Original Communications.

ON THE INDICATIONS FOR THE EMPLOY OF MERCURY IN PRIMARY SYPHILITIC SORES: AND ON THE SO-CALLED "SPECIFIC INDURATION."

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I AM desirous of correcting, through the medium of the ASSOCIATION MEDICAL JOURNAL, an error to which publicity has been given in an original article, published by Mr. Henry Lee in the October number of the *British and Foreign Medico-Chirurgical Review*. The point in question refers to the indications for the employ of mercury in primary venereal sexual sores. It is exceedingly probable that what I wished to be understood has not been expressed in language sufficiently clear; and this I endeavoured to correct in a clinical lecture, published in the ASSOCIATION JOURNAL for March 1855. That lecture contains my doctrine, as clearly expressed as I know how to express it, in reference to this important subject.

With regard to the point more immediately in question, I say "that the employ of mercury specifically is indicated in cases of well marked indurated chancre;* but this would have been better expressed if I had said, in sores presenting a well marked "sub-chancrous induration."

Again, I say "that this indication is still more pressing, if such sores are accompanied by bubo." What I mean here is, that when such sores are, as they most commonly are, accompanied by distinct enlargement of one or more glands in one or both groins, which glands are hard and tender, but which have not suppurated, and do not apparently contain matter, the use of mercury is still more strongly indicated.

I do not mean, and never said, "in suppurating bubo"; for, without believing implicitly in the dogma of Ricord and his school on this point, it is well known that a bubo which suppurates at all freely is not commonly followed by secondary symptoms, though this is not true in all cases; and, in such instances, it would be well to wait for the appearance of secondary symptoms before mercury is employed at all.

I use the term "sub-chancrous" induration, as synonymous with the so-called "specific induration" of a primary syphilitic ulcer. By it I mean a hard lump, movable under the skin, which comes on between four and fourteen days after the first appearance of the ulcer; this induration is situated under the sore, or at one side of the sore, and at time it appears the glands of one or both groins become hard and tender, but very rarely suppurate. This specific induration, or sub-chancrous induration, is the transition state between the local and the constitutional disease, and marks the commencement of constitutional infection.

There is another condition of a primary syphilitic ulcer to which the term "induration" has been applied; and it is of the first importance to distinguish between these two.

After the continuance of a primary ulcer for a longer or shorter period of time, it frequently happens that its edges become hard and elevated, surround it as it were by a little hard ring; or the skin upon which it is situated, and which at first was perfectly healthy, becomes infiltrated with serum or lymph, and thus elevates or raises the sore higher than the surrounding parts. This infiltration or exudation renders the skin or tissues in the neighbourhood of the sore more or less hard; and such a condition might be confounded with specific induration, from which it very widely differs. And it is in this sense that some modern authors have said that all primary syphilitic ulcers were more or less indurated.

Should the glands of one or both groins become affected in the latter case, it is exceedingly probable that they will pass on to suppuration—a circumstance that very rarely happens in the first instance.

Mercury is not necessarily required in the treatment of the second form of ulcer. It is, however, frequently of great use in removing the inflammatory deposit surrounding the sore; and here I believe it acts much in the same way that it does in removing inflammatory deposits of lymph effused in other situations, and produced by other causes.

REMARKS ON THE CLIMATE OF THE PERSIAN GULF; WITH A GLANCE AT THE CHIEF DISEASES PREVALENT THERE; AND A BRIEF ACCOUNT OF THE PRINCIPAL PLACES ON THE COASTS.

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At the present time, when there is every probability of an expeditionary force proceeding from Bombay to the Persian Gulf, it would appear that a short description of the principal ports on that sea, with a passing notice of the class of diseases most prevalent there, would not be without interest to the readers of the ASSOCIATION MEDICAL JOURNAL.

It is foreign to my intention even to point at the political reasons which have led to this display of force against the Shah of Persia; but it will by this time be generally known in England that extensive preparations for war are being made at the Presidency of Bombay.

