to the gallon (chiefly salts of lime and magnesia), was used, all the
inmates were affected with glandular enlargements of the neck, but
on the substitution of a purer water, with only 18 grains to the
gallon, they entirely disappeared.

It is to be regretted that no mention was made whether the
thyroid gland was specially affected.

CHAPEL-EN-LE-FRITH, June 1856.

Part Second.

REVIEWS.

Clinical Researches on Diseases in India. By Charles More-
head, M.D., etc., etc. London 1856.

Among the many evidences of the progress of arts and science in
these days of progress, perhaps there are none more interesting me-
dically, than the establishment, in each of the Indian Presidencies,
of colleges for the education of natives in medicine and surgery—
and these not merely experimental, but already in successful opera-
tion—so that we may reasonably expect to have our libraries en-
riched, not only by works of the English educated professors, but
of the graduates of Indian Colleges!

Dr Charles Morehead, whose work heads our article, has assuredly
had ample opportunities of making himself master of disease in
India. He has served in the medical department, Bombay, twenty-
seven years, during which he has done duty in every branch of the
service; and he is now "Principal of Grant Medical College, Pro-
fessor of the Principles and Practice of Medicine, and of Clinical
Medicine; also Surgeon to the Jamsetjee Jejeebhoy Hospital." His
work embraces every medical disease, with the exception of the ob-
stetric, and, alas for us! contains, in the two large octavo volumes,
1400 pages.

Dr Morehead, as an author, has a still stronger claim for con-
sideration. He was called on to publish, by the Court of Directors,
at the instance of the Board of Education at Bombay: Leave hav-
ing been granted him, as a portion of his service, to superintend the
printing of his work in England—which may thence be considered
to have the imprimatur of the highest Indian authority.

Fever.—Dr Morehead assigns 360 pages to this subject—perhaps
not more than its importance demands, for assuredly fever and its
sequelae include the larger portion of Indian diseases.

We must premise, that we are extremely unwilling to say aught
that may appear to be disparaging to Dr M.'s work. He is un-
doubtedly a highly educated and talented man, most painstaking—and by his acquirements and research, well prepared for his position. But this is not a common case of authorship. The book is intended for "the Graduates of the Indian Colleges"—that new class of practitioners, who may not impossibly in the end, take the place of the home-educated physician, and who, "for many years to come, will be employed in positions remote from their professional brethren"—in important medical duties—while the work, as we have said, carries the authority of the Court of Directors. Such being the case, we should feel it to be a dereliction of duty to pass unnoticed anything which may appear to us false teaching.

Dr M. ascribes intermittent and remittent fevers to the same cause, "malaria," which he considers an emanation from the surface of the earth, under the influence of heat, when thoroughly saturated by the monsoon rains, after these have ceased, "a materies morbi, generated without, becomes received into the blood"—P. 173, vol. 1.—and he talks of this material being "rolled up the slope of a mountain, just as clouds of vapour are."—P. 85, vol. 1. Thus the cause of intermittent fever, which has hitherto eluded the research of every investigator, is described as a substance capable of being received into the circulation, and as travelling about "seeking whom it may devour." We cannot view this as an unimportant question, to be settled by being taken for granted. On the contrary, we consider it well worthy the attention of men of talent and science favourably circumstanced for carrying out the investigation.

That exhalation alone will not give rise to ague, is proved by the Tangore country, which is remarkably free from the disease, and yet is for many months during the hot and dry season of that side of India, annually inundated on the most magnificent scale, from rivers flooded by the monsoon rains of the other side of the peninsula;—while many localities, in which there are no marshes, Chittledroog for instance, in the Mysore country, have the cause of intermittent fever in a state of great virulence all the year round.

The very terms adopted by Dr Morehead are disadvantageous,—determining, as it were, the nature of the cause of ague. Their use is calculated to divert the inquiring student from investigations which might, by possibility, lead to practical inferences. Miasm has not this objection, and is, therefore, a more appropriate appellation for the unknown cause of ague.

We are not prepared to admit that periodic fevers arise from a poison absorbed into the blood, but believe that in ague, which is really the disease, the fever that follows being the result of this affection—the symptoms are due to a partial suspension of the nervous energy, by which the circulation is maintained. We shall not, of course, pursue this discussion here, but we call the attention of observers situated within the focus of ague-miasm, to this really practical question. Our conviction is, that inquiries into galvanic or electric changes in the earth itself, in ague localities, are more
likely to lead to some result, than experiments limited to analyses of the atmosphere.

