

ANALYSIS OF FOREIGN JOURNALS.

Journal de Chimie, Feb. 1841.

THE original articles in this number of the *Journal of Chemistry* are—

1. On the Wax contained in Sugar Cane, by M. Avequin, New Orleans.

2. On the Application of a new Method of separating Arsenic from Organic Tissues, after poisoning with that Mineral, by M. Lassaigne.

The method first proposed by M. Lassaigne for the separation of small quantities of arsenic from animal tissues, was to add a weak alkaline solution to the mass of solids or liquids in which the arsenic was supposed to be contained, and then submit them to a gentle heat, so as to destroy and carbonise a portion of the organic matter. The product, when acted on by boiling water, contains arsenite of potass, the presence of which can be readily detected by Marsh's apparatus, or by passing the gas through a solution of nitrate of silver. In order to test the value of this method in cases of poisoning, several experiments were made on dogs, from which the author draws the following conclusions:

1. That the method proposed enables us to determine the existence of small quantities of arsenic in the liver, heart, kidneys, &c. of animals, destroyed by arsenic.

2. That a quantitative analysis of the liver of a dog, poisoned by fifty parts of arsenic, showed that, within an hour and a half after the administration of the poison, 17 parts were contained in the tissues of the liver.

3. That solid arsenious acid acts very feebly, but when diluted with water, it acts more readily and with some degree of energy.

The method of M. Lassaigne above alluded to is as follows:—The gas which is disengaged from Marsh's apparatus is passed into a solution of pure nitrate of silver; the arsenuretted hydrogen, which is mixed with hydrogen gas, is thus gradually decomposed by the oxide of silver. The fluid now becomes brown; the metallic silver separates in the form of dark flocci, and arsenious acid is produced, which remains in solution, mixed with an excess of nitrate of silver. When the whole of the arsenuretted hydrogen has been decomposed, hydro-chloric acid is gradually added to the solution, in order to decompose the nitrate of silver in excess, and convert it into a chloride. The latter is removed by filtering, and the fluid is submitted to gentle heat in a porcelain capsule. During this process the arsenious is converted by the nitric acid into arsenic acid, and it is easy to determine the presence of this latter by its well-known characteristic properties.

One of the great advantages of M. Lassaigne's method is that it enables us to collect the *whole* of the arsenic given off by Marsh's apparatus, while in burning the gas as it escapes, we certainly lose a very great portion of the metal.

The other articles in this *Journal* are of little interest; it may not, however, be unseasonable, at the present time, to quote the following regulations respecting the sale and announcement of secret remedies.

"Whereas, the executive government cannot be too vigilant in carrying into execution those laws in which the public health is essentially interested, be it ordained,

1. That, according to the 32d section of , no apothecary shall prepare or sell any medical preparation, except under the prescription and signature of persons qualified by law to practise medicine; and that they, as well as herborists, druggists, and all other persons, are expressly forbidden to sell, or *advertise*, by means of bills or in the journals, &c. any *secret remedy*, except those which have received legal sanction.

2. Advertisements of any secret remedy, already authorised by law (*i. e.* patented), must contain the exact title of the patented remedy, with the date of the patent.

3. The announcement of remedies or pharmaceutical preparations in public places, squares, fairs, or market-places, &c. is expressly prohibited.

4. Proprietors and inventors of secret remedies, editors of journals, printers, &c. who shall disobey the present regulations, shall be prosecuted according to law, and punished by a fine of from one to twenty-four pounds, for the first offence; and for subsequent ones, with imprisonment of three to ten days.

(Signed) DEBELLEYME,
Prefect of Police."

Paris.

ADULTERATED DRUGS.

M. R. an apothecary residing at Vannes, was condemned on Dec. 3d, 1840, to eight months' imprisonment and a fine of two pounds, for supplying the prison of that town with adulterated drugs.

Gazette Médicale de Paris.

ON PUNCTURE OF THE HEAD IN CHRONIC HYDROCEPHALUS.

