REVIEWS.

Pharmacologia; being an extended Inquiry into the Operations of Medicinal Bodies, upon which are founded the Theory and Art of Prescribing. By J. A. PARIS, M.D. Ninth Edition. London: Highley, 1843. pp. 622.

Our notice of the ninth edition of this well-known and popular work must be almost confined to the announcement of its appearance. It were superfluous to say anything in praise of a volume which has been distinguished beyond all others by public favor.

Much of the success of Dr. Paris's *Pharmacologia* depends on its value as a work of science; but a much greater share, on the elegant and brilliant style which adorns commonplace truths and gives a charm of the most pleasing kind to facts or illustrations that otherwise might have been passed over unheeded.

The present edition of Dr. Paris's *Pharmacologia* is not a mere reprint of those which have preceded it; the author is not a man to remain stationary while science is marching, or to neglect availing himself of the progress of events. Thus this edition is dedicated to Sir B. Brodie, instead of to Dr. Maton, defunct; and the discoveries by which chemistry and pharmacy have been enriched within the last few years are put into contribution, to render it consistent with the science of the day.

The third part, "On the theory and art of prescribing"—a subject which Dr. Paris has made completely his own—is, in this edition, enriched by a comprehensive table of the different substances which are usually considered as incompatible with the different articles of the *materia medica*, and of the results of their mutual actions.

It were useless for us, as we have already said, to recommend in a special manner the work of Dr. Paris to the attention of our readers, because we are sure that it has found its place in the library of every intelligent practitioner in the kingdom.

ACADEMY OF SCIENCES, PARIS.

February 20, 1843.

STRUCTURE OF THE UTERUS.

M. Jobert read a memoir on this subject. The author endeavours to show that the uterus is formed by a *single* muscle, the fibres of which take various directions.

ADULTERATION OF MILK.

M. Donné presented an instrument which he calls lactoscope, and which indicates the quantity of cream contained in any given specimen of milk. The principle of this instrument depends on a property of milk. It is well known that the dull white color of milk is occasioned by the number of rich globules which it contains; and the greater the number of these globules, the richer is the milk in cream. Now, as the opacity of milk depends on the quantity of globules, the measure of this opacity will give the measure of the richness of the milk. The opacity,

however, cannot be appreciated in a fluid; only thin layers will serve for the purpose, and this is effected by the lactoscope. The instrument is composed of two parallel plates of looking-glass, which are brought together or removed from each other as required; the milk is placed between the plates, and the flame of a candle serves to measure the opacity, which is measured off on a graduated circle.

EXPERIMENTS ON THE TORPEDO.

M. Matteucci communicated the results of some new experiments on the torpedo, illustrative of the theory entertained by himself and M. de Blainville on the analogy between muscular contraction and electricity. He introduced a small quantity of the aqueous solution of opium into the stomach of the living torpedo; the tincture of nux vomica was likewise introduced into the stomach of another live torpedo. The two fishes, apparently dead, were soon afterwards removed from the water, and on their backs were placed two frogs (prepared in the way already described by the author), and the galvanometer. When the animal, or any part of it, was slightly touched, it contracted, and the torpedo furnished an electrical discharge, although before the experiment it required strong irritation to produce any effect.

The brain of a torpedo, much reduced in strength, was exposed, and an alkaline solution of potash applied on the fourth lobe. The torpedo died, giving forth very strong discharges.

The electrical organ was rapidly removed from a living torpedo, and prepared frogs were placed on the organ. On passing a knife into the organ, and dividing the smallest nervous filaments, the frogs leaped up, sometimes one, sometimes the other, according to the point of the electrical organ, which was cut. I had never before (says the author) seen in so perfect a manner the localised action of nervous filaments, nor had I ever witnessed so clearly the curious action of the electrical lobe of the brain. I received six torpedos, which were brought to me in a state of apparent inanition; the most active irritants failed to produce a discharge, for the animals seemed to have been destroyed by the cold. I exposed the brain, and on irritating the fourth lobe I obtained very powerful discharges. I cut up the electrical organ of a live torpedo in all directions, and applied the galvanometer to different points; the direction of the electrical current was invariably from the points nearest the back, towards the lower part of the belly. It is impossible to admit any analogy between the organ and piles, batteries, &c.

SHEFFIELD MEDICAL SOCIETY.

February 23, 1843.

Sir ARNOLD KNIGHT in the Chair.

CANCEROUS AFFECTION.

Mr. S. Parker exhibited a stomach, liver, and pancreas of scirrhus character, taken from the body of an unmarried female, aged fifty-seven. She had suffered from chronic gastritis for some years. On the 24th of May, 1842, the symptoms having increased, an examination took place, and a tumor about the size of a pullet's egg was found occupying the extreme right of the epigastric region. From this time she declined, and she constantly vomited in about two

hours after eating; bowels uniformly constipated. She died in February, 1843.

The body was very much emaciated. On opening the abdomen, the stomach was found much larger than natural, extending low down in the epigastrium, even into the iliac region; cardiac extremity healthy; pyloric very much thickened and contracted, and on the greater curvature at the pyloric end was a tumor closely attached to the peritoneum, and the abdominal muscles having a patulous opening communicating with the pylorus externally by a large, jagged, ulcerated cavity.