The first and second sections of the first chapter of this division of Dr Morehead's work, deserve the attentive perusal of the student. By inserting the cases in the text, and not reserving them for an appendix, the author's reasonings and suggestions follow naturally and effectively. We wish we could entirely approve Dr Morehead's *modus medendi* in fevers. He is, we admit, right in regarding fever as tending to, if not commencing in an adynamic state of the system. We decidedly think, however, that he carries his dread of reducing the patient's strength too far. He appears, early in his career, to have discovered the evils of what is called "active practice," viz., repeated venesections and over-doses of calomel; and so strong has the impression been, that he has run into the opposite extreme. He not only omits no opportunity of warning his readers of the dangers of depletion and of calomel, but of ascribing the fatal result of his narrated cases to depletion and cathartics; and, although he does not absolutely prohibit aperient medicine, yet he takes continual occasion to imply danger from freely acting on the bowels, so that we should fear that practitioners educated in such opinions will be liable to fall into fatal errors in the management of disease, acting timidly when decision is required.

The following case is adduced by Dr M., as a warning on this head:

20. A gentleman of stout habit, resident at Poona, on the 14th, 15th, and 16th July, 1837, suffered from pains of the limbs, lassitude, and furred tongue. On the 17th he experienced difficulty in articulating words, and numbness of the lower extremities. The countenance was suffused. He was bled and leached freely. At noon on the 18th, 19th, and 20th, there was slight recurrence of the same symptoms followed by sweating. He was now sent to Bombay, and experienced there several febrile accessions ushered in with chills. In the treatment of this case quinine was very feebly given at Poona.

Adding,—

Though I did not see this patient, yet I was in the neighbourhood of Poona at the time, and know that at first the nature of the case was not rightly understood. Had it been so, there would have been less depletion and a freer exhibition of quinine. This gentleman is now (1855) in good health, and, I think, has never since been the subject of apoplectic threatenings.

We do not ourselves think that the above case was ill managed, and we fear that had this "stout gentleman" been treated with gentle aperients and quinine, he would not now, to say the least, be in good health!

Dr M.'s position is, that Indians, whether natives or seasoned Europeans, are in an asthenic state, and that, as fever is adynamic in its tendencies, everything likely to reduce strength is counter-indicated; such he holds purgatives to be, and, therefore, inadmis-
sible. In the first place, we do not admit this universal cachectical condition of the inhabitants, native and European, in India. As who would, who has travelled, again and again, fifty miles in a heavy palanquin, with one set of bearers, and who knows what native troops can do in an emergency? Or who has seen Europeans at cricket, long bowls, racket, at hog-hunting, snipe-shooting, or foolish bets, requiring energy and strength seldom exhibited in England? We shall not deny, however, that the squalid, naked, objects of charity, brought into Dr M.'s native hospital; or the scarcely less pitiable, dissipated Europeans of an Indian port, or sailors from a long voyage, the subjects of treatment in his European hospital, may have very little of the sthenic in their constitution. But our professor must remember, that the "graduates" for whose professional acquirements he is exerting himself, must be prepared to practise in healthy as well as in unhealthy positions.

Dr M. says "that blood-letting, mercury, purgatives and all other antiphlogistic remedies, should be used with greater caution, not with more freedom, in medical practice in India than in colder climates." We, who have had experience of both, consider this a mistake. With us, in home practice, the head and the chest are usually the organs which cause anxiety in cases of fever, whereas in India, not only is congestion more common than in Europe, but more of the important organs, the liver, spleen, bowels, head, and, as we find from Dr M.'s work, the chest and kidneys, are liable to yield under the influence of disease or accidents; and so great may be the risk of lesion, in an overloaded viscus even in the most enfeebled constitution, that the patient's safety may be due to the practitioner's boldly hazard the evils of increased adynamia, in endeavouring to relieve the urgent symptoms by depletion.

Dr Morehead, as a teacher, as well as by the nature of his work, was called upon to lay down distinct rules for the guidance of his Alumni in reference to blood-letting, and for the exhibition of catharties. We would place the question of vascular depletion very much in the shape in which an old examiner in the College of Surgeons, London, put a favourite puzzle of his, "Why do you cut off a leg?" The answer he expected being, "To save life!" For this reason we bleed, not to reduce a patient's strength, but to relieve an overloaded organ, the lesion of which might endanger life, or to lower vascular action which threatens vital organs.

Dr M. says, "Having in the course of my remarks on the treatment of inflammatory remittent fever enjoined necessity for caution in the use of blood-letting when the symptoms tend to be congestive in character, I have no hesitation in dissuading from its use when this form of fever is distinctly developed." We do not assent to this, for we are satisfied that blood-letting, general or topical, may be as urgently called for in the congestive, as in the inflammatory state. In the first, blood is taken to relieve gorged vessels; in the second, to lessen the effect of the over-action of the heart on the
capillaries. And good practice consists in adopting the means in both cases at the right time, and to the requisite extent. We protest, therefore, against the graduates of any school, Hindoo or European, being taught ex cathedra, to tremble lest they may be active in hurrying a patient to the grave, whenever they handle a lancet or resort to the cupping-glass!