The situation of that remarkable arm of the sea, known to us as the Persian Gulf, is so familiar to all, that it would be unnecessary to say anything on that point. It may not, however, be so generally known that, for the last thirty years or so, constant employment has been found in this sea for a small squadron of British vessels. The Arabian coast was formerly peopled by a set of piratical Arabs, whose means of existence consisted in attacking and plundering any *Buggalow Pattimar*, or other country craft, whose trading adventures took them into the vicinity of these said Arabs. Numerous vessels from the coast of Cutch, the ports of the Red Sea, India, Madagascar, and even from China, are constantly passing up and down the Gulf during the fair season. These, being unarmed, present an easy prey to the well armed and manned Arab grabs. Scarcely a season passes even now without the resident at Bushire having to despatch a ship of war to call one or other of these petty chiefs to account for some piracy committed on the high seas, or for continuing the now illegal slave trade. During the month of December 1855, the ship in which the writer was then serving, the brigantine of war *Tigris*, was despatched to a place in the southern part of the Gulf, named Abothabee, for the purpose of demanding from the sheikh of that place indemnification for the plunder of a native vessel sailing under the British flag.

The general climate of the Gulf may first be mentioned. About the middle of October, the heats which prevailed during the previous months begin to moderate. In November it becomes still cooler, while during December and January it is positively cold, the mercury remaining during the day at 76° or 80° Fahrenheit, and in the night frequently sinking to 40°, and in the upper part of the Gulf even lower than that. There are no regular monsoon rains; but about the end of October, generally the 28th or 29th, rain falls in torrents, immediately preceded by much wind and clouds of sand and dust. In a day or two it generally clears up, and remains fine for some weeks, after which there are accidental showers and rainy days, as in the summer in England. At this time also, north-

* The Modern Treatment of Syphilitic Diseases, etc., 3rd edit., p. 15.

west winds prevail, and frequently blow with such force as to prevent ships from communicating with the shore, even when anchored but a few hundred yards away. The climate is at this time somewhat damp, and the air is felt to be humid, but not to be compared with the dampness of the Indian monsoon. During the months of November, December, and January, exercise may be taken during the whole day by a person in tolerable health, and provided with a sun-hat, without much danger or fatigue. At the commencement of the cold weather, catarrhs and sore throat are prevalent amongst the Europeans. The natives suffer then from intermittents; as indeed do the Europeans, but not to the same extent.

About the end of February and commencement of March, the climate undergoes a change, the nights become warmer, and the days disagreeably hot. Rains cease, and the heat goes on gradually increasing until it reaches its acme, about June, July, and August. In these months, July especially, the heat is almost intolerable. The sky a deep blue, a fierce sun blazing down, calms lasting for hours at a time, the glare of the sun reflected from the passive water, render life almost an intolerable misery. Work, however, on board a man of war, must go on; and the men are obliged to go aloft and perform the duties of the ship as best they may. At such times they will drink immense quantities of water, or of lemonade made from the juice of the pomegranate or lime; this, of course, maintains a copious perspiration, the evaporation of which tends to keep the body cool.

The calms just mentioned generally take place in the earlier part of the day: and at the morning muster the men may be seen to come forward literally gasping for breath, and unable even to walk without pain, from excoriations which have formed about the groins and flexures of the limbs. After muster, each man leaves on the deck a little pool of perspiration which has descended from his person, during the few minutes he has stood while the names were called over. At such times, many an anxious look is cast to the point from which the breeze is expected; and the first ripple seen at a distance on the glass-like sea is hailed by all with such delight as only those who have experienced it can realise. The temperature will frequently be as high as 110° or 120° Fahr., sinking to 90° during the night.

The prevalent diseases at this time are sun strokes, or fevers produced by the intense heat, and manifesting symptoms of intense cerebral congestion, liver affections, and rheumatism.

This latter affection appears to be brought on by exposure to the dews at night, which are, during the hot weather especially, very heavy. In a small brig or sloop, it would be impossible for the men to sleep on the lower deck during this season, packed close together as they must necessarily be, and without port holes in the side of the ship. Every one, therefore, sleeps on deck, and in the morning finds himself drenched with moisture, or even lying in a pool of water. Awnings are sometimes spread on the recommendation of the medical officer, but in many cases the safety of the ship requires everything of the kind to be furled during the night, as they might take fire, a sudden blast of wind gather under them, etc.

I have been informed that some years ago a ship belonging to the Royal Navy was sent up the Gulf, and that, from some mistaken notion that it would be more healthy, the ship's company was ordered to sleep below. In consequence, the men could get no rest, had to remain hours in a vitiated atmosphere, rapidly became sickly, and many deaths occurred.

