the following letters will show. Dr. Franz will now, probably, deny the existence of such persons as Dr. Hingeston or Mr. Wardrop, jun.; or, being driven to the wall, will, perchance, sustain that no such day as the 7th of April ever existed. Had Dr. Franz conducted this controversy with anything approaching to fairness, we should have paid due respect to his title; but we now take leave of him, with the assurance that his name shall never again adorn the pages of this Journal.

MY DEAR —, —If your memory serves you, pray oblige me by stating, in answer to this, the day on which you assisted me in the operation upon Catherine Culbert.—
Ever yours, P. BENNETT LUCAS.

Argyle-st., Nov. 9, 1840.

To —

DEAR MR. LUCAS,—I perfectly recollect the case of Catherine Culbert, on whom you operated for strabismus, and in which Dr. Hingeston and myself assisted you. The date of the operation as reported in the *Lancet*, viz. April 7th, 1840, is perfectly correct.—Yours very sincerely,

JAMES J. M. WARDROP.

Charles-st., St. James's, Nov. 10, 1840.

To P. B. LUCAS, Esq.

MY DEAR LUCAS,—Having assisted you in the operation upon Catherine Culbert, during which I suggested a deviation from Dieffenbach's mode of operating, I read the report of her case in the *Lancet* at the time, with attention, and was satisfied as to its correctness in all particulars, so that I feel convinced that the date is there rightly stated.—
Yours truly, ROBERT HINGESTON.

To P. B. LUCAS, Esq.

19, Queen's Buildings, Brompton-road,
Nov. 11, 1840.

ANALYSES OF ENGLISH JOURNALS.

GUY'S HOSPITAL REPORTS.

MR. ASTON KEY'S REPORT OF SYPHILITIC CASES.—REAL OPINIONS OF JOHN HUNTER.

MR. KEY having observed that the principles of Mr. Hunter, as laid down in his work on Lues, and of Mr. Carmichael, in his more recent writings, are those by which the profession is guided in its views of the nature of the venereal disease and the employment of remedies for it,—says that the opinions of the former surgeon are well and duly appreciated, but that those of Mr. Hunter are less so than they deserve; his theory of syphilis is regarded as antiquated and untrue—his treatment of it mischievous, and superseded by the correctness of modern science. These erroneous views obtain because Mr. Hunter is not studied, and therefore not known, and his writings have consequently fallen into neglect. But on reference to his writings, notwithstanding his occasional ambiguity, it may be found how little has been added during the last fifty years to our knowledge of syphilis. The crude and mistaken notions entertained by Mr. Hunter's contemporaries and successors regarding his views, unfortunately led to a practice greatly prejudicial to his character as a pathologist, as well as mischievous in its operation on the disease. A superficial or partial perusal of his work may easily lead to the inference, that he was an advocate for the use of mercury in all forms of primary sores, where a syphilitic character, even in its mildest forms, could be detected; and his pupils seemed to carry these notions with them into practice; nevertheless, his writings do not furnish any reason for supposing that he recommended mercury to the extent of which he is accused; and though time has added to our pathology of syphilis, and to our catalogue of reme-

dies, his practice seems closely allied to that of the present day.

A modern surgeon looks upon a cartilaginous hardness as the essential character of the chancre called "Hunterian," and considers that a sore deficient in this hardness is defective in the character assigned by Mr. Hunter to venereal sores. It has been proposed to term such sores as wanted this characteristic hardness pseudo-syphilitic. The writings of this author warrant no such inference respecting the universality of induration; nor do they exclude, as non-syphilitic, sores that present to the finger no defined hardness of the base or margin. "A chancre has commonly a thickened base, and, although the common inflammation spreads much further, yet the specific inflammation is confined to this base." Such are the words of Mr. Hunter, according, as far as Mr. Key can judge, with the generally acknowledged opinion of the day. Mr. Hunter may, in some part of his writings, have expressed himself more strongly as to induration being an effect of venereal action; but the expression "commonly" tends to vitiate the universality of this characteristic.