We shall add one word with reference to cathartics. Medicines acting freely in the bowels are not necessarily weakening to the system, or, as Dr M. takes so many occasions to imply, dangerous irritants to the intestinal canal. They are more frequently the reverse; not only may a purgative relieve by expelling a load of noxious colluvies, but, when duly administered, by its tendency to restore the energies of the assimilating organs, become a means of restoring strength. And in ague and fever there are the strongest reasons for the exhibition of well combined cathartic medicines. Ague suspends the eliminating functions of the body, so that the blood retains colluvies which ought to have been discharged by the emunctories, and whether we admit of the absorption of a poison as the cause of ague, or ascribe it to a nervous failure, the necessity of cleansing the circulating fluids is equally an indication of treatment, and we think that attention to this important rule of treatment is quite consistent with a confidence equal to Dr Morehead's, in the importance of the early and full exhibition of quinine, not only in intermittents but in remittent fevers, which he so judiciously advocates.

Dr M. discusses very fully the question of administering opium in fever. He says, and the paragraph is well worthy of being impressed on the practitioner's mind, "I allude to its use after a lengthened period of restlessness, in which the skin is not steadily warm, or rather is coldish, and in which the pulse is frequent and feeble. This state obtains either in cases which have been for some time protracted, or at the end of a paroxysm characterised by much collapse. These symptoms indicate that the nervous influence over the organs of circulation is failing, and the sedative action of a full opiate, under these circumstances, is apt, as I have in one or two instances witnessed, to increase the state of collapse, to mask the degree in which it exists, to hurry on coma and expedite the fatal termination. Such cases should be treated by the assiduous use of stimulants."

We assent to every word of this, and we quote case 21 from an earlier part of the volume, in which we think the opiate accelerated, if it did not cause the fatal termination:

21. Intermittent Fever, with chronic Meningitis.—Symptoms chiefly during Accession.—Death from unexpected Collapse.

J. S., aged thirty-three, of stout habit, not long resident in Bombay, and latterly occupied in conducting an hotel, was admitted into the European General Hospital on the evening of the 24th September 1840, at half-past five p.m. It was stated that for the five or six previous days he had been affected with fever of the quotidian or tertian type, and had suffered from a paroxysm ushered in with rigors at noon on the day of admission. When seen he had
pyrexia with slight wandering; tongue pretty clean, pulse frequent and feeble, abdomen supple. An effervescing draught was ordered every second hour for three or four doses, and twenty-four leeches were applied to the temples, and cold cloths to the head. A foot bath was directed to be used at bed-time, and a draught, c. tinct. muriat. morphiæ one drachm, to be exhibited should the headache cease and there be no delirium. Was reported to have had no headache or wandering after the application of the leeches, and the skin to have become cool. The draught was given about half-past ten p.m. He was reported to have got up to make water when he fell down convulsed. The head was immediately shaved, and a blister was applied to the nucha. He died at eleven p.m.

_Inspection fifteen Hours after Death._—Body stout and loaded with fat. There were purple sugillations of the depending and posterior parts of the body. Head.—The sinuses and veins were turgid with blood, and there was a good deal of capillary vascularity of the pia mater over the entire convex surface of the brain. The arachnoid membrane was thickened and opaque, and in many places, chiefly at the dipping down between the hemispheres, there were patches and granules of lymph between the arachnoid and pia mater. The substance of the brain, when incised, showed numerous bloody points, but was tolerably firm in texture. There was an ounce of serum at the base of the skull, but not more than the usual quantity in the ventricles. Chest.—The lungs were healthy and very little congested. The cavities of the heart were moderately distended with blood. The inner lining of the aorta had a rosy tint, and there was commencing white deposit, in spots and streaks. The muscular parietes of the heart were healthy. Abdomen.—The intestines and omentum were loaded with fat. The former, distended with air, pushed the liver up to the level of the fourth rib. The mucous coat of the stomach had a dusky leaden tint, and was slightly more tender in texture than natural. The kidneys were healthy, and there was no distension of the bladder. The spleen was considerably enlarged. The liver was of a greyish tint when incised, but was natural in texture.

As we believe that opium induces congestion, especially in the head, we strongly depurate its use in cases in which that is the very evil to dread.

_Cholera._—Here we have a disease of equal interest to England and to India. A pestilence which makes no distinction of climate, and in which anything new would prove interesting to all the world. We cannot say that Dr Morehead has succeeded in advancing our knowledge of this inscrutable malady. In point of fact, when we look back to the earlier publications on cholera, we are forced to confess, that even European experience has done little to bring us better acquainted with its origin, nature, or treatment. On the contrary, it would appear, that after travelling over all the active and inane remedies,—the poisons and simples, if we may judge from the latest report of the "Medical Council in London, and presented to both Houses of Parliament by her Majesty's command," the learned at home have returned very much to the mode of treatment laid down by Indian authors before the disease ever showed itself in Europe.

