Part Second.

REVIEWS.

Medicines: their Uses and Mode of Administration. By J. Moore Neligan, M.D. Edin., &c. Third Edition. 8vo. Pp. 555. Dublin: 1851.

It is hardly necessary for us to express any general opinion as to the character of a work which has already received two commendatory notices in this Journal, and which possesses the unequivocal testimony in its favour of having reached a third edition. We shall, therefore, content ourselves by stating that in this third edition Dr Neligan continues to uphold the character of his book as a succinct work of reference useful both to the student and practitioner. The interests of the latter class of readers appear to have been more especially studied by the author in preparing this new edition, the increase in size of the volume being chiefly due to the introduction of more extended accounts of the therapeutical action of individual remedies.

In the less practical details, however, Dr Neligan has also brought his book up to the actual state of science, so that the pharmacien and student also will find that their interests have not been neglected. Of course, in this new edition, Dr Neligan has incorporated the changes rendered necessary by the appearance of a new edition of the Dublin Pharmacopoeia, and most people on this side of the Irish Channel will, we think, be inclined to award praise to him for having done so, or rather, had he omitted it, would have thought him most unpatriotically forgetful of "justice to Ireland." It does not appear, however, that such ideas prevail in Dublin, in the very College of Physicians of which Dr Neligan is a licentiate. There, it would seem, it is held that the publishing a new edition of a book on Materia Medica, and bringing it up to the present state of the science in Ireland, is not only not commendable, but is illegal. We had heard some strange whisperings wafted across the Irish Channel, about injunctions and proceedings in the Rolls Court, but we had nearly forgot them till they were recalled to our recollection by the following editorial article in the "Pharmaceutical Journal," which is so curious an account of the Irish way of advancing a knowledge of the Materia Medica, that we are induced to copy it bodily:—

"THE COPYRIGHT OF A PHARMACOPEIA.

"It is reported that 'King and Queen's College of Physicians of Ireland' has assigned its interest in the Dublin Pharmacopoeia to Dr Apjohn, who has announced his intention of proceeding by injunction against all those who shall copy
the work. This threat is levelled against the authors of Dispensatories or other works on Materia Medica, containing the formulæ of the three colleges, placed in juxtaposition for the convenience of the medical practitioner, the dispenser, and the student. We have heard the names of three authors who are already singled out for attack. We understand that in the case of one of these gentlemen (Dr Neligan), Dr Apjohn served him with a notice a day or two before the appearance of the third edition of his *Medicines, their Uses and Mode of Application,* warning him not to commit a ‘breach of the law,’ in introducing the alterations or additions of the new Dublin Pharmacopœia.

"The question of copyright was formerly raised by the Royal College of Physicians of London, in reference to the London Pharmacopœia, the exclusive publication of which had been entrusted to Mr Richard Philips, in lieu of a direct pecuniary consideration for his services in the compilation of the work.

"Dr Collier, in the year 1836, resisted this exclusive right, and contended that the employment of a compiler or editor, not a physician, however qualified he might be as a chemist, was a violation of the spirit and letter of the charter of the College, and he publicly avowed his determination to defend himself against any injunction which might be brought against him. The College, however, did not deem it expedient to institute proceedings, and Mr Philips contented himself with the advantage which priority of publication and the official appointment had given him. We think he acted wisely in retaining the proceeds thus realised, which amounted to a considerable sum, instead of wasting in law that which he had earned by physic.

"From that time to the present, we have heard nothing of the copyright of the London Pharmacopœia. Several authors have re-published it with notes and commentaries, and it has been amalgamated in numerous works on Materia Medica and Pharmacy, with the Pharmacopœias of the other two colleges. The principle of free trade in Pharmacopœias has therefore been tacitly recognised by the London College of Physicians; and when we consider the class of works which would be affected by the restrictive policy—works of a comprehensive nature, and most important, if not necessary, to the student and the profession—it cannot be doubted that a return to monopoly would be a very unpopular measure; and that the Dublin College would not rise in the public estimation by making such an attempt.

