in the intimate texture of parts. Inflammation, for example, has its immediate seat in the minute or capillary vessels. Diseased growths, also, as regards their origin, progress, and essential structure, can be successfully investigated by him only who is conversant with healthy texture, joined with the philosophical spirit, which is now extending itself to all pathological inquiries, promising to lead to highly important results in this difficult path of investigation, aided as it was by the judicious use of the microscope.

Mr. Ikin then shortly reviewed the other fundamental branches of medical science, alluding particularly to surgery, the practice of medicine, midwifery, and forensic medicine. On each of these subjects he made some short observations, summing up in a few words their nature and objects, and pointing out the manner in which they should be studied. As regarded both practice of medicine and surgery, the student had ample opportunities at the Leeds school of studying them efficiently; for besides the lectures, there was an extensive and well-conducted Infirmary and Fever Hospital, in which both might be learned at the bedside, and with the assistance of able and experienced officers, by whom clinical lectures would be given; as well as at the Eye and Ear Infirmary. With these facilities for improvement they would be able to store up a fund of useful knowledge, which might be turned to advantage long after they had left this school, and when they had entered upon the laborious and trying duties of professional practice.

Thus the education here given was practical in all its bearings. The general education of the student was not of course directly within their controul; but it had been shown that it should be comprehensive, in order to suit the spirit of the age, and to form a proper basis for the professional knowledge which must be reared upon it. There was nothing but the diligent accumulation of general and professional knowledge, according to their opportunities and abilities, which could lead to conscientious and honourable practice, for nothing else could create thorough independence, and therefore foster an abhorrence of all the acts of puffing and quackery, whether evinced in the humbugs of the day, as hydropathy, homœopathy, and mesmerism, or in popular displays regarding medical science, or in the profession of secret remedies or the boasted discoveries of specifics. In one or other of these forms it was, that quackery was generally met with, and, unfortunately for the medical body, it was to be found both within as well as without the profession, but as had been well said on a similar occasion to the present, "whosoever pretends to skill or knowledge which he does not in his conscience believe that he possesses, is not a follower of Hippocrates but of Paracelsus, the prince of quacks, and after the example of that arch pretender, the putting forth of false pretensions is generally coupled with the still more mean and vulgar art of

deprecating and traducing others. But let him who thus attempted to proclaim himself by interested boasting and vain display, be aware, that however he may deceive for a moment and profit temporarily by his deceit and vanity, in the end he is almost certain to be exposed, and to be left without credit for truth or honesty, and with the discredit also of contemptible ignorance."*

With a few words of admonition and warning to the students, and after urging them to attend diligently to their studies, and not disappoint the expectations of their friends and teachers, he concluded by saying, that as for himself and colleagues, whose duty it was to instruct them, neither zeal or assiduity should be wanting on their parts to render the anatomical as well as every other course, as efficient and useful as possible, and equal to those given at any other provincial school. He was happy to be able to inform them that at present they had ample means for prosecuting dissection, having a good supply of subjects. At all times, however, it should be held in mind, that in the comprehensive subjects they had to teach, the best and most accomplished teachers are still students—still, like themselves, learners, the only difference being, that the former were no longer beginners, but had made some progress in their course,—so that imperfections and deficiencies were to a certain extent unavoidable. The lecture-room was not the place to find fault in, for the art of fault-finding was an accomplishment easily acquired, and the peculiar characteristic of a self-conceited and ungenerous mind; but it was their duty to come to the lecture room to *seek* instruction, and it was a duty they alike owed themselves, their parents, and their teachers, to come there with a determination to improve *themselves* and to be instructed; for, he took it for granted, none came but those who required instruction, and he wished and urged them to be, in the true sense of the word, *students*." It was their interest, as it was assuredly their duty, diligently to cultivate professional knowledge; and whilst they thus laboured to promote their own interests and happiness, they would have the encouraging idea that in a corresponding degree they tended to promote the happiness of others."

* *Lancet*, 1841.

ON THE USE OF CHLORIDE OF LIME IN FEVER.

By CONWAY T. EDWARDS, Esq.,
Surgeon, Bath Easton, Bath.

Most persons, and all medical men, are acquainted with the domestic purposes for which the solution of the chloride of lime is used. Its peculiar property of destroying unpleasant effluvia, renders it particularly valuable in the chambers of the sick, and especially in those of patients suffering from contagious fevers. Yet, except in one solitary instance, recorded I believe in the pages of this periodical, its use as a remedial agent, does not appear to have extended beyond

sponging the surface of the body with a weakened solution; sprinkling it in the apartments, and mingling it with the secretions.

It is a singular fact, that notwithstanding the acknowledged powers of this preparation over the offensive effluvia arising from external causes, no account has been published of its effects on the mucous surfaces of the fauces, stomach, and bowels (whence such effluvia are generated, in febrile diseases,) when internally exhibited; and as they are well marked, perhaps I may be pardoned for introducing the subject to the notice of the members of the Association.

