Aii Introduction to anxiously expected anticipations. a therapeutic chemistry. hoped for been three-fold preparation these data these seems to urine and accuracy of his notation, placed the keeping knowledge. This W. pharmaceutical experiments introductory handbook of medicines. The author's aim has certain knowledge. of Dr. Attfield's little book known of Dr. Attfield's primary chemistry. of ordinary pharmacy.

On Hay-Asthma and the affection termed Hay-fever. By W. Pirrie, M.D. London : Churchill. 1867.

This little book is a re-print of a couple of articles which appeared some time since in the London Medical Times and Gazette. It embraces a clear summary of what is known regarding this peculiar affection so fully studied by Herr Phoebus. The author has little that is new to tell his reader, and he leaves the question of etiology and treatment just as Dr. Abbott Smith left them. He is disposed to think that the benzoic acid of fresh hay is the primary cause, but he has not proved that this is so. My remarks are with a view of testing the matter. Nevertheless, he lays down the definitive conclusion that the disease is certainly due to some pungent substance, which, in the process of respiration, is brought into contact with the various mucous membranes. Those who know nothing of hay-fever may glean some facts of interest from Dr. Pirrie's pages, but those who have read Phoebus' Memoir will find no novelty in the author's observations.

St. George's Hospital Reports. Edited by W. Ogle, M.D., and T. Holmes, F.R.C.S. London : Churchill. 1867.

The second volume of the Reports of St. George's Hospital has just appeared, and will be found to contain some articles of real and permanent value, and others, which though of evanescent importance, have, nevertheless, a good deal of interest attaching to them. In all there are twenty-two papers, contributed by old and present St. George's men. Among the communications of most note may be mentioned "The Diseases of Arti-"s," by Dr. James Charles Hall; "Thermostical Observations in Typhoid Fever," by Dr. Reginald E. Thompson; "Aphasia and Agraphia," by Dr. W. Ogle; "Delirium," by Dr. C. Handfield Jones, F.R.S.; and "Exostoses of the Skull," by Prescott G. Hewett, F.R.C.S. The paper on Aphasia has a peculiar physiologic attractiveness, from the fact that it brings evidence to bear on Broca's views as to the locality in the brain in which the faculty of speech resides. Dr. Ogle asks what part is concerned in the affection, and makes the following remarks: "The other cases of embolism of the left middle cerebral artery show that it is some part supplied with nutriment from that source. The rest of the cases harmonise with this view of the condition. Such a part, with much besides, is the posterior part of the third frontal convolution, so that our hospital records are compatible with Broca's opinion. The accounts of the post-mortem examinations in the cases here recorded by gentlemen who at the time were not conversant with Broca's theories, and who have, therefore, not taken pains to distinguish with precision the separate convolutions, do not allow us to go further than this." Dr. Ogle draws the general conclusion that, if the organ of language is not seated where Broca places it, it is at all events in close proximity to the point assigned by him to it.

Illustrations of some of the principal Diseases of the Eye, with a brief account of their symptoms, pathology, and treatment. By Peter Playfair, F.R.C.S., M.B., Lond. London: Churchill. 1867.

In a large octavo volume of six hundred pages, the editor of Dr. Carpenter's Physiology has given an account of the more striking diseases of the eye. We have not room here for a critical analysis of Mr. Power's work, but we may mention that it shows evidence of careful study, and of considerable practical experience. The illustrations are executed in chromolithography, and are 72 in number, arranged on twelve page plates. They are as faithful as such productions can be; but they fail to give delicate shades and half tints which the artist's brush can alone supply; and though they will be of great assistance to the inexperienced practitioner, they hardly fit the practised ophthalmic surgeon familiar with the wards. The first chapter is devoted to the general anatomy and diseases of the orbit. This is followed by sections describing strabismus, lachrymal diseases, diseases of the eyelids, of the conjunctiva, of the cornea and sclerotic, of the choroid, iris, and vitreous humour, of the retina and of the lens; and finally we have two chapters, one dealing with wounds and injuries of the eye, and the other with the diseases of accommodation and refraction. The physical examination is of course very lightly touched on. The author is of the Henningsche and Donders Schools, and regards the act of accommodation as resulting from a change of form in the lens.

