

BIBLIOGRAPHIC NOTICES.

On the Treatment of Varicose Veins. By M. BONNET, Chief Surgeon to the Hotel Dieu at Lyons.

NOTWITHSTANDING all that has been written and said on the subject of varicose veins, very little that is satisfactory has as yet been introduced into practice which tends safely to a radical cure; palliative measures have been generally the resource of the cautious surgeon, and many of the bolder order have had reason to regret the consequences accruing from those apparently trivial operations, when the death of their patient has resulted from their speculative interference.

Undoubtedly instances are to be found, in which the knife, caustic, or ligature applied in the roughest and most uncouth manner, have been the means of accomplishing a cure, at least a temporary one, but the doubtful nature of success when attained, and its rarity, have been causes, and very sufficient ones, why the greater number of surgeons in this city (Dublin) prefer the palliative methods of treatment to any which have as yet been put forward.

We were led to the consideration of this subject by meeting with a treatise by M. Bonnet, chief Surgeon to the Hotel Dieu at Lyons, under the above title.

M. Bonnet having found that a large number of cases which had been treated by pins, after having remained cured during a period varying from one month to six, became again affected with varices in as great a degree of intensity as before the operation, and this occurred not only in the secondary divisions, but even in the trunk of the saphena where the greatest number of pins had been applied, and where obliteration appeared permanent, naturally lost confidence in this operation. Two patients, on the contrary, treated with caustic potass were more fortunate; their varices had not recurred in one in fourteen months, and in the other in many years after the treatment had been practised.

But if the potass had the advantage of producing a permanent cure, it had the disadvantage of causing troublesome hæmorrhages, an accident which never results from the application of pins. Induced to resign both of those methods taken separately M. Bonnet determined to associate them together, and thus resolve each difficulty: his theory was this; when pins are placed from distance to distance on the course of the saphena, and when cautery is applied by means of the potass in their intervals, then a permanent obliteration will be obtained by the pins, and the danger of hæmorrhage from the caustic will be done away with. This plan was tried on nine patients, but no positive results obtained, M. Bonnet not having seen them afterwards. Having lost confidence in the use of pins, twelve patients were then operated upon with potass alone, and this series of observations confirmed M. Bonnet more and more that the treatment of varices by this alkali was the only one of all the means he had employed which afforded a simple, certain, and durable cure.

The rules for the application of the potass are as follows:

1st. Many portions of caustic must be applied on the course of the dilated vein at intervals of two or three inches.

2nd. The application should not be made except in those parts of the veins which correspond to the muscles. The only places where it should be applied are on the superior half of the leg, and inferior half of the thigh.

3rd. The caustic must be applied at least twice at the same point, in order to reach the vein. This supposes that it is necessary, in order to obliterate the veins, to reach and open them with the caustic. In no case after the first application which only destroys the skin and a little cellular tissue, has the flow of the blood been found to have ceased in the veins, and they never are found converted into a hard cord impermeable to the blood. It is only after being opened that these changes occur. M. Bonnet leaves it a matter of discussion whether it would be preferable to open the veins by a single application of a sufficiently large piece of potassa fusa, or by applying a second portion in the centre of the eschar formed by the first.

The danger arising from phlebitis naturally presents itself as likely, both by theory and analogy, to arise from this operation; facts, however, speak differently since of twenty patients fourteen of whom were treated with the potass alone, and six by the combination of potass and pins, M. Bonnet has not even once seen a tendency in the inflammation to propagate itself along the course of the veins, although three or four applications of

potass had been made on different parts of their course, and in the greater number had opened their cavity; the inflammation was, therefore, in all these cases, limited by the bonds of adhesion, and perfectly circumscribed.

These results prove that cauterizing of the veins with caustic potass does not expose the patient to the danger of phlebitis; "and," says M. Bonnet, "finding every day proofs of the innocence of this remedy, I now take no other precaution than that of confining my patients to bed." They are permitted to follow their accustomed regimen, to have the half or three-quarter portion, (equal to the middle diet of our hospitals.) The dresser of the ward applies the caustic on their veins as if inserting a common issue, so that they never suspect that an operation is performing. Finally, the inflammation developed around each eschar, and the ulceration which succeeds its separation, are similar in every way to those circumscribed inflammations and ulcerations which occur when issues are established in the thigh or leg, only that the inflammation is more acute, and the ulceration deeper, on account of two portions of caustic being applied in the former case. M. Bonnet allows, however, that where two cauterizations have been performed too close to one another the areola of inflammation which surrounds them may unite and cause a genuine phlegmon.

The sole inconvenience from this treatment is, that it may cause hæmorrhage, which was the reason why M. Bonnet combined its use with the application of pin ligatures; but he has found that lying quiet in bed, and gentle compression, is sufficient usually to restrain the flow of blood. The period which the patient ought to spend in bed, in order to avoid all risk of hæmorrhage, cannot be precisely laid down; as soon after the second application of the caustic, and the opening of the vein, the blood above and below the perforated part has become coagulated, the vessel becomes hard, pressure on the contents of the vessel no longer causes undulation. When these signs appear, indicating the obliteration of the vessel, any one may feel convinced that the danger is past, and every chance of hæmorrhage dissipated. Four or five days are ordinarily sufficient for the accomplishment of this phenomenon. It is necessary to second the effects of rest by placing a roller round the limb immediately after the second application of the caustic.

The results obtained by this method were twenty-one cases of perfect cure: only in two cases was there hæmorrhage sufficiently abundant to cause alarm, if the patient had not received prompt assistance; those two persons had got up a very short time after the second cauterization, and one of them had detached with a pin the clots which began to form at the bottom

of the eschar; their imprudence, however, only caused a very considerable flow of blood.

M. Bonnet remarks, that those varices which form on the internal saphena and its divisions, and which affect persons of less than 60 years of age, can be *completely* and *permanently* cured by the application of the caustic potass. On the contrary, when both internal and external saphenic veins are affected, and simultaneously dilated, that no attempt at cure should be made. In the two only cases in which the surgeon of Lyons employed caustic with patients in whom both veins were varicose, he observed, that whilst the internal saphena became obliterated, the external acquired a more considerable volume; and its varices, which were slight before, became larger, so as to substitute a new disease for the one which had been cured.

Amongst the circumstances unfavourable to the operation, are mentioned great age in the patient, and thickness of the venous walls, to such an extent as to render it difficult to approach them to one another.

Besides what we have mentioned, the paper of M. Bonnet contains a description of varicose tumours analogous to spontaneous aneurisms, the phenomena of which are very remarkable, and in which there is undulation of the blood when percussion is employed on the varicose veins; M. Davat's plan of treatment by pins is also touched upon; the conclusion is this, that the application of caustic potass, following the rules laid down by M. Bonnet, is, without contradiction, the most efficacious treatment which can be adopted for the cure of varices; it effects a cure which is more solid and durable than that produced by pins, or by pins and caustic combined, and as it is not more dangerous, the preference ought to be given to it.

It is well known, at least in the United Kingdom, that Mr. Brodie employed caustic for the destruction of varices many years ago, and that his practice was to make a slough which penetrated the skin and included the vein; but that practice he gave up for one, which after numerous trials he thought superior, that of passing a narrow bistoury between the skin and vein, with the blade flat to the vein, then turning it, and cutting through the vein as he drew it out. This plan, in his distinguished hands, succeeded better than the potass, and had the advantage of not giving so much pain, and not producing an ulcer of magnitude and difficult to heal, which the caustic always does.

S. L. L. B.

On the Arrangement of Hair on the human Body. By Professor ESCHRICHT.