Among the phenomena attendant on febrile diseases, the putrefactive fœtor of the breath and secretions, is at once characteristic and remarkable. From the commencement of the attack, to the termination of the disease, whether it be in convalescence or in death, it is more or less invariably present; the correction of this symptom would, therefore, be a most important point gained in the treatment of the disease, as it would appear to involve with it in destruction, one of the more immediate causes to which the violence of the attack may be referred—namely, a morbid condition of the discerning vessels. To attempt to check a cause, through a symptom, does not appear at first sight to be very scientific, yet, if a curative reflex action result from such a mode of proceeding, then we are justified in appealing to the symptom, in preference to that of the supposed cause or causes. The solution of the chloride of lime, when given internally, immediately destroys this symptom, and reacts upon its cause, for the fœtor of the breath is directly subdued, and within a short period the fauces lose their dryness, and the secretions their offensive character. These would be very important points gained, were nothing more effected; but the good does not rest here. By the continued correction of these offensive secretions, the vascular surfaces which pour them out are made to assume a healthy action; the system relieved from the poisonous presence of these exhalations, rallies in a very rapid manner, and permits a generous diet, with corresponding remedial means, to be used much earlier than they otherwise would be.

That a great portion of the characteristic and justly dreaded exhaustion originates from the poisonous atmosphere which is evolved from the patient, and the causes that produce it, is evident from the fact, that a rally is experienced directly the system is relieved of its presence; and therefore, to overcome this, is to destroy one of the most formidable symptoms with which the practitioner has to contend in his treatment of typhoid and other contagious fevers. A striking instance of the truth of these observations will be found in the following case:—

A lady attended a very crowded private ball last winter. The rooms were intensely hot, and badly ventilated, as almost all the apartments of private houses are. To obtain relief from the oppressive atmosphere, she seated herself near an open door, and partook of water-ice. A few days after this she sent for me. Symptoms of high inflammatory fever being present, protochloride of mercury, scammony, jalap, neutral salts, and tartrate of antimony, were freely administered, with abstraction of blood, and a blister between the shoulders during the first twenty-four hours. These means reduced a very strong and rapid pulse to

90; so that I had good hopes a blue pill every night, a cathartic draught every morning, and effervescing medicine during the day, with tepid sponging, would soon bring the complaint to a favourable issue. But in this I was disappointed. Towards the end of the sixth day, whether owing to the gradual increasing nourishment, or from the typhoid character which hitherto had as it were lain dormant, but was now developing itself, the throbbing headach returned with increased violence, the eyes became suffused, and the face assumed that peculiar reddish-brown glow, and expression of anxiety, so characteristic of synchus. The breath was fetid, the pulse 110, and weak; and the alvine secretions became dark, and particularly offensive. Leeches were applied to the temples; cold water was poured on the head, and ordered to be drank freely; the whole body to be sponged three times a day with a weak solution of the chloride of lime; calomel in small doses, combined with muriate of morphine; a cathartic draught once a day, (sufficiently powerful to carry off the collected secretions,) and antimonial medicine, was the treatment, with little variation, during the succeeding week. The diet was farinaceous.

The morphine gave very troubled sleep at night, and towards the end of the week occasional delirium was present; the breath continued foul; the fœces black; but the pulse never rose beyond 110, nor sunk below 100, during this week. The question of treatment was evidently resolving itself into one of diet; but the family knowing the nature of typhus fever, and expressing no wish for further advice, I considered it best to feel my way a little longer, before the plan of treatment should be altered, when an accidental circumstance determined the line of conduct to be pursued. The nurse, according to desire, having thrown the solution of the chloride of lime on a recent evacuation during my visit, and at once destroying its effluvia, it immediately occurred to me, that if the solution were mingled with water, and given to the patient instead of common water, a similar effect would be produced. Acting directly on the thought, a tablespoonful was mixed with a tumbler of cold water, and the patient requested to drink a fourth of it; the breath was immediately corrected, and before the evening, the evacuations, though black, had lost their characteristic odour; the tongue became unloaded and moist, and a gentle perspiration pervaded the whole body. At eight o'clock, half a glass of port wine in warm water was given. At ten p.m., a grain of morphine, and five grains of James's powder; a dose of castor oil ordered in the morning, and the chloride of lime solution as a diet drink.

Six hours comfortable sleep was the effect of this treatment, and on awaking, the surface of the body was bathed in perspiration. The patient progressed favourably until the end of the week, when a slight relapse occurring, the solution of the chloride of lime was again resorted to, which, with a little blue pill and cathartic draught for a few mornings, reduced every unfavourable symptom.