On the lesser curvature was another tumor, larger than the first, characteristic of the disease at an earlier period, being firmer, embracing the biliary ducts, extending backwards and to the right as far as the head of the pancreas, with which it was firmly connected, but not communicating internally with the pylorus. The liver rather smaller than natural, covered with scirrhous tubercles, varying in size from a pea to a walnut. The abdominal serous covering of the diaphragm was also studded with similar tubercles. The bronchial glands had also assumed the scirrhous character. Other viscera healthy.

Dr. Shearman, of Rotherham, afterwards read a communication entitled—

A CASE OF COMPLETE PARALYSIS OF THE ŒSOPHAGUS OF LONG STANDING, FOLLOWED BY HEMIPLEGIA, AND CURED BY ELECTRO-MAGNETISM.

Miss Cooper, aged fifty-one, had been suffering from tic douloureux of the superior maxillary nerve of the right side for some months, which had been relieved by large doses of quinine and a generous diet, was suddenly seized on the 31st of January, 1841, with an extraordinary attack of vomiting, accompanied by such nervous and muscular depression that she could not hold her head up to vomit by her own effort, and when she was supported upright for a few minutes it brought on syncope; this vomiting continued all that and the following day, in spite of every effort I used to allay it. She had the power of moving all her limbs whilst lying down, but the instant she was raised up she first lost the power over her arms, and then became faint.

On the evening of the 1st of February she found it quite impossible to swallow either fluid or solid matter, and the sickness subsided. This paralysis of the Œsophagus came on suddenly, as she had, up to that time, taken a large quantity of medicine of various kinds, particularly in the form of saline draughts. She had no pain, tenderness, or heat in the head, stomach, or any other part of the body; her pulse was rather full and wiry, at 100; her bowels had been attended to closely every day, the excretions were healthy in appearance; menstruation had ceased for some time; she passed her urine as usual, and that secretion was also healthy; tongue rather red, but not furred. I immediately introduced an Œsophagus tube, connected with Read's syringe, and pumped some food into her stomach, which remained, and relieved the great state of exhaustion she was then in. On the following day, after having had some nourishment administered in this manner, I found she could walk and also use her arms, which proves that, up to this time, there was no disease in the spinal cord. Suspecting some congestion, or

disease, at the origin, or in the course of the par vagum, I applied leeches to the temples, and cupped the back of the neck; acted freely on the bowels with mercurial purgatives; blistered the spine; applied mustard cataplasms to the scrobicules cordis; and, in fact, treated the case as I should one of palsy succeeding a slight fit of apoplexy. There was great difficulty in administering remedies, because nothing could be got into the stomach but by injecting through the Œsophagus tube, and in a few days I found it necessary to administer nourishment as often as every four hours, night and day, so great was the exhaustion.

Towards the end of the fourth day after the loss of action in the Œsophagus, I perceived the mouth drawn to the right side of the face, and the left side of the face became very cold; she had difficulty in speaking; could not close the left eyelid; and her left ear was deaf. The following day the right leg became cold, and in a couple of days more the right arm and leg were paralysed, and perfectly useless. These symptoms gradually increased, and she became dreadfully feeble. Stimulants, both external and internal, had no effect.

On the 20th of February I called Sir Arnold Knight in to my assistance; he recommended the continuance of the stimulating plan, but thought, with me, there was very little, if any, chance of improvement; indeed, it seemed then a most deplorably hopeless case.

On the 25th of February, with the sanction of Sir Arnold Knight, I began to apply electro-magnetism from the top and back of the neck along the course of the Œsophagus and left side of the face, and from the spine along the course of the nerves of the right arm and leg. I continued its application an hour, at least, three times a-day, and injected nourishing food, such as strong beef tea with wine or brandy, into her stomach every four hours.

On the 4th of March (eight days after the first application of electro-magnetism) the patient began to swallow, and the following day she could swallow so well that I had no occasion to inject food again into her stomach. I continued the electro-magnetism three times a day for at least a month; then twice a day, giving her pretty good doses of quinine and other stimulating tonics occasionally, with plenty of nourishment, paying great attention to the digestive organs; and in the course of about a month I had the pleasure to find her arm begin to show more animal heat; then the leg became warmer; the symptoms now gradually improved until at last, on the 26th of June, she could walk up and down stairs tolerably well. At this time I gradually left off the electro-magnetic influence; she got out into the air, went to the seaside, and returned in as good health as I had seen her for many years. She is, at this moment (20th of February, 1843) quite well; can walk three or four miles a-day without fatigue, although last year she had a violent attack of pneumonia, for which I was obliged to bleed her twice in the arm and give her large doses of tartrised antimony.