One of the most prevalent affections met with in the Gulf is the presence of the *tania magna*. The Europeans, and indeed the natives, also suffer from this troublesome parasite almost beyond belief. The cause of its prevalence is unknown, but something may be due to the large quantities of unripe fruit generally used as an article of diet. The treatment, however, is sufficiently difficult. I have tried the famed remedy kossow in many instances, but never with more than temporary benefit. It would appear

to have less effect on the worms as met with in the countries of the East, than it has in England, in which latter country its use has been certainly followed by permanent cure. It may be here mentioned that the best mode of administering this remedy is that pursued by the natives. The kossow is given in ounce or ounce and a half doses. This quantity is cut or pulled into small pieces, placed in cold water, and allowed to soak for some hours, and then the whole is drank. Decoction of the bark or rind of the pomegranate has been found of considerable temporary benefit. Turpentine has been of little avail; and oxide of silver in grain doses, as recommended about five years ago in the *Lancet*, by Mr. Whittle of Birmingham, has been several times found efficacious, but not permanently. Of all treatment, the most beneficial has been the exhibition for a week or two of tincture of iron, followed by calomel and castor oil as purgatives. The iron appeared to sicken, or in some cases to kill the worm, which was afterwards expelled by the purgative dose, and its colour seems to be blackened by the iron.

A quartermaster belonging to the brig of war *Tigris* was under treatment for tape-worm; and after taking medicines as last detailed, he passed a *tania* of nine or ten yards in length. The description he gave of it, although rather indelicate, was characteristic of a tar, and created a smile at the time. He said, "When I was in the head, sir, I saw the fishes in the water eating away at the other end!" The head, it may be mentioned, is the necessary used by the sailors, and is in sloops and brigs placed against the lower part of the bowsprit yard, and outside the bow of the ship, and may be about four or five yards from the surface of the water.

Another troublesome affection prevalent, particularly in the southern parts of the Gulf is a species of ringworm or eczema. The best applications are mercurials; but the affection is exceedingly difficult of cure, and causes much annoyance to the patient by keeping him awake at night, from the intolerable itching which accompanies the eruption.

Of the more serious diseases, perhaps remittent fever is most frequently met with. This often commences as an intermittent, and passes on to the remittent type. Yellowness of the skin is also not unfrequently noticed as an accompaniment of this disease, but without any decided recognisable affection of the liver. The next class of diseases, both in importance and frequency, are inflammatory affections of the liver. They are generally acute, and require decided antiphlogistic measures. Dysentery is not so much seen as an accompaniment of liver disease as in India.

Thus much having been said regarding the Gulf generally, it may be interesting to describe briefly a few of the most important places both on the Arabian and Persian coasts, these said ports being those to which the vessels of the Indian navy most frequently resort.

The first place worthy of remark, although not really in the Gulf, is Muskat. The port is the residence of the Imaum of that name, and is the capital of the northern division of the province of Oman. It is situated in lat. $23^{\circ}28'$ N., long. $59^{\circ}19'$ E. It is surrounded by steep black rocky mountains, on whose rugged sides not a sign of vegetation is to be seen. The harbour is between these black rocks, and is shut in almost completely: during the hot months the heat is positively awful, no breeze penetrates the creek, and the radiation from its precipitous sides adds to the height of the temperature. From this cause, and in consequence of the vicinity of a large swamp behind the town, Muskat is anything but a healthy place. The climate is rather dry than moist, and in the winter months rather cold. The water is good, and supplies of fish, bullocks, and fruits of various descriptions, pomegranates, dates, grapes, oranges, limes, etc., are easily procurable. The fruits, however, are all brought some distance from the interior of Arabia.

On a visit to the town, the general characteristics of an Eastern city present themselves; viz., dirt, dirty inhabitants, and narrow, unpaved, and undrained streets, some of which are covered in with mats and rushes, similar to those of Cairo and Alexandria.

From the number of inhabitants met with suffering from

more or less opacity of the cornea of one or both eyes, it is evident that ophthalmia is a prevalent disease. The spread of this affection seems to be due to the flies, which may be seen in enormous numbers clustered around the eyes of persons affected with any discharge; and it is a curious fact that the fly of the East nearly invariably makes for the eye. On a walk through the town, one instinctively rubs his eyes, under the idea that they will shortly suffer the fate of his neighbours'. Cripples are also seen here in considerable numbers, suffering or having suffered from disease of the hip-joint. Syphilis and gonorrhœa are also very prevalent, as are also elephantiasis and leprous affections.