Dr M. leans to the side of non-contagion, and certainly it appears to us he might express himself more decidedly, for it is difficult to discover contagion in a disease which, uninfluenced by the streams of human journeyings, passes from country to country, from continent to continent; which breaks out in a locality unexpectedly,
leaving it as unaccountably, and which can be escaped from by shifting an encampment.

Our author's practice does not appear very efficacious. He adds a number of cases, illustrative of the absurdity, to say the least, of experimenting upon patients with poisonous quantities of the acetate of lead—all, we think, fatal. Happily, he condemns the practice. His conclusions, indeed, are far from creditable to the medical art, for in his "Recapitulation" he says:—

"3. When collapse is considerable, then we have a condition somewhat analogous to the cold stage of ague, or the initiatory fever of small-pox,—a state which cannot be checked, but which must run a certain course, varying in intensity and duration in different instances; and in which all that we can pretend to attempt, is to place the patient in circumstances as favourable as possible for enabling the system to outlive this stage of the disease, while we at the same time carefully abstain from the use of means which may be injurious, not only then, but in subsequent stages of the attack.

"4. When reaction from collapse is taking place, the restoration of the various functions is a slow process requiring careful watching, mild assistance, and avoidance of officious interference. This expectant course is more certainly the correct one when the stage of collapse has not exceeded eight hours. When the stage of collapse has been longer, the probability of secondary danger is increased; and when this arises it must be met, or when it threatens it may be modified, by cautious judicious medical treatment, directed with the fact constantly before us, that in this state of the disease gastro-enteritis is readily excited."

Thus, it would appear that in the stage of collapse we must quietly look on; and should reaction take place, we must, in dread of gastro-enteritis, leave the bowels to themselves!

The misfortune of such clinical teaching is, that there is no foundation laid for practice—no therapeutic principle to be carried out in the hope of bringing the patient through.

In cholera, as in ague, there is evidently a suspension, and to a much more dangerous extent, of the source of vascular circulation; the oxygenated blood is used up, and the veins are loaded with carbonated blood, all the cleansing secretions being at a stand-still. In the collapse of cholera, therefore, in proportion to its duration, is the extent of congestion: and not only has the mass of blood been thickened by the pathognomonic discharges, but it is impure by retained colluvies. Although in the present state of knowledge we may be unable to restore the suspended sources of circulation, still it is the duty of a teacher to bring this, the condition of the patient, prominently before his pupil, and to point out the indications of cure.

If we admit, which however we are not prepared to do, that nothing can be done to assist nature in overcoming collapse, is it not the duty of the physician to keep steadily in mind that the inherent restorative powers of nature may effect this, even in the
most hopeless case, and should not his object be to assist in effecting this? Dr M. is right in saying that much evil has resulted from mistaken interference and absurd empiricism, but that does not justify desertion of the cause. The indications are, to stimulate,—to stop the discharge of serum—to relieve congestion. It was with a view to this latter object that venesection was adopted, in the hope of bringing the mass of deteriorated blood within the grasp, as it were, of the weakened powers; not, as Dr M. states, to counteract a pyrexial type of the disease, which no longer exists.

Although the mercurial treatment was carried to excess, this is no excuse for running to the opposite extreme. The object, is not only to stop the serous discharges, but to restore the normal secretions—to have feces instead of water eliminated—assuredly not to shut up the bowels. Powerful astringents, lead, zinc, gallic acid, etc., will in no way help to restore the intestinal functions, but we confidently assert that mercury is capable of effecting this;—that moderate doses, properly combined with other medicines—especially henbane and gentian,—will stimulate the portal system, and so go hand in hand with the efforts of nature; and we must here repeat our great objection to Dr M.'s practice—he overlooks a most important therapeutic principle—not purging, but, to coin a word, feculization.

We think if Dr Morehead had been content with his experience of 1845, his section on the treatment of cholera would have been of more practical value. "When writing on the treatment of cholera in the European General Hospital in 1845, I made the following observations:—'The most satisfactory recoveries which I have witnessed from states of extreme and almost hopeless collapse—the purging having in great measure ceased—have been under the use of camphor and blue pill, in doses of three grains of the former and two of the latter, given every second or third hour, with effervescing draughts, light nourishment, and occasional stimulants.'"

There is another point in which Dr Morehead appears to have fallen into an error, which requires to be rectified. He enters Dr Mosgrove's Water Cure under the head "Emetics." This mode of treating cholera arose from the circumstance of a moribund patient having been left to die by the side of a tank, who afterwards, to the surprise of his friends, joined the camp. Dr Mosgrove then ascertained that his life had apparently been saved by his having been enabled to gratify the insatiable thirst of cholera, in drinking water without restraint. Now, as saline infusion proves that, even by mechanically restoring water to the blood, miraculous appearances of recovery ensue, we may safely conclude that, if the absorption of water result from functional processes, the most important indication of cure is responded to, viz., restoration of the fluidity of the blood. Consequently, in resorting to Dr Mosgrove's treatment to endeavour to induce vomiting, under the absurd idea, "that the object in giving large draughts of water was, that the act of vomiting and its
assumed stimulant action on the pulse, might from time to time be induced” (vol. i., p. 416,), is effectually to counteract the whole benefit of that mode of treatment.

