

Society. If my learned friend is now instructed to express that feeling on the part of the defendant, then I, on the part of the Society of Apothecaries, am content to accept your verdict for one penalty, and to abstain from enforcing that judgment or the costs upon it, unless the Society shall satisfy themselves that he has again infringed the law, in which case the judgment will be put in force against him. The Society will not exercise the power they thus reserve to themselves without the most candid and full examination. I firmly hope and believe that there will never be any occasion for such an examination, but that Mr. Roberts, convinced of his error and acknowledging it now through his counsel, will cease to act as he has done, and then the object will be accomplished which induced the Society to bring this case before you.

Mr. W. Alexander for the defendant then said: I am anxious to express, both on the part of Mr. Roberts and myself, my full conviction of the pure motives which have actuated the plaintiffs in this proceeding. I believe they have been actuated only by a sense of their public duty. Mr. Roberts desires me to express on his behalf his regret for having broken the law, as he is now aware he has done, by violating the provisions of the Apothecaries' Act. The mistake into which he has inadvertently fallen arose from the very general way in which a decision in the case of the Apothecaries' Company v. Greenough was transmitted through the country in various medical works, and the length of time which elapsed before the verdict in that case was set right by the Court of Queen's Bench. He regrets that he broke the law, and he is not at all unwilling to submit to the terms which have been suggested, and to consent to a verdict passing against him for one penalty, and he engages *bonâ fide* to abstain from the practice of an apothecary in future.

Mr. Justice Patteson: I am glad the case has taken this course, for I can very easily see the effect that that case to which you refer must have had between the time of the verdict and the time of its being set right by the Court of Queen's Bench. The doubt arose from the word "dispense," which is used in the 28th section. That is the clause authorising chemists to dispense medicine, and it was thought that that meant that they might give advice, but the court determined that it gave no such power.

The verdict was then taken for one penalty and costs, and the jury were discharged as to the other counts.

## Retrospect of the Medical Sciences.

### THE CAUSES OF METALLIC TINKLING.

Laënnec, whose talent for observation exceeded his powers of explanation, gave a very vague theory of the cause of metallic tinkling. Dance attributed it to the breaking of the bubbles of air on the surface of the liquid in the pleural cavity. M. Beau adopted this explanation, and sought to render it complete by adding the cases in which the fistula, not opening below the level of the liquid, traverses a collection of purulent matter; and finally, M. Raciborski explains metallic tinkling by the vibrations of the effused

fluid, caused by the motions of respiration, the cough, and the voice. M. de Castelnau, availing himself of the arguments used by Messrs. Barthe and Rogers, in their Manual of Auscultation, has easily demonstrated the insufficiency of each of these theories taken separately. In fact, the theory of Messrs. Dance and Beau falls at once before the well-ascertained fact, that the tinkling has been observed in cases where the fistula opened above the level of the liquid; on the other hand, besides the difficulty of understanding the theory of Raciborski, if it were founded in truth, the metallic tinkling, as de Castelnau observes, ought to be present also in pneumo-hydro-thorax without communication, which does not occur, in at least the great majority of cases. M. de Castelnau considers the metallic tinkling to be nothing else than a mucous or cavernous râle resounding in a spacious cavity, by means of a communication established between it and the bronchia—that is to say, an amphoric râle. The presence of a liquid, he adds, is not necessary for its appearance. He supports his theory by experiments and clinical observations.