I am induced to think this is a case rarely seen by practitioners; for during its course, Sir Arnold Knight and I consulted all the authorities within our reach in vain; and I have never met with a medical friend who

has seen a similar case. It is not improbable that the fifth, seventh, eighth, and perhaps the ninth pairs of cerebral nerves were in an abnormal state as well as the spinal cord; and as both motion and sensation were lost, the double origin of the nerves were equally affected. It is also remarkable that the left side of the face and the right side of the body should have been paralysed at the same time. What the pathological condition of the brain and nerves was I do not presume to insinuate, particularly after the opinion of so high an authority as Dr. Abercrombie, of Edinburgh, to whom I referred the case while it was going on, and who very kindly took great interest in it. He says, "In regard to the state of the cord in Miss Cooper's case I am quite at a loss; but the truth is, that the more I see of these cases I am the more perplexed by them. In many I have found extensive softening of the cord; but in others have not been able to trace the slightest appearance of disease in any part of the cord or its membranes, even when the affection had been of many years' standing. There could have been no softening in Miss Cooper's case; but as to what there was we can only conjecture. In the brain, I have long been of opinion that apoplexy often arises from a state of the circulation alone, without any structural disease; and some facts have occurred to me which induce me to think it probable that palsy, to a certain extent, may be produced in the same manner. If this occurs in the brain there appears to be no reason why it should not take place in the cord." As to the effect of electro-magnetism I think no one who saw the progressive improvement after we began its use could doubt its power; and Dr. Abercrombie says, in reference to this subject, "Many thanks for your kind attention in sending me an account of this most interesting case. I have seen some effects from the treatment you mention, and have heard of cases more striking than my own, but yours is by much the most remarkable. I shall be anxious to give the practice a more extensive trial."

PATHOLOGICAL SOCIETY OF DUBLIN.

January 8, 1842.

ATROPHIA ABLACTATORUM.

Dr. Lees made some remarks on the disease of children, described by Dr. Cheyne under the name atrophía ablactatorum; and exhibited to the society the intestines of a child of three or four months old, which had been deserted, and was received into the South Union Workhouse, where it was spoon-fed; but notwithstanding the attention paid to it marasmus supervened, and it died in a fortnight from its admission, with the usual symptoms of the atrophía ablactatorum, as described by Dr. Cheyne in his essay on the bowel complaints of children. It was remarkable, however, that although Dr. Cheyne relates several dissections, yet he has altogether omitted to describe the condition of the mucous membrane in this disease. In this case Dr. Lees found extensive deposition of lymph, with superficial excoriation and ulceration throughout the rectum; the Peyerian glands of lower portion of ileum and those immediately above the ilio-cæcal valve were hypertrophied, and many of them dotted with minute ulcers. The deposit appeared in the large intestines only; in the stomach and the

upper part of the intestinal tube the mucous membrane was healthy; the liver exhibited no diseased condition; the gall-bladder was filled with bile of a dark green color. Dr. Lees offered as a probable conjecture, that in cases of this kind the nutritious matter which should have been absorbed before reaching the large intestine, arriving there unchanged, may act as a foreign body and excite this peculiar inflammation.

ANEURYSM OF ABDOMINAL AORTA OPENING INTO LUNGS.

Dr. Stokes said the specimens he then produced to the society were of great pathological interest; they belonged to a case of aneurysm of the abdominal aorta at the commencement of its course, immediately under or between the crura of the diaphragm, and exhibiting a mode of termination that had not as yet been described. In some cases of this affection the opening has been into the pleura; in others, into the stomach, into the peritoneum, or behind the peritoneum, forming tumors. In the case now communicated by Dr. Stokes, the aneurysm had opened into the substance of the lung; the subject of the case had been first seen by Mr. Pakenham, and subsequently by Mr. Colles and Dr. Stokes. He complained of intolerable pain in the lumbar region, which was aggravated by motion, but relieved by lying with the back towards the fire, or by turning on the face. There was strong pulsation in the epigastrium, and a strong bruit de soufflet or bellows murmur. From all the symptoms, Mr. Pakenham considered the case to be one of aneurysm of the abdominal aorta, in consequence of which the consultation was determined on. Dr. Stokes ascertained that the patient had been complaining for eighteen months, and that he suffered pain of two distinct kinds, one of which was dull and was constantly felt; the other was a violent lancinating pain, which only occurred in paroxysms, often darted downwards into the scrotum, and was not observed for the first time until three months after the other had commenced. The seat of pain was along six vertebræ, the three last dorsal, and the three contiguous lumbar; the pain was increased by pressure on any part of that tract, or by any motion of the spine; a little to the left of the epigastrium was the tumor, in which could be felt a pulsation, evidently coincident with the diastole of the heart; when deep pressure was made there was an extreme diastolic force perceptible; the bruit de soufflet was increased by motion, and was not audible posteriorly; the pulse was regular, about 80 in the minute; the appetite bad; towards the termination of the case there was pain in the right shoulder. The patient died on this day (January 8) in a state between syncope and asphyxia, after expectorating a large quantity of blood. On the preceding day his appearance was very haggard, the tumor was pulsating violently, and, contrary to what is usual in these cases, the pulse was singularly rapid.

When the body was opened, a small quantity blood was found in the stomach, which had probably been swallowed in the last agonies of life; there was no effusion into any of the serous cavities. The lung was prodigiously gorged with blood, much of which had been poured into the bronchial tubes; the surface of the lung was abraded when it was in contact with the aneurysm. The aneurysm itself was not very