this. The blister should be somewhat larger than the surface, which it is intended to keep open. When it has been kept on for the requisite time, the part is to be poulticed, especially if it has not risen freely. The whole loose epidermis is then to be removed, which a steady hand with a pair of forceps and scissors can accomplish, without causing more pain than follows the mere exposure of the raw surface to the air.

When a medicinal substance is to be applied, it is to be sprinkled over the raw surface, and the part covered for about two hours with a pledget of simple ointment. At the end of this time, savin cerate is substituted for the simple dressing, and is to be maintained until the time when a second dose of the medicine is to be applied. The simple ointment is again laid on as before, and again alternated with the savin cerate.

By following this method, I have obtained satisfactory results from the endemic application of strychnia in neuralgia, and although I have applied the blister on the cheek in females, I have not found that it left any permanent mark on the part. I have generally used two grains of strychnia diluted with six or eight grains of white sugar, and divided into twelve powders, one of which may be applied night and morning. In several cases of severe neuralgia of some years standing, I have succeeded in giving great relief to the patients. In three instances, females of different ages, exemption from paroxysms of pain lasted between two and three months. I cannot say that I have been able to trace a radical cure directly to the strychnia, but it has appeared to me that the exemption from suffering for so long a period, has enabled them by out of door exercise and other means, to obtain an improvement of the general health, which has been followed by the ultimate removal of the disease.

129, George Street, Edinburgh,
March, 1847.

Part Second.

REVIEWS.

On Tumours of the Uterus and its Appendages. (Jacksonian Prize Dissertation). By Thomas Safford Lee, M.R.C.S., Edinburgh, &c. 8vo. London, 1847.

In no class of disorders have greater triumphs been accomplished by rational medicine than in cases of uterine and ovarian tumours. By rational medicine, as our readers are aware, we do not under-
stand the results of experience or of therapeutic experiments, but an acquaintance with pathology, and with an exact diagnosis as a basis for treatment. We think the present state of the art affords us positive evidence, that proceeding on this foundation much has been done to point out the true nature and origin of tumours of the uterus and its appendages, and that our means for arriving at an exact diagnosis are now so improved, that there is little danger of falling into the gross errors formerly committed even by the most intelligent practitioners. It must also be acknowledged that this branch of medicine is greatly indebted to Professor Simpson of Edinburgh, whose valuable communications given to the public through the medium of this Journal have rescued uterine and ovarian diseases from the obscurity with which they were formerly surrounded, and placed them among these maladies that may be easily distinguished. He has accomplished for them, what Laennec did for lesions of the lungs; he has established physical signs and a mode of exploration whereby they are rendered cognisable to the senses. He has dissipated conjecture and uncertainty, and introduced correctness and exactitude in their stead.

The dissertation of Mr Safford Lee is characterized by a painstaking compilation of much that has been written upon the subject in this country. Very little is said of the labours of continental inquirers, more especially of German ones. He has carefully examined the museums in London, and described several of the important preparations to be found in them connected with his subject. The work also contains several statistical tables in the second part on diseases of the ovary. Lastly, the author seems perfectly alive to the advantages of a physical examination, and has himself employed Dr Simpson’s uterine sound as a means for diagnosis. On the other hand, Mr Lee appears to know very little of the minute structure and true pathology of either tumours in general, or those of the uterus and ovary in particular. We no where find any positive information on these important subjects, and the treatment, consequently, is destitute of any precise aim, and founded on the experience of others.

The book is divided into three parts. The first treats of tumours of the uterus, the second of diseases of the ovary, and the third of tumours of the vagina and the external organs of generation.

Tumours of the uterus are divided into fibrous, polypoid, soft polypoid, cauliflower excrescence and encephaloid growths, under each of which heads we have a very useful summary of the ordinary morbid anatomy, symptoms, diagnosis, and treatment of these diseases.

Diseases of the ovary are divided into, 1st, ovarian dropsy; 2d, organic and malignant changes in the ovary. Under the first head the author has given several statistical tables, which, as far as they go, seem carefully drawn up, and are about as useful as such tables can be. Of 136 cases, 88 were married, 37 single, and 11 were
widows; of 140 cases, there occurred between the ages of 15 and 20, 3; 20 and 30, 37; 30 and 40, 45; 40 and 50, 26; 50 and 60, 19; 60 and 70, 3; 70 and 80, 2; and in 5 the age is not mentioned.

