

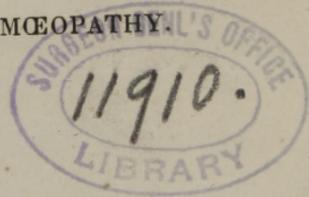
OBSERVATIONS  
ON THE  
PRINCIPAL MEDICAL INSTITUTIONS  
AND  
PRACTICE  
OF  
FRANCE, ITALY, AND GERMANY;

WITH  
NOTICES OF THE UNIVERSITIES, AND CASES FROM HOSPITAL  
PRACTICE.

TO WHICH IS ADDED,

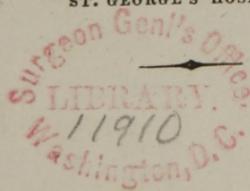
AN APPENDIX,

ON ANIMAL MAGNETISM AND HOMŒOPATHY.



BY EDWIN LEE,

MEMBER OF THE ROYAL COLLEGE OF SURGEONS, FORMERLY HOUSE SURGEON TO  
ST. GEORGE'S HOSPITAL.



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1837.



TO  
ROBERT KEATE, ESQ.,  
SURGEON TO THE KING,

SENIOR SURGEON TO ST. GEORGE'S HOSPITAL, &c.

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MY DEAR SIR,

The high position which you have so long and so deservedly occupied in the estimation of the profession in general, and of all who have the advantage of knowing you, would have prompted me to inscribe to you this work, were I not induced so to do, by the grateful remembrance of your unvaried kindness, as also of the advantages I derived from your instruction during my studies; and although I could wish the work to have been more worthy of being dedicated to you, I am yet happy to avail myself of this opportunity in offering a slight tribute of respect and esteem.

Believe me to remain,

My dear Sir,

Your obliged and faithful Servant,

THE AUTHOR.



## PREFACE.

THE present volume is intended to give the professional public a concise account of some of the principal Medical Institutions on the continent, deduced from personal observation at various periods within the last seven years, and will, I trust, be considered by those best qualified to judge, as presenting an impartial and not inaccurate sketch of the actual state of medical and surgical practice in France and Italy. Some cases, taken for the most part by myself, have been inserted to illustrate the method of treatment usually adopted, but much has been omitted, which from having been already published in the English language, would have increased the size of the book without making a proportionate addition to its usefulness. For the same reason, no mention is made of the French provincial hospitals in which the practice does not materially differ from that pursued in Paris, and of which, having only visited some of them *en passant*, I could have recorded but mere statistical details of little interest.

During my visit to Italy last year, I found the state of medicine had undergone very little change since I published my Observations on Italian Medical Institutions, four years ago; the parts relating to Florence and Naples are consequently reprinted almost without alteration. The notes on German institutions were taken during a tour this summer, and though less copious than those on the Parisian and

Italian institutions, may serve to convey some idea of the state of practice in that country.

Animal magnetism and homœopathy being of foreign origin, though not strictly connected with medicine, and the latter especially having recently attracted the notice of many persons, I have thought it not misplaced to give a brief account of them in an Appendix, which may tend to place the pretensions of their supporters in a proper light with the public.

I take the opportunity of expressing my grateful acknowledgment of the attentions and urbanity I experienced from the professors and medical attendants of the different institutions which I have visited; and beg to assure future travellers that on the continent generally, strangers meet with no impediment to their visiting charitable establishments, but on the contrary, every facility of investigation is afforded them.

EDWIN LEE.

*London,*

*September 21, 1835.*

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## PART I.

### FRENCH MEDICAL INSTITUTIONS.

THE establishments for the relief of the sick and infirm poor are by far on a more extensive scale in Paris than in any other metropolis. Upwards of fifteen thousand beds are occupied in the various hospices and hospitals; forty-seven thousand patients are on an average annually received into the hospitals, and nineteen thousand old and infirm paupers into the hospices or asylums. The annual revenues of these establishments, amounting to from ten to twelve millions of francs, are mostly derived from property upon lease, gifts and bequests, a share of the entrance duties, of receipts at the theatres, and of the profits from the Mont de Piété, an establishment for the loan of money on pledges. The annual expenditure averages about six millions. These institutions are under the superintendence of government: most of them are directed by a general council, under which an administrative commission is charged with the executive power. At the head of each establishment is placed a chief or superintendent, by whom its interior economy is regulated, and to whose authority all the persons employed in the establishment are subject.\*

The council has a central office, at which twelve physicians and six surgeons preside: these are elected by *concours*, or public competition of candidates. Patients obtain medical advice and relief, on application at the central office, and, if their case requires it, a ticket of admission to a hospital

Hospital physicians and surgeons are usually chosen from among the members of the central office. They are in general exceedingly regular in their attendance, make their visits at an early hour every morning, and during the visit avail themselves of every opportunity of imparting clinical information to the students. Patients are minutely examined, and the daily progress of their case taken in writing by a clinical clerk

\* Formulaire des Hôpitaux, par Edwards et Vavasseur.

attached to each professor. After the visit the professors of the faculty, and some others, give clinical lectures, and see out-patients.

The professional attendants are assisted by numerous *internes*, and *externes*. The duties of the *internes* are similar to those of house-physicians and surgeons in England. They are elected, by concours, for two years, at the expiration of which period they may be re-elected for two additional years. They board and lodge in the house, and receive a small salary. The *externes* are also elected by concours for a period of three years, and perform the duties of dressers, but do not reside in the house. Each professor is also attended in his visit by a student of pharmacy, who notes down the medicines prescribed, and sees that they are properly prepared. All drugs and officinal preparations are supplied from a central dispensatory, but prescriptions are prepared in the hospitals.

The more immediate attendance on the sick is performed by the *sœurs de la charité*, a sisterhood whose lives are passed in this benevolent occupation. Male and female attendants, termed *infirmiers*, acting under the orders of the sisters, perform the more laborious duties.

The *Ecole de Médecine* is a handsome edifice, occupying one side of the Place of the same name. The central portion consists of the amphitheatre, perhaps the finest in Europe, capable of containing an audience of fifteen hundred persons. The other portions of the building contain, on the first floor, the museum, the library, the cabinets of botany, *materia medica*, and surgical instruments. The museum is small, and is but indifferently furnished with anatomical and pathological preparations. The wax models are very inferior to those at Florence and Bologna: the cabinet of pathological wax models is, however, interesting and contains several good specimens of malformation, and rare cases. The library is provided with an extensive collection of books and plates, on medicine, surgery, and the accessory sciences. It is open daily for the convenience of students. The professors of the faculty deliver lectures on the various branches of professional education in the amphitheatre. Clinical lectures are given at the different hospitals.

A neat hospital, containing about one hundred and fifty beds, has been recently erected opposite the *Ecole de Médecine*, for purposes of clinical instruction.

The Faculty of Medicine is composed of a Dean, two assessors, and the following professorships:—anatomy, physiology, chemistry, medical physics, surgical pathology, medical pathology, general pathology and therapeutics, botany, clinical medicine, clinical surgery, clinical midwifery.\*

Candidates for the diploma of Doctor in Medicine or Surgery, are required to have studied four years, during which period they have to take out an inscription every three months for attendance on the lectures and hospitals. Members of foreign colleges and universities may, however, present themselves for examination after two years' study in Paris. The scholastic year begins on the first of November,

\* To this enumeration the author should have added *hygiène*.—AMER. EDIT.

and terminates on the thirty-first of August. The expense of the course of study required for taking a degree does not exceed a thousand francs. (£40.)

The following is the prescribed order of study :

- 1st. Half-year.—Anatomy, Physiology, Chemistry.
- 2d. Medical Physics, Hygiene, Medical Natural History.
- 3d. Anatomy, Physiology, Operative Surgery.
- 4th. Hygiene, Medical Pathology, Pharmacy.
- 5th. Operative Surgery, Medical and Surgical Pathology.
- 6th. Clinical Medicine, Clinical Surgery, *Materia Medica*.
- 7th. Clinical Medicine, Clinical Surgery, Medical Pathology.
- 8th. Medical Jurisprudence, Therapeutics, Obstetricity.

The examinations for the diploma are five in number. The first takes place after the fourth inscription has been taken out; the second after the twelfth inscription: the three remaining examinations take place at the termination of the course of study.

The subjects of the first examination are, natural history, physics, medical chemistry, pharmacology; 2d, anatomy and physiology; 3d, general pathology, medical and surgical pathology; 4th, medical jurisprudence, hygiene, *materia medica*, and therapeutics; 5th, clinical medicine and surgery, operative surgery, and obstetricity.

Each examination lasts two hours, during which four candidates are questioned by three examiners.

For the anatomical examination the candidate is required to make a preparation from a part of the body, which is indicated to him on the same morning, and to answer questions proposed to him relative to the preparation. Candidates have also to write and defend a thesis on some point relative to medicine or surgery. The clinical examinations take place in the clinical hospital at the bedside of patients. The examination fees amount to one hundred and fifty francs.

The *Ecole pratique* was instituted for promoting a spirit of emulation among the students. The number of pupils is restricted to one hundred and twenty, who are elected by concours, and divided into three classes, viz. of the first year, second year, and third year. Examinations frequently take place, and prizes are distributed. Pupils of the *Ecole pratique* are eligible to the offices of anatomical demonstrator and assistant demonstrator, which are also determined by concours. Demonstrators hold their appointment for a year, and receive each a salary of twelve hundred francs. The same person may be re-elected for three successive years.

The dissecting rooms of the *Ecole pratique* are airy and commodious, great attention being paid to cleanliness. The facilities for the study of practical anatomy are very great, and on this account Paris is annually resorted to by students from England, Germany, and Italy. These facilities have however some disadvantage, in the inducement they offer to students to hurry through their dissection in a careless manner. A cause of the greater neatness of dissection observed in the English schools is no doubt to be attributed to the comparative scarcity of bodies.

The *Salpêtrière*.—This vast establishment, situate at the south-eastern extremity of Paris, is composed of several buildings, constructed with

regularity, and inclosing spacious gardens and grounds for exercise. The population amounts to six thousand individuals, the greater part consisting of aged and infirm females, the remainder of patients of the same sex afflicted with mental alienation, epileptic and cancerous diseases. The inmates sleep in large wards, containing from thirty to sixty beds, which however are placed too close to each other. The meals are served up in the wards, there being no dining-rooms. Those who require medical attendance are transferred to the infirmary, containing two hundred and fifty beds, which are mostly occupied by cases of chronic gastric, and bronchial affections, diseases of the heart, and paralysis. The number of insane patients averages from nine hundred to one thousand. This department of the establishment has been much improved of late years, owing in great measure to the exertions formerly made by the venerable Pinel.

The patients are classed in three divisions, viz. curable, incurable, and idiots. The medical superintendence of the first division is confided to M. Pariset, of the second to M. Mitivié, of the third to M. Falret. Tranquil patients, and those under treatment, are lodged in clean and airy wards, each containing from twenty to forty beds. Of the incurable, the more intractable and furious patients, some occupy wards, others small cells built round court-yards on the ground-floor. Each of the cells lodges one person, contains no other furniture than a bed, and has a grated window with a shutter. When violent, the patient is confined to her cell, and the shutter closed; the isolation and darkness is often sufficient to restore quiet, without resorting to the straight waistcoat, which is the only means of forcible restraint employed. In general, however, the patients walk about the courts in the day-time, and are superintended by females, who appear to treat them with kindness and gentleness. Moral measures are not much employed in the treatment, which chiefly consists in the use of mild purgatives, baths, douches, and counter irritation by means of blisters. In some cases of maniacal exaltation, cauterisation of the nape of the neck is used with very advantageous results. Sanguineous depletion is not frequently resorted to, nor are opium and other sedatives often employed. There is a separate ward for convalescents, who employ their time in reading and sewing. Another ward is appropriated to the paralytic patients. The paralysis supervening on mental alienation is mostly of a general nature, in which the faculty of volition first appears to partake of the debility of the intellectual powers. Its approach is generally indicated by loss of memory and confusion of ideas; the tongue and muscles of the mouth then become affected, and the inferior extremities are, soon afterwards, unable to support the body. M. Pariset does not employ depletion or debilitating measures in these cases—counter irritation and the nuxvomica are also inefficacious. Paralysis most frequently supervenes in elderly persons, who have been long insane.

*Bicêtre*\* is an institution for the male sex, similar to the Salpêtrière, situate two leagues from Paris. Its population is about three thousand persons, including the insane. Two physicians and a surgeon have

\* Formulaire des Hôpitaux.

charge of those inmates whose health requires medical assistance. The diseases most frequent in the infirmary are apoplexy, paralysis, chronic bronchial irritation, rheumatism, and affections of the urinary passage. There is also a department for seventy-six patients afflicted with cancerous disease. Messrs. Ferrus and Lelut are the professional attendants of the insane, and have seen the ameliorations proposed by Pinel in this department carried into effect; the number of attendants is also augmented. There are spacious grounds for exercise, as also a farm where sixty of the patients are employed. The average number of insane in the establishment is three hundred and sixty; several are paralytic. Where this complication exists, the cases are always incurable. From twelve to fifteen individuals leave the hospice monthly; the deaths amount to about the same number, the cures from seven to eight.

The *Maison Royal de Charenton*, situate a short distance from Paris, is exclusively appropriated to the reception of the insane of both sexes. The house is built on a slight acclivity, and contains six hundred beds. The disposition of the building is not, however, according to M. Esquirol, well calculated for the efficient treatment of the patients. The following statistical account is from the same authority—from 1826 to 1833, one thousand five hundred and fifty-seven patients were admitted, viz. nine hundred and thirty-two men, six hundred and twenty-five women. With respect to season,—in spring, four hundred and six,—summer, four hundred and forty-five,—autumn, three hundred and sixty-five,—winter three hundred and forty-one. The maximum of admissions with respect to age is from twenty-five to thirty for men, from thirty-five to forty for women. It must not, however, be inferred from this, that insanity is more frequent at these periods than later in life, as the number of individuals of the same age diminishes in proportion to the advanced period of life. The causes were in the following proportion,—hereditary predisposition, three hundred and thirty-seven,—domestic chagrins, two hundred and seventy-eight,—reverse of fortune, forty-nine,—political circumstances, in 1830, thirteen, in 1831, fifteen, in 1832, three, and in 1833, one only.

The *Hospice de la Maternité*, or Lying-in-Hospital, contains four hundred and fifty beds. Women who have passed the eighth month of pregnancy are received on application, without any questions being asked as to name, residence, &c. They receive every requisite attention until after their accouchement, beyond which the majority do not remain more than eight or nine days, and have the option of leaving their infant in the hospital. The greater number are unmarried, and avail themselves of this permission. A physician, two surgeons, and a midwife, are attached to the establishment. One hundred and fifty females studying midwifery, reside in the house, and assist in the practical part of the duties; after a certain period they undergo an examination, and take out a licence to practice. About three thousand five hundred accouchements take place annually; the average mortality is one in twenty-two cases. Visitors and students are not admitted, in order that the inmates may be more sure of concealment.

Near the former, and situate in an open and healthy part of the suburbs,

is the *Hospice des Enfants-trouvés*, where between five and six thousand infants are annually received on presentation. The admissions, at night, take place by means of a revolving box, communicating with the porter's lodge and the street; the infant is placed in the box, and a bell rung to apprise the portress; the box is then turned round, and its occupant becomes a protégé of the establishment.

Most of the infants remain but a short time in the house, being sent into the country as soon as nurses can be procured for them. In this there is no difficulty, as there are always several women in attendance. During their stay, healthy infants are suckled by resident nurses, and are placed in a large ward termed *La Crèche*, containing one hundred cradles. The sick are transferred to the wards of the infirmary, which also contains about one hundred cradles. The wards are airy, and great attention is paid to cleanliness. Notwithstanding these circumstances, and the advantageous situation of the building, three-fourths of the infants received into the infirmary die. A principal cause of this immense mortality is the privation of the breast; the artificial food, composed of milk more or less diluted, and of light farinaceous substances, disagreeing with the infants, produces gastric irritation and diarrhœa, under which they succumb. It appears to me that the medical treatment, consisting for the most part of expectant measures, is not suited to the class of cases, which are mostly of an inflammatory nature. The remedies principally consist in baths, emollient enemata, and demulcent drinks. Leeches and counter-irritants are sometimes used, laxatives very seldom. The limited number of nurses, and the manner in which the bodies of the infants are bandaged up, so as to prevent free motion of the limbs, have also an influence in increasing the proportion of deaths.

Many of the little patients are afflicted with induration of the cellular texture, which exists both as a distinct affection and as a concomitant of other diseases, especially jaundice. It is in some cases general, but more frequently the cheeks, thighs, legs, and back, are separately or simultaneously affected; it generally comes on a few days after birth, and is immediately recognised by the hardness of the affected parts to the touch: the skin retains the red colour of new-born infants. Dissection throws no light upon the causes of the disease. Paletta attributed it to mechanical obstruction of the circulation. M. Billard considers it to depend upon general plethora and a congestive state of the venous system, cold and humidity acting as the exciting causes.\* M. Baron also regards exposure to cold as its most frequent exciting cause. The skin is generally dry, and the cure is easy, if perspiration can be produced. The treatment consists in abstraction of blood in some cases, in application of warm flannels, friction, water and vapour baths.

\* *Traité des Maladies des Enfants nouveaux nés.*

## OBSERVATIONS ON CONTINENTAL PRACTICE.

THE profession in France is divided into physicians, surgeons, and *officiers de santé*, an inferior grade, whose practice is restricted to the slighter cases of disease and the minor operations. Some physicians and surgeons practise midwifery : this department is, however, for the most part, in the hands of female practitioners, who are required to go through a certain course of study before they are licensed to practise. Apothecaries are not allowed to prescribe, their business being confined to the selling of drugs, and the preparation of prescriptions, as with chemists and druggists in England.

Members of the profession on the Continent do not enjoy so high a degree of estimation in society as in England ; and the scale of remuneration is much lower. The trifling expense of the course of study allows admission to many of the poorer class of individuals, who would be excluded in England by the expenses attendant on their education. Many students exist upon one thousand francs, or even less, per annum, and in case of sickness are necessitated to become inmates of the hospitals, where they find more attention and advantages than could be expected in their comfortless apartments. They are, however, for the most part, exceedingly anxious to acquire information, read hard, and are attentive and regular in attendance on the hospitals and lectures : each individual being aware of the necessity of personal exertion, and that, in consequence of the public competition on the occurrence of every vacancy, talent and application are the only passports to distinction.

Most medical elections are decided by concours ; which has many advantages over the method adopted in England. It certainly affords the best guarantee to the public and to hospital patients, of the skill of their professional attendants : and on the Continent, where medical establishments are strictly public, no other plan could be so well followed. It is not likely, however, to be speedily adopted in England, where these establishments are supported by the benevolence of individuals, who naturally consider themselves entitled to take part in their internal management. Under the present system, the voice of public opinion and criticism, far more strongly expressed in England than elsewhere, and the judicial investigation which ensues on fatal cases, where suspicions of improper treatment exist, are the principal securities for the capabilities of hospital professional attendants.

The number of practitioners who adhere to purely expectant measures in the treatment of disease is now extremely limited. The number of exclusive Broussaists is also very small, although many of the profession still incline to the principles of that doctrine. The majority, however, appear to be reverting to the principles of the *Médecine Hippocratique*, which, less disposed to generalize and to consider inflammation present in most diseases, adopts less energetic measures, the practice being regulated by the actual condition of the symptoms in individual cases. The hospital practice of men professing opposite opinions is not,

however, so different as might be expected from a perusal of their works. A pharmaceutical combination of drugs is not frequently employed, the remedies being mostly of a simple nature, and except the difference in regard to sanguineous depletion; tisanes, decoctions of simple herbs, mucilaginous and sweetened beverages, joined to tepid baths and enemata, are the medical means mostly used in the great majority of cases. The leading feature of the Broussaian doctrine is, as is pretty generally known, the reference of fever to a local origin. This was considered to be inflammation, in a greater or less degree, of the mucous membrane of the stomach and bowels, which was supposed to be present in the greater number of acute, and in many chronic diseases: hence the practice mainly consisted in the avoidance of all stimulants, tonics, purgatives, or any medicine likely to irritate this membrane; and in the employment of abstinence or liquid diet, occasional blood-letting, the repeated application of leeches to the abdomen, and the administration of acidulated cooling drinks. At present, however, when it is becoming evident to many practitioners that the inflammatory lesions met with in fever are more frequently effects than causes, this treatment is less rigidly adopted: remedies formerly altogether proscribed are now more often used, and the results are a diminution of the generally diffused apprehension of gastro-enteritis among the profession, as also of the mortality among the patients.

The periodicity of diseases was always a stumbling-block in the way of the Broussaian doctrine, and was attempted to be got over by a theory of the intermission of inflammations. Thus intermittent fevers were regarded as periodical inflammations of the alimentary canal, notwithstanding which, bark continued to be resorted to for their cure. This opinion is, I believe, now generally abandoned. An influential author expresses himself on the subject of intermittents in these terms:—"And we have until the present time defended this opinion; but it now appears to us that their nature resides in the blood, and that the nervous and inflammatory symptoms by which they show themselves are but the effects of the contact of the miasm on the nervous centres and principal organs; especially on the digestive passages, parts which we have seen in all cases of poisoning where a history of the case preceded, almost constantly the first to feel the effects of different poisons, in whatever manner introduced into the system."\*

An apprehension of exciting inflammation in the alimentary canal still, however, acts as a bugbear in preventing the employment of many remedies from which advantage is daily derived in England. The same fear has probably given rise to the plan followed in many cases, of introducing medicines by an abraded or blistered surface on the skin, or what is termed the *méthode endermique*. It is obvious that this method is only applicable when the substances to be introduced are small in quantity, or exist in the concentrated state, as quinine, strychnine, digitalis, the salts of morphia, &c. Medicines so administered are said to be as efficacious as when taken into the stomach; and there is no doubt the plan might be advantageously adopted in cases

\* *Elémens de Pathologie.* Roche et Sanson.

where, from irritability of this viscus, substances introduced by the mouth are with difficulty retained.

The diffusion of Broussaian principles has produced one beneficial effect, in substituting for the comparatively inert measures formerly employed, a more energetic practice in acute disease. Sanguineous depletion, general and local, is now more resorted to, and repeated oftener, than in England: its frequent employment and repetition being rendered the more necessary on the Continent from the circumstance that it is not, as with us, seconded by medicines which increase the secretions, and which in their effects, though often equivalent to the abstraction of blood, do not induce so much consequent debility. These medicines have, moreover, the advantage of procuring the removal of noxious matters, and thereby relieving the system of a powerful cause of the febrile re-action and nervous irritability which so frequently supervene upon the loss of blood, and which are too often mistaken for a condition requiring further depletion: so that where bleeding has been repeatedly employed, if the progress of the disease be not checked at its outset, the strength of the patient is greatly reduced, and he has, in the favourable cases, to support a tedious convalescence.

As the bodies of patients dying in the hospitals are examined, immense opportunities are afforded for the advancement of morbid anatomy; and the numerous valuable works which exist on the subject bear testimony to the zeal with which this important branch of medical knowledge is studied by French practitioners, who by this means are enabled to arrive at much greater accuracy of diagnosis in many diseases than the majority of the profession on this side of the channel. Such being the case, it appears surprising that so little improvement should have taken place in the treatment of disease in French hospitals: this may however, in my opinion, be accounted for by two circumstances;—first, that post-mortem lesions, the effects of disease, are often mistaken for its cause, and consequently the treatment must be less successful than one based merely upon the observation of symptoms; and secondly, that a routine line of practice is adopted against diseases; sufficient attention not being paid to the various modifications the same disease may assume in different persons, the patient's constitution, strength, and other peculiarities of his case not being sufficiently taken into account.

In the treatment of chronic disease, hygienic measures, simple infusions, and mineral waters, are extensively used; compound medicines, stimulants, tonics, purgatives, sedatives, mercurials, &c. being seldom employed in comparison with the English practice in this respect. No doubt active medicines are too freely given in England in many cases of chronic disease, and it will be admitted by those in extensive practice, that great and irreparable injury has been frequently caused by the indiscriminate use of mercury, as formerly employed, especially in nervous and dyspeptic cases. The mode in which the majority of English practitioners are remunerated, viz. in proportion to the quantity of medicine sent, has most likely induced the habit which many persons have acquired of dosing themselves with active medicines on every trivial deviation from a state of health. The sooner this system of

remuneration is altered, the better will it be both for practitioners and patients.

On the other hand, baths, which are constantly used on the Continent, are but seldom resorted to in England as a remedial means. Although I cannot say much of the advantage of tepid bathing in febrile and inflammatory diseases, I have no hesitation in stating my opinion, that the more general use of baths in chronic complaints, particularly in derangement of the digestive passages and in nervous diseases co-existing with such derangement, would be highly beneficial in alleviating the symptoms, and shortening the duration of these affections. I have no doubt that the tendency to these complaints, as well as to bronchial irritation and rheumatism, would be diminished, if persons in health were accustomed to regulate the functions of the skin by this means more frequently than is generally the case. It is a curious circumstance, that notwithstanding the numerical disproportion of inhabitants, and greater density of its atmosphere, London possesses fewer bathing establishments than perhaps any other large metropolis.

The practice of abstracting blood and applying irritants at a considerable distance from the seat of the disease, on the principle of revulsion, might be more frequently adopted with advantage in England, especially in affections connected with cerebral irritation or congestion; these cases are often singularly benefited by a small bleeding from the ankle, a few leeches to the thighs or anus, blisters to the legs, sinapisms to the feet, &c.

An important advantage is possessed by French over most English practitioners, in the investigation of the morbid phenomena which take place in the thoracic and abdominal viscera, by means of auscultation and percussion, by which much of the obscurity and uncertainty enveloping several diseases is removed. The importance of these essential aids in the formation of a correct diagnosis cannot fail to be properly appreciated in England, as a knowledge of them becomes more extensively diffused. It is true that long observation and practice are requisite to enable one to define accurately the more minute varieties of structural change, and even the most experienced may be led into error if the general symptoms be not taken into account. This, however, is no argument against the study of auscultation and percussion being urged upon pupils following the practice of public institutions, especially as the patients are subjected to little inconvenience, and the principal diagnostic signs furnished by these means may be learned in a short time.

In several points connected with the treatment of surgical disease, there exists a material difference between England and the Continent. The most prominent of these consists in the absence of internal treatment in most surgical cases, by which surgery is reduced to little more than the application of dressings and the performance of operations. In France and Italy scarcely any medicine is given in surgical diseases, the means of relief being principally restricted to rest, the general and local abstraction of blood, local applications, including counter-irritants, and, lastly, operations; which are often performed in cases where their necessity would be obviated in England by the timely adoption of

measures influencing the progress of the local disease, by their operation on the general system. Among these measures, I may mention the attention paid to the regulation of the functions of the chylopoietic viscera, the use of laxative, tonic, sedative, and alterative remedies,—of mercury, alkalis, and the pharmaceutical combination of medicines. These means are found, by daily experience, to influence in a remarkable manner the course of various local diseases, especially chronic inflammation in various textures, cachectic affections, ulcers, tumours of the breast and other parts, diseases of the joints, of the testicles, of the eyes, of the bones, and periosteum, many nervous affections, the constitutional irritation, supervening on accidents and operations, or occurring during the progress of disease, as of stone in the bladder, &c.

