profession invited to bow down before these golden calves, while the great body of general practitioners—the mass which really constitutes the medical profession in this country—are to be abandoned, without a shadow of representation, distracted, divided, and degraded.

It is unnecessary for us to point out the absurdity of separating the members of our profession into numerous grades, for the mere purpose of forwarding the interests of a few selfish persons to the injury of the public and the detriment of the practitioner. There is no natural distinction between the physician and surgeon; they are employed to relieve the diseases of the same body; they act on the same general principles; their treatment is based on the same laws of the animal œconomy, and in the cure of disease (distinguished from the removal of the diseased part) they employ the same remedial agents. If the object of medical science be to preserve health and cure disease, the medical man should be prepared, whenever occasion may require, to act both as physician and surgeon; for disease attacks the outside of the body as well as the inside, and health can only be maintained by a due performance of *all* the functions of the human frame. Although this plain and wholesome truth may now be contested, it was fully understood and expressly set forth by the founder of the College of Physicians.

In the 32nd of Henry VIII., c. 40, we find the following section:—"And forasmuch as the science of physic doth comprehend, include, and contain, the *knowledge of surgery, as a special member and part of the same*; therefore, be it enacted, that any of the same company or fellowship of physicians, being able, chosen, and admitted, by the said president and fellowship of physicians, may, from time to time, as well within the city of London as elsewhere within this realm, practise and exercise the said science of physic *in all* and every his members and parts, any act, statute, or provision, made to the contrary notwithstanding." Such were the sentiments of the founder of the College of Physicians; selfish and short-sighted men may now repudiate them, but they bear the indelible stamp of common sense, and must prevail.

We may, therefore, assume that the union of medicine and surgery into one "science of physic" is not only a return to the natural state of things, but also to the ancient and "time-honored" practice of our forefathers. The general practitioner should therefore be equally qualified in medicine and surgery; this qualification should be the same for all entering the profession, throughout the United Kingdom, and the privileges of all thus equally qualified should be the same. Having obtained, upon these just and simple principles, a body of medical practitioners fully, but equally qualified, enjoying the same privileges and governed by the same laws, the next and natural step would be to incorporate them into one

body—to create good feeling by union, and to raise the respectability of the profession by elevating the character of each individual member of it.

A reform founded upon these principles would be a reform for the benefit of the profession and the public; and to the attainment of this object we earnestly entreat the members of the profession to direct their efforts, firmly and without delay. If the corporations obtain the new charters which they are now seeking in secret, a great obstacle will be thrown in the way of the right adjustment of medical reform; the independence and respectability of the profession will, as heretofore, be sacrificed to the short-sighted views of a few insignificant, but wily monopolists, and the ostensible attempt to satisfy our demands will terminate in the infliction of a "heavy blow and a great discouragement" to the progress of our science and the practice of our art.

REPORT OF CASES,

WITH

CLINICAL REMARKS,

DELIVERED AT

UNIVERSITY COLLEGE HOSPITAL.

By Dr. TAYLOR,

Professor of Clinical Medicine in the College, and Physician to the Hospital.

Scurvy—Condensation of the Right Lung—Cure of the Scurvy by Citric Acid—Various kinds of Pecticæ not accurately distinguished by Writers on Skin Diseases—Diagnosis between Scurvy and Purpura—Cause of Scurvy—Pathology—Treatment—Cured by Citric Acid—Injurious Effect of Mercury in this Disease.

William Stackley, aged twenty-four, was admitted, October 26, 1842, under Dr. Taylor. He is a young man of ordinary make, black hair and pale complexion, single, his business that of a tailor. He states that he has always had sufficient food until the last three months, during which time he has not lived so well as previously, never having meat more than twice or three times a-week; the meat he ate was always of good quality, but he had more salt than fresh meat—about double the quantity. States, also, that he does not like potatoes, and therefore did not take them, but had bread, and never greens, instead. He took his meals at irregular hours, sometimes going without his dinner, tea, or breakfast, and seldom had three meals a day, except on Sunday. Usually had one and a half to two pints of porter daily, and rarely took spirits. He has scarcely had any employment for the last three months, and during that time felt great depression of spirits. Resides in a dry, open situation. Both his parents are living and healthy; neither of them subject to cough, or, in fact, to any complaint; the rest of the family are healthy, with the exception of one of his sisters, who is subject to a severe pain in the side, and has frequent fainting fits. The patient does not consider himself strong, but has generally enjoyed good health. When four or five years old he had typhus fever, and was some years before he regained his usual health. He has had no other disease of any consequence; and only now and