The Signs and Diseases of Pregnancy. By Thomas Hawkes Jones, M.D., F.L.S., 2nd Edition. London: Renshaw. 1867.

As this is the second edition of a work originally published about six years ago, it calls for little notice at our hands. The present volume has evidently been tolerably carefully revised, but its general plan remains unaltered. Dr. Tanner still employs the practical method of teaching, and in every instance, when it is possible, he gives what the student mentally to the bedside of a patient whose case illustrates what he is desirous of proving. The woodcut illustrations are few and far between, but the colored plates, illustrative of the changes in the mamme of the pregnant woman, are both artistic and accurate. The notes and the references to the other writers will be found useful.
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Government itself which mainly controls the hospitals, and what asylum there may be. In Paris the Administration—a power unique in the whole world—dispenses the trust, and accounts to Government. The "Municipality of Paris is often called upon to supply deficiencies; and acts generously on these occasions." What shall the chronicler say of the Municipality of Calcutta? I do not now allude, of course, to what has been done for the stricken people by Mr. Orissa, who have flocked into the city for food. Then, on an emergency, the Municipality acted energetically, and well. But I do say that the absence of any suitable "alms house" of a permanent nature for the poor, and of sufficient hospital accommodation, is such a want which will not be allowed to exist in Paris for a single day. The sources of revenue with which the Parisian hospitals and hospices, &c., are maintained, are very miscellaneous; and some of them are of a nature which the Municipality of Calcutta might well adopt. Considerable sums accrue from rents, the interest of investments, real property, farms, legacies, &c.; beside taxes of various descriptions, such as those on theatres and places of entertainment, public exhibitions, and markets, octrois, &c. Surely a portion of the taxes now collected in Calcutta might be devoted to the support of the Medical College Hospital and of other hospitals in the town. If the sum total of the town taxes be too limited to allow of this, why not increase them? Until this is done,—until a system of taxation, having for its object the support of the existing hospitals, and the benefit of others (for more are urgently needed), is enforced, and effectively carried out, no satisfactory result will ever be obtained. The native gentlemen of Calcutta are liberally disposed, and give right royally at times; but spasmodically, and by no means in the direct line of medical income. It may be said that the very existence of the Medical College Hospital is due to the munificence of native gentlemen; that they built it. True; but they have stopped here. They do nothing towards supporting it. Nay, the hospital is positively ashamed by them. Oh, but they never once have taken it off our hands, say some, because they required it for educational purposes. True; but are not all metropolitan hospitals, all over the world, required, as a rule, for the same object, and, are they thus by any means supported by the public on that account? The establishments of Calcutta and of some municipalities depend largely by the Medical College Hospital. Should they not help to maintain, in an efficient state, an institution to which, in times of pestilence and famine, the poor flock, as to a sanctuary?