The reasons which have been urged against the employment of internal medicines, viz. their liability to derange the general health, and to produce morbid irritation of the alimentary canal, can only apply to the abuse, and not to the proper use, of remedies, and consequently do not require refutation.

With respect to mercury, its action on the capillary system of vessels, and consequent effects in controlling inflammatory disease, do not appear to be known, or, if known, are not appreciated by continental practitioners. Calomel is generally considered merely as a purgative, and is occasionally administered as such. One writer in a popular work even says, that this medicine is almost entirely inert, and may be given in large quantities with impunity.\* Several practitioners of influence are, however, sensible of the value of this remedy in local disease. Thus M. Biett employs it in many cutaneous complaints. M. Sanson also employs it in small doses, frequently repeated, in some cases of ophthalmia.

In the remarks I formerly published, I stated that patients who died in continental hospitals after accidents or operations, usually succumbed to causes which a better regulated treatment would in many cases prevent or remove; more recent observation has not inclined me to alter this opinion. In these cases the general treatment chiefly resolves itself into rigid abstinence for a long period, venesection, the topical abstraction of blood, the use of emollient or sweetened tisane, and an occasional enema. It is a common circumstance to see patients labouring under serious disease, and after accidents and operations, in whom there has been no action of the bowels for six, eight, ten, or even more days. I have no hesitation in stating that I have repeatedly seen patients die from nervous irritation and internal inflammations, arising apparently from no other causes than abstinence from food, and a constipated state of the bowels. The apprehension of gastro-enteritic irritation is urged as the reason for the non-employment of laxatives; the circumstance appearing to be overlooked, that the continued presence of excremental matter would tend more surely to cause fever and inflammation, both as a direct irritant, and from the absorption of noxious particles. In fact, where the irritation produced by this cause becomes evidenced by pain and diarrhœa, the use of remedies which would relieve the

\* Dict. de Médecine et Chirurgie Pratique. Art. Mercure.

bowels from the source of these symptoms, is considered to be more strongly contra-indicated.

In the parallel between English and French Surgery of M. Roux, the English are accused of not paying sufficient attention to the preparation of patients, by diet, medicine, &c. previous to the performance of operations. This is one among the many erroneous conclusions at which M. Roux arrives, and I have no doubt, that had the period of his visit been longer, many of his statements with respect to English surgery would have been altered. Certainly, at the present time, English surgeons cannot be accused of underrating the importance of preparatory measures; much more care is taken in England than in any part of the Continent which I have visited, to ascertain, previous to the performance of an operation, whether the patient be in a fit state with respect to general health, and freedom from visceral disease, to undergo it with advantage.

The healing of wounds by granulation was till within these few years pretty general in France; but the incontestible advantages of union by the first intention, are now almost universally recognised. After operations, however, primary union mostly fails to take place, which is not to be wondered at, as the rigid abstinence to which patients are subjected, and the enormous quantity of charpie and compresses with which wounds are dressed, are more fit to favour suppuration than to prevent its occurrence. Arteries are now tied on the same principle on the Continent as in England; a single ligature being applied, and ligatures of reserve discarded. In operating for popliteal aneurism, Hunter's method is generally adopted. A French author attributes the invention of this operation to Anel, who tied the vessel between the aneurism and the heart, several years before Hunter.\* The principle of Anel's operation and Hunter's is however essentially different. The former tied the vessel close to the tumour, whereas Hunter placed the ligature *at a considerable distance from the aneurism*, where the artery was more likely to be in a healthy condition; not so much with the view of preventing altogether the passage of blood into the tumour; for he was well aware this would take place in many instances by means of the anastomosing vessels, but chiefly to prevent the impetus of the heart's action being transmitted to the aneurismal sac, and consequently to remove the principal impediment to its obliteration.

The principles by which the treatment of fractures is directed, are also very similar on the Continent and in England. Fractures of the leg are treated in the extended position, with an apparatus resembling the junk of the London hospitals. Those of the thigh are also treated in the extended position, by two splints extending the whole length of the limb. When the fracture is near the neck of the bone, the double inclined plane is usually preferred. Most French surgeons are of opinion that fractures of the neck of the thigh bone are capable of osseous union, a preparation in the Museum of the Ecole de Médecine appears to corroborate this opinion. Fractures of the upper extremity are not unfrequently treated by rest in bed and position. M. Roux

\* Velpeau. Médecine Opératoire.

infers, from having seen two cases of ununited fracture in London, the frequent occurrence of these accidents; at present, however, it is seldom that cases of false articulation are met with even in the humerus, where non-union occurs more readily than in other bones; most probably from the circumstance, that as these patients are not confined to bed in England, the fracture is not treated in the horizontal position, the weight of the lower part of the limb tends consequently to separate the fractured ends of the bone, unless care be taken to counteract this cause, by giving due support to the elbow.

Baron Larrey treats compound fractures by an apparatus, composed of a junk and dressings, varnished over so as to exclude the air; this is not removed during the whole period of treatment. This plan has been tried in some of the Parisian hospitals, but the results have not been such as to lead to its adoption. The apparatus of Mr. Amesbury was employed a few years ago in some London hospitals, and also offers the advantage of not requiring removal; the patient being able to get about on crutches during the progress of the cure. It is, however, most applicable in simple fracture; and in some cases which I treated, consolidation appeared to be more quickly effected than by the ordinary method.

In France and Italy much time is not often consumed by attempting to reduce strangulated hernia, the operation being almost immediately resorted to. A large proportion of these cases do well, but inflammation is not unfrequently induced by the neglect of measures to obtain alvine evacuations. Where the early performance of the operation combined with the English mode of after-treatment, the number of unsuccessful cases would be extremely limited. English patients who die in cases of strangulated hernia, usually succumb in consequence of the length of time lost in the employment of various means in succession, before the constriction is removed; although these means effect reduction in many cases, the inflammation generally runs high; and when they fail, the chances of success are much diminished. It is therefore better, when the symptoms are urgent, that an operation not in itself dangerous, should be performed, even in some cases where it might be obviated, than that it should only be resorted to as a last resource, and delayed till the probabilities of success are materially lessened.

Surgeons on the Continent agree with those in England in considering Gimbernat's ligament as the chief cause of constriction in femoral hernia. Sir A. Cooper, however, states that this ligament can never occasion the constriction; but is not Gimbernat's ligament the cause of the narrowness of the crural ring, and of the state of tension in which this part is maintained? And does not the division of its sharp edge admit of a greater degree of relaxation without weakening the abdominal parietes, than could be obtained by a partial division of Poupart's ligament? Doubtless, in some cases, the neck of the sac, and the falciform edge of the fascia lata, may form exclusive causes of stricture, though it is questionable whether this be frequently the case.

When lithotomy is required, the lateral operation is usually performed, as in England, except that the bistouri caché supersedes the cutting gorget. Of late years, however, the bi-lateral operation has

been frequently performed with very successful results. Of seventy patients of various ages operated on by M. Dupuytren, six only died. The principal advantages of this operation over the lateral operation are, that the incisions are made at the widest part of the inferior aperture of the pelvis; the chances of dividing important vessels are diminished, and the prostate gland being divided to an equal extent on either side of the urethra, admits of the extraction of large calculi, without the incision passing its circumference. The chief disadvantage is the danger of wounding the rectum, which however may be averted by the operator depressing the part with the fore finger of his left hand.

Lithotomy will, however, be superseded in many cases by lithotrixy; although I question if this latter admits of such universal application as its advocates would lead us to believe. In children it is less applicable than lithotomy. The hardness of the calculus is also an objection to its employment. In many old persons labouring under enlargement of the prostate, the difficulties of lithotrixy are increased, and the success less probable, in consequence of the retention of the fragments of the stone. Indeed this circumstance, and the lodging of fragments in the prostatic portion of the urethra, constitute two of the chief drawbacks on lithotrixy. The method by perforation, as employed by M. Civiale, is now less generally adopted than that of breaking down the calculus by means of Jacobson's and Heurteloup's instruments; these operations are now so greatly simplified, as to be easy of performance; and much of the complicated apparatus formerly considered essential, is dispensed with by some operators.

Flap amputations are now less frequently performed in France than a few years ago. Amputations at the articulations are however more frequent than in England. M. Dupuytren used to amputate the thigh and arm by a circular incision at once through the skin and muscles down to the bone. The traction effected by the assistant, gave to the wound the form of a cone; the operator then made another circular incision at the base of this cone, and on a level with the cut surface of the skin, by which the projecting flesh was divided, and the bone sawn through higher up than could be effected by the usual method. This operation has recently been advantageously modified, by first dividing the skin and cellular bands which unite it to the subjacent muscles; and it appears to me to offer greater advantages than the ordinary mode of circular amputation. The manner in which stumps are dressed in Parisian hospitals appears peculiarly calculated to produce febrile reaction, and prevent union by the first intention. The edges of the wound being maintained in contact with adhesive straps, a perforated rag, smeared with cerate, is put on, and over this three or four thick compresses of charpie; over these again linen compresses and bandages. From this mode of dressing, the low diet on which patients are long kept, and want of attention to obviate constipation, a very large proportion of amputations are unsuccessful.

In the treatment of burns and scalds, stimulating applications are less used on the Continent than in England, where, no doubt, much harm is often done by these being continued after suppuration is established. As inflammation of the digestive passages is generally found

to co-exist with severe burns, sanguineous depletion is resorted to, and with opium, cataplasms, or emollient dressings, are the means usually employed in France. The application of ice to the head is strongly recommended, whatever be the seat of the injury. This remedy is said to cause speedy cessation of the pain, and to prevent cerebral symptoms. The application need not be continued more than an hour or two, and should be discontinued when the pain has ceased.

Strictures of the urethra are treated in continental hospitals by rest in bed, a catheter being kept in the bladder, and its size increased by degrees. In cases of retention of urine, where great difficulty existed in introducing a catheter, M. Dupuytren did not persevere in the attempt, but adopted antiphlogistic measures; passed a bougie as far as the impediment, and fixed it there. An abundant mucous secretion was produced, which allowed the bougie to be passed a little further into the urethra at the expiration of a few hours. It was again fixed in its new position, and thus proceeding by degrees, did not fail to arrive at the bladder.

Cold applications are less frequently used in France and Italy than in England. This is the more surprising, as the beneficial effects of this remedy must be apparent on trial. On the other hand, however, the agency of heat is much more frequently had recourse to, and the actual cautery is not unfrequently applied. Baron Larrey employs this remedy in some cases of erysipelas to which in England cold lotions would be considered better adapted.

Diseases of the eyes do not appear to have received the same degree of attention in France as in England and Germany, the practice being in general very inferior. Although abounding in establishments for the treatment of special diseases, Paris does not possess any ophthalmic institution; patients with diseases of the eyes being received into ordinary hospitals, to the great detriment of their general health. They are for the most part treated by local applications, constitutional measures being seldom resorted to. A dispensary for ophthalmic diseases has, however, recently been established by M. Sichel, a German physician; which is much resorted to by pupils, and where these affections are treated with great success, principally by constitutional measures, varied according to circumstances.

The treatment of uterine disease is better, and less empirical in France than in England, where the great objection to ocular and manual examination too frequently prevents patients obtaining relief, and consequently the nature of the disease often becomes evident only when too late to be remedied. It appears to me that these diseases, as well as some others which supervene upon difficult parturition, are more prevalent in France than in England; which may partly be caused by the practice of midwifery being in the hands of females in the former country.

Having thus taken a cursory view of some of the leading differences in England and continental practice, I shall proceed to give an account of the principal hospitals.

## PARISIAN HOSPITALS.

## HOTEL DIEU.

THIS large hospital is built on one of the branches of the Seine. The two portions of the building are united by a wide covered bridge, which serves as an exercise ground for patients. The number of beds is twelve hundred,—that of the patients usually averages from nine hundred to nine hundred and fifty. The majority of these are physicians' patients, labouring under acute disease, not more than two hundred and twenty-four beds being appropriated to the surgical cases. The wards are large, clean, and, though not lofty, are pretty well ventilated: attached to each bed is a statement of the period of admission, age, sex, occupation, &c. of its occupant. Three surgeons and ten physicians, assisted by several clinical clerks, internes, and externes, perform the professional duties, and make their visits every morning between the hours of six and nine. Operations are performed, clinical lectures delivered, and out-patients seen in the large amphitheatre. The average mortality in this hospital is one in eight.

In M. Dupuytren, for many years the principal surgeon of this hospital, were presented a tact and quickness in seizing indications of treatment, joined to a precision of diagnosis and dexterity in the performance of operations, rarely met with. By his genius, the pathology of several diseases, formerly little understood, has been elucidated; and the advantages of many improved methods of treating surgical disease which he suggested, are daily becoming more manifest. Although a knowledge of the opinions of this celebrated professor is pretty extensively diffused by the publication of his "*Leçons Orales*," yet the following brief sketch of his views on some important diseases may prove acceptable to those of the profession who are debarred from a perusal of his work.

The nervous or traumatic delirium, which frequently supervenes on accidents and operations, and which, like delirium tremens, is marked by insomnia, continual restlessness, and absence of fever, was treated by M. Dupuytren by enemata of a small quantity of mucilaginous liquid, containing from six to twenty drops of laudanum, repeated three or four times, if the symptoms persisted, at intervals of six hours. This small quantity of laudanum, so administered, produces a more marked effect than three times as much taken by the mouth, and seldom fails to induce sleep, after the failure of other means. This kind of delirium leaves no traces of its existence after death: it most usually occurs in men of a nervous habit, and occasionally in women, but has not been observed in children.

Wounds of arteries, if recent, are best treated by placing a ligature

on the vessel between the wounded part and the heart. The only exception to this rule is when the artery is wounded near the extremity of a limb; in which case, in consequence of its free communication with inosculating branches, it is requisite to place a ligature both above and below the wounded part. A similar proceeding is required when the lesion of the vessel is of long standing, as the edges of the wound are then incapable of adhesion.

Gonorrhœal ophthalmia mostly occurs from inoculation, but may supervene on suppression of the urethral discharge, especially if the patient have been at the same time exposed to cold, or other exciting causes of ophthalmia. It should be treated by general and local depletion, revulsives, and emollient lotions. These measures are however insufficient, unless combined with the insufflation of a pinch of finely-levigated calomel, upon the ocular and palpebral conjunctiva, once or twice a day. One or two drops of laudanum should also be dropped between the eyelids in the evening. The purulent ophthalmia of infants is essentially the same disease, and should be treated in a similar manner. Strumous ophthalmia was considered by M. Dupuytren to depend on inflammation of the retina, and was treated by the internal administration of belladonna, combined with other means indicated by the symptoms. From three to eight grains of the powder, or from one to three grains of the extract of belladonna, were divided into six doses: the patient took one of these every two hours; to prevent narcotism, either general or local, Seltzer water was usually administered at the same time.

Gangrena senilis is not, as its name would imply, restricted to old persons. M. Dupuytren has termed the disease *Gangrène symptomatique*, believing it to depend upon inflammation and consequent obliteration of the arteries of the limb,—ossification of the vessels, to which it was formerly ascribed, being only an accidental coincidence,—the treatment consisted in venesection, repeated according to the urgency of the symptoms, low diet, cooling beverage, opium, and other sedatives, with emollient cataplasms to the affected part. By this treatment the average mortality is said to be as one to four. Previous to amputating a part affected with long standing disease, M. Dupuytren frequently established suppuration by means of blisters on some distant point. It was also his practice, after amputations, to wait an hour, sometimes longer, before dressing the stump: by this plan union by the first intention took place more readily, and the likelihood of hemorrhage was diminished.

In prolapsus ani, M. Dupuytren excised two, three, or more folds of the skin on the margin of the anus, on either side. A similar operation was recommended by Mr. Hey. No dressing is required, and the recurrence of the disease is effectually prevented.

Fissures at the margin of the anus may be divided into three kinds;—1st, those external to the sphincter, which are not very painful, and do not occasion spasmodic contraction; 2d, those situated within the sphincter, affecting principally the mucous membrane—this kind causes tenesmus, and great pain, especially on the patient's going to stool; 3d, those placed on the same level as the sphincter, are more serious

and painful than the other kinds, which may generally be cured by simple dressings, emollient lotions, and sedative applications; whereas this variety requires the division of the sphincter on the fissure. M. Dupuytren was in the habit of prescribing an ointment composed of extract of belladonna and acetate of lead, of each a dram, to an ounce of lard, for alleviating the pain in these diseases.

M. Dupuytren preferred excision to the ligature for the removal of uterine polypi, in consequence of the greater facility with which the former is effected, and the few inconveniences it occasions when compared with the latter method. The patient being placed in the same position as for lithotomy, a speculum is introduced into the vagina, so as to exhibit the tumour, which is then seized with a strong four-hooked tenaculum, with long handles, (*pincés de museaux*;) and gradually brought down through the inferior orifice of the vagina, the patient being recommended during the traction to strain as if in labour: on the division of the pedicle, the uterus immediately regains its usual situation. The operation is not in general very painful, and bleeding to any extent very rarely occurs.

Of the physicians of the Hôtel Dieu, the visits and clinical lectures of Professor Chomel are the most numerously attended. The opinions of M. Chomel have always been opposed to the doctrines of Broussais, especially as regards the essentiality of fevers. He considers continued fever to depend upon a vitiated condition of the blood; and in most of the cases which have fallen under his observation, there has been an eruption of small, round, reddish spots, occurring most usually after the eighth day, and most abundant on the abdomen, thighs, and arms. These he regards as peculiar to this disease. M. Chomel divides the appearances met with on dissection into two kinds. First, those proper to the disease, and almost constantly met with, viz. enlargement and ulceration of the follicular glands of the small intestines, more especially at their termination. These he regards not as the cause, but as a consequence of the disease, as the extent of the lesion is by no means proportioned to the intensity of the symptoms. The second kind of morbid appearance, as inflammations of mucous membranes, or of parenchymatous viscera, is of an accidental nature, and common to many other diseases.

The opinions of French practitioners have undergone a considerable change, within the last few years, with respect to the nature of typhoid fevers, which were extremely prevalent in Paris last winter, and various methods of treatment were employed. Those who still regard them as depending on local inflammation, adhered to depletion and cooling drinks: others, who with M. Chomel take a different view of the subject, employ depletion more sparingly, and trust more to antiseptics, as the chloruret of sodium, and in some cases to bark and tonics: a few practitioners employ purgatives in all cases. Of the instances that fell under my observation, those patients treated by depletion, in whom recovery took place, were such as could support the loss of blood without much inconvenience, in whom the more aggravated symptoms were absent, and would in all probability have recovered equally well by the employment of less energetic measures. Many recoveries were

also attributed to the chlorurets, but no marked benefit appeared to me to be produced by them. More successful results were said to be obtained by the purgative treatment than by the other methods. One hundred and thirty-four cases of typhoid fever, treated by purgatives, at the Hôtel Dieu, produced the following result:—sixty-nine of simple fever;—all cured: forty-nine of adynamic fever;—thirty-nine cured, ten died; sixteen of ataxic fever;—seven cured, nine died,—making nineteen deaths in the whole. These experiments will go far to remove the apprehension of exciting gastro-enterite by these remedies, which has hitherto prevented their employment in France, and will prove to continental practitioners, that they have, since the prevalence of the Broussaian doctrines, needlessly deprived themselves of the great advantage which may be derived from this class of remedies in the treatment of acute disease. From a view of the above results, it is also pretty evident, that had purgatives been less exclusively employed in the adynamic and ataxic varieties, in which they are not so often indicated, the proportion of fatal cases would have been smaller. In fact, the principal error of some continental physicians appears to me to be, that the remedies are not sufficiently varied in the different stages of disease, according to special indications. Thus one practitioner will invariably resort to blood-letting, and would on no account employ purgatives or tonics, whatever be the condition of the patient, or the stage of the disease;—another will, perhaps, treat the same disease in all cases by purgatives;—another by large doses of tartarized antimony and revulsives, to the exclusion of sanguineous depletion and purgatives;—a fourth by expectant measures; and each will publish cases as illustrating the efficacy of his peculiar practice.

With respect to the intestinal lesions so constantly observed in post-mortem examinations of cases of typhoid fever in France, I am disposed to think that they are frequently occasioned by the presence of indurated excrementitious matter, as they are almost invariably met with in individuals dying of this disease in Parisian hospitals where purgatives are seldom used, and where enemata which merely empty the large intestines are generally employed; whereas in England, where purgatives are freely employed, and enemata in less frequent use, these lesions are less constant and less extensive, the bronchial membrane and the brain, which in these cases are not generally examined in France, being often the seat of pathological alteration. Even in France, these alterations do not exist in some individuals dying from typhus; and when existing, they are most frequently met with, and in greatest number, in that part of the intestine where an accumulation of fecal matter is most liable to take place.

An account of the cases of typhus treated by M. Chomel at the Hôtel Dieu, has been recently published, and will be read with advantage. The treatment consists in moderate abstraction of blood in the first periods, mucilaginous and diluent drinks, lavements, and baths, to which in many cases the chloruret of sodium is added. In the more advanced stages, where stupor and great prostration of strength exists, recourse is frequently had to blisters to the legs, nourishing broth, wine, and bark.

In reading these cases, two circumstances will especially attract attention ;—the infrequency of the employment of laxatives, notwithstanding the amelioration that followed their occasional exhibition : and the constant aggravation of the symptoms, and often the fatal termination, of those cases in which venesection was practised after the sixth or eighth day from the invasion of the disease. I subjoin an outline of one of these cases.

Boucharde, aged twenty-five, had been ill a week previous to admission. On the eighth day he had a high degree of fever, intense cephalalgia, vomiting, and purging, and was received into the hospital; on the following day, great prostration of strength, stupor, subsultus tendinum, tongue rather dry, thirst, temperature of the skin no higher than natural, pulse eighty, but little expanded, no abdominal tenderness, delirium in the night, with involuntary passage of liquid evacuations.—Bleeding to eight ounces, fomentation to the abdomen, a potion with syrup of gum, and an emollient lavement.—The patient's condition became worse, and he died on the twelfth day from the commencement of the disease. The usual pathological alterations of the small intestines and mesenteric glands were present on post-mortem examination.

The following cases occurred during my attendance at the hospital, and will further illustrate the practice pursued.

*Metritis.*—A young woman, aged twenty-five, was admitted on the 25th of January, having continued indisposed ever since her accouchement, which occurred twenty-four days before. On admission, the following symptoms were present :—fever, pain extending all over the abdomen, more severe in the hypogastric region, and aggravated by pressure, pains in the loins and thighs, pulse one hundred, firm, tongue coated, os tincæ and uterus tender to the touch, sanguineous discharge per vaginam.—Venesection to twelve ounces, cataplasm to the hypogastric region, drink of sweetened barley-water.

27th.—Less abdominal pain and tenderness, tongue loaded, bowels confined.—Lavement, demulcent potion.

31st.—Increased pain and tenderness of the abdomen, which is somewhat distended, pulse quick and irritable, skin hot, tongue loaded, scarcely any action of the bowels since her admission. The venesection repeated yesterday afforded only temporary relief—cataplasm to abdomen, emollient lavement, an ounce of castor oil added to her potion.

Feb. 1st.—The bowels have acted freely, and she feels much relieved; but there is still considerable tenderness, particularly in the left iliac region.—Twenty leeches, demulcent beverage. From this time the pain and tenderness of hypogastrium continued, though occasionally relieved by leeches, her countenance sank, and cough supervened. Mercurial frictions were made on the abdomen, but without effect, and the patient died after having been a month in the hospital. The post-mortem inspection exhibited peritoneal inflammation, with effusion of lymph and serum; between the posterior part of the uterus and the bladder an aperture existed, which appeared to have been made with some pointed instrument, probably with the intention of causing the death of the fœtus.

*Typhus fever: effect of tonics.*—A medical student was admitted on the 8th of January, and was bled shortly after; but the disease continued to make progress, and after having been a fortnight in the hospital, he appeared in a sinking state, with torpor of the intellectual faculties, involuntary passage of evacuations, countenance sunk, tongue dry and brown. He was ordered a mixture of infusion and extract of bark, a lavement of infusion of bark, twelve ounces of Malaga wine. On the following day he could understand better what was said, the tongue was less dry, and the pulse less feeble. The same remedies were continued, with meat broth. The next day the amelioration was more decided, but the skin being hotter, the quantity of wine and bark was diminished. This occasioned flagging of the pulse, and the patient made no progress for a day or two: the quantity was again increased, with marked benefit, and the patient advanced towards convalescence without any farther drawback.

M. Piorry's wards generally contain interesting cases of thoracic and abdominal disease, paralysis from apoplectic attacks, &c. M. Piorry inclines to the opinions of Broussais, and has devoted much of his time to percussion, by which means he is frequently enabled to ascertain with certainty the existence of disease of the thorax and abdomen, when other means afford but an imperfect indication. He considers a thin circular piece of ivory, which he has termed *plessimètre*, the best medium for appreciating the varieties of sound furnished by percussion.

M. Piorry is in general very successful in his treatment of disease, takes minute notes of cases, and varies his remedies according to particular exigencies. In cases of pneumonia he generally depletes freely, and subsequently applies large blisters to the thorax. In pleurisy, sanguineous depletion is not so energetically practised, counter-irritation being more usually relied on, after the subsidence of the more urgent symptoms. In bronchitis, M. Piorry frequently restricts himself to the application of leeches, and the exhibition of emollient drinks. Neuralgic affections he treats by leeches, counter-irritants, or quinine, according to existing indications.

*Nervous affection and hæmoptysis.*—An unmarried woman, of delicate appearance, aged twenty-four, was received on the 10th of March into M. Piorry's ward, complaining of pain in the thorax and abdomen. She had had short and almost constant cough for the last six months, previous to which period her health was good and menstruation regular. Bleeding, blistering, and various remedies had been tried without affording more than transient relief. She has no fever, no expectoration, the tongue is clean, appetite good; she sleeps at night without cough. Percussion and auscultation furnish no signs of disease, nor does her general appearance indicate its existence, yet she complains much of pain, and shrinks when any part of the thorax or abdomen is touched. I remarked that the cough, though constant while any one was near her, was much less frequent and often ceased altogether, when she was not conscious of being observed.—Low diet, sweetened gum-water, with syrup of poppies.

March 17th. No amelioration. On inquiring whether she has pain in the back, she replies in the affirmative, and that it is her principal ailment, although she had never previously mentioned this symptom. Pressure on the spinous processes of the upper dorsal vertebræ causes much pain, which however is also complained of when the skin is lightly pinched up, and when other parts of the body are similarly treated.—Ten leeches to the abdomen, tisane with syrup of poppies.

23d. She derived no relief from the leeches, nor from a blister which was subsequently applied; the cough and pain, with extreme sensibility of the surface to the touch, persist: she had yesterday an attack of hæmoptysis with vomiting. (Venesection, demulcent potion.)

28th. She had a recurrence of the hæmoptysis and vomiting on the 25th, and the venesection was repeated; since which she has been unable to void her urine, which is drawn off by the catheter; the cough and morbid sensibility of the surface are somewhat diminished. She looks pale, and has lost flesh, but never complains of pain in the back, unless allusion is made to it: no action of the bowels during the last four or five days.—Castor oil, potion with syrup of poppies.