"We also doubt the legality of the claim. An individual is protected against piracy by the law of copyright, and the justice of this provision is unquestionable. A society, or public body, issuing publications of a proprietary character, may also in fairness enjoy the same protection. But a Royal College of Physicians, publishing a Pharmacopœia, stands on different ground. The work is issued under the sanction of the Queen in Council for the benefit of the public. The compilation and publication of such a work is one of the duties comprised in the conditions expressed or understood, on which the Charter is held and the Royal sanction enjoyed; and we conceive that from the day that a Pharmacopœia sees the light, it is public property. Such we presume to have been the opinion of the eminent counsel, before whom, it is reported, Dr Apjohn recently laid a case; for the opinion received was so unfavourable that no further proceedings have been taken by Dr Apjohn."

Not being learned in the law, we do not presume to offer any opinion as to the legality or illegality of Dr Neligan publishing a correct, instead of an incorrect, edition of his book. We should think this question more fitted for a court of common sense than a court of common law. But looking at it professionally, we must say that we have rarely heard of a more extraordinary proceeding on the part of a scientific man or a scientific body. It just amounts to this, that the Dublin Pharmacopœia is to be held to be, by authorship and copyright, Dr Apjohn’s, differing only from any
other individual author's book by its bearing the name of the Dublin College of Physicians on its title-page, and that, henceforth, every one else is to be prohibited, not merely from printing or publishing it, which we presume nobody has the least desire to do but from quoting it in the only way in which a pharmacopoeia can be quoted. The effect would have been, had the Irish lawyers not been wiser than the Irish doctor, to have put a stop not only to Dr Neligan, but Dr Pereira, Dr Royle, Dr Christison, or any other author of a work on Materia Medica or a Dispensatory, publishing or re-editing their books, unless they would consent to quote as the present authorised work of pharmacy for Ireland, the defunct Irish Pharmacopoeia of 1826.

But, revenons à nos moutons; we were reviewing Dr Neligan's book, and not the Dublin Pharmacopoeia. It would lead too much into details were we to attempt any criticism on the individual subjects treated of by Dr Neligan. We select, however, two short extracts, each of them referring to an important agent.

The following is a succinct and practically good resumé of the points to be attended to in inducing anaesthesia by chloroform:

"It is most effectually and safely administered in the manner first proposed by Professor Simpson, namely, by pouring the chloroform into the hollow of a handkerchief folded in the form of an inverted cone; at first 3/4, only should be used, and if the desired effect be not produced in about two minutes, the same quantity should be renewed. Various forms of inhalers have been proposed for the administration of the vapour of chloroform, but I must confess that I prefer the simple handkerchief. The chief points to be attended to are:—1st, That the patient should be lying on his back with the head slightly raised; 2nd, That he should be permitted at first to breathe atmospheric air mixed with the chloroform, which is effected by not bringing the handkerchief too close to the mouth and nose at once; 3d, That the vapour should be altogether withdrawn as soon as insensibility is produced, which is usually evidenced by the occurrence of slight stertorous breathing, for the condition can be kept up for any length of time that may be requisite, by the occasional re-application of fresh chloroform in the handkerchief; 4th, The patient's stomach should be empty when the inhalation is commenced, as otherwise vomiting is apt to be produced; and 5th, should fainting or other evidence of sinking occur, the best restorative is atmospheric air, ammonia also may be applied to the nostrils, the cold douche on the head used, or even artificial respiration may be had recourse to, but no stimulants should be given by the mouth. There is but one other remark which I have to make for the benefit of those inexperienced in the use of chloroform, namely, that during the process of inhalation, just before insensibility is produced, there is usually a struggle on the part of the patient; this must be resisted, and the charged handkerchief kept just at that time closely applied to the mouth and nostrils."

