

ence which they may possess, as professors in Colleges of Pharmacy, and by exercising their option in regard to the shops to which their prescriptions shall be sent, to discourage druggists and apothecaries from vending quack or secret medicines, or from being in any way engaged in their manufacture and sale.

II. Obligations of the Public to Physicians.—1. The benefits accruing to the public directly and indirectly from the active and unwearied beneficence of the profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications;—to make a proper discrimination between true science and the assumption of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

PRACTICE OF MEDICINE AND PATHOLOGY.

A Case of Delirium Tremens induced by the inordinate Use of Tobacco.—By WM. A. GORDON, M.D., of Harrisburg, Mo.—Last spring, while on a visit to my relations in the southern part of Kentucky, I met with the following case of delirium tremens. The patient, aged 71 years, had been smoking tobacco to great excess for a number of years. At length, a short time before I saw him, he resolved to abandon the use of it altogether. The day on which he formed this resolution he smoked, in quick succession, nine cigars, which was followed by considerable nausea and giddiness for three days. These symptoms then passed off and his health for a short time seemed better than usual; but after this brief interval he fell into a lethargic state from which he was with difficulty aroused. This condition was succeeded by the symptoms of a true delirium tremens. He was wakeful, agitated, talkative, and alarmed at imaginary objects around his bed. His pulse was about 85 a minute, full but soft; countenance dejected with a wild confused look; skin cold and moist; bowels constipated; tongue moist and slightly coated.

I am not able to report the termination of this singular case, as I left the neighbourhood soon after I saw the patient, but as having a physiological interest, I will mention two phