THE HOSPITALS OF LONDON.

BY DR. CORMACK AND DR. SEMPLE, ASSISTED BY NUMEROUS REPORTERS.

INTRODUCTORY REMARKS.

UNDER this head we propose, from time to time, to offer a series of facts and observations regarding the London Hospitals. Our object will be, not so much to give details of individual cases (although these, if interesting, will not be excluded), as to furnish an outline of the statistics of the Institutions, of the practice of their different physicians and surgeons, and of the system of instruction pursued by each of them.

The paramount importance of clinical instruction has always been insisted upon in this journal; and we are happy to observe that the Court of Examiners in the Society of Apothecaries have, in their last curriculum, (published in the beginning of 1850,) made an attempt to place this branch of medical tuition on its proper footing; and no one who is acquainted with the excellencies and defects of our present system of medical instruction, can doubt that the Court of Examiners have exercised a sound judgment in this particular. Our only regret is, that the other medical corporations, especially the University of London and the Royal College of Surgeons of England, have not yet thought it necessary to follow so good an example.

With the view of aiding, as much as possible, the efforts of those who are endeavouring to promote a better system of clinical instruction, we propose to state, as far as our information extends, the various methods pursued of the London Schools of Medicine. On the present occasion, we present to our readers some particulars connected with the mode of clinical teaching adopted at GUY'S and at UNIVERSITY COLLEGE HOSPITALS: which we have no hesitation in stating are both admirably regulated Medical Schools. We also give a short notice of the NORTH LONDON EYE INFIRMARY.

We give these Hospitals priority only from adventitious circumstances. It is no part of our plan to advocate the interests of any particular Schools, or any particular set of Teachers; we are anxious to do justice TO ALL; and, as far as lies in our power, to make the stores of medical knowledge contained in our great hospitals, available to the medical community. Deeply sensible of the liberality which characterises the Hospital physicians and surgeons of London, we acknowledge with gratitude the zeal which they have evinced in placing within our power the means of communicating a vast mass of useful information: and it is our earnest desire, in return for the confidence reposed in us, to make the department devoted to the HOSPITALS OF LONDON one of the most useful features in this Journal.

We are by no means insensible of the valuable services rendered to Clinical Medicine by our weekly contemporaries; and our readers will perceive that it is no part of our plan to supersede their truly excellent reports. To the *Lancet*, special praise is due for having commenced effectively these valuable communications.

GUY'S HOSPITAL.

Guy's Hospital in the Borough of Southwark was founded at the sole cost of Thomas Guy in the year 1727. The hospital school, which was at one time connected with that of St. Thomas's Hospital, has now been separated from it for many years, and is carried on by a distinct and complete staff of lecturers. The number of beds amounts at present to 580, a considerable increase on the number originally determined upon by Guy. This extension

of the hospital was the result of a munificent bequest by the late Mr. Hunt, who left a sum of £200,000, to be devoted to the purposes of the institution.

The large number of patients constantly in the hospital affords great opportunities and advantages, for the instruction of pupils in the practice of medicine, surgery, and midwifery. The arrangements for carrying out this object are as follows. The general service of the wards is conducted on the ordinary plan, each physician being attended by four clinical clerks, (students of the second or third year) who report the cases coming under treatment, and each surgeon being followed by four dressers, and four surgical reporters for the like purpose. During the six winter months of the year, from October to the end of March, the medical and surgical *clinical wards* are open; forty beds are devoted to this service for the physicians, containing twenty-two male and eighteen female patients. The six months are equally divided, each physician taking the wards for two months, during which time he lectures once a week on the cases admitted. Clerks for the clinical wards are selected from among the most assiduous pupils of the third year, and the same rule is adhered to in the selection of dressers. The surgical clinical cases are distributed, and selected from cases in the surgical wards; the clinical surgeon for the time being having the liberty of selecting such as he may choose from all the cases admitted. For these cases there are special reporters, and the surgeon who takes the clinical duty for two months, lectures once a week during that period on the cases requiring notice. In this way it will be observed, that while arrangement is made for reporting all the cases contained in the hospital, the clinical wards and other selected cases supply matter for clinical lectures during the winter session. One great advantage of these arrangements, consists in the means they afford of obtaining a knowledge of the capabilities of students as reporters, while labouring in the general wards, so that the care of the selected cases devolves on those who are not only the best fitted to report, but also to have the care of patients suffering from the severer forms of disease. The Eye Wards, male and female, containing thirty beds, under the care of the ophthalmic surgeon, are open all the year round, clinical lectures being delivered during the summer.

