size of pins' heads were raised, as if at one time the aneurism had showed a disposition to burst into the trachea. The pneumogastric nerve adhered closely to the coats of the sac in front, and was considerably stretched.

The preparation is in the museum of the medical department of the army at Chatham.

It will be observed that this man was kept on very low diet for a period of nearly six months, during which time he never left his room, and was principally confined to bed. It is probable that these circumstances, constituting pretty nearly the treatment of Valsalva, had great effect in producing the obliteration.

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**Part Second.**

**REVIEWS.**

*Contributions to the Pathology and Practice of Surgery.* By *James Syme, F.R.S.E., &c., Edinburgh.* **8vo.** 1848. **Pp. 336.**

Although there are many surgeons who enjoy, to a great extent, the confidence of the profession, there are few among them who establish a solid reputation by introducing sound principles of general application, or new operations for the relief or cure of diseases. Indeed, it is rare that very popular surgeons leave anything of value to their descendants. Their experience and operative skill, for the most part, perish with them; and surgery as an art, although temporarily illuminated by the brilliancy of their talents, receives no permanent lustre from their achievements. Mere operative skill, or even profound powers of diagnosis, although highly valuable to the public, and necessary for building up individual celebrity, do not in themselves confer benefit on the science or art of surgery. This is only to be done by introducing a doctrine which will guide our practice, or inventing an operation which will improve it. In either case we recognise a step in advance, and are ready to honour, and hand down to posterity the names of those who have established the one, or accomplished the other. We feel satisfied that there is no one now living who more justly merits this distinction than the Professor of Clinical Surgery in the University of Edinburgh, and that the book now before us is a convincing proof (were any required) of the correctness of the statement.

The present work of Mr Syme consists of thirty-one articles or essays, all of which, with the exception of the first (in which he claims the discovery of rendering caoutchouc soluble, and applying it to various useful purposes), bear upon practical points of the highest
interest to the surgeon. The great majority of them have appeared during the last twenty years in various periodical publications, in the volumes of which they are now nearly, if not quite, beyond the reach of most readers. It is not a bare reprint of them, however, which is now offered to the public. They nearly all contain additional cases, observations, and remarks, and many of them have acquired increased value, from the circumstance that, since their original publication, the author has been enabled to confirm his previous views by enlarged experience, and to furnish the sequel of several rare and valuable cases.

It is not our intention to enter into an analysis of the different articles contained in this work. Mr Syme's style of writing is so good and terse—indeed, in this respect, almost a model for practical writers—that any condensation would only have the effect of rendering obscure, what is now unusually clear and intelligible. Our readers also must be aware that many of these essays appeared originally in the pages of this Journal—a circumstance to which we may allude with some gratification, as a proof of their great value to the profession. We shall content ourselves, therefore, with making a few selections from subjects that have not been previously published, as evidence that our estimation of the book is correct, and as specimens of its character.

ON THE TREATMENT OF ULCERS OF THE LEG.

Callous Ulcers.—The depressed surface and thick elevated edges which characterise the callous ulcer, depend upon a swollen state of the limb, not soft and yielding like that of ordinary edematous effusion, but of firm brawny consistence. It proceeds from the continued irritation of the sore, usually aggravated by occasional attacks of inflammation, and is therefore apt to attend, in a greater or less degree, the other sorts of ulceration which occur in the same part of the body, so as, in a corresponding measure, to confuse their distinctive features and diagnosis.

Twenty years ago, the treatment of callous ulcers was believed to have been rendered perfect by combining the modes of management advocated by Messrs Baynton and Whatley; the former of whom encircled the limb, for the extent of an inch or two above and below the sore, with strips of adhesive plaster; while, by the latter, a roller was applied from the toes to the knee for the purpose of affording general support. This process, from the expense of materials and the attention requisite for their proper employment, is hardly within reach of that rank which chiefly suffer from the disease, except in hospital practice, where cases of this kind, from their monotonous features, slow progress, and proneness to relapse, are admitted with reluctance. So far, therefore, as poor people were concerned, there was in general no efficient remedy available for the relief of callous ulcers.

In 1829, I proposed a different plan of treatment, which has now stood the test of sixteen years' trial in most parts of the world, and may, I think, be regarded in every point of view as preferable to the other. This was to apply a large blister over the sore and neighbouring swelled part of the limb, which has the effect of speedily dispersing the subcutaneous induration and thickening, so as to relax the integuments, and thus remove the obstacle opposed to healing action. In the course of a short time, seldom exceeding a few days after the blister has been applied, the surface of the ulcer, however deep it may have been, is found to be on a level with that of the surrounding skin,—not, of course, through any process of reproduction, or filling up, but merely from the removal of interstitial effusion, allowing the integuments to descend from the position to which they had been elevated, as may be readily ascertained by measuring the circumference
of the limb, before and after it has undergone the effect of blistering. But, along with this change of form, the ulcer, in other respects, no less speedily acquires the characters of a healing sore, assuming a florid colour, affording a moderate discharge of purulent matter, and presenting a granulating surface with surrounding margin of citratising pellicle. No subsequent treatment beyond the attention requisite for ensuring quiet and cleanliness is needed; and recovery is completed, not only more quickly, but with much less tendency to relapse than when accomplished by other means.

The facility, rapidity, economy, and lasting effect of this treatment, seem to give it a decided advantage over the other methods in use; and, so far as I am aware, no one who has tried the plan ever afterwards hesitated to employ it in preference to any other. In order to derive the full amount of benefit which the practice affords, it must be carried fairly into effect; and with this view, the principle upon which it is founded should be distinctly understood. I still entertain the opinion originally expressed, that the blisters act beneficially by inducing a process of absorption. The enlargement of the limb being of secondary formation, and resulting from the continued irritation of a sore allowed to remain unhealed through neglect or improper treatment, when once established, prevents the contraction of granulating action, by which alone solutions of continuity, not within reach of union by simple adhesion, admit of reparation. Pressure, the horizontal posture, and all other means that tend to remove the obstacle thus presented, will promote the patient’s recovery. But of all the means that can be employed for this purpose, blisters appear to be the most efficient, and should, therefore, be employed for the remedy, not only of the purely indolent, or callous ulcer, but of other kinds, which, in addition to their own peculiar characters, show evidence of complication with indurated enlargement of the limb. From this condition, it is hardly necessary to mention that the edematous swelling of weakness and impeded circulation must be distinguished.