then slight colds, never any severe enough to confine him, until last spring, when he had an attack, followed by a cough, which lasted six weeks. He had, at this time, pain in the shoulders and loins, and swelling of the right leg, from the calf to the ankle, with redness of the integument over the whole length of the shin-bone, the redness appearing before the swelling. He states that he was told at St. George's Dispensary that the disease was scurvy. He had no dark red spots about him at that time. At the commencement of August he got a chancre on the penis, which he never had before, nor had ever been troubled with gonorrhœa. On Sunday, October 23, he perceived a dark blotch inside each of his cheeks, which bled on the Monday, and the next day in greater quantity; black raised blotches also appeared on the tongue, which bled much.

Present Symptoms.—On the day on which he applied for admission he had blotches of ecchymosis on the inside of each cheek, and on his tongue and penis near the mucous membrane. He had, also, numerous dark colored spots on the legs, a few on the abdomen, back, and arms. These spots were of different sizes; in some places they were greenish, in others yellow, and some were purplish. His face was pale; his breath fœtid; and he had slight expectoration, colored with blood; neither urine nor stools contained blood. He was ordered—

Citric acid, one scruple;

Sugar, two drachms;

Water, one ounce and a-half. A draught to be taken thrice a-day.

To have a chop daily.

28. Tongue quite clean; the gums and the inside of the cheek do not bleed so much; some of the spots on the leg have become larger, and some confluent. There is one large blotch on the outer side of the calf of the right leg, very dark, surrounded with a greenish ring, and distinctly elevated. He complains of a cough, with slight expectoration of matter colored with blood, which he thinks comes from the mouth; pain of the right side at the summit of the chest; lies on the right side; pulse 88; appetite good; bowels rather confined; has made very little water during the last two days. Urine deposits an abundant precipitate soluble by the aid of heat and nitric acid.

Physical Signs.—*a*, Form and movements of the chest not altered; *b*, dulness on percussion over the greater part of the right lung behind; *c*, vesicular respiration feeble, and some bronchial respiration; *d*, anteriorly under both clavicles inspiration loud, puerile, and rather rough; *e*, expiration not much altered; *f*, vocal vibration stronger on the right than the left side. *Heart.*—The first sound of the heart is feeble, but otherwise nothing morbid.

31. Still some cough; respiration puerile under the clavicles, and at the lower part of the right side feebler than natural; slight crepitation occasionally; the upper third of the right side of the chest is duller on percussion than the left. Usually lies on his left side, but chiefly on the right since his admission; no blood in the stools. A spot of large size has appeared since last night upon the gums.

November 2. The old spots are all fading away, and no new ones have appeared. *Anteriorly* respiration is still distinctly puerile on both sides; *posteriorly*

it is slightly bronchial on the right side, vesicular on the left side; dulness on percussion over the right side posteriorly; he expectorates a little mucus; the urine is of a deep yellow color, with a small quantity of pinkish sediment; specific gravity, 1015; the clear part is affected by heat or nitric acid; the pink sediment dissolved by heat or nitric acid, or by caustic alkalies.

7. Very much improved as to the eruption, but says he does not feel stronger; urine perfectly healthy. On percussion posteriorly, the right is still duller than the left, and the respiration is bronchial at the same part where there is dulness. Omit citric acid.

Sulphate of quinine, three grains;

Dilute sulphuric acid, six drops;

Camphor mixture, one ounce. To be taken thrice a-day.

10. Urine healthy; specific gravity, 1017.

11. Continues to improve; spots have quite disappeared.

14. Still dulness on percussion on the right side of the chest posteriorly; respiration somewhat bronchial on the right side; very feeble in lower part.

