

to hold their tongues. The late meeting of the London Medical Society is a melancholy proof that such is not the case in that erudite assembly.

If learned old gentlemen must be permitted to talk learned twaddle, it would be well if they would select a subject for that purpose wherein the real interests of the community were less deeply involved than that of insanity. Even a fellow-feeling might actuate them in some degree, one of its varieties being mental weakness.

Are these antiquated assertions, Mr. Editor, really a fair specimen of the reasonings of that venerable society? If so, let us hope that they will be estimated as they deserve: it cannot occur to these bygone doctors that any improvement may have taken place in science since the days in which they were consulted; they seem just awake, and quite unconscious of all which has occurred in the world relative to insanity since they fell asleep.

The only hope is, that no poor wight just commencing the practical treatment of insanity, will adopt the opinion that lunatics can bear with impunity the operation of drastic medicines—nothing is more at variance with truth; and if he begin to drench his patients with elaterium, he will soon reduce their number. Every man who has much practical knowledge of insanity is quite aware that he has much to fear, and nothing to gain, from medicines whose effect is to produce debility.

But has the emancipation of the poor lunatic from straps and ligatures been useful only for empirical purposes? Has it added nothing to the comfort of the sufferers themselves? The man, even if a learned doctor, must be strangely ignorant of the medical practice in that department to assert the contrary.

But we are told, as a proof of this statement, that the Hanwell Lunatic Asylum sends forth no more cures than "any other well-regulated asylum." Is the doctor at all aware from what sources the Hanwell pauper asylum receives its inmates? I will inform him. After patients have been drenched somewhat upon his elaterium principle in other asylums, and thus rendered incurable, they are, as a last resource, sent to Hanwell, to die from the effects of previous bad treatment. After a patient has been discharged "incurable" from St. Luke's, &c., he is sent to Hanwell for life, as if it were a penal settlement. After a patient has been brought to the extreme of exhaustion in a union workhouse, his limbs ulcerated by straps and chains, the parish authorities, to rid themselves of the odium of his death, send him to the Hanwell Asylum; and with these, and many more difficulties to contend against, the learned doctor gravely tells us that Hanwell makes no more cures "than

any other well-regulated asylum, which, like Bethlem, &c., has the choice of recent cases for patients!"

Will it be maintained by these sapient doctors that freedom from bed-strapping and strait-waistcoats lessens the percentage of cures in Hanwell? At all events, the doctor may rest assured that the patients in that establishment, are not drenched to death by his elaterium. Another owl out of the same nest hoots forth a charge of neglect of duty against the visiting justices, saying, if they "were to see a patient in a FUROR they would change their opinions." Strange that so many amongst them, who are men of sense and observation, should examine the establishment containing nine hundred patients, perhaps twice a-week, throughout the year, in every part, and not have seen insanity in all its different phases; but certainly "furor," as I understand the term, is seldom seen there—the patients are not goaded into excitement by the treatment apparently so familiar to the members of the London Medical Society.

However, Mr. Editor, as the two worthy doctors (although one of them being a respectable naval character might have shown more prudence) have gone entirely beyond their depth, it is quite fair that they should be left for a time to flounder in the puddle which they have created, and then let some friend read to them the last report of the Hanwell Asylum—not that there is the most distant hope of men of their standing and preconceived wisdom ever altering their opinions. I am, Sir, your most obedient servant,

SNAP.

December 6, 1841.

## ON GALL-STONES.

By EDWARDS CRISP, Esq., Surgeon,  
Walworth.

(Read before the Medical Society of London,  
Nov. 22, 1841.)

Nov. 3, 1840, I was requested to visit Mrs. I., Walworth, ætat. 66, who for some weeks had been labouring under ascites with anasarca of the lower extremities. She has been accustomed to good living, but has never indulged to excess; her circumstances of late have not been so good as formerly, and she has had a great deal of mental anxiety. About ten months since she had jaundice, and has been subject to what she calls "spasm of the stomach:" the skin has a yellowish tinge; the abdomen is very large, as well as the legs and thighs; the right leg is inflamed, and there is a constant oozing of serum from a small abraded surface; the urine not albuminous. I ordered a teacupful of broom tea three times daily,

with two teaspoonfuls of gin, and the following pills :—

Rx *Blue pill.* ℥i;  
*Powder of capsicum,* gr. vi;  
*Powder of squills,* gr. vi;  
*Powder of digitalis,* gr. iv.