The Medical College Hospital of Calcutta, ill-assisted as it is for the support of its destination, is yet a monument of native benevolence, and a noble memorial of England's rule; but it should not, for want of public sympathy and support, be allowed to become what it is, a model of disregard for the public welfare. Some there are who would say—"There is the Chandni Hospital, especially a native hospital; we support that." Yes, but statistics show that more hospitals are required for Calcutta, and money is needed to build them, and to carry on the work. But how is the Municipality of Calcutta and of the native gentlemen to bear the expense? The present chowras, as well as the small-pox, Calcutta should have its permanent chowra hospital, as the disease is never absent from the town at any season of the year; and small-pox is, generally, an annual visitant. Instead of a chowra ward in the Medical College Hospital, by which a focus of disease is always maintained within the building, and of the compound for small-pox cases, nobody likes to have in the neighbourhood of their sick, and which leads to a good deal of correspondence, there should be standing institutes for both of these specialties, and not places hired or borrowed for the nonce, and set aside when the immediate urgency has passed away. But money is required, for all this; and nothing will so effectually be done, if Paris with her population of 1,700,000 francs (280,000) annually to the "Administration of Public Assistance," who spend 200,000 of it upon the hospitals and hospices, surely Calcutta could give her lakhs? Let us wipe out the obloquy which now exists. Let us not be content to say, "There is the present state of things will last our time." Let us take example from the large-hearted and patriotic Frenchman, and provide more substantially and more regularly for our poor. As the Medical College Hospital of Calcutta has been completed to the Lariboisiere, the best of the Parisian hospitals, I propose to give you a short account of the latter. The resemblance between the two hospitals can only exist in the imagination of those who have not seen both; for whilst the first fulfills almost all the requirements of modern hygiene, the other fulfills none of them. The Medical College Hospital has, like the Lariboisiere, an imposing exterior; but here the likeness begins and ends. And even here the resemblance is very limited. The latter is imposing, and all its parts are in perfect harmony, but they entirely approach the forms which it has inherited, and out of all keeping with the building. After considerable correspondence, a limited space in front has been secured; but instead of a suitable entrance being made on this frontage, the staff of the hospital, as well as the general public, arrive entered over the grounds by a side gate, flanked by any gate-keeper, and opposite a disgrace the Cholera ward in the Medical College Hospital, which has been erected for the Government, have taken it oft'; the entrance, if these are made, would act as a disgrace to the institution. A proper gateway, with quarters for a European gate-keeper, would rectify this grave oppressorship; but there is no money. If we examine the interior of these two hospitals the contrast is very striking. In the Lariboisiere we find abundance of space everywhere; the laundry, with—have we a steam, connected, on either side, at right angles, with two long corridors, into which open the apartments of the Director (or Principal), of the purveyor, and of the students on duty, all fitted up with every necessary. On the same floor, and in the same line, are the two wards for physicians and students. If the patients are told off, from a main vestibule, into each, the dressing room (vestinaire) of the medical officers, the refreshment room for the students, the pantry, the dispensary, and laboratory; with the apothecary's quarters, the rentree adjoining. More remote is the kitchen, with its appendages, as the scullery, &c. The hospital forms a hollow square, and the rooms I have mentioned occupy the side of it. In the hollow of the square is the chapel, overlooked by covered and paved verandahs on the east and west sides, which communicate with the wards. On the north side (that facing the entrance) are the chapel* and vestiary, the library, the two operating theatres, one on either side of the chapel (each has a little room adjoining it for the surgeon, and for the use of the operator); bath-rooms, for patients, for the use of the washers; the post-mortem rooms; with divers store-rooms, and, and drying room, with appendages; the refectoire dieux; and the cabinets d'assiettes, which are, moreover, located, at convenient points, throughout the building. The remaining two sides of the square are occupied by pavilions, three on either side, each of which contains, and is capable of accommodating, comparatively, 96 patients. There is no overcrowding, and, in case of necessity, there is room for more. To each ward is attached a small room (for two persons), intended for cases requiring isolation. Where are these in the Medical College Hospital? On the basement floor, which, in the Lariboisiere, is given up to machinery and ventilation, but which in the Calcutta hospital is devoted to the reception of suffering mankind, such as lunatics, drunkards, and those ill of delirium tremens? Nay more! For want of better accommodation, on this floor, there is, for some weeks, no suitable accommodation for them elsewhere in the town. As to the Lariboisiere hospital, one is struck by the perfect symmetry which prevails throughout. Before entering, however, let us turn aside, and see the snug little apartment for the religious, or nurse. Where is this in the Medical College Hospital? or the little "kitchen" adapted to enter the room which adjoins it? In the Lariboisiere for can be cooked

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* This is an elegant structure. The ceiling and lateral plaster is painted and gilt, the walls are stuccoed, to resemble marble; the windows are painted, and the pulpit and organ are beautifully carved.