From table 3, it would appear that out of 131 cases, the disease lasted only one year in 38, only two years in 25; 17 patients survived three years; 10, four years; 3, five years; 5, six years; 4, seven years; 3, eight years; 1, nine years; 1, ten years; 1, eleven years; 5, twelve years; 5, sixteen years; 1, twenty years; 1, twenty-two years; 2, twenty-five years; and 1, thirty years. This shows the great and rapid mortality of the disease under ordinary treatment, and is an argument favourable to those who wish to cure the disease radically. Out of 93 cases, the disease was on the right side in 50; left side in 35, and on both in 8.

With respect to the pathology of multilocular cysts of the ovary, the author prints a long quotation from Dr Hodgkin, which he appears to think contains all that is known on the subject. A microscopic examination in one case of the solid matter, we are told, was found to consist “of granules, and the mass appeared to be fibrous. There were also similar globules contained in the fluid, with numerous blood disks,” p. 132.

“Granules”—“appeared to be fibrous,” “similar globules!” What can this mean? We are afraid that pathology is not likely to be advanced by such unintelligible descriptions. Besides, we regret to observe that this chapter on the morbid anatomy of multilocular disease of the ovary is quite behind the present state of knowledge in other respects. For instance, he never alludes to the important pathological and practical facts ascertained by Dr Bennett, with regard to the occasional ulceration and perforation of the external walls of ovarian cysts, and the causation of the usual ascitic collection from this complication.

The author’s statistics lead to the conclusion that tapping is a much more fatal operation than is usually supposed. Thus, 24 cases out of 57 died after the first tapping; 20 out of the 24 died within one month, and 12 of the 20 within seven days. In general, also, every subsequent tapping requires to be performed at shorter intervals, whilst the amount of fluid withdrawn is increased.

Mr Lee has collected 114 cases of gastrotomy, of which 74 have recovered and 40 died, making one death to three recoveries nearly. Of these patients, 89 had the tumour removed, in 18 it was not extracted, and in 6 no tumour was found. The author informs us that in 24 cases the diagnosis has been so imperfect as to compel the surgeon, after the operation had been commenced, to abandon it. He says we are as liable to make errors as Lizars, Clay, Walne, Dieffenbach, West, &c. In this we differ from him. As stated at the commencement of this article, we think physical diagnosis is now too well understood to lead to such errors in diagnosis, and if this constitute the chief objection to ovariotomy on the part of surgeons, as we believe it does, it can no longer be considered such by well
informed obstetrical practitioners. Nothing can be more injurious in our opinion to the advancement of medicine than the argument, that because diagnosis was not sufficient many years ago, or is not so even at present in the hands of some, that therefore no combination of talent and caution is to be relied on. Such, however, must be the conclusion of statistical minds, of such who make and study tables, and who, because it is therein stated that a few operated when there was no tumour, and others when there were adhesions, conceive that the certain detection of the first or the latter is in all cases impossible. The mistakes of the past, will always furnish them with a certain per centage of error, however exact the diagnosis may be rendered in future.

The following is the author's summary concerning ovarian dropsey.

(1) We have ascertained that ovarian disease is one which is not so harmless as some imagine; that in fact, under ordinary treatment, it is very fatal. More than half of the cases recorded actually die, a large proportion of the others are reported only to be relieved, and only one in five recover.

(2) That not only is ovarian dropsey fatal, but that it is also much more rapidly fatal than is generally supposed; the tables showing that more than one half, or 63 deaths in 124 patients, in less than two years, and more than half of these (viz. 38) died within the first twelve months.

(3) That tapping, which has previously been considered the only mode of palliating the disease, is a very dangerous remedy. For I find in the tables I have collected, composed of 30 patients, one half, or 15, died within four months of the first operation, and 12 of these were after the first tapping. That in the result of the tables drawn up by myself and Mr Southam, that of 46 cases, 20 of which died after the first tapping, 16 died within one month of the operation, and 10 of these sixteen, or one half of the whole number, died in seven days after the evacuation of the cyst.