April 1st. During the last three days the acetate of morphine has been administered by the *méthode endermique*, her spirits are improved, she seldom coughs, and the sensibility of the skin is much diminished.

From this period she gradually improved, and soon after left the hospital to go into the country.

I have selected this from other cases of a similar nature, to direct

attention to the morbid sensibility of the skin, which I have repeatedly seen, both in England and in continental hospitals, treated as inflammatory disease of subjacent organs, and also to allude to the tenderness on pressing the spine, to which much importance has been attached in a recent work, as indicating the seat of many nervous affections.\* My attention was drawn to this symptom, previous to the publication of my work on these affections, by another author, who attempted to prove that it was constantly met with in cases of hysteria.† It is true that pain and tenderness along the course of the spinal column is frequently met with in nervous disease, but it is equally frequent in other parts, and very often is not complained of until the patient's attention is called to the part by minute examination: the pain and tenderness is cutaneous, and is often more severe when the skin is lightly pinched up, than when pressure is made. These, and other symptoms, may often be determined at will, in many parts of the body to which the patient's attention happens to be directed: much depending in these cases on the manner in which questions are put, and examinations made. As, however, it is out of place to enter here on the consideration of this subject, I return to the practice of the Parisian physicians.

M. Magendie has a female ward at the Hôtel Dieu. His visits are but thinly attended by pupils. In the treatment of disease, he frequently employs the new remedies described in his *Formulaire*, but I believe the results are not more advantageous than those obtained by the ordinary methods in the hands of other practitioners.

M. Recamier has also a thin attendance of pupils in consequence of the irregularity of his attendance, and the hurried manner in which his visits are generally made; in fact, the principal charge of his patients devolves upon M. Trousseau. M. Recamier made experiments a few years ago on the treatment of scirrhus and cancer by methodical compression, and has published the result of his observations. This method was also tried at other hospitals, but is now very little employed: and there is no doubt that many of the cases cured were merely simple chronic tumour. In a case of tumour of the breast, considered as scirrhus, and treated by this method, which fell under my observation when formerly in Paris, the patient was under thirty years of age, and the diagnostic signs of this disease were absent. Compression mostly procures, however, a speedy diminution in the size of tumours, in consequence of the condensation of the cellular texture and absorption of their less solid parts, but in those of a carcinomatous nature the diminution does not proceed beyond a certain point, and the tumour again increases in size when the compression is discontinued.

\* Griffin on Functional Affections of the Spinal Chord.

† Tate on Hysteria.

## LA CHARITÉ.

THIS hospital, situate in the *Rue Jacob*, is a large unfinished building, inclosing spacious court-yards. The wards are long, well-ventilated, and contain about four hundred and fifty beds, which are mostly occupied by patients labouring under acute disease. It is much resorted to by out-patients with cutaneous disease, on account of the aromatic, sulphur, fumigation, and vapour baths with which it is provided. The professional duties are performed by four physicians and two surgeons.

M. Roux, who has lately succeeded M. Dupuytren at the *Hôtel Dieu*, was during several years attached to this hospital. He is justly considered as one of the most expert operators in Europe, and has simplified and facilitated the performance of some operations formerly but seldom undertaken on account of the difficulties which they presented. M. Roux, however, in common with other French surgeons, seldom resorts to medicine in the treatment of surgical disease: hence, in my opinion, one cause of the greater frequency of operations, and the greater mortality among the operated in Parisian than in British hospitals.

During the period of my attendance in M. Roux's wards, several interesting cases were received, among which were two fractures of the thigh. The first occurred in a middle-aged female in the centre of the bone, and was treated by the apparatus of Boyer. In the other case the patient was a female, aged seventy; and the fracture in the neck of the bone. In this instance the double inclined plane was employed. Although M. Roux believes that this fracture unites by bone, yet in the present instance, on account of the advanced age of the patient, he contents himself with keeping the limb at rest until the pain and swelling have subsided, after which she will be allowed to get about on crutches, as recommended in similar cases by Sir A. Cooper.

*Hernia.*—A man, aged forty-five, was received with inguinal hernia of the right side, which descended forty-eight hours previously, in consequence of some exertion: the same circumstance had already occurred several times, but the tumour was always reduced without difficulty. Notwithstanding there was but little pain in the part, and no abdominal tenderness or other symptoms of strangulation, the operation for strangulated hernia was performed, after some slight efforts had been made to reduce the tumour by the taxis. The sac was found to contain omentum, not in an inflamed state, but which had contracted slight adhesions, the impediment to reduction exerted at the external ring. This was divided, and the protruded part reduced without difficulty. No unfavourable symptom ensued.

*Strangulated Hernia.*—A man aged thirty-five was received on 21st February with strangulated inguinal hernia of the right side, which had existed twenty-four hours. There was some abdominal tenderness, and the tumour was painful when touched. The patient had only vomited once, after taking some tea. The operation was almost immediately resorted to, and on opening the sac a portion of intestine of a dark colour was exposed, which, after a division of the stricture, was returned into the abdomen without difficulty. Simple dressing was applied to the wound, and a tisane, containing a small quantity of sulphate of magnesia, was prescribed.

On the 23d the wound was somewhat painful, and the abdomen rather tender to pressure; pulse 100 and full, skin hot, and the bowels had not acted since the operation—bleeding to sixteen ounces, an ounce of castor oil in his tisane.

24th. Bowels acted freely, pulse 90, soft, skin of natural temperature, no pain.

March 2. Going on well, notwithstanding there had been no action of the bowels during the last seven days. On the patient mentioning this circumstance, an ounce of castor oil was ordered to be added to his tisane.

10th. Wound healing.

*Staphylorophy.*—This operation was performed on a boy aged twelve. Having, by means of small needles very much curved and a *porte-aiguille*, passed three ligatures through each side of the division in the palate from behind forwards, M. Roux formed raw surfaces by excising the edges of the cleft, which were brought into contact by tying the ligatures, and all appearance of the deformity was removed. The operation, however, did not succeed; union not having taken place on the fifth day, the ligatures were taken out.

*Amputation.*—A man was brought to the hospital with compound fracture of the leg, occasioned by a cart wheel having passed over it. As there appeared to M. Roux little probability of saving the limb, amputation was performed above the knee, soon after the patient's admission. After the operation the edges of the wound were maintained in exact apposition by straps of adhesive plaster, over which were placed two or three large pledgets of charpie, compresses and bandage. The patient was bled in the course of the afternoon, but did not survive more than thirty-six hours.

In another patient the fore arm was amputated shortly after the occurrence of an accident which caused a compound fracture and dislocation at the wrist. The stump was dressed in the same manner as in the preceding case. For four or five days, during which the bowels were constipated, the patient appeared to be going on pretty well. Phlebitis, however, supervened, and speedily caused his death.

*Tumour of the neck.*—A tumour about the size of a man's fist, occupying the region of the parotid gland and angle of the jaw, was extirpated. The patient was an old woman, who lost a good deal of blood during the operation, and several vessels were tied. The wound was partly filled with charpie, over which a bandage was pretty tightly applied. Though the patient did not complain the first few days after the operation, her pulse was quick, skin hot, tongue furred, and bowels constipated. No medicine except simple tisane was ordered. On the eighth day the wound presented an unhealthy appearance, and erysipelas of an atonic character extended over the face and neck of the same side. The patient wandered occasionally in her talk, her skin was cool, pulse feeble, tongue furred and dry, bowels relaxed. She was ordered meat broth, and a little wine, but no amelioration took place, and she died after lingering a few days longer in a half dozing state. No visceral inflammation was observed on inspection of the body.

M. Bouillaud, Professor of Clinical Medicine, is one of the most zealous supporters of the principles of the *médecine physiologique*, and author of several highly estimated works. His wards usually contain many cases of acute disease, especially of the heart and lungs. In pulmonic inflammation his treatment is more energetic than that generally adopted, and appears to be attended with great success; the progress of the disease being effectually arrested at the outset, his patients mostly recover without the subsequent debility and tedious convalescence consequent upon less decisive practice.

According to the published report, twenty-six cases of pleuro-pneumonia were admitted during the clinical course of five months; most of them on the third or fourth day from the commencement of the attack, and in different stages of diseases. The treatment consisted in repeated venesection, while at the same time blood was abstracted by cupping or leeches from the thorax. On an average each patient was bled four

times, cupped twice, and had twenty-four leeches applied; in about half the number of cases blisters were also employed; and in one case a purgative was given. Of these patients two only died, twenty-three having been cured before the fourteenth day.

Articular rheumatism is treated by M. Bouillaud by general and local abstraction of blood, Dover's powder, opiates, either given internally or by the endermic method, blisters, mercurial frictions, and compression, employed according to circumstances. The pericardial inflammation so frequently accompanying rheumatism, is not regarded by M. Bouillaud as a metastatic affection, but as an essential part of the disease; he is of opinion that in most cases of acute rheumatism, auscultation will furnish evidence of disordered action of the heart from this cause; the pericardium being somewhat analogous in structure and function with synovial membranes, is liable to be similarly affected by disease.

M. Bouillaud considers typhoid fevers to depend on an inflammatory condition of the intestinal canal, combined with a vitiated state of the blood and secretions, and consequently treats them as other inflammatory diseases, by repeated venesections, and cupping or leeching the abdomen; the chloruret of sodium being in many cases at the same time administered in the patient's potion, as well as in lavements and baths. These, with sweetened or acidulated diluents, and occasionally blisters to the extremities, are the means principally relied upon. This treatment is said to be very successful. Of this I had not sufficient opportunity of judging, as one successful case which I saw during my visits occurred in a female of strong constitution, in whom no dangerous symptom existed.

In another case, which I subjoin, where the typhoid symptoms were more strongly marked, it failed altogether: the patient becoming progressively worse from the time of his admission.

*Typhus fever.*—A man aged twenty-two, admitted 29th March, was taken ill nine days before with shivering, great debility, and headache. He was then bled, purged, and took an emetic without relief, and on the 30th presented the following symptoms: great prostration of strength, pulse 100, small, and easily compressed, lips dry, tongue red at the tip and edges, brownish in the centre, temperature of the skin no higher than natural; part of the body, and more especially the abdomen, covered with red spots; tension of the abdomen, but no pain, nor tenderness on pressure; bowels constipated. He answers questions clearly, though not at all times very readily.—Venesection to twelve ounces, abstraction of eight ounces of blood by cupping on the abdomen; emollient lavement, potion with syrup of gum.

31st. He says he is worse, but does not complain of pain; pulse 100, small and weak, eruption less vivid, abdomen tympanitic, constipation, dull sound on percussion at the lower and posterior part of the thorax.—Abstraction of eight ounces of blood by cupping; potion with chloruret of sodium; lavement with chloruret; chlorine fumigations and aspersions.

April 1st. He complains of being worse than yesterday, and of excessive debility. Pulse 124, feeble, breath fetid, inability to pass his urine, which is drawn off—bath with chloruret; other remedies continued.

2d. Countenance more depressed, skin warmer than natural, pulse rapid and feeble, abdomen somewhat less distended.—Cupping on the abdomen to seven ounces of blood, emollient lavement, potion, and bath continued.

4th. He had copious alvine evacuation after the lavement, and felt greatly relieved; the tongue is cleaner and moist, abdomen more supple, but the pulse is

very feeble. He slept in the night, and appears somewhat more collected in his ideas.—Blister to the calf of each leg, solution of syrup of gum, with twenty drops of chloruret; lavement with chloruret.

5th. The patient died early this morning. On examining the body, extensive intestinal lesions were observed, especially about the inferior portion of the ileum.

M. Rayer, known to the profession in England by his talented work on cutaneous diseases, is also one of the physicians of this hospital. Although adopting in some measure the opinions of Broussais, he is not exclusively guided by them in his treatment of disease, and is in general very successful in his practice. His wards usually contain several interesting cases of cutaneous disease; he has also the charge of out-patients with these diseases, which he treats by internal medicines, combined with tepid or medicated baths. Among the patients in the hospital at the period of my attendance, was a man in whom, without any assignable cause, the colour of the skin had changed to a blackish hue; his health was not materially affected.

M. Rayer has seen two or three similar cases, and I believe terms the disease *Nigritia* in his work. The discoloration, like that produced by the nitrate of silver, is permanent, its causes are enveloped in obscurity.

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#### LA PITIÉ.

THE hospital of *Notre Dame de la Pitié* occupies a considerable space of ground in an open part of the town near the *Jardin des Plantes*. The different portions of the building enclose courts laid out as a garden, for the use of patients able to walk about. The wards are smaller than those of La Charité, but are airy and extremely clean. There are five physicians and two surgeons attached to this hospital. The number of beds is about six hundred.

The names of two of the physicians, MM. Louis and Andral, are well known to the profession in Britain, as those of two of the most distinguished pathologists in Europe. M. Louis is minute in his examination of patients, and pays great attention to the signs furnished by auscultation and percussion: his diagnosis is generally very correct. His opinions are opposed to those of the Broussaists, especially as regards fevers. In his treatment of acute disease, he does not carry sanguineous depletion to the same extent as many Parisian physicians, but employs more freely medicines which act on the skin, kidneys, and bowels, as saline aperients and antimonials. His recently published *Memoire* on the effects of bleeding in inflammatory disease, fully exposes his views on this subject, and merits attentive perusal. In thoracic inflammation especially he has found large doses of tartarized antimony after bleeding highly serviceable; this remedy, joined to counter-irritation on the surface of the chest, obviating the necessity of extensive depletion in many instances. In fever he does not use ener-

getic antiphlogistic measures, but treats the disease by diluents and laxatives, the Seltzer water being the aperient which he prefers.

As illustrating the treatment, I add the following case, which occurred during my attendance.

*Pleuro-pneumonia.*—The patient was a boy, aged sixteen, who had formerly had attacks of pleurisy: six days before admission he was seized with fever, pain extending all over the left side of the thorax, cough, and dyspnoea: these symptoms went on increasing in intensity till the period of his reception on the 22d of April. On the 23d, in addition to the above-mentioned, he presented the following symptoms,—pulse quick but compressible, expectoration of puriform matter, on right side of thorax respiration more audible than natural, on left side bronchophony and diffused *râle crépitant* beneath the scapula, dull sound on percussion of the inferior and posterior part of the same side.—Bleeding to sixteen ounces; tisane.

24th. Ten ounces more blood were abstracted last evening, and he feels better; the dyspnoea is less oppressive, and expectoration more free; skin of natural temperature; pulse 130, soft; inspiration forty times in a minute; mucous *râle* extensively diffused on the posterior part of left side of the thorax. (Bleeding to twelve ounces; a potion containing tartarized antimony and syrup of gum.)

25th. The blood buffy and coagululum firm; less dyspnoea, but percussion still yields the *son mat*; tongue white, bowels relaxed.—Potion with eight grains of tartarized antimony.

27th. Countenance sunk, lips dry, pulse quick and weak; bowels relaxed, intellect somewhat obtuse. Decoction of rice sweetened; aromatic potion with twelve grains of tartarized antimony; and an ounce of syrup of poppies; Burgundy pitch plaster on left side of thorax. These measures procured no advantages, and he died on the 28th.

*Examination.* Extensive adhesion of pleura with false membrane on left side of thorax; inferior lobe of left lung hepatized; on right side universal pleuritic adhesion from previous attacks.

I shall not enter into a statement of M. Andral's opinions and mode of treating diseases, as having already been published in English, a knowledge of them is pretty extensively diffused among the profession. M. Andral has of late used saline purgatives in typhoid fevers with great advantage: he pointed out to me several convalescents who had been treated by this means. Since he has adopted this mode of treatment, he has not had sufficient opportunities of ascertaining whether intestinal lesions are less frequent in those who die than in patients treated by other methods.

The surgeons of La Pitié are M. Lisfranc and M. Blandin, the latter having lately succeeded M. Velpeau, who was transferred to La Charité in the room of M. Roux. M. Lisfranc is well known by the numerous improvements he effected in operative surgery; but of late years has endeavoured to avoid occasions for operating by the early adoption of constitutional measures, though his employment of these measures falls far short of the English practice in surgical disease. As M. Lisfranc does not, like many continental practitioners, adopt exclusive and invariable methods of treatment in particular diseases, but is aware that the same disease requires different and sometimes opposite measures in different individuals, and even in the same individual, at different times, his practice varies according to the condition of the patient and to existing circumstances, and appears to me to be attended with great success.

M. Lisfranc has charge of two men's and a women's wards, most of the cases in the latter being marked as disease of the uterus; many of these patients are however young women affected with superficial erosion of the cervix uteri, and are cured by a few days' rest and appropriate treatment; the means resorted to in these cases, as well as in ulceration of this part, being chiefly confinement to the recumbent position, occasional venesection to three or four ounces, on the principle of revulsion, small doses of cicuta, and cauterization with a solution of mercury in nitric acid every six or eight days: when the ulceration is of a cancerous nature and too deep to be removed by cauterization, M. Lisfranc has recourse to excision of the cervix uteri, this part being exposed by the speculum, and firmly seized by *pincers de meseaux*, is brought down beyond the orifice of the vagina and excised with a knife, as in cases of polypus. M. Lisfranc has not met with more than four or five cases of dangerous hæmorrhage after this operation, the symptoms which supervene being mostly of a nervous character and sometimes alarming, but mostly yield to sedatives. Of ninety-nine cases in which he operated, eighty-four recovered: many of these patients became subsequently pregnant, and experienced no particular inconvenience in parturition. There is little doubt, however, that amputation has been performed in many cases where it might have been avoided, and the operation is now much less frequent than a few years ago, as according to M. Lisfranc, patients with these diseases apply at a much earlier period for relief, and consequently many cases are cured by the employment of other means.

In one of the female patients phlebitis supervened on bleeding from the arm, and was treated by emollient fomentation and cataplasm on the inflamed part, with the repeated application of leeches between the point where the inflammation terminated and the heart. M. Lisfranc states that since he has adopted this practice he has not lost a single patient from this disease, whereas when he was in the habit of using other means, and applying leeches near the wound or over the inflamed vein, the majority of cases terminated unfavourably. His treatment of chronic and psoas abscess is also different from that usually adopted: as soon as fluctuation is perceptible he makes an aperture an inch in length, and presses out as much matter as possible, subsequently applying poultices to the wound and leeches along the tract of the abscess, which are repeated as often as appears necessary; the matter is pressed out at each dressing, and when the danger of inflammation no longer exists the patient is allowed a nourishing diet.

*Amputation of the thigh.*—A man aged thirty-four, underwent this operation on the 4th April, in consequence of incurable disease in the knee-joint. During his performance he was in a state of great excitement and constantly singing. His movements displaced the fingers of the assistant, who made pressure on the femoral artery, and a considerable quantity of blood was lost. The stump was dressed with three or four adhesive straps, over which was placed a perforated rag spread with cerate, and extending some distance up the thigh, and over this charpie and a compress. For the first two or three days after the operation, the patient's strength and spirits were very much depressed, and he was affected with colic pains: he was prescribed fever diet, a lavement, cataplasm to the abdomen, and an antispasmodic potion. The stump was dressed daily, as M. Lisfranc always removes the

greater part of the dressings twenty-four hours after amputation. These means alleviated the colic, and procured alvine evacuations; he was much better, but on the 8th was attacked by shivering, which lasted two hours, and was succeeded by heat and sweating. The adhesive straps were removed, and a quantity of pus escaped.—Poultice to the stump; sweetened gum-water for drink, chicken broth, farinaceous potage morning and evening.

11th. He is much better, and has had no recurrence of shivering: erysipelatous redness at the upper angle of the wound.—Same prescription.

18th. Going on well: he has been allowed fish during the last few days.

28th. Left the hospital, cicatrization being nearly complete.

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### ST. LOUIS.

THIS hospital occupies more space than any other in Paris, and is second only to the Hôtel Dieu in the number of beds, which amounts to seven hundred. One hundred and eighty of these are occupied by surgical cases, most of the rest by cutaneous and scrofulous affections; numerous out-patients also receive daily the benefit of the physicians' consultation, and of the warm, vapour, and medicated baths which exists in this hospital on a large scale, though at present not in the best order.

M. Albert and M. Biett are the physicians to whom the care of patients with cutaneous disease is mostly confided; those, however, affected with psora are placed in wards separate from the rest, under the care of M. Emery.

M. Alibert is principally known to the English profession by his large work on cutaneous diseases, in the treatment of which he employs lotions and other external applications more generally than M. Biett, who trusts chiefly to internal remedies and baths, seldom employing other outward applications. M. Biett is not biassed in favour of any particular remedy; his treatment is directed upon general principles, according to existing indications. The following are his opinions with respect to the use of baths in cutaneous diseases.

Simple tepid baths are most beneficial in the dry scaly forms, though only as an accessory means; their efficacy is less marked in the pustular varieties: they are serviceable in vesicular affections when the inflammation begins to decrease, and may be used with advantage in impetiginous affections where incrustations have succeeded to the pustules.

Alkaline baths are efficacious in the papular and dry scaly forms, and in the impetiginous and tubercular varieties. An alkaline bath may be formed by dissolving in a simple bath from half a pound to a pound of carbonate of soda.

Sulphur baths are most useful in the decline of vesicular affections: they are less useful than alkaline baths in the chronic stage of psora, and if used in the inflammatory stage the symptoms are aggravated. Sulphurous baths are composed of two ounces of diluted sulphuric acid and eight ounces of hydro-sulphuret of potass added to each bath.

Acid baths may be made by adding to each from four to eight ounces of hydro-chloric acid ; they are mostly applicable in dry scaly eruptions.

M. Biett's opinions and practice on cutaneous diseases are fully exposed in his lectures, an epitome of which has been published by two of his pupils.

M. Lugol has charge of the scrofulous patients. His method of treating these affections by iodine and ioduretted baths is pretty extensively known since the publication of his *Mémoires* on the subject. In the course of his practice, M. Lugol has never seen atrophy of healthy glandular structure, nor other injurious consequences which have been attributed to the use of iodine.

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#### HOPITAL DES VÉNÉRIENS.

THIS large establishment, exclusively appropriated to the reception of syphilitic patients of both sexes, is situate in a healthy locality at the southern extremity of the city, and contains six hundred beds. The wards are large, but are neither so clean nor so well ventilated as in other hospitals, and the beds are placed too closely to each other, the house being too small for the number of patients. The more severe cases, however, and those patients whose general health is materially affected are placed in smaller and more airy wards on the first floor. Numerous out-patients also receive advice and medicine daily. Three surgeons, MM. Cullerier, Ricord, and Manec, are attached to this hospital.

M. Cullerier is inclined to doubt that syphilitic affections are produced by a specific virus, but he admits that morbid secretions act as a cause of irritation, and determine on healthy parts with which they come into contact, inflammation of various kinds, giving rise in its turn to secretions which may also act as irritants. He consequently does not use mercury as a specific remedy, although in many cases he avails himself of this remedy, but its exhibition is never carried so far as to induce copious salivation. When deemed necessary, it is either introduced into the system by means of friction, or exhibited internally in combination with iodine.

Primary ulcers are mostly treated by M. Cullerier by rest, antiphlogistic regimen, simple, sedative, or slightly stimulating dressings, according to circumstances, and in some superficial ulcerations with slight inflammation he cauterizes the part: in many chronic cases, especially when combined with affection of the bones, or cutaneous eruption, he employs the *tisane de Feltz* with great advantage. The chief ingredients in this preparation are antimony and sarsaparilla.

Blenorrhagia is treated by general and local abstraction of blood, baths, local and general, abstinence, and diluents ; when the inflam-

matory stage has passed, copaiba or cubebs are given, injections being seldom resorted to except in uterine and vaginal discharge. In leucorrhœa, and other chronic cases, M. Cullerier has lately employed cauterization of the os tincæ with nitrate of silver or a solution of mercury in nitrous acid, applied by means of the speculum; injections of a solution of acetate of lead being subsequently used. This practice has also recently been adopted by M. Ricord in vaginal discharges of a more acute nature with great success; a piece of lunar caustic being introduced so as to come in contact with the parietes of the vagina.

M. Ricord employs cauterization in most primary ulcers of the genitals when not accompanied with a high degree of inflammation; he has not seen bubo produced by this method, and even its existence does not counter-indicate the use of the caustic. In irritable and phagedenic sores, a solution of opium is the most usual dressing. He prescribes mercury more frequently than M. Cullerier, either in frictions or the internal use of the proto-ioduret, in the dose of from one to three grains daily, having found that this remedy is more efficacious when combined with iodine. Inflammation of the inguinal glands are treated by anti-phlogistic measures,—in the more chronic state by blisters; as soon as the existence of matter is ascertained an opening is made to allow of escape.

The treatment of blenorrhœgia resembles that above mentioned; where much pain and chordee exist pills of camphor and opium are ordered to be taken every night. In chronic urethral discharge astringent injections are frequently used, it being M. Ricord's opinion, that they neither produce stricture nor enlargement of the follicular glands of the urethra, such affections occurring most frequently from the neglect of employing proper measures at the commencement. M. Ricord is also of opinion that eruptions and other secondary affections are never produced by gonorrhœa, but that in these cases an ulcer within the orifice of the urethra or elsewhere co-exists with the discharge, and is mostly overlooked unless minute examination be made. Even when it cannot be seen, the existence of ulceration within the urethra is often evidenced by induration of the part.

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#### HOPITAL DES ENFANS MALADES.

THIS hospital, with its court-yards and gardens, occupies a considerable space in the salubrious part of the suburbs, and is exclusively appropriated to the relief of sick children, from the age of two to fifteen. Five hundred patients can be accommodated, though in general not more than half this number of beds is occupied. The majority is composed of medical cases, the number of surgical patients being but small: scrofulous patients and those with cutaneous disease are treated in wards separate from the rest. The medical duties are performed by four physicians and a surgeon; two of the physicians have charge of

the acute diseases, the other two of the chronic cases. At the end of every six months they change places, the physicians who have previously had the patients with acute disease undertake those with chronic affection, and *vice versa*.

The mortality at this hospital is very great, particularly among the younger patients, the proportion of deaths to the admissions being as one to four; in acute diseases about one third, and in small-pox one half of the patients die.

There is nothing in the position of the building to account for this great mortality, which in my opinion is to be ascribed to the comparatively inert practice pursued. Except in cases where active measures are strongly indicated, the treatment of diseases here, as well as at the *Enfans trouvés*, is for the most part expectant, consisting principally of diluents, solution of various syrups, baths, lavements, with occasional counter-irritants. Sanguineous depletion is comparatively infrequent, and laxatives, diaphoretics, sedatives, &c., but seldom resorted to.

At the period of my visits M. Baudeloque had the treatment of the acute cases, and M. Guersent of the scrofulous patients. M. Baudeloque speaks highly of the efficacy of sulphur baths in the treatment of chorea, this remedy often succeeding after the failure of other means. The proportion of girls affected by this disease is very much larger than that of boys, and it is found to affect the left side more frequently than the right; post-mortem inspections throw no light on its nature. M. Baudeloque has not observed that the disease is ever propagated by imitation among children placed in the same ward.