IN Otto's "*Dänische Zeitschrift*," a most interesting communication has been made, from a treatise on the above subject by Professor Eschricht, the general results are as follows. The down and mucous glands are not produced at the same period upon the entire skin, and each does not possess villous properties at the same time. The eyebrows first make their appearance in the middle of the fifth month, at the same time with the beard around the mouth, which is stiff and regularly arranged. In the sixth month, the surface is covered with a tolerably stiff, close lying hair, covered with a manifest cuticle in beasts; this is easily distinguished from the milk hair. This horizontal layer occurs at the same time with the mucous follicles and hair secreting sacks, which latter lie, at the end of the sixth month, two and three together, like roof tiles placed spirally over one another. These become congregated together after the same manner as the villi of the chorion and intestinal canal in different parts, and thus establish in a different manner, in different sexes and individuals, a sort of opposition between the head, breast, and abdomen, &c.

The direction and division of the hair occurs, according to our author, in streams, which have, at the least, five points of commencement, on the scalp, the inner angles of the eyes, and the axillæ. The scalp stream begins with one, sometimes with two curls, turned towards the right, and generally falling away towards the left; it separates at the boundaries of the scalp into the streams on the forehead and temples. The brows are arms from the forehead and eye streams. This convergence of streams easily explains the different direction of the hairs in certain collections of hair, for whenever two streams become united into one, the hairs of each are directed away from those of the other, form crosses, as on the neck, &c. The stiff hairs at the entrance to mucous membranes, ciliæ, vibrissæ &c. seem to form a peculiar and smaller system; they lie outside all those streams, and direct themselves in a diverging manner: for example, in the ear, both in and out, in the eye, as in trichiasis; in the mouth they might be taken for representatives of the teeth, for they are directed inwardly where the deep-lying teeth secreting sacs are placed. The top of the head may be esteemed the point of convergence of these streams; also the elbows, ulna, tibia, eyebrows, spine, and probably the navel, penis, and linea alba; that there is a certain degree of order in this arrangement cannot be denied.

Essay on a new Method of diagnosing in a certain Manner, the different Deformities of the Prostate, considered as ordinary Causes of Incontinence and Retention of Urine in Old Men. By M. AUG. MERCIER.

THE instrument employed by M. Mercier is very simple in its conformation; it is a sound, made straight to within six or eight lines of its termination, where it is curved at nearly a right angle. The shortness of this curved portion permits it, when once introduced into the bladder, to be rotated freely. The external extremity is provided with an oval or polygonal plate, perpendicular to the plane of the curved portion, which shews, by means of a mark on one of its faces, on what side the beak of the instrument may be when it is rotated.

This catheter can be passed with the greatest facility, particularly in old men, the canals of whose urethra are considerably enlarged from before backwards, in hypertrophy of the lateral lobes of the prostate, which, as Hunter has remarked, and M. Mercier confirmed, often extends to fourteen or fifteen lines; its introduction is at least as easy as those lithotriptic instruments which are acted on by percussion, having nearly the same curvature, and it is well known that they can be passed, only with the difference arising from their bulk, as easily as any curved catheter.

The only precaution necessary in introducing this instrument, is to push it forward, and at the same time lower the handle of the instrument as soon as the beak has entered the prostatic portion of the urethra, and thus carry it forward to the neck of the bladder; the combination of these two motions is essential, or otherwise the beak of the instrument will strike against the anterior wall of the urethra, and thus be prevented entering the bladder.

M. Mercier shows what are the changes in form in the prostate gland, which can be recognized by the aid of this instrument. He insists particularly on the alterations in the transverse portion, and in the lateral lobes. The general facts which he relates have been published before in the *Bulletins de la Societe Anatomique*, (1836, p. 12,) under the title, *Recherches anatomique sur le Prostate des Veillards*. The result of those researches proves, that hypertrophy of the prostate occurs sometimes at the right side of the neck of the bladder; sometimes at the neck of the bladder itself; sometimes towards the centre. In each of those cases M. Mercier gives the signs by which they

can be recognized and contra-distinguished, and even their different stages discovered.

In order to recognize those tumours which project into the bladder, it is requisite, as soon as the sound has penetrated within its neck, to take care that its direct position should be nearly parallel to the axis of the body then the beak can be drawn against the anterior part of the neck of the bladder, or to the right or left ; thus it is easy to make it pass over all those parts by gently drawing it towards you whilst causing it to rotate. When the prostate on either side is normal, the beak passes over the whole of this part without experiencing any elevation. Further it descends a little when it is turned directly backwards, and this takes place in a remarkable degree when the lateral lobes are hypertrophied, and the middle healthy, a state which rarely occurs. But if a tumour exists at any point of the neck, the instrument is stopped, and it is necessary to permit it to ascend in proportion to the height of the eminence, in order to pass over the obstacle ; then continuing the rotation and a very gentle withdrawal of the instrument, it descends again to the same level it had been at before. The plate attached to the end of the sound indicates at what part the beak is impeded ; the arc of the circle described from the point where the sound begins to mount, till it re-descends to its former state, gives the size of the tumour, and the degree of its elevation may be judged by observing how many lines the instrument has ascended from the orifice of the glans penis. When these motions have been repeated sufficiently often, both to the right and left, we can then determine very closely—1st, the exact position of the tumour or tumours if there be many ; 2nd, their elevation ; 3rd, their bulk ; 4th, from the manner in which the instrument mounts or descends, more or less rapidly, we may conjecture whether the protuberance is pediculated, or has a large base. With regard to the depth of these tumours, M. Mercier has never found it to exceed their breadth.

By means of these manœuvres it has been found easy to recognize tumours not larger than a pea ; it is not, however, to be expected, that in all cases an accurate diagnosis can be obtained : such is impossible when the hypertrophied tissue is of slight consistence, when the existence of a protuberance can be discovered, but its size cannot be determined.

The hypertrophies which occur at the neck of the bladder, and which consist most often in the valvular development of the transverse portion, described by M. Mercier, are as easily recognized as the preceding. When this valvular projection is great, it is easy to feel it when the catheter is introduced into the bladder, for at the very moment when the point of the instrument

carried straight forward, is passing the neck, a sudden rough motion is felt, by which it is carried nearer to the symphysis pubis. Should this valve be but slightly developed, the beak of the instrument should be turned downwards, and it then can be drawn out of the neck of the bladder; and when this is healthy it will pass through it very easily; whilst on the other hand, should this valvular projection exist, the instrument will not pass except with more or less of difficulty on account of its beak lodging itself in the *cul de sac* formed above by the valve, and the posterior wall of the urethra below: this will be sufficient evidence of the existence of the transverse tumour, which it will be necessary for it to pass over.

The hypertrophies which project into the prostatic portion of the urethra, are situated on the internal aspect of the lateral lobes. Thus the canal has, in reality, but two lateral walls, united before and behind; if a section of it be made perpendicular to its axis it would represent a curved line, the concavity of which would embrace the tumour, and the extremities remain in the mesial line. Thus when a sound is introduced into the bladder, as soon as its beak has arrived at the summit of the projection, it will incline to the opposite side, and this inclination will indicate the existence and seat of the disease. There will be little or no deviation when the extremity of the sound passes close to the anterior or posterior angles of the canal. In order to remedy this cause of error, M. Mercier recommends, in withdrawing the catheter from the bladder whilst it is in the prostatic portion, to press gently from above on the root of the penis near the symphysis pubis, so as to lodge its convexity against the posterior wall of the canal; the operator then draws the instrument towards him, taking care not to distance it far from the axis of the trunk, or to elevate it towards the abdomen; as in ordinary catheterism the necessary result of this is, that when the beak passes to the summit of the projection of the lateral lobe, it then inclines to the opposite side. The plate externally indicates this motion and the reason of it.