Dysentery.—Although we cannot regret having given so much space to the important subjects we have so fully discussed, still we grieve to be forced to have to advert cursorily to the valuable portion of Dr Morehead’s work which remains to be noticed. Dysentery, like cholera, is a disease interesting to all the world. Dr M. commences his dissertation by many illustrative pathological cases, which we recommend to the students of morbid anatomy.

We cannot say, however, that we consider our author equally successful in his chapter on the etiology of dysentery. His analogy between diseases of the skin and of the enteric-mucous membrane, we think a failure. No doubt, the skin and intestinal canal act and react on each other, still, their structure and functions are so different, that any attempt to bring their diseases and treatment under one category, must prove practically unsafe.

The section on the symptoms of the disease wants precision and compactness. In deserting the good old distinct definitions of dysentery and diarrhœa, Dr M. has so mixed up these two diseases, as to leave no distinction between them. “The reader, with these facts before him, will at once understand that long-standing diarrhœa and chronic dysentery are one pathological condition; and that, therefore, a large proportion of hospital disease, returned under the head diarrhœa, is in fact dysentery.”

We consider this a serious practical mistake. No doubt the terrible diarrhœa which occurs either as an idiopathic disease or as a consequence of dysentery, in which the discharges are like bloody washings of putrid intestine, often attends the fatal results of dysentery; but only betokens the extension of disorganisation to the whole abdominal canal.

Dysentery and diarrhœa are distinct diseases, differing as much in their proximate causes as in their symptoms, and requiring different modes of treatment; and we consider it the duty of a teacher to bring these facts prominently out.

Dysentery is an affection of the mucous coat of the great intestine, inflammation arising, of course, immediately from a changed condition of the arterial capillaries, and attended, we believe, by suspension of function in the small intestines, the stomach being sympathetically affected. It is characterised by tenesmus, and pain on pressure over the diseased portion of the colon. There are frequent small and non-feculent stools, always attended by straining, no comfort or satisfaction resulting from the ejections, which are numerous—generally they are of mucus and blood. It is to be treated as an inflammation, and the usual terminations of that condition are to be dreaded. No astringents, and we do not hesitate to add, no opium, the all important indication being to restore the normal action of the portal system—to have feculent motions.
Diarrhœa we believe to be produced by a deranged condition of the portal system—not inflammation. There is often much griping and general malaise of the abdomen—there are frequent loose stools, large, and for the time, relieving—no straining or desire, as in dysentery, to remain on the seat—pulse small, no fixed pain—a case for astringents and stimulants, and, it may be, for opiates.

Dr M.'s treatment of dysentery is, on the whole, good. The combination of blue pill, ipecacuanha, and gentian (to which we add henbane, but never opium), we believe to be the happiest prescription ever employed in the treatment of dysentery, and we consider it invaluable in all cases in which the endeavour is to restore feculent elimination, from whatever cause suspended.

Hepatitides.—This is scarcely so interesting a subject to the home practitioner as the preceding, as it may be assumed to be peculiarly a tropical disease. But even to the European student, Dr M.'s cases and observations will be found exceedingly interesting, especially those on the pathology and morbid anatomy of hepatic disease.

Dr Morehead applies the term hepatitis to inflammation of the liver, whether in the substance or peritoneal covering, and he approves of the term cirrhosis for those chronic affections in which the morbid process tends more slowly to disorganization, as illustrated by the livers of confirmed spirit drinkers in every climate. We think the terms puro-hepatitis and sero-hepatitis, a useful subdivision of the inflammatory affections of the liver—the one the deep-seated, tending to abscess, the other the inflammation of the serous covering. Just as pneumonia and pleuritis serve to distinguish the affections of the chest; like those two diseases, the deep-seated is insidious in its approach and obscure in its symptoms—while the surface affection leaves no doubt as to its accession.

We recommend the whole of Dr M.'s section on the symptoms of hepatitis to the careful perusal of the student of tropical diseases. We had marked several portions for quotation, but have not space.