(4) We find that, supposing the danger of the first tapping to have been escaped, that the fluid reaccumulates rapidly, and that the intervals between each operation become greatly diminished, while the quantity of fluid is increased, so that its remedial powers hardly compensate for the dangers which attend its performance.

(5) We must bear in mind that in many cases the operation of tapping can be borne frequently, and life can be preserved in a tolerable state of comfort for many years, under the careful performance of the operation, from 10, 16, 25, or even 30 years; and that more than one in three patients, 43 in 142, survive the operation more than four years.

(6) That the operation of tapping ought only to be performed under one of two circumstances: either early, when the cyst is unilocular, or when the ovarian tumour is producing fatal pressure upon vital organs. In no case, except under the latter circumstances, ought a multilocular cyst to be punctured, because the relief given is so trifling, and the dangers of tapping are so much increased, in this form of the disease.

(7) That medicinal treatment produces only slight benefit; it may stop the progress of the tumour for some time, but very rarely affects a cure. Pressure, as a remedy, prevents the cyst from enlarging rapidly.

(8) That ovarian disease sometimes undergoes a spontaneous cure, either by an internal rupture of the cyst, or the communication of it by ulceration into the various outlets of the body.

(9) That from the difficulty arising in the cure of this disease, the operation of extraction of the cyst has been proposed and performed in 114 cases, of which number 74 cases have recovered and 40 died, making the average mortality nearly one in three.
(10) That of these 114 operations, in 24, or rather less than one in five, the operation was obliged to be abandoned, either from extent of adhesions, from the tumour being an uterine or omental one, or from there being no tumour at all; proving most indisputably the difficulties of the diagnosis.

(11) That in the 90 cases where the tumour was removed, nearly one died to three recoveries.

(12) That the diagnosis of ovarian tumours is very obscure as regards adhesions and the character of the tumour; that adhesions existed in 46 of the 81 where the fact is mentioned, and in 6 there was no tumour.

(13) That where adhesions existed the mortality was greater, being one death in 2\(\frac{1}{2}\), whereas the mortality was one in three where they were absent.

(14) That the disease may be complicated with organic disease of other viscera.

(15) That the principal recorded causes of death, where it took place soon after the operation, are hemorrhage and peritonitis; but the cases are much too few to be depended upon.

(16) When death takes place in consequence of the operation, it is very rapid. Of 50 patients, where the time is mentioned, 14 died within 36 hours, and 25 within a week.

(17) That the character of the disease is of importance with regard to its mortality. In the extraction of hard tumours of the ovary, the mortality was more than 1 in 2. Of the 16, 9 were cured, 7 died, and in 5 the tumour was not removed. Whereas, where the tumour was composed partly of fluid and partly of solid matter, viz. in 65 cases, 44 were cured, 21 died, and in 14 the tumour was not extracted, making the mortality less than 1 in 3: so that encysted dropsy is much more favourable to the operation than hard tumours of that organ.

(18) That as regards the mortality of the two operations, in 85 cases where the major operation was performed, 50 were cured, 35 died, making the mortality 1 to 2\(\frac{1}{2}\): in 23, where the minor operation was performed, 19 were cured and 4 died, making the mortality 1 in 6.

(19) That in some of the cases operated on, the ovarian tumour was malignant; but that the encysted dropsy is not in the ordinary sense of the word malignant, and that it may be removed without any tendency to malignant disease appearing in the pedicle.—Pp. 209-11.

Medicines—their Uses and Mode of Administration, including a Complete Conspectus of three British Pharmacopoeias, an Account of all the New Remedies, and an Appendix of Formulae. By J. Moore Neligan, M.D., Edin., M.R.I.A., Lecturer on the Practice of Physic, and formerly Lecturer on Materia Medica in the Dublin School of Medicine, &c., 8vo. pp. 485. Second Edition. Dublin, 1847.