Clinical instruction is also given by the physician-accoucheurs—Dr. Lever and Dr. Oldham—who have twenty beds in the hospital for the reception of women suffering from diseases of the uterus. Two clinical clerks, selected for the most part from students of the third year, attend upon these cases and also assist the physician-accoucheur with the out-patients of this department, which average 160 each week.

For the purpose of teaching practical midwifery, a house has been appointed in the hospital for the residence of three students, who take office under the following conditions. There is a senior, second, and third; the youngest is in attendance for a *fortnight*, during which time he attends all the ordinary cases which occur, amounting to from twenty-five to thirty cases. Having performed this duty satisfactorily, he is eligible for the appointment as second, who has allotted to him such cases as from circumstances may be known to present abnormal conditions: this duty he performs for a month. If his attendance has been satisfactory, he is chosen to the office of senior, whose privilege it is, under the sanction and in the presence of one of the physicians, to perform the operations of turning, applying the forceps, etc., or if capable, he is permitted to undertake, with their sanction and in their presence, any required operation. He resides for two months, and is responsible for the regularity of the others, and assists them in cases requiring particular attention. The cases are attended at their own homes, books being kept in which the names of women are entered, with the time at which they expect to be confined, and such other particulars as may be thought necessary. The annual number attended is about 1400.

During the time the clinical wards are closed, a clinical lecture is given once a week by one of the three assistant-physicians, Dr. Hughes, Dr. G. O.

Rees, and Dr. Golding Bird. These lectures include the subject of Diseases of Children, a children's ward containing beds being open all the year round, under the care of one of the assistant-physicians.

Clinical lectures are thus delivered during the whole year on Medicine, Surgery, Ophthalmic Surgery, and the Diseases of Women and Children. It may be stated, that in order to secure the undivided attention of the physician for the clinical wards in the winter session, each physician, on taking that duty for two months as before-mentioned, deposes his assistant-physician to undertake the service of the general wards.

The general management of this plan of instruction is under the superintendence of a clinical censor, who keeps lists of the clerks to each medical and surgical officer, and a register of those who, from standing and capability, are fitted for the offices of reporters or dressers. Further particulars regarding Guy's Hospital (to secure accuracy), we defer to a future occasion.

UNIVERSITY COLLEGE HOSPITAL.

University College has taken the initiative in clinical teaching, as in many other branches of education. Eleven years ago, for the first time in any English medical school, distinct professors were appointed, whose special duties were to superintend the practical training of students at the bed-side of the sick. In common with all the British schools, clinical instruction had been previously given by the several physicians and surgeons of the hospital; but by the institution of distinct professorships, the amount and efficiency of this teaching was extended. The clinical duties of the medical officers were not abolished, but the old system was developed and perfected.

Dr. John Taylor (now of Huddersfield) was the first Professor of Clinical Medicine, and Mr. Liston the first Professor of Clinical Surgery in University College. Dr. Walshe and Dr. Parkes have been, successively, the successors to Dr. Taylor; and Mr. Quain now holds the chair once filled by the greatest operator of modern times.

We have already said, that the clinical duties of the physicians and surgeons were not superseded by the creation of special clinical professors. Thus, for example, Dr. Walshe, Dr. Garrod, and Dr. Murphy, the three other physicians to the hospital, are still termed in the Prospectus, *Clinical Professors*, and are expected to give instruction at the bed-side; so also Mr. Erichsen is Clinical Professor of Surgery. But these professors are not expected to bestow the same amount of labour on their pupils as the special clinical professors. On Dr. Parkes devolve the duties of practically teaching the stethoscope, the art of percussion, the method of examining the urine, etc., in addition to pointing out the general phenomena of each case; and Mr. Quain's duties embrace corresponding practical instruction in surgery. In addition to the officers above mentioned, the Council have recently created a chair of Ophthalmic Surgery, and this is now occupied by Mr. Wharton Jones. Courses of instruction in Dental Surgery have been for some years given by Mr. Durancé George.

The Hospital contains 120 beds, of which about one-third are devoted to surgical cases. Into the medical side, the worst cases only are admitted, out of the great number always applying for admission; so that the examples of disease presented are of extraordinary severity as compared with the average of the cases in the large hospitals.

