3. The mean quantity administered during the whole course of the disease was about eleven ounces.

Effects.—The chief effects of the nitre administered in the way mentioned by M. Aran, were copious and frequent perspiration; occasionally copious stools, but less frequently abundant secretion of urine; the pulse soon lost its quickness, and the affection of the joints rapidly become less severe.

Digestive Organs.—During the whole course of the treatment, the tongue remained moist; the thirst moderate; the appetite was never entirely lost; some patients were even very hungry. One patient had nausea for one day; another vomited once or twice; most of the patients were rather costive; one complained of slight colic.

Circulation.—Under the influence of high doses of nitre, the pulse very soon came down, and the impulse of the heart became less sensible; this often occurred on the day after the commencement of the treatment. In one case only, the pulse remained quick to the ninth day. The rheumatic affections of the heart and pericardium quickly subsided, although no other remedies were employed.

Secretions.—In most cases, the cutaneous exhalation was remarkably increased; in some, the secretion of urine was much augmented; but this effect was by no means so frequent as the former one. The urine was generally alkaline, from the influence of the potass.

Therapeutic effects.—If we compare the duration of the cases recorded by M. Aran, with those mentioned by other practitioners, we must admit the efficacy of nitre as a remedial agent. According to M. Chomel, the average duration of acute articular rheumatism is from twenty-three to fifty days; Dance, who tried the tartar emetic treatment, says from forty to sixty; Dr. Hope, on the contrary, states it at from eight to ten days; M. Bouillaud, at from one to two weeks. Now the nitre treatment produces results just as favourable as those of M. Bouillaud, and is free from all the objections to which bleeding *coup sur coup* is liable.

Doses.—Although a large quantity of nitre may be given at once, it will be better, as a general rule, to commence with two drachms and a half in a quart of fluid, and gradually increase the dose to four or five. The medicine may be given in any fluid vehicle which the patient likes; perhaps one of the best is lemonade; the salt should be dissolved at the moment of its administration. Should the remedy cause much disturbance of the digestive organs, it must of course be suspended, but this does not often happen.—*Journal des Con. Med. Chir.*, No. 10.

In connexion with the subject of rheumatism, we extract the following remarks of M. Chomel, from a late number of the *Gaz. des Hôpitaux*.

Thirty-six cases of acute articular rheumatism were treated in the course of the year. Seventeen of the patients were attacked for the first time; the rest had suffered under one or more attacks; fifteen were received in summer; sixteen during winter. The causes were investigated with much care; seven patients attributed the attack positively to cold; in fifteen cases, no cause could be discovered; the rest gave equivocal answers. The pulse ranged from 71 to 131. Three patients had

one joint only attacked; two had two joints; the others were attacked in a greater number of joints. The mean duration of the disease in winter was sixteen days, in summer twenty-four days, giving an average of twenty days.

Heart Affections.—Of the thirty-one patients, only one had complained of any affection of the heart before his admission into hospital; and one was attacked after admission. During the four preceding years, eighty-six patients labouring under acute articular rheumatism were admitted into the clinical wards; and of these six had some organic affection of the heart previous to their first attack of rheumatism, and four only had suffered under affections of the heart posteriorly to their first attack. Hence the proportion of rheumatic patients attacked by disease of the heart, is by no means so great as M. Bouillaud and others assert. Even the *bruit de souffle* could be heard in seven only of the thirty-one cases, and in twenty-nine of the eighty-six. But in order to ascertain the value of this *bruit* as a sign of heart disease, M. Chomel examined several patients afflicted with other organic disease, and obtained the following results. It was distinctly heard,

1. In five cases of pneumonia; three perfectly recovered; in a fourth patient, who died, there was slight thickening of the sigmoid valves; in a fifth, in whom the *bruit* was extremely strong, no trace of disease of the heart could be discovered.

2. In three patients affected with small-pox, there was also this *bruit*, which disappeared with the disease.

3. In a case of typhus which terminated fatally, and in which no lesion of the heart existed.

4. In two cases of bronchitis, and in every case of acute inflammation of the womb received into the hospital.

Hence the *bruit de souffle* is not peculiar to rheumatism, but occurs in various other diseases, although less frequently.

POOR-LAW MEDICAL RELIEF IN LIVERPOOL.

TO THE EDITORS OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

GENTLEMEN,—From your zeal in upholding the honour and interests of the profession, I have been induced to lay the subjoined statement before you, with a hope that by your bringing the subject before the profession generally, the recurrence of similar proceedings may be effectually prevented.