It is necessary frequently to repeat this examination when the first attempt does not succeed, by giving different degrees of inclination to the catheter in the straight position with regard to the axis of the body.

When there is equal hypertrophy of the lateral lobes, the catheter, when drawn more or less parallel to the axis of the body, will pass over the prostatic portion without inclining to one side or the other. The facility with which the instrument passes in this case, shews that the canal is increased from before backwards, and in consequence, that the lateral lobes are increased in volume in the same direction. In this case exami-

nation by the rectum will furnish some useful hints. The value of this method of examination remains to be proved in those cases where the hypertrophied prostate is softened or fungous; in those in which the tumours are of the same consistence as the gland itself, or where there is a stalk or pedicle: but those points which at present furnish subjects for discussion, can only be decided by actual experiment.

S. L. L. B.

A practical Work on Diseases of the Eye, and their Treatment, &c. By FREDERICK TYRRELL, ESQ., &c. &c. 2 vols.

THERE are two periods of professional life when a medical man may advantageously engage in authorship. During the early years of practice, when he is "making up" his information from the labours of others, tested by hospital experience, he may save much trouble to others, and earn a good name for himself, by collecting scattered facts, and collating diverse opinions, and publishing the result of his researches. This he has leisure for, and though not the highest kind of writing, it is what is most wanted at present. Then again at an advanced period of life, he may record for the benefit of others that experience which the confidence of the public has enabled him to acquire, and which is of great value to the Profession. Young men *may* become authors of the first class if they like, and they will find their advantage in so doing, but it is optional; but senior practitioners *ought* to publish the results of their experience. Such a record is due to the Profession, by whose help they attained their eminence, and to the public, by whose confidence they have been rewarded. It is also due to themselves, and to their station, to shew that they have not been indolent receivers of fees, but zealous and intelligent observers. Thus we conceive, that any *eminent* practitioner who leaves the world after a life spent in professional reputation, and rewarded by success, without giving to his brethren the information he has acquired, violates one part of his duty.

In this opinion we are happy in the support of so high an authority as Mr. Tyrrell, who states as one reason for publishing the valuable work under our notice—

"A conviction, that it is a duty I owe to the Profession to put them in possession of the result of a long experience, in a most ample field for inquiry and observation. I have now been attached for more than twenty-two years to the Ophthalmic Hospital; and for the last twelve of them, have held the most responsible professional position in it."—(*Preface*.)

Able has Mr. Tyrrell fulfilled his duty to the professional public, and we doubt not that the Profession will promptly acknowledge the obligation.

The work is written in a perspicuous style, and abounds in practical information. There is comparatively little notice of the literature of ophthalmology, which we regret; but for which Mr. T. gives what appears to him a sufficient reason.

The first volume opens with an introduction and remarks upon the diagnosis of diseases of the eye,—the mode of examining the eye, and the application of remedies. Then follows the anatomy of the conjunctiva, and its morbid states, such as simple, pustular, catarrhal, and purulent ophthalmia, &c. &c., pterygium, fræna, adipose tumours, and the cuticular condition of the conjunctiva, with a detail of injuries inflicted upon this membrane. Next comes the anatomy and morbid conditions of the cornea, of the sclerotic, of the aqueous membrane, of the iris, of two or more of the superficial tunics, diseases of the palpebræ, &c. &c.

The second volume treats of amaurosis; diseases of the choroid—of the retina—of the crystalline lens—of the orbit; with a detailed account of the various operations and modes of treatment.

A series of plates, illustrative of the various diseases, are given, with sufficient accuracy to be of great use.

We shall now quote some observations, that our readers may judge for themselves of the style of the work, merely premising that the rest will be found fully equal to what we extract.

No one can question the importance of a correct diagnosis in this class of diseases, although it may not be very easy to obtain; the following plan is recommended by Mr. Tyrrell, “as well calculated to elicit all important facts before the character of a local disease be decided on.”

“First—obtain from the patient, or from those who may have the care of him, all the account they can give of the case; limiting their remarks to points of importance: by this means the origin, progress, and continuance of the disease, with the effect of previous treatment, will be ascertained, and the medical man will acquire a knowledge of what are termed the *subjective symptoms*—such as could be communicated without personal interviews.

“Secondly—make a careful examination of the affected part or organ, to ascertain the morbid changes it presents; the signs or symptoms thus obtained, are called *objective* (termed in the work, *appearances*)—as being principally collected by the aid of vision, though frequently much aided by touch, and occasionally by other senses.

“The acquisition of the subjective and objective symptoms, will usually enable the medical man to decide with tolerable certainty on

the nature of a local disease; and may perhaps also shew whether the disease be purely local or not; but in order to determine this point with certainty, it is further necessary to investigate the condition of the system, and of the most important organs and their functions. In the first place, then, the character of the local affection should be elicited; and secondly, it should be ascertained whether the morbid action be purely local, or if it be connected with general derangement or disturbance of any important function."—"Marked general disturbance, constituting fever, cannot fail to attract attention, and to influence the judicious practitioner in the treatment he may adopt for relief of the local disease.

"There are, however, other conditions of the system, which often materially influence local disease, and which may be, and often are, overlooked or disregarded; because they are productive of little suffering or inconvenience to the individual, or do not appear to affect the general health; I mean the conditions of plethora and debility evinced by opposite states of the vascular system principally.

"In the first, the circulating vessels are full and tense; and the pulse hard and incompressible: such a state now and then exists, without derangement of any principal function, and the patient seems in good health; he is, however, disposed to inflammatory disease; and local morbid action usually becomes very acute under such circumstances.

"In the second condition, there appears to be a deficiency of the circulating fluid, and the pulse is usually small, or loose, and easily compressible; this state may also exist, without any important functional disturbance, and the patient may consider himself in good health; but in case of local disease or injury, a salutary action cannot be established, during the continuance of such a state of the vascular system.

"These two conditions of plethora and debility, though immediately opposed to each other, have each the effect of augmenting local disturbance, and occasioning a train of symptoms and appearances, which in structures less favourably circumstanced than those of the eye, do not often present characters sufficiently decided, to enable the practitioner to determine upon the precise nature of the affection.

"In both instances, the local symptoms evinced are often those which are considered as indicating acute disease, or excess of action; and therefore, when regarded independent of the condition of the system, lead to the adoption of treatment which proves in many cases, not only useless but injurious."—pp. 26, 27, 28.

So much for the general means of diagnosis, in addition to which local examination of the organ has been mentioned: this is not always easy, and requires a good deal of tact in many cases. Let us hear the mode recommended by our author:

"When examining an eye, the subject of inflammation, the

patient should not be exposed to too great a body of light, nor to a bright or direct light, but only to such a degree of it, as may be sufficient to afford a correct view of the organ; and the patient should, if possible, be placed so as to receive the light obliquely upon the face. If an adult, either the reclining or recumbent position is best, as enabling the medical practitioner to look well beneath the superior palpebra. The patient should be directed to cover one eye with a handkerchief or with the hand, whilst the other undergoes an examination, which should be conducted in the following manner: the point of the fore-finger of one hand should be placed a little below the centre of the inferior palpebra, about the margin of the orbit; so that by pressing the integument downwards, and at the same time backwards or towards the maxillary bone, sufficient stress can be made on the skin to cause its depression of the lid, and slight cohesion; simultaneously the extremity of the thumb of the opposite hand should be placed near the centre of the superior palpebra, a little above the upper margin of the tarsus, between it and the eye-brow; so that little or no pressure be made on the globe itself, but so as to enable the examiner to raise the integument of the lid towards the brow, against which he may make firm pressure; and thus by acting upon the integument, he may raise the palpebra to a sufficient extent to obtain a satisfactory view of the eye without any violence to the globe. The finger and thumb of the two hands should act together to depress the lower and elevate the upper palpebra at the same time; and during the separation of the lids, the patient should be directed to look downwards, inwards, and outwards in succession, by which the whole of the cornea can be brought under observation."—p. 33.