Confining ourselves on this occasion to the medical side, we find that the usual mode of examining patients, and dictating in a loud voice to clinical clerks,¹ has been adopted in this hospital ever since it was opened. This plan, which originated in the Edinburgh School, can never be superseded, and of itself is of great use, as placing before every student phenomena with whose

¹ The Clinical Clerks are students who have distinguished themselves for intelligence, industry, and good character.

characteristics he may subsequently make himself acquainted by personal investigation of the patient. In University College Hospital, the cases are taken with extreme minuteness and care.

The following is the plan which Dr. Parkes, the present clinical professor, has used since his appointment :¹

A. GENERAL PREVIOUS HISTORY.

1. *Name*—age—place of birth—place of usual residence—how long in London—general health of parents, brothers, sisters, and other relations—mode of death of ditto.
2. *Conformation and appearance when in state of health*—height—weight—make of body (tall—slight—short—square, etc.)—colour of hair and eyes—temperament—habitual state of mind—cheerful—melancholy, etc.
3. *Trade*—sedentary or active—in or out of doors—how many work-hours per diem.
4. *General mode of life*—lived well or badly—amount of meat and fresh vegetables—temperate or not—amount of liquor and of what kind—tobacco—clothing—personal cleanness as to baths, etc.—exposure to weather—how much sleep—number of persons in same room—married or single—how many children—place of abode—humid, dry, well, or badly drained, etc.
5. *Previous health in general terms*—good—bad, etc.
If a female—catamenia, at what age appeared first—second appearance—when quite regular—regular or not since—scanty or profuse—how many children or abortions—labours easy or the reverse—any flooding—suckled her own children—when catamenia ceased.
6. *Previous Diseases*—(The patient should be first asked to enumerate them, afterwards special inquiry should be made as to the following, viz.)
Small-pox—cow-pox—pertussis—scarlatina—measles—rheumatism, acute or chronic—rheumatic or neuralgic pains—palpitation of the heart—winter cough—hæmoptysis—epistaxis—hæmatemesis—indigestion—piles—syphilis, primary or secondary—gonorrhœa.
Accidents, as blows—strains—heavy falls.

B. SPECIAL PREVIOUS HISTORY.

(i. e. of the disease for which advice is sought).

Exact date of commencement. Then the symptoms should be taken down as nearly as possible in the patient's own words.

C. PRESENT STATE.

- (a.) The patient should be called upon to state what he feels to be the matter with him. Answers should be taken down in his own words. No leading questions should be asked.
- (b.) The patient should then be questioned concerning the following subjective symptoms, supposing that they have not been mentioned :—Pain—aching and soreness—feelings of uneasiness or prostration—flushes—coldness or shivering—tingling or burning—alterations of vision—hearing—touch—taste or smell—numbness of extremities—altered or impaired cutaneous sensibility—dyspnœa—desire to cough or cough—palpitation—choking—dysphagia—degree of appetite—thirst—nausea—desire to micturate—gripping—tenesmus, etc.

¹ Dr. Parkes has informed us, in answer to our application to be permitted to publish his plan, that he has been obliged to sacrifice exact scientific arrangement, in order to make the examination as direct and short as possible, for the convenience of the physician as well as of the patient. But it is quite easy afterwards to bring together all symptoms connected with any organ, as for example, the lungs, if an exact arrangement be required.

(c.) Objective symptoms (including any subjective symptoms which it is inadvisable to sever from the objective symptoms).

In noting these symptoms, it is advisable, in fevers and general constitutional diseases, to go regularly through the following list; but in other cases the examination may be commenced with that part of the body to which the previous examination has seemed to point as the seat of the disease; for example, great palpitation, dyspnoea, and pain in the cardiac region, should be followed by examination of the heart; cough and hæmoptysis, by that of the lungs, etc.

1. **GENERAL OBJECTIVE SYMPTOMS**, including a short description of the attitude, manner, aspect of the patient—emaciation—muscular strength—paralysis—twitches—convulsions, etc. Also at this time, before the patient is stirred, the pulse at the wrist and the respirations should be counted.

2. **SURFACE.**

(a.) Colour of skin.

(b.) Spots—sudamina or eruption of any kind.

(c.) Dry or moist—if moist, perspiration acid or alkaline—smell.

(d.) Temperature of skin (in axilla and groin).

(e.) Œdema—flaccidity—rigidity of limbs.

(f.) Superficial veins.

(g.) Conjunctivæ—irides—cheeks—expression.

(h.) Colour of lips and inside of mouth, including tonsils, tongue and palate; temperature; quantity and reaction of saliva.

(i.) Joints.

(k.) Nails.

3. **HEAD**—form of head—circumference—breadth—intellect—hearing.

