

the history of the Lethæon, as it was called by the patentees, but it is, nevertheless, our duty.

No sooner was the discovery announced, than rival competitors for the honour soon exhibited themselves. These were chiefly Mr. Morton and Dr. Jackson, of Boston, and Dr. Wells, of Hartford. The pages of the Boston Medical and Surgical Journal, have contained a great deal of correspondence advocative of the claims of these rival parties; and Mr. Warren, in the pamphlet before us, satisfactorily enough establishes the claims of Mr. Morton. We much regret, however, to perceive so much bitterness displayed towards Dr. Jackson; and we must confess that we are not a little surprised, that a gentleman in Dr. Jackson's position, should have exposed himself to the charges advanced, and apparently proved, in the pamphlet before us. Possibly Dr. Jackson may have not a little to urge in extenuation, if not in justification, of his connexion with the proceedings.

*Triumphs of Young Physic, or Chronothermal Facts.*  
By WILLIAM TURNER, Esq., A. M., M. D., Late Health Commissioner of the City and County of New York; Member of the New York Medical Society; American Editor of the Principles of the Chronothermal System of Medicine, &c. &c. New York, 1847, 8vo pamphlet, pp. 29.

This is a pamphlet destined to advocate a species of quackery under the name of Chronothermalism, which, according to Dr. Dickson, its originator, consists in a "periodicity of movement of every organ and atom of all living bodies, and the intermittency and unity of all diseases, however named, and by whatever produced. To these," says Dr. D., "I added a third, the unity of action of cause and cure, both of which involve change of temperature. Such is the ground-work of the Chronothermal system, so called from *Chronos*, time or period, and *Therma*, temperature, heat. This I gave to the public in 1836." This wonderful discovery, invested still in mysticism, is further elaborated by Dr. Turner, whose pamphlet chiefly serves to announce to an unfortunate misguided public, the ill effects of old and antiquated practice, and the astonishing, nay, marvellous cures effected by the new one, immeasurably transcending Homœopathy, and all other paths, in this particular.

It is a matter of surprise to us, that individuals who relinquish the regular walk of professional career, and embrace every opportunity for attacking its doctrines and its advocates, should still so hanker after its honours as to parade them on all occasions. It

tends to prove, despite their pretensions, that they still see something "good in Nazareth;" and the pamphlet furthermore confirms us in the opinion, that there is no species of quackery too absurd, but will secure some countenance from lawyers and divines.

*Observations on Aneurism, and its Treatment by Compression.* By O'BRIEN BELLINGHAM, M. D., Edinburgh, Fellow of, and Professor in, the School of the Royal College of Surgeons in Ireland; Licentiate of the Royal College of Surgeons of Edinburgh; and one of the Surgeons to St. Vincent's Hospital. London: John Churchill, 1847. Pp. 181. 12mo.

This little volume, from the perusal of which we have derived much gratification, is a well-timed addition to the stock of surgical literature of the day; and serving most materially to place the treatment of aneurism on a more rational foundation, will revive a practice, which was fast falling into disuse. After sketching the rude attempts of the earlier advocates of the method, and noticing the plans which they employed to attain their object, the author proceeds to point out the advantages which compression possesses over the ligature in a majority of cases; and propounds what we certainly consider the most rational theory of the *modus medendi* in such cases yet offered. Dr. Bellingham's views on this point are thus detailed:

"When it was considered absolutely necessary for the success of compression, that such an amount of pressure should be applied as was almost certain to produce sloughing of the part, and very certain to occasion intense pain and suffering; and when, in addition, this was to be prolonged through five successive nights and days, (as in the case reported by Mr. Guthrie, which I had quoted), we can readily understand why patients refused to submit to it, and we can easily account for the disrepute into which the practice fell, and for the unwillingness of surgeons to adopt this treatment, in preference to the simple operation of placing a ligature upon the femoral artery. It would, however, appear that it is not at all essential that the circulation through the vessel leading to the aneurism should be completely checked, but rather the contrary: it may, perhaps, be advantageous at first, for a short period, by which the collateral circulation will be more certainly established; but the result of this case, if it does no more, establishes the fact, that a *partial current through an aneurismal sac will lead to the deposition of fibrine in its interior, and cause it within a few hours to be filled and obstructed, so as no longer to permit of the passage of blood through it.* Pressure, so as altogether to obstruct the circulation in an artery, must necessarily be slower in curing an aneurism, as it must, in some measure, act by causing obliteration of the vessel at the part to which the pressure has been applied; whereas a *partial current through the sac enables the fibrine to be readily entangled in the parietes of the sac in the first instance, and this goes on increasing until it becomes filled;* the collateral branches having been previously enlarged, the circulation is readily carried on through them."

Our own high opinion of the value of Dr. Bellingham's observations on this important subject, is in nothing more manifested, than in the free use which we have made of his papers, as originally published in the Dublin Medical Press, and of which the volume