16. Continues much the same as at the last examination. Vocal fremitus distinctly louder on the right side of the chest. To take eight ounces of blood by cupping from below the right scapula.

21. Expectoration is slightly colored with blood, which probably came from the mouth; pulse above 120, small, and soft; more resonance, on percussion, under the right clavicle than the left. Inspiration increased under both clavicles both in intensity and duration; expiration natural. Omit sulphate of quinine. To have five grains of blue pill thrice a-day; middle diet; discontinue the chop and porter.

25. Cough diminished; still some mucous expectoration; feels pain along the sternum on inspiring deeply; dulness on percussion on both sides of the chest posteriorly, most marked on the right side; respiration somewhat bronchial on both sides; pulse 108.

28. Two or three blotches have again appeared on the leg; the right side of the chest still dullest posteriorly; inspiration louder and rather bronchial in character at the same part where there is dulness; respiration rather puerile in front on both sides; some dulness on percussion under the right clavicle, and in a more marked degree above it; vocal vibration, if any difference, strongest under the right clavicle; gums rather tender, somewhat red and spongy.

30. Soreness of gums increased. Five grains of blue pill every night.

Dec. 2. Left side somewhat duller anteriorly than right, most marked over the second rib near the sternum; expectoration consists chiefly of a thin watery fluid with some thick opaque portions in it. Omit blue pill.

Hydriodate of potass, four grains;

Camphor mixture, one ounce. Thrice a-day.

3. Urine sedimentary and acid; specific gravity, 1032; cleared by heat and nitric acid. He makes about two pints in twenty-four hours.

7. Respiration not so loud in front as it was; right side of the chest still dull on percussion.

16. Complains of pain in his right side.

19. Under the left clavicle there is dulness on percussion.

21. There is slight mucous expectoration to day.

Jan. 13, 1843. The cough more troublesome; expectoration muco-purulent.

Extract of conium, three grains;
Ipecacuanha, half a grain. A pill thrice a-day.

16. Expectoration consists of opaque, slightly yellow spots. On percussion in front duller on the right side, more marked under the clavicles, also duller behind on the right side; respiration has a slightly bronchial character over the right supra-scapular fossa; respiration in front too loud and rough on both sides; does not perspire much; pulse 120; aspect very much improved. Discharged.

In lecturing on this case, Dr. Taylor made the following among other remarks:—In this case the symptoms present, the bleeding from the gums, dark red blotches on the inside of the mouth, small circular spots raised by blood effused beneath the cuticle, and surrounded by areola, with the debility, indicated the disease to be scurvy, but there is one disease, however, with which it is liable to be confounded—viz., purpura.

Before considering the distinctions between scurvy and purpura, let me direct your attention to the fact that writers on skin diseases—as Willan, Bateman, Cazenave, and Rayer—have treated of these diseases under the same head, classing all under the name of purpura; they have also associated together every variety of petechial eruption, or of ecchymosis not arising from external injury, thus including diseases different in nature, causes, and treatment. Now, although it is comparatively of little importance by what name we call them, it is necessary to distinguish those appearances which belong to diseases essentially different and requiring different treatment. We may arrange them in the following manner:—

1. The eruption of typhus fever consists of small, generally slightly elevated, spots, about the size of a pin's head, at first of a pale red, and entirely disappearing on pressure, afterwards becoming of a darker red color; this is evident if you mark one of the spots with ink in order to examine it separately; at a later period it does not completely disappear on pressure, but almost always becomes a little paler; whether it does so at a still more advanced period is doubtful. This is a specific eruption as much so as that of scarlet fever or measles, and certainly is not hæmorrhagic. These spots are called *petechiæ*, and the fever which they accompany petechial fever.

2. Hæmorrhagic spots, which consist of effusion of blood into the substance or on the surface of the skin, but under the epidermis. These are sometimes, but not generally, elevated; they are at first dark colored, almost black, and do not become paler on pressure, and vary in size from a pin's head to a split pea, or you may have large patches. They are especially distinguished in their further progress by undergoing the same changes as spots of ecchymosis arising from a blow, passing through various shades of color—viz., green, blue, and yellow, before they disappear. These changes of color prove their hæmorrhagic nature, and form an important practical distinction between these spots and others of a different kind. It is this ap-

pearance which is seen in scurvy, evidently depending on an alteration in the quality of the blood.