The next place to which attention may be directed is the naval station of Bassadore, which is situated on the N.W. extremity of the great famed island of Kishm. This place Bassadore is, without doubt, one of the most barren and uninviting places in the world. It consists of a sandy stony plain, bounded, at the distance of a few miles inland, by some high rocky mountains. It is exposed on all sides, and particularly as to the N.W. winds, which frequently blow here so furiously as to stop all communication with the shore. This place has been since the year 1821 the headquarters of the Indian naval squadron in the southern part of the Gulf, and was made over to the British for that purpose by treaty with the Persian Government. There is a hospital built here by the Bombay Government, at which an apothecary is constantly stationed; and also several houses, erected from time to time by the officers commanding the vessels cruising about the lower part of the Gulf. There is a small bazaar, but it is with difficulty that supplies are procured, owing to their having to be fetched in boats from the towns of Kishm and Lingar, which are respectively a few miles north and south. The anchorage for ships is said to be very good; and, that being granted, there is little more to be said in favour of the place. Owing to its low situation, it is damp; and owing to the marshy coast to be found a few miles north and south, and to the extent of surface left uncovered by every ebb tide, which surface consists of mud and decaying seaweed, it is miasmatic. Intermittent and remittent fevers are chiefly met with here, accompanied by that yellowness of the skin before noticed as often seen during these diseases. These affections are so prevalent that they are known by the frequenters of the Gulf as the "Bassadore fever". Beri-beri is also frequently seen here, especially amongst the native marines of the ships of war. This curious and often fatal disease is undoubtedly nothing less than a species of dropsy, probably dependent on a granular condition of the kidney, or, at all events, accompanied by that state of those organs. It is best treated by alternate stimulants and diuretics. Dr. Morehead's opinion, as set forth in his lately published work, entitled *Clinical Researches on Indian Diseases*, points to the conclusion above stated.

The town of Kishm is a miserable place, even for Arab or Persian inhabitants. The island itself is barren, containing only a few antelopes and a species of partridge called "chuko" by the natives. The water at Bassadore is tolerably good. The latitude is $26^{\circ} 39'$ north; longitude, $52^{\circ} 22'$ east. The whole station is under the command of the senior naval officer, and his deputy is an old Arab sheikh appointed by the British residents at Bushire.

The most important place in the whole of the Gulf is the Persian city of Bushire, situated in latitude $29^{\circ} 15'$ north, longitude $50^{\circ} 51' 50''$ east. It is a town of considerable importance, being the port to which all foreign trade with Persia centres. It is walled in, and about three miles in circumference. All the water is brought from a distance, there being none good in the town. It is here that the British consul resides; and there is also an assistant-surgeon of the Bombay Medical Establishment, with a staff of assistants. Dr. McAlister, lately of the Turkish Contingent, is the assistant-surgeon at present located there. The chief diseases are ophthalmic affections and intermittent fevers. Sabre-cuts and gun-shot wounds are also frequently brought to the residency surgeon, which casu-

alties occur in the numerous quarrels constantly going on amongst the mixed population of the city, consisting as it does of Arabs of different tribes, Persians, Armenians, and a few Parsees and Turks. The city is built chiefly of mud, but the houses are of tolerable size, and the streets somewhat wider than is usually the case in an Eastern town. This city would probably form the basis of any military operations to be carried on in the interior of Persia. The nearest large city is Shiraz, famed for its wine; but between Shiraz and Bushire is an immense range of mountains, the snow-capped heights of which are visible from the roads of the latter place.

The next locality demanding notice is the island of Karrak, situated about sixty miles off Bushire, and rather to the north. This place, it is said, will form the nucleus of the present expedition, and was occupied by the British force in 1834, when a former demonstration was made against Persia. The water is good, but there are few supplies to be obtained. During the cold weather it is healthy, but during the hot months affections due to the heat of the sun prevail. With the exception of a few date-trees about the coast, there is no cover on the island. It contains about eight hundred inhabitants, chiefly fishermen, and is about eighteen miles long by three or four broad.