The first edition of Dr Neligan’s work on Materia Medica came out three years ago, and took its place at once as one of the standard books on that subject. It well deserves the success and commendations it has obtained. Without being overloaded, it is full and copious on every topic of utility and interest. The arrangement followed is therapeutic, which, we think, is best adapted for a practical work. As the work was reviewed in the Monthly Journal when it first appeared, we shall confine our attention at present to a selection of some of the newer subjects with which
the talented author has enriched this edition. Of many of these detached notices have already appeared in one or other, or in both of the periodicals which this Journal represents, but the matured opinion which Dr Neligan has been able to form on these new remedies, will, we are sure, afford no small gratification to our readers. We must take them without any attempt at order, as they meet the eye in his pages.

Valerianate of Zinc, of Iron, and of Quina.—Of valerianate of zinc he says, that what is found in the shops is often of bad quality, being generally nothing more than butyrate of zinc, with some oil of valerian, and that the fraudulent salt when distilled from a glass retort with dilute sulphuric acid and water, affords a product, giving a bluish white precipitate with acetate of copper, while the product of the distillation of the true salt is not changed by the acetate; that even the true valerianate is often either badly prepared or ill kept, the indication of which is its having a strong odour of valerian, and not being completely soluble in water. Valerianate of zinc, he says, is a tonic antispasmodic, of much power, peculiarly adapted for the treatment of neuralgic affections, particularly of facial neuralgia and vertigo, and he has found it very beneficial “in most of the Protean forms of hysterical neuralgia.” He adds—“in short, I look on it as one of the most valuable modern additions to the Materia Medica, and I fully agree with Devay, that the chemical combination proves much more beneficial than the oil of valerian and oxide of zinc prescribed together.” The dose is from three quarters of a grain to a grain three times a day. It may be made into pill with a little mucilage or conserve of roses. Valerianate of iron is a tonic and antispasmodic. It promises to be useful in such diseases as chorea and chlorosis. It is given from one to three grains three or four times a day. It may be made into pill with hard manna and a little mucilage. The valerianate of quina is an antiperiodic, reported to be useful in obstinate intermittent affections. The dose is one grain, three times a day, in the form of pill.

Acid Nitrate of Mercury.—The acid nitrate of mercury, so much spoken of by continental writers, is a powerful caustic, much employed to destroy malignant ulcers, especially when of a cancerous character. It is prepared by dissolving with the aid of heat 100 parts of mercury in 200 parts of commercial nitric acid (sp. gr. about 1.380), the solution being evaporated until it is reduced to 225 parts. It is applied by means of a camel’s hair pencil, and the parts are then covered with lint.

Hyposulphite of Soda.—This salt, like the sulphate of soda, is an active cathartic, and in France is generally preferred to the other purgative salts in cutaneous affections. The dose is from six drachms to an ounce, dissolved in water, along with some aromatic tincture.

Sulphate of Manganese.—In doses of from one to six drachms this salt is a cathartic, stimulating the abdominal viscera, and particularly the liver, to increased secretion. It is apt to produce vomiting when not combined with some other purgative, as senna. Dr Ure suggested it in gouty affections, and we noticed in our last number Dr Child’s commendation of it in retention of bile. Dr C.’s dose, however, is much smaller.

Bromine and Bromides.—Dr Neligan is of opinion that the therapeutic action of bromine and the bromides is nearly, if not quite identical with that of iodine and the iodides, an opinion first maintained by Dr Glover of Newcastle. This, we think, is by no means improbable, but we cannot assent to it as an incontrovertible truth. Instead of the tincture of iodine the solution of one part of bromine in forty parts of distilled water has been employed in doses of five or six minims. The bromide of potassium used largely by Dr Williams in enlargements of the spleen, has of late been much
used to adulterate iodide of potassium; this adulteration Dr N. regards as of little importance. In this we cannot agree with him. If bromide of potassium be really identical with the iodide in effect, let it be used under its own name; but let us have the iodide of potassium, even at an extravagant price, free from unauthorized admixture. The bromide of barium is soluble in water, and is given from one to five grains, three times a day; and an ointment is made of one part with ten parts of lard; the bromide of calcium is used from three to ten grains, made into pill with conserve of roses; the sub-bromide of mercury is used to the extent of from one to two grains daily, the bromide of mercury from 1-16th to $\frac{1}{4}$ of a grain daily; the bromide of iron is made into pill with extract of liquorice, the dose being from three to eight grains; it is also made into ointment with one part to fifteen parts of lard.