The correctness of his views, and their approximation towards the modern doctrine, are shown in the variety he ascribes to local sores, describing the different appearances of a chancre as modified by the structure which it attacks. On the glans, he says, it appears as a pimple full of matter, without much hardness. On the body of the penis he describes it as a pimple that is allowed to scab, owing to its being exposed to evaporation; this scab is rubbed off or pushed off, and one larger than the first forms." The cartilaginous hardness is omitted from both these descriptions; and it may be inferred as well from these as from a former quotation, that he considers this character as by no means a constant attendant.

Mr. Hunter alludes pointedly to the characters added to syphilitic sores by certain states of the constitution. In speaking of the modifying influence of the constitution, he says, "If the inflammation spreads fast, it shows a constitution more than naturally disposed to inflammation; if the pain is great, it shows a great disposition to irritation; it also sometimes happens that they very early begin to form sloughs: where this is the case there is a tendency to mortification." These remarks of Hunter, illogical as they are, serve to prove that he distinguished varieties of sores marked by distinctions different from the "specific characters," and that the forms of the disease attributed by some to diversity of poison, were ascribed by Hunter to the modifying influence of the constitution.

It may be gathered from Hunter's work, that he considered mercury (to use his own words) given so as to affect the mouth slightly, to be the most efficient remedy for the immediate cure of the local action and the prevention of secondary effects in such cases as admitted its employment. His successors did not discriminate the cases which admitted its employment; hence the same error was charged upon him.

Mr. Key adopts the views of Hunter thus explained.

ON THE FUNCTIONS OF THE COLOURING MATTER OF THE SKIN

IN THE DARK RACES OF MANKIND.

BY DR. GLOVER, of Newcastle.*

THE researches of Sir Everard Home, published in the *Philosophical Transactions*, have been hitherto received as authoritative on this subject, although contradictory of all that has been observed by natural philosophers respecting the radiation of heat by coloured surfaces.

Dr. Glover has repeated most of Sir Everard's experiments, and obtained contrary results.

* [We hope soon to have an opportunity of giving a full analysis of Dr. Glover's valuable essay on the physiological and remedial action of bromine and its compounds.—*Edm.*]

Although the structure of the skin and its layers is involved in doubt as to many particulars, there can be no doubt that the colouring matter resides in a spongy layer between the true skin and cuticle, or on the surface of the former constituting a part of it.

The development of the rete mucosum, and especially of the colouring matter, is connected with the power of withstanding the sun's heat in torrid regions; for Albinos of Guinea and the West Indies, who differ both from Europeans and negroes, in totally wanting the pigment, and probably the rete mucosum, bear the heat of the climate worse even than European strangers. Indeed, their skins are said to crack and blister on exposure to the sun's rays. And acclimated Europeans never bear the heat of torrid regions like the negroes.

Sir Everard Home contends that the negro is more capable of withstanding heat, because of a property in dark surfaces of destroying the scorching and blistering effect of the sun's rays.

He founds this doctrine on several data, of which the following are the principal:—1st. He asserts that the rays of the sun will scorch at a temperature lower than that at which hot water can produce blisters; 2d. That white cloth defends the surface of the body against the sun's rays to a less degree than black cloth, even if the latter indicate the higher temperature.

These are his principal and fundamental premises; and he infers that there is a power of scorching in the sun's rays independent of the heat they contain; and that black surfaces scorch less than white surfaces, because they exclude luminous calori.

Dr. Glover shows that even if Sir Everard's facts be correct, his doctrine is inadmissible, since white surfaces reflect the rays of light, while black surfaces absorb them; but in fact, Sir Everard's experiments, repeated by the author, gave quite contrary results. Black surfaces absorb more heat than white surfaces, and scorch precisely in the ratio of the heat absorbed. The author also shows, by experiment, that the circumstance of the dark layer being covered by translucent cuticle will not prevent the absorption of heat taking place in the negro to a greater extent than in the European.

This being the case, he attributes the benefit conferred by the dark colour on the inhabitant of the tropics to the circumstance of perspiration being more easily excited in him, his skin being more vascular, and blood more fluid.

