted till the latter part of June, when pieces of bones (ribs, pelvic bones and vertebrae, which on comparison with preparations in the physiological cabinet proved to be parts of a four months' foetus) were passed per anum. In the same month, the patient was seized with uterine pains, followed by the discharge of water on several occasions. On the morning of Sept. 20th labor pains set in; they were weak and at long intervals, and at 4, P.M., ceased altogether. The head of the child presented in the first position. As the os uteri was almost wholly dilated, and the movements of the child and the foetal heart's action grew weaker and weaker, and the woman seemed in a dying condition, she was put under the influence of chloroform, forceps applied, and delivered of a vigorous, full-grown boy, which is now alive and in perfect health. The discharge of bones per anum was last noticed in November, 1869.

## Selected Papers.

### ON THE TREATMENT OF PSORIASIS BY BALSAM OF COPAIBA.

By HENRY SAMUEL PURDON, M.D., L.R.C.P.; Physician to the General Hospital and to the Hospital for Diseases of the Skin, Belfast, Ireland.

THE following short communication is intended to call the attention of the profession to an excellent remedy for psoriasis, viz.: the balsam of copaiba, a drug, introduced some three years since into the list of cutaneous therapeutics, by M. Hardy, of St. Louis Hospital. The way it was found to possess special virtues for curing psoriasis may be reported as follows: A patient was admitted into hospital suffering from gonorrhœa and psoriasis; as it was necessary to have the former complaint well, before commencing treatment for the latter, he was ordered copaiba, the result being that not only the gonorrhœa, but also the psoriasis rapidly disappeared.

Copaiba is an oleo-resin, acting medicinally as a powerful stimulant to mucous membranes, exciting readily a new action in those structures when diseased, probably not only by both actual contact, as in the blood or urine, but also through means of the nervous system; hence copaiba is occasionally prescribed in some forms of bronchitis, affections of the bladder, urethra and rectum.

We know that erythema and urticaria are frequently caused by the administration of copaiba, the last mentioned disease being now recognized as a "cutaneous neurosis."\* I wish, however, first to say a few words on psoriasis, which is a cutaneous disease, "peculiar to itself," difficult to permanently cure, and prone to relapses. In its early stage a *patch* of psoriasis presents a more or less congested appearance, very slightly raised above the level of the surrounding skin, having no tendency to spread by continuity of surface, but gaining in extent, through the joining together of isolated spots of either psoriasis guttata, or punctata. In the chronic stage, the sub-cutaneous cellular tissue is occasionally infiltrated, the disease under notice being regarded especially by German dermatologists as an inflammatory condition of the outer layer of the corium and papillary bodies, accompanied by cell-proliferation, giving rise to well-marked enlargement of the papilla. We, moreover, know that nerve-irritation can induce rapid cell-formation and metamorphosis. If debility be likewise present, there is no doubt diminished control over the tissues, consequently the nature and intensity of the exciting cause must be allowed to exert more or less influence upon cell-growth, and the well-known silvery-looking scales characteristic of psoriasis, situated upon a red and infiltrated corium, are caused by increased desquamation of the epidermis; hence, in treating the chronic stage, various local stimulating applications are used, as for instance, tar, oil of cade, creosote, carbolic acid, preparations of potash, &c.; likewise we give internally "stimulants" which is only another word for a division of tonics, as arsenic, a pure nerve tonic, quinine, &c. But to return from this digression. During the last eight months I have had under treatment at the Belfast Hospital for diseases of the skin an unusually large number of cases of psoriasis. The opportunity thus offered of grouping together a certain

\* Hardy has described a case of pemphigus occurring during the administration of copaiba. Hebra has described a case of urticaria in which several of the pomphi passed into bullae.