The patients with scrofula are placed in low ill-ventilated wards, little likely to ameliorate their health. In the treatment of these affections M. Guersent employs tonics, iodine, and ioduretted baths, from which much benefit is often derived. He states, however, that in the summer months numerous patients are cured or materially relieved whatever remedies are employed, whereas, in the winter, the disease is more intractable, either making progress, or at best remaining stationary.

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#### HOPITAL NECKER.

THIS hospital, founded by the widow of the celebrated minister, is close to the preceding, and contains a hundred and twenty beds, most of which are occupied by patients with acute disease, especially of the thoracic viscera. There are two physicians and a surgeon.

M. Bicheteau has the largest proportion of patients; in the treatment of thoracic inflammation he does not carry sanguineous depletion so far as most other practitioners, but prefers the exhibition of tartarized antimony in large doses, after the manner of some Italian physicians. This remedy causes copious perspiration, which in most instances is attended with great alleviation of the symptoms: to prevent purgation,

a small quantity of opium is sometimes added. In the more chronic stages, blisters and the tartarized antimony ointment are generally resorted to. In continued fever, M. Bricheau does not in general recommend sanguineous depletion, but relies principally upon saline purgatives, and states that this method of treatment is very successful. He also speaks highly of the advantages of compression in ascites, both before and after paracentesis; the compression is made by means of a broad bandage laced in the manner of a corset, which is worn as tightly as it can be borne without inconvenience; other measures, as occasional purgatives, diuretics, &c. are at the same time employed. Some other Parisian physicians also employ this method in the treatment of dropsical effusions. A small ward in the hospital has been allotted to M. Civiale, for the reception of patients about to undergo the operation of lithotomy. At the time of my visit, however, there was but one patient with calculus, on whom M. Civiale operated with his usual dexterity, most of the other beds being occupied with stricture cases.

Paralysis of the bladder, and vesical catarrh, in elderly people are treated in the following manner:—a stream of cold water flows from a reservoir fixed near the ceiling, through an elastic gum tube, having stop-cocks, and terminating in a silver catheter formed into a double tube by a central partition. The patient being in the recumbent position and the catheter introduced, the water passes into the bladder by one side and out by the other. A continued stream of water through the bladder is thus kept up for about ten minutes, and repeated every second or third day: the quantity of water passing into the bladder may be regulated by the stop-cock, so as to prevent undue distension. The beneficial effects of the method are attributed to the clearing away of the accumulated mucus, and to the tonic action of the cold water upon the bladder.

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#### HOPITAL COCHIN.

THIS neat little hospital was founded by the ecclesiastic, whose name it bears. It contains one hundred beds; the wards are airy and very clean, and the class of cases received mostly consist of acute diseases and accidents. The professional attendants are two physicians, and a surgeon M. Robert, who enjoys a well-merited reputation, both as a judicious practitioner and a skilful operator.

During one of my visits I was present at the post-mortem examination of a man on whom a mass of stone had fallen, and produced fracture of several of the ribs, with dislocation of the thigh; the head of the bone resting between the inferior margin of the acetabulum and the tuberosity of the ischium. On admission, the symptoms resembled those of dislocation into the ischiatic notch; reduction was effected twenty-four hours after the accident, and the patient survived twelve

days, his death being caused by the violence of the thoracic inflammation. On inspection, there was considerable ecchymosis in the muscles surrounding the articulation: the psoas and iliacus internus were much injured, some fibres being lacerated, and the superior portion of the quadratus femoris was torn through: in the posterior part of the capsular ligament, a rent existed sufficiently large to allow the head of the bone to pass through, and the ligamentum teres was ruptured. The position occupied by the head of the bone was indicated by the contused appearance of the muscular fibres and increased ecchymosis; the parts in the immediate neighbourhood of the ischiatic notch were in a normal condition.

## PART II.

### ITALIAN MEDICAL INSTITUTIONS.

THE medical institutions of Italy are regulated much in the same manner as in France, being under the superintendence of their respective governments, and deriving their revenues from property with which they have been endowed, and from the bequests and donations of rich individuals. In most of the hospitals a director is invested with supreme power, and the election of medical officers is mostly decided by concours. Those officially connected with the medical establishments receive salaries; medical visits are made daily at an early hour. The patients are usually admitted on application, and are attended by a religious sisterhood, with subordinate male and female attendants; the bodies of those who die are examined, and supply the dissecting rooms, although the Italians are not in general very zealous in the cultivation of either natural or morbid anatomy.

The profession is divided as in France, into physicians, surgeons, and obstetric practitioners. The division between medicine and surgery is in some parts very arbitrary, the duties of the surgeon being confined to the application of local remedies, and operations, while the physician is called in to prescribe for the constitutional disorder accompanying surgical disease.

The principles by which the practice is guided, necessarily vary in the different states: at Florence and Rome they are based upon the Broussaian doctrine much more generally than at Naples or Milan; but with the exception of the last city, the treatment of disease is infinitely inferior to the French. The number of followers of the Rasorian doctrine of contra-stimulus has very much diminished of late years, and the practice of giving large doses of antimony to supersede blood-letting in acute disease is comparatively rarely employed. The abstraction of blood from the system in small quantity at a time, is a mode pretty generally adopted, as are also blistering, baths, and lavements; sedatives are likewise frequently prescribed, but purgatives, tonics, and stimulants, are more sparingly used.

The Italians do not speedily adopt innovations, and auscultation, percussion, and lithotripsy meet with no advocates among them. In surgical cases little or no medicine is given; patients who die after accidents and operation, usually succumb to constitutional irritation or internal inflammations; hospital gangrene is also a frequent cause of death in some parts. The greater temperance of the Italians, however, and the purer air of their cities, render them less liable to severe inflammatory attacks and derangement of the general health, which so frequently supervene in surgical cases in England.

## MILAN.

THIS city has a population of a hundred and twenty thousand inhabitants, and contains three principal hospitals. The *Spedale Grande* is one of the largest hospitals in Europe, enclosing a large central courtyard and four smaller courts; its façade is handsome, and measures several hundred feet in length. Most of the articles used in the establishment, as bread, bedding, blankets, clothing, &c. are manufactured within the walls. Two thousand beds can be made up; the number of patients varies, however, with the season. At the period of my last visit, May, it amounted to sixteen hundred. Out-patients also receive advice and medicine on application. The wards are for the most part large, high, and airy: in some of them a double row of beds occupies the centre, besides those ranged along the walls. Eight physicians and four surgeons, besides assistants, internes, &c. are charged with the professional duties; some of these visit their patients twice a day. Illness and poverty are the only testimonials required for the admission of patients. Those who prefer it can be visited at their own habitations by professional men, the medicine being sent from the hospital. There are also some small wards appropriated to those who contribute somewhat towards their own maintainance.

The irrigation of the plains of Lombardy and the cultivation of the rice-fields with which the Milanese abounds, are fertile sources of fevers of all types, which with thoracic and tracheal inflammation, phthisis, and rheumatism, form the prevailing acute diseases.

The treatment of disease appears to me to be more rational at Milan than in other parts of Italy, being based less upon exclusive systems than upon observation of symptoms, and the special indications in individual cases. In inflammatory diseases bleeding is pretty freely employed at the outset, and internal medicines being at the same time given, the necessity for its frequent repetition is obviated. Purgatives are also used more freely in Milan than elsewhere, especially in intermittents, which are treated by abstraction of blood at the commencement, and subsequently by quinine. Counter-irritation by blisters and antimonial ointment is another mean resorted to as subordinate to bleeding in inflammation of the thoracic viscera and rheumatism. Calomel, squill, digitalis, and other remedies, almost proscribed in some parts, are here used in appropriate cases.

Union of wounds by the first intention is attempted when practicable; dressings are mostly of a simple nature, and are applied by the surgeon during his visit. Erysipelas frequently complicates surgical cases in this hospital; it is treated antiphlogistically, and in some cases by incisions. Fractured thighs are placed between two splints extending the whole length of the limb; sufficient extension, however, does not appear to be kept up; in one which I measured a month after the accident, there was considerable shortening. Fractures of the leg are treated by an apparatus resembling the English junk. In operations for aneurism

supernumerary ligatures are not entirely discarded : the ligatures are generally composed of several threads joined together. Bronchocele is extremely prevalent near Milan ; it affects principally individuals who reside in the valleys near Como and Bergamo, and is frequently seen occupying a great portion of the neck.

The disease, however, which may be considered as the endemic of Lombardy is the pellagra, of which the hospitals of Milan, Bologna, and Parma, contain numerous specimens. This disease consists partly in a chronic inflammation of the skin, more particularly affecting those parts which are usually exposed to the sun, as the neck, hands, and arms, which become covered with a dark brown, scaly eruption : the epidermis cracks, and is separated in many places. There mostly exists, at the same time, considerable derangement of the digestive organs and of the nervous system, with hypochondriasis, and in some cases a propensity to suicide, or to destroy others, especially children. The disease occurs mostly in spring and summer ; many patients are affected at this period for several successive years, and become comparatively well as autumn advances. After repeated attacks it usually terminates either in paralysis, visceral disorganization, or mental alienation. The attack occurs sometimes without precursory symptoms ; but in most cases it is preceded by general indisposition, muscular and intellectual debility, and headache.

Pellagra is confined to the poorest classes, who inhabit the country. It mostly attacks persons somewhat advanced in life, women more frequently than men, though children are not exempt. Most of the profession consider poverty, want of proper food, and clothing, especially the use of bread made with damaged Indian corn, to be its predisposing causes—its exciting causes are enveloped in considerable obscurity. I was informed, by one of the physicians, that it is more prevalent among the inhabitants of the hills than those of the plain : the patients generally become better on changing their residence and mode of life. Various lesions are met with in autopsic examinations : these are, however, consecutive, and throw no light upon the nature of the disease. The treatment consists in placing the patients in good air, allowing proper nourishment, wine, &c., and in remedying urgent symptoms by appropriate means.

*The Obstetric and Foundling Hospital* is not in general open to visitors. Nearly three thousand infants are received annually : few, however are kept in the house, the greater number being put out to nurse in the country.

*The Hospital for the Insane* is situate about a mile from the town, in a locality where considerable humidity must prevail, from the neighbourhood of numerous canals for irrigation. It contains five hundred beds ; the wards are clean and airy, being built round court-yards, which serve for an exercise-ground. At the period of my visit there were four hundred and twenty patients in the house ; the men being in greater proportion, and all wearing a similar kind of dress. The more intractable ones sleep in separate wards, but in the day-time are allowed to walk about with the rest, the hands being fixed in thick

leather gloves, and fastened together. When extremely violent, the straight waistcoat is used. The female patients are superintended by women. Many of them are occupied in sewing, knitting, &c.: the men in gardening, the manufacture of clothing, and other kinds of work, as carrying wood, and the like. The professional duties are performed by three physicians, who visit on alternate days; and two assistants, who reside in the house. The quiet patients do not take medicine, unless their bodily health be deranged. Where a high degree of cerebral excitement exists, the occasional abstraction of blood, purgatives, baths, and sedatives, especially morphine, are the chief measures employed. The physician, who accompanied me, speaks highly of the effects of the morphine in allaying cerebral irritability. Several of the inmates have goitres, and a large proportion of them had laboured under attacks of pellagra.

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#### GENOA.

GENOA possesses one of the most variable climates in Italy. The heat in summer is excessive, and in winter rain and snow frequently fall: while the hills encircling the town on the land side, are not sufficiently high to shelter it from the north and east winds, which blow with great force from the more distant snow-covered mountains. Hence inflammations of the lungs and air-passages, phthisis, rheumatism, are the most prevalent diseases. Gastric irritation is also extremely common in summer.

The principal hospital contains about fifteen hundred beds. Its exterior presents nothing remarkable; but the staircases and corridors are wide, handsome, and adorned with statues of individuals who have been benefactors to the institution. The wards are large and lofty, but the beds are placed too closely to each other. There is also a lying-in ward, there being no obstetric hospital in the city. The number of patients in the house usually averages from eight hundred to eight hundred and fifty. The professional attendants are eight in number—four physicians and four surgeons. Visits are made twice in the day. There is no operating theatre, operations being performed in the wards. I did not see much of the practice, but believe it to be very inferior.

*The Hospital of Incurables* contains eight hundred beds: most of these are occupied by old people with chronic disease. Part of the building is appropriated to the reception of insane patients. The number of these is about two hundred and fifty. They are confined to ill-ventilated wards, which they are never allowed to leave until they die, or are dismissed the hospital. All the varieties of insanity are congregated together, the only difference being, that the quieter patients are allowed to walk about the ward, while those who are violent are chained to their beds by the wrists and ankles. With the exception of occasional depletion, very little treatment appears to be adopted.

It is said the physicians are anxious to effect an amendment of this state of matters, but their wishes are not seconded by the government. I was not allowed to see the women's ward, but M. Brière de Boismont, a Parisian physician, who has published a small pamphlet on the establishments for the insane in Italy, was more fortunate: he says—"The women are shut up in two dirty and badly-lighted wards: one of them is large, cold, and damp. Many of the patients are chained by the hands and feet: their howlings, their accessions of fury, and the clanking of their chains, give to this horrible place the appearance of the infernal regions." From the end of 1828 to the end of 1829, ninety men and eighty-four women were admitted; forty men and thirty-two women were dismissed, either cured, or in such a condition as not to disturb the public peace: thirty-two men, and the same number of women, died. This proportion of deaths, compared with the number of inmates, is enormous.

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TURIN.

THE establishment at Turin was, a few years ago, according to the account published by Dr. Clark, very little better than that at Genoa. A new and larger building has, however, been erected, and many improvements effected in the management of the patients; though, according to M. Brière de Boismont, chains are still affixed at night to the more intractable patients. The indiscriminate employment of bleeding and purgatives, every spring, as formerly adopted, is now discontinued. The remedial means mostly resorted to, where great cerebral excitement exists, are general and local blood-letting, purgatives, the tepid and shower baths, the application of iced cloths to the head, and in some cases opium.

There is a darkened chamber in which noisy patients are sometimes put, without confinement of the limbs; the darkness and solitude often succeed in quieting them after the failure of other means. M. Brière de Boismont states that insanity is on the increase in Piémont, and that more instances from political causes have been latterly observed. The cases depending upon these causes are, however, few, when compared to those arising from ambition, vanity, love, and religious enthusiasm.

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PARMA.

WITH a population of thirty-five thousand inhabitants, Parma contains a general hospital, a lying-in and foundling hospital, one for the insane, an university, and several charitable institutions. Among these is a

society for furnishing poor persons with relief and medical attendance at their own houses, termed the *Congregazione pietosa della Carità*, which was established in the fifteenth century : one half of the members are nobles and citizens,—the other half ecclesiastics. Two members are attached, in rotation, to each district of the town and surrounding country, whose duty it is to seek out and relieve those who are proper objects for the assistance of the charity. Several professional men, elected every three years, attend to the sick and receive a salary. The affairs of the society are managed by twelve members—six secular, six ecclesiastic—who are divided into pairs, each pair having the superintendence of a particular department.

*The Spedale della Misericordia* has a plain exterior, but the principal wards are handsome, lofty, extremely clean, and airy. The clinical wards, and those for the military, are small, and not so well ventilated as the others. The hospital contains four hundred beds, but in May, 1834, not more than half these were occupied. There are four physicians and two surgeons. Rasori and Tommassini, the originators of the contra-stimulant theory, are professors of clinical medicine.

This doctrine supposes that life is the result of two forces, viz. stimulus, or excess of action ; and contra-stimulus, or debility. These opposing forces, in a healthy state of the system, counterbalance and maintain each other in a state of equilibrium ; but when one or the other preponderates, the healthy condition is destroyed, and disorder ensues. Hence the supporters of this system admit only of two orders of diseases,—those from excessive excitement, and those from debility. This last condition is not considered merely as a negative state, or absence of stimulus, as in the Brunonian doctrine ; but is regarded as the product of an active power, independently of the opposing force. Remedies are also divided into stimulant and contra-stimulant : among the former may be enumerated tonics, opium, spirituous preparations : the latter include all agents which tend to lower vascular action ; of these antimony, was most frequently had recourse to, and was exhibited in very large doses, being in many cases made to supersede sanguineous depletion. This practice counted, a few years ago, numerous followers, but is now made accessory to the other measures, and bleeding is carried to a greater extent in Parma than in most parts of Italy.

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#### PADUA.

PADUA contains two hospitals : the largest has three hundred beds, for the reception of acute diseases :—the other hospital is for chronic complaints. There is also a society for the relief of indigent patients.

The university is the largest in Italy, and is annually attended by about fifteen hundred students. One-third of the number attend the medical classes. The building contains lecture-rooms, an anatomical museum, one of natural history, a library, and a chemical laboratory,

On the wall, around the court-yard, are busts in relievo, with inscriptions in memory of those celebrated men who studied at the university. Among these is the head of Harvey. The faculty of medicine is composed of a dean, and thirteen professorships. A few years ago, Caldani was professor of anatomy, Brera of clinical medicine, Ruggieri of surgery and pathology.

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PAVIA.

THE university of Pavia, also in the Lombard Venetian territories, is next in importance to that of Padua, and in consequence of the fame of Scarpa is much resorted to. Two kinds of degrees are conferred by these universities, viz. that of doctor in medicine or surgery, and that of master in surgery, or minor surgeon, being equivalent to the *officiers de santé* in France. Five years' study is required for the degree of doctor,—four years for the degree of master in surgery. Anatomy is more assiduously cultivated at Pavia, under the auspices of Professor Panizza, than elsewhere in Italy. The museum contains a fine collection of anatomical preparations. Clinical lectures, as at Parma, are delivered in the hospitals.

M. Roux, from whom this account is taken—as I have not visited Pavia—states that medical men are liable to be cited before the tribunals for ignorance or inattention: those in whom the charge of ignorance is substantiated are again obliged to attend the medical classes for a certain period, and to undergo a fresh examination.

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BOLOGNA.

THE population of Bologna amounts to seventy thousand souls. There are three hospitals and an university. The *Spedale della Vita* contains about two hundred beds. The wards are airy and clean, and the service performed with care and regularity. It is appropriated to the reception of acute diseases and accidents. The professional duties are performed by two physicians and two surgeons, who give clinical lectures to the students of the university. Tommassini was formerly professor of clinical medicine, and the contra-stimulus doctrine is still a good deal followed in the treatment of disease. The acute diseases most prevalent at Bologna, are inflammatory and intermitting fevers, inflammation of the lungs, bronchitis, and rheumatism. Pellagra is also common, both about Bologna and Parma; less so, however, than nearer Milan.

The *Spedale St. Orsola* receives patients with chronic, syphilitic, and cutaneous diseases. There is also a department for the insane, about one hundred in number, who are lodged in four long corridors,

separate from the rest of the hospital, and warmed by stoves in winter. The division for either sex contains a ward of about fifteen beds, twenty-eight cells, and a small ward for convalescents. The patients appear to be treated with gentleness. Contra-stimulant remedies are mostly employed, and the more violent patients are treated by low diet, confinement by the straight waistcoat, the cold, and surprise bath.

There is also a small, well-arranged, clinical hospital, of about fifty beds, adjoining the university, where the most interesting cases are sent for the instruction of pupils. At each bed a paper is placed, stating the circumstances connected with the case. Two or three rooms are set apart for those persons who pay something towards their own maintenance.

The university is a handsome edifice, inclosing a spacious court-yard, and containing a fine library; an amphitheatre for the delivery of lectures; museums of antiquities, of comparative anatomy, of natural history, and of human and pathological anatomy. In this last are several wax models of healthy and diseased structure. Those illustrating the pellagra, and morbus ceruleus, are exceedingly well executed. There is also an interesting cabinet of casts, illustrating the progress of utero-gestation, anormal presentations, monstrosities, &c.

This university, formerly the most resorted to of any in Italy, is now but thinly attended, the number of pupils being reduced to between four and five hundred, and most of the lectures are delivered at the houses of the professors. Political circumstances are said to be the causes of this change. Among the celebrated men who studied at Bologna, are Valsalva, Malpighi, and Galvini, to whom a monument is erected in one of the corridors.

Medical students are obliged to attend the classes during four years, in the following order;—first year, natural history, botany, chemistry, anatomy; second year, anatomy, physiology, comparative anatomy, institutes of surgery; third year, pathology, clinical medicine, materia medica, chemistry; fourth year, pathology, clinical medicine, medical jurisprudence, and midwifery. During the last year of study, a certain number of patients are placed under the care of each pupil, who, previous to his examination, has to give an account of the cases, and of the treatment he has adopted. Surgical students attend during the first and second years the same courses of lectures as the medical pupils; third year, institutes of surgery, clinical surgery, anatomy, and dissections; fourth year, medical jurisprudence, midwifery, dissections, clinical surgery, and the performance of operations on patients, under the guidance of the professor. At the termination of the first year, students take the degree of bachelor; at the end of the second year, of licenciate; and at the end of the fourth year, of doctor of medicine or surgery.

The mode of examination of candidates is as follows: five professors of the different branches of education submit each to the candidate twenty different subjects, taken from his own course of instruction: the pupil draws one of these by lot, and is examined on that subject. Thus the candidate is examined on five subjects connected with medicine.

When the examination is finished, each of the professors gives his vote separately, as to the fitness of the candidates; those who are considered not sufficiently qualified, have to study during another year.

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FLORENCE.

FLORENCE, situated in a plain surrounded by the Appenines, has a population of eighty thousand persons, and contains four hospitals; these are placed under the direction of a superintendent, appointed by the grand duke. The *Spedale Santa Maria Nuova*, for the reception of accidents, acute and chronic diseases, is a handsome edifice, and contains nearly one thousand beds; the bedsteads are made of iron and have curtains. In some wards the beds are too closely placed together to allow a free circulation of air, but in general the wards are clean, lofty, and well ventilated. A paper, stating the material circumstances and daily progress of each case, is placed at the head of the bed. Patients are admitted on application, and are attended upon by "sœurs de la charité." The bodies of those who die are invariably examined, and supply the dissecting room. There are two commodious operating theatres adjoining the surgical wards, one on the ground floor, the other on the first floor; a theatre for the delivery of anatomical and other lectures; a dissecting room, and a cabinet of pathological anatomy. Separate wards are appropriated to syphilitic patients, and patients afflicted with diseases of the eyes are placed in a darkened ward; a ward is also set apart for those patients who contribute towards their own maintainance, from three to five *pauls* a day.

Two professors of medical clinique, two of surgical clinique, and several assistant physicians and surgeons, who receive salaries, are attached to the service of this hospital. One half of these attendants do duty for six months in the year, at the expiration of which period they are replaced by the other half. The surgical visit takes place at eight o'clock every morning, and the medical visit at ten; the professors hold clinical discourses with pupils at the bedside of patients.

The lectures of the Faculties of Medicine and Surgery are delivered in this hospital, on the different branches of medical education; the examination of candidates for the diploma of medicine or surgery takes place before the members of the colleges. Medical candidates are previously obliged to take their degree at the university of Pisa.

The *Spedale di Bonifacio* is divided into two parts, one for insane patients, and the other for military patients, and those afflicted with incurable diseases. The hospital contains about eight hundred beds: the wards are spacious, airy, and particularly clean.

The average number of insane in the hospital is from two hundred and eighty to three hundred: males are in greater proportion than females. Small cells, having each a window with iron bars, and con-

taining a bed, are situate on either side of passages about fifty feet in length; each patient has a separate cell, but in the day time they are indiscriminately allowed to walk about the passages, or in the open air. The patients are all clothed alike, in a white woollen dress. New patients are kept in separate rooms for a few days, in order that the peculiarities of their insanity may be observed. The greatest attention is paid to cleanliness throughout the establishment.

When confinement of the hands is necessary, a wooden case (*manchot*) is used, into which both hands are placed, and kept bound to the abdomen by means of a strap passing round the waist. Furious patients are confined to a small darkened room, with well-padded walls; the darkness is found to render the greater number of such patients tractable. The treatment is conducted partly on moral principles; many of the patients are employed in mechanical occupations and gardening; the women in knitting, spinning, &c. The system formerly in use of employing depletory measures indiscriminately every summer, is now discontinued, and bleeding is employed only when there exists great exaltation of the cerebral functions.

The *Spedale degl' Innocenti* is a large building for the reception of foundlings and of lying-in women. The number of infants annually admitted amounts to fifteen hundred. These, with few exceptions, are sent to be nursed in the country, and are supported by the establishment till the age of ten years. The manner in which infants are bound up in cloths in Italy, somewhat resembling an Egyptian mummy, is the occasion of frequent distortions of the limbs, and is productive of other bad effects. There is also at this hospital an obstetric school, where lectures are given to females who purpose practising midwifery.

The ergot of rye is here given in those cases of protracted labour depending upon deficient contraction of the uterus.

There is at Florence a fourth hospital, containing about forty beds, for patients with acute and chronic diseases; also a Casa dei Poveri, or workhouse, on an extensive scale; and obstetric institutions in different parts of the city, for affording assistance at the habitations of poor women.

The *Societa della Misericordia*.—This charitable establishment was instituted in the beginning of the fifteenth century, and counts among its members several of the nobility: its object is to render assistance to the sick poor, for whom the members perform many kind offices, and supply those who are treated at their own houses with necessaries of all kinds. They undertake the burial of the bodies of poor persons and, in case of accident or disease, repair to the place where their services are required, and convey the patient to a hospital, or to their own residence. The brethren meet in a building in the Piazza del Duomo, where the affairs of the society are conducted by a committee: one or more of the committee is always in attendance at the central institution, to indicate to those on duty the place where their services are required. The sick are carried in covered litters, on the shoulders of the brethren, who maintain a profound silence, and are clothed from head to foot in a black domino, in order to conceal the persons of those who are thus

engaged : ten, twelve, and sometimes more of the brethren, accompany each litter, and frequently relieve each other in supporting the burden.

In the Museum of Natural History, perhaps the finest existing, is the splendid collection of anatomical wax models, coloured according to nature, and exhibiting all the parts of the body, both conjointly and in detail, of the natural size. A room is allotted to each division of anatomy, as osteology, myology, &c. In addition to the anatomical models, are others illustrating the progress of utero-gestation, growth of the fœtus, &c. The models are in general pretty correct.

The most prevalent diseases at Florence are acute and subacute inflammation of the lungs, pleurisy, bronchial affections, dysentery, gastric irritation, rheumatism, and diseases of the eyes.

The practice leans to the Broussaian : all irritants and tonics are avoided ; bleeding is very generally employed ; small quantities of blood, as four, six, or eight ounces being abstracted at a time : consequently the frequent repetition is necessary, which has the effect, in many cases, of debilitating the patient, without effectually arresting acute inflammation. Hence one cause of the fatality attending acute inflammation of the lungs, known by the name of *Mal di Petto*, which so frequently occurs from the variable temperature of Florence. Leeches are often used, but not so generally resorted to as in France. Counter-irritation, by means of the application of the ointment of tartarised antimony, is frequently employed. Purgatives are seldom used, from a dread of their inducing gastro-enterite ; sedatives are not unfrequently employed. Prussic acid, or the *aqua lauro cerasi*, is sometimes given in bronchial complaints. Intermitents are not of frequent occurrence ; they are treated by venesection when required, and by the exhibition of the preparations of bark. In continued fever, small general bleedings are employed ; more frequently, however, the application of leeches to the pit of the stomach, lemonade and cooling drinks are resorted to.