To the solution of the chloride of lime, may be fairly attributed, the reduction of this fever, both in force and duration. Since then, I have administered it in doses of half an ounce to a pint of *soft* water, in all cases where feverish symptoms are present, with the greatest benefit to the patient. Cases of indigestion,

and those popularly termed bilious, derive relief from it. From this account of some of its medicinal qualities, I would not wish it to be inferred that I regard the solution of the chloride of lime as a specific in fever, but that administered by a practitioner, at the moment when his judgment deems it necessary, it will materially assist the action of his other remedies, by immediately destroying one of the most oppressing and obstinate symptoms which attends on all febrile diseases, but more particularly those of a typhoid character.

CASE OF LOOSE CARTILAGE IN THE KNEE JOINT.

By HENRY TERRY, Esq., F.R.C.S., Surgeon to the General Infirmary, Northampton.

George Richards, aged 17, was admitted into the Northampton General Infirmary April 30, 1843, on account of chronic pain and swelling of his right knee. He said that he had injured himself by a fall on the ice three years ago, and that his knee had been getting worse ever since. He was kept in bed, and treated by cupping and blistering. During the progress of this treatment, an acute attack of synovial inflammation came on, and he then said that he had, two or three times before, suffered a slighter attack of similar pain, which had passed off in a few days. The present attack was severe, but it yielded to active treatment more readily than synovitis usually does.

On carefully examining the knee after the pain and swelling had subsided, a loose cartilage was discovered in the cavity of the joint. The patient said he had felt this for several months, and had considered it as the cause of the occasional attacks of pain which he had experienced. It seemed also to have been the cause of the recent inflammation, which was consequently symptomatic rather than idiopathic, and I thought that it was on that account perhaps that it had been so easily subdued. With so much chronic disease of the joint, and after so recent an attack of synovial inflammation, it seemed doubtful whether or not it would be justifiable to operate for the removal of the cartilage; but, after consultation, it was decided upon to do so, and I was the more inclined to this decision from the circumstance of the patient himself being very anxious to have it done. He now thought it was the chief circumstance which prevented him from walking, and fancied that he could get about pretty well if the little moving substance were taken away. It seemed clear also, that although there might be danger from the operation, there was at least an equal degree of danger in allowing a source of irritation to remain in the joint.

The operation was performed August 29, 1843, and the substance was easily removed. The wound was drawn together by one stitch and a strap of plaster; it was very tightly bandaged, and thoroughly wetted with cold water. The limb was put in a straight fracture box, a little elevated above the thigh; the most perfect state of rest was enjoined, and the lowest description of diet. I saw him four hours after the operation, and found him quite comfortable, and without pain; but I thought his pulse was getting rather too much up. It had increased both in strength and frequency since the operation, and I

feared that with such a circulation (though not more than ninety in a minute) local inflammatory action would probably soon take place. I, therefore, took thirty ounces of blood from his arm, and gave him the following medicine:—

Tartar emetic 1-6th of a grain.
Sulphate of magnesia . . 1 drachm.
Saline mixture 1½ ounce.

To be taken every four hours.

Some folds of the bandage were cut, and the wet application was made effectual by the agency of capillary attraction; a bit of worsted hanging out of a bottle of water kept up a continual dropping on the part.

He was comfortable in the evening, and the pulse was much subdued; the bowels were freely opened; he was comfortable again the next morning, and, in fact, had no unpleasant symptom during the period of his recovery. The plaster was not taken off till the tenth day after the operation, when it was found that the wound had united by the first intention. Indeed, it was quite healed, excepting the little apertures occasioned by the suture. The stitch was taken out, and in two days more, when it was looked at again, it was found quite well; the plaster and bandage were left off, but the limb was still kept quiet in the box for another two days, when (that is, in a fortnight after the operation) all treatment was discontinued, and he moved about freely in his bed.

He had thus recovered, as far as the loose cartilage and the operation for its removal were concerned, and these alone it is the purpose of this communication to describe. But the relief which the poor man hoped to receive from the operation was not obtained. He found the original disease still a barrier to his getting about, and this, after a time, went through the ordinary stages of scrofulous disease of the knee joint. His strength and flesh gave way, and it became necessary to remove the disease by amputation. I would only remark, that the absolute rest, the continued application of cold water, and, more especially, the free loss of blood a few hours after the operation, seemed instrumental in preventing the effects which sometimes arise from opening into the knee joint, and conducive to the rapid healing of the wound.

DEATH FROM THE IMPACTION OF A PORTION OF THE BEARD OF BARLEY UNDER THE TONGUE.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The following case, which I attended with Mr. Peck, of Newmarket, is one which you may perhaps think worthy of a place in your journal.

I am Sir,

Yours very truly,

W. H. RANKING, M.D.

Bury St. Edmunds.

J. G., aged 17, the son of a wealthy farmer near Newmarket, of remarkably robust frame, was first seen by Mr. Peck, on the afternoon of the 28th of September. He complained of sore throat, with difficulty in moving the tongue. The soft parts forming the floor of the