Make into ten pills, one to be taken twice a-day.

After continuing the above plan for a few days, she passed large quantities of urine, and the abdomen and extremities gradually diminished in size. In three weeks all the water (probably four gallons) was removed, and she was able to walk about the house. I continued the mercury till the gums were affected, and slight mercurial action was kept up for many weeks.

May 9, 1841. Is nearly in the same state as first described; abdomen, thighs, and legs, very large, serum oozing from the latter in large quantities; is unable to lie down in her bed; the skin yellowish, but not amounting to jaundice; the pulse very irregular, and the breathing occasionally difficult: the same treatment was pursued as at first, with the effect of removing all the fluid from the abdomen and lower extremities by increasing the secretion of the kidneys. She died, however, June 2nd, apparently from exhaustion.

*Examination Forty-eight Hours after Death*—Mr. Webber present. The external appearance of the body emaciated, with the skin of a yellowish tint.

*Chest.*—The lungs healthy; pleuritic adhesion to a small extent; no fluid in the pleuræ or pericardium; the heart rather larger than natural, and the left ventricle hypertrophied (about one-third more than its natural thickness); the semilunar valves normal; the left auriculo-ventricular opening was surrounded by a bony ring, and the mitral valves appeared more cord-like than natural.

*Abdomen.*—The omentum much thickened and of a dark colour (liver-like appearance); small patches of organised lymph on various parts, but not of recent formation; the intestines presented a dark appearance; the liver of its natural size and consistence, but of a yellowish white colour; the gall-bladder distended with calculi (506), varying in size from a wheat-kernel to a horse-bean; the kidneys were rather congested, but not granular; the brain not examined.

My chief object in bringing this case before the society, is to direct the attention of its members to the subject of gall-stones; but before doing so I will briefly allude to one of the remedies employed, viz., the broom tea and gin.

I think in dropsy not depending directly upon inflammatory action, this combination is one of the most valuable diuretics we possess; its influence upon the kidneys in

this case was extraordinary, and although its action was probably increased by the pills, I am inclined to attribute the principal benefit to its use, having on many occasions seen its good effects when given alone.

The number of stones in the gall-bladder is another feature of interest, and shows that these concretions may exist to a large extent without producing much inconvenience; pain had occasionally been experienced in the region of the stomach, but it was not of long duration. This may be explained probably by the rounded form of the calculi, which it will be seen are of the "mellitic" species.

The gall-stone upon the table was passed some years since by a lady under my care after many hours of excruciating suffering; the skin was of a yellow tinge, but not amounting to jaundice. This is the largest calculus I have known to pass the common duct; its circumference in one part is nearly two inches. I am aware that biliary calculi of a much larger size have passed per anum, but these probably found their way into the intestines by ulceration; two interesting examples of which are recorded by Mr. Brayne in the 12th volume of the "*Medico-Chirurgical Transactions*."

Another preparation on the table was taken from an infant which died jaundiced under my care on the fifth day after its birth; the gall bladder was empty, and at the commencement of the cystic duct was a small portion of hard inspissated bile, as large as a pea, between which and the neck of the gall-bladder an opening existed which admitted the end of the blowpipe, and through which the bile had escaped, as the surrounding parts were tinged with this fluid; the hepatic duct was pervious, and the intestines were lined with a yellowish pulpy matter.

The number of gall-stones is sometimes greater than in the case I have related. Morgagni\* mentions an instance where 3645 were taken from the gall-bladder.

Dr. Parry in his work on "*Angina Pectoris*," page 240, relates the case of a gentleman in whose gall-bladder 2654 were found, weighing 438 grains troy; "they varied much in size, so that of the smallest upwards of forty were necessary to counterbalance one troy grain, and the largest weighed sixty-two grains and six-tenths." In the Hunterian Museum, Glasgow, are 1000 taken from one gall-bladder. Examples are recorded of their having attained an enormous size.

Mr. Blagden, in the fourth volume of the "*Medico-Chirurgical Transactions*," mentions "an instance in which a stone which passed through the abdominal parietes weighed nine drachms."

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\* De Sedibus et Causis Morborum.

Dr. Heberden, in the second volume of the same publication, says, "one was taken from the gall-bladder of Lord Bath which weighed two drachms."