3. In purpura simplex we see spots on the skin of a red color, sometimes bright, at other times livid red, not altered by pressure, not commonly elevated, although I think they may be slightly so, and varying in size from that of a pin's head to a split pea or more. These spots are generally supposed to be hæmorrhagic, because they do not disappear on pressure; but this is not a true ground of distinction. In many of these cases the spots are bright to-day, almost gone to-morrow; in other cases they disappear more slowly; in both cases without the changes of color before described. I remember a girl in the hospital who had a large red erythematous patch on the dorsum of the foot, not altered on pressure on her admission, which at the visit next day had entirely disappeared, without any discoloration similar to what takes place in ecchymosis. Hæmorrhage could not have disappeared in so short a time; and, moreover, in those cases where the spots disappear more slowly, as well as when quickly, they are not followed by any changes of color, showing that they are not hæmorrhagic, although unaltered by pressure. Spots of this kind occur as often in strong as in debilitated states of the system.

Diagnosis and Causes.—I have described three kinds of spots very different from each other, and depending on diseases different in nature, causes, and treatment, but all hitherto called *petechiæ*, and classified under the generic name purpura. Let us apply these facts to the diagnosis in this case; we may put aside the *petechiæ* of typhus fever, and consider whether the disease present was purpura simplex or scurvy. These differ in many respects. 1. Scurvy appears to depend on diet; according to some authorities it arises from want of sufficient food; but I think, with others, in consequence of a deficient supply of fresh succulent vegetables, as the result of which deficiency, the blood becomes vitiated, and persons thus imperfectly nourished become subjects of scurvy. Often we cannot discover from what cause purpura simplex arises, but we frequently find that the subjects of it are strong and healthy looking persons, which is the reverse of what we observe in scurvy. 2. Purpura may come and go quickly, whereas scurvy is a chronic disease, both induced and cured gradually. 3. Scurvy, also, is cured by lemon juice and fresh succulent vegetables, whereas purpura is not certainly cured by such means, but is often benefitted by bleeding and debilitating remedies, which would not cure scurvy. 4. The livid and spongy gums, the indurations in the limbs, and the changes of color of the spots, which occur in scurvy, are not seen in purpura simplex. Whether purpura hæmorrhagica is the same as scurvy I will not pretend to say, as the subject requires further investigation; but purpura simplex and scurvy certainly differ. If we look back to the history of our patient, I think we shall be furnished with the means of making a correct diagnosis. It appears that he had been living on an insufficient quantity of meat, and that which he had was usually salt meat; that he had not taken potatoes nor greens, as he preferred bread; there was, therefore, a deficient supply of vegetables. He took his meals, also, very irregularly, seldom having three a-day, except on Sunday. Last spring he took cold

which lasted six weeks, and had swelling of the integuments of the leg, which he was told at St. George's Dispensary was scurvy. There can be no doubt that he was affected with this disease when admitted into the hospital; all the ordinary symptoms, as sponginess of the gums, livid spots, blotches of ecchymosis on the skin and mucous membrane, fœtid breath, and debility, being present. With regard to the affection of the chest, it appeared to be condensation of the right lung, especially of the back part. As to the cause of this state of lung, there was no evidence of previous inflammation. 2. It did not seem to depend on effusion of blood consequent on scurvy, for it did not increase, and was very extensive. 3. It appeared, therefore, to be most likely that it was caused by tubercular deposition, for dulness was greatest in the upper two-thirds of the lung behind.

Pathology.—Scurvy, as I have said, appears to consist essentially of a morbid state of the blood, produced by the kind of diet mentioned. According to the analysis of Dr. Budd and Mr. Bush, the blood was found to be deficient in coloring matter, and to contain rather an excess of fibrine. This gives rise to all the symptoms.