Some slight modification of the above plan is required according as it is the right or left eye, and a different position is necessary with children.

We could easily multiply our extracts, but those we have given exhibit a fair specimen of the author's style; and we add our earnest recommendation to our readers, to procure and read through the two volumes, assuring them that they will be richly repaid for their trouble by the stores of practical information laid before them.

The Principles and Practice of Obstetric Medicine, &c. By JAMES BLUNDELL, M.D. Edited by ALEXANDER C. LEE, Esq. and N. ROGERS, Esq., M.D.

THIS work is something like "the play of Hamlet, with the character of Hamlet omitted by particular desire," being an edition of Dr. Blundell's "Obstetricry" depurated of Dr. Blundell's peculiarities; and although we confess that there is a "raciness" in his flights of fancy, and a quaintness in his illustrations, yet

we are inclined to prefer the present edition to the former one. Besides very much matter has been added in the present work, and many deficiencies supplied.

The work is divided into two principal sections:—

“The first, consisting of three parts, is merely obstetric in its character, and is consequently the most important; while the second, including the last two parts of the work, embraces the physiology and diseases (functional and organic) of the female generative system, during the successive periods of female existence, and in all circumstances.”

In fact this work embraces both the volume on “Obstetricy” and that on Diseases of Women, published by Dr. Blundell.

Some alterations have been made in the arrangement of the different sections, in order to follow as nearly as possible the natural order.

“The next feature to which the editors are desirous of drawing the attention of the Profession, is the introduction of nearly four hundred pages of additional matter from numerous valuable sources.”

There can be no question of the value of this addition: we do not want so much the addition of new matter to our professional stores, as the assembling together of facts and opinions already promulgated. This the editors have done extensively, indeed rather too extensively; for example, there are twenty-eight pages of Dr. Montgomery’s able work given in one extract. This is not borrowing, but stealing; however, if Dr. Montgomery does not object, it is not for us to cavil.

We have been thus particular in specifying the peculiar claims which this edition has upon the Profession, because our limits do not permit an extended notice.

The editors have spared no trouble, and the publisher no expense, and the work is highly creditable to both. If our recommendation be of any value, it is in favour of the book; but we think it is needless, for no library would be complete without Dr. Blundell. And the student gains so much information in addition to Dr. Blundell’s lectures, that we are satisfied that this edition will have a very extensive circulation.

The Medical Examiner. Edited by J. B. BIDDLE, M. D., M. CLYMER, M. D., and W. W. GERHARD, M. D., Philadelphia.

THIS periodical promises to become a great ornament to the medical literature of America; and we shall from time to time

present our readers with extracts from the important original articles and selections with which it abounds. We have great pleasure in noticing the foundation of a Pathological Society in Philadelphia, in the transactions of which we find many most interesting communications, some of which will be found in the *Scientific Intelligence* of our present Number.

The new Philadelphia Journal is to be recommended for the high tone of feeling and dignity which is preserved throughout its pages. In this respect, however, it is only treading in the footsteps of the other American Journals.

In speaking of the experiments of Dr. Pennock on the motions and sounds of the heart, the full report of which we gladly transfer to our pages, the editors make the following observations:—

“The experiments of Dr. Pennock were conducted upon a scale of expense, and prosecuted with a degree of care, which require a pure devotion to science, possessed but by few individuals. It is not our practice nor our present purpose to write editorials in praise of the exertions of particular individuals, more especially when they are to be found in our own city, and amongst our own friends; but when a series of expensive and troublesome experiments has been completed, we are not only gratified, but, as it were, are obliged to add our testimony to the fidelity and disinterested care of the observers. Every precaution, we know from our own observation, was taken to avoid error; and when the result of an experiment seemed at all doubtful, it was repeated again and again until the apparent obscurity was fully removed.

“It will be perceived by a reference to the experiments, that besides confirming several points already set forth by the British experimenters, the experiments of Dr. Pennock have developed some new facts. These are the existence of an auricular sound, faint indeed, and to a great degree merged in that of the ventricles, but still real. Indeed, when the fact of real muscular contractions of the auricles is proven, we know from analogical reasoning, that sound, which is the necessary consequence of muscular contraction, must be produced. The active muscular contractions of the auricles has been doubted by some physiologists, we hardly know why, for the evident muscular fibres of the auricles are certainly designed for no other purpose than other muscles, that is, contraction. The experiments of Drs. Pennock and Moore have set this question also at rest, and proved satisfactorily to all present, that the muscular fibres of the auricles were in action during their systole.

“There are two other points ascertained positively by these observers, from direct experiment, which we believe were not noted in previous observations of the kind. These are—1st, that the ventricular sound on the right is much sharper and clearer than that of the left, which is more dull and prolonged; 2nd, that the second or valvular sound ceases by the congestion of the ventricles, ceasing first on

the right side. With both of these facts we have been long familiar, from our observations of sounds of the heart in the living body, both in the healthy and diseased condition of this organ; and it is not a little gratifying to us to find that the clinical observations which we have often made and pointed out to our pupils have been abundantly confirmed by the sure test of direct experiment. This observation throws light upon a large number of pathological facts, which are often with difficulty understood without knowing the effect of congestion upon the heart.

"The last point of interest which has been for the first time explicitly stated, is the less degree of loudness of the second sound over the pulmonary artery and valves than over the aorta. This probably arises from the pulmonary artery being so much weaker and thinner."

We cannot deny ourselves the gratification of inserting the following letter from one of the editors of this Journal to his colleagues.

"Dublin, 20th June, 1839.

"To the Editors of the Medical Examiner.

"GENTLEMEN,

"The high reputation of the Dublin medical schools and of their Professors, induces me to send you a few hasty observations respecting them, which I was enabled to make during a recent visit. Connected with the University is the

"School of Anatomy, Trinity College, a commodious building in the College Park, including the anatomical and chemical theatres. In the anatomical section there is a beautiful dissecting room, admirably lighted and ventilated, with a fountain and troughs in the centre. There is a private dissecting room also. The lecture room is sufficiently spacious to accommodate four hundred students; and here the anatomical, physiological, pathological, and surgical lectures are delivered. The College museum is scanty. The students have the use of a good library, on the payment of a small sum. The lectures commence on the first Monday in November, and continue till the last of May.

"The *College of Physicians, Sir Patrick Dun's*, is similar in its objects to the same institution in London, and need not detain us.

"The *Royal College of Surgeons*, on the west side of Stephen's Green, is a fine building, with a Doric facade of mountain granite. The columns of Portland stone rest on a rustic basement, and support an elegant pediment, surmounted by three statues—Esculapius, Minerva, and Hygeia. In the tympanum of the pediment are the royal arms. The interior is conveniently arranged, and contains a board room for the meetings of the College, a library, with a good selection of works on medicine, surgery, and natural history; an examination hall, and numerous smaller apartments. There are also four lecture rooms, a laboratory, and several dissecting rooms. There are *three*

museums. One is eighty-four feet long, by thirty broad, and thirty-six in height, with a gallery. This is appropriated to a large and well-arranged set of human and comparative anatomical preparations wet and dry. The second museum, twenty-four feet square, and thirty-six high, with a double gallery, contains the pathological specimens, and an excellent collection of wax models, the gift of the Duke of Northumberland. The other is small, in which are the models and specimens used in the daily demonstrations. The candidates for a surgical license are obliged to study five years, to attend a certain number of courses on anatomy, physiology, surgery, chemistry, practice of medicine, *materia medica*, midwifery, and medical jurisprudence. They are publicly examined for two separate days, very rigorously, on all these branches. If rejected, the candidate may appeal to another court of examiners, differently constituted; and if rejected by them, is obliged to extend his probation one year. Half yearly examinations of the registered pupils are held, and each candidate is obliged to show that he has answered four such, ere he can be eligible to the final one for his diploma. The lecture term embraces six months.