In Mr. Brayne's "first case the calculus weighed 228 grains; and in the second case, one stone weighed 176 grains, and the other 159 grains."

Dr. Baillie\* met with a stone as large as a pullet's egg, occupying the whole of the fundus of the gall-bladder.

Saye, in the "Journal des Savans," relates an instance of one as large as a hen's egg.

Heberden, in his "Commentarii de Morborum Historiâ," &c., mentions one which escaped from a discharging tumour near the umbilicus; its weight, 245 grains.

I may here mention that substances occasionally pass from the bowels which are mistaken by the superficial observer for biliary calculi. I have known an instance where currant-seeds were thought to be gall-stones by the medical attendant. Dr. Marcet† mentions "that woody knots, which are found in certain pears, cheesy concretions, and lobster spawn, have been mistaken by some for biliary products."

Whilst upon this subject, I cannot help digressing a little for the purpose of alluding to a laughable circumstance that occurred to me some years since. A friend of mine in the country had a phthisical patient under his care who vomited frequently a quantity of the substance contained in this bottle; it was evidently organised, and thought by some to be a nondescript animal; it was sent to London, and examined by many learned in physic. I believe the College of Physicians even could not determine its nature. I happened, however, to show it to Mr. Dalrymple, who at once pronounced it to be the generative organs of the snail. The mystery was now solved, the girl had swallowed snails, and these parts being hard and indigestible were rejected by the stomach.

On the table is some pure cholesterine passed in large quantities from the bowels of a patient under the care of Dr. Iliff; also a specimen of fatty matter, which was voided in great abundance from the bowels of a woman who consulted me a few years since.

The time of the society, I think, would not be profitably employed were I to enter into the chemical‡ composition, symptoms, diagnosis, prognosis, &c., of these concretions, as

they have been so fully described by various authors, and must be well known to all present. I will therefore conclude my paper by noticing only their causes and treatment.

That these calculi have their origin in a vitiated state of the bile, and that there is a change in its constituent parts we have, I think, sufficient proof; but what this condition is, has not been satisfactorily determined. Many suppose (and I think it the most probable supposition) that the abundance of fatty matter (cholesterine) in the bile is the chief cause of their formation; others believe that they arise from the absorption of the watery parts of this fluid, and some have attributed their origin to a putrescent condition. These are questions, however, which cannot be determined until the chemical\* composition of the bile is better understood, and it is therefore useless to proceed with this subject. Women are said by most writers to be more frequently affected with this complaint than men; and Dr. Stokes, of Dublin, in his lectures† calculates that five sixths of the cases occur in females.

Amongst the causes it is supposed "that those of a melancholic and bilious temperament are more liable to these formations, and especially those whose habits are sedentary, and who have much mental disquietude." "*The use of fermented drinks is also believed by most writers to be a very frequent cause.*" Unfortunately we have no statistical records which can be consulted; indeed, I know of no author who has published more than five or six cases, and these but imperfectly related. I have endeavoured in the accompanying table formed, by selecting cases from private friends, the French and English journals, and the works of those who have written upon the subject, to supply this deficiency, and I hope the conclusions I have drawn are not devoid of interest. I have selected *those cases only where the calculi have been found*, and for this reason I reject those published by Durand‡ (about twenty), which are of a doubtful character.

2nd. Those composed of cholesterine and biliary matter.

3rd. Those consisting only of inspissated bile.

Others have been described, such as the phosphate of lime, for instance, but these are of rare occurrence.

\* Thénard, Berzelius, Tiedemann, and Gmelin, all differ in their analyses of this fluid.

† Published in the London Medical and Surgical Journal.

‡ Observ. du Mélange d'Ether Sulfurique, &c. &c.

\* Morbid Anatomy.

† On Calculous Disorders.

