

—"Intermittentium autumnalium curationem non sine ingenti discrimine per catharsin tentari, præsertim vero per phlebotomiam, frequenti nimis observatione jam olim didici. Etenim in tertianis (maxime si constitutio admodum fuerit epidemica,) hac methodo sanandis, nisi chirurgi gladiolus eodem ictu quo venam pertundit, ipsam etiam febrem confodiat, dictæ febres etiam in vegetioribus et athletice cetera valentibus, non nisi longo temporis tractu expugnari se patiuntur. In provectionibus autem diutinum febris cruciatum tandem etiam mors exceperit. . . . Quartanariis vero in tantum obest phlebotomia, ut juvenes qui a morbo alias intra sex menses fuissent liberati, per sex adhuc alios ab eodem detineantur: ætateque provectioniores, qui, nisi sanguinem detraxissent, intra annum poterant sanari, morbum etiam ultra statum illud tempus alere periclitantur, ac denique ab eodem victi succumbere. Quæ de venæ-sectione jam dixi, levi opera ad catharsin possunt transferri, nisi quod hæc non usque adeo pernicioosa sit, nisi crebro repetita." But in case there be any indications for a discharge from the late mentioned causes, I judge vomits the most proper, and that not only because they empty the primæ viæ as well or better than other evacuating medicines, but because they more frequently cure agues, if given upon the first attack of them, and a few hours before the paroxysm; which I conceive not so much to proceed from the discharge of the febrile matter, as from the alteration that is made upon the seminium febrile by the violent concussion of the parts, and, as it were, churning of the blood; and it may be frights may cure these distempers much at the same rate.

Question II. Why sack and the like generous liquors are used in agues?

Answer II. To strengthen the assimilative faculty of the blood, by which means there can't be perverted so great a proportion of nutritious juice; nor can the seminium febrile so readily fix any hostile parts upon it; and if it should admit of any, they are sooner excluded by urine or insensible transpiration.

Question III. Whether the focus of intermittents be in the blood, or in an effervescency of the intestines?

Answer III. I doubt not but the minera morbi is in the blood, and circulates with it into all parts, being hostile to none but the nutritious juice, which it gradually perverts to such a proportion as makes it burdensome to the whole mass, from whence proceed the several symptoms of agues, which hereafter I may have occasion particularly to explain; but for the aguish ferment to have its seat in the pancreas, is as inexplicable to me as the liver, spleen, mesaraic vessels, or any of the lower viscera, and it may be more than some of the last mentioned; for though this febrile matter or ferment may be lodged in the pancreas, and from thence have its passage through its ductus into the duodenum, yet 'tis scarce intelligible, why it should not have its figure or texture altered by the commixture and effervescency there fancied; or why it should not as well or better be carried through the intestines per anum, than insinuate itself into the abstruse and subtle pores of the lacteal vessels, which probably are adapted to the reception of nothing alien and offensive, which undoubtedly these morbid effluvia will be allowed to be. Besides, how shall this ferment be anew generated and transmitted to its

focus, if all be discharged in every fit? And by what instinct shall it move, upon each repeated paroxysm? Why occasions it no tumour in the gland? nor impedes the circulation of the blood? And why may not food or physic that is stiff and viscous, close up and obstruct this pancreatic pore, and then our fits are cured? But no more of this till time will permit me to examine all that hath been said for this opinion by its learned author, whom I shall ever honour for his most excellent and useful works, though his notions and mine do not in all things correspond.

Thus, Sir, I have given you my present thoughts in answer to your very ingenious letter, for which I must honour you, though I dissent from you, and ever own myself,

Your obliged and devoted servant,

CHARLES GOODALL.

(To be continued.)

MEDICAL INTELLIGENCE.

Dr. P. B. Ayres has been elected Physician to the Islington Dispensary.

Dr. Heming has resigned his appointment of Physician-Accoucheur to the Westminster Dispensary.

A Medical Society has been established at Hong-Kong. Dr. Tucker is elected President, Dr. Hobson Secretary, and Dr. Young Librarian.

ROYAL COLLEGE OF SURGEONS.

Gentlemen admitted Members on Friday, Nov. 14th, 1845:—R. Babington; A. C. Tweedie; J. Walker; G. Foote; P. Jones; J. T. Hooper; S. W. Hurrell; A. V. Ward; D. J. Edwards; J. D. Kilner; H. B. Beck.

OBITUARY.

On the 8th instant, at Cheltenham, Thomas Agg, Esq., Surgeon, a Member of the Provincial Association.

On the 9th, Charles Badham, M.D., Professor of Medicine in the University of Glasgow.

In the 72d year of his age, Christian Fenger, Director of the Royal Academy of Surgery, Copenhagen, and Chief Surgeon to the King of Denmark.

TO CORRESPONDENTS.

Communications have been received from Dr. Favell; Mr. J. E. Wood; Mr. C. J. Gibb; Dr. Radford; Mr. S. Hare; and Dr. Shearman.

Dr. Shearman's letter arrived too late for the current number.

The communication from Dr. Radford has been unavoidably postponed until next week.

It is requested that all letters and communications be sent to Dr. Streeten, Foregate Street, Worcester. Parcels, and books for review, may be addressed to the Editor of the Provincial Medical and Surgical Journal, care of Mr. Churchill, Princess Street, Soho.