"Attached to the *House of Industry* in North Brunswick-street, an immense establishment, capable of accommodating nearly two thousand inmates, is the *Richmond Surgical Hospital*, containing one hundred and twenty beds. The patients are admitted by the surgeons according to the urgency of the case, without reference to recommendation. The building was an ancient nunnery, and is badly adapted to its present more useful purpose, the wards being low and small. Much attention appears, however, to be paid to cleanliness and ventilation, and considering the crowded state of the wards, with tolerable success. The operating theatre is of a good size, and well lighted. The museum, commenced by Professor Todd, of King's College, London, is indebted for its present prosperous condition to the indefatigable exertions of R. W. Smith, Esq., the accomplished Surgical Lecturer at the Richmond School. Although the collection cannot pretend to vie in extent with that of the College of Surgeons, it is far more valuable. It is comprised entirely of pathological specimens. The history of each case is known and registered; and there are casts and drawings of most of them, admirably executed by individuals retained exclusively for its use. Here I examined the preparations of congenital malformations of the shoulder-joint, the subject of a novel and excellent essay, by Mr. Smith, in the last number of the *Dublin Journal*. Also the specimens of rheumatic disease of the joints, so ably described in Todd's *Cyclopædia*, by R. Adams, Esq. of this city.

"The *Pathological Society of Dublin* promises to become a most valuable institution. Though recently established, so great has been the ardour and industry of its members, and so ample the materials, that a volume of transactions may very soon be expected. This will be illustrated by plates of the most important specimens. Each preparation has its history attached, with casts and drawings. No where in America does a more ample field exist for the establishment

of a society of this description than in Philadelphia; and were it once commenced, I have not the least doubt would become one of our most cherished and important institutions. Boston already has a society of the kind, and great advantages have been found to arise from it; and, under the care of its indefatigable curator, Dr. J. B. S. Jackson, will assume before long an importance commensurate with its usefulness.

"I this morning examined at Mr. Adams's, an undoubted specimen of united fracture of the neck of the femur within the capsule. This occurred in an old male pauper, in the House of Industry, some time since. Nothing was done, and on his dying after a few months, complete ossific union was found to have taken place. The case will be detailed in the forthcoming number of the *Cyclopædia of Anatomy and Physiology*, *Art.* Hip-joint, by Mr. A. It is not to be regarded as contradictory of Sir Astley Cooper's views as to the rareness of reunion in such cases. In 1834, Sir Astley addressed a note to the Editor of the *Medical Gazette*, with the view, as he stated, of correcting an assertion of the late Baron Dupuytren's, that he (Sir Astley) had declared reunion, in cases of fracture entirely within the capsule, to be impossible. He does not deny the possibility of union, but only regards it as rare. He considers the difficulty of a false position, and not deficient nourishment, to be the obstruction to union, and adds, that where the synovial membrane is unruptured, union will occur, giving as illustrative a case of Mr. Swan's. Mr. Adams's case is exactly like that of Mr. Swan's, the rupture of the sac being limited to one side, and in that spot there is no ossific deposit. The preparation and case are highly interesting.

Mr. Adams is one of the Surgeons to the Richmond Hospital, and an excellent practitioner and operator. He showed me the results of several operations for club-foot, which he had recently performed, and with success. The treatment of surgical cases is very similar to our own, though they appear to admit less readily than we do, new and unestablished methods of treatment. Davat's operation for varicose veins, and Velpeau's iodine injection in hydrocele, I could not discover had yet been tried in any of their surgical hospitals. Their fracture treatment is still defective. I have had no opportunities of witnessing any operations. The same neatness and excellent ventilation, and large wards, and comfortable beds, as with us, are not seen in most of the Dublin hospitals. Great attention, however, appears to be paid to the patients, and the manner of the visiting medical attendants is patient and kind.

"Very respectfully yours,
"M. C."

Commentatio de Tumoribus in Pelvi partum impediētibus.
A gratioso Medicorum ordine Heidelbergense præmio
ornata. Auct. B. R. PUCHELT. Heidelbergæ, 1840.

In the work of the celebrated Professor of Midwifery of Heidelberg, on the malformations of the pelvis, he announced the

work now before us ; and in the preface which he has written for the work of his pupil, he dwells strongly on the importance of studying the anatomy of those tumours which interfere with delivery, more particularly if they be of an osseous nature. For many years the Professor has turned his attention peculiarly to this subject, both in the closet and in his lectures. Being Dean of Faculty in 1837, he proposed it as the subject for the prize essay, and had the satisfaction to see the prize awarded to the son of his friend and colleague, Professor Puchelt.

The work is divided into two parts. In the first, are discussed those tumours which originate in the organs of generation ; and in the second is given the history of tumours of the surrounding parts. The first series is divisible into tumours of the osseous tissue and of the softer structures ; and in the second, are described those cases, in which organs from their unnatural growth, as the ovaries, rectum, and fallopian tubes, may cause an obstacle to delivery. On each of these varieties the author gives numerous facts, with reference to history, diagnosis, prognosis, and treatment.

FIRST PART.

A.—*Tumours developed in the Osseous Structure.*

CHAP. I.—*Exostosis*.—The author shows, that when the disease is extensive, the Cæsarean operation is almost always indicated.

II. *Osteatomatous Tumours*.—He confines this term to tumours formed of the osseous and lardaceous tissues, for those formed by fibrous tissue, and which do not adhere to the bones, but by tendinous or cellular fibres, are to be placed among the tumours developed in the cellular membrane of the pelvis. Two operations of osteosteamatous tumours are given, one by Stark, the other by Gummel of Weisbaden. This last observation was not before published. The Cæsarean operation was performed, and the child extracted alive, but the mother sunk on the following day. The tumour followed upon a fall on the pelvis, which occurred some years before.

B.—*Tumours of the Soft Parts.*

1. *In the Uterus.*

CHAP. I.—*Sarcoma*.—Two cases are given where delivery was impeded by this tumour. In sarcoma, as well as steatoma, fibrous and scirrhus tumours, puncturing of the head, or the Cæsarean operation, are necessary, for the tumour can neither be extirpated nor depressed.

II. *Steatoma*.—In one case delivery was impeded. In three others the tumour, though in the uterus, was external to the pelvis.

III. *Scirrhus and Carcinoma*.—Out of thirty cases, in which delivery was impeded by this disease, twenty-six presented the disease in the superior segment of the uterus, and four at its fundus. Seven mothers died during their accouchement, and nine afterwards; ten recovered; and in three the result is not known. Fifteen children were born dead, ten lived, and the result in two is not known. In some of these cases, delivery takes place with great rapidity; but when it is prolonged, interference becomes necessary.

IV. *Cauliflower Excrescence of the Neck of the Uterus*.—Seven observations. The principal danger is from hæmorrhage. It is in general proper to allow natural delivery; and if the tumours be pediculated they may be removed.

V. *Fibrous Tumours*.—Seven observations, where delivery was impeded. The diagnosis is difficult, the prognosis unfavourable, and artificial delivery is often called for.

