left. Mr. H——— was going to the West Indies. Mr. N——— had left. Capt. G—— and another about leaving. Mr. R——y had left.

"I am quite delighted with this place; (Penzance) it is beautifully situated—the air is mild and muggy. I have taken a warm-bath almost every day since I came here. The situation is well suited for an invalid. I am already much better. My cough has almost entirely left me. There are few places to equal Penzance for the salubrity of the air, and the beauty of the scenery." J. C.

We can assure our professional brethren, that the bubble of charlatan Long's reputation is already burst, and we venture to predict, that in one short year, the Lazaretto in Harley Street will be as silent as the ruins of Palmyra.

LV.

TOXICOLOGICAL CONSIDERATIONS AND EXPERIMENTS ON LOCAL AND GENERAL BLOOD-LETTING. By M. VERNIERE, M.D.

The following observations and experiments suggested themselves to the author of this paper (read before the Philomatic Society, on the 16th Aug. 1828) by the fatal accident which befel our country-man, Drake, who died of a poisoned wound, notwithstanding all the resources of the healing art. It is now fully proved, that a tight ligature above the poisoned wound arrests, pro tempore, the entrance of the poison into the general circulation, and, consequently, suspends its deleterious effects. It is the same with the cupping-glass. But during the application of both these, the poison is either kept in situ, or it is becoming blended with the blood of the part, and when the ligature or cupping-glass is removed, it rushes into the torrent of the circulation and destroys life. Hitherto, then, the removal of the poison by excision, or cauterisation, have been the only effectual antidotes. These are cruel and bloody operations—consequently, they are often ineffectually performed. The experiments of Magendie, on Artificial Plethora, as a mean of checking or arresting absorption, are well known. They suggested the following experiment, the details of which we shall greatly abridge.

EXP. 1. Three grains of the alcoholic extract of nux vomica were introduced into a wound made in the paw of a young dog, and a ligature was immediately tightened round the limb, above the humero-cubital articulation. As much warm water was then injected into the jugular vein as the animal could conveniently bear. The ligature was removed, and the animal remained tranquil for half an hour. The ligature was then replaced, and a vein opened below the ligature, whence some blood was received into a glass. The wound was well washed—the ligature removed—and the animal set at liberty, after losing a large quantity of blood from the jugular vein. He continued well. Mean time, the blood which had been taken from the vein below the ligature, was injected (mixed with an equal quantity of tepid water) into the jugular vein of another dog. General tetanus succeeded, and the animal quickly died. Here, it was evident that the blood rising from the poisoned wound was impregnated with the nux vomica sufficiently to destroy the life of the other dog, while the animal into whose veins the warm water was injected, escaped. But injection of warm water into the veins of the human subject, is an operation which would rarely be submitted to by the patient — and which would be reluctantly performed by the practitioner.

EXP. 2. Three grains of the extract were introduced into a wound of the *right* cheek of a dog. The jugular veins were kept moderately compressed for eight minutes, when the *right* jugular was opened, and a large quantity of blood abstracted. The dog was set at liberty, and only suffered from the effects of debility.

EXP. 3. Three grains of the aforesaid extract were introduced into a rather large wound made in the integuments of the abdomen of a dog. The wound did not bleed, although a cupping-glass, with a pump, was kept working over it, for six minutes, when the cupping-glass was removed, and the wound most carefully

washed. The animal was quickly seized with convulsions, and died. In this case, the cupping-glass only suspended the action of the poison. The local circulation became impregnated, and when the interruption was removed, the poison acted. The foregoing case pointed to another and important indication—the abstraction of blood from the part acted on by the glass, or below a ligature.

EXP. 4. Three grains of the above-mentioned extract were introduced under the skin of a dog's foot, a tight ligature being made on the same member. After the ligature had been on five minutes, the poison was very carefully washed out of the wound; and this done, the ligature was taken off, and the dog set at liberty. At first he walked about quietly, but soon was seized with convulsions of a tetanic kind, and very severe. A large detraction of blood was made from the jugular vein. In half a minute the convulsions ceased—the dog got up—walked about—and only shewed some wheezing in his breathing, which soon went off.

In the above case, the ligature confined the poison to the vessels of the limb—and, notwithstanding the care which was taken to wash the wound, the quantity imbibed by the vessels of the part, was sufficient, when the ligature was taken off, to produce tetanic convulsions. The other conclusion is of an important therapeutical nature. As far as one case goes, the detraction of a large quantity of blood from the general circulation, carries off so much of the poison—renders the remainder so dilute—or so weakens the impression of it on the nervous system, as to render it innocuous. In cases where venesection fails to afford relief, we have no resource but venesection and transfusion of blood, at the same time. These observations and suggestions apply, of course, only to those poisons which are absorbed rapidly, as the vegetable and animal poisons, and not to those that are of a corrosive quality, and destroy the texture of the parts to which they are applied.—*Repertoire, Oct.* 1828.

LVI.

MEDICAL REPORTING.

Our readers can testify that we have always advocated the utility and the propriety of *authenticated* reports from public hospitals and from medical societies. It is against the system of anonymous, false, or caricatured reports that we have ever lifted up our voice. The cases occurring in public institutions, are something like the viva voce discussions in medical societies:—they are transitory scenes that are lost to the community at large, excepting so far as they are turned to advantage by those who are immediate witnesses of them. So the discussions in medical societies, are mere words that are lost in air to all except the auditors present. The fixation and preservation of the events in the one case, and of the discussions in the other, contribute to the general good, and deserve to be encouraged. But this encouragement must surely presuppose the most rigid impartiality—the most strict veracity—the most scrupulous correctness. That these last requisites have not always attended the system of anonymous or unauthenticated reporting, needs no proof in the present day; and we have always been of opinion, that the best safe-guard against false or garbled reports would be found in the appointment of accredited, and consequently *responsible* reporters. It has been urged, indeed, that *these* last are not so *independent* as anonymous observers. Most undoubtedly they are not at liberty to distort facts, suppress the truth,—and substitute fictions. The power of doing such things uncontrolled, is the only superior independence which the anonymous reporter possesses over the accredited agent. The latter has nothing to fear from the report of truth—the former from that of fiction. This is the difference. How we have been reviled for maintaining these principles is well known to the profession; yet the Editor of the Lancet is now taking steps to adopt them himself. He has applied to two Medical Societies for permission to have responsible reporters at their meetings, in preference to anonymous agents; and we would strongly advise the said societies to *passively* permit the deputed reporters—that is, to neither sanction nor prohi-