4. **LARYNX**—front of neck generally, pulsation in neck, venous or arterial, etc.; voice—tracheal rhonchus, etc.

5. **EXAMINATION OF FRONT OF CHEST AND ABDOMEN**—(Patient recumbent).

6. **CHEST.**

(a.) General shape, etc.—degree of prominence of clavicles—post and infra-clav. spaces—post-sternal space—any general or partial bulging or retraction, etc.—width of intercostal spaces.

Lungs.

(a.) Expansion as ascertained by the eye and hand—intercostal spaces marked or not in full inspiration—full expiration—relative duration of inspiration and expiration.

(b.) Expansion as ascertained by the chest-measurer.

(c.) Measurement of chest—circumference immediately below axillæ—right and left—full expiration—full inspiration.

At point of ensiform cartilage—full expiration—full inspiration.

Sterno-clav. to nipples—middle line to nipples.

(d.) Vocal fremitus—in infra-clav.—mammary and lateral regions—friction or rhonchal fremitus—purring tremor or thrill of any kind.

(e.) Percussion—post-clav.—clav.—infra-clav.—first on one, then on the other side—post-sternal—sternal throughout—mammary—infra-mammary—axillary—infra-axillary.

(f.) Respiration—in same regions above—distinguishing between inspiration and expiration, in easy, deep, and tussive respiration.

(g.) Voice in same parts.

Heart.

(a.) Apex—place where—kind and strength of impulse—whether any pulsation elsewhere—purring tremor, undulation, etc.

(b.) Percussion note of 1st, 2nd, 3rd, 4th, and 5th left cartilages and 4 first interspaces, as compared with right side—percussion for inner or right line of cardiac dulness; then for the outer or left line—shape of dulness.

(c.) *Sounds*—2nd right cartilage—2nd left—midsternum—apex—point

of ensiform cartilage—outside left nipple—top of sternum—in neck—is there any friction?

(In cases of diseased lungs and heart, mark sounds of heart all over chest, front and back.)

The first and second sounds must be listened to separately.

7. ABDOMEN.

(a.) Shape—circumference round navel, if there be any abdominal disease—resistance of walls—tenderness.

(b.) *Liver*—upper and lower edge in full expiration and inspiration—height of liver (also length of trunk from upper edge of sternum to pubis)¹—can edge be felt?—is it rough—smooth—round—sharp, etc.?

(c.) *Spleen*—size by percussion—auscultation for splenic murmurs.

(d.) Percussion of abdomen generally, marking out if any dull parts.

(e.) Auscultation if necessary—temperature if abdominal disease present. Special examination for tumours—fluctuation.

8. EXAMINATION OF THE BACK.

(Patient sitting up with the arms crossed.)

General Inspection—supra-spin. fossæ—movements of ribs by eye and chest-measurer—general or partial bulging—dorsal arch—curvature of spine—tenderness of spine.

Vocal fremitus.

Percussion—supra-spinous fossæ—infra-spinous—interscapular angles of scapulæ—bases—mark out lower edge of lungs—auscultation for respiration and voice in same regions.

Examine loins and mark out kidneys by percussion—grasp kidneys.

9. EXCRETIONS.

Expectoration—quantity in twenty-four hours—colour—consistence—form—surrounded with thin fluid or not—aërated or not—microscopic characters—reaction.

Urine—quantity in twenty-four hours—specific gravity—reaction—appearance and colour—does it contain albumen—sugar—bile?—quantitative analysis.

Sediment—character to naked eye—microscopic examination—chemical tests.

Fæces—number of stools—quantity—colour—reaction—microscopic characters.

10. BLOOD—microscopical and chemical examination—physical appearances—of clot and serum—reaction, etc.

In certain cases, examination of uterus by touch and speculum—of anus and urethra.

In cases in which it is not possible to go fully into the examination, after a short general previous history, the special previous history should be followed by an examination into the part to which the symptoms point as the seat of the disease; then in addition to the usual subjective and objective symptoms, the following points may be more or less closely examined:—

1. The apices of the lung in front and behind.
2. The sounds of the heart.
3. The condition of the abdomen as to fulness, tenderness, etc.
4. The state of the urine and fæces.

Dr. Walshe's method differs from this, in the minuteness with which the circumstances connected with the previous health and condition of the patient are recorded.