Rheumatism is treated by bleeding, warm bath, and diaphoretics : the colchicum is not used ; its effects in this class of diseases do not appear to be known.

In gastric and intestinal irritation, the application of leeches, and the administration of demulcent mixtures, are chiefly depended on. No operation is performed without a previous consultation, at which the superintendent of hospitals is present. All persons, professional or not, are allowed to be present at operations, which are frequently performed by the more advanced pupils, under the guidance of the professor of surgery. Operations are in general pretty successful ; patients are bled subsequent to their performance in most cases. The lateral operation is performed for stone in the bladder ; the *bistoiré caché* is generally used for incising the neck of the bladder. Hydrocele is treated by the operation of excision, the method by injection is adopted only in recent cases. The operation of couching is preferred in cataract. Cases of strangulated hernia are operated on immediately : no other remedial means are employed, nor are many attempts made to effect reduction by the taxis. Strictures of the urethra are treated by confining the patient to bed, and passing an elastic gum catheter into

the bladder, the size being gradually increased : when a catheter cannot be introduced into the bladder, a catgut bougie is passed into the urethra as far as possible, and retained against the stricture for some time : on withdrawing this, a catheter can generally be passed. Fractures of the lower extremity are treated by placing the limb in the extended position : in fracture of the thigh, the limb is confined between two long splints, connected together by a piece of cloth, passed under the limb, and extending its whole length ; the splints are tied together by pieces of tape. By this mode sufficient extension is not kept up, and shortening of the limb, more or less, is the consequence. Ophthalmia, whether acute, chronic, or strumous, is treated by general or local depletion, warm emollient applications and fomentations ; the patients being kept in a darkened room : stimulating collyria are scarcely ever had recourse to, and blisters are not frequently used in the treatment of diseases of the eyes. Under this treatment patients are long in recovering, and, from the debilitated state in which the organ is left, suffer frequent relapses after exposure to the sharp winds so prevalent in Florence. Inflammations of joints are treated by rest, local abstraction of blood, and emollient cataplasms ; counter-irritation is seldom employed. It is generally a long while before recovery takes place. Mercury, both used externally and given internally, is chiefly trusted to for the cure of syphilitic complaints ; its use, however, is not carried so far as to induce copious salivation.

Union by the first intention is generally attempted after operations, or recent wounds. Abscesses are opened by a very minute aperture being made, and the matter forcibly pressed out. In two cases which I saw, this gave rise to severe inflammation of the part, accompanied with a high degree of febrile irritation.

I here subjoin the abstract of a few cases treated at the Spedale Santa Maria, as illustrative of the practice pursued.

*Gangrenous Erysipelas of Thigh.*—December 20th. A man, aged twenty, of cachectic habit, after exposure to wet, was attacked seven days ago by fever preceded by rigors ; two days after, the fever recurred, accompanied by pain and swelling of the lower part of the thigh, which gradually increased until his admission to the hospital on the 18th December, when he was bled to six ounces, with temporary relief. The lower third of the thigh, and the knee, are much swollen, tender to the touch, and of a dark red hue ; skin is hot ; pulse 110, small ; tongue coated ; bowels confined. Ordered bleeding to eight ounces ; leeches to the affected part ; and a nitrated drink, low diet ; a laxative in the evening.

22d. Application of leeches was yesterday repeated. Patient has had several rigors ; countenance is anxious ; pulse quick and weak : skin cool ; knee and thigh less painful, but retaining the dark hue, which is circumscribed, half-way up the thigh, by a distinct line of demarcation.—The nitrated beverage repeated, and poultice applied to the thigh.

23d. The patient is scarcely sensible ; breathes with difficulty ; pulse quick and feeble.—Bleeding to six ounces ; leeches to the limb and poultice ; medicine continued.

25th, died. On examination of the thigh, a quantity of pus was found surrounding the bone ; periosteum thickened ; the cellular texture above the knee in a sloughy state. No disease of viscera.

This is a case in which early and free incisions would have been made in this country, and, conjoined to an opposite mode of medical treatment, might have led to a different result.

*Sloughing Ulcer of the Leg.*—A man, aged sixty-two, was admitted into the hospital, with foul ulcer over the tibia: the patient was labouring under considerable nervous irritation; dry tongue, frequent pulse, skin warm. He was bled to six ounces, and ordered to take lemonade.

On the fourth day from his admission, the skin was cool; pulse weak and quick; tongue brown and dry; and he had slight delirium.—Bleeding to three ounces; lemonade; poultice to the ulcer.

Sixth day. Wandered more in his talk; countenance sunk; pulse feeble; considerable difficulty in breathing—bleeding to four ounces; lemonade. Eighth day, died.

*Strangulated Femoral Hernia.*—A woman, aged forty-five, was admitted under the care of professor Andreini, with femoral hernia: symptoms of strangulated intestine had existed eleven hours. The patient had vomited several times, and had pain and tenderness on pressure of the lower part of her abdomen; the tumour was of the size of a walnut, and somewhat painful. Venesection to eight ounces. Two hours after admission, the operation was performed. No attempt was made to reduce the tumour by the taxis.

The patient being laid her whole length on the operating table, to which her legs were tied down, one of the pupils, under the direction of the Professor, made the preliminary incisions through the skin, fasciæ, and hernial sac, by which a knuckle of intestine, of a dark red colour, was exposed; the Professor then endeavoured to pass his finger up to the seat of stricture, but experienced considerable difficulty, which was doubtless increased by the tension in which the parts were kept, from the position of the patient. Having at length reached the stricture, a small straight bistouri caché was introduced by the Professor, and its division effected by an incision made in the direction of the symphysis of the pubis. The intestine was then reduced without difficulty.

Shortly after the operation, the patient had an evacuation from the bowels. In the course of eight hours, the pulse increased in frequency, accompanied with more tenderness of the abdomen on pressure. Eight ounces of blood were abstracted, by which the symptoms were for a time relieved: but, on the following day, the patient had pain all over the abdomen, attended with tension, vomiting, and quick small pulse. Venesection to three ounces, and fomentations to the abdomen were employed. These means afforded no relief; hiccough supervened, and fecal matter made its appearance at the wound; half an ounce of castor oil was then ordered, which occasioned slight evacuation per anum. The patient, however, died on the fourth morning from the operation.

In this case are chiefly remarkable the absence of urgent symptoms at the time of the patient's admission; the position in which she was placed for the operation; the nugatory effect of the means employed to combat the subsequent inflammation; and the non-employment of laxatives, from a fear of thereby increasing the inflammation of the bowels.

*Treatment after Lithotomy.*—A boy, aged eight years, underwent the lateral operation for stone in the bladder, and went on well until the fifth day from the operation, when he was attacked with pain and tenderness on pressure of the abdomen, accompanied by fever and constipation of the bowels; the urine passed freely away by the wound. He was ordered venesection to six ounces, a poultice to the abdomen, and to drink lemonade. The severity of the symptoms was by these means mitigated, but the bowels continued constipated.

On the fifth day, the bleeding was repeated to the amount of four ounces. On the seventh day, the same quantity of blood was abstracted from the arm, and leeches applied to the abdomen: the patient had a slight evacuation, and felt somewhat relieved; the symptoms, however, were not removed, and he was greatly reduced.

On the eighth day half an ounce of castor oil was prescribed, which produced four or five copious evacuations from the bowels; the patient, in consequence, felt great relief, the pain and tenderness of the abdomen shortly after subsided, and he gradually recovered.

*Cataract.*—A young woman, aged twenty, was admitted with capsular cataract affecting both eyes, so as to occasion complete blindness, which had existed upwards

of two years; the patient was, however, able to distinguish a strong light from darkness. The operation of couching was performed on the left eye, from which no apparent benefit was derived, and she left the hospital. Shortly afterwards, she became better able to distinguish the degrees of light or darkness; in a few days, she obtained a confused view of objects, and ultimately was able to see particular objects pretty clearly. It appears that the retina had been so long inactive in this case, that some time was required for regaining its sensibility.

*Contracted Cicatrix.*—A boy, aged fourteen, was admitted to the hospital, having permanent semi-flexion of the fore-arm, in consequence of contraction of the cicatrix from a burn: the contraction had existed ten years. The whole of the cicatrix was excised with a scalpel; the edges of the wound retained in contact by adhesive plaster; and a splint fixed along the anterior part of the limb, which was thus kept in a state of extension during the cure. The wound was healed, and the patient had regained free motion of the fore-arm at the expiration of three months.

*Strangulated Femoral Hernia.*—In this patient a woman, aged forty, the strangulation had existed twenty hours; during which time bleeding, the warm bath, and fomentations, were employed, without relief to the pain, vomiting, and hiccough, which symptoms had gone on increasing. On her admission, the operation was performed, and the intestine reduced with little difficulty: after the operation, she was bled; and an emollient enema injected, which occasioned free evacuation of the bowels. The inflammatory symptoms were slight: the bleeding was, however, repeated twice; and on the fourth day was ordered half an ounce of castor-oil. The patient left the hospital in three weeks.

*Strangulated Inguinal Hernia.*—A man, aged fifty-six, was received into the hospital with strangulated inguinal hernia: the strangulation had existed twenty-four hours. The operation was immediately performed. On opening the hernial sac, a quantity of bloody serum escaped, and a portion of small intestine presented itself, in a high state of inflammation. After dividing the stricture, the intestine was reduced, although with some difficulty. Severe inflammatory symptoms came on, which were relieved by energetic depletion; (was bled five times in thirty-six hours.) No alvine evacuation having taken place on third day from the operation, notwithstanding enemata had been administered, he was ordered an oleaginous axative, which procured copious stools, to his great benefit. Some days after, however, fecal matter passed out from the wound, and the patient had a recurrence of the inflammatory symptoms; these were relieved by appropriate measures; but the patient having eaten some indigestible food the inflammation returned and occasioned his death.

*Recto-vesical Lithotomy.*—The patient was sixty-one years of age, and has been subject to symptoms of calculus in the bladder for twenty-five years: the prostate gland was considerably enlarged, and he passed his urine with great pain and difficulty; the urine was loaded with mucus, and occasionally mixed with blood. After a few days' rest, the recto-vesical operation was performed, and two large calculi extracted: after the operation, antiphlogistic means were employed, and the patient enjoyed during some days a state of greater ease than he had experienced for years. On the sixth day after the operation, the urine did not pass away so freely; he was attacked by obstinate rigors, tympanitic abdomen, and died on the eighth day. On examination, *post mortem*, extensive sloughing was found in the cellular membrane between the rectum and bladder, where a quantity of urine was collected.

*Gunshot Wound.*—A man, aged twenty-one, was shot in the hand, which occasioned such extensive injury of the parts as to demand amputation: this operation was performed at the wrist joint. The stump, however, did not heal, sloughing of the tendons took place, and the patient died at the expiration of six weeks. After death, an abscess was discovered, extending from beneath the deltoid muscle to some distance beneath the pectoralis major: a collection of serum had taken place in the thoracic cavity of the opposite side.

*Hydrophobia.*—A case of this disease occurred during my last visit to Florence. The symptoms came on four months after the patient had been bitten by a dog. He died in a few days. Bleeding, baths, leeches, and other means, were employed without relief; but a plaster, containing acetate of morphine, applied to the epigastrium, alleviated the symptoms considerably for twenty-four hours, the patient being able to swallow liquids without much difficulty.

## ROME.

THE profession is at a lower ebb in the Roman states than elsewhere in Italy. Some of the hospitals at Rome were formerly in a shameful state, and the mortality among the patients was very great. In the spring of last year, however, I found matters somewhat better than at my preceding visit, though there is still great room for amendment.

Acute inflammation of the lungs occasions a great mortality every winter and spring. Bronchial affections, rheumatism, and diseases of the eyes, though prevalent, are less so than at Florence and Naples. Gastric irritation and visceral *engorgement* are also of frequent occurrence. Phthisis is not so frequent, except as consequent on attacks of acute inflammation: bronchocele is not so often met with as in some other parts: sudden death, from apoplexy, or disease of the heart, called by the Italians *accidente*, frequently occurs at Rome: nervous affections are also very general, especially the morbid sensibility of the olfactory nerves with respect to flowers and agreeable perfumes, which exists in so high a degree as frequently to occasion convulsive attacks; even the sight of artificial flowers has been known to produce the same effect. This peculiar antipathy to perfumes is met with, more or less, in most Italian cities. I have known it also to exist in some English residents; the presence of flowers in a room being sufficient to produce headache and other unpleasant symptoms.

Intermittent and other fevers, from malaria, are endemic in the summer, at which time the hospitals are crowded with patients from the country. The insalubrity of the season is always in a direct ratio to the intensity of the heat and the quantity of rain; but of late years, since the improved drainage of the Pontine marshes, the frequency and severity of these fevers have diminished. The enervating effect of the climate, and the habits of the Romans, also predispose them to attacks of fever. Dr. Clark observes, that foreigners are less liable to be affected by the malaria during the first and second years of their residence in Rome, than in subsequent years.

The practice in the treatment of disease inclines to the Broussaian; the abstraction of blood in small quantities is resorted to in the majority of cases, and as a preventive against malaria fever. Blisters are used to combat the consequences of inflammation. The exhibition of large doses of antimony in acute inflammation is less frequent than formerly. In bronchial affections, prussic acid and sedatives are frequently employed. Vaccination is not much encouraged, nor is the stethoscope used. When constitutional disorder accompanies surgical disease, the physician is frequently called upon to prescribe, the surgeon confining himself to operations and the application of external remedies.

The largest hospital in Rome is the *Santo Spirito*, for the reception of patients of the male sex with acute diseases. It can contain fourteen hundred beds, but the number occupied varies with the season, being comparatively small in winter and spring. The building is low,

but of great length : the wards are lofty, but badly ventilated and lighted, the windows being small, and placed against the ceiling. Some wards are often empty ; while in the principal one the patients are crowded together, the beds being arranged in double, and sometimes treble rows, the foot of the first bed touching the head of the second. The floors and bed furniture are not the most clean ; and a stranger, on entering, not unfrequently feels inconvenience from the combination of close air and bad smells. There is a surgical ward, containing about forty patients : the visit and dressings were made in a hurried and slovenly manner. The clinical wards above stairs are small, each containing ten or twelve beds. Phthisical patients are kept in wards separate from the others, from an apprehension of the contagiousness of phthisis.

The hospital also contains a large theatre for the delivery of anatomical lectures, a dissecting room, and a cabinet of pathological anatomy. The medical service is performed by six physicians and, I believe, one surgeon.

Intermitting fevers are treated principally by cinchona, of which a large quantity is annually consumed ; thoracic inflammations by repeated bleeding in small quantities, the administration of antimony and blistering : in gastro-enteric inflammation, bleeding, leeches, enemata, and emollient potions, are resorted to : in rheumatic affections, bleeding, warm baths, antimony, and other diaphoretics are employed, the colchicum is not used.

*The Spedale St. Giacomo* is situated on the Corso, in the heart of the city : it is appropriated to chronic and surgical diseases, and to the performance of operations. The number of beds is about three hundred and fifty. The men's wards, on the ground floor, are close, and not particularly clean ; the beds being ranged, in double rows, as at Santo Spirito : the women's wards, on the first-floor, are more clean and airy. Very little internal treatment is employed in surgical diseases, beyond small bleedings, the exhibition of cooling drinks, an occasional laxative or opiate. The dressings are, in most cases, simple charpie, or emollient poultices. The mortality, after accidents and operations, is very great, partly from the frequent supervention of hospital gangrene. Ulcers and slight wounds are also very apt to run into gangrene. The lateral operation is usually performed for the stone. The cure of aneurism is attempted by compression, low diet, and digitalis : if these means fail, the operation is resorted to, ligatures of reserve being used. Hydrocele is mostly treated by injection : coughing is the operation preferred in cataract.

*The Spedale della Consolazione*, situate near the Forum, and in better air than the other, consists of two wards on the ground-floor, on opposite sides of the street : it is exclusively appropriated to the reception of accidents. The men's ward contains about sixty beds, is very clean and airy : in the women's ward there are about thirty beds. The patients are not so crowded together as in the other hospitals. Two surgeons and one physician are attached to this hospital.

Union by the first intention is attempted in wounds : fractures of

the thigh and leg are treated in the extended position, the limb being placed between two ferulæ, or straight splints, connected together by tapes, in the manner of a junk.

*The Spedale S Giovanni*, in the square of the same name, contains about three hundred beds, and generally two hundred patients, all females. The principal ward contains one hundred and thirty beds, is clean, light, and airy. On the wall are inscribed the names and amount of donations of benefactors to the hospital. There are two physicians, a surgeon, and two assistant-physicians. Visits are made twice a day.

*The Hospital for the Insane* consists of two separate buildings,—one for each sex. Each building is of a square form, and incloses a court-yard, in which the patients walk about, there being no other place for exercise. The number of beds amounts to four hundred, which are nearly all occupied. In the day time, the patients walk about the courts and corridors, or sit huddled up in corners; many of them without shoes, and almost without clothing. In several parts, chains, with a ring for the neck or foot, are fixed to the walls, to confine furious patients. Some of these patients occupy cells in the court-yard; the others sleep in small but clean wards, containing each from ten to twelve beds. There is no division of the varieties of insanity, but all are mixed indiscriminately together. The straight waistcoat is the usual means of restraint, chains being only used in extreme cases. One physician and one surgeon are the medical attendants, and the number of superintendents appears extremely limited. No moral measures are resorted to in the treatment, which seems to consist principally in bleeding, warm, cold, and douche baths. Those patients whose bodily health is disordered, are treated in a ward set apart for that purpose. The number of cures I should suppose to be very small.

The following cases are from the Clinique of Professor Sisco, surgeon to the Spedale St. Giacomo.

*Diseases of Testicle.*—A man, aged twenty-three, after the suppression of the discharge of a gonorrhœa, became affected with pain, hardness, and swelling of the right testicle. The remedies employed did not relieve him, and his surgeon intended to perform the operation of castration. This was prevented by the patient being attacked by intermitting fever, which lasted several months. On recovering from the fever, the size of the diseased testicle had increased, the patient had frequent lancinating pains in the part, and the scrotum was ulcerated. He was admitted to the hospital, and on the day following an incision was made, exposing the spermatic cord, and extending to the bottom of the scrotum. A ligature was passed under the cord, and tied tightly. The tumour sloughed in five days, and was separated by scissors. The wound was dressed throughout the cure with charpie, and the patient dismissed six weeks from his admission.

A man, aged thirty-eight, had long been afflicted with sarcocele, which the treatment employed had not benefited; he was obliged to go into the country, and there consulted a surgeon, who, considering the disease to be hydrocele, plunged a trocar into the tumour: as no fluid escaped, he made an incision through the scrotum, and lacerated with his finger its connexions with the tumour, which occasioned an increase in its size, and considerable constitutional disturbance to the patient. The surgeon then passed a seton through its substance; the patient became worse, returned to Rome, and was admitted into the hospital. The tumour was of the size of a small melon, uneven and tuberculated on its surface, and discharging, through the apertures made by the seton, dark fetid matter. The patient was greatly

reduced, with irritable pulse, and troubled with diarrhœa. After three days' rest, a bistoury was plunged into the tumour, which was laid open in its whole extent: about a pound and a half of fungous substance of a livid colour was excised, the operator fearing to remove the whole tumour, on account of the weak state of the patient. The bleeding was restrained by application of ice.

On the seventh day from the operation, a ligature was tied tightly round the base of the tumour, which separated in five days. The patient gradually recovered, and was quite well at the expiration of seven weeks.

A man, aged twenty-two, had disease of the testicle, which was situated in the groin, whence it had never descended to the scrotum. The tumour was of the size of a lemon, hard at its base, with a feeling of fluctuation at other parts; it was punctured with a trocar, and a quantity of fluid escaped. On the day following, the spermatic cord was exposed by an incision, and a ligature passed under it, tied tightly. Mortification of the testicle soon came on: in a few days, however, the patient experienced some stiffness in the motions of the lower jaw; tetanus supervened, and he died.

*Popliteal Aneurism.*—A man aged thirty-six, in pursuing his adversary, exerted himself very much; a few days after, he discovered a swelling in his left ham, which quickly increased to the size of a hen's egg. On admission to the hospital, it was ascertained to be popliteal aneurism. The cure was attempted by restricting the patient to low diet, giving the digitalis, and compressing the femoral artery at its upper third by a semicircular spring, pressing on the artery and opposite side of the thigh. This treatment was continued some days, but did not affect the size of the tumour, to which ice was applied, without advantage resulting. It was then proposed to the patient to have the femoral artery tied, or the limb amputated: the patient would only submit to the amputation, which was consequently performed. It appears that he wished to die, and thought he should sink under the amputation; being disappointed in this, the same night he swallowed a quantity of opium, which he had concealed, and died the following morning.



## NAPLES.

NAPLES is built along part of the bay of that name, and partly on the acclivity of a hill; contains three hundred and eighty thousand inhabitants. The most prevalent diseases are, inflammations of the lungs, pleuritis, bronchial affections, rheumatism, gastric fevers, and diseases of the eyes.

Naples contains three hospitals. The *Spedale degl' Incurabili* is the largest: it is situated in an elevated and airy position, in the centre of the city, and can contain one thousand four hundred beds. The building is two stories high, and built round a courtyard; the wards are long and lofty, clean, and pretty well ventilated. This hospital is properly for the reception of chronic and surgical diseases; many acute diseases are, however, admitted.

As at other Italian hospitals, some rooms are set apart for patients, who pay from four to six *carlini* daily. Syphilitic and consumptive patients have also wards separate from the others. There is also an incurable ward, to which moribund patients, or those considered past recovery, are transferred. Female patients are attended on by "sœurs de la charité;" the men by "infirmiers," or infirmary men; the medi-

cal service is performed by twenty physicians and fourteen surgeons. Daily visits are made at an early hour.

The lectures of the Colleges of Medicine and Surgery on the several branches of medicine and surgery are here delivered; clinical lectures on medical and surgical cases, and on diseases of the eyes, are also given. Dr. Quadri is professor of this last branch of surgery: he employs depletion and warm applications only at the commencement of acute ophthalmia; in the varieties of chronic inflammation, he has recourse to counter-irritation and stimulating collyria.

The practice is chiefly "Hippocraticque," the administration of remedies being determined by observation of the symptoms in each particular case. Bleeding is not so general as at Florence and Rome; antimony and James's powder are in very general use in acute disease: this remedy, however, is not given in the same large doses as formerly. In syphilitic cases, mercurial frictions are made in the sole of the foot, and continued for about twenty minutes each time, by an assistant, whose hand is covered by a leathern glove. Vital operations are only performed in spring and autumn, except in cases of emergency. Over the operating theatre a hand is painted, with an eye in the palm.

The dressings made use of to wounds are mostly simple, stimulating applications being rarely used: union by the first intention is attempted, where practicable.

The following cases will illustrate the practice pursued.

*Pneumonia and Typhoid Fever.*—A man aged fifty-five, was received into the hospital, labouring under fever, accompanied by great prostration of strength, fixed pain in left side of thorax, great difficulty in breathing, expectoration of bloody mucus, anxious expression of countenance, and brownish dry tongue. He was ordered venesection to the amount of fourteen ounces; leeches to the side; an ounce of castor oil; and a mixture containing nitrate of potass. The thoracic symptoms were much relieved by these means: the patient was, however, greatly weakened, and had dry, brown tongue.

On the third day he was ordered a blister to the side, and a mixture containing tartarized antimony.

On the eighth day, he was more weak, and had occasional hiccup. Same medicine continued.

On the eighth day, two or three lumbrici were passed from the bowels, with several copious evacuations of fetid matter. He continued to get worse; delirium supervened, and he died on the twelfth day from his admission.

On examining the body, traces of inflammation were apparent in the stomach and ileum; the pleura was strongly adhering on left side; and small abscesses were found in left lung, which was in part hepatized.

*Dropsy with Hypertrophy of the Heart.*—A keeper of a cook-shop, aged forty-five, was admitted, with ascites, edema of lower extremities, and great difficulty of breathing; he had laboured under dyspnœa for several months past; the pulse was, however, regular; he had no cough nor thirst, and passed his urine freely.

The means of relief employed were, the repeated application of leeches to the anus; giving the patient supertartrate of potass every morning, two grains of squill powder every night, and putting him on milk diet: the disease however made progress. The diuretics were varied, and the digitalis given, but without benefit: and the patient died fifteen days after his admission. The diagnosis on his admission was hydrothorax, followed by abdominal and serous effusion.

On examination, post mortem, the peritoneum and intestines were healthy; several quarts of fluid in the abdomen; liver enlarged and tuberculated; extensive adhesions of the pleuræ: lungs slightly inflamed; the heart much increased in size

and softened in its substance; ascending aorta greatly dilated. The quantity of serum found in the thorax was less than had been anticipated.

*Acute Ascites.*—A porter, aged thirty-two, who had enjoyed good general health, was admitted into the hospital, with ascites and anasarca of lower extremities. The abdomen was not much distended, but fluid was readily felt on percussion. He first felt himself indisposed after exposure to wet and cold, a fortnight before his admission.

On admission he had thirst and dry skin; the tongue was redder than natural; pulse regular, but hard; bowels constipated; urine scanty. He was ordered milk diet, a bleeding from the arm, and saline purgatives. In a few days, a sensible amelioration had taken place; the abdomen was less tumid, and the anasarca of the lower extremities had diminished. A continuance in the same plan completed the cure, and he left the hospital three weeks after admission.

*Chronic Ascites.*—The patient, a man aged forty-five, was of an emaciated and cachectic appearance; he resided in a marshy district, and had felt, for some weeks previous to application for relief, obscure wandering pains in the abdomen; great weakness; he experienced constant thirst, and his urine was scanty. When admitted into the hospital, the existence of fluid in the abdomen was apparent on percussion; the tongue was clean, and no appearance of disease of the liver existed. The ascites was considered to be the result of chronic peritonitis, the predisposing cause of which was the malarious influence to which he had been constantly subjected. He was sent to an establishment for convalescents in the country; was allowed to walk in the open air; prescribed milk diet; half an ounce of oxymel of squills night and morning. A few weeks passed over without any perceptible change for the better or worse. The quantity of oxymel was increased to two ounces daily, and blisters were applied to different parts of the abdomen. By perseverance in this plan, he recovered firm health, and was discharged three months after application at the hospital.

*Popliteal Aneurism.*—A man aged sixty, of good constitution, was received with an aneurism of the size of a small orange in the right ham: he had no appearance of any other disease of the vascular system. Low diet, bleeding, digitalis, and the application of cold to the tumour, were the means prescribed. This treatment was continued for some weeks, without effect. The femoral artery was then tied in the upper third of the thigh; a ligature of reserve was employed. The pulsation in the tumour ceased, and all went on well for some days, when the pulse became more frequent, and occasionally intermitted. A bleeding from the arm was practised, and cooling drinks ordered. In a few days the pulse became more weak, and cough, dyspnoea, and spitting of blood supervened; the bleeding was repeated, and hyoscyanus given: the pulmonic symptoms yielded; the patient recovered his strength, and, being cured of the aneurism, was dismissed in three months.