BY M. MALGAIGNE.

SUCCESSFUL cases of tapping the cranium for chronic hydrocephalus are extremely rare, nor has the operation obtained much favour ever since the memoir published by Dr. Conquest. One of the great difficulties with which the surgeon has to contend is the ascertaining what cases present some chance of success, and what are unsuited for this method of treatment. The following case, by M. Malgaigne, may be added to those which have been already recorded.

M. Gosselin, seven months of age, was born at the full period of gestation. Her head, at birth, was much enlarged, but this was not perceived by the mother until two months afterwards. From this time forward, to the age of six months and a half, the head continued to increase, but then diminished in size so much that the child's mother perceived a diminution of eight lines in the circumference of the head. This, however, was temporary; within a week the head had regained its former size, and continued to enlarge.

On the 24th the child was examined and found to present the following appearances:—She was fat and healthy-looking; the legs stout; bowels regular; slept a great deal; eyes half projecting from their orbits; iris movable; head measures 52 centimetres round; $3\frac{1}{2}$ from the nose to the occipital protuberance. The fontanelles were widely open, and many of the sutures separated by membrane.

On April 25, M. Malgaigne opened the fronto-parietal suture with a common hydrocele trocar, and withdrew gradually 19 ounces of clear fluid. The head was compressed as the fluid came away, and was afterwards supported by a starched bandage. The patient took a very small dose of laudanum every two hours.

The moment the bandage was adjusted, the child's face, which before was pale, became natural, and the respiration normal: the rest of the day she passed well.

26. Was a little agitated, and slept badly.

27. The fluid appears to accumulate again; child slept well and took the breast with appetite.

31. The cranium is now as large as it was before.

On the 5th of May it was again punctured, and 26 ounces of fluid were drawn off, by gently compressing the head, which was afterwards supported by strips of plaster and bandage. Up to the 11th the little patient continued in a satisfactory condition, but fell into a state of stupor on the 12th, and died in a few days.

M. Malgaigne follows up this case by some interesting remarks. M. Malgaigne employed the common trocar, but we see no advantage derivable from it, above the small instruments usually recommended by other surgeons. The point chosen by M. Malgaigne for puncturing the cranium seems better adapted than the fontanelles or sagittal suture,

under which there are parts of importance to be avoided. The quantity of fluid withdrawn at one time by M. Malgaigne was much greater than what we find mentioned in analogous cases by other authors; and he naturally asks whether the bad symptoms which were suddenly developed on the 14th day might not have had their origin from this circumstance; however, on looking over the cases already published, he does not find any facts which enable him to answer the question. The author, moreover, is of opinion we *cannot* cure hydrocephalus by this operation; we may arrest the progress of the secretion, and perhaps reduce the volume of the head a little; but to cure chronic hydrocephalus as we do sometimes ascites, often hydarthosis, and almost always hydrocele, is manifestly impossible. This arises, according to M. Malgaigne, from our being unable to reduce the volume of the head by compressing it, after the operation. Being struck by this circumstance, he examined carefully the accounts of cure already published, and came to the conclusion that none of them were real. The head has never been reduced, by the operation, to its natural size, and in most cases presented hardly any diminution at all. The greatest diminution that has ever been obtained was four inches (from 23 to 19) within the space of six months, and after four operations. From these facts M. Malgaigne concludes:

1. That we should reject from our surgical vocabulary those high-sounding expressions, "of hydrocephalus cured by puncture."
2. That the operation may arrest the progress of the effusion, and in some cases even diminish the volume of the head a little.
3. That the operation may be attempted on infants under three or four months old.
4. That under other circumstances the effusion gradually accumulates, and sooner or later compromises the life of the patient.

COLLEGE OF PHYSICIANS, EDINBURGH.