We do not think that enough of prominence is given to the use of chloroform internally. It is spoken of, but rather coldly. Our own experience leads us to regard it as an anti-spasmodic and calmative of great value, but it is hardly worth while to give it in less quantity than 25 or 30 minims, which is about the maximum dose admitted by Dr Neligan. We have, in cases of asthma, given 50 drops, nearly equivalent to as many minims, with or without
morphia, and it has now superseded sulphuric ether completely in our favour. For a patient in the asthmatic paroxysm, chloroform has this advantage, that it is much more easily swallowed, and is not so liable to produce that intense choking, almost verging on suffocation, which we have seen to occur in an asthmatic patient when swallowing a draught containing ether. Dr Neligan says that on account of its volatility it should always be prescribed in draughts. We apprehend that the practice is right, but the reason wrong. It is rather on account of its great specific gravity, by reason of which if a mixture containing it is not accurately mixed by shaking, and the dose instantly poured out and swallowed, the most of the chloroform will be left at the bottom of the bottle. Mixture by means of mucilage, mentioned by Dr Neligan, is the best form, and we prefer ordering the chloroform separate, having it dropped into the requisite dose of mucilage, or whatever else is to be given with it, stirred with a spoon, and swallowed incontinently.

Under the preparations of aconite, we have the following remarks on the tincture now for the first time admitted into a pharmacopoeia:

"Tinctura radicis Aconiti, D. (Take of aconite root, dried, and cut small, ten ounces; rectified spirit, one pint: macerate for fourteen days, strain, express, and filter). Dose, min. viij. three times a day, increased by one minim daily until its effects are produced. A stronger tincture, and that which has been in general use until the publication of the last edition of the Dublin Pharmacopoeia, is prepared by the following process of Dr Fleming:—(Take of the tubers of Aconitum napellus, carefully dried and finely powdered, 3xvj. (Troy); rectified spirit, f3xvj.; macerate for four days, then pack into a percolator; add rectified spirit until f3xxiv. of tincture are obtained). This tincture is beautifully transparent, of the colour of sherry wine, and has a slightly bitter taste. Dose, min. v. three times a day. The strength of this preparation compared with that of the Dublin College is about 3 to 2. Either of them should be used with caution; the strong tincture is the best form for external use, when aconitina cannot be procured, and this is an important advantage which Dr Fleming's tincture possesses, namely, that it answers for both purposes, while that of the Dublin Pharmacopoeia is too weak for external application, and there can be no more danger in giving internally a small dose of a strong tincture than a larger dose of a weak one; his tincture is also of a more uniform strength, inasmuch as the quantity of the root employed being in excess, the spirit is always fully saturated."

We are not inclined to assent to these remarks. Even if Fleming's tincture be extremely valuable as a local application, and we must say that as such it has disappointed us, and admitting that the Dublin tincture is rather too weak to act powerfully when applied to the skin, we doubt if these considerations on the one hand be not more than counterbalanced on the other by the potency of a tincture, the dose of which, internally, may vary from safe to positively dangerous by the difference of giving one or two minims more or less, and we must caution Dr Neligan's readers somewhat more decidedly than he does as to the dose. Five minims three times a day is assuredly unsafe. Some patients will undoubtedly bear this, or even larger doses, but many would be danger-
ously affected by such a quantity. We once produced very alarming symptoms, in fact we nearly poisoned a patient, by a single dose of \( \frac{2}{3} \) minims. Smaller doses, one or two minims frequently repeated, for its sedative action is not very permanent, is a safer, and we submit equally effectual, mode of using it. There is one disadvantage of this strong tincture, which, though not a very important one, may be mentioned. Druggists complain that from the large proportion of vegetable matter to the spirit, there is much loss and great difficulty in procuring a uniform amount of product.

Pharmacopæia Nosocomii in Curam Morborum Cutaneorum Fundati a.d. mdccxl. London 1850.