Proceeding northerly up the Gulf, the mouth of the river Euphrates or Tigris is arrived at. This flows into the Gulf by several arms, one of which has sufficient water for ships of large tonnage. The river is navigable past Bagdad some hundreds of miles, is a mile or more in breadth, and lined on the banks by groves of date-trees. Ninety miles or so up the river is the Turkish city of Bussorah, formerly a large place, but now half uninhabited, in consequence of the ravages of plague a few years ago. The diseases most prevalent here are intermittent and remittent fevers, chiefly brought on by the exhalations of the date groves, which, although they look inviting enough in the distance, are really hotbeds of miasmata. The trade in dates carried on from these parts to the southern parts of the Gulf, and even to India, is very great; and not only do they ship boatloads of dates, but even of date-stones, the kernels of which are ground up and used as food by the poorer natives: indeed, dates form a principal article of diet both for man and beasts—horses, dogs, in fact, everything, being fed with this fruit. The "date mark," a sort of boil attacking the face, which is so prevalent at Bagdad, is not seen in the lower parts of the river.

The remaining important place in the Gulf is the island of Barein or Alwal; it is situated in the southern part of the Gulf, and is about eighty or ninety miles in circumference. About one-fifth of it is cultivated; the remainder is either hilly or sandy desert. There are remains of several fine Portuguese buildings; and the town of Munama, the capital, is walled in.

Among the most curious things to be seen at Barein are springs of fresh water rising out of the sea, some in two, three, four, and five fathoms water. The fresh water is obtained by divers, who go down with a "mussak" or leather bag. The water is beautifully sweet, and free from any mineral matter, although thought by the natives to be of efficacy in many diseases. There is also a large pearl fishery near this place, from which are annually exported to India alone about 1,200,000 rupees' worth. During the pearl fishery season, hundreds of boats may be seen engaged in this pursuit; and it is only the presence of a British ship of war which prevents them being plundered by some piratical Arab chief. The principal diseases are ophthalmia and intermittents; and the natives seem to suffer a good deal from a scaly psoriatic eruption. Guinea-worm is also often seen.

Such is a short account of some of the principal places in the Persian Gulf, which cannot but be interesting at this period. Volumes might be written concerning these parts, which perhaps, whether as relates to their ancient or their modern history, are second in interest to none of the countries of the East. I have had an opportunity of visiting

nearly every place in the Gulf, and was much interested in what I heard and saw. Probably, in the course of a few years, this part will be better known, should it become, as proposed, one of the routes to India. It may be mentioned, in conclusion, that of the slaves brought into the Gulf from the shores of the Red Sea and Arabia, but one in ten survives, of those on whom the operation of castration is performed—a fact significant in more ways than one of the uncivilised state of these parts of the globe.

CASE OF ARTIFICIAL ANUS IN THE LOIN.

By J. R. HUMPHREYS, Esq., Shrewsbury.

ON September 11th, 1856, I was requested by Dr. Henry Johnson to see a patient of his, for the purpose of opening the colon in the loin, to relieve an obstruction of the bowels.

Mrs. W., a thin haggard looking woman, aged 63, had not had a motion of her bowels for the last ten days. She complained of constant and most distressing pain of the belly, which was tympanitic; and the distended colon was plainly seen throughout most of its course. There was a hard lump felt occupying the left iliac region, which was evidently the cause of the obstruction. Our impression was that this mass was that of a malignant growth; and, on inquiry, this suspicion was fortified by the statement of the patient, who said that she had suffered pain in that part for the last twelve months, which had increased in severity. She had had great difficulty in getting her bowels to act, and the motions had been small and compressed. During this time she had lost flesh and strength. We passed a flexible tube up the anus, and injected warm water into the rectum; and, as the bowel became distended, the tube was passed on for about fifteen inches, when it came to a stop. It was evident that not more than a certain quantity of water could be thrown into the bowel; and it returned clear, with the exception of a little mucus and some small portions (almost granules) of fæces. She had previously had, by the advice of Dr. Johnson, medicines and injections of all kinds, without producing any evacuation; so that opening the colon in the lumbar region was the only proceeding likely to relieve her. The operation was proposed to her, and she readily consented to submit to it.