The clerks not only take down the cases to the dictation of the physician, but on them devolves especially the examination of the urine. In every case, the quantity of urine passed in twenty-four hours is recorded; the

¹ This point is merely inserted to aid an inquiry in which Dr. Parkes is at present engaged.

urine is tested for albumen, sugar, and bile, and the microscopic characters of the sediment (if any) are noted.¹

The minute accuracy with which the cases have been taken in University College Hospital for a number of years by the successive physicians, has led to the accumulation of an immense number of complete histories of disease in the hospital registers. But the immediate effect on the mind of the student of this careful investigation, is still more important. He receives at once the lesson, that those who have from their vast opportunities become most conversant with disease, yet deem the severest scrutiny essential before they pronounce on the nature of the affection they have before them. He is at once taught, that an accurate diagnosis is the great aim of his teachers, and that the successful attainment of this object requires on their part no slight labour and consideration. And in the extraordinary success with which the exact condition of organs can be often determined, the student will learn that this labour and consideration may meet with ample reward, as he may, on the other hand, perceive, in the errors which must occasionally occur, that there is yet room and verge enough for amplification and correction in the mode of investigating disease. Clinical lectures are delivered twice a week by the special Professor of Clinical Medicine, and once a fortnight by each of the other physicians. In these lectures, each case is reviewed after its termination ; or, as we understand is Dr. Parkes's present plan, the cases while still in hospital, particularly those likely to have a fatal termination, are minutely considered, so that the students may have frequent opportunities of comparing symptoms and *post-mortem* lesions, and of observing how far the grounds for the diagnosis have been found valid.

In addition to clinical lectures, the physicians are in the habit of lecturing upon cases at the bed-side, and the pupils are also called upon, as far as the time will permit, to examine the patients for themselves. But, in the space of time which can be devoted to the visit, it has been found impossible to give the student sufficient instruction as to the manner of conducting this examination. It was for the purpose of supplying this deficiency, that the special Professorship of Clinical Medicine was founded.

The increased accuracy of diagnosis which is becoming so conspicuous a feature in the profession, is owing to several causes, but most particularly to the cultivation of various kinds of physical examination. In cases in which the ancient physician, or even the physician of sixty years since, depended for his diagnosis chiefly on the symptoms derived from the sensations of the patient, or on the few objective symptoms which were appreciable by him (as, for example, the state of the skin, the tongue, the expectoration, the pulse, or the physical appearance of the urine) the physician of the present day brings to bear a host of appliances for a closer investigation. He measures, he percusses, he listens, he weighs, he has recourse, in fact, to a number of means by which he ascertains the state of the patient, without a word being uttered by either party. Within the last few years, fresh modes have become available ; and the microscope and the test-tube have come into daily use in the chambers of the sick. So important and so accurate is the information which the combined use of these methods gives, that it is not too much to assert, that he who can avail himself of these aids to physical diagnosis, need not fear to affirm the diagnosis after a proper investigation, in almost all general diseases, and in the infinite majority of local chest and abdominal complaints, and in many head affections which come before him.

The acquirement of these several methods is a study, which we have yet

¹ We have not alluded to the office of Physician's Assistant, which in University College is filled by old students, who are elected every six months by *concours*. It is a post of great importance, and very instructive to those who hold it.

to see take its place by the side of those which are deemed most essential to the education of a physician. What his dissections are to the anatomist, or his balance and test to the chemist, or his measurements and calculations to the astronomer, so is his stethoscope, his measurer, his test tube, his pleximeter, his speculum, or his microscope¹ to the practising physician. They are his tools, his implements of labour; and unless he learn to use them, he would, with all the theoretical knowledge in the world, be like, when brought to the bedside of the sick, an anatomist who had never touched a scalpel, or an astronomer who had only read of telescopes. And it may be safely asserted, that the student who can use well these modern appliances, will be able, after he has seen only a small number of cases of disease, to make a more accurate diagnosis, than the old routine practitioner, whose so-called "experience" consists only in the inaccurate observation of multitudes of patients whose diseases he never fully comprehends.

Each physician in University College Hospital is, of course, a clinical professor; but those who are not the special professors, necessarily and most usefully tend, in their instructions, towards that point where lie their favourite studies. Thus, Dr. Walshe (in addition to the usual general instruction concerning the course of nature and treatment of diseases) is most full and explicit in all information relating to physical examination. Dr. Garrod, on the other hand, is rather led, by the prevalent nature of his studies, to consider more closely the chemistry of the fluids, and the action of medicines, etc. Dr. Murphy, again, gives practical instruction in the use of the speculum, and other means which are used in the examination of the female organs.

The duties of a clinical professor, however, embrace the whole range; and he should be at once competent to use the stethoscope and the speculum, to analyze blood or urine, and to distinguish, under the microscope, the histological elements which most especially aid in diagnosis.