This is a pharmaceutical curiosity. It measures four inches in length, two and a half in breadth, three-tenths of an inch in thickness, weighs 427 grains, and as it has afforded us some little amusement, we think it entitled, both physically and metaphorically, to be called light reading. Its pervading characteristic is an amount of ingenuity in devising complex formulæ which set at open defiance all calculation as to their probable therapeutical effects or modus operandi. It would seem as if, for the cure of skin diseases in London, anything short of a compound of three ingredients were of little use, but that, provided there only be enough of ingredients, it matters little whether they have any legitimate business there or not. We take the first page that comes to us ad aperturam, and it being No. 15, we there find Lotio opii cum alumine, which consists of an ounce of laudanum, two pounds of alum, in a gallon of water, and as if this were not astringent enough, three ounces of tincture of galls are added, the effect of which, of course, must be to precipitate the alkaloids of the opium and render them comparatively inert. In this same page we find Lotio Nigra, which is made on the ordinary plan of decomposing calomel by an alkali, liquor potassæ being substituted for the lime-water more commonly in use; we turn over the page, and have, by way of contrast, Lotio Rubra, which contains bichloride of mercury, bisulphuret of mercury, and creasote. This last, we should think, was complex enough. But no; the next page reveals to us that there must be some cases for which even this is too simple; and we have, therefore, Lotia Rubra Composita, which consists of equal parts of the red wash, the black wash, and water mixed. We were struck, on looking at this last formula, with a hazy recollection of having somewhere seen this formula before, and after an effort of memory, we found it out. It was not in a book on skin diseases, nor in a pharmacopœia, nor, indeed, in a medical work at all, but in England's own immortal bard. Here is the original formula:—
“Black spirits and white,
Red spirits and gray,
Mingle, mingle, mingle,
You that mingle may.”

Our readers will see from the above formula,—we mean the Pharmacopoeia’s, not the Weird Sisters’,—that mercury plays no small part in the cure of skin diseases in London, for here are no less than three compounds of it in one formula, the so-called black oxide, the bichloride, and the red sulphuret. But they will be vastly mistaken who think that this is the only mercurial preparation. In the Hospital Pharmacopoeia, there are 105 formulae, and of these 40 contain more or less of mercury in one form or other.

In point of pharmaceutical accuracy and distinctness, this Pharmacopoeia is so deficient that it can be of little use to any but those who framed it, and who know what its unexplained peculiarities indicate. The skin pharmacopoeia professes at the outset to follow the London Pharmacopoeia in whatever relates to weights, measures, and materia medica; but as it takes in some articles not recognised by the metropolitan college, it furnishes at the end a list of fifteen substances, which, it is stated, are not in the London Pharmacopoeia, but of which not less than three actually are there, viz., Barī Chloridum, Hydrargyri Ammonio-Chloridum, both under these very names, and Sal Marīnus, which surely might have been suspected to be identical with the London Pharmacopoeia’s Sodī Chloridum. But to keep the balance true, they omit to mention in their list at least three substances which are not in the London Pharmacopoeia, viz., Acidum Hydriodicum, Carminium, and Hydrargyri Sulphas. In one formula we have two ounces of hydriodic acid employed. Now as no directions are given as to what strength of a solution of hydriodic acid is meant by this, we are left to suppose that it means either two ounces of hydriodic acid gas, or two ounces of a saturated solution of it. In either case, we wish those who have the preparing of it joy of their process. As the sole use of this hydriodic acid is to make a solution of biniodide of mercury, we would suggest, as a preferable plan, to add to a solution of corrosive sublimate iodide of potassium in excess; this would at one process make the biniodide of mercury and dissolve it, and the presence of a little chloride of potassium would not make the preparation either less useful or more useless than it is at present.

We should not care much for the pharmaceutical and chemical errors of this Pharmacopoeia, though they be little to the credit of this department of British science; but in a therapeutical point of view, we must regret the appearance of such a work. Their absurd complexity renders it impossible for any rationale to be devised for the action of the majority of these formulae; and whether cures occur under their use or not, the therapeutics of skin diseases will not be advanced by them one step, but will remain, so far as this hospital is concerned, hopelessly obscured by a dark empiricism.
The Anatomist's Vade-Mecum; A System of Human Anatomy. By Erasmus Wilson, F. R. S. Fifth Edition. London. 8vo. Pp. 656. 1851.

The Surgeon's Vade-Mecum. By Robert Druitt, F. R. C. S. Fifth Edition. London. 8vo. Pp. 660. 1851.