† On the right and left of the chapel are the community of nurses (of the order of St. Augustine) with the hospital's oratory, their refectory, hall, and sleeping rooms; together with dormitories of the nurses on duty.
for, or a bath given to, a patient at a few moments' notice. Let those who have had experience of the reception of baths by the sick in the Medical College Hospital, draw the conclusion! For obvious reasons, there is no bed in the nurse's room. And now the ward itself. See its white stucco walls, looking like marble, its beautifully-polished wooden floor; a narrow strip of water being run along the centre and leading to two stores, one on either extremity of the ward, indicating the course of the heating tubes; mark the neat white-curtained beds which are "spring"; the little shelf fixed to the wall just above the patient's head; and the small circular basin let into a wall, followed into two compartments, (upper and lower), the top serving for a table, the lower being the patient's means of separating the articles of his toilet from his food; note the "medical history" sheet fastened to a board affixed to the foot of the bed, and covered over with black oil cloth,—the portable two-dimensional chest of drawers ever companionable! Observe the two tables in the centre of the ward, fitted with cupboards for stores, crockery, &c., and two smaller ones near them, which are especially used as tables, (though they too have cupboards for the doctor), and in which, on the top being removed, spaces for medicine, &c., are disclosed, the nurse having the key of all. And finally examine the four oil lamps suspended from the ceiling, (a small glass or receptacle for the oil fitting into a larger glass) capable of being raised and lowered by a pulley and wheel; hence the comparatively huge lanterns which add so much to the gloominess of the wards in our Indian hospitals! The observer sees perfect organization in the arrangement of everything. At the distant end of the ward are, on one side, the extra room for isolated cases; the lavatory with three basins, the water being turned on when required; the urinal, so constructed that, on the elevation of the various boats, not to mention the cleansing, the water flows in and washes all away; the ward sanitory; the water closet; and the little sort of glazed space for the stowage of dirty linen, (which is removed through an opening at the back just at the convenience of collection. Do we see anything of this kind in the Medical College Hospital? The best idea of the means placed at the disposal of the authorities, but look at the lavatory and water closet arrangements, &, &c., connected with its doors, and don't say afterwards that the hospital is a smaller and lazier Lariboisière. We desire a water-closet without cut free ventilation, located in a medical country, in a medical hospital, an eastern sun, in the immediate neighbourhood of sufferers from dysentery, and of patients after a severe operation,—removal of the lower extremity, for instance, in the continuity of the femur—and can we wonder at a high rate of mortality from blood poisoning?...

There is an air of extreme comfort, and of everything calculated to promote recovery in the wards of the Lariboisière. Take any of the windows in each of the principal wards, one would think it were at the Lariboisière. You are in a hurry to enter at length into the varied details of the Lariboisière Hospital. Its many excellencies made me sick that our Medical College Hospital could not enjoy the benefit of some of them, as I thought how the skill of our surgeons is so terribly neutralized by the blood poisoning which follows their best operations, and the want of means to prevent the earing up the energies of the Everybody. The Principal devises means, the purveyor is only too ready to carry them out; but, alas! the old story, "there is no money"!—Oh! for some of the fun of the Administration d'Assistance Publique. The offensive drain—why an offensive drain being allowed to pollute the air in any part of an eastern town—at the south of the hospital would then have been dealt with in a more satisfactory way than by making it over to the Municipality. The system of heating in the Lariboisière is very perfect; indeed, there are two, that of M. Duvoir, Leblanc, and the system of Thomas and Laurents, combined with that of M. Grouvelle. In the former there is a circulation of hot water, in the latter, pure air. Every apartment in the building is brought under the influence of the Lariboisière system. There is, besides, a double system of ventilation, Duvoir's, and Thomas and Laurents. In the latter, pure air is propelled by a steam engine through the various chambers by means of a ventilator, and this air being driven to the foul atmosphere, which is forced upwards through vertical pipes in the form of "elevat externes." The vital air is made to ascend through tubes, by the application of stove heat, and the pure air then enters the vacuum thus created. The laundry arrangements are very complete. Water is heated by steam and the different sorts of washing and finally drying a garment in the drying grounds, are quite separated and distinct from each other. A detailed account would hardly be in place here.

The French hospital is a model of administrative ability. Although the component parts are so numerous, there is no confusion. From the Director to the garcon, from the medical officers to the religieuse, each has his or her special duty, and does it: there is no clashing. The establishments are ample; and provision is made for every possible contingency. The management is twofold. The Director (or Principal), assisted by an economie (or steward), with a certain number of clerks, has the general control over, and regulates, the machinery of the entire hospital. He has great power, and both he and his subordinates are nominated by the Administration. All statistical information is collected in this department, and finally elaborated and collated at the Central Office of Public Assistance. There the histories, and statistics and plans, of each hospital may be procured. (Permission to visit all the hospitals in Paris is also procured from this Office.) The public is thus supplied with trustworthy facts.

The professional department of a French hospital is vested in a certain number of physicians and surgeons (designated chefs de service), assisted by internes or house-surgeons (who are indefinitely resident in the Lariboisière), and don't say afterwards that the hospital is a Lariboisière. There is, for instance, in the continuity of the femur—and can we wonder at a high rate of mortality from blood poisoning?...
December 2, 1867.]