In Dr M.'s treatment of hepatitis there is, what we regard a serious fault in a teacher—a want of decision. For instance, after discussing blood-letting, speaking pro and con alternately, he winds up with—"When these observations are viewed in connection with the pathology, etiology, and symptoms of the disease as described by me, then the conclusion will at once be arrived at, that general blood-letting is a remedy not frequently required in the treatment of hepatitis as it presents itself to the practitioner in India." He is equally cautious on the subject of mercury—indeed his views, or rather his cautions, are almost calculated to deter the young practitioner from prescribing calomel and purgatives in any case. Thus, he says,—"Lymph not in excessive quantity having exuded and coagulated, and efficient means for controlling the surrounding deranged capillary circulation having been used—do we possess means calculated to favour that degree of lymph-degeneration and fusion necessary to absorption and recovery under the supposed circum-
stances. The answer is, *mercury*, given to its mild constitutional effect, is believed, and probably with truth, to be an agent possessing this power.” But then, there are so many reasons given for the non-exhibition of the medicine, that the above admission is of little value. Thus he goes on to say—“Instead of thinking that the constitutional influence of mercury has a special value in the treatment of hepatitis, I believe that far more caution and discrimination are required in its application in this disease than in the other lymph-exuding inflammations, for the treatment of which it is generally used.”

We have no wish to advocate a return to the system of exhibiting calomel in poisonous doses. We have ourselves suffered from a scruple every six hours for days and nights—we do not know how many, continuously—when, to say the least, it was evidently ineffectual in mastering the disease. But, we believe that such a combination of blue pill, etc. as we have above adverted to, is an invaluable remedy whenever the restoration of the normal condition of the portal system is the object. And we consider calomel in moderate doses, in combination with antimony, the physician’s main-stay in the treatment of inflammation and fevers—while we should regard it inexcusable to neglect the endeavour—cautiously to produce the constitutional effect of mercury, in a case tending to suppuration or visceral disorganization.

Dr M. gives some very interesting cases of puncturing hepatic abscess. We shall transcribe one.

289. *Hepatic Abscess, opened at the point of the right Ninth Rib.—Recovery.*

Nursingah, a Hindoo labourer, of thirty-five years of age, suffered three months and a half before admission into the clinical ward, from daily accessions of fever, followed in fifteen days by pain of right hypochondrium, which had continued till the time of his admission, on the 15th September 1851. He was in the habit of occasionally using spirits. On admission he was reduced in flesh. The respiration was somewhat hurried. There was some degree of fullness of the right hypochondrium, and dulness on percussion from the fifth rib to two inches below the margin of the right false ribs, where an induration was perceptible, somewhat conical and obscurely fluctuating at the point of the ninth rib. The pain was increased by decubitus on either side, and deep inspiration. There was not any cough. There was slight heat of skin, and the bowels were regular. The fluctuation having become more distinct, on the 20th September a puncture was made at the point of the ninth rib with a straight bistoury; twenty ounces of healthy-looking pus were discharged, and a similar quantity on the evening of the same day, and again ten ounces on the 26th. From that time till the 19th February 1832, there was daily slight reddish-tinged discharge. Then it ceased, the wound closed, and he was discharged well on the 15th March, when abnormal dulness below the ribs no longer existed. Treated with tonics, wine and support.

Of twenty-four cases in which this operation was performed, eight were successful, and his conclusion is—that “The cases which have been detailed show that when the abscess is not very large, is single, situated in the thin part of the left lobe, or thin edge of the right,
and is allowed to point distinctly at the epigastrium or margin of the right ribs above the ninth, then puncture with a bistoury or lancet will very generally be attended with success.” His observations on this interesting question are of much practical interest. He condemns the exploring needle, the use of which, however, we may remark, proved in no way injurious in the cases reported by Mr Waring.¹

Dr Morehead writes very judiciously on the objections to exposing invalids, convalescent from serious tropical diseases, to fatiguing journeys. He prefers a sea voyage, when practicable, to removal to a distant hill station, and to the route to England by Egypt.

We wish we could afford space to illustrate Dr M.’s chapter on Renal diseases, to which he dedicates 100 pages. The subject is new to this extent, in treatises on tropical diseases, but we cordially recommend the chapter to the Indian practitioner, contenting ourselves with a single quotation.

“I have been led into this full illustration by cases of Bright’s disease, in order that the frequent occurrence of the affection in certain classes in India may be decidedly substantiated, and that it may secure that degree of attention, on the part of the medical practitioner in India, to which it is amply entitled, from its gravity and general pathological interest. Nor am I without hope that the study of this disease in another climate, and in people of other habits, may contribute something to the knowledge of European pathologists.”

We may observe in passing, however, that affections of the kidneys are among those we have frequent occasion to treat in returned Indians, and this we have ascribed to the sudden change in the relative eliminating functions of the skin and kidneys. Be this as it may, it is undoubted that one of the risks run by those who return to Europe, after a prolonged abode within the tropics, is kidney affections. Dr M. says, with reference to chylo-serous urine,—what is confirmatory of the result of our experience:—“Prout had met with thirteen cases of this disease. As seven of these occurred to individuals who had been resident in hot climates, it was inferred that the affection was probably more common in tropical than in temperate countries.”