Treatment.—For the scurvy he was ordered a scruple of citric acid three times a-day, good diet, and half a pint of porter daily. It is said that the fresh lemon juice is more efficacious than the crystallised acid in curing the disease; whether it is so or not I cannot say, but the efficiency of the latter as a remedy for scurvy is undoubted. The quantity ordered was about equal to that supplied to each man in the navy, or rather more.

He was admitted on the 20th of October. On the 7th of November the report states "that the spots were nearly gone, but the patient feels weak;" he was, therefore, ordered quinine in place of the citric acid. As the condensation of the lung did not appear to depend on effusion of blood consequent on scurvy, for it did not decrease and was very extensive, there was a possibility of its being from inflammation; hence, he was cupped beneath the right scapula, and ordered mercury till the gums were sore, and afterwards iodide of potassium, but without any alteration in the state of the lung. It has been stated that mercury is exceedingly injurious in scurvy, and this case certainly corroborated that opinion, for we find that within a week after the blue pill was ordered some of the spots returned.

Although the chest affection remained the same, and it appeared most probable that it was tubercular, under the treatment he was cured of scurvy, and left the hospital much improved in appearance and flesh.

REVIEWS.

A Practical Treatise on Venereal Diseases; or, Critical and Experimental Researches on Inoculation, applied to the Study of these Affections, with a Therapeutical Summary and Special Formulary. By PH. RICORD, M.D., Surgeon to the Venereal Hospital of Paris, Clinical Professor of Special Pathology, &c. Translated by HENRY PILKINGTON DRUMMOND, M.D. Longman and Co. 8vo. pp. 381.

This book is simply a translation of M. Ricord's work; it contains no additional matter, but has the

merit of conveying correctly and clearly the meaning of the French surgeon. Occasionally will be met a word such as "abortive," which may puzzle the few who are altogether ignorant of the French language; but the translator, fully aware of the objections to the introduction of such terms, excuses himself by saying he adopts them from a desire to adhere closely to the original. Occurring but seldom, and, as it were, neutralised by Dr. Drummond's apology, they do not interfere with the utility of his book, which, however, would be better without them.

Some of our friends may wish, before ordering such a book, to have some idea of the matter it contains; we shall, therefore, give a brief analysis of M. Ricord's work.

The title should have been somewhat modified, as two hundred and fifty pages are devoted to the subject of inoculation, and one hundred and twenty to therapeutic remarks. M. Ricord would have been more correct, in calling his book *An Experimental Inquiry into Venereal Inoculation, with some Remarks on the Treatment of Venereal Diseases, &c.*

It should be remembered that Dr. Drummond (as he informs us in the preface) has omitted several cases, but the omitted cases are similar in details to several of those which have been retained; and at page 249 will be found a tabular statement of all the inoculations performed at the Venereal Hospital for several years.

M. Ricord does not claim complete originality for his experimental researches into inoculation, with honorable candour quoting, at considerable length, the prize essay of M. Hernandez, of the French navy, published so long ago as 1812. M. Hernandez performed many experiments, and inferred the non-identity of the syphilitic and gonorrhœal poisons. The style of his essay is at once elegant and nervous, and proves the author to have been well acquainted with the writings of the best authors, French and foreign. M. Ricord, however, has ascertained additional facts regarding inoculation. Having devoted some pages to preliminary remarks, and a statement of his views and conclusions, M. Ricord proceeds to record his experiments.

In Dr. Drummond's translation, the particulars of fifty cases of gonorrhœa are recorded, in which inoculation was tried with a negative result. In some cases a trifling papula or redness was produced, but never anything approaching to the character of a chancre.

The details of forty cases of chancre are related, in which inoculation was practised (including two from the thesis of M. Lavergne). In thirty-two of these the "characteristic ulcer" followed the inoculation, and always was promptly cauterised. M. Ricord is decidedly of opinion that the ulcer produced by inoculation does not increase the liability to secondary symptoms, if it be destroyed before the fifth day of its actual existence—a conclusion which he draws as well from the recorded experience of many eminent surgeons as from his own.

In eight cases of chancre in the stage of reparation