VI. *Polypi*.—In fourteen cases the prognosis was not so unfavourable as in those of the preceding chapter, because the tumours were pediculated, and easy to be displaced. In thirteen cases, one only sunk during delivery, and two afterwards; two children were born dead. If the polypus is small it may be displaced; if large, we may tie its pedicle, and divide it above the ligature.

VII. *Encysted Tumours*.—One observation. As the diagnosis is difficult, an exploratory puncture is recommended. The prognosis is not unfavourable.

VIII. *Elongation of the inferior Lip of the Neck of the Uterus*.—Four observations; one by Nægelé not before published.

2. *Tumours in the Vagina.*

The author speaks of steatomatous, sarcomatous, fibrous, and carcinomatous tumours; afterwards of polypi, encysted tumours, and bloody tumours; and finally of inflammation and œdema. In a case of encysted tumour, the sac was ruptured by the efforts of nature, and the labour terminated favourably.

SECOND PART.

CHAP. I.—*Tumours of the Fallopian Tubes*.—A single case is given.

II. *Ovarian Tumours*.—Thirty-two observations, of which seventeen were dropsies of the ovary, seven indurations, five

scirrhus or steatoma, and in three the nature of the tumour was not determined. One of the mothers died during delivery, and fourteen shortly after; twenty-one of the children were born dead. The indications are to elevate the tumefied ovary, if it be at all moveable, and the head not too low in the pelvis; and if it contains fluid, to puncture it with a trocar or lancet. Artificial delivery must be attempted if the efforts of nature fail.

III. *Tumours of the Rectum.*—Two cases are given where delivery was impeded by fæcal accumulations in the rectum. A tumour is formed on the posterior wall of the vagina, on which we can make a distinct impression with the finger. Enemata, and even removing the fæces with the finger are indicated.

IV. *Tumours of the Bladder.*—In three cases, accumulation of urine was an obstacle.

V. *Calculus of the Bladder.*—In thirteen cases a calculus existed. The offending body is generally placed above the head of the foetus, or between it and the arch of the pubis. The indication is to bring the calculus below the head, when its extraction may be accomplished; artificial delivery is dangerous.

VI. *Scirrhus Bladder.*—One observation.

VII. *Tumours in the Cellular Tissue of the Pelvis.*—Seventeen cases, of which six were steatoma, one scirrhus, six encysted tumours, one hydatid, three not determined. The prognosis depends on the density of the tumour. In nine cases it was hard. One of the mothers died during delivery, two shortly after. Of ten children, six were dead. In seven cases the tumour was soft; two mothers died during delivery, two immediately after, and two children were dead. When the tumour is soft and of but small size, we may leave the delivery to nature. Generally speaking, delivery may be aided by depressing the tumours, opening them, or extirpating them when they are not adherent too strongly to the vagina or rectum.

VIII. *Hernia.*—Three cases of vaginal enterocele and epiplocele are given. If reduction cannot be effected during delivery, we must hasten the delivery in order subsequently to perform the taxis. The author gives two cases of perineal enterocele, eight of vaginal cystocele, and two of perineal cystocele. In eight cases, one woman died during delivery; and of the children, two were dead.

This short analysis is sufficient to shew the importance of this work, in which M. Puchelt proves himself worthy of his master Naegelé. The zeal with which he has cultivated so many observations in ancient and modern authors; the dis-

cernment with which he has appreciated them, and the excellence of his arrangements, make this work one of the highest practical value.

The above analysis is abstracted from our excellent and scientific contemporary *La Gazette Medicale*, tome viii. No. 30.—ED. *D. M. Journal*.

Observations on Monesia. By M. BERNARD DEROSNE. Paris, 1840.

A NEW substance has been added to the *materia medica*, which seems likely to be of considerable importance. A French merchant who had resided for a long time in the interior of South America having observed remarkable effects produced in certain diseases peculiar to the country, by the use of an extract which was prepared from the bark of a native tree, determined to import this substance, known under the name of monesia, into France, and have its properties examined by competent persons.

During the last two years, experiments have been carefully made by a number of physicians, both in hospital and private practice, the chemical properties of this substance investigated; and the properties of this new therapeutic agent are now so far established, that it may be safely brought under the observation of medical men generally, and the benefit of a medicine, which has frequently succeeded where other means have failed, be afforded to the sick.

As in the case of quinine, rhatany, and other valuable medicines, the discovery of the properties of monesia has probably been the result of accident, and a knowledge of its use has been handed down by tradition. We have no knowledge of the tree which furnishes this bark, and as far as we know, no American traveller or naturalist has described it; the bark, of which we have some specimens at our disposal, is of a dark reddish brown colour, and presents a compact fracture. The extract, as prepared in the country, has been sent to us in the form of small cakes weighing about five hundred grains, and being from eight to ten lines in thickness, its colour is a dark brown, nearly black; the newly fractured surface is neither dull nor shining; it is entirely soluble in water, and its taste, which is first sweet, becomes soon astringent, and leaves finally an acrid taste, which is strong and persistent.

The chemical analysis has discovered among the soluble principles, 1, chlorophylline; 2, vegetable extract; 3, a fatty

and crystallizable matter ; 4, glycyrrhizine ; 5, a slightly bitter matter ; 6, a little tannin ; 8, a red colouring matter ; 9, phosphate of lime and magnesia ; 10, salts of lime, with an organic acid.

The pharmaceutic preparations which have been made with this substance, are, 1, a watery extract ; 2, a syrup containing six grains of the extract to the ounce ; 3, a tincture containing thirty-two grains of the extract to the ounce ; 4, a decoction containing six grains of the extract to the ounce ; 5, a powder containing an eighth of its weight ; 6, the bitter principle mentioned in the analysis.

The extract contains nearly eight per cent. of glycyrrhizine, and twenty per cent. of the bitter principle.

In the greater number of cases, when the medicine has been administered internally, the extract has been employed in the form of pills.

Monesia has been used both externally and internally, and the following are the diseases in which it has been tried :

Used internally.—Bronchitis ; hæmoptysis ; phthisis pulmonalis ; diarrhœa ; debility of stomach ; enteritis ; leucorrhœa ; blenorragia ; scrofula ; scurvy.

Used externally.—Purulent ophthalmia ; hæmorrhoids ; ulcers ; leucorrhœa.

We shall now mention the general results obtained in each of these cases.

Bronchitis.—Monesia has been frequently administered in the chronic period, generally alone, sometimes with opium. In the greater number of cases it appeared to act advantageously, the breathing and expectoration becoming more free.

Hæmoptysis.—In many cases where pulmonary hæmorrhage had been prolonged, and had resisted the ordinary means of restraining it, the extract of monesia stopped the expectoration of blood.

Phthisis.—Without having any direct curative effect in phthisis pulmonalis, monesia has, in most of the cases in which it was given alone, done good by acting as a tonic on the stomach, and by favouring expectoration ; and we shall presently see how useful it is in relieving one of the most formidable symptoms in this disease, namely, diarrhœa.

Debility of the Stomach.—Monesia produces a very favourable effect on digestion, and secondly on nutrition ; it has been prescribed with great advantage in cases of debility of the digestive functions ; it has been administered to women exhausted either with long continued disease, or by excessive loss of blood. In one case the debility was so great, that the slightest effort

produced fainting. In this case the extract was given in doses of sixteen grains in the day, and under its use the appetite reappeared, and the strength of the patient became notably increased. Upon all these patients, and upon two in particular, a variety of other tonics and astringents had been tried without any good effect.