For Reduit.—This is metallic iron reduced to a minute state of division. It is obtained by passing a current of hydrogen gas over the black oxide of iron, in a porcelain tube, heated to redness. The supposed advantage of this preparation is its being easily acted on by weak and dilute acids, as the lactic and muriatic acids in the gastric juice. The dose is from one to ten grains.

Mercurial Candle.—Cinnabar, designed for the fumigation of parts, is mixed with melted wax, and a wick being added, is moulded into a small candle, the fumes from which, when lighted, may be conveniently directed by means of a curved glass funnel, on any part of the body.

Arsenical Paste and Caustic Powder.—Arsenic, two parts; sulphate of mercury, one part; animal charcoal, two parts; mix for the arsenical paste: it is formed into a thin paste, with a few drops of water, and spread upon the surface to be acted on, which should never exceed an inch in diameter at each application. For the arsenical caustic powder, arsenic, eight parts; dragon's blood and cinnabar, of each fifteen parts; mix and reduce to a fine powder. This powder is made into a paste with a little saliva or gum-water just before it is applied. These are used in malignant or cancerous ulceration, especially of the skin of the face, in lupus, in onychia maligna, and in hospital gangrene.

Caustic of Filhos.—This consists of 120 parts of potassa cum calcio to which, heated in a clean iron spoon, 40 parts of fresh quick lime are gradually added, and the mixture stirred until the whole is intimately mixed; while still fluid, this mixture is poured into leaden tubes, of three or four lines in diameter, and when cold the parietes of the tubes are thinned with a file. These caustic pencils are to be kept in glass tubes, with a little finely powdered quick lime, and secured with corks. These pencils are useful for cauterizing the neck of the uterus and for some other surgical purposes.

Caustic Powder of Vienna.—Take of potassa cum calcio fifty parts; quick lime sixty parts; powder the two substances separately in a warm mortar, and mix them intimately and rapidly; keep in well-stopped bottles. This powder is made into a soft paste, with a little spirit, and applied to the part to be cauterized.

Caustic of Recamier.—Chloride of gold six grains; dilute nitrohydrochloric acid one ounce; dissolve. It is to be applied by means of a piece of lint dipped in it: the eschar which it forms falls off in a few days, and leaves a clean surface underneath.

Gondret's Ammoniacal Blistering Ointment.—"Take of auge one ounce; oil of sweet almonds an ounce and a half; melt together with a gentle heat; pour the mixture, while still liquid, into a wide-mouthed glass vessel; then add water of caustic ammonia five ounces, and mix with constant agitation till cold. It may be kept unchanged for many months, in stoppered glass bottles, in a cool place. It is applied by spreading it on the skin, and covering the part with a compress; it vesicates in about ten minutes.

Blistering Cloth, Charta Vesicatoria.—Oil of cantharides obtained by ether four parts; yellow wax eight parts; melt with a very gentle heat and spread

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on waxed linen or calico. In the charta vesicatoria, paper is used instead of calico or linen.

Papier d'Albespyrres.—Under this name applications are used for keeping up a discharge from blistered surfaces. "No. 1, which is the weakest; white wax five parts; olive oil three parts; oil of chocolate four parts; spermaceti three parts; turpentine one part; cantharides one part; water eight parts; all melted together. No. 2, white wax three and three-fourths; olive oil two and one-fourth; oil of chocolate three; spermaceti two and one-fourth; turpentine three-fourths; cantharides one; water eight. No. 3, the strongest contains the same quantities of cantharides and water, and half the proportions of the other ingredients contained in No. 1. The compound is spread on paper or on fine linen or calico."

Chloride of Carbon or Chloric Ether.—This liquid, besides these names, is also termed chloride of formylne and terechloide of carbon. As chlorine ether is one of its common names, it should be remembered that that name was originally applied by Thomson to a different substance, namely, the oil of the Dutch chemists formed when chlorine is brought into contact with olefiant gas; which substance is now termed by some chlor-etherine. The liquid under our notice at present is named by Liebig, the chloride or perchloride of formylne, and is obtained when alcohol is distilled with chloride of lime. It has a decided sedative effect whether used internally or applied locally. It has been employed in asthma, spasmodic cough, and cancerous and other painful diseases. From three to five minims are given suspended in water, though a drachm does not appear to produce any unpleasant effects. For external use, one or two drachms are added to a pint of water.