We transcribe a foot-note from our author’s work, which, we think, affords interesting evidence of what these new Indian colleges are effecting in educating natives:—“Of the many skilful lithotomists trained in the Bengal Medical College, I would name Ram Narain Doss, the present teacher of surgery in the military class of the college, as the most conspicuous. He has performed the operation above two hundred times with good success. Also Mr C. E. Raddock, who has communicated an interesting report of his cases of lithotomy in the 4th number of Indian Annals of Medical Science.”

¹ See Waring on the Liver.
of 100 pages of Dr M.'s work. We must content ourselves with recommending this chapter of the work, and the chapter, also of 100 pages, which he assigns to diseases of the heart, to the reader's attention. These dissertations prove the necessity of the young physician, preparing himself for India, cultivating the science of auscultation: so valuable also in inquiries into the condition of the solid viscera of the abdomen.

The Head.—Few subjects are more interesting to the Anglo-Indian than the effect of a high temperature on the brain. Dr Morehead, in addition to frequent references to cerebral symptoms as the result of fevers, etc., has a valuable chapter on the idiopathic head diseases. We cannot enter fully into the subject, but we must notice one point. We think Dr M. makes a mistake in discarding the term coup de soleil; even if not otherwise appropriate, it is calculated to serve as a beacon to foolish lads—old and young! whose only idea of India is the enjoyment of field sports, and who think it manly to despise the sun!

We shall refer the reader, without comment, to the author’s valuable observations on leprosy, scurvy, etc. But we must say one word on the very interesting disease which has retained the native name, “Beriberi.” Dr M. considers this so often fatal disease to be a universal dropsy, arising from a scorbatic state of the system. He says,—“Beriberi is, I believe, a general dropsy of this complicated character, appearing for the most part when the vessels are tolerably full of blood abounding in watery constituent, and following exposure to external cold. No doubt in many cases of this nature the occurrence of the dropsical effusion is further favoured by existing heart, lung, or kidney disease.

“But how does this state of the blood arise? It is, I believe, that condition of the blood which is present in the scorbatic diathesis, and which it is reasonable to believe may exist to some extent before the appearance of the phenomena which are characteristic of scurvy.”

We are not prepared to accept this explanation. No doubt there exists in beriberi a dangerous tendency to dropsy, but the disease has other distinguishing peculiarities, which entitle it to specific name. Beriberi is endemic in particular localities, affecting the sthenic and asthenic indifferently. It commences with paralytic symptoms of the lower extremities, affecting the patient’s manner of walking, often even before he is himself aware—thence the name, which means having the gait of a sheep. The palsy creeps upwards. There is then the accession of anasarca and dropsy into all the cavities, and sudden death—cholera, with the disadvantage of vital organs being obstructed by effusion! the serum, instead of being discharged through the bowels, being effused into the cellular membranes and cavities. It is evidently the result of a nervous failure causing the cessation of the influence which controls the lymphatic system.
Having very freely expressed our opinions on the important subjects we have discussed, in taking leave of Dr Morehead, we have pleasure in thanking him for much valuable and instructive matter; and we trust that he will take our animadversions in good part, giving to them such weight as they may deserve.

The Obstetric Memoirs and Contributions of James Y. Simpson, M.D., F.R.S.E., etc., etc. Edited by W. O. Priestley, M.D., Edinburgh, and Horatio R. Storer, M.D., Boston, U.S. Volume II. Edinburgh. 1856.

The majority of great medical authors may be arranged in one of two divisions—either the learned and speculative, or the descriptive and practical. The former indulges in research among the many-tongued stores of a well-furnished library, seldom takes a firm hold of the important realities of a subject, and is often as averse to practical pursuits as might a priori be expected. Among such writers we may place Mason Good, and, perhaps, Copland. Those of the latter class write, if they do so at all, with the firm round hand of “practical men;” they are at home among the details and difficulties of individual cases, and are almost intuitively recognised by the profession and the public as the men to consult in emergency. In this group we easily find places for such as Dupuytren, Astley Cooper, Abercrombie. It will not be considered by any one a severe criticism of the writings of medical men, or of men of any profession, if they are declared to be, as a whole, unworthy of being placed in either of these classes, or near them, but to be ranked in different elevations in a middle class, varying from very bad through good, up to very good. But while our pen awards this hard fate to the crowd, it must claim for the work now under review a very distinguished position in our professional literature. It is not characterised by that mixture of the two sets of qualities establishing claim to high praise, which results in a dilution, and so far a destruction of both, but in itself combines the qualities of both orders in a degree of intensity and lustre for which it would be difficult to find many parallels in our times. It is replete with erudition, the literature of all ages and countries being put more or less under contribution. It abounds in the boldest and most original speculation on a very great variety of subjects; it is, at the same time, characterised by many of the excellencies of a practical work, containing so numerous descriptions of diseases, and accounts of medical treatment and of operations, as to give it this character; its diction is clear rather than elegant, rough rather than polished; it is often characterised by a brevity and want of detail, where such characters are not to be commended; and there is often a confusion of the real and practical, with the theoretical or speculative. It is, nevertheless, to be regarded as a
great monument of labour, ingenuity, experience, and daring. Some of these qualities may be in excess—none is in any degree deficient. The profession will do well, in estimating this book, to remember a great rule of virtue—judge yourself severely, your neighbour leniently. Admire, imitate, emulate the great qualities of this author, and you will acquire rewards at once more dear and more appropriate than ribbons of honour or patents of nobility, and, walking in the paths of virtue, you will deserve as well of your age and of the world, as a warrior or a statesman ever can of his country.