She was chloroformed, and an incision, between four and five inches in length, was made on the left side, midway between the ilium and lower rib; and the usual dissection was made to lay bare the bowel, which was secured by two ligatures, and opened between them. A quantity of foetid gas rushed out, followed by a flow of liquid fæces in an immense quantity. The edges of the opening in the intestine were secured to the skin by ligatures. The patient expressed herself greatly relieved; but as the tumefaction of the belly subsided by the escape of the fæces, the tumour in the left iliac region now rose with a prominence and hardness which left no doubt in our minds that it was a malignant growth implicating the lower part of the colon. 9 P.M. She says she is happy; is free from pain. The fæces pass in a continuous stream through the artificial anus.

Sept. 12th. She is free from pain, has passed a comfortable night, and had some sleep. She has taken nourishment. The wound looks well, with the exception of a slight protrusion of the lining membrane of the bowel; excretion passing freely.

Horâ somni sumat liquoris opii sedativi mxxx.

Sept. 13th. She has slept well all night, is comfortable, and in good spirits; takes plenty of nourishment. She was ordered to have some wine, and to continue the draught at night.

Sept. 17th. Since last report, the patient has suffered a considerable falling off. She complains of distressing weakness; the pulse is quick, small, and feeble; the tongue dry, and covered with a brown fur. She loathes her food. The wound, however, is looking well, and the excretion is plen-

tiful, and of moderate consistence. She was directed to have a grain of quinine in powder every four hours; and porter, wine, beef-tea, etc., *ad libitum*; and to continue the night draught.

Sept. 22nd. She has been declining since last report, debility being the prominent symptom. She does not take her nourishment; complains of thirst; tongue dry; pulse quick and small. She is troubled with a cough, to which she has been subject; has great difficulty in getting up the phlegm, caused in great part by the wound in the side, which of course deprives her of the aid of the abdominal muscles in forced expiration. This morning, a portion of hardened fæces, of the size of a pullet's egg, passed by the wound. She has a bad sore over the sacrum.

R Decocti senegæ, decocti cinchonæ, aa ʒijss; tincturæ camphoræ compos. ʒss; ammoniæ sesquicarbonat. ʒs
M. Sumat ʒj quartâ quâque horâ.

Omittatur liquor opii hac nocte.

Sept. 23rd. The patient is weaker; her breathing is hurried and noisy; the pulse quick and feeble. No fæces have passed by the wound since yesterday morning. She was ordered to leave off the opium to-night.

Sept. 24th. She is worse. Nothing has passed by the wound. I introduced my finger upwards into the bowel, but did not meet with any obstruction; but, when turning it downwards, I could distinctly feel the cause of the obstruction, viz., the growth before mentioned.

Sept. 26th. She has been getting weaker and worse since last report; does not take anything. This morning, fæces have again run from the wound, the first that have appeared for the last four days; but she is evidently sinking.

Sept. 27th. She died at 2 A.M.

POST MORTEM EXAMINATION, at 6 P.M. On opening the abdomen, the intestines were found distended with gas. The peritoneum was slightly redder than usual, but there was no effusion of lymph or serum. A mass of scirrhus, of the size of a large orange, was found lying in the hollow of the left ilium, firmly adherent to the fascia of the iliacus internus, and implicating the upper part of the sigmoid flexure of the colon; it affected the whole circumference of the bowel for about four or five inches. The intestinal tract at this point was contracted to about the size of a quill, which was blocked up with the husk of a gooseberry and some hardened fæces. The diseased growth seemed to have commenced in the bowel. The opening made in the loin was found to enter the back part of the descending colon. The peritoneum was uninjured. The caput coli was loaded with scybalæ, and the transverse colon with liquid fæces.

REMARKS. The points of interest in this case are, the marked relief afforded to the patient by the operation, which she survived fifteen days; and the effort made by her to rally. Although 63 years of age and suffering from malignant disease, for the first three or four days after the operation she was cheerful, and took plenty of sustenance, and improved so much in every respect that all her friends thought she would recover: facts of themselves which go far to prove the necessity and justifiableness of the operation even in a case like this, which was unpromising from the first.

Reviews and Notices.

RESEARCHES IN PATHOLOGICAL ANATOMY AND CLINICAL SURGERY. By JOSEPH SAMPSON GAMGEE, Staff-Surgeon of the First Class, Principal Medical Officer of the British Italian Legion during the late war, etc. pp. 216. London: Baillière. 1856.

MR. GAMGEE is already known to our readers as the author of several contributions to this JOURNAL, characteristic of unwearied industry, deep research, and a honest desire to distinguish between truth and fallacy, as well as by great clearness of judgment in performing this duty. The