Varicose Ulcers.—With regard to the varicose ulcer, I have merely to state that my opinion is not in favour of aiming at what is called the “radical cure,” by obstruction of the vein or veins concerned. The ligature of Sir Everard Home, the incision of Sir Benjamin Brodie, and the caustic potass of Mr Mayo, have been succeeded by the much more sure, safe, and effectual method of Velpeau, who accomplishes the object of obliteration by passing a pin through the skin under the vessel, and then tying a thread tightly round the included part. I have frequently practised this procedure, and never met with any bad consequences from doing so; but am nearly satisfied, from what has fallen within my observation, that the operation is barren of good effects in permanently remedying the tendency to ulceration. If this should prove to be the case, it will be matter of less regret, on account of the improvements which have been made in conducting the palliative treatment, especially by the contrivance of elastic bandages and supports, much more convenient than those formerly in use; and by means of which, after the sores are healed, patients may be rendered not only comfortable, but pretty secure against relapse. The Black Wash has long seemed to me the best application for promoting cicatrisation of the ulcer. If it comes under treatment in an inflamed or irritated state, poultices should be employed in the first instance, and if the depressed surface and thick edges denote a complication of the callous condition, blistering will be proper instead of such relaxing means.

Mercurial Ulcers.—The mercurial ulcer of the legs, or that which proceeds from the injurious influence of mercury upon peculiar constitutions of the system, occurs in two different forms, being either superficial and confined to the integuments, with their subjacent cellular texture, or deeply seated in the periosteum and surface of the bone. The former is preceded by flattened indurations of the skin, which, after slowly suppurating, discharge their contents by different apertures that communicate together, so as to produce an irregular ulcerated surface, with burrowing sinuses. The latter generally occupies the skin, and is recognised by its firm connexion with the bone, which appears enlarged and irregular, either from really being so, or from the deceptive thickening of its periosteum.
The superficial mercurial sore was formerly treated more by internal than external remedies; and, like the other effects of mercury co-operating with venereal poison upon unsound constitutions, being regarded as the legitimate offspring of syphilis, received, under the title of antidote, a fresh supply of the poison which had given rise to it. The changes immediately attending this most mistaken and mischievous practice, being usually beneficial so far as existing symptoms were concerned, tended to confirm the delusion, which too frequently led the patient, by progressive steps of weakness, emaciation, and disease, to his grave. The enlightened views of the late Dr Thomson gave Edinburgh a distinguished place in reforming this department of medicine; and though the comparatively slow progress of improvement in the capitals of England and Ireland, may still, perhaps, tolerate the administration of mercury for the ulcer in question, it was long since abandoned in this school, and succeeded by treatment of a local kind. This was destruction of the textures concerned by application of the caustic potass, which, at once depriving them of vitality, reduces the parts surrounding and uniting the ulcers to a state of slough, which separates in due time under the employment of poultices, and presents a healing surface of granulations.

This procedure was certainly efficient, but very painful, and often required repetition, before recovery could be completed. It therefore readily gave place to the more recent introduction of iodine, as a corrective of the constitutional derangement, which gives rise to ulcers of the kind under consideration, as well as to other so-called syphilitic symptoms. Small doses of the hydriodate of potass, such as two grains, three times a-day, administered in simple watery solution, and without any sarsaparilla,—of which I never prescribed a particle, either solid or fluid, in hospital practice,—quickly affords the relief desired, with no assistance, except the application of lint moistened with water, or a diluted solution of sulphate of copper, and occasional blistering, especially if there be much thickening and induration.

The deep-seated form of mercurial ulcer which affects the periosteum and surface of the bone, has been, and I fear still is, in some parts of the world, the subject of more unwarrantable and hurtful practice than almost any other surgical ailment, although it admits of treatment peculiarly safe, speedy, and effectual. This is merely the application of blisters over the whole extent of enlargement, followed by the use of simple lotions and gentle pressure, while the hydriodate of potass is administered internally.

At no very distant period, this form of ulcer being attributed to the direct effect of syphilis, was considered a warrant for repeated courses of mercury, and long-continued drenching with sarsaparilla, with benefit, it may have been, to the apothecary's pocket, but with what loss to the patient's health may be imagined, now that mercury is known to be the principal source of the evil it was employed to remedy. The local treatment, also, of those days was hurtful. In the first place, by opening, through means of incisions or caustic, abscesses of the periosteum, which readily admit of absorption, under the same management that proves useful after ulceration has taken place; and, secondly, by confounding the rough surface of bone so exposed with that most obstinate of diseases, caries. Under this erroneous impression, operations no less severe than unnecessary, were performed. I have seen the coffer bristling with cauteries carried into the operating theatre, while unfortunate shin-bones were rasped and chiselled, preparatory to the burning thought requisite for their remedy. I have also known cases which had resisted the prolonged horrors of these rough and frequently repeated proceedings, yield at once to the application of blisters.

But there is reason to fear that operations still more severe, and, if possible, still less warranted, have been performed on account of chronic swellings affecting the periosteum and bone, through the proposal of Sir Benjamin Brodie, to trepan the tibia for the discharge of matter pent up in its cancellated texture. The symptoms of this abscess, as described by that gentleman, are enlargement towards one extremity of the bone, pain more or less severe, usually remitting and recurring with increased intensity at variable intervals, induration and adhesion
of the integument to the periosteum, tenderness under pressure, especially at particular points; in short, as he remarks with regard to one of his cases, "all the symptoms of chronic periostitis." Now, if the two conditions are thus so similar, it is plain that the one which admits of remedy by the use of gentle means may be mistaken for the other, in which, it is alleged, nothing can afford relief except making an aperture by the trephine for the escape of matter. Several patients, accordingly, have come under my care, after being advised in London to allow their tibias to be trepanned, and recovered completely without undergoing any operation. Indeed, Sir Benjamin Brodie says, that, "even if you are mistaken in your diagnosis, no harm can arise from the operation. Nay, it is a question whether good may not arise, under certain circumstances, from taking away a piece of bone when it is affected with chronic inflammation, even though there be no abscess." And he illustrates this view by relating a case in which recovery followed the boring of a hole through the humerus in search of matter, without any being found. But, with all deference to an authority so justly respected, I must protest against the license thus afforded to practise an unnecessary, painful, and, as I believe experience would show, dangerous operation; especially as the affection, admitting of remedy by the use of gentle means, is so much more common than chronic abscess in the tibia. I have for many years been looking for this disease, but hitherto without success; and, though not at all disposed to question the reality of such an occurrence, I feel entitled to regard its absence from the field of observation submitted to me as a proof that it must be a rare event in the practice of surgery—Pp. 42–50.