Dr Hooper's Physician's Vade-Mecum. By William Augustus Guy, M. B., Cantab. New Edition. London. 8vo. Pp. 576. 1851.

We group these three works together, as all belonging, in outward appearance at least, to the now very numerous class of "Manuals." In former reviews, we have expressed our dislike to these epitomes of medical science. We dislike them, because, being compilations from many quarters, they are of course destitute of the unity and vigour characteristic of original works; and because they are calculated to divert the attention of the student from the best sources of professional information. We object to them, moreover, because they prey and fatten upon more important and original publications, and thus tend directly to discourage literary labour. When a medical author, now-a-days, assumes the pen, to communicate to the profession the results of his experience and observation, well wots he what is in store for him. Literary medical tailors, dealers in second-hand clothing, are ready to pounce upon him, and adapt his work to their own purposes—to cabbage from it—to clip it with shears—to stitch the shreds to patches of other materials, and to hide the clumsy seams with the treacherous polish of "the goose." Such are the manipulations of the manual-makers.

We may add, in passing, that there are medical mummy-makers too—the Retrospects—Ranking to disembowel, and Braithwaite to prepare the skeleton; but, unlike their prototypes of Egypt, they obtrude their services and commence their office before the breath has left the body of their subjects.

To proceed to the works now before us. Though manuals, these are not all equally objectionable. Of the utility of such a compendium of anatomy as that of Mr Erasmus Wilson, there can, we apprehend, be no question. It can never supersede, while it may faithfully direct, that practice in the dissection of the human body upon which all useful anatomical knowledge must be based. Its explanations of many points in descriptive anatomy, perplexing to the student,—true pontes asinorum,—are generally distinct and clear, while the necessity for dry details is often obviated by the introduction of well-executed diagrams and wood-engravings. Mr Wilson is no plagiarist; he is well known to be practically conversant with the subject on which he writes; and the favour with which
four previous editions of his work have been received, is no mean testimony to its merits.

Mr Druitt's Vade-Mecum has also reached a fifth edition, but is precisely one of that class of books to which our strictures upon Manuals in general may be held to apply. It is due to the author to state, that the sources from which he has borrowed are duly acknowledged in almost every page, and that his selections—usually judicious—are often condensed into small bulk without sacrifice of clearness. We must, however, add, that the principles and practice of surgery are ill-used when gathered from all quarters, and compressed into such compass,—that the work wants originality,—and that its success is, in our opinion, more due to its attractive woodcuts and neat form of publication, than to any intrinsic excellence.

In Hooper's Vade-Mecum, we have an attempt to cram into the space of 660 small pages, all the most useful facts and opinions in the practice of medicine, together with physiology, pathology, general therapeutics, and a formulary of formidable dimensions. We need hardly say, that the attempt has proved but partially successful, despite the zeal and talents of the editor, Dr Guy, who is obviously capable of better things, and whose original contributions to the volume are in our eyes by far the most valuable portions of its contents. The student who, in prospect either of his examinations, or of the exigencies of practice, resorts only to this Manual, will find to his cost that a competent knowledge of the practice of physic cannot be acquired in two or three evenings' reading.

---

**Part Third.**

**CLINICAL REPORTS, LECTURES, ETC.**

**CLINICAL MEDICINE.—PROFESSOR BENNETT.**

**REPORT OF CASES OF NERVOUS DISEASE IN THE CLINICAL WARDS OF THE ROYAL INFIRMARY, DURING THE WINTER SESSION 1850-51.—(Concluded from p. 287.)**

Condensed from Lectures.

**Case VI.—Paraplegia—Tubercular Caries of Vertebral Column—Phthisis.**

William Walker, art. 42, mason, admitted October 17, 1850. States, that for upwards of twelve years he has suffered from occasional cough, usually dry, accompanied in lower and middle part of chest with pain, which extended back to the dorsal vertebrae. The pain and cough have, within the last three months, become more constant, and accompanied by nightly perspirations. About fourteen days before admission, he felt a prickling and coldness in the feet, and an unsteadiness in walking, especially in the left foot. Two days before admission, after a long walk, these symptoms were increased. Since then they have