‡ The division most generally adopted is the following:—

1st. Calculi composed almost entirely of cholesterine.

| Authorities.   | Sex. | Age. | Habits, &c.                              | Medical Attendant.      |
|--|------|------|--|-------------------------|
| Medico-Chirurgical Transactions, vol. xii.....                   | F    | ..   | temperate, melancholic temperament ..... | Brayne.                 |
| Ditto .....  | F    | 65   | melancholic temperament ..               | Ditto.                  |
| Lancet, 1838.....  | F    | 35   | not mentioned .....                      | Leonard.                |
| Medical Transactions of the Society of Physicians, vol. ii. .... | F    | ..   | not mentioned .....                      | Heberden.               |
| Ditto .....  | M    | ..   | ditto .....                              | Ditto.                  |
| Ditto, vol. iv. ....   | F    | 66   | ditto .....                              | Blagden.                |
| Medical Gazette, vol. xviii.                                     | M    | 50   | rather intemperate.....                  | Caldwell.               |
| Ditto, vol. xiv. ....  | F    | ..   | not mentioned .....                      |                         |
| Ditto .....  | F    | 46   | ditto .....                              |                         |
| Medical Repository.....  | F    | 67   | emaciated .....                          | Dixon.                  |
| Lancet, 1836.....  | M    | 60   | cachectic .....                          | Bree.                   |
| Angina pectoris—Parry ...  | M    | 66   | rather a free liver .....                | Dr. Parry.              |
| Edinburgh Medical and Surgical Journal, vol. xxiii. ....         | M    | 43   | not mentioned.....                       | Dr. Scott.              |
| Medico-Chirurgical Review 1836.....                              | F    | 49   | ditto .....                              | Brichteau.              |
| Ditto .....  | F    | 26   | ditto .....                              | Ditto.                  |
| Ditto .....  | M    | 67   | ditto .....                              | Ditto.                  |
| Dictionnaire de Medicine...                                      | F    | 25   | ditto .....                              | Walter.                 |
| Ditto .....  | F    | 24   | ditto .....                              | Bererhoyt.              |
| Memoirs de la Societé Medicale d'Emulation, vol. ix.....         | F    | 26   | bilious temperament .....                | Brichteau.              |
| Ditto .....  | F    | 45   | not mentioned .....                      | Ditto.                  |
| Ditto .....  | F    | 26   | ditto .....                              | Ditto.                  |
| Gazette Medicale, 1830....                                       | F    | 60   | ditto .....                              | Woles.                  |
| Ditto .....  | F    | 62   | ditto .....                              | Ditto.                  |
| Ditto, 1832 .....  | F    | 62   | ditto .....                              | Bouilland.              |
| Ditto, 1833 .....  | M    | ..   | ditto .....                              | Duplay.                 |
| Ditto, 1840 .....  | M    | 73   | ditto .....                              | Meersman.               |
| Lancette Française, vol. ii..                                    | M    | 45   | ditto .....                              | Chomel.                 |
| Ditto .....  | F    | 50   | ditto .....                              | Ditto.                  |
| Archives Gen. de Medicine, vol. xix. ....                        | F    | 81   | ditto .....                              | Baffos.                 |
| Cruveilhier's Anat. Morbid.                                      | M    | 67   | ditto .....                              | Cruveilhier.            |
| Ditto .....  | M    | 62   | ditto .....                              | Ditto.                  |
| Ditto .....  | M    | ..   | ditto .....                              | Ditto.                  |
| Durande, Observations du Mélange d'Ether Sulfurique, &c. &c..... | F    | 25   | ditto .....                              | Larort.                 |
| Ditto .....  | F    | 25   | ditto .....                              | Ditto.                  |
| Ditto .....  | M    | old  | ditto .....                              | Girard.                 |
| Private .....  | M    | 45   | temperate .....                          | Brayne.                 |
| Ditto .....  | F    | 66   | ditto .....                              | Crisp.                  |
| Ditto .....  | F    | 45   | ditto .....                              | Ditto.                  |
| Ditto .....  | M    | 40   | ditto, rather.....                       | Ditto.                  |
| Ditto .....  | F    | 50   | not known .....                          | Ditto.                  |
| Ditto .....  | F    | 50   | temperate .....                          | Dr. Iliff.              |
| Ditto .....  | M    | ..   | not known.....                           | Ditto.                  |
| Ditto .....  | M    | 40   | temperate .....                          | Ditto.                  |
| Ditto .....  | M    | 60   | ditto .....                              | Ditto.                  |
| Ditto .....  | F    | ..   | not known .....                          | Ditto.                  |
| Ditto .....  | F    | 40   | great eater—(death after a fall) .....   | Callaway.               |
| Ditto .....  | M    | ..   | temperate, moderate .....                | Gill.                   |
| Ditto .....  | F    | 52   | great eater .....                        | Webber, Orford, Suffolk |