DISARTICULATION OF THE CLAVICLE FROM THE STERNUM.

In the beginning of May last, I was asked by Dr Combe to see a gentleman in Leith, between thirty and forty years of age, who had, for about two years, suffered from a tumour of the clavicle. It was of an oval form, as if resulting from a general expansion of the bone, and extended from the sternal articulation to within a short distance of the acromion, possessed a very firm consistence, and was occasionally the seat of painful sensations. During the period of its existence, the patient had had occasion to travel round the world, and in his progress obtained many different opinions respecting the disease, with no less various advice as to its treatment. At the advanced stage when it came under my observation, the case seemed free from any obscurity either as to its nature or the course requisite for its remedy. There was obviously a morbid growth affecting the bone throughout its whole thickness, and admitting of removal only by excision of the clavicle.

On the 13th, I performed the operation in the presence of Dr Combe, with the assistance of Drs Duncan and Mackenzie. The patient being seated on a chair, an incision was made along the whole extent of the bone, and a second at its sternal extremity, extending upwards and downwards at right angles to it, in this form:

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Having reflected the flaps, I divided the muscular attachments, and ascertained the precise limit of the disease towards the acromion, which it so nearly reached, that the easiest way of proceeding would have been to separate the bones at their junction. But thinking that the object would be equally effectually attained by division of the clavicle, with less injury to the connexions of the shoulder, I sawed the bone through, so as to leave about an inch of its extremity. The clavicle was next forcibly pulled outwards by means of strong forceps, while its remaining attachments were carefully separated towards the sternum, until nothing remained but the ligaments of the joint, which I then divided so as to complete the disarticulation. Three small vessels were tied, and the wound was dressed as usual.

Union by the first intention took place through nearly the whole extent of incision, and the patient recovered with so little disturbance, either of a local or general kind, that he was able to leave his bed-room before the end of a week.
Complete cicatization was delayed at the acromial extremity of the wound, by the separation of small particles from the bone, apparently in consequence of the injury it had received from the saw. But this did not prevent the patient, in the course of a few weeks, from proceeding to Wales, where he intended to reside, and whence he writes that the wound is quite healed, and the arm getting strong and useful. As I fully expected that the absence of the clavicle would have occasioned considerable deformity and want of power, it was an agreeable surprise to see, that hardly any observable alteration in appearance resulted from the operation.

I am not aware that disarticulation of the clavicle from the sternum has hitherto been practised in this country, and therefore think it right to place the case just related upon record. The only part of the operation in the slightest degree difficult or embarrassing, was in separating the large articular surface of the bone from its connexions, where the vicinity of the pleura and venous trunk rendered extreme caution requisite.—Pp. 293–295.

ON THE CONTRACTILE OR IRRITABLE STRICTURE OF THE URETHRA.

Although the distinction between spasmotic and organic strictures, or, in other words, between the semblance and reality of contraction, has been long established in Surgical Pathology, the latter of these conditions was not supposed to vary except in degree and situation. The treatment, therefore, did not seem to require any diversity of procedure, and in this country most practitioners, preferring the plan of dilatation by bougies, employed them upon all occasions. But, however efficiently strictures of the urethra might in general be thus treated, no surgeon could employ the practice to any considerable extent, without encountering embarrassing cases that presented more than usual difficulty, or even baffled every effort to accomplish recovery. I do not here allude so much to the mere tightness of contraction, and difficulty consequently experienced in passing a small instrument through the stricture, as to the unyielding disposition manifested by the constricted canal, and its tendency to contract, perhaps even more closely than before, after being partially or completely dilated. One other feature of such obstinate cases of great importance to notice is, the strong and general sympathy of the system with every change taking place in the local disease; whence rigors and febrile attacks, leading to various derangements in different parts of the body more or less intimately connected with the part originally affected, are apt to result from attempts even of the most gentle kind to pass instruments into the bladder. Some constitutional disturbance, as that which occasions articular symptoms, would sometimes appear to be the cause of this particular state of stricture; and a local irritation, such as that of urinary concretions, is certainly adequate to produce the same effect, since all the features of excessive obstinacy and irritability are occasionally presented by stricture, in patients suffering from stone, and disappear at once so soon as it is removed. But, independently of either the one or the other of these influences, the peculiar condition of stricture to which I wish to direct attention, may exist in its most perfect form, and is then found to constitute one of the most vexatious subjects of treatment so long as it is combated by the means in ordinary use. The patient, in vain expectation of relief, is apt to require in succession the assistance of many different practitioners, each of whom, supposing that the previous want of success has depended upon deficiency of skill or care, proceeds to a repetition of the dilating process, destined to afford only a similar disappointment, or the more serious consequences already mentioned as not unusual under such circumstances. The following case presents a good illustration of this obstinate stricture. It led me to adopt the mode of treatment which I am now desirous of recommending, and will probably prove more impressive if allowed to stand alone, than if associated with other instances of the operation. I have repeatedly performed it with perfect success, and never with any unpleasant consequences; so that instead of dreading, as formerly, to meet with the form of stricture in question, I now undertake its charge with the confidence of a satisfactory issue; and, while doing so, reflect with much regret.
upon the suffering that it would have been in my power to relieve, if this plan of
treatment had occurred to me at an earlier period.—Pp. 319–321.

Here follows a remarkably interesting case, where graduated bougies, and repeated divisions of the stricture within, caused no
benefit, but which was at length cured by dividing it from without.

The last extract we shall give is a case, which, with the author,
we believe to be unique in the annals of surgery.

CASE OF RECOVERY AFTER RUPTURE OF THE URINARY BLADDER BY EXTERNAL VIOLENCE.

On the evening of the 5th of July, I was requested, by Messrs Joseph and Ben-
jamin Bell, to see with them a young gentleman who seemed to have had his blad-
der ruptured. Circumstances prevented me from meeting these gentlemen until
midnight, when I learned from them that the patient, a stout youth, seventeen
years of age, after dining with his family, had gone out to take a walk, in the
course of which he had encountered a low paling, about two feet high, and
attempted carelessly to leap over it, but, instead of doing so, had fallen forwards,
so as to strike the lower part of his belly with great force on the points of two
upright spars of wood. He immediately complained of intense pain, and of a
feeling as if his bowels had protruded; his brother, who had accompanied him, at
the same time remarking that his clothes were distended over the belly. With
the aid of support on each side, he then accomplished a few steps, so as to reach
a carriage that had been brought as near as possible to the place where he was
lying. A catheter had been introduced, and, after drawing off four ounces of
bloody urine, allowed to remain in the bladder. We found all the usual signs of
ruptured bladder; there being great pain and distension of the belly, with a sunk,
angry look. Twenty leeches and hot fomentations were applied. The catheter
was taken out, and an opiate prescribed.