Chronic Enteritis.—In this disease monesia has produced good effects. It has principally been useful in checking diarrhœa, no matter from what cause it may arise. Thus in accidental diarrhœa, where it proceeds from error in diet; in the diarrhœa of phthisis, even when it depends on ulceration of the intestines; in the diarrhœa symptomatic of organic affections of the abdominal viscera; in the diarrhœa so common and so obstinate which we see in nervous persons; in those which are the result of severe affections of the intestinal canal, as for example, dysentery: in these the efficacy of monesia has been established. Surprising results have frequently been obtained, especially with phthisical patients with ulcerated intestines, in whose cases all other astringents had been tried in vain, and in whom the disease was far enough advanced as to terminate rapidly in death; yet in spite of these diadvantages, monesia constantly checked the diarrhœa.

Leucorrhœa.—The efficacy of monesia taken internally has been less marked in this disease than in the case of diarrhœa, it has nevertheless been useful to a great number of the patients, who have had it either as a tonic or as an astringent. The injections have been more advantageous, but it is probably in this form that monesia will act best in fluor albus.

In a case of vaginitis, in the acute stage, M. Barron having tried the ordinary means without effect, had recourse to monesia, which put a stop to the discharge. M. Payen has seen a patient in whom the discharge was increased by the internal use of this medicine on two occasions; but when used in the form of injection, the discharge disappeared not to return.

Monesia taken into the stomach has little effect on this disease; but in one-half of the cases where it was used as an injection, it produced a cure, and in the other half a considerable diminution in the quantity of the discharge.

Scurvy and Scrofula.—In a severe case of scurvy with petechiæ on the inferior extremities, softening and bleeding of the gums, frequent epistaxis requiring plugging of the nares, M. Laurand obtained a complete cure by giving each day from twenty-four to forty grains of the extract in the form of pills; the patient also used a gargle composed of a drachm of the tincture to four ounces of water; and inhaled through the nares an acidulated water containing an ounce of

the tincture to the pint. This preparation caused the epistaxis to cease, but without the addition of the monesia, it would not succeed, M. Daynaes employed the tincture in two cases of scrofula with good effect.

Cutaneous Ulcers.—The condition of bad ulcers was constantly much improved by the application of monesia, either in form of pomade, or powder of the extract. M. Barron and Martin St. Ange have observed good effects from its use in venereal and scrofulous ulcers.

M. Maneo, at La Pitié, has employed the pomade of monesia in the case of a hepatic ulcer occupying the superior and anterior part of the thigh, and which had resisted a great variety of treatment; the pain, which was intense, was immediately relieved, and the ulcer rapidly contracted to the size of a five franc piece, when the patient left the hospital.

Similar results have been obtained by M. Payen, and Monod.

M. Martin St. Ange has cured two cases of purulent ophthalmia, by the external application of monesia; and M. Buchey, Surgeon Dentist, states, that it retards the progress of caries in the teeth, and, when united with opium, gives relief in tooth-ach more effectually than where opium alone is used. He also recommends the use of the tincture to preserve the gums in a healthy condition.

Mode of Administration.—The preparation of monesia which has been most frequently used, is the extract in the form of pills, in doses of from twelve to thirty-six grains in the day. M. Martin St. Ange has two or three times gone so far as forty-five grains in the day. The syrup has been rarely used, it is less active than the extract, and is only preferable in the case of children; the tincture has been used in the form of injections, containing a drachm of the tincture to six ounces of water, and a stronger injection may be used without inconvenience. One or two drachms of the tincture may be given internally in the day, in a bitter infusion.

For ulcers the pomade has been employed frequently; the extract in powder has been found preferable, and perhaps for this purpose the bitter principle of monesia will be found more advantageous, as has been stated by M. Martin St. Ange.

Such are the experiments which have at present been made upon monesia. These observations, made with care and caution, on subjects of different ages, sex, profession, and habits, give incontestable evidence of the activity of this substance; and if to these facts, the number of which is above three hundred, are joined those of which a less accurate note has been kept, and the numerous and conclusive facts observed in America,

it must be admitted, that we may recommend, without presumption, that the Academie Royale de Medicine should examine this substance, and what has been done in its investigation.

In general it may be said, that monesia is most active in diseases of the digestive organs, in hæmoptysis, and uterine hæmorrhage; while in cutaneous diseases, and mucous fluxes from the genitals and lungs, its action appears less marked. Experience may perhaps point out newer therapeutic applications: the bitter matter, which has been less employed than the extract, appears to possess a peculiar mode of action.

This medicine presents this remarkable property, that although endowed with energetic power, and producing considerable stimulating effects on ulcerated surfaces, it produces no irritation of the stomach, as many tonics do.

Finally it must be observed, that physicians who have experimented on this substance, have in all cases, in order to determine its relative activity, prescribed it after having used other means. And lately a comparative experiment has been made between pomade of tannin and of monesia, which has shewn the superiority of the latter substance.

Six Mois de Sejour en Angleterre pendant 1836. Par SIRUS
PIRONDI, D. M.
Théorie de la Phlogose, de T. Rasori. Traduité de l'Italien,
par SIRUS PIRONDI, D. M.

M. PIRONDI tells us in his preface, that his views of the national character, before visiting England, were not very favourable; but he has the candour to add, that his prejudices vanished before the hospitable reception he met with there. The author does not appear to be one of that class, of which Count Smorltork, in the *Pickwick Papers*, is a fair specimen; and who, after a short residence in a country, or rather a flight through it, professes not only to give an accurate description of the many objects of interest which have met their eye, but also pretend that they have studied its manners, character, and politics so attentively as to be able to give a very sound opinion from personal experience upon those subjects. He saves himself, we say, from being classed with such, by stating that the notes from which this book was formed, were merely records of a time passed very agreeably, and were not intended for publication.

The author, with his friend Professor Manni, who accom-

panied him during his tour, arrived in London after a disagreeable passage from Calais, and having been detained several hours at the custom-house, did not reach his destination (Leicester-square) until late in the evening. During his stay in London, he visited the British Museum, St. Paul's, Westminster Abbey, and the Parks; and in his notice of Hyde Park, he has had the bad taste to observe, that the event which the Achilles has been erected to commemorate, will no doubt be estimated more properly by posterity than it is at the present day; and he quotes Byron's lines:

" O bloody and most bootless Waterloo!
Which proves how fools may have their fortune too,—
Won half by blunder, half by treachery !"

Whatever right an Englishman may have to compose such lines, a Frenchman has no business quoting them.

Greenwich, Windsor, and Richmond were not omitted to be visited by our author; and it was whilst seated on a bench in the last-mentioned place that he makes his first observations upon English manners. The English, he says, seldom use napkins, but make the dinner-cloth serve their purpose; and after dinner an Englishman thinks nothing of stretching himself upon some chairs, and sleeping off the fumes of his Madeira. As for the ladies,—he speaks highly in praise of their personal attractions, and freedom from all those little captivating arts, which are put in practice by foreign damsels; but he thinks the married ladies are under nearly as much restraint as the inmates of a harem.

Amongst the circumstances which excited his surprise in London were the good appointments of our stage-coaches; though it appears strange to him that the great majority of the passengers should be placed along with the luggage on the outside, giving the coach the appearance of a huge cauliflower, with its head so disproportionate to the rest of it; also the good order preserved by the police, without the intervention of the military, and without any arms except a bâton, the mere exhibition of which is sufficient to awe a crowd; and lastly, the strictness with which the Sabbath is kept, and which must indeed have seemed most remarkable to a man accustomed to the loose frivolity of a Parisian Sunday.