The establishment for the insane at Aversa, near Naples, is the most extensive and best regulated of the kind in Italy, but its advantages have been exaggerated in most of the accounts which have been given. The edifice, formerly a convent, has a neat façade, and is built round an exterior and an interior court-yard; in the latter many of the patients are assembled, but they are not allowed to walk in the former. On the sides are dining rooms of the rich and poor patients, with the baths, including douche, shower, and a surprise-bath in a separate room. This latter is on a level with the floor, and covered with matting: the patient on advancing falls in unexpectedly: it is not however much used at present.

On the first floor is a long gallery, with cells originally occupied by the monks, but now converted into rooms, containing three or four beds; as these cells were intended for only one person, there is not sufficient space, the beds are necessarily placed close to each other, and

the air becomes vitiated. Those persons who pay a pension of twelve ducats a month, have a cell to themselves; as also better and more abundant nourishment than the poorer patients. At one extremity of the gallery is a small chamber, containing several vertical beds for furious patients, whose legs are placed in a kind of case lined with leather and fastened by a padlock; the straight waistcoat is also used. At another part of the gallery is a darkened chamber. Dr. Vulpes speaks advantageously of its effects in quieting intractable patients: at the opposite extremity of the gallery is the conversation-room, which contains a piano, with other musical instruments, and various resources for amusement.

The house contains two hundred and sixteen men; some are employed in gardening, but the greater number assemble in the interior court-yard. What most characterises this establishment is the regularity which prevails in all the departments: on the ringing of the bell the patients rise, assemble in the refectory, and breakfast with decorum and tranquillity; quiet patients are present at prayers. This regularity must produce a very good effect.

Incomplete general paralysis is as rare at Aversa as it is common at Charenton. The diseases under which the majority of patients succumb, are apoplexy, diseases of the chest, aneurism and gastro-enterite.

Professor Vulpes divides the patients into curable and incurable, and establishes a first class composed of furious patients; second class, turbulent and talkative patients; third class, those dirty in their persons; fourth, monomaniacs.

There are chambers of observation, where patients are placed on admission till the nature of their alienation is ascertained. The remedies most frequently used are bleeding, leeches, and emetics; the greatest reliance is, however, placed on the moral treatment. The most common causes of insanity are, love and religion among women; vanity, pride, and fear, among men.

There is at Aversa, a second hospital for women, whose number is two hundred and thirty-six. M. Brière de Boismont, from whose pamphlet the preceding account is taken, does not speak in high terms of this institution, where the inmates, although subjected to no bad treatment, are too closely crowded together. He terminates his observations with a table, which tends to show that insanity is less common in Italy than in France, England, Scotland, or Norway; and that mental alienation is frequent in proportion as countries are less quiet, and more advanced in civilization. Thus Turkey, Egypt, and Russia, contain very few insane, and in northern Italy, where information is more generally diffused, the number is nearly double to what it is in the south. The causes which act almost exclusively in Italy in producing alienation, are ambition, vanity, pride, love, and religious fanaticism; this last is most frequent among women. Pellagra, in the north, is one of the most frequent causes.

## PART III.

## GERMAN MEDICAL INSTITUTIONS.

THE hospitals of Germany, like those of France and Italy, are under the superintendence of their respective governments ; but are inferior in point of size and interior organization. They are mostly supported by funds derived from taxes on parishes and districts, and by contributions from servants and others of inferior classes, who thus, when ill, acquire a title to admission. Some of the patients also pay a certain sum weekly for their support. A fixed salary is allotted to the medical men, who are not elected by public competition, but are mostly appointed by government. Hired nurses attend upon the sick, there being no religious sisterhood to undertake this duty. The bodies of those who die in hospitals are generally examined, though morbid anatomy is not very zealously cultivated. Professional visits are made daily, at a later hour than in French and Italian hospitals.

Germany contains upwards of twenty universities—a larger number than any other country. The situation of most of them in small quiet towns is well calculated to favour studious habits.

The relations between professors and students are much more intimate than in France and Italy, and the love of science is stronger than in those countries. This devotion to science, and seclusion from general society, occasionally gives rise, however, to a degree of pedantry and confined views, even in men of extensive acquirements, and no where are there so many poor *savans* as in Germany.

In most universities the instructing body forms a part of the state. The chief has the title of Rector Magnificus, a dignity frequently retained by the prince himself. As the rector cannot always personally superintend the affairs, most universities have a pro-rector chosen annually from among the professors. After the pro-rector come the deans of the faculties, also chosen from the professors, and lastly the professors, who are divided into three kinds, private professors, extraordinary professors, and ordinary professors.

The usual manner of becoming attached to an university is to begin by filling the office of private professor, who is not a public functionary, but who has the right of giving lectures, and if he distinguish himself, is appointed an extraordinary professor when a vacancy occurs : he is then a servant of the state and receives emolument. The highest degree is that of ordinary professor, who has a higher salary and peculiar privileges. It results from this arrangement that the number of professors is very great ; the different branches of science being frequently taught by two or three at the same time. It is customary in most universities for students to pay for attendance on the courses of lectures.

Those of the Austrian states form, however, an exception. Professors are indeed obliged to give a public course every six months: this, however, treats only of secondary objects: the most important courses are never gratuitous.\*

The students, notwithstanding the roughness of manners which prevails in some universities, are for the most part attentive, persevering, regular in attendance, and decorous in their behaviour, in the lecture-room. Of late years drinking, quarrelling, and taking part in political disturbances, occur much less frequently among them.

The practice of medicine is not in general based upon any particular theory, but is regulated by the observation of symptoms in individual cases, and approaches nearer to the English than to the French method. The abstraction of blood, both by venesection and leeches, is less frequently had recourse to than in France and England, but active internal medicines are pretty generally employed: baths and enemata are also much used, while tisanes, infusions of simple herbs and demulcent potions are not usually given, except as vehicles for the exhibition of more energetic medicaments.

Auscultation and percussion do not find many adopters in Germany, and lithotripsy has, I believe, only been performed at Berlin. Medicines are not in general given in surgical diseases with a view to their constitutional operation, and, with the exception perhaps of Berlin, the management of surgical cases is very inferior to that of England and France. As, however, the practice varies considerably in different parts, it will be best illustrated by reference to individual hospitals.

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#### STUTTGARD.

THE population of Stuttgard is thirty thousand. The hospital is a neat edifice of recent erection, a short distance from the town, containing three hundred beds, with furniture of the best kind, disposed in small, but clean and airy wards. In summer not more than half the beds are occupied, but in winter the proportion of patients is much greater; the majority are medical cases: the surgical patients are few in number, and it is seldom that operations of importance are required. There are two physicians and a surgeon, who receive a salary: that of the first physician, is eight hundred florins. The nomination of the medical officers rests with the minister of the interior, who, when a vacancy occurs, chooses from four candidates selected by the town; the choice is usually made according to the recommendation of the physician: an assistant physician and an apothecary reside in the house. The hospital also contains obstetric wards, where about one hundred and sixty women are annually delivered.

\* Kilian. sur les universités de l'Allemagne.

There is no endemic disease in the neighbourhood of Stuttgart: at the time of my visit the principal diseases in the hospital were nervous and gastric fevers, bronchial affections, rheumatism, and chlorosis; this last disease is extremely prevalent, and is mostly treated by preparations of iron and ammonia. The treatment of nervous fever varies according to the circumstances of each case; bleeding, leeches, laxatives, mineral acids in a mucilaginous beverage, lavements, cold lotions to the head, with tonics when required, are the remedies most usually resorted to. The means commonly employed in rheumatism are blood-letting, blisters, purgatives and diaphoretics; as tartarized antimony, Dover's powder, and guaiacum. In abdominal inflammation bleeding, leeching, mucilaginous drinks, and enemata are usually trusted to: purgatives are given when the violence of the inflammation is somewhat lessened. Sciatica is treated by blisters applied, not over the trunk of the sciatic nerve, but below the knee, so as to encircle the leg; this method is said to procure a speedy cure in most cases. Morphine is also administered by the endermic method, with great success in neuralgic affections: the strychnine has been employed here by the same method with great advantage in some cases of paralysis.

Among the patients was a young man with well marked elephantiasis of the right inferior extremity, which was more than thrice as large as its fellow. The patient had never left the neighbourhood of Stuttgart, and the causes which induced the disease were unknown, the physician never having met with a case originating in the country. His appearance was cachectic, and he had had the disease several years without any amendment having taken place; he was, however, able to get about, and only complained of difficulty of breathing after exertion, and of occasional pains in the abdomen, the lower part of which felt very hard to the touch.

The surgical wards presented little of interest except a fractured thigh, treated in the extended position by an apparatus consisting of a perforated foot-board, through which straps are passed, and confining both feet keep up the extension: the sound limb has a splint on the outer side along its whole length. The fractured thigh is enclosed by splints reaching from the hip to the knee, below which a padded compress is fixed, and extension is made, by the straps from the foot-board being attached to the compress.

The University of Tübingen, the only one in the kingdom of Württemberg, is about thirty-five miles distant from Stuttgart. It is one of the most ancient of the German universities, having been founded in 1477, and was formerly in a most prosperous condition, but suffered much during the thirty years war, since which it has never recovered itself; though even now it bears marks of its ancient splendour. Its present comparative prosperity is owing in great measure to the late professor Autenreith, who, in 1819, was elected grand chancellor, and who notwithstanding filled the office of professor of clinical medicine. H. F. Autenreith, professor of therapeutics and legal medicine, is also recently deceased; the present professor of anatomy and pathological anatomy, is Dr. Rapp; the professor of surgery, Reicke; pathology

and *materia medica*, Gmelin. The clinical establishment is well arranged, but the scientific collections are small, and offer but little to interest. The library contains about eighty thousand volumes. The number of students resorting to Tübingen, averages between five and six hundred annually.

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## NUREMBERG.

ALTHOUGH containing forty thousand inhabitants, there is no regular hospital at Nuremberg; the erection of one is, however, in contemplation. The sick poor are principally treated at their own habitations, at the charge of a society to which the magistrates greatly contribute. An ancient and ruinous looking building on the river is used as an hospital, and contains five hundred beds mostly occupied by aged and infirm paupers, not more than sixty being appropriated to the reception of the sick; the rooms are large but low, and ill-ventilated, too many persons being crowded in the same apartment. Those for the sick are dirty looking, and small, containing each from four to ten beds. Three physicians attend the hospice. I accompanied one of these, as well as the surgeon, in their visits; but it appeared that my society would have been gladly dispensed with, as the visits were made in a hurried manner, and very few questions were asked, notwithstanding two or three of the patients were dangerously ill; there were, however, no cases of particular interest, and from what I saw, as well as from the answers I received, I should apprehend that the science of medicine is at a low ebb in Bavaria. In another hospice, a short distance from the town, rooms are appropriated to patients with psora, and syphilitic affections. The interior of the building has more the appearance of a barn than of an hospital, and the rooms are as comfortless as can be imagined. A physician visits three times a week. Scabies is treated as at Stuttgart, by the injunction of green soft soap: the average duration of treatment is about a week.

There is also at Nuremberg, an institution for diseases of the eyes, containing between thirty and forty beds, established by the oculist who has charge of the patients, but to which the government contributes, as well as those patients who are able. The patients are treated in darkened rooms, many of them having thick pads bound over their eyes, which must tend to keep up an undue degree of heat: local measures appear to be principally employed, and counter-irritants are much used.

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## PRAGUE.

PRAGUE contains a large university, a general hospital, with three hundred beds, a large military hospital; a neat hospital of one hundred

beds for men in the convent of the Barmherzige Brüder, a brotherhood who attend upon the sick, in twenty-seven hospitals of the Austrian states, and a similar hospital of sixty beds for women. This latter is also within the walls of a convent, the patients being attended on by the sisters, forty-five in number : the wards, with the corridors and galleries are plentifully decorated with badly executed religious images and paintings. At this as well as at the corresponding hospital for men, a physician visits every morning.

The wards of the principal hospital are clean and airy ; each containing from eight to fourteen beds. The medical attendants are two physicians, who are the professors of clinical medicine, the professor of clinical surgery, and the professor of ophthalmic surgery. Clinical discourses are held, and reports of cases read in Latin at the bedside of patients : the clinical examinations of candidates for the diploma also take place in the wards. In order to be admitted, patients must produce a certificate signed by the magistrate, the parish priest, and the master of the house in which they reside.

Antiphlogistic measures do not appear to be energetically employed in the treatment of acute disease, internal medicines and counter-irritation being mostly trusted to. Experiments of new methods are also frequently made. At the time of my visit there were several cases of rheumatism in the house, which were treated by the administration of large quantities of warm water, and it is said very successfully. This method originated, I believe, not long since at Munich, and is adopted in some parts of Germany, in acute and chronic rheumatism, as also in some other diseases. The other cases in the physicians' wards were intermittents, bilious fevers, bronchitis, chlorosis, epilepsy, and other nervous affections.

Twenty of the most interesting cases in the surgical department are selected for the clinical wards. Surgery does not, however, stand high at Prague. Medicine is seldom given except in diseases depending upon a constitutional taint. Among the cases was a dislocation of the inferior extremity of the ulna, with extensive wound on the fore part of the wrist. This was treated by a single splint applied along the back of the fore-arm, extending from its middle beyond the fingers, and maintained in position by a narrow bandage passed round the palm of the hand, and the centre of the fore-arm : the constriction of the bandage, if it did not give rise to, was evidently keeping up, the erysipelatous inflammation, which extended from the wound to some distance above the elbow. There were also a case of fractured neck of the humerus treated by keeping the patient in bed, with his arm in a sling, no splints or bandages having been used : a bad compound fracture of the leg, which was suspended on narrow bands connecting the two branches of a wooden frame ; the foot being fixed and suspended on the same level, by a band passing beneath the heel. No lateral splints were employed, and the leg was fixed merely by two or three straps of bandage passed across it below the patella : a fractured thigh treated by an external splint extending from the trochanter below the knee, and another on the anterior part of the limb, there being

none on its inner side to give support and to sustain the pressure of the bandage.

The ophthalmic wards contain about thirty beds for the treatment of diseases of the eyes. Bleeding and stimulating lotions are not very freely employed, as the surgeon trusts more to blisters, occasional purgatives, emollient or slightly astringent lotions. There is also a syphilitic ward, where mercurial inunction appears to be the remedy principally trusted to.

The university of Prague is the most ancient in Germany, though at present it only holds a secondary rank in a scientific point of view, and does not keep pace with the advanced state of knowledge in other parts. It was founded in 1348, and at one time counted several thousand students, who were classed according to the nations whence they came. It received, however, a shock from the disputes in the beginning of the fifteenth century, which it never recovered, and continued in a very depressed state, till the reign of Joseph the Second, under whom, and the late emperor, it has somewhat improved. The number of students is at present about fifteen hundred, of these the greater number study theology. Here and in other Austrian universities the course of education is attended with no expense to the students, the professors deriving their salaries entirely from the government.

Five years is the required period of study preparatory to the examination for a medical diploma. The three first are devoted to attendance on the different lectures, the two last principally to the clinics, pupils having patients placed under their care, of whose progress they are required from time to time to render an account. Pupils are examined every six months during their studies; the final examinations for the diploma are two; the first is on anatomy, physiology, natural history, medical and surgical pathology and therapeutics, before the dean, and the professors of these sciences: the second is on chemistry, *materia medica*, medical jurisprudence, practice of medicine and surgery, and clinical examinations at the bedside. A thesis must also be written and defended. Surgical candidates have likewise to perform two operations on the dead body, describing the steps of the operation, the advantages of various methods, &c. The expenses of examination amount to about twenty pounds.

The same regulations are adopted in all the Austrian universities.

The building is a vast and imposing structure, enclosing a large court-yard, situate in the centre of the old town. The amphitheatre and lecture-rooms are large and commodious; the library, a splendid saloon, surrounded by spacious corridors, is well arranged, contains upwards of one hundred thousand volumes, and is particularly rich in ancient theological works; the chemical laboratory and the anatomical rooms are in a separate building, and are small and incommodious. Adjoining is a small and indifferent pathological collection. Anatomy is very superficially studied in the Austrian states, and the practice of surgery is considered to be very inferior.

## DRESDEN.

THERE is no good hospital at Dresden. The *Stadt Kranken Haus*, or Infirmary, is a low antiquated building in one of the suburbs, having more the appearance of a farmhouse than of an hospital. It contains one hundred and fifty patients, though as many as one hundred and eighty could be accommodated. The rooms are placed on either side long and badly ventilated corridors; and are clean, but small, few containing more than eight beds. There are baths in the house, but they are not in good order, and the locale is dirty. Attached to the hospital is a large piece of ground for the use of patients able to take out-door exercise. A physician and a surgeon visit daily in the forenoon; an assistant physician and an apothecary reside in the house.

The cases are mostly chronic, as scrofula, which is very prevalent in Dresden; jaundice, rheumatism, dropsy, chlorosis, &c. Most poor patients, with acute disease, are either visited at their own habitations or are sent to the clinical wards in another establishment. In the treatment even of an acute disease, bloodletting is not very freely employed; emetics, purgatives, and counter-irritants being often made to supersede it. In many cases where no active inflammation exists, stimulants, as the preparations of ammonia, are freely exhibited.

The surgical department also presented no cases of interest, except one of erysipelas, with extensive sloughing of the skin and cellular texture of the inferior extremities. This had in the first instance been treated antiphlogistically, by the repeated application of leeches; but recourse was had subsequently to tonics and nourishing diet, under which the patient appeared to be improving. Mercury is the remedy almost universally employed in the syphilitic wards, mercurial, and slightly stimulating applications, being made to ulcers; secondary symptoms appear to be very frequent and intractable.

The *Académie* is a neat building in the town, where forty beds are occupied by patients whose cases serve for clinical instruction. Patients are admitted by tickets obtained from the district authorities, upon their producing proper certificates. Accidents and urgent cases are, however, immediately admitted. One physician and one surgeon attend daily. Simple dressings are mostly made to wounds, and to ulcers not depending on constitutional affection: stimulants, especially pyroligneous acid, are generally applied to chronic ulcers of a constitutional origin. The day preceding my visit, the operation for strangulated inguinal hernia had been performed. The symptoms had been previously very urgent; bleeding, the warm bath, lavements, and the taxis, were employed. Leeches were applied to the abdomen after the operation. Some calomel was given, which procured alvine evacuations, and the patient was going on very favourably. There were also in the house a case of amputation of the breast, and of hare-lip; the wound having in both instances united by the first intention; a case of fracture of the

thigh near the hip, treated by Dessault's method, with very slight shortening of the limb. In cases, however, where the fracture is about the centre of the bone, the thigh is enclosed in splints reaching only to the knee, the leg being left free. I was assured that no material shortening ensued upon this method.

*Sonnenstein*.—This is a government establishment for insane patients, consisting of an ancient château, with large grounds, on a hill overlooking the town of Pirna, about four leagues from Dresden, and commanding an extensive prospect over a rich and beautiful country, and of the course of the Elbe, which flows directly beneath. At the time of my visit, the house contained one hundred and twenty men, and eighty women; the men are always in greater proportion. The patients are divided into three classes; those of the first class pay each six hundred dollars per annum; those of the second class pay from sixty upwards, according to circumstances. The third class consists of paupers who are supported partly by parochial taxes, but chiefly by the government.

Patients of the first class take their meals with the resident physician, each has a separate apartment, which usually consists of a sitting-room and bed-room, with barred windows, and plainly furnished with all requisite articles. The other classes have each a common dining-room, and sleep in rooms containing from six to fourteen beds. All the apartments have barred windows, and are very clean; soiled linen, bedding, &c. being immediately removed. The house also contains workshops of different trades, as carpenters, shoemakers, tailors, where many of the patients are occupied. For the first class there is a saloon of amusement, with books, a piano, draughts, and other games, as also a billiard-room. In fine weather, however, most of the patients are occupied out of doors, in walking about the grounds, cultivating flowers, digging, carrying wood, water, &c. There is also a flower garden in the women's department, which serves to occupy many of the patients; others sew, knit, spin, or wash the house linen.

Patients who are furious are not in general confined to the house, but are allowed to walk about with the rest, their hands being confined. They also wear a cloak, in order that the apparatus for confining the hands should not be observed by others. This method is found to have greater effect in tranquilizing them, than if isolated and forcibly confined to bed. Those of the first class have a keeper to accompany them, and to sleep in their apartment. There is in the house a separate room for furious patients, but it has not been used latterly. Mania is, however, much less frequent than the melancholic variety of alienation; the most common causes being poverty, grief, religious enthusiasm, and domestic troubles—the stronger passions, love, jealousy, ambition, &c. giving rise to the disease much more rarely than in Italy and France.

In the treatment, occupation and moral means are principally trusted to; tranquil patients, who have good bodily health, do not in general take medicine. The medical measures most in use are occasional abstraction of blood, purgatives, revulsives, tepid baths, cold, shower, and douche baths. The cures are on an average as one to three among women, one to four among the men. The lesions discovered after death

are various, and are regarded as accidental and of a secondary nature. The bodies are interred in a cemetery prettily laid out with flowers, which grow plentifully among the tombs. There are eighteen keepers and a principal superintendent. A physician resides in the house, but the directing physician lives in Pirna. The female patients are superintended by women. Paralysis supervenes upon alienation much less frequently than in France.

A path winds through a pretty garden, down the hill to its base, where the house for convalescents is situated. When I visited, there were eighteen or twenty; several of the females were seated in the saloon, sewing, and listening to the sounds of a piano; the greater number were, however, in the garden or surrounding country.

Sonnenstein has long been celebrated as the best institution of the kind in Germany. The liberty allowed to the patients speaks highly for the system of management; and in point of locality and interior organization, there appears nothing further to be desired.

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#### LEIPZIG.

THIS city, the second in Saxony, contains a celebrated university and two hospitals.

The hospital *St. George*, situate in an open part of the town, close to one of the public promenades, is a large building, containing about five hundred beds. These, however, are not all occupied by the sick, as the institution serves for two or three purposes; first, as a house of correction for minor offences; secondly, as an asylum for orphans of both sexes, till the age of fourteen; thirdly, as an hospital for the insane, and for chronic and incurable diseases. The number of insane is about forty; each patient has a separate cell, containing no other furniture than a bed. Two or three of the cells have chairs furnished with rings, for fixing the arms and legs, in which the more refractory patients are confined; the usual means of coercion, however, is the strait waistcoat. But little appears to be done in the way of treatment; the disposition of the locale, and the want of exercise ground, prevent the adoption of moral measures, and medicine is not given unless called for by bodily disorder or unusual mental excitement: the remedies consist mostly of revulsives and counter-irritants. A new building is however in contemplation, in which the insane, and patients with chronic diseases, will be separated from the other inmates.

The hospital *St. Jacques* is in an isolated and somewhat humid situation, in one of the suburbs. It consists of several portions of building, enclosing a garden, and contains two hundred beds, though in July the number of patients did not exceed one hundred and fifty. Some of these contribute three or four dollars a week to their own support. The medical officers are a physician and a surgeon, who are the professors

of clinical medicine and surgery to the university ; an assistant physician and an assistant surgeon reside in the house. Most of the patients confined to bed in the medical wards were labouring under intermittent fever, rheumatic affections, and chronic thoracic disease. Intermittents are treated by tartarized antimony at the commencement, and subsequently by quinine ; rheumatism is treated by local abstraction of blood, blisters, and diaphoretics ; baths not being much used. In pneumonia the treatment by large doses of antimony is preferred to sanguineous depletion, which is only employed when the inflammation rises high ; blisters are also used in most cases.

In diseases not attended by fever, purgatives, tonics, and stimulants, are pretty generally employed.

Wards separate from the rest are allotted to patients with psora and syphilitic diseases ; the former disease is treated as in some other parts of Germany, by inunction with green soap and afterwards baths. In the latter class of diseases, regimen and simple applications are principally trusted to, when the symptoms are merely local ; when, however, secondary symptoms appear, mercurial friction is resorted to. Clinical discourses are held in Latin at the bedside of the patients.

The hospitals of Leipzig are supported as in most other German towns, partly by government and partly by contributions from the different districts of the town. There is also a private homœopathic hospital, of which I have made mention in the Appendix.

The university of Leipzig is one of the most flourishing in Germany, having been long celebrated for its theologians, its jurisconsults, and philosophers ; and although the surrounding country has been repeatedly the seat of wars, it has never retrograded, but continues to hold the high rank it acquired during the struggle for the establishment of Lutheranism. As at other universities, there are four faculties—theology, law, medicine, and philosophy. The number of teachers is about eighty, that of the students upwards of a thousand ; of these about two hundred follow the medical classes. Five years' study are required of candidates for the medical diploma, four years for the surgical diploma. The expense of the course of study amounts to about six hundred dollars. Poor students in the different faculties are, however, assisted by the university ; between two and three hundred dine and sup gratuitously, in a building termed the Convictorium. Medical students undergo two examinations ; the first a theoretical examination after the third year ; the second is practical, and is termed *rigorosum* ; the candidate being examined in the medical sciences during four or five hours, by five or six professors. The following are among the most distinguished professors : anatomy, Weber—physiology, Kühn—pathology and therapeutics, Cerutti—clinical medicine, Clarus—clinical surgery, Kühl.

The building formed part of the Paulinum, an ancient convent, which is now in great part destroyed, and a handsome and commodious structure erected in its place.

## BERLIN.

THIS metropolis contains the most celebrated university in Germany; numerous charitable institutions, some supported by government, others by voluntary contributions of the inhabitants; eight military hospitals; a large general hospital; a small hospital for clinical surgery, and an hospital, with four hundred beds, for individuals of the Jewish religion.

The *Charité*, Kranken Haus, is a large handsome building, three stories high, for the reception of patients with acute and chronic diseases and mental alienation. It is situated in a healthy locality, and contains eight hundred beds. The wards are small, but airy and clean. The theatre for operations and clinical lectures is large, commodious, and well lighted. Six physicians, two surgeons, an ophthalmic surgeon, and several assistants, perform the professional duties. Visits are made in the morning and afternoon, and clinical discourses and examinations take place at the bedside. The institution is placed under the superintendence of a director, Dr. Kluge.

The department for the insane is on the second floor, and separate from the rest of the hospital. The number of patients averages one hundred and fifty. As there is no ground for exercise, they do not leave the house, and no treatment appears to be adopted, except when other disease supervenes, or when a high state of cerebral excitement exists. The disposition of the locale prevents the employment of moral means. The most common varieties of alienation met with in Berlin are melancholia and monomania, especially that relating to religious subjects. In the female convalescent ward about thirty patients were busy knitting or sewing.

The rooms for diseases of the eyes contain eighteen beds: there is also daily a numerous attendance of out-patients, when Professor Jüngken, who enjoys a high reputation in this branch of surgery, delivers clinical discourses. The treatment is mostly antiphlogistic and revulsive; internal medicines being given where the general health appears in fault, and stimulating applications being but sparingly used. In operating for cataract, the professor does not give the preference to any particular method for all cases, but varies his mode of operating according to circumstances. During one of my visits, one patient was operated by extraction, another by reclinacion, in consequence of the co-existence of abdominal disease.