| Authorities.   | Sex. | Age.     | Habits, &c.  | Medical Attendant.             |
|--|------|----------|--|--------------------------------|
| Private .....  | F    | 70       | abstemious .....   | Webber, Orford, Suffolk        |
| Ditto .....  | F    | about 50 | } Two gin-drinkers,<br>but not confirmed<br>drunkards.   | Ditto.                         |
| Ditto .....  | F    | about 50 |  | Ditto.                         |
| Ditto .....  | F    | about 50 |  | Ditto.                         |
| Ditto .....  | F    | 50       |  | Ditto.                         |
| Ditto .....  | F    | about 50 | temperate .....  | Mr. Evans, Trinity-<br>street. |
| Ditto .....  | M    | 45       | free liver—ale and spirit<br>drinker .....   | Ditto.                         |
| Ditto .....  | M    | 50       | formerly free liver, but<br>last five years tem-<br>perate .....   | Ditto.                         |
| Ditto .....  | F    | about 50 | middle ranks of life...  | Mr. Waterworth, Kent-<br>road. |
| Ditto .....  | F    | 50       | ditto .....  | Ditto.                         |
| Ditto .....  | F    | 50       | ditto .....  | Ditto.                         |
| Ditto .....  | F    | 35       | temperate .....  | Mr. Gannon, Walworth.          |
| Ditto .....  | M    | 50       | ditto—seventy stones..   | Dr. Borland.                   |
| Revue Médicale, 1834 ....  | F    | 75       | not mentioned (stone in<br>the duodenum) .....   | Benaud.                        |
| Van Swieten's Commen-<br>taries .....  | M    | 12       | ditto .....  |                                |
| Ditto .....  | M    | ..       | ditto .....  | Vesalius.                      |
| Ditto .....  | F    | old      | ditto .....  | Ditto.                         |
| Ditto .....  | F    | ..       | ditto .....  | Heister.                       |
| Philosophical Transactions,<br>vol. xii. ....  | M    | ..       | ditto .....  | Tyson.                         |
| Ditto, vol. xviii. ....  | F    | ..       | ditto .....  |                                |
| Ditto, vol. xxi. ....  | F    | ..       | ditto .....  | Preston.                       |
| Ditto, vol. l. ....  | F    | 30       | voided externally .....  | Johnson.                       |
| Ditto, ditto .....   | F    | old      | not mentioned .....  | Ditto.                         |
| Leake on Diseases of the<br>Viscera, 1792 .....  | F    | ..       | ditto .....  | Leake.                         |
| Maladies Endemiques dans<br>le Duché de Hohmzoll-<br>ern — Revue Médicale,<br>1837 ..... | F 37 | } 32—60  | { Of 40 cases of biliary calculi which Dr.<br>Heyfelder examined post mortem, 37 were<br>females and 3 males; the ages between<br>32 and 60. The inhabitants of this duchy<br>eat pork and farinaceous aliments, and<br>drink thick beer. Dr. H. believes that<br>this diet favours their development. |                                |
| Ditto .....  | M 3  |          |  |                                |
| Total—Females .....  | 84   |          | Ages—Under 30 .....  | 8                              |
| Males .....  | 28   |          | Between 30 and 60...   | 68                             |
|  |      |          | Between 60 and 75...   | 15                             |
|  |      |          | 81 .....   | 1                              |
| 112 cases.   |      |          |  |                                |

## Deductions—

1st. That females are more liable to these affections than males; the proportion as 3 to 1 (*exclusive* of Dr. Heyfelder's cases, 2 to 1).

2nd. That the greater number are persons of melancholic and bilious temperaments, and are in the middle and upper ranks of life.

3rd. That mental disquietude is a very frequent cause.

4th. That sedentary habits and good living (*especially eating*) also excite these maladies, and that they are most frequent between the ages of 30 and 60.

5th. That fat people are not (as most authors assert) more subject to the disease than those of spare habit.

6th. That the use of *fermented drinks* operates *but little* in the production of the complaint. This opinion is strengthened by the circumstance of gin-drinkers being, *I believe*, less liable to these affections; as well as their greater prevalence amongst females. In many of the cases the habits of the patients are not mentioned; but only two are described as intemperate.

7th. That these calculi may exist without

producing but little, if any, inconvenience; and in the majority of cases there is no apparent structural change in the liver or gall-bladder.