Gallic Acid.—A powerful astringent manifested particularly on the urinary organs, and therefore, says our author, deserving of a trial in Bright's disease of the kidney, especially in cases where blood is present in the urine. Its application to uterine hemorrhage, as urged by Professor Simpson and Dr Lock, has been for some time before the profession. Dose, five to ten grains two or three times a day in pill.

Naphtha Medicinalis.—The mode of preparing the liquid sold under this name is still kept a secret—it has the chemical characters of pyroxicile spirit. It has been extravagantly praised, but deserves the reputation of a very useful sedative in tubercular phthisis; "the harasing cough and troublesome vomiting," our author says, "so frequent an attendant on the advanced stages of consumption, being more relieved by it than by any other remedy, I have employed." Dose, five to twenty minims three or four times a day. Dr N. gives the following formula: medicinal naphtha two drachms; compound tincture of cardamoms six drachms; water seven ounces; mix: dose, half an ounce every fourth hour.

Fel Boeinum.—Dr N. gives his testimony in favour of the recently revived use of ox-gall. "From my own experience of its effects in numerous cases in which I employed it, I can speak most highly of its remedial powers, particularly in that morbid irritability of the stomach, accompanied by vomiting soon after the meals have been taken, and which does not depend on organic disease; it appears to act as a gentle laxative." Dr N. uses it prepared as follows: dilute any quantity of ox-gall with an equal quantity of distilled water, set aside, for twelve hours, until the impurities subside; pour off the clear liquor, boil and strain through linen or calico, then evaporate in a water bath to the consistency of an extract. The dose is from five to ten grains, two or three times a day.

Pomade of Balsam of Tolu.—Prepared lard two ounces; white wax two drachms; melt together; remove from the fire, and when they are beginning to thicken, add with constant stirring, balsam of tolu two drachms, and oil of rosemary twenty minims. This is an excellent stimulant in alopecia.

Tincture and Emulsion of Castor Oil.—The tincture of castor oil recently recommended highly by Parola, may be prepared by macerating eight ounces of the seeds, freed from the seed-coats and bruised, in a pint of rectified spirit
or ether, for seven days, and filtering; the dose of either being from two to three drachms.

Riggin's Emulsion is as follows: gum arabic in fine powder two drachms; pure water three ounces; make a mucilage with a small quantity of the water, and add of castor-oil one ounce; mix carefully and pour in the rest of the water with a constant agitation; and finally add the juice of one orange and one ounce of simple syrup. The nauseous taste is here completely concealed though the draught is too bulky.

Cevadilla as a Vermifuge. Cevadilla or sabadilla (Veratrum sabadilla) has been long spoken of as a vermifuge, but appears to have obtained of late in its favour some high continental authorities, particularly in tape-worm and ascarides. The dose is from three to eight grains, successive mornings fasting, followed on the ninth day by an active purge in cases of tenia. In ascarides an enema is used; cevadilla two drachms; water ten ounces; milk three ounces; the cevadilla is boiled in the water until it is reduced to seven ounces, then filtered and the milk added.

We have thus condensed some specimens of the novelties in materia medica to be found in Dr Neligan's work; and it would have been easy, had our limits permitted, to have given many more. As it is, there is enough to show that our author has spared no pains to bring his book up to the current of the day in this ever-expanding subject.

Über den gegenwärtigen Standpunkt der Pathologischen Chemie des Blutes, Von Dr H. Haeser.

On the Present State of Pathological Chemistry of the Blood with especial relation to the results hitherto acquired in the Nosology of the more important Acute Affections. By Dr H. Haeser, Professor of Medicine in Jena. Jena, 1846.

Lecanu, Denis, Nasse, Andral, and Gavarret, Simon, Zimmermann, Popp, Becquerel, and Rodier, have furnished a number of analyses of diseased blood, which the author thinks sufficiently numerous to admit of rational conclusions. He has therefore undertaken the task of reducing them, but the results arrived at as far as we can discover, are in no degree commensurate to the labour bestowed upon them.