On the following day the abdominal pains and swelling were increased, there
being dulness on percussion below the umbilicus, and more than ordinary reso-
nance above it. The catheter was introduced with the effect of withdrawing a
few ounces of bloody urine. In the evening, leeches were again applied, and an
opiate prescribed.

Next day, the 6th, he was found to have passed a restless night. There was
some confusion of ideas, and considerable impatience for a change of posture, &c.
The abdominal swelling had increased, and there was some oedema of the poste-
rior parts from the chest down to the thighs. The catheter was introduced twice,
and each time drew off a quantity of bloody urine, similar to that which had been
obtained on the former occasion.

On the 8th he was in much the same state, and not sinking, as we had had
fully expected to find him; but the whole trunk was fearfully swollen, and his
respiration was performed as if only a small portion of the lungs had room to act.
The oedematous effusion had greatly increased at the lateral and lower parts,
while the tympanitic condition was still more manifest anteriorly and superiorly.
Below the umbilicus there was not only complete dulness on percussion, but ob-
scure fluctuation, which, after careful deliberation, induced us to think that an
incision in the linea alba, a little way above the pubis, might be of use. After
cutting through a thick mass of condensed texture at this part, I saw a stream of
clear fluid begin to trickle out, and, wishing to see the effect of what had been
done before proceeding further, we ordered a large soft sponge squeezed out of
warm water to be applied so long as the fluid should continue to escape. In the
evening it was ascertained that a very large quantity of urine had passed from the
wound, and the abdominal swelling was considerably reduced, while in all other
respects the patient appeared to have experienced relief. The catheter had been
introduced twice during the day without obtaining a drop of water, although
nearly a tumblerful was taken off by it in the morning before the incision.

On the 9th the pulse had fallen to 100. The abdomen was greatly collapsed,
and every thing seemed favourable, and he continued in this satisfactory state until the following evening, when it was observed that the urine ceased to come freely away, and he became restless, with a return in some degree of his former unpleasant symptoms.

On the 11th there was considerable swelling of the lower part of the belly, with quick pulse and foul tongue. The wound looked dry and white, as in a patient after lithotomy who is suffering from inflammation at the neck of the bladder. We entertained serious apprehensions of the sequel, but thought it right to enlarge the aperture lest there should be any obstruction to the flow of urine. I effected this by means of a bistoury, so freely, that my finger could be introduced down to the muscles, which were found separated from each other in the mesial plane to the extent of an inch and half, so as to form a narrow slit through which the water passed.

On the 12th the belly was collapsed. The pulse had fallen to 80, and the patient was quite easy.

No particular change occurred until the 19th, when a considerable quantity of sloughy cellular substance was extracted from the wound; and on the 21st, in consequence of there being a rather copious discharge of matter from the cavity lying between the integuments and muscles of the abdomen, a free counter opening was made on each side, as low in the flank as the point of a catheter could be pushed. A great improvement speedily followed the establishment of these drains so far as the superficial parts were concerned, although there was still a copious issue of thick matter from the aperture between the muscles.

On the 26th, seeing a slough at the orifice, I seized it with dressing forceps, and gradually pulled out a bag bearing no small resemblance to the bladder, which was found to consist of dead cellular substance, lined with a white deposit from the urine. I then passed my finger down into the bladder and felt a rent more than an inch long in the anterior part of the fundus without, or on the pubal side of the reflection of the peritoneum.

On the 5th of August the patient very unexpectedly passed seven ounces of water by the urethra, though the catheter had been frequently introduced before without obtaining so much as a tea-spoonful, ever since the opening above the pubis was made. In the course of a fortnight the patient was in every respect perfectly well, and quickly regained his strength without the slightest trace of inconvenience from the injury.

As there is not upon record, so far as I know, any well authenticated instance of recovery from rupture of the urinary bladder by violence, this case may be regarded as of some interest, and also, perhaps, prove of practical use on such occasions, by suggesting the possibility of affording relief through local treatment. Mr Benjamin Bell informs me, that while he was a resident pupil in Bartholomew's hospital, it was found, on examining the body of a child, that in addition to other injuries of a mortal kind caused by the wheel of a carriage, the bladder was ruptured precisely in the same situation as in the patient whose case has just been related. If the rupture takes place above or within the reflection of the peritoneum, there cannot be the slightest chance of escape. But if the rent is at the anterior part, so as to discharge the contents of the bladder by a sudden gush into the cellular substance, and condense it in such a way that merely the portion in contact with the urine is deprived of life, it appears that the patient may be saved by timely incisions.—P. 332-336.

From the specimens now given of four articles, our readers may judge of the value of the other twenty-seven, which include treatises on excision of the elbow and amputation of the ankle joints, two most important operations with which the author's name is inseparably connected.

We cannot conclude our notice of this book, without complimenting our worthy publishers on the simple and elegant style of its produc-
MR WHITEHEAD ON ABORTION AND STERILITY.

The paper and print are admirable, and the illustrations will bear comparison with the best productions of the London press.

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On the Causes and Treatment of Abortion and Sterility. By James Whitehead, F.R.C.S., Surgeon to the Manchester and Salford Lying-in Hospital. Pp. 426. London: 1847.