PROGRESS OF MEDICAL AND COLLATERAL SCIENCES.

Spontaneous generation of organisms.—The controversy on the subject of the doctrine known as heterogamy still continues in France, though the theory has received recently a very decided blow by the recantation of one of its most celebrated advocates. At the meeting of the French Academy on the 7th of October, M. Donné, who for some years has been the fiercest opponent of M. Pasteur, recanted, and stated that his last experiment fully convinces him that M. Pasteur’s views are correct, and that observation does not support the theory of spontaneous generation. This final and fatal experiment consisted in placing eggs under the receiver of an air-pump, exhausting the air contained in the egg, and thus allowing water to enter into the pores of the shell, and take the place of the air; such eggs having been laid six or eight months, gave not the slightest traces of organic life; neither vibrios nor the bacteria could be detected in them.

Organisms within the cells of plants.—Though M. Donné, as mentioned above, has ceased to argue in favor of spontaneous generation, the theory has found a new disciple in M. Trécoul, the great French botanist. M. Trécoul has discovered that the cells of certain plants (Helianthus tuberosus, etc.) contain in them interior minute organisms allied to the bacteria, and which he has termed anglobacteria. He cannot account for the presence of these bodies, except upon the supposition that they have been spontaneously developed from them. He therefore draws the conclusion that spontaneous generation is proved, and he thus defines the phenomenon. When an organic structure is about to die, the vital force is concentrated upon some of its particles, and these are converted into a special organism so distinct from that from which they came. After all, M. Trécoul takes a very narrow view of the question. The presence of minute bodies in the cells of plants by no means proves spontaneous generation there. Daraine and others have found bacteria in abundance in blood and tissues of animals, but they never explained their presence than by an appeal to heterogamy. What greater difficulty should the bacterium find in obtaining entrance into the tissues of a plant? — Vide Comples Rondas, September 23rd.

Arterial tumours.—M. Gosselin, who has succeeded Velpou as Professor of Clinical Surgery at la Charité, has published a memoir on Cirrhoid Arterial Tumours. These conditions of the arteries, which result from varicosities of the vessels, have, according to M. Gosselin, been too often confounded with other erectile tumours. He proposes to treat them (no novelty in this) by repeated injections of per-chloride of iron.

Physiological action of hydrocyanic acid.—M. Ponsaniskii, in a recently published paper, states that, contrary to the usual opinion, this acid is more a stimulant than a sedative. He considers that it has a particularly stimulant effect on the circulatory system. He therefore recommends its employment in the algide stage of cholera. He thinks that as many as twelve drops of the pure acid may be administered in the course of 24 hours.

Transmissibility of glanders.—Everybody knows how the poison of this disease can pass from the horse to man. M. Guyon, however, has been lecturing to the French Academy on its transmission from man to the horse. He tried various experiments in inoculation, and succeeded in every instance in producing glanders in the horse, by introducing the feitud matter from the discharges of the human patient into the vein of the horse.

Pathology of chlorosis.—M. Duncan, of St. Petersburg, has laid a memoir on this subject before the Royal Academy of Vienna. He states that the paller of chlorotic patients does not arise from the diminution of the number of red corpuscles, but from the diminution of the quantity of coloring matter in each of the red globules. This diminution takes place sometimes to the extent of one-half or even two-thirds of the normal amount; at the same time, the corpuscles diminish in weight.

The physiological phenomena of “contrasting colors.”—Herr Rollett, of the University of Graz, has published a very curious paper on this subject. The details of the author’s views are too technical for notice here, but we mention the paper (published in the Proceedings of the Viennese Academy of Sciences) for the benefit of those of our readers interested in optical physics.

The tannic acids.—Herr Hsiaswets has announced the results of his chemical researches upon the tannic acids of Peruvian bark and mulberry. When these acids are subjected to the action of the ordinary mineral acids, sugar and a secondary product, whose nature has not been determined, are produced. In this respect, the author says, the acids in question resemble the glucosides.

Boric acid as a preservative of muscular irritability.—Herr Brucke states that boric acid possesses a peculiar power of protecting the irritability of muscles, having in this way a more decided action than water. He says that acetic acid acts in a similar manner, but in a far less degree.