Among the patients was also an old man, with chronic entropion: by touching the central point of skin beneath the lower eyelids, with concentrated sulphuric acid, for three or four minutes, an almost instantaneous rectification of the position of the previously inverted lids was produced. In these cases, after the separation of the slough, the skin becomes contracted, while cicatrization takes place, and the benefit is permanent.

Rust is professor of clinical surgery: his lectures are numerous attended, but he does not perform operations, this department, as well

as the care of the greater number of surgical patients, devolving upon Professor Diffenbach, who enjoys a high reputation as an operator, especially in remedying deformities of the face and other parts; many patients requiring rhinoplastic operations being sent to him from a great distance.

During my attendance there were few surgical cases of interest, the majority consisting of chronic ulcers, scrofulous affections, &c. In these cases, which depend upon general derangement of the system, medicines, as iodine, sarsaparilla, and tonics, are given, though, in the majority of surgical diseases, the treatment is local, internal remedies being seldom resorted to. Fractures of the leg are treated in suspended boxes, without the employment of lateral splints. In fracture of the thigh, the apparatus of Hagedorn is used, being applied to the sound limb, which is thus made to serve as a splint to the fractured one. I measured the thighs of a patient cured by this method, but the fractured limb was considerably shorter than its fellow. I was assured, however, that this is not in general the case, the patient having, in this instance, walked upon the limb before consolidation was firmly effected. In cases of strangulated hernia, the operation is in general immediately performed, no time being lost in attempts at reduction and other measures. After these operations, bleeding, laxatives, cooling beverages, &c., are employed according to circumstances.

Among the patients was a man, in whom the anus had been extirpated, in consequence of carcinomatous disease, which appeared to have been effectually removed, but the patient was unable to retain the fæces. Another patient had an attack of phlegmonous erysipelas, with suppuration in the leg and thigh, from an incised wound of the knee. The treatment was, in the first instance, venesection, the repeated application of leeches on the limb, nitrated potions, with an occasional purgative; and, subsequently, by incisions, to allow the escape of matter, and prevent destruction of the skin; tepid saturnine fomentations being applied to the limb: tonics were not given, as the skin continued hot, and the pulse was not particularly feeble. I did not see the termination of this case. There were also in the house a case of hydrocele, that had been treated by incision—this method being always preferred to injection: a patient, with fracture of the ribs, treated by the application of a bladder of ice to the part; bandaging the thorax is not employed. This patient had been bled two or three times; but I was informed that bleeding is not in general requisite in similar cases, as the ice is sufficient to prevent the occurrence of severe inflammation.

The syphilitic wards are placed at the top of the house, because while under treatment, patients are not allowed to leave, nor are their friends permitted to visit them. They are clean and well-ventilated, containing fifty beds for women, and thirty for men. The treatment differs from that in use elsewhere, and consists principally in rigid abstinence: bread, soup, and milk are the only articles of food allowed; and of these each patient receives only a quarter of the ordinary portion given to the other patients. Mercury is never employed; the usual remedies being solution of the neutral salts, especially sulphate of magnesia, and

sarsaparilla. Where mercury had been given previous to the patient's admission, sulphur is administered for a few days. The applications to sores are emollient, slightly stimulating, or caustic, according to circumstances. The usual duration of the treatment is from three to four weeks : it is seldom that secondary symptoms make their appearance, and when they occur they are not of a serious nature. I did not observe any of those deformities of the face so commonly seen in similar institutions, nor more than three or four cases with cutaneous eruption;—in fact, most of the patients appeared to be in a thriving condition, notwithstanding their meagre diet.

Bad cases, with patients in a debilitated cachectic condition, are occasionally sent in from the country : in these instances nourishing diet and tonics are prescribed till the patient regains strength, after which the ordinary plan is pursued. Urethral inflammation is treated by antiphlogistics and abstinence ; and when in a chronic state, by copaiba, cubebs, &c.

The physicians who have the principal charge of the medical patients are Dr. Wolf and Dr. Bartels. The most prevalent diseases at Berlin are, in spring and autumn, intermittents, catarrhal affections, and rheumatism ; in summer, typhus fever, gastric and intestinal irritation ; and in winter, thoracic and tracheal inflammations. Scrofula, and nervous diseases, especially delirium tremens, are exceedingly common.

The following is a brief sketch of the method of treatment most frequently adopted.—In pulmonic and bronchial inflammation, moderate bleeding, diaphoretics, especially antimony, solution of nitrate of potass, in decoction of marsh mallows, or other demulcent mixture : in the less severe cases, blisters, diaphoretics, and expectorants, are the remedies mostly resorted to : the hydrochlorate of ammonia is much used, especially in the more chronic cases and in catarrhal affections, as are antimonials, squills, and other stimulating expectorants.

In abdominal inflammation, after bleeding and leeches, mild purgatives, as calomel and castor oil, are generally employed : drastics are seldom given except in ophthalmic cases : lavements and baths are not so freely used in acute disease as in France. Venesection is not often practised in typhus fevers, which are generally treated by leeches applied wherever pain is complained of, by mild diaphoretics, calomel in large doses, castor oil, and mixtures containing muriatic acid : in the advanced periods of the disease, musk, camphor, carbonate of ammonia, blisters, and sinapisms, are the remedies most in request ; bark is not frequently given. In gastric disorder, emetics, laxatives, the hydrochlorate of ammonia, are frequently given : calomel, and small doses of neutral salts, are also prescribed when hepatic derangement co-exists. Acute rheumatism is treated by venesection, emetics, laxatives, diaphoretics, and colchicum ; blisters are frequently applied to the affected parts, which are at other times enveloped in tow, to preserve an uniform degree of warmth and moisture. Intermittents are generally treated by emetics or purgatives, with hydrochlorate of ammonia and cinchona.

In scrofulous cases, iodine is more used than formerly : tonics, barytes, salt baths, and malt baths, are also very generally employed. In

nervous affections, emetics, purgatives, anti-spasmodics, and the shower bath, are mostly used. Delirium tremens is treated by bleeding and purgatives, or by opium and stimulants, according to circumstances. Inflammatory attacks, in weak persons, are treated by local abstraction of blood, blisters, calomel in small doses, digitalis, &c.

The Clinical Hospital for Surgery and Diseases of the Eyes, is a neat building, containing forty beds, and a small theatre for lectures and operations. It is under the direction of Dr. Graefe, the surgeon : two assistants reside in the house. Patients who are in a condition to pay for their support, are required to do so ; but paupers receive gratuitous assistance. At the time of my visit, but few patients were in the house, it being near vacation-time. Among them was one who had undergone the operation for femoral hernia ; bleeding, the warm bath, and the taxis, had been previously employed. After the operation, the patient was bled, took some castor-oil, and was going on favourably. Lithotripsy was performed, while I was present, by Dr. Graefe, who employed Charrière's instrument for breaking the calculus, which after some difficulty was seized, and being of a friable nature, was easily broken.

Not much medicine is given in the treatment of diseases of the eyes, the abstraction of blood, counter-irritation, occasional purgation, and emollient or stimulating collyria, are the remedies mostly employed. An ointment, or strong solution of nitrate of silver, in the proportion recommended by Mr. Guthrie, has lately been much used at this hospital in conjunctival inflammation.

According to the published statement, in the year 1833, one thousand and forty-six patients, with surgical disease, were treated. Of these, eight hundred and thirty-one were cured, twenty died. Of four hundred and seventy-eight patients, with diseases of the eyes, three hundred and eighty-six were cured. The number of operations, including cauterization, vaccination, and other minor operations, was three hundred and seventy-five ; the cures, one hundred and eighty-four. The number of deaths is not given.

The University is a large and handsome building, three stories high, consisting of a central and two lateral portions, which form three sides of a quadrangle, and inclose a court-yard, separated from the street by an iron railing. The lecture-rooms occupy the ground-floor, and are spacious, but without ornament, the place of the lecturer being only distinguished by a small pulpit raised above the benches of the students. On the first floor are the grand saloon, apartments for transacting business, an anatomical theatre, a zoological and mineralogical museum, a cabinet of instruments, and a prison for students.

The building also contains a rich anatomical and pathological museum, second only to the Hunterian collection. From want of room, the preparations are crowded together on tables, and are not well arranged : a better arrangement is, however, in contemplation, and a catalogue is in a state of forwardness. The museum has been enriched by the addition of the large and splendid collection of Walther, and recently by that of Professor Müller, the superintendent, and professor of physiology to

the university. In the anatomical department, among other interesting objects, are the collection of skulls, exhibiting the form of the head in the different races, and the minutely-injected preparations of Walther, among which those illustrating the formation of bone, and a head which took the dissector three years to prepare, will attract especial attention. Upwards of two thousand valuable specimens are contained in the pathological department. The collections of monstrosities, and of the morbid anatomy of the osseous and nervous systems, are particularly rich. Here are also the wax casts of Reil, in which the minute anatomy of the nervous system is exposed. Adjoining this museum is one of comparative anatomy, which contains an extensive osteological collection of the different classes of animals.

From the report of this year, it appears that the number of students in the four faculties is sixteen hundred and fifty-one. Of these, four hundred and thirty-one are not Prussians. Three hundred and fifty-eight attend the medical classes in the following order:—first year, anatomy, physiology, botany, chemistry; second year, materia medica, therapeutics, general and special pathology; third and fourth year, the medical, surgical, obstetric, and ophthalmic clinics. Each course of lectures costs the student from two to three louis: the fees of examination amount to about twenty-five louis, and the whole expense of professional education to about one hundred and fifty. Candidates have to undergo four examinations: the first is for promotion; the second, termed the *tentamen*, is made by the dean, and takes place before the period of study is terminated; the third, or *rigorosum*, is made before the professors of the faculty, when each professor examines on his particular branch of education. Three or four students are examined at a time, and the examination generally lasts upwards of three hours. Candidates have also to write and defend a thesis in Latin.

After passing these ordeals, the candidate acquires the title of doctor, which, however, does not authorize him to practice before undergoing the last examination. The title of doctor may be obtained at any of the Prussian universities; but all candidates are obliged to repair to Berlin for the public examination, which is divided into several parts, and lasts several days. In the anatomical examination, the candidate takes from a vase the name of one of the bones, of which he is required to give a description without hesitation. In like manner, the name of a viscus is drawn by lot, and described: a part of the body, to be dissected and demonstrated, is also indicated in the same manner. An anatomical description of the contents of the cranium, thorax, or abdomen, with the relative position of the viscera, is likewise required. In the surgical examination, the candidate has to make a dissertation on a subject chosen by the professor: he has also to perform operations publicly on the dead body, and describe the different steps of the operation; also to give a demonstration on the skeleton, of the method of treating fractures and luxations: he has the treatment of two patients in the hospital for a fortnight, and takes daily notes of the cases, which are read at the examination. Candidates for the medical diploma have, in like manner, the care of two hospital patients.

Berlin also contains a royal institution, where pupils, unable to bear the expense of university education, are gratuitously supported and instructed in the medical sciences, to qualify them for the army, where, after their examination, they are obliged to serve a certain number of years, without receiving any salary.

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#### HALLE

Is a quiet town, with a population of thirty thousand. Its university was one of the earliest established in Germany, and experienced great vicissitudes during the late war, having been at one time suppressed altogether. When Halle was restored to Prussia, the university was reorganized and incorporated with that of Wittenberg. It now enjoys a tolerable share of prosperity, owing in part to the reputation of the late Professor Meckel, who filled the anatomical chair, as did his father and grandfather before him. The number of students is six hundred: one hundred and fifty study the medical sciences. The old building has been destroyed, and a handsome structure, of a quadrangular form, has recently been erected, containing spacious lecture-rooms for the different faculties. The course of study is similar to that pursued at Berlin: the expense is, however, less, and there are many indigent students, especially in the theological faculty, who are supported by government. The chair of anatomy is now occupied by Professor D'Alton; that of special therapeutics by Krugenberg, who enjoys a high reputation.

Halle possesses one of the richest and most important anatomical cabinets in Germany, due almost entirely to the exertions of the Meckels. It is divided into three sections,—human, comparative, and pathological anatomy, each containing curious and rare specimens. Since, however, the death of the late professor, his widow will not allow the collection to be visited.

Connected with the university, are an extensive library, a museum of natural history, and a good botanical garden. The hospital is in an airy situation, but does not contain more than forty beds, chiefly for clinical instruction, as most of the sick poor are gratuitously visited and relieved at their own houses. There is also a small lying-in hospital for the obstetrical clinique.

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#### GOTTINGEN

Is a small town, containing ten thousand inhabitants. The University was founded, in 1734, by George the Second, who was its first *Rector Magnificus*, and the title has been retained by his successors.

Until the formation of the university of Berlin, Göttingen was considered the most flourishing of the German universities ; and even now the number of professors amounts to near eighty,—that of the students to fifteen hundred. About half these study law ;—the number in the three other faculties is pretty equally divided.

**Anatomy.** This branch of science, enriched by the immortal works of Haller, and the talent of Wrisberg, is now cultivated with ardour by Professor Langenbeck, one of the most distinguished anatomists and surgeons of Germany, who promotes the study of anatomy with indefatigable zeal, rendering it at the same time extremely instructive by joining it with surgery. This professor has published a superb collection of anatomical plates.

Professor Langenbeck also occupies the chair of clinical surgery. His clinique is regarded as one of the best extant ; and the dexterity and promptitude with which he operates, serve as an admirable model for his pupils.

The chair of physiology was till lately occupied by Professor Blumenbach, a name belonging, not only to Göttingen, but to Europe. The professor is still living, though far advanced in years. His collection is composed of three parts ;—viz. natural history, human crania, and fossil remains. Each of these divisions is rich in valuable objects. The collection of crania has long been celebrated ; as also the fossil remains, among which are some precious specimens found in the Hartz mountains.

Among the other scientific establishments, are the library, which with respect to its organization, is one of the first in Europe, and superior to most in modern literature ;—it contains more than three hundred thousand volumes, and five thousand manuscripts ;—the locale is handsome, and the catalogue admirably arranged :—the museum of natural history is large and well kept ; the mineralogical and zoological departments are particularly rich. The observatory is one of the most celebrated in Europe, and the botanical garden one of the best in Germany.\*

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#### BONN.

SINCE the Rhenish provinces were ceded to Prussia, an university has been formed at Bonn, of which that at Berlin served for the model. Liberal donations, both of money and objects of natural history, were made ; a museum and botanical garden formed ; and this university now enjoys a high reputation, the number of students being eight hundred, of which one hundred and fifty follow the medical courses.

The palace is appropriated to the purposes of the university, being disposed in lecture-rooms and clinical wards, where sixty beds are occupied,—thirty with medical, and thirty with surgical cases. An

\* Killian. Op. Cit.

anatomical theatre has been erected in the garden, and contains a neat amphitheatre, dissecting-rooms, and a small but well-arranged collection of pathological anatomy.

At Poppelsdorf, about half a mile from Bonn, and connected with it by a public promenade, is the fine botanical garden, as also the extensive and well-arranged museum of zoology and mineralogy, occupying the apartments of the château. The library, the cabinet of instruments, and the chemical laboratory, are also very complete and well organized. The present professor of midwifery is Dr. Killian, from whose work on German universities I have made some extracts, though great changes have taken place since its publication. Walther, who was formerly professor of surgery, is now removed to Munich.

A few miles from Bonn is a large establishment for the treatment of mental alienation, on the same plan as at Sonnenstein. The building, formerly a convent, is large, forming a quadrangle, in the centre of which is a church; and is situate on a hill, overlooking the small town of Sieberg, and commanding an extensive prospect over the surrounding country. The sleeping apartments are on either side of long corridors: some of them are partitioned by wooden railings into three or four divisions, each of which contains two beds, one for the patients, the other for the keeper. Those patients who are violent, are not, as at Sonnenstein, allowed to go out, but kept, either in the straight waistcoat or in the chair of confinement in isolated cells. The rest are occupied in walking about the spacious grounds, in digging and gardening. There is a conversation-room, with piano, draught-boards, and other resources, where patients assemble in bad weather. The whole number of patients was, at the time of my visit, one hundred and eighty; the men in greater proportion. Sixty patients paid each from four to six hundred dollars per annum, for which they have separate apartments, and food of a superior quality. The generality of patients are not subjected to any medical treatment: sanguineous depletion, counter-irritation, purgatives, and morphine, appear to be the remedies most used when medical means are required. The number of admissions averages from thirty to forty annually: the proportion of cures is said to be one third. Dr. Jacobi is the superintending physician, and resides in an adjoining house.

## AN APPENDIX

ON

## ANIMAL MAGNETISM AND HOMŒOPATHY.

MANY persons talk about animal magnetism and homœopathy, who know little or nothing about them, except that they are somewhat allied to the marvellous, and who are inclined, perhaps on that account, to place a reliance on their agency, which would be withheld, were it known on what foundations rest their claims to belief.

It is my intention, in the following pages, to present a brief exposition of these subjects, comprising some account of the experiments instituted by medical bodies and individuals, in order to exhibit to the public the manner in which the effects ascribed to these agents were produced ; from which it will be seen that their mode of operation is very analogous,—their supposed action on the body being referable to the same origin, viz. the influence exerted through the medium of the imagination.

Although animal magnetism, which at one time attracted so large a share of attention, has been in great measure superseded by homœopathy, which, however, is also rapidly passing into disuse, even in those German towns where it was most in request, and in Paris, since the recent opinion pronounced upon it by the Académie Royale de Médecine, yet the relation of the experiments and cases is interesting in a physiological point of view, as tending to show the manner in which some changes take place, which are often inexplicable to the physician, and which the vulgar are frequently apt to consider as effects of miraculous agency : moreover, as attempts have been made to introduce homœopathy into this country, I have thought that some account of it, in connexion with animal magnetism, would form a not inappropriate Appendix to a work on continental medical practice, and would be acceptable to those who feel interested in the matter.

## ANIMAL MAGNETISM.

VARIOUS definitions of the nature of animal magnetism have been proposed by those who have written on the subject. The best is perhaps that which considers it to depend upon, "a certain state of the nervous system, presenting phenomena which may be caused in some persons by the influence of another individual performing certain actions with the intention of producing this state," this influence was supposed to bear some analogy with that of the magnet upon iron : hence the term.

Animal magnetism was introduced into France from Germany, about the middle of the last century, by an individual of the name of Mesmer, and was during some years in high repute for the cure of certain diseases, until it was subjected to examination, and condemned by the Académie des Sciences and the Académie Royale de Médecine. It consequently lost much of the credit it had previously enjoyed, and by degrees sank into comparative oblivion, till within the last twenty years, when public attention was again drawn to it; several works were published on the subject; some physicians of professional and scientific attainments declared themselves believers in its powers, and numerous experiments were made relating to somnambulism or lucid sleep, the phenomenon said to be most frequently observed.

At length, in 1825, M. Foissac, a magnetiser, proposed to the Académie de Médecine, to produce before it a somnambulist, in whom the members of that body should witness the extraordinary phenomena caused by animal magnetism. The proposition gave rise to violent debates, which terminated in the appointment of a committee which was required to give its opinion as to whether the Académie ought or ought not to take cognizance of the subject. The committee decided in the affirmative, on the following grounds: first, that the judgment pronounced by the Académie in 1784, was not founded upon reasons sufficiently conclusive; and secondly, that the magnetism now proposed for examination, differed from the Mesmerian magnetism, inasmuch as its effects were produced without actual contact between the magnetiser and the magnetised, and without using metallic rods, magnetic chairs, and other similar means.

After strong opposition a commission was appointed, composed of twelve members of the Académie, to examine into, and report upon, the experiments to be instituted. The commission pursued its investigation until 1831, when it presented a report to the Académie, containing an exposition of its labours, with the inference deduced from them, arranged under the following heads.

1. The effects of magnetism are null in persons in health, and in some invalids.
2. They are but little apparent in others.
3. They are often produced by ennui, monotony, and the power of the imagination.

4. Lastly, they are developed independently of these causes, very probably by the effect of magnetism alone.

Thus after six years of inquiry, the commissioners pronounced no decisive opinion in their report, which, however, was not signed by three of the most influential among them, MM. Laennec, Double, and Magendie. The inferences under the three first heads, would have put down altogether the pretensions of the magnetisers; but in consequence of the statement under the fourth head, and as the commissioners declared that every precaution had been taken to prevent errors and deception, magnetism acquired in some measure the appearance of being under the sanction of the Académie. An account of the cases which were the subjects of the experiments, was published by M. Foissac; in looking over these it will be seen that the cases which come under the fourth head are extremely few: and in these instances so far from every precaution having been taken, it appears that the commissioners trusted greatly to the honesty and good faith of the magnetisers and the magnetised, between whom there is the strongest evidence of the existence of a previous understanding.

One of the most constant effects observed to be produced is a degree of somnolency, and sometimes actual sleep, especially when the person has already been magnetised two or three times. It is not surprising that this should be the case in an individual seated on a chair before whose face various movements are slowly made by the hand of the magnetiser, in perfect silence during a period varying from a few minutes to half an hour; but another state, somnambulism or lucid sleep, is also said to be produced; and the person in this state is termed a somnambulist, who, while under the influence of the magnetic action, is said to be insensible to exterior objects as in natural sleep but under the control of the magnetiser, so as to answer questions proposed, and perform actions indicated by him.

One magnetiser, speaking of the wonders of magnetism before the Académie, says in reference to the absolute power of the magnetiser over the somnambulist—"If cold you can warm him, if warm cool him; you blow away his pains, and his pains vanish; you change his tears to laughter, his sorrows to joy. Are his country, his friends absent? you cause him to see them without seeing them yourself. You can blunt his sensibility if he have to undergo any cruel operation. You transform water into any liquid he desires, or which you deem useful to him—you present an empty glass, he drinks, the movements of deglutition are performed and thirst is appeased—with nothing I have calmed his hunger, with nothing I have served him up splendid dinners," &c. &c.\*

In order, however, to induce somnambulism certain actions are performed by the magnetiser. These consist for the most part in what are termed "*passes*," which are done in the following manner; the persons present being required to maintain the strictest silence.

The magnetiser seated in front, and at the distance of a foot from the

\* Dict. de Médecine et Chirurgie pratique. Art. Magnétisme.

person to be magnetised, prepares himself during a short time, placing his thumbs on the inside of the thumbs of the person till an equal degree of heat be obtained. He next places his hands on the shoulders of the person for about a minute, and brings them with a gentle pressure slowly down the arms to the extremity of the fingers. This movement is repeated five or six times. He then places his hands on the top of the persons head, whence he gradually brings them down, an inch or two distant from the face, to the epigastrium. These movements are repeated during the greater part of the sitting, and are sometimes varied by transverse *passes*, or movements across the face and breast at the distance of two or three inches.

These movements are what the commissioners saw made on most of the individuals subjected to the experiments, and without further proof immediately accepted them as the causes of the phenomena they afterwards witnessed, and as the means by which the magnetic action was transmitted; but as M. Dubois, who was present at several of the experiments, remarks in his critical examination of the report in the *Revue Médicale*, "there is no doubt the commissioners saw the phenomena they have described, but there is an enormous difference between the facts observed and the conclusions drawn from them. They believed the absurd, the miraculous, the wonderful; yet the circumstances as they occurred, explain themselves rationally, either by very ordinary physiological phenomena, or by well known pathological laws, and sometimes by trickery (*supercherie*)."

Somnambulism is, however, according to the magnetisers, merely the precursor of effects much more wonderful, as *clairvoyance* or mental vision, in which objects are seen, though the eyes be closed; the power of predicting the occurrence of events; that of ascertaining, while in somnambulism, the nature of the diseases in some individuals, and of prescribing the appropriate remedies, &c. though it must be acknowledged that not more than two or three exhibitions of this kind were made before the commissioners, and even these failed, notwithstanding the instructions the somnambulists must have previously received, as will be seen in the sequel.

The somnambulist proposed to be presented to the Académie by M. Foissac, who, he stated, would remove all doubts as to the power of magnetism, was the first person subjected to its operation before the commission. It appears, however, that no effect was produced in this instance, for in the report the commissioners say, "We must confess our inexperience, our impatience, our mistrust, too strongly manifested perhaps, did not permit us to observe any of the phenomena of somnambulism."

Some cases are adduced in illustration of the second and third heads, in the report, in which the effects produced were attributable to ennui, the power of the imagination, &c., it being sufficient to place the persons in situations in which they believed themselves magnetised. This will, however, readily be credited without my bringing forward instances in proof, I shall therefore merely insert one or two of the shortest among them,

Mademoiselle L. was magnetised eleven times at the Hôtel Dieu, within the period of a month. At the fourth setting, somnolency, convulsive movements of the neck and face, with other symptoms. At the eleventh sitting her magnetiser placed himself behind her without making any signs, and without the intention of magnetising, yet she experienced more decided effects than on the preceding trials.

An hysterical girl was magnetised several times: at each time there occurred somnolency with strong convulsive actions. Being placed one day in the same chair, in the same place, at the same hour, and in presence of the same persons, the accustomed phenomena presented themselves, though her magnetiser was absent. A like experiment was made on an epileptic patient and produced a similar result.

According to the magnetisers, the action of *passes* is not always necessary to produce magnetic effects, which may frequently be induced by the sole will of the magnetiser, even if he be in a room separate from the individual on whom the experiment is made. This supposed influence of the will on the magnetised, was, however, never produced at the first settings, but only after the person had been repeatedly magnetised in the ordinary manner. The symptoms which then took place may consequently be attributed, as in the cases above stated, merely to the effect of habit in individuals on whom the same circumstances of position, time, locality, &c. had repeatedly operated.

The following are some of the cases from which the commissioners inferred that the phenomena were produced by the action of magnetism alone.

A girl aged sixteen magnetised eight times. Somnambulism is induced at the first sitting. When spoken to she does not answer, and the noise of a heavy shutter falling does not awaken her. At the second sitting, she answers by affirmative and negative signs. At the third sitting, she signifies that she will speak presently: she does not feel when the skin is pinched, and does not appear to be affected by a phial of ammonia held to the nostrils.

The next case does not answer the expectation of the magnetisers.

In a Madame C., *living in the same house as her magnetiser*, it was proposed to exhibit the mental power possessed by the magnetiser over the magnetised, as also the communication of thoughts between them, without the intervention of speech or gesture; the proposal was accepted by the commissioners, who repaired to the house, and on somnambulism being produced, gave directions in writing to the magnetiser, indicating the actions they desired to see performed, which were to be signified mentally to the somnambulist. Thus, she is first ordered to go and sit on a stool before the piano; she rises and looks at the clock; on being apprised of her mistake, she goes into another room, and on being again informed of her error she sits down on her former seat. She is next requested to raise her hand at the same time as her magnetiser, and to lower it at the same time; the two hands are raised simultaneously, but that of Madame C. is lowered in a few minutes. The back of a watch is presented to her; she mistakes the hour, and the

number of the hands ; she is told to rub her forehead, but she merely extends her hand.

The result of this, and some other cases, rendered the commissioners doubtful of the effect of animal magnetism, and not without suspicion of a previous understanding between the magnetisers and the somnambulists. A. M. Dupotet offered to solve their doubts, and engaged to produce at will, out of the sight of the somnambulist, convulsive movements in any part of the body, by the mere action of pointing towards the part in which the commissioners should desire to witness these effects. A man who had already been magnetised several times was somnambulised, and after some trials on his obedience, M. Dupotet announced that the commissioners might produce in him any effects they pleased.