Mr Whitehead's work embraces a great deal more than the title of it would lead us to expect. Of his ten chapters, the four last alone are taken up with "the Causes and Treatment of Sterility and Abortion." His first chapter treats of the physiology of menstruation, and the nature of the vaginal and uterine mucus. In reference to the periodicity of menstruation, Mr W. found, that "of 520 females 359 had always menstruated regularly, no particular difference being observable, either in the length of the interval between one period and another, or in the number of days during which the menses continued to flow. In about one-tenth of the number of cases last mentioned, which may be termed regular, the menstrual periods recurred at intervals, varying from twenty to twenty-seven days, calculating always from the day of commencement of one period to that of the next following; but in the majority, the interval was a lunar month." We have also, in the following quotation, some remarkable instances of irregular periodicity of menstruation:—

Of the remaining one hundred and sixty-one cases, which may be called irregular; in fifty-one, menstruation recurred every lunar month, but every third or fourth return a difference of three or more days was observed in the duration of the discharge, and often a difference, also, in the quantity thrown off in a given time; thirty-eight menstruated every lunar month generally, but every third or fourth time from four to seven days earlier; and these deviations were so marked and constant in most instances as to be anticipated at particular times: the amount of excreted fluid was also variable in these cases; fifteen had the menses every three weeks generally, but every third or fourth return from four to seven days later; fourteen every twenty-four days, but occasionally the interval was twenty-eight days; five every five or six weeks, but having occasionally an interval of only a month; two every eighteen days, of whom one had the discharge four days and a free interval of only fourteen—the interval now and then, however, being two or three days longer, and the duration of the discharge corresponding abbreviated; the other having every third or fourth time an interval of a month. One menstruated every lunar month, but at the middle of every third interval she had an additional discharge every way similar to the catamenial, which continued thirty or forty hours, making no perceptible difference in the regular periods. Two menstruated every fourteen days, in one of whom the discharge generally continued seven days, leaving a free interval of seven,—but occasionally the interval was ten days, and the active period only three or four; in the other case the discharge generally continued two days, but sometimes only a few hours. One individual had the menses monthly, but every third time she missed the period, having a free interval of two months, her health never suffering in consequence. And thirty-two menstruated so irregularly as to afford no means of calculating the periods of recurrence or their duration with any degree of exactness.—Pp. 8-9.

NEW SERIES.—NO. XIX. JAN. 1848.
Our author further states, that "persons of the bilious or lymphatic-bilious temperament have the menses in greatest abundance, and continued for the longest period; those of the sanguine temperament, the contrary; this may be, in some measure, owing to the free cutaneous transpiration generally observed in the last-named class of persons. In lymphatic subjects the discharge is usually abundant, but varies considerably, and is doubtless influenced materially by the amount of lacerorrhoeal discharge voided in the interval, to which affection this temperament predisposes more, perhaps, than any other."

"The mucus of the vagina," says Mr W., "in its normal state, always exhibits acid properties, that of the uterus is as constantly alkaline." He has never found the vaginal mucus alkaline unless where there was purulent secretion, nor has he ever found the uterine discharges other than alkaline, except where they were "of an ichorous nature;" ichorous discharges are subsequently explained as those resulting from some putrefactive process, as, for instance, from the retention in utero of a clot of blood, or a portion of placenta or ovum. This vaginal acid slightly coagulates the uterine mucus, unless when it (the mucus) is unusually abundant; and "it is the mixture of this acid product with the true catamenial fluid in its transit outwards, which gives to the latter its peculiar properties by which it is generally said to be recognised."

By "true catamenial fluid," the author designates the catamenial discharge collected directly from the os uteri by means of a speculum, without being permitted to come in contact with the vaginal mucous membrane. Mr W. collected in this way, for examination, about a dozen different specimens; and from this series of observations he concludes, 1st, that the "true catamenial fluid" is not so dark in colour as the ordinary menses; 2dly, that it is more viscid than systemic blood; 3dly, that it invariably coagulates; 4thly, that it most frequently escapes from the os uteri, partly in form of a thin coloured serum, and partly in flattened clots of the size of small orange seeds, which, soon after their escape, become broken down and dissolved as it were in the vaginal mucus, escaping at the ostium externum in the usual uncoagulable fluid form; 5thly, that it is invariably alkaline. Our author therefore considers that the true menstrual blood is extremely like that in the capillaries, and that the quantity of fibrine which it contains is not different from that which obtains in the circulating mass in its healthy condition; in short, the menses are not a secretion but an exudation of pure blood, the coagula of which are dissolved (unless in very great abundance) in their passage through the vagina, by a solvent power existing in the acid of the vaginal mucus.

Mr Whitehead has related several experiments which he performed in corroboration of the above. He seems to have paid much attention to the subject, and to have taken great pains to inform himself of the exact nature of the menstrual, uterine, and vaginal
discharges. We have no doubt that he believes himself to be quite original in his experiments; but he has been anticipated several years ago by MM. Brière de Boismont, Denis, and Bouchardat. Indeed there is such a very close resemblance, in many points, between Mr Whitehead and M. B. de Boismont, that one might almost imagine Mr W. to have, in some parts, translated his French collaborateur’s work; this, however, we are assured our author would not have done without acknowledgment. M. de Boismont adopted the same method of obtaining the true menstrual fluid as Mr Whitehead—viz. by means of the speculum. Our author speaks of the irksomeness of this procedure; but M. de Boismont actually kept the speculum inserted in the vagina of a patient for ten hours, and thus collected for analysis about 330 grains of true menstrual fluid. We have not mentioned this to detract from Mr Whitehead, far from it; he merits the same acknowledgment of his labour as if his experiments had been original.

Our author corroborates by his observations the fact, “that the menstrual blood, under normal circumstances, proceeds entirely from the inner surface of the uterus, and that every part of the organ, including the upper portion of the cervix, is perhaps equally engaged in the performance of the function.” In proof of this, Mr W. details a case wherein a female had a fatal attack of menorrhagia, and in whom, on opening the body, the uterus was found to contain a clot the exact mould of its cavity; “its inner surface presented numerous openings scattered over every part of it, obvious to the naked eye, some being sufficiently large to admit a good-sized bristle, or the end of a lachrymal probe, the largest and most numerous were at each side of the fundus near the horns of the uterus, and at the contracted part of its body near the commencement of the cervix. The openings had a valvular arrangement, a great number passing downwards towards the cervix, while those at the upper part of the organ appeared to pass towards the Fallopian tubes." The menses therefore, are, according to Mr W., “separated from the circulating current by simple exudation from the arterial capillaries in communication with the valvular orifices naturally existing upon the inner surface of the uterus.”

Our author next treats of what he designates “spurious menstruation,” i.e. a state of plethora of the uterus and surrounding organs, accompanied by many constitutional symptoms resembling those of utero-gestation, so similar that, in spite of the presence of a periodical bloody discharge per vaginam, it was frequently impossible to convince patients that they were not pregnant. In the three cases detailed in the work before us, there was also ulceration on the labia uteri; in fact, Mr W. maintains that this affection, viz., “spurious menstruation,” is invariably associated with a morbid state of the parts situated external to the uterine cavity, generally of its cervix.