We pass over the critical notices Professor Haeser gives concerning the different methods of investigation. We need only quote the one recommended by him for clinical purposes:—

(1) "Two glass-cylinders, 5 inches high and 1¼ inches wide, are warmed by being plunged in warm water, one of them taking up the 1st and 4th; the other, the 2d and 3d quarter of the evacuated blood.—During the bloodletting itself, we may notice the temperature, colour, &c., of the blood.

(2) "Half of the evacuated blood is to be defibrinated by stirring it with a stick. Determinating, then, its density by the areometer, one may, without great mistake, infer from it the quantity of the blood-corpuscles.

(3) "The same portion of defibrinated blood is subservient to the observation of the sinking capacity peculiar to the blood-corpuscles, the degree of which
holds a direct proportion to the quantity of albumen (Nasse) and an opposite
one to that of the fibrine (Becquerel and Rodier.)

(4) "Lastly, the non-defibrinated blood as well as the occasionally appearing
buffy coat are to be examined microscopically, by which a cursory estimation
of the quantity and occasional alterations in form of the blood-corpuscles, of the
white corpuscles contained in the buffy coat, the fibrinous coagulability and
occasional occurrence of pus, &c., may be gained.

The author gives tabular views of numerous analyses of the blood
in pneumonia, pleuritis, bronchitis, acute rheumatism, typhous
fever, puerperal peritonitis, erysipelas, variola, scarlatina, and rub-
beola. The hypothetical conclusions he has derived from these are
scarcely warranted by the facts. We cannot help noticing the
silence which our author has kept concerning the chemical investi-
gations of Zimmermann, one of the most ingenious and untiring
pathologists of the day. This is the more censurable, his omis-
sion of Zimmermann's researches being probably an intended
one, inasmuch as when mentioning the excretory signification of
fibrine (page 99), he does not name the pathologist of Berlin, al-
though it is to him we owe the establishment of this idea,
which has been recently advocated by Beltrami of Milan, and even
by Rokitansky.

Professor Haeser considers the following aphorisms warranted by
chemical investigations:

(1) The average composition of the healthy blood is probably the following:
22, fibrine; 131, blood-corpuscles; 70, albumen; 6-8, salts; 210, solid matter
generally; 790, water.

(2) The most general effect produced by acute diseases upon the blood, con-
sists in the diminution of its solid matters in general, and especially of the
blood-corpuscles. The only exception to this rule is to be found during the
first stage of typhus, scarlatina, and measles. Whilst the blood-corpuscles ap-
pear thus diminished, the solid residue of the serum, especially the albumen,
is to be met with in greater amount; the same is the case with respect to fibrine.

(3) During the progress of acute diseases, the blood-corpuscles become yet
more diminished, and simultaneously the solid matter of the serum is also un-
dergoing diminution. It is only the fibrine that is sometimes increasing even
during the progress of genuine inflammatory diseases, whilst it is also dimi-
nished in the "pyrexia." The same effect, as occurs in advanced disease, can
generally be produced by bloodletting.

(4) Concerning the special character of the true inflammatory processes, we
meet with the following characteristic alterations of the blood: diminution of
the alkaline salts, moderate increase of albumen and a considerable one of fibrine.
Besides this, there appears an incorporation between fibrine and albumen, and a
direct one between the former and water.

(5) Pneumonia is chiefly characterised by a great amount of fibrine, pleu-
ritis, by that of albumen; bronchitis, by a comparatively slight alteration in
the composition of the blood.

(6) In acute articular rheumatism, the blood differs from that in genuine
inflammations only by the greater diminution of blood-corpuscles and the corres-
ponding abnormal amount of the solid residue of the serum and of the water.
Another particularity of the rheumatic blood is the normal quantity of the
salts and the steadiness of the amount of fibrine.

(7) In the fever accompanying the pyrexia, we do not recognise any constant
alteration, either in the solids or in the blood capable of explaining their essen-
tial character (Andral). In typhus fever we observe the following alterations. Till the eighth day of the affection, the blood-corpuscles, together with the albumen, and in consequence of these, the solid matter generally, are in undue amount; after that time a progressive diminution of all the solid substances takes place, occurring in the blood-corpuscles most, and the fibrine least; on the 21st day, the general increase of the solid materials returns again. One or two bloodlettings, made during the first eight days, produce but a slight influence upon the composition of the blood, whilst at a later period, the blood-corpuscles are thereby very considerably diminished.