M. Marc, one of the commissioners, accordingly placed himself behind the somnambulist, and made sign to M. Dupotet to produce movements in the fore finger of his right hand, and afterwards in the toes ; the somnambulist made some movements, but not in the parts indicated ; similar movements subsequently occurred without magnetisation, and the experiment was declared inconclusive.

The next experiment which I shall relate, was made to exhibit before the commissioners the faculty of mental vision, or sight with closed eyelids, on a M. Petit, in whom the result of previous trials had been very satisfactory to the magnetisers. Somnambulism having been induced, M. Petit was requested to select a piece of money from others held in the hand of the magnetiser ; this was done, the coin noted and mixed with twelve others, and the somnambulist was desired to point out the one he had selected ; he however took the wrong one. A watch was presented to him, he mistook the hour. Other objects were also presented, but he could never discover immediately what they were ; he took them in his hands, felt and turned them over, brought them near his eyes, and after all, generally guessed wrong ; he was able to read a few lines, while the commissioners watched that his eyelids were closed. There is no doubt, however, that the eyes were partially opened, as he could not distinguish any thing when a bandage was placed before them. Although *clairvoyance* had been talked of by the magnetisers as a very common phenomenon of magnetism, it was only exhibited two or three times before the commissioners, during a period of six years, and the results were similar to those above mentioned.

The following cases are given, as cures performed by magnetism.

A law student, laboring under a paralytic affection of the limbs, was treated by the usual means at La Charité, and at the expiration of five months was so far recovered as to be able to get about on crutches. In this state he was magnetised by M. Foissac. In the ninth sitting complete somnambulism was induced ; he answered questions, spoke of his disease, announced that in a month he should be able to walk about without crutches, and prescribed for himself nux vomica, sinapisms, and baths of Berèges water ; these being the remedies from which he had already derived advantage. On the day he had named, the commission repaired to La Charité, anxious to see whether his prediction

would be fulfilled. On being somnambulised, the patient declared that when he awoke he should return to his bed without crutches or other support. When awakened, he asked for his crutches, but was answered that he did not require them: he arose, traversed the courts, walked up stairs, and from that day he has never used the crutches. In subsequent trials he presented the phenomena of *clairvoyance* as completely as M. Petit.

The next case was at the time matter of great astonishment, as illustrating the extraordinary power of magnetism.

A lady labored under a nervous disease, which had resisted all the efforts directed against it; she at length became impressed with the idea that magnetism alone could cure her, and was accordingly magnetised by M. Chapelain. One day she goes to M. Chapelain, supporting herself with difficulty on crutches; it was pitiable to see her suffer. Armed with a benevolent will, M. Chapelain by magnetism dispersed the pains in the limbs, the sighings and gloomy thoughts with which she was affected, and restored tranquillity to this person, so cruelly agitated an instant before. "Are you well," he inquired. "O yes, sir, I thank you." She slept for about two hours, and on awaking walked away, carrying the crutches which had supported her on her arrival!

In the first of these cases it is pretty evident that the patient was already convalescent at the time the magnetic trials were made, and could most probably have walked without crutches, had he so chosen, as well at the expiration of a week as of a month. The second is one of those cases which so frequently puzzles the practitioner,—of the nature of which I have offered an explanation in my work on nervous disorders, requiring for their cure an exertion of the faculty of volition, which is frequently induced by strong moral impressions. I have related one or two analogous cases suddenly cured in this way, and capable of rational explanation, without the intervention of magnetism or supernatural agency.

I subjoin one more of the cases brought forward in proof of magnetic influence.

A journeyman carpenter, aged twenty, subject to epileptic attacks, was magnetised at the hospital of La Charité. Somnambulism was not however induced till after several sittings. The patient at length announced, that on a certain day, at a certain hour, he would have an attack. It accordingly took place at the time he had specified. When interrogated, while in somnambulism, respecting his disease, he declared that at the end of the year the attacks would cease; he also mentioned the exact time at which the two following attacks would take place. These occurred at the time he predicted, and the fact of his cure only remained to be proved; but before the expiration of the year, he was run over by a cabriolet and killed; a circumstance which magnetism did not enable him to foresee.

The profession will not form any very exalted opinion of the intelligence of the commissioners from the relation of these cases, as illustrations of the effects produced by magnetism alone. It is well known that epilepsy is one of the diseases most easily simulated, and,

consequently, that there would be no difficulty in predicting the period of an attack: but had the somnambulists been able to foretell the occurrence of diseases which cannot be simulated, as intermittents or inflammatory affections, the commissioners might with some reason have brought these instances forward as a testimony of the magnetic power. I shall conclude by extracting from the *Revue Médicale* the rational conclusions of M. Dubois, in his critical exposition, with the conclusions which terminate the report of the commission.

*Conclusions of the Report.*

1. Contact of thumbs and movements, termed *passes*, are the means of relationship employed to transmit magnetic action from the magnetiser to the magnetised.

2. Magnetism acts on persons of different age and sex.

3. Many effects appear to depend on magnetism alone, and are not reproduced without it.

4. The effects produced by magnetism are varied: it agitates some, calms others; it generally causes acceleration of the pulse and respiration, slight convulsive movements, somnolency, and, in a few cases, what is called somnambulism.

5. The existence of peculiar characters, proper to recognise in all cases the reality of a state of somnambulism, has not been proved.

6. It may, however, be inferred with certainty that this state exists when it gives rise to the development of new faculties, as *clairvoyance* and intuitive foresight: or when it produces great changes in the physiological condition of the individual, as insensibility, sudden increase of strength; as this effect cannot be attributed to any other cause.

7. When the effects of magnetism have been produced, there is no occasion, on subsequent trials, to have recourse to the *passes*. The look of the magnetiser, his will alone, have the same influence.

8. Changes, more or less remarkable, are effected in the perceptions and faculties of persons in whom somnambulism has been induced.

9. We have seen two somnambulists distinguish, with closed eyes, objects placed before them. They have read words, estimated the difference of colours, the points on cards, &c.

10. In two somnambulists, we have met with the faculty of foreseeing acts of the organism to take place at periods

*Rational Conclusions.*

1. The *passes* are means employed to transmit a pretended action to the magnetised.

2. Magnetism does not act on any persons, whatever be the age or sex.

3. We have not seen any effects that could be attributed to magnetism: the phenomena observed depend on other causes.

4. There is no proof that the agitation or calmness of the individuals, any more than the other circumstances, are produced by magnetism.

5. Ditto, ditto.

6. It has been impossible for us to come to the conclusion that this state was real; even when it gave rise to the above mentioned phenomena, and produced insensibility and other physiological changes, inasmuch as these effects may be referred to other causes.

7. It has not been demonstrated that *passes* have really produced any phenomena, still less that the look or will of the magnetiser has had this influence.

8. These changes in the perceptions and faculties, which appeared to be effected in somnambulists, may be referred to other causes than magnetism.

9. We have seen two somnambulists, capable, as it was said, of reading, &c. with closed eyes, but it has not been proved to our satisfaction that the edges of the eyelids were at all times in immediate contact.

10. We have seen two somnambulists capable, as it was said, of foreseeing acts of the organism; but one predicted at-

*Conclusions of the Report.*

more or less distant. One announced the day, hour, and minute of the invasion and recurrence of an epileptic attack: the other foresaw the period of his cure. Their anticipations were realized.

11. We have only seen in one instance a somnambulist, who had described the symptoms of the diseases in three individuals presented to her.

12. In order to establish justly the relations of magnetism with therapeutics, one must have observed the effects on a number of individuals, and have made many experiments on sick persons. This not having been done, the commissioners can only say, they have seen too few cases to enable them to give a decisive opinion.

13. Considered as an agent of physiological phenomena, or of therapeutics, magnetism should find a place in the circle of medical science, and consequently, should be either practised, or its employment superintended by a physician.

14. The commission could not verify, because it had not opportunities, the existence of any other faculties in somnambulists; but it communicates, in its report, facts sufficiently important to state, that in its opinion, the Académie ought to encourage researches on animal magnetism as a curious branch of psychology and natural history.

*Rational Conclusions.*

tacks of a disease that may be simulated; the other announced the period of his cure when already in full convalescence.

11. We have seen a somnambulist endowed, it was said, with the faculty of ascertaining the disease under which persons presented to her laboured; but in the first case, she only mentioned insignificant symptoms: in the other two cases, all the circumstances show that she had received her information before hand.

12. There are no relations to be established between magnetism and therapeutics, because the pretended magnetic effects have been absolutely null: and it is not from the small number of cases, but on account of their nullity, that the commissioners cannot determine.

13. Magnetism cannot be considered as an agent of physiological phenomena, still less as a therapeutic measure: it, consequently, ought not to have a place in the circle of medical knowledge, and, far from recommending its employment, physicians ought to oppose themselves to the charlatanism which seeks to spread it abroad.

14. The commission could not perceive, because it had no opportunity, so many other faculties said to exist in somnambulists; but it communicates facts, important enough to determine the Académie to abstain from encouraging researches on magnetism, as it could not constitute, as some believe, a curious branch of psychology and natural history.

## HOMŒOPATHY.

THIS doctrine was first promulgated about thirty years ago, though it did not attract much attention till within the last few years. It originated with Dr. Hahnemann, a native of Saxony, who after having resided in various parts of Germany, at length took up his abode in Leipzig, and instituted experiments on the action of medicinal substances upon himself and others. Having in 1790 taken some bark, which produced, as he states, paroxysms of intermittent fever, he was struck with the circumstance that the substance employed for the cure of intermittents should occasion a similar disease in a healthy person. This led to the inference that substances which produce certain symptoms in healthy individuals can remove these symptoms when induced by other causes; hence a fundamental point of the doctrine, that diseases are cured only by medicines which have the power of causing similar diseases in healthy persons: *Similia similibus curentur*.

Homœopathists consequently do not consider a knowledge of anatomy, physiology, or pathology, as contributing to the cure of disease, but restrict themselves to noting the different groups of symptoms in diseases, and to ascertaining the appropriate remedy, without regard to the organic changes, or other circumstances, by which the symptoms are caused, or whether they affect the nervous, vascular, or other systems. For example, in following the rules of homœopathy, if a person have headache, whether arising from exhaustion, inflammation, or stomach derangement, the same remedy should be had recourse to, and that remedy must be a substance capable of causing headache in a healthy individual.

Medical doctrines are divided by Hahnemann into the allopathic, or method in general use, of curing diseases by remedies of an opposite nature—*contraria contrariis*,—the antipathic, or palliative method, and the homœopathic, the only true method; the principles of which are contained in his *Exposition de la Doctrine Médicale homœopathique*. This work contains an abundance of absurd reasoning, of extravagant and unfounded assertions; of some truisms, from which erroneous conclusions are drawn; of exceptions to general principles; and isolated examples, extracted from various authors, and adduced as the principles themselves, in order to corroborate the positions laid down by the author. Thus to prove that many of the cures hitherto effected have been so by the chance employment of homœopathic means, several instances are brought forward, among which are, that rose-water cures ophthalmia only because it has the power of causing a kind of ophthalmia. In like manner bark cures intermittents, because it occasions these diseases: ipecacuanha arrests fluxions of blood, only because it possesses the faculty of exciting hæmorrhage; generous wines, in

small doses, cure homœopathically inflammatory fever; hyoscyamus could not cure spasms resembling epilepsy, if it had not the power of exciting convulsions; the same remedy could not have cured a case of mania from jealousy, if it did not occasion mania and jealousy in healthy individuals.

Again, the popular customs of using snow to frost-bitten parts, of putting a scalded hand near the fire, are adduced to prove the homœopathic nature of the remedies to these accidents; vaccine is considered to act homœopathically in preventing small-pox, &c. These examples will suffice to show that the style of argument adopted is opposed to established truths; for who ever heard of rose-water causing ophthalmia, of bark causing intermittents, of ipecacuanha exciting hæmorrhage, or being employed to arrest it, of generous wines curing inflammatory fever, of hyoscyamus determining convulsions, mania, and jealousy? If snow is used to frost-bitten parts, it is used with friction, in order, as is well known, to bring the parts gradually to their natural state; whereas, if used on homœopathic principles, it would be kept constantly applied; and, as may be imagined, with a certainty of aggravating the evil. So also with respect to the application of heat to scalded parts; and to prove vaccine an homœopathic agent, it should be shown that it has the power to cure small-pox when already existing; which indeed it is asserted it would do, were it not surpassed by the small-pox in intensity.

Medicines, then, are not considered by the homœopaths as direct remedies, but to act by giving rise to morbid symptoms, surpassing in intensity those of the disease against which they are employed; on the principle that two similar diseases cannot coexist in the same individual: the original disease consequently yields, being overpowered by the artificial disease caused by the remedies; and this, on the discontinuance of the medicines, is in its turn speedily overcome by the powers of the constitution. The particular symptoms to which each medicinal substance gives rise, and against which it is to be employed, are to be ascertained by experiments made by the homœopathist upon himself or other healthy persons.

But it must not be supposed that these surprising effects are produced by the ounce, drachm, or grain doses employed by ordinary practitioners. According to Hahnemann, the effects of medicinal substances are twofold, viz. primitive, as the violent action produced by large quantities of certain drugs; purgation, sweating, &c.; and secondary, or homœopathic, in which the action is determined towards the diseased part; the active properties becoming more developed in proportion to the minuteness of the dose: in fact, homœopaths are cautioned against too minute a subdivision of the medicine, lest it should become so energetic as to give rise to dangerous symptoms. I cannot, however, do better than extract one or two passages from the Exposition, in order to illustrate this position.

“ Besides, the homœopathic medicament acquires at each division or dilution an extraordinary degree of power by the friction or the shock imparted to it, as means of developing the inherent virtues of medi-

cines, unknown before me, and which is so energetic, that of late, experience has obliged me to shake only twice, whereas formerly I prescribed ten shakes to each dilution."

"Gold, silver, platina, charcoal, are without action on man in their ordinary state, but from the continued trituration of a grain of gold with an hundred grains of powdered sugar, there results a preparation which has already great medicinal virtue. If a grain of this mixture be taken and trituated with another hundred grains of sugar, and if this process be continued until each grain of the ultimate preparation contains a quadrillionth part of the grain of gold, we shall then have a medicament in which the medicinal virtue of the gold is so much developed, that it will be sufficient to take a grain, place it in a phial, and cause the air from it to be breathed for a few instants by a melancholy individual, in whom the disgust of life is carried so far as to incline to suicide, in order that, an hour afterwards, this person be delivered from his evil demon, and restored to his taste for life."

The only division of diseases by Hahnemann is into acute and chronic; of the former but little is said in the Exposition; although they may arise from exterior causes, as cold, excesses, &c., yet in many cases they depend upon a psoric affection, and almost all chronic diseases originate from sycosis, syphilis, or psora (*vulgo*, itch.) This latter especially is the cause of innumerable diseases, which great truth it took Hahnemann twelve years to find out. In mentioning some of the evils produced by this miasm, I quote his own words: "This is the only fundamental and exciting cause of all the morbid forms which, under the names of nervous weakness, hysteria, hypochondriasis, mania, melancholia, epilepsy, spasms of all kinds, rickets, caries, cancer, gout, hæmorrhoids, jaundice, dropsy, amenorrhœa, hæmoptysis, asthma, and suppuration of the lungs, sterility, deafness, cataract, and amaurosis, gravel, palsy, pains of all kinds, &c., figure in pathology as so many separate diseases, distinct and independent one from the other."

The modifications this miasm has undergone in its passage through millions of human constitutions, during several hundred generations, explain how it can assume so many forms.

In the treatment of cases, the precaution has been taken by the homœopaths of regulating with extreme care the diet of their patients. Abstinence from every thing of a stimulating nature, as condiments, coffee, &c., is recommended; even the smelling of delicate perfumes is prohibited, although the smoking of tobacco is allowed; which, considering Germany is the country whence homœopathy originated, is an extremely politic measure.

The absurdity of a doctrine equally opposed to reason and every-day experience, could not fail to be immediately apparent to the medical profession, as well as the injurious effects that might arise from its professors being allowed to practise on the credulity of the public, ever ready to be attracted by novelty, especially if it be clothed in the garb of unintelligibility and mystery. In order, therefore, to show the value of the pretensions of homœopathy, the experiment was made in Germany, Russia, France, and Italy, of treating a certain number of

patients in public institutions by homœopathic means, and an equal number by the usual methods; the results are such as might have been anticipated.

A German homœopathist, practising in Russia, was invested by the Grand Duke Michael with full powers to prove, if possible, by a comparison of facts, the advantages of homœopathic measures over the ordinary modes of treatment; and a certain number of patients in the wards of a military hospital were entrusted to his care. At the expiration of two months, however, he was not permitted to proceed further; for, in comparing results, it was seen that within this period, of four hundred and fifty-seven patients treated by the ordinary means, three hundred and sixty-four, or three-fourths, were cured, and none died; whereas, by the homœopathic method, tried on one hundred and twenty-eight patients, one half only were cured, and five had died.

In order to ascertain, and give publicity to the results, the Russian Government caused a certain number of patients to be treated homœopathically in one hospital, while in another an equal number of patients were merely subjected to low diet and appropriate regimen, without the exhibition of any medicine. The results were very similar in both instances, and the medical council, appointed to superintend the experiments, thus gives its official opinion:

“The medical council, after having attentively weighed the results of the experiments made according to the homœopathic method, and compared them with those made according to the principles of the *médecine expectante*, finds that they greatly resemble the latter, and are probably based only on the *vis medicatrix naturæ*; for the infinitely minute doses can produce no effect on the human body. The medical council is therefore of opinion that the homœopathic practice should be prohibited in sanitary establishments dependent on government, for the following reasons:

“1. Acute diseases require energetic means of treatment which are not to be expected from homœopathy.

“2. The homœopathic treatment of external lesions and surgical diseases, is altogether out of the question.

“3. Some slight affections get well while under homœopathic treatment, but similar affections disappear equally well, without any medical treatment, by the adoption of an appropriate regimen, good air, and cleanliness.”

The experiments made in Paris to show how far homœopathy had claims to public confidence, also tend to prove that, where any effects are produced, they are to be ascribed to the influence of the imagination.

1. Several medical students at the Hôtel Dieu, chosen by a homœopathic physician, were subjected to the homœopathic regimen, and took at first one, then two, then ten, and at last eighty globules at a dose, of the most active medicines prepared by the only homœopathic chemist in Paris. In not one instance was the slightest effect produced.

2. A number of pills, made with inert substances, as flour, gum arabic, and starch, were given to patients who believed them to be homœopathic remedies. I subjoin two or three of the results obtained.

Aphonia, of six weeks duration, cured in a few hours by starch pills *given homœopathically*. A girl, aged twenty, was admitted on the 4th January, with complete loss of voice, which had existed since the middle of November. She had experienced a similar attack the preceding year, but had recovered in fifteen days. Menstruation was regularly performed; a few days rest, and the usual hospital regimen, produced no effect; she was consequently placed in the department where the homœopathic experiments were made, and was ordered two starch pills; the first to be taken in the presence of the physician, the next when four hours had elapsed. A few minutes after the first pill had been swallowed, the following symptoms manifested themselves— anxiety, pain and uneasiness in the region of the heart and thorax, perspiration, with heat and eruption on the skin. The second pill appeared to aggravate these symptoms, with the addition of hiccough. She afterwards fell asleep, and on awaking, was astonished to find she could talk in a loud tone. The complaint did not recur, and she soon quitted the hospital. This case is of a similar nature with that which I related a few pages back, where the patient so speedily recovered the use of her limbs after having been magnetised.

A man, aged forty, was admitted about the same time as the preceding patient, complaining of a sense of oppression on the chest. He had experienced an attack of hæmoptysis a year before, and was exceedingly hypochondriacal. During the first few days no treatment was adopted, and he continued in the same state. Four starch pills, which he supposed to be homœopathic remedies, were then prescribed; one to be taken regularly every six hours. Half an hour after swallowing each pill, the patient experienced anxiety, sense of oppression, spitting of blood. The pills were discontinued, and resumed on alternate days during a fortnight. Each time they were taken, they were followed by oppression, headache, acceleration of pulse, diuresis, and pains in all the limbs.

A girl, aged twenty-three, labouring under cough with hectic fever, and insomnia, was also treated by these inert pills, which she imagined to be homœopathic. Each time, after taking a pill, the fever diminished, the cough was less fatiguing, and she slept better; she suffered more when she did not take it, and always requested to have her "calming pill."

The following case occurred to a physician at St. Petersburg. "A lady, aged forty-eight, phthisical, had been treated by the homœopathic method during two years, when I became her physician; and as my efforts were unsuccessful, she requested me to treat her homœopathically. I consented, and gave her two grains of sugar, assuring her she would experience the effects of this powerful medicine for six days. The following day she received me with an ironical smile, saying, "One may easily see, doctor, that you are not accustomed to handle homœopathic remedies: that which you gave me was too energetic; it caused so much disturbance, that I did not expect to outlive the night; however, its action is in the end salutary, for I have not felt myself so well for a long time as I feel to-day."

Two physicians attached to an hospital experimented upon the

*infirmiers*, or male attendants in their wards. One physician desired his *infirmiers* to note down every half hour the sensations they experienced, after taking what they supposed to be a homœopathic agent. They all experienced various sensations, of which the following is a specimen :

A young man in perfect health took eight pills, containing a minute portion of charcoal, and at the expiration of half an hour had noted the following symptoms : headache, confusion, imperfect vision, flushing of the face. On repeating the dose, the same symptoms recurred, with violent perspiration.

The other physician conducted his experiments differently : he took every morning six homœopathic pills, and at the end of a certain period, asked his *infirmiers* if they were willing to do the same ; they consented, and did not experience the slightest effect.

Thus, in the first experiment, the individuals expecting to experience extraordinary sensations, from being required to note them down, do not fail to feel some, as would be the case with most persons under similar circumstances. On the other hand, those who saw no effect produced on their superior by the pills, also take them, and not expecting any particular sensations, do not experience any.

I might adduce various other examples, but being desirous not to extend this article, I shall content myself with briefly alluding to the experiments of M. Andral at La Pitié.

An hundred and thirty individuals were treated by homœopathic remedies in the presence of numerous witnesses. The regimen recommended by Hahnemann was strictly adhered to, and the prescriptions prepared by a homœopathic chemist. The experiments were of two kinds ; first, to ascertain whether symptoms can be produced in healthy persons by medicines which cure similar symptoms when arising from other causes. Bark was one of the first substances chosen, and its various preparations were taken by M. Andral and ten other persons, at first in homœopathic doses, which produced no effect ; then in ordinary doses, which were gradually increased up to from six to twenty-four grains of sulphate of quinine per day. None of these persons experienced the least symptom of an attack of intermittent fever ; the only effects produced by these large doses were slight indisposition and headache, in some whose stomachs were not so strong as the rest.

Aconitum, which, according to the homœopaths, is of superior efficacy to blood-letting in febrile diseases, was tried, and produced no effect. Sulphur was also tried, by several persons, without any eruption being produced on the skin.

Thus the statement that remedies cause diseases resembling those which they cure, is an assertion utterly groundless.

The second kind of experiments was made to ascertain whether homœopathic remedies would in any case affect the progress of disease.

Several cases of intermittent fever were treated homœopathically. Some got well at the end of a certain period, which would in all probability have been the case, had no remedies been employed : in other cases no effect was produced, and on the usual method of treat-

ment being adopted, the patients got rapidly well. Similar results were obtained in treating febrile diseases, and several chronic complaints, except that in some cases the patients got worse while under the homœopathic system.

The homœopathists in Paris having petitioned the Minister of the Interior to permit the establishment of dispensaries for the treatment of patients by the homœopathic method, the minister requested the opinion of the Académie de Médecine, on the subject. The reply of that body is made in the following terms :—

“MONSIEUR LE MINISTRE ;

“Homœopathy, which presents itself to you at the present time as a novelty, is not a new thing. For more than twenty-five years this doctrine has wandered here and there;—first in Germany, then in Prussia, afterwards in Italy, and now in France; seeking every where, though in vain, to introduce itself as a branch of medicine.

“The time of the Académie has been repeatedly taken up with the subject, and, moreover, there are but few of its members who have not sought to ascertain its basis, and its effects.

“With us, as elsewhere, homœopathy has been subjected, in the first place, to logical examination, which has exhibited in it a formal opposition to the best-established truths, a great number of striking contradictions, and many of those palpable absurdities which inevitably ruin all false systems in the opinion of enlightened persons, but which are not always a sufficient obstacle to the credulity of the multitude.

“With us, as elsewhere, homœopathy has also been subjected to the trial of facts, and put to the test of experience. Observation, faithfully interrogated, has furnished the most categorical answers; for if it be admitted that some examples of cure have occurred while under the homœopathic treatment, it has been ascertained that the success is justly attributable to the bias of a weak imagination on the one hand, and to the remedial powers of the constitution on the other. Observation has also shown the great danger of homœopathy in frequent and serious cases of disease, where the physician may do as much harm, and cause no less injury, by inactive measures, as by those which are directly prejudicial.

“Reason and experience are consequently united to repel a similar doctrine, and counsel that it should be left to itself and its own resources.

“If the precedent were once established, application would be made for dispensaries for Mesmerism, animal magnetism, Brownism, and other conceptions of a heated imagination.

“From these considerations and motives, the Académie opines that government should refuse to entertain the petition which has been addressed to it in favour of homœopathy.”

Having heard of the existence of a homœopathic hospital at Leipzig, the head-quarters of the doctrine, I had the curiosity to visit it during my brief sojourn in that city, last July, and was directed to a small house in one of the suburbs, with an inscription on the outside denoting

its destination. I had no difficulty in obtaining admission, and was accompanied through the house by the assistant homœopathist, the principal being in the country.

From what I had previously heard, I expected to see at least from thirty to forty beds, occupied by patients, and was somewhat surprised to find that the house only contained eight, of which but one was occupied by a phthical patient, who had been there several months without any amelioration. There were, however, five other patients, able to get about, viz. a case of chronic swelling of the foot; one of delirium tremens, which had also been a long time under treatment by arnica and hyoscyamus, in doses of the decillionth part of a grain, which I was gravely assured produced sound sleep; a young girl, with no other complaint than deranged menstruation, who had also been some months in the house; a case of necrosis of the tibia, treated by the internal exhibition of homœopathic remedies; and a woman, with a cutaneous disease, of a syphilitic nature, who had been treated with sulphur, carbon, gold, and other homœopathic remedies, since the month of February, but with little advantage, as the disease appeared to me likely to be interminable under a similar system.

During my visit two or three out-patients presented themselves. One of these was a healthy boy, with tinea capitis, for which he had been taking homœopathic globules since February, the hair having been allowed to grow, and no external application having been used. The appearance of the patient's head did not afford any favourable evidence of the good effects of the treatment, and I should imagine the disease was much in the same state as when he first applied for relief. It would be superfluous to lengthen this Appendix by any further observations, enough having been stated to enable those who have perused it to form a pretty correct estimate of the value to be set upon animal magnetism and homœopathy.

THE END.