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1 Brière de Boismont, de la Menstruation, p. 171; Jacqueimier, Manuel des Accouch., tom. i. p. 133.
and labia, sometimes of a portion of the vaginal mucous membrane; and further, he seems nearly convinced that the menstrual discharge in these cases proceeds from the diseased surfaces alone, and not from the cavity of the uterus.

Mr Whitehead’s second chapter is intended to treat of puberty. Where he confines himself to that subject his remarks are interesting; but into this chapter he contrives to thrust some twenty pages of unnecessary matter about scrofula, syphilis, and the syphilitic origin of serofula; and as it is full of loose and fallacious reasoning, and not likely to conduce to edification, we shall dismiss it without further notice. We may however remark, en passant, that his investigations show that factory labour is by no means so injurious to the health of females as is generally imagined; and that, in spite of what is said as to the effects of the high temperature of the factory rooms, menstruation does not commence so early in the girls employed in them as in females engaged in other kinds of occupation, and in those of the better classes; the latter, in fact, suffer more from menstrual retardation. In 2127 females employed in factories, the average age at which the menses appeared was about fifteen years and eight months, and of these 24 per cent. suffered under disease consequent upon amenorrhoea; in 1873 domestic and farm servants, sempstresses, shopkeepers, and educated females, the average age at which menstruation began was fifteen years and five months, and 20 per cent. suffered from retardation.

Our author’s chapter on the “Diseases of Menstruation” is exceedingly meagre and uninstructive, and his information with regard to membranous dysmenorrhoea is very antique and far behind. In Chapter IV., on the “Last Menstrual Crisis,” we have a table of sixty-nine cases, showing the age at which menstruation ceased in each; the average age of the last menstrual crisis, as deduced from this table, is a little above forty-seven years. The diseases which are most commonly met with at this period, Mr W. classes under three heads. “The first, and most common of these affections, is characterised by a muco-purulent discharge from the vagina, generally denominated leucorrhoea, but differing from this in several important particulars; the second, is often accompanied by vaginal hemorrhage; and the third, is characterised by a watery, sanious, serous, or ichorous discharge, sometimes mixed with blood, pus, mucus, or albumen-like shreds, and occasionally with small portions of fleshy matter.” “This arrangement,” we are told, “is not intended to include all the diseases of which the uterine system is susceptible; but such only as are of daily occurrence, and which, implicating the lower extremity of the uterus or vagina, are capable of being brought within the sphere of ocular investigation.” Our author continues:—

An individual, who has been the subject of leucorrhoeal discharges during the period of child-bearing, and in whom the affection remains uncured, is pre-eminently susceptible of disease at the crisis of cessation; the change in her is, gene-
rally speaking, earlier attempted, but occupies a much longer period, and is sur-
mounted with greater difficulty than is encountered by others more favourably
circumstanced in this respect. The last pregnancy in such a person is usually ac-
complished with great suffering, and not unfrequently has an abortive termina-
tion.—P. 166.

In such cases, there exists great liability to post partum hemorr-
hage; the secretion of milk is scanty and innutritious, and recovery
is protracted for a long time, and incomplete. In females thus
affected, the uterus is, in all instances, in a state of disease. The
lesion consists in hypertrophy of the cervix, with granular ulceration
or induration of one or both labia. Occasionally the labia are but
little, or not at all diseased; but then the margin of the os presents
a ring of intense redness. This is a sure indication of inflammation
of the lining membrane of the uterus, or *endo-uteritis*. The treat-
ment to be adopted in these cases consists of leeching, and the local
application of nitrate of silver. In cases of endo-uteritis, our author
recommends the injection, into the uterus, of a solution of nitrate of
silver, with extract conii added. We have seen much benefit de-
duced from opiate injections, coupled with mercurials, exhibited so as
to get the patient as quickly as possible under their influence.

The *second* kind of disease mentioned by our author, we regard as
nothing else than chronic metritis, with or without ulceration of the
cervix. Mr W. details a fatal case of this variety, where he thinks
it “highly probable that, had scarification of the cervix, or bleeding
with leeches, from the same part, been practised in the first instance,
permanent good might have been effected. The procedure was not
adopted in this instance, from a groundless dread of interfering inju-
riously with the process of utero-gestation,” the patient being at the
time pregnant. We regard this as a practice fraught with danger
to the foetus. We have known more than one instance where the
application of leeches to the os uteri of a pregnant female was speedily
followed by abortion.

The *third* variety of disease is that accompanied by foetid, or, as
our author terms them, “ichorous” discharges. His third variety,
in short, embraces the malignant diseases of the uterus. He very
properly remarks, that “foetid discharges from the vagina, when not
ocasioned by the process of decay which retained portions of the
placenta, or of the membranes of the ovum, are wont to undergo, are
justly regarded as indicative of serious organic mischief. When
they occur for the first time, at a late period of life, especially if the
menstrual functions have ceased completely to be performed, the ex-
istence of malignant degeneration may, for the most part, be confi-
dently inferred.”

We have next a very long chapter on the “Signs of Pregnancy.”
In the course of it, Mr W. takes occasion to recommend the propriety
of sexual intercourse during mensturation, in order to insure fecun-
dation. He states, that however repulsive this may be in a moral
point of view, it is by no means unreasonable, and that the danger
from copulation during this period is, in a great measure, assumed
and fanciful. "This statement," he says, "is founded on no small number of inquiries." His advice he bases, first, on the analogy alleged to exist between an animal in heat and a menstruating female; and, secondly, because it is asserted that the organs are in the most favourable condition for conception a few days before, or immediately after menstruation. Therefore our author recommends copulation during the catamenial flow! Our limits will not permit us to expose the absurdity of the former of these assumptions, nor the incorrectness of the latter; that fecundation generally takes place before, or during menstruation, is denied by every practical accoucheur, and supported only by one or two speculative physiologists. We dare to affirm, as far as our reading extends (and that is not very limited), that Mr Whitehead is the only author who ventures to prescribe such a practice. We find no fault with it in a moral point of view, for we cannot see what morality has to do with the matter; but we consider it dangerous and disgusting with reference to health, cleanliness, and decorum.