We cannot say that our author has not fallen into errors of omission and commission, which some of the profession may consider grave. He has not given us what all have long desiderated from his pen, and will expect to find in the book—a discussion of the mortality from chloroform. We can easily excuse Dr Simpson from entering on the physiological problems involved in this question, but we cannot excuse him from again discussing the practical bearings of a subject in which he has always been the great leader—a subject which has given his name a fame unequalled in our times, and makes the duty adhere to him of seeking the earliest, although a difficulty got, leisure, to propound his views to the profession and the public. We cannot accept the documents in this book as up to the time. They are chiefly founded on the belief, justifiable when they were written, that the mortality was owing to some avoidable fault, not to inevitable accident. This may be Dr Simpson's judgment even now; we desiderate this statement or the reverse, feeling sure, that whatever be his opinion, it is one deserving the utmost attention in itself, apart from the weight of argument which he may adduce, and which few know better how to make, to bear with acuteness of force on a difficult point. It will be evident to all who study this work, that there has been little leisure enjoyed by its author for writing. The character and variety of subjects treated, mark a man of impulsive character. We wait patiently for the wave to wash him again into the topic of chloroform. The papers on anaesthesia occupy a very large part of the book. It would be a work of supererogation to say one word in recommendation of them.

This volume contains a considerable quantity of quite new matter. The suggestive paper on the external use of oil in the prevention and treatment of scrofula, phthisis, etc., is among these. By some omission, the name of Dr Bennett, a colleague in the University, widely famous in connection with this subject, is not mentioned in the text of a chapter on oil, as a remedy for tuberculous disease. Among this new matter, we have also Dr Simpson's very valuable contributions to the subject of arterial obstructions; also, a most interesting practical paper on carbonic acid gas, as a local anaesthetic in uterine diseases, and several other minor articles, all worthy of most diligent perusal.

The article "Hermaphroditism," originally published in the
Cyclopaedia of Anatomy and Physiology, occupies about 150 pages. It deserves much more notice than we can at present give it, being not only a repertory of all the important facts and opinions on the subject, but so ably put together, and so amply interspersed with the author's own observations, as to be a most perfect treatise of the subject. The articles on the attitude and positions of the foetus in utero, on peritonitis in the foetus, on the inflammatory origin of various malformations, on spontaneous amputation of the limbs of the foetus in utero, and on the rudimentary reproduction of extremities after their spontaneous amputation, are, exclusive of the papers on anaesthesia, the most valuable, the best known, and, we will add, the most characteristic of their author's mind.

This notice will appear to many of our readers to be incommensurate with the greatness and scope of the work. But a little reflection will justify our conduct. A great part of the book has already adorned our pages in the shape of original communications; other parts will be found in other forms; and many of them have been fully discussed by various authors in our monthly numbers already. We have aimed at a just expression of our high estimate of the book under circumstances not a little embarrassing. Our readers will join with us in expecting, from Dr Simpson's mature years, works equally valuable with this second volume, which we now heartily commend to our brethren.

Part Third.

PERISCOPE.

LECTURE ON PARACENTESIS THORACIS IN PLEURISY. BY M. TROUSSEAU.

Puncture of the thorax in cases of acute pleurisy is one of the most valuable of modern discoveries. It does not date far back, as it was only in 1841 that I, for the first time, tried it upon a young girl, 17 years of age, nervous, hysterical, and of a bad habitual state of health: it was under the following circumstances:—A friend of mine called me to see his daughter, who had been attacked with pleurisy a few days before. The effusion was considerable, and reached as far up as the clavicle. After having had recourse successively to bleeding, blistering, calomel, and digitalis, I had the mortification, in spite of these means, of seeing the quantity of effused fluid increasing.

I had witnessed in 1831, in the service of Recamier, at the Hotel Dieu, and in 1840 in my wards in the Hôpital Necker, the death of three patients from acute pleurisy. On post-mortem examination, we had found the lungs perfectly free, but bathed in an enormous quantity of serous fluid.

This struck me as most important, and I firmly resolved that the next occasion I should meet with, I would use the trocar.

The moment had now arrived; my friend's daughter was fast sinking. At