The new Poor-law has just come into operation in Liverpool. It was contemplated by the commissioner, and recommended by him to the board of guardians, to appoint duly qualified medical practitioners at stated salaries, to superintend the sick paupers; these intentions of the commissioner have for the present been frustrated; it will naturally be asked, by whom? Why! by a body of the very men who, had they acted consistently, would rather have assisted in carrying out such provisions of the new law as provided for the remuneration of professional men. The history is this:—The committees of the dispensaries who have been accustomed to receive in aid of their *charity* an annual contribution of 600

guineas from the select vestry, were naturally anxious for the continuation of the subscription, fearing that the number of applicants for *dispensary relief*!—already considerably exceeding 50,000 annually!! might be diminished by the withdrawal of the customary allowance. In this emergency they applied to their medical board, (i.e. the *honorary* officers,) for their opinion; the medical board summoned the stipendiary surgeons, nine in number, that they might go through the farce of *giving* their opinions, which, as the sequel proved, were never intended to be *taken*, for in spite of their remonstrances, and a distinct assertion that they could not conscientiously undertake to add to duties already sufficiently laborious, they were considerably told that they could *try*, and if they did not like to go on, they could give it up; but what was meant by the insinuation of giving it up, was not, I believe, distinctly understood.

These gentlemen (i.e. the stipendiary or house surgeons) have, not unfrequently, to visit from fifty to sixty patients per diem, and if after such day's work they had to attend to midwifery in the night, their energies would soon be exhausted; hence, it will be seen, that their remonstrance was a very proper one; as a placebo, however, since this, the house surgeons are told, if they won't grumble, they shall have a *share of the profits* arising from attendance on the midwifery cases.

When the new Poor-law was introduced into Salford in 1839, a similar outrage upon professional propriety was contemplated by the guardians or dispensaries' committee, or both; but in this instance it was resisted by the medical men attached to the dispensaries. These gentlemen very properly entertained doubts as to the propriety of such proceedings, and were confirmed in their opinions by the written answers they received from the medical officers of the principal dispensaries in the provinces.

Amongst others, application was made to, and an answer returned by, the "Medical Board of the Liverpool North Dispensary." In this document, which, however, is too carefully concealed to be *at present* accessible, the aforesaid "Medical Board of the Liverpool North Dispensary" object to the *principle* of public charities contracting, &c. In the year 1841, the Medical Board of the North Dispensary concur with the Medical Board of the South Dispensary, in advising and sanctioning a course the very opposite!

My principal object in bringing this matter before the medical public is, that the medical board of the Liverpool Dispensaries may have an opportunity of explaining their apparently strange conduct, for to me it seems most strange, that after the legislature of the country have seen fit to provide remuneration (inadequate though it be) for the services of medical men, that a body of these same men should be the means of rendering nugatory such a very reasonable provision. What could be the motives by which these gentlemen were actuated in coming to the determination they have? It could not surely be from a pure, disinterested wish to increase the influence and extent of an institution which, but a few months ago, was admitted by some of the foremost of themselves, at a meeting of the Medical Society, to be already too promiscuously available, and a serious injury to the profession? It could not surely be, that these gentlemen would envy the slender remunera-

tion of the successful candidates for the appointments? Nor can it be supposed, that they would be jealous of others appearing in the same field of useful exertion with themselves. I would willingly believe that these gentlemen would not put themselves out of the way to injure the prospects of their less *eminent* or *prominent* brethren; nor can I suppose that they have such a desire to pander to the depraved appetite of the public for gratuitous services, as to act contrary to their conviction of what is due to their professional brethren. It must be some very powerful motive which would lead a body of educated men to recommend to *others* this theory to-day, and on the morrow to act diametrically opposite, when the circumstances applied to themselves.

I doubt if such a gratuitous insult has ever been offered to the medical profession.

I have been told by one or two of my *cautious* medical friends, that to endeavour to divert funds from a *charity*! into the pockets of medical men, will be a very *unpopular* act; others have said, older men than you have consented, why should you oppose? To these I answer, it is the younger branches of our profession who feel most the effects of the already overgrown dispensary system; and to those I answer, that although I am as willing as most men to be a "popular practitioner," yet if I am to consent tacitly, or otherwise, to sacrifice the interests of the profession to my individual advantage, I will be content to allow others to barter the rights of the profession for their own ephemeral popularity.

I have the honour to be,

Gentlemen,

Your obedient servant,

H. G. HARBORD.

122, Mill Street, Toxteth Park.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

May 25.

AN interesting case of subclavian aneurism, by Mr. Skey, was read by the secretary. The paper was very long, and occupied one hour in reading. Dr. Copland begged respectfully to direct the notice of the fellows of the society to the extreme length of the communication first read. He was not then aware who was the author of that paper, but as an independent member of the Royal Medical and Chirurgical Society, he had no hesitation in saying, that the details were too long, too tedious, too prolix, and too verbose, for the very limited time allotted for each meeting of the society. The paper in question might be condensed, so as to be read, without omitting the slightest facts necessary to elucidate the subject under consideration, in the fourth part of the time which it occupied. There were now fourteen papers before the committee, to be read this session; and yet there are but two meetings more before the society closes for the season. If each of these fourteen communications were to occupy the same space of time in reading as the present, he (Dr. Copland) wished to know how they were to be despatched. If the papers sent in were found to be too long, it was the business of the secretary to curtail or abbreviate them, so as to economise time. In conclusion, he begged to repeat that he did not know the name of the author of the present paper, and consequently could not mean anything personal or offensive in the remarks which he thought it his