In order to teach the principles of physical diagnosis, the special Professor of Clinical Medicine gives, to small classes, practical instruction at the bedside, on the position and movements of organs, on the stethoscope, the art of percussion, measurement, etc. Each of these courses which have been regularly given since the foundation of the chair, occupy about six or eight weeks, a space of time in which the principal facts can be mentioned and illustrated; so that, with the necessary labour which every student must bestow upon his own improvement, a competent working knowledge may be acquired. The applications of chemistry and microscopy to diagnosis, are brought forward as occasion may arise.

The *post-mortem* examinations are conducted by the physicians, who dictate aloud to the clerks the morbid alterations. This is, we believe, a better plan for the instruction of students, than leaving the *post-mortem* examinations to a special officer, who does not necessarily see the patients during life.

In order to encourage students to examine patients for themselves, and to commence the necessary training of those powers of observation which are to be so largely exercised in after life, gold and silver medals are awarded, every winter and summer term, to the authors of the best series of cases.

Such are, we believe, the means of instruction at University College Hospital. Altogether, the system pursued is a good one; and it will most probably be rendered still more efficient, as the officers of the hospital confess that there exist deficiencies in their method, and are constantly endeavouring to remedy them.

¹ It is evident, that as the applications of chemistry and the microscope to medicine develop themselves, the special assistance which these methods give to diagnosis, will become a distinct branch of tuition, that is to say, distinct from the general subject of the chemical and microscopic histories of disease. At present, however, the subject is too little advanced to permit this to be done.

NORTH LONDON EYE INFIRMARY.

This charity was established eight years ago. In the annual report for 1850, it is stated that during 1849, 1214 patients were treated: of this number 913 are mentioned as cured, 111 as relieved, 27 as incurable, and 163 as under treatment.

The following is a summary of the 161 OPERATIONS:

Cataract—Extraction, 11—Solution, 19—Depression, 2	...	32
Tumours	...	41
Obstructed Lachrymal Duct	...	8
Entropium and Ectropium	...	5
Artificial Pupil	...	4
Minor Operations	...	71

161

The affairs of this Institution are regulated by a committee annually chosen from the subscribers. Mr. Dalrymple is consulting surgeon, and the attending surgeons are Mr. White Cooper, Mr. G. Pollock, Mr. Pyle, and Mr. H. B. Norman. There is a surgeon daily in attendance from 10 to 11 A.M., Sundays excepted. Patients suffering from severe diseases, or requiring operation, are admitted into the house at the discretion of the surgeons: and in very urgent cases, the patients are allowed at all times to apply at their private residences.

The general character of the treatment pursued at the North London Eye Infirmary, is that which was so efficiently practised by the late Mr. Tyrrell, at Moorfields. Careful attention is paid to the general health, and especially to the removal of the causes of disease; depletion, by the abstraction of blood, is very little practised, and violent escharotic drops and ointment are quite proscribed, having been found not only unnecessary, but pernicious. Observations have recently been made to some extent, on the utility of the *neutral acetate of lead in granular lids*: although undoubtedly of service, it is not found to work the wonders which some foreign writers have ascribed to it, but it is regarded, at the North London Eye Infirmary, as a very useful auxiliary to other treatment. Mr. White Cooper has been trying the newly introduced medicine, *sumbul*, and is well satisfied with it. He says that it is of decided service in cases of debility as a tonic and restorative. In combination with colchicum, he recently found the etherial tincture of *sumbul*, of essential service, in the case of a patient whose constitution had been greatly broken by a dissipated life, and seven mercurial salivations. Being severely attacked with arthritic sclero-iritis, the ordinary treatment failed to subdue the attack; but on a trial being made of the combination above mentioned, he rapidly recovered. The *hydrocyanic acid vapour*, which has lately been lauded as a remedy for cataract, in a Canadian work, is often used to remove corneal opacities, in which it is decidedly beneficial; but though tried, it has never been found to produce the slightest effect either upon cataract or amaurosis. *Cod-liver oil* is found to be extensively useful in strumous ophthalmia. Children recover rapidly under its use, with mild local treatment, and counter-irritation.

At the present time, catarrhal and rheumatic affections of the eye appear to be very rife, but yield readily to treatment. In rheumatic scleritis, bark and soda, with or without colchicum, is found extremely beneficial.

[In future we propose to prefix to our first notice of each Hospital a complete list of its Medical and Surgical Staff.]