M. Pirondi paid a short visit to Bristol at the time when the British Association held their annual meeting there, and of course saw the city to very great advantage; on his journey thither he was greatly pleased with the excellence of the roads, the neatness of the cottages surrounded with flowers, and the beauty of the demesnes. From Bristol he returned to London,

from whence, after remaining a few days, he proceeded to Birmingham, where he stopped a short time to examine the principal manufactures; and then continued his journey to Liverpool, with the view of crossing the Channel. Before leaving England, he expresses his sense of the great attention and kindness he had met with from persons to whom he had had letters of introduction, and he bestows great encomiums on the straightforward dealing of the English shopkeeper, who is not ashamed, when he becomes rich, of the source from whence he has drawn his wealth; and finally, he strongly reprehends the custom of burying around churches in towns, as being highly detrimental to public health.

M. Pirondi, when he crossed to Dublin, intended to have made a longer stay in Ireland, but the opening of the School of Medicine at Edinburgh hurried him away. He was greatly struck in landing, by the aspect of poverty which the country wore, affording so remarkable a contrast to the independent comfort of the land he had just left; but he found much to admire in our city, which he says is *magnificent* in all the force of the expression. The streets he describes to be the finest he had ever seen, and all the buildings in excellent taste. Doctor Litton was kind enough to shew him every thing worth seeing in the Dublin Society House, with which he was much pleased. He also accompanied him to the Glasnevin Botanic Gardens, and the University, which he thinks nearly as large as the four and twenty colleges of Oxford. He visited the Meath Hospital with Dr. Graves, whose practice he highly approves of, and he also went over the House of Industry, Richmond Hospital, and the Lying-in Hospital.

He concludes his remarks on Ireland, with some observations on its present unfortunate position, which, without reading the title of his work, would shew that the author had resided a very short time in the country, and had obtained a very partial view of its political state.

He started for Scotland, anticipating no little pleasure from a tour amongst its justly celebrated scenery; and having changed steam-boats at Greenock, proceeded up the Clyde to Glasgow, which he left shortly for Edinburgh. This city was full of interest to the young physician, as being the metropolis of the medical world, and as having once guided the practice of Europe. After describing his visit to the University, from which he derived much pleasure, he proceeds to give a minute account of Dr. Macintosh's establishment in Argyle-square, and the excellent museum attached to it; and he speaks in the highest terms of that gentleman.

The situation of Edinburgh he considers to be very beauti-

ful, and he enjoyed extremely excursions which he made to Perth, Sterling, Aberdeen, and Abbotsford, not forgetting Holyrood-House.

From Edinburgh, M. Pirondi returned to London, through Newcastle, York, Sheffield, Nottingham, and Cambridge, and prepared to see the wonders which the shortness of his previous sojourn there had not permitted him to do. He visited several charitable institutions, and amongst others, the hospitals; in inspecting which, he was greatly struck by the extreme attention to regularity and comfort exhibited throughout them. The author visited also Somerset-House, the India House, the Tower of London, the House of Correction, in all of which he found much to admire, and we shall give a compendium of his concluding remarks on the British, in which he wisely abstains from touching on the intricate subject of politics, and confines himself to an exposition of his view of the national character.

The English, he observes, are naturally of a robust constitution, and are early accustomed to endure the inclemencies of the climate; their simple food and light clothing are well calculated to preserve the health and strength acquired by habits of exercise, and to give them that inflexibility of countenance which enables them so well to conceal their feelings. They are from childhood impressed with a profound respect for religion and its ministers, and this feeling, which gains strength with their years, is sometimes pushed to intolerance; the religious spirit which prevails in the country, he adds, may be estimated from the strictness with which the Sabbath is kept, particularly in Scotland. Education in England, he remarks, commences at a very tender age, and there is more seriousness both in the aspect and manners of their young people than in those of other countries. The unmarried ladies, he observes, enjoy great liberty without it affecting their morals, and they are constantly permitted to walk unattended with gentlemen of their own age; they seldom marry before two-and-twenty, and their marriages are generally those of choice and not of interest.

The English, he continues, cultivate the arts; but this preference leans towards the antique, perhaps from the consciousness of some intimate connexion between them and nations that are no more.

He says there is much musical taste amongst the English, and those who attend the King's Theatre are quite capable of appreciating good music; the singers at the other theatres, however, he adds, though they have voices, do not know how to manage them well.

The sciences, in England, he observes, are brought to great perfection owing to the high talents of those who study them;

and England is the first country to perfect and derive advantage from the theoretical labours of France.

Medicine and surgery, he states, can boast of great names in England, and men of distinguished merit are not confined to the three capitals alone ; in many of the provincial towns are to be found men high in their profession, and there is scarcely any of the larger towns that has not its medical school, library, and museum.

The spirit of association, he observes, is a passion with the English, but it is the secret of their prosperity. Roads, bridges, and railroads are constructed by association ; useful and philanthropical institutions are regulated and supported by association ; and associations are formed for the preservation of certain rights or privileges. M. Pirondi concludes his observations on England with a stricture on the bad working of the law of arrest, as exemplified in the case of a friend of his, Dr. Ryan, and he will be glad to learn that the objectionable Statute has since been repealed.

His book is pleasingly written, and gives a very fair view of the country ; but the author has on more than one occasion been too ready to take the conduct of individuals as a sample of the manners of the country ; and of course he must have depended very much upon the statement of persons—in many cases perhaps not the best qualified to make those statements—for the correctness of several remarks which we find in his book. These defects were, no doubt, owing to his short residence amongst us, and to the fact of his being engaged collecting matter for another work ; and when he doffs his travelling dress, and appears before the public in the dignified robe of the physician, we shall not hesitate to welcome him as an old friend.

The review of M. Pirondi's "*Six Mois en Angleterre*," has been made with a view to introduce him to our readers. We now bring him forward in a new character, as the accurate translator of the able work of Rasori on Inflammation. This work appeared in Italy in the middle of 1827, and ran through many editions in a few months. The translation of M. Pirondi carries with it all the force of the original, and the delicacy of the French language has been exerted in all its nicety to re-produce in the most intelligible manner the ideas in the original Italian.

The observations of Rasori were collected during forty years of study and of most extensive practice ; and the force of his genius caused circumstances and symptoms, which before his time were almost unnoticed or slighted, to furnish inductions the most profound, extensive, and legitimate.

Rasori was trained in the great school of Sydenham, deeply imbued with the philosophy of Bacon, of strong mind, and pos-

sessing powers of keen perception and accurate observation ; and the severe inductive logic which he employed, rendered him particularly fitted for the production of such a work as the one before us. His Theory of Inflammation is founded on clear and certain principles, deduced from numerous and simple facts. All speculative views are avoided, and according to the usual acceptation of the term, it should not be called a *theory*, which was only the result of cautious, long-continued, and minute inquiry, of seeing and collecting facts without any preconceived notions, and the application of a sound and direct reasoning to those facts, with due respect for truth.

This work cost Rasori forty years of continued study ; having read it, it is easy to conceive this, and yet it served but as the prologue to his great work, "*Nouveaux Principes de Thérapeutique.*" Although a too early death swept him away from science and humanity, he has elevated for himself a monument *ore perennius* in his Treatise on Inflammation. Rasori was a distinguished contributor (and we have often quoted from his papers) to the *Annali di Scienze e Lettere*, and his thorough knowledge of his own language caused his writings to be remarkably concise and concentrated.

It was intended that the French and Italian editions should have appeared at the same time, but the unexpected death of Rasori caused delay, and gave precedence to the Italian one.

M. Pirondi promised to bring before the public very shortly a collection of the works of his master ; should they equal the elegance and fidelity of the present translation, we shall feel most happy in introducing them here to the notice of our scientific brethren.

J. C., AND S. L. L. B.