An elastic gum catheter, containing a few drops of water, or mucilage, to moisten its parietes, was affixed to a syringe, the piston of which was set in action; a species of râle, closely resembling the mucous râle, was then heard. The end of the catheter was next introduced into a vessel of a certain size—a bottle or pitcher, for example—and the râle was immediately changed into a genuine metallic tinkling, which was heard equally well when the bottle was empty, as when it contained fluid. This experiment was repeated on the dead body, and the same results were obtained. The clinical facts are four in number, and three of these, at least, prove that metallic tinkling can exist without the air being obliged to traverse a liquid in the pleural cavity.—*Examineur Médical.*

### PHTHISIS.

Of ninety-eight patients who have been, or are, under my care since the beginning of October, no fewer than twenty-eight (which is one in three and a half) have presented signs of tubercles in the lungs. Of this number, thirteen were cases either of latent phthisis, or of pulmonary tubercles disguised by other diseases, and which, but for their physical signs, we should not pronounce (perhaps not even suspect) to be tuberculous at all. I am convinced, from extensive observations and much reflection on this subject, that tuberculous disease of the lungs, in some degree or form or another, prevails among the more seriously sick in London, and in other large towns, in as great proportion as among our own patients (above stated). So far as our post-mortem examinations have given the opportunity, you have seen verified the statement which you have often heard me make—that of those in large towns, who die of various diseases or accidents, above the age of thirty, more than half exhibit in the lungs more or less of tuberculous disease, or of the traces which it leaves behind. It is thus only we can learn the real amount and importance that tuberculous disease bears in the scale of maladies, by regarding it not only in its more acknowledged forms, and attended by its common symptoms, but by aid of careful physical diagnosis, or of the still more minute search of the scalpel, tracing it in all its

degrees and combinations, as a secondary lesion and as a primary affection, as an index of the state of the constitution, as well as in the more decided form of an extensive organic disease.—*Dr. C. J. B. Williams, in London Medical Gazette.*

## HYERES.

Dr. Barthe states, that a residence at the beautiful and healthy village of Hyères is of service in cases of chronic pulmonary catarrh, asthma, emphysema of the lungs, phthisis, and chronic affections of the larynx. The diseases of the circulatory system may be advantageously influenced secondarily through the medium of the respiratory apparatus. Rheumatic subjects will also derive benefit from a warm atmosphere so little subject to thermometrical and hygrometrical changes. Affections of the mucous membrane and of the nervous system derive but little relief from the climate of Hyères, which is far more useful in cases of general debility and in scrofula.

Scarcely five and twenty years since, immense marshes covered the southern part of the plain, and gave rise to intermittent fevers by their emanations; but in 1820, M. Louis Aurran undertook to dry up these marshes, by turning the course of the river Roubaud, in which he succeeded with the aid of M. de Ivernois, of Geneva. Intermittents are now almost unknown.—*Archives Générales de Médecine.*

## HYDROCYANATE OF IRON IN EPILEPSY.

Dr. Janson, of la Brugière, recommends the internal administration of the hydrocyanate of iron in epilepsy, which he regards almost as a specific in that disease, when not dependant on organic changes. When given periodically, it suspends the attack as long as it is used, and this suspension is often followed, he says, by a perfect cure. His *methodus medendi* is, to say the least of it, somewhat singular. The employment of the hydrocyanate must be persisted in for five or six years after the apparent disappearance of the malady, not continuously, but for three or four days at a time every three or six months, about the time of the decline of the moon, or at the end of her first quarter; for the doctor places great reliance on the lunar influence. The dose is a centigramme and a half at first, morning and evening, increasing it gradually by a centigramme every three or four days, until it amounts to ten centigrammes.—*Journal des Connaissances Médico-Chirurgicales.*

## DIABETES MELLITUS.

M. Bravais, of Annonay, has detailed a case of this intractable disease, occurring in an aged man, which was cured by a strict attention to diet. He was restricted to animal food, consisting of beef, mutton, poultry, milk, eggs, cheese, &c.; bread, saccharine and feculent food being entirely proscribed. The treatment continued four months and a half. The patient had had an apoplectic attack eight years previously.—*Ibid.*

## GLAUCOMA.

M. Sichel has never found any other change in the vitreous humour than the presence of small circumscribed spots, caused by fibro-albuminous effusion. Dissection has always shown evident signs of disease of the choroid, such as vascular injection, thinning, or

partial discolouration. It sometimes assumes a violet colour, and is occasionally, in parts, perfectly colourless. The retina, on the other hand, is often thickened, and of a yellowish colour at places. Glaucoma may be complicated with cataract; in that case, the greater the opacity of the crystalline lens, the less apparent is the greenish tint in the interior of the eye, and it loses the appearance of depth and concavity. From all these causes, M. Sichel concludes the choroid membrane to be the real seat of glaucoma.—*Examinateur Médical.*