(8) Acute articular rheumatism, simple erysipelas and puerperal peritonitis considered as to the composition of the blood, form a group which differs from inflammation as well as from typhus fever by the considerable quantity of water, serous residue, and fibrine induced, and by the extraordinary diminution of the blood-corpuscles. The analogy between the three diseases just mentioned becomes still more obvious on considering the exudations in them, the water and albumen of which, compared with the composition of the blood, are much increased. At a later period and after bloodlettings, puerperal peritonitis approaches very nearly typhus fever.

(9) Variola, scarlatina, and rubeola, constitute also a natural group, so far as the composition of the blood is concerned. To the two last named diseases, the undue amount of solid matters in general at their commencement, and the constant increase of albumen and alkaline salts, seem to be characteristic. Hence these diseases approach on the one hand to the erysipelatous, on the other to the typhous composition of the blood.

This work, as it contains an analysis of all that is known upon the subject, will be found very useful to those desirous of studying the progress made in Hematology. We do not think with the author, however, that positive facts and observations in connexion with the morbid states of the blood are sufficiently numerous to warrant either his conclusions, or any others which have yet been formed.

A Manual of the Principles and Practice of Ophthalmic Medicine and Surgery. By S. Wharton Jones, F.R.S., &c. London, 12mo. 1847. Pp. 570.

There are few persons better qualified than Mr Wharton Jones to write a work on ophthalmic medicine and surgery, well acquainted as he is with the anatomy, physiology, and pathology of the organ, the diseases of which he describes. The work now before us partakes both of the faults and advantages of manuals in general, being too short and condensed to meet all the wants of the practitioner, although well adapted to remind him of general principles and methods of operating on an emergency. The student will find it an excellent introduction to a study of ophthalmology, although we advise him not to imagine that its perusal will render the more complete treatises on the subject unnecessary. The plates and wood-cuts are beautifully executed, and the paper, typography, and general finish are similar to what may be observed in most of those works published by Mr Churchill.
This is an exceedingly useful work, and contains a mass of information not collected by others in any previous publication. It presents us with a medical almanack, a list of all the persons practising in London and the English provinces, an account of their literary productions, and a biographical sketch of eminent persons recently dead, regulations of the medical boards, &c. &c.

In the preface we find an attempt made to define the meanings of various medical designations—thus a holder of the license of the Apothecaries' Company is a "General Practitioner"—a fellow or member of the Royal College of Surgeons, is a "Surgeon." Here we are startled with being told that such title is considered (by the Editor) to express inferior attainments to that of general practitioner, "as in fact, the former only indicates a class of partially educated medical men, who with the diploma of the Royal College of Surgeons alone, have often ventured to assume the responsibilities of general practice." What temerity! The responsibilities alluded to we presume are the compounding pills, draughts, and mixtures. Those who possess the diploma, both of hall and college, are "Surgeons in general practice," and those who possess a degree are "Physicians in general practice." This preface is an amusing specimen of the general attainments, general liberality, and general views of the London general practitioner.

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**Part Third.**

**PERISCOPE.**

**ANATOMY AND PHYSIOLOGY.**

**Discoveries of Edward Weber on Muscular Contraction.** By Ernst Heinrich Weber.

As the employment of the ordinary galvanic apparatus for the purpose of exciting muscular contraction, produced this effect for far too short a period to allow any direct or microscopic observation of the changes so occasioned, Edward Weber used the magnetico-galvanic rotatory apparatus, and thereby produced muscular contractions of longer duration. On removing some muscular fasciculi from a frog, and placing them, when moderately flexed, on a slip of glass, they were seen to become straight at the moment of excited contraction, and continued so until the magnetic excitement and attendant contraction were interrupted. At that moment the previously straight fasciculi instantly exhibited very regular and elegant zig-zag turnings, the angles of which were formed by the combined and corresponding flexions of all the fibres entering the fasciculus. The contrary, therefore, strictly happens to what has generally been supposed