Our author very properly attaches considerable importance to the changes which take place in the os uteri as indications of pregnancy. He says, "at six or eight weeks it becomes decidedly oval, or irregularly circular, with a puckered or indented boundary, having a relaxed and lobulated character." He makes no exceptions, and appears to forget that this description does not at all apply to the os uteri in primiparæ. In them, as well described by Chailly, the transverse orifice of the womb becomes circular. "It is regular in its contour, and closed; the os tincæ is smooth and polished." There is no puckering or indentation in them. In speaking of the auscultatory evidence of pregnancy, our author encourages the use of the vaginal stethoscope. We are not one of those who exclaim against instrumental interference, per vaginam, where necessary; indeed, we would gladly see the speculum even more employed than it at present is; but we certainly look upon the use of the stethoscope, per vaginam, as unnecessary, and therefore grossly indelicate. His remarks upon the placental souffle are full of error, simply because there is no such thing as a placental sound in existence.

We have next a series of cases to prove that a discharge, so like the menses as to be undistinguishable from them, frequently takes place periodically during pregnancy, forming what our author designates cases of spurious menstruation. Our limits will not permit us to do more than extract the following:—

On examination with the speculum, inflammation or ulceration of one or both labia, or of the cervix uteri, complicated, in some instances, with warty excrescences growing from the cervix, or from some part of the vaginal membrane, vaginitis, &c., was met with in every case, without an exception. Fifteen cases were

1 Vide, for further information on this curious subject, Burdaeh's Physiologie, Bd. 1, S. 221; and Busch's Geschlechtsleben des Weibes, Bd. 1, S. 170.
2 Vide Chailly's Midwifery, translated by Bedford, p. 31.
3 Vide Naegele's Geburtshülfliche Auscultation, S. 21; and Depaul, Traité d'Auscultation Obstétrique.
submitted to this kind of examination at the time the blood was flowing. In not one of these did any fluid whatever escape from the interior of the uterus; the orifice being completely occupied at the time by a plug of transparent mucus. On removing the accumulated secretion by means of a piece of lint, the parts were immediately afterwards covered by a coating of blood, which was distinctly seen issuing from innumerable pores on every part of the diseased surfaces, and soon being in sufficient quantity to trickle down into the speculum. This blood was widely different, in its sensible properties, from that collected in the tube during its introduction, or at the os externum; being more florid, more strongly alka-lecent, and soon subsiding into a dryish clot, which could be separated from the interior of the instrument in form of a small cake of crassamentum. This was never the case with the former, which remained fluid or soft for a considerable time.

The evidence now produced appears sufficient to establish as a general rule, to which I am not as yet acquainted with an exception, that the blood discharged in cases of alleged menstruation during pregnancy, is furnished, not by the lining membrane of the uterus, nor by any healthy secreting surface—except sometimes perhaps the inferior part of the inner cervix; but by the lower extremity of the uterus external to its cavity, or by the contiguous vaginal reflection, being in a state of suppurative inflammation.—Pp. 222-223.

We have next a series of cases of absence of menses before pregnancy, thus showing that the presence or absence of a catamenial discharge is no unequivocal evidence for or against the existence of pregnancy. Under the head of causes of abortion, Mr Whitehead treats of nearly all the diseases of the uterus. In reference to the frequency of leucorrhoea, he observes, that out of 2000 females, 1116 were affected with this disease. He further remarks, that the virulence of the discharge is such, that it may produce blenorrhagia in the male, and its presence in the mother he regards as almost the sole cause of the purulent ophthalmia of infants. Gonorrhoea is stated to be much more frequently an affection of the uterus than of the vagina, the vaginal membrane being, in some measure, protected by its own mucus. Gonorrhoeal inoculation induces superficial inflammation of one or both labia uteri, which is said to be very liable to extend into the cavity of the organ, and there produce endo-uteritis. From much that Mr W. says regarding this gonorrhoeal inflammation of the uterus, we must, as yet, withhold our assent. It seems, in a great measure, drawn from fancy, and devoid of proof. His treatment of these diseases contains nothing new. He employs, every third or fourth day, solutions of the metallic astringents—viz. nitrate of silver, and sulphates of copper or zinc—and, in the intermediate days, tincture of matico where there is hemorrhage, or solutions of opium or tannin. These must be applied directly to the part, by means of a dossil of lint; injections being properly regarded as almost useless. One cause of abortion, and certainly not the least important—viz. disease of the placenta—is not at all mentioned by our author. Considerable advance has been recently made in the treatment of placental disease; and its importance surely demanded that some notice should be taken of it in a work professing to treat of "the Causes and Treatment of Abortion."

The chapter on "Sterility" is little more than a reiteration of what
has gone before; for the same diseases that cause abortion will also prevent conception.

Upon the whole, the work before us contains much that is valuable, although greatly obscured by a quantity of unnecessary, extraneous matter. Still, any one who will take the trouble, as we have done, to wade through the sand, will not fail to find a pebble or two of sufficient value to reward his labour.

A Treatise on Diet and Regimen. By William Henry Robertson, M.D., Physician to the Buxton Bath Charity. Fourth Edition, Re-written and much Enlarged; in two volumes, 12mo,—Vol. I. London: 1847.

The portion of Dr Robertson's work before us, consisting of three numbers, is the first volume of the fourth edition. As it has been wholly re-written, and the view given of the subject brought up with the current of science, it may be regarded as a new work. We have read this first volume, all that is as yet published, with much satisfaction. It deserves to be characterised as a very sensible book; plainly the production of a man of much intelligence, of extensive reading, and of large experience in his profession.

The following passage from the author's preface sums up briefly the subjects of his work:

The present edition of this work is prefaced by an introductory chapter on the origin, &c., of sporadic, endemic, and epidemic disease,—the influence of civilisation on human health, and the expectation of life,—the importance of information on the physical necessities of health, and the principal sources of disease,—and the evils which arise from the general ignorance of the public on sanitary questions, and from quackery, which is the child of such ignorance. The body of the work contains chapters on diet,—ventilation, climate, and change of air,—the hygienic effects of clothing, &c., especially with reference to practical inferences,—the physiological effect of water on the system, when applied to the skin, and when taken into the stomach,—mineral waters,—sleep,—influence on health and life-expectancy of the combined physical causes, with reference to employment, town or country residence, &c.,—and on the effects of mental culture on health.—P. viii.