Thus the perspiration preventing the heat absorbed from entering the body, the superior radiating power of the dark skin will carry off the excess of heat of the surface.

"Again, the dark skin places the negro in the conditions of his climate, by causing him to radiate heat at night, and become at that time cooler than a white in the same circumstances. This is a fact which has been observed of the negroes. Their propensity for exercise in the open air at night has been remarked. In a climate where, during the day, vegetation appears burnt up, the earth is cracked by the heat, and all living creatures languish; but where at night breezes refresh the air and cheer exhausted nature, plants run with dew and animals leave their haunts, man also, fitted by the structure of his skin to throw off heat, issues forth animated by the irresistible propensity to exercise which is always given by the bracing air of colder climates."—*Jameson's Journal*, Oct. 1840.

UNIVERSITY OF LONDON.

The following are the questions proposed at the last examinations:—

BACHELOR OF MEDICINE—EXAMINER, DR. ROGET—NOV. 2.

1. What are the peculiarities in the circulation through the liver; what purposes in the economy are served by that organ; and what are the structures which perform similar offices in invertebrate animals?

2. Specify the principal anatomical differences between the structure of man and that of the quadruped.

3. Explain why the lungs collapse, on an opening being made in the parietes of the thorax.

4. Describe the conditions of the eye producing myopic and presbyopic vision; state the optical causes of the indistinctness of vision under those conditions; and explain the optical principles on which these defects may be artificially remedied.

5. Explain, on mechanical principles, the advantages derived from the tubular form of cylindrical bones.

6. Describe the mechanism of respiration in fishes; and assign the reason of their dying when placed in atmospheric air.

7. What purposes are answered by the Eustachian tube; and why is deafness consequent on its obstruction?

8. Describe the progressive changes which occur in the organs of circulation of the frog, during its transition from the tadpole to the adult state.

9. Describe the peculiarities of structure in the skull and bones of the face of the carnivorous family of mammalia, as contrasted with those of herbivorous tribes.

SURGERY—EXAMINERS, MR. BACOT AND SIR STEPHEN HAMMICK—NOVEMBER 3.

1. Give the classification of wounds arising from external violence; their nature, symptoms, and treatment.

2. Describe the symptoms and treatment of both idiopathic and symptomatic erysipelas; and state in what cases, and under what circumstances of external injury, erysipelas most commonly occurs.

3. Detail the symptoms of a strangulated inguinal hernia—the methods you would employ for its reduction, and if they were unsuccessful, at what period and under what circumstances you would proceed to the operation;—describe the mode of operating, and give the subsequent management of the patient, according to the various conditions of the contents of the hernial sac.

4. Enumerate the different dislocations of the hip joint; the mode of detection, and the manner of reduction of each respectively.

5. For what injuries or diseases would you amputate at the shoulder joint? Describe the operation and after-treatment.

EXAMINERS, DR. BILLING AND DR. WATSON—NOVEMBER 3.

1. How do we judge of the propriety—and of the requisite amount—of bloodletting, in inflammations?

2. What are the progressive symptoms, morbid appearances, and treatment of pertussis? State particularly the symptoms which would indicate the necessity for bloodletting.

3. State the usual causes of diarrhoea, how it is to be distinguished from dysentery, and the treatment under different circumstances.

4. Describe the symptoms and usual course of measles, the varieties of the disease, the chief sources of danger, and the treatment.

5. What parts are most commonly the seat of neuralgia? give an outline of the treatment.

6. Describe the symptoms, and ordinary course and treatment of *erysipelas of the head and face*.

7. What are the signs of *delirium tremens*? How is it distinguishable from *phrenitis*? Lay down the methods of cure respectively suitable to these two diseases.

8. *Emphysema of the lungs*.—State fully

(1.) Its anatomical characters.

(2.) Its effects (when extensive) in modifying the shape of the thorax.

(3.) Its auscultatory signs.

(4.) Its general symptoms.

(5.) The means by which these may best be relieved.

9. Describe

(1.) The symptoms which denote that a calculus is descending from the kidney towards the bladder.