## STATISTICS OF OPERATIONS FOR HERNIA.

From the 1st of January, 1836, to the 1st of January, 1842, 220 operations for strangulated hernia have been performed in the hospitals of Paris, of which, 133 proved fatal; in 1836, of 37 operations, 24 were attended with fatal consequences; in 1837, of 36, 24 died; in 1838, 33 operated on, 20 died; in 1839, 36 operations, 20 deaths; in 1840, 37 operations, 21 deaths; in 1841, 41 operations, 24 deaths. Of the 220, 100 were men, 120 women.—*M. Malgaigne.—Ibid.*

## THE HYMEN.

M. Velpeau states in his lectures on the diseases of the uterus, that the tubercles which result from the rupture of the hymen, instead of becoming atrophied, as is generally the case, occasionally enlarge and are the seat of much irritation, so as to be mistaken for polypi or the effect of venereal disease. Astringent lotions, or excision, will effect a speedy and perfect cure.—*Ibid.*

## CANCER OF THE OMENTUM.

A woman, labouring under dropsy of both ovaries, was also affected with scirrhus engorgement of the neck of the uterus; besides which, a tumour could be felt at the back of the vagina, which appeared to be seated in the posterior paries of the canal, for it was found on examination, that it was not connected with the rectum. The autopsy showed, besides the ovarian dropsy, cancerous degeneration of the omentum, of the kind called gelatiniform, a portion of which, two inches broad and one thick, had separated and fallen down into the vagino-rectal cul-de-sac of the peritoneum, where it had formed the hard tumour which had been discovered during life.—*Ibid.*

## DEAFNESS.

M. Petrequin, of Gand, classifies the varieties of deafness, dependant on affections of the Eustachian tube and tympanum, as follows:—First, deafness from phlogosis of the tympanum and Eustachian tube. Secondly, traumatic deafness. This species of deafness may be the result of cerebral concussion, or of primary or secondary hæmorrhage. The bleeding occasionally shows itself externally, either by the nose or mouth, in which case, the Eustachian tube may be one of its sources, or else from the external ear, the blood coming from the tympanum through a laceration of the membrane, or directly from the lining membrane of the auditory canal. Most frequently the blood remains in the tympanum, and may produce most serious symptoms. In cases of traumatic deafness, with or without apparent hæmorrhage, M. Petrequin has had recourse very successfully to the repeated application of a small number of leeches behind

the ear, and to cutaneous or intestinal revulsives. Thirdly, deafness from obstruction of the meatus auditorius by an accumulation of cerumen, polypi, foreign bodies, accidental membranes, &c. Fourthly, deafness from congestion. This variety may be caused solely by congestion of the nerves of audition, or by a more extensive cerebral congestion. The treatment should be the same as for simple cerebral congestion. Fifthly, divers deafnesses. This last-named species is destined to receive all those cases which cannot be clearly traced to any of the preceding, M. Petrequin giving, as an example, deafness co-existing with an abscess in the mastoid cells.—*Annales de la Société de Médecine de Gand.*

#### DYSMENORRŒA.

As a general rule, in women of a plethoric habit of body, repeated venesections will occasionally bring on the menstrual secretion; nervous women require sedatives and anti-spasmodics; the weak and chlorotic stimulants and tonics, especially chalybeates. When dysmenorrhœa is caused by any disease, that disease must be removed before the menstrual secretion can be reproduced.—*Examineur Médical.*