At a meeting of the Royal College of Physicians of Edinburgh, called to consider the report of a committee of their body, on the bills for medical reform, which have been introduced into the House of Commons by Mr. Warburton and Mr. Hawes, the following resolutions were unanimously adopted:—

1. That the College derive much pleasure from finding that the subject of medical reform, which has so often been under their consideration, and in which they have repeatedly endeavoured to interest the legislature, has at last been brought, in a tangible form, under the notice of the House of Commons; and trust, that the full discussion which the subject has received, and is receiving, from the profession at large, and the attention now about to be bestowed on it by parliament, will lead to the removal of some of the evils of which the College have frequently had occasion to complain.
2. That, in the opinion of this College, the great evil arising from the want of an uniform system of medical legislation throughout the United Kingdom, is the possession, by particular corporations, of local privileges, which render their licentiates alone legally capable of acting as general practitioners in particular districts and portions of the country, to the exclusion of persons of equal, and it may even be, of superior qualifications.
3. That, so far as the College is aware, the only plausible objection which has been urged against the abolition of these local privileges, and against the adoption of a system for placing the licentiates of all the medical corporations on an equal footing, in respect of the right of practice, is the inequality alleged to exist, or actually existing, in the amount of medical education required of candidates for their licenses by the several boards, and in the degree of strictness with which the examinations of such candidates are conducted.
4. That whilst, therefore, with a view to the interests

both of the public and the profession, community of privilege should, in the opinion of this college, be the primary object of any legislative enactment relative to the medical profession, sufficient education and examination must, at the same time, be duly provided for.

5. That from the communications which have taken place, and the understanding that has been come to, between a number of the different boards with which the superintendence of medical education at present rests, little difficulty can now exist in fixing a minimum course of study, general and professional, without evidence of having passed through which, no one should be allowed to present himself as a candidate for a medical license. On this point the College will only farther refer to the joint resolutions agreed on by the medical faculty of the University, and by the Royal Colleges of Physicians and Surgeons of Edinburgh, of date October, 1838.

6. That to produce some approach to uniformity in the system on which the examinations of candidates for licenses are conducted by the several boards, and to secure the public against the admission of incompetent persons into the medical profession, it appears to this College that it would be desirable that some superintending body should be constituted, having authority to take cognizance of the manner in which the duty of examination is executed.

7. That the persons of whom this board should consist might probably be most advantageously selected by the crown from lists furnished by this and the other boards at present entrusted with the government of the medical profession.

8. That, in the opinion of this College, no measure of medical reform will be satisfactory which does not confer on a person who has once received a certificate of his fitness to exercise the medical profession from any of the established boards, the right of practising in any district of the country, or in any particular department of the profession, without the necessity of submitting himself to a second examination before another board.

9. That whilst the College readily acknowledge that the proposal of creating a representative body or bodies, elected periodically by the profession at large, by which the affairs of the medical profession might be superintended and directed—(a proposal which forms so prominent a feature in the two measures which have been submitted to parliament)—is desired by many most respectable members of the profession, they are disposed to believe that this desire has, in a great measure, originated in accidental and removable causes; and they are satisfied that any attempt to carry it into effect would be attended with serious inconveniences, if not insuperable difficulties.

10. That, in particular, the College conceive that this proposal has, in a great measure, grown out of the dissatisfaction very generally prevailing among the members of the medical profession, not only with the local privileges of practice attached to the licentiates of particular corporations, as already noticed, but also with the narrow and exclusive system on which admission into the governing body of some of the medical incorporations has hitherto been regulated; and that the adoption by, or enforcement on, these corporations of conditions of admission of a more reasonable and liberal character, in obtaining for them the confidence of their licentiates, would, in a great measure, supersede the desire at present existing for a representative system of superintendence.

11. That, among the obvious inconveniences with which the election of a representative body, by the medical profession at large, would be attended, the College conceive that it would have the effect of producing and continually renewing agitation and dissension among the members of the profession, and of directing their attention from far more important duties; whilst those who are best qualified for performing the duties that should be committed to a superintending body, would be least likely and least able to take those steps which are essential to the gaining of popular suffrages. And, as a farther objection to the