*Treatment.*—Little difference of opinion, I apprehend, can arise respecting the treatment during the passage of a gall-stone. Bleeding from the arm (in the robust and plethoric); sometimes the application of leeches; the warm bath; large doses of morphia combined with ipecacuanha, followed by purgatives and purgative enemata, are the principal. Emetics have been strongly recommended by some and condemned by others. My experience does not enable me to give an opinion. Bertin, however, relates cases of rupture of the gall-bladder produced by vomiting. The antim. potass. tart., taraxacum, ipecacuanha, &c., are also recommended.

Brichteau \* relates many cases where the application of a bladder of ice over the region of the gall-bladder appeared to afford great relief.

Although all English practitioners are nearly agreed as to the treatment during the paroxysm, little appears to be known respecting the best mode of preventing the formation of these calculi; and it is to this question that I am particularly anxious to direct the society's attention. I make the query rather for the purpose of eliciting information than of imparting any. I will nevertheless briefly state the conclusions I have come to upon the subject. Believing that the chief causes are mental exertion and anxiety, want of exercise and improper diet, producing impaired diet and deficient assimilation, I would endeavour to obviate these by a plain simple regimen, exercise in the open air, and the avoidance, if possible, of mental disquietude and exertion. The administration of stomachic and alterative medicines may also be had recourse to. Cold and tepid sponging of the body, with the use of the flesh-brush, or hair-gloves, would probably have a beneficial influence by increasing the functions of the skin.

Some have supposed that certain medicines have the power of dissolving these calculi, and amongst them I may mention soap, the fixed alkalies, infusion of dandelion, &c. But the remedy of most celebrity is that of Durande, consisting of two parts of spirits of turpentine, and three of sulphuric ether: of this about forty drops are given every morning for some weeks (as a dissolvent); it is also administered during the passage of a gall-stone. Several continental writers, as well as Dr. Copland, † speak favourably of this medicine. Durande says he has seen gall-stones pass from the bowels of the con-

sistence of pitch during its use. I have examined his cases, and I confess that they appear to me to be of an unsatisfactory description, and do not warrant the inferences he has drawn.

A curious circumstance, in connection with this subject, is mentioned by Glisson in his "*Anatomia Hepatis*," page 105 (published 1681):—"Novi complures, qui lapidum hujusmodi fragmina ingenti quantitate per alvum elisserint: quorum locum genitalem haud alium fuisse existinem, quàm vasa biliaria, in quibus tubulus ejusmodi lapideus fortè natus, et frustillatim comminutus, per porum biliarium in intestina delabi, indeque per alvum excerni potuerit. In quam sententiam accedo libentius quòd videam boves hyberno tempore (quando fæno aut stramine pascuntur) lapideæ hujusmodi materiæ plurimum congerere, adeò ut hepar eàdem planè confertum reperiatur; verna autem tempestate (quam primum novo gramine vescuntur) eandem rarius inveniri. Solvuntur nempe, et exturbantur hi lapides à recentis graminis succo; quod, nisi per alvum, fieri nullo modo potest."

I learn from an intelligent butcher in my neighbourhood that gall-stones are most frequently found in the stall-fed oxen, which come principally from Norfolk, Suffolk, Cambridgeshire, and Essex (and are killed between February and June), than in those from Lincolnshire, &c., which are fattened upon grass. This statement requires further confirmation, but if true the fact is interesting.

In conclusion, I repeat that my chief object in bringing this paper before the society, has been to obtain information upon a subject which is at present, I think, but imperfectly understood.

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## MR. WILDE'S HISTORY OF THE SCHOOL OF OPHTHALMIC SUR- GERY IN VIENNA.

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IN 1745, Van Swieten commenced the foundation of the medical department of the Vienna University.

In 1750, Nicholas Pallucci, an Italian physician, born in 1719, was brought from Florence by Van Swieten, and laid the foundation of the Ophthalmic School; for his works on affections of the eye, and his dexterity as an operator, created a taste for this branch of science. He depressed the cataract with signal success. He was the first who removed with the forceps, through an opening in the cornea, an opaque capsule. Yäger now does this with a hook. Pallucci died in 1797.

Barth was born at Malta in 1745. When eighteen years old he was appointed professor of anatomy to the University of Vienna, under Stoërk, the successor of Van Swieten.

\* *Memoirs de la Société Médicale d'Emulation*, vol. ix.

† *Dictionary of Practical Medicine*, art. Concretions.