#### ENORMOUSLY DISTENDED GALL-BLADDER.

Dr. Babington has placed a very interesting case upon record, under the above title, the post-mortem examination demonstrating a most extraordinary amount of disease, which could not have been expected from the symptoms presented during life. The subject was a plumber and glazier, about 27 years of age, who had always enjoyed good health until about thirteen months previous to his admission into the hospital, with the exception of a fistula, which he had had about ten years before. About ten months before he came under Dr. Babington's hands, he first noticed what he called a small ball beneath the margin of the ribs on the right side, which he says was movable, and gave him occasionally great pain. The tumour gradually increased in size from that date, and he rapidly lost flesh and strength. On admission, the right hypochondriac and parts of the right lumbar and umbilical regions, and of the scrobiculus cordis were occupied by a large rounded tumour, the surface of which was quite smooth. It was moderately firm, and gave a very perceptible sense of fluctuation on percussion. The body was much emaciated; face pale, wax-like, and exsanguine; the action of the heart and respiration regular. He was admitted on the 19th of January, and lingered till the 11th of the following month.

The post-mortem examination showed that the tumour consisted of a large cyst, which adhered feebly, but extensively, to the anterior walls of the abdomen, and was in great part surrounded by hepatic substance. "The cyst was more than half full of reddish, ropy, opaque secretion, about two large washhand basinsful, with a copious sediment, as of a very puriform, semi-solid mucus, more or less in detached masses, variously tinted. The walls of the cyst were nearly a quarter of an inch thick, consisting of indurated liver and rather cedematous tissues, somewhat lacerable in a few points. One part, nearly in front of the right kidney, appeared to have given way before the inspection; and others gave way in the progress

of separating adhesions, which were of different degrees of firmness, but partial. The interior of the cyst presented many slight septa, in the form of flat folds, or sharp crescentic ridges, some four or five inches long, and an inch in height. The lining had somewhat the appearance of a soft rough cuticle. Parts of the wall involving the liver seemed softened, and tending to suppuration. The fundus of the gall-bladder, expanded, thick, cedematous, and still reticular, formed the anterior parietes, and was about equal in superficial extent to a pint basin; it was separated in part from the rest of the cyst by some of the crescentic septa above described.—*Guy's Hospital Reports.*

#### THE EXPLORING TROCAR AND CANULA.

Dr. Babington, in a note to the case of enormously distended gall bladder, noticed above, says, "I may here, by the way, direct the attention of the profession to the great utility of this little exploring instrument. It consists of a trocar and canula, both together not thicker than a stout darning needle. This may be inserted into any part without danger; and although the tube is too small in its bore to allow any substance, except of the most liquid kind, to pass through it, yet it possesses the great advantage over Dr. Davies' grooved needle, that it allows of the introduction of a long fine probe, so that the existence and extent of a cavity beyond the canula can be ascertained with perfect safety and absolute certainty.—*Ibid.*

#### PRACTICE OF MEDICINE IN TEXAS.

By an act of the 14th of December, 1837, the appointment of a board of medical censors was authorised for regulating the practice of the profession in the republic. The board was empowered to examine applicants, and to grant licenses upon satisfactory evidence of qualification. Single members of the board might grant temporary licenses at a charge of twenty dollars each, until a meeting of the body afford opportunity for examination. All monies obtained for licenses to be appropriated as the board deem proper.—*Kennedy's Texas.*

#### RATE OF MEDICAL FEES IN TEXAS.

The following scale of charges has been adopted by the Medical and Surgical Society of Houston:—

The charge for the first visit to be five dollars; for every succeeding one, three; the fees being doubled after nine, p.m. For extra-urban visits, one dollar extra per mile in the day, and two at night. For advice and prescriptions at home, five dollars; for consultations, twenty; and for cases of such importance as to require the protracted attendance of the physician, an extra charge of three dollars per hour to be made. The more important operations in surgery to be charged for according to the attendant difficulty and danger. Venesection, two dollars extra; extracting a tooth, the same; cupping, five dollars extra. Fifty cents per dose to be charged for medicines supplied by the physician. When several members of a family are ill, one visit only to be charged, and one dollar extra to be allowed for each prescription.—*Ibid.*