

## CLOSE OF THE SESSION.

*The President*, notwithstanding the late hour, could not bring the Session to a close, without congratulating the members upon the amount of business which had been gone through, which, he believed, was greater than any former session could boast of. Some very important subjects had been under discussion, and there had been some occasions both of difficulty and of delicacy; but he had the greatest gratification in reflecting that these matters had been successfully adjusted, and the Session brought to a satisfactory termination. He desired to express the obligations of the Society to Dr Bennett for his paper, and would express also the hope that the reception which it had received, would not deter him from continuing his inquiries, or from the free and unfettered expression of his views, on future occasions.

## PREPARATION OF CANTHARIDIS.

*To the Editor of the Edinburgh Medical Journal.*

ST JOHN'S, MELROSE, Sept. 17, 1857.

DEAR SIR,—I wish, through the medium of your *Journal*, to call the attention of my country medical brethren to a preparation of cantharidis which is, I am afraid, little known to many of them, and which I have found extremely useful in my own practice—much more convenient in its application than the old-fashioned blister, and much speedier in its effects. The preparation I refer to is the Emp. Cantharidinæ Liquidum, prepared by Messrs T. and H. Smith, chemists, Edinburgh. It consists of a saturated solution of cantharidine in collodion. I have now used this preparation for more than two years, and have found it fully answer all my expectations. From its nature and chemical composition, it acts more regularly than the old blister, and is much more readily applied over the seat of the disease. It has also this very great advantage, that, when once applied, it cannot be taken off. The medical man applies it himself, and feels quite sure that if the blister does not produce its usual effect, it is not because it has not been applied, or removed soon after it had been applied. Often have I, in practice, been not a little vexed and annoyed at a blister not rising, and inclined to blame the preparation used, when, on strict examination, I have found the blister never applied, or not allowed to lie on the usual time. Since I used the liquid blister, I have had no such annoying and anomalous cases. This preparation has another great advantage in the eyes of a country practitioner, and it is this, its portability;—he can always have it with him, and can at once apply it where required, and not have to send many miles for a blister; thus often allowing the disease to get itself more firmly rooted. Country doctors are not in general believers in either Dr Bennett's theory or practice in inflammation, and have a desire—it may be, a rude and unscientific one (still, it seems to me, a wholesome one)—of doing all they can to check the progress of inflammatory action. To my brethren practising in the Highlands, and in some of the wide Lowland districts, this power of immediately applying a blister is no slight one. I write on this subject as one who has often felt the advantage of such a preparation in doing this. The only disagreeable effects I have ever experienced from this preparation are, that, in some instances at first, it produced rather troublesome ulcerations; but this arose, I found, from having in my zeal put on too much. So severe was the ulceration produced in one case of puerperal peritonitis in which I had used it, that a medical friend, who saw the case accidentally, went away filled with wrath at the remedy, and abusing both it and its applier. He might blame the one, but he had no just cause to blame the other. But I would even state that, in my opinion, it is no slight advantage to have a preparation of such a kind, that it can, by a little judicious management, be made a vesicant in some cases, and in other cases, if needed, produce

a severer and longer-continued kind of irritation. From the liquid nature of the preparation, it allows, as in the case of blistering a joint, a much closer and more equable application than in the old form. I have no hesitation in strongly recommending its use. I have no doubt that any of my country brethren who may be induced to try it, will find it exceedingly useful, and will thank me for bringing this preparation under their notice.—I am, Sir, yours,  
WILLIAM N. BROWN.

#### THE LATE SIR CHARLES MANSFIELD CLARKE, BART.

Death has recently carried off one of the most distinguished ornaments of the medical profession, in the person of Sir Charles Clarke, who died on Monday the 7th inst., at his residence on the Marine Parade, Brighton, in his 76th year, after a lingering illness of nearly two years' duration.

Charles Mansfield Clarke, the younger son of the late Mr John Clarke, surgeon, of Chancery Lane, was born in London, May 28, 1782, and received the rudiments of his classical education at St Paul's School, where he was the school-fellow, and, we believe, the playmate and form-fellow, of the late Lord Chancellor Truro and the present Chief Baron Pollock. His father's example led him, at an early age, to turn his attention to medical studies; and, accordingly, instead of passing to one of the universities, he attended St George's Hospital, and the lectures on anatomy delivered at the Hunterian School by Mr Wilson and Mr Thomas, and those on midwifery by his elder brother, the late Dr John Clarke, who for many years enjoyed a most extensive practice in that particular branch of the profession in which his younger brother was destined to become so distinguished.

Having finished his preliminary studies, Charles Clarke was admitted a member of the Royal College of Surgeons, and spent the first two years of his professional life as assistant-surgeon in the Hertfordshire Militia, which he subsequently exchanged for the post of surgeon in the 3d Regiment of Foot Guards. Subsequently, however, he was induced by his elder brother to give up the army, and to devote his whole attention to the diseases of women and children, and more particularly to the practice of midwifery. He associated with his brother as a lecturer on these subjects as early as 1804, and continued to deliver his regular courses of lectures down to the year 1821, during which time he could reckon almost all the eminent accoucheurs among his hearers and pupils. For many years he held the appointment of surgeon to Queen Charlotte's Lying-in Hospital, which he resigned about the same time that he ceased to lecture, though the interests and welfare of that institution continued to the last to be objects of his attention and regard. In 1825 he was chosen a Fellow of the Royal Society.

Having obtained the degree of M.D. from Lambeth, in 1827, Dr Clarke became a Licentiate of the Royal College of Physicians, and on the accession of King William IV. to the throne, he was honoured by the appointment of physician to Queen Adelaide. On September 30, 1831, he was created a baronet, and in the year 1836 he was elected a Fellow of the Royal College of Physicians. In 1842 he had conferred upon him the honorary degree of M.A. by the University of Cambridge, and was created a D.C.L. of Oxford in 1845.

Incessantly engaged in the performance of the active duties of a most laborious department of his profession, Sir Charles Clarke had not the leisure for many literary productions; but it is observed by no less an authority than Dr Pettigrew, that the excellence of that which he published serves only to awaken regret that he should not have written more. His chief work, and that by which his name will be longest remembered among medical circles, is his "Observations on the Diseases of Women and Children," which he published in two parts, in 1814 and 1821 respectively, and forms an essential part of every medical library.—*Times*.