The portion of the work before us, however, does not extend beyond the subject of Diet. The introductory chapter is a very sensible and well-timed discourse, bearing particularly on the necessity of active sanitary measures for the preservation of the public health. From this chapter, we quote the following passage as a specimen of our author's mode of treating his subject:

On all these forms of disease, civilisation,—the drainage and cultivation of the soil,—adequate sewerage,—commodiously constructed and well ventilated streets, houses, and apartments,—have exercised, and may exercise, so large an influence as to mitigate, or possibly altogether do away with, endemic disease; and to modify and greatly lessen the fatality of epidemic disease. These are the social gains accruing to every individual of a well-organised community, the degree of which can scarcely be estimated; and which, however imperfectly and crudely conceived, might well reconcile us to the times we live in, and atone to
us for not having lived in "those good old days," when agues, malignant fever, plague, putrid sore-throat, and confluent small-pox, thinned, at short intervals, the population of the towns, villages, and hamlets of Old England. Civilisation, however, with all its great improvements, and the large boons it has conferred on the mass of the people, has dealt less mercifully with individuals. Shutting up so many in the close and less pure air of our large cities, and such numbers in the closer air of workshops, cellars, and small rooms,—confining so many to a single occupation, involving, perhaps, almost a single position of the body, day by day, and year by year,—making life a succession of privations, confinement, and mechanical and unvarying employment,—civilisation deals out to these her victims, a large amount of individual disease and suffering, which never reach the social importance of endemic or epidemic disease, but which sicken the life and shorten it, and affect injuriously the health and the probability of life of the posterity,—probably to destroy the individual and his descendents in the course of a few suffering generations, by forms of disease characterised in all their phases by diminished power, and called cachectic, having the generic name of scrofula common to the whole of them. And yet there is no doubt that much of this individual penalty, which is paid by social man for his civilized position, is no necessary part of the civilized state,—that, although large numbers of people cannot be brought together into one building, where they must spend a large part of every twenty-four hours, without some degree of physical injury to them all,—that, although individual health must be affected even by the crowding of large masses of people into the limited district of a closely built town,—yet, by sewerage, by cleanliness, by ventilation, a great amount of the evil may be done away with, and the expectation of life, although not equal to the highest standard attainable in a well-drained rural district, be greatly increased from that which obtains under less favourable circumstances.—Pp. 17-19.

In the part of the volume devoted to Diet, he has given a sketch of the function of Digestion as complete, perhaps, as the limits of the work would admit of. On the comparative digestibility of different kinds of foods, he dwells at considerable length, and treats this difficult part of the subject with much discrimination. After giving Dr Beaumont's table, drawn up from his observations on Alexis St Martin, and the result of the experiments of other authorities, he proceeds to arrange the several kinds of food in tables according to their digestibility, as determined by his own experience. These tables he prefaces with the following sensible remarks:—

In the question of the comparative digestibility of the different articles of food, we are then reduced to the necessity of finding general rules for our guidance in individual cases, from wide and careful observations of the digestibility of the different kinds of food, in health and disease; by no means conceiving such observations, however carefully made, to be infallible; but bearing ever in mind the probability, or at least the possibility, of frequent exceptions occurring, to any one of the generalisations at which we may have arrived. In fact, all attempts to frame such general rules are liable to strictures, on the ground of so many and signal exceptions to the rule being frequently met with. But, notwithstanding such strictures, dietetic observations are of the greatest use as guides; although they may not be found worthy of implicit trust, in every detail of every case that may occur. To prove that such observations must have much value, it is enough to show, from general experience, and universal admission, that some articles of food are almost invariably found to be less likely to agree with the dyspeptic or debilitated stomach than others are: for instance, that in nearly all such cases, mutton agrees better than lamb, or veal, or pork; that fat, as has been said, agrees better than lean,—starch than sugar,—eggs than cheese. In regard to the attempt to arrange the different kinds of food in tabular order, with reference to their digestibility, it may now claim, after a trial of eleven years, to

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have undergone the test of time, and to have been proved to be useful; although it is admitted to be no means an unvarying and certain guide.—Pp. 79, 80.

This table of meats indicates the following as the order of their digestibility:—1. Mutton; 2. Beef; 3. Lamb; 4. Veal; 5. Pork. That of Poultry runs thus:—1. Fowl; 2. Turkey; 3. Duck; 4. Goose. That of Game, as follows:—1. Hare, hunted; 2. Partridge; 3. Pheasant; 4. Venison; 5. Grouse; 6. Ptarmigan, Blackcock; 7. Hare; 8. Pigeon, Lark, &c.; 9. Rabbit; 10. Woodcock, Snipe, &c. The animal principles stand in the following order:—1. Gravy; 2. Gelatin; 3. Fibrin; 4. Fatty matters. He explains that gravy here includes beef-tea, made very strong from lean beef, with the fat removed. Of Fish, he puts the digestibility as follows:—1. Whiting; 2. Haddock; 3. Cod; 4. Sole and Flounder; 5. Lobster and Crab; 6. Oyster, raw; 7. Fresh-water Fish in general, as Trout, &c.; 8. Turbot; 9. Salmon; 10. Mackerel; 11. Oyster, cooked; 12. Herring and Sprat. The several forms of milk are placed in this order:—1. Whey; 2. Milk, skimmed; 3. Milk, unskimmed; 4. Cream; 5. Curd; 6. Butter; 7. Cheese; 8. Cream-cheese.

The different grains, and the like, he arranges thus:—1. Wheat-flour; 2. Rice; 3. Rye-flour; 4. Maize-flour; 5. Oatmeal; 6. Barleymeal; 7. Peasmeal.

We can afford space only for another of these tables, namely:—1. Asparagus, Sea-kale, Celery, Vegetable Marrow, Artichoke; 2. Cauliflower, the heart; 3. French Bean; 4. Potato; 5. Spinach; 6. Turnip; 7. Cabbage, Greens; 8. Carrot; 9. Parsnip; 10. Pea; 11. Windsor Bean; 12. Mushroom.

Of each of the articles contained in these several tables, our author has given a brief account,—and in regard to drinks he has followed a nearly similar plan.

The volume concludes with a copious exhibition of Dietaries, drawn from many different sources, as bearing on the question as to the quantity of food most favourable to health. Altogether, the work is worth the attention of the public, as well as of the profession.

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**Part Third.**

**PERISCOPE.**

**PHYSIOLOGY.**

**ON CHLOROFORM AND ITS ANALOGOUS COMPOUNDS.** By Dr Glover of Newcastle.

[Since chloroform has become so important a substance, every thing concerning its history is rendered interesting. We therefore give a short abstract of a series of laborious experiments made by Dr Glover of Newcastle, and published in 1842, in an essay which obtained the Harveian prize of that year. Very little was then known of chloroform, so that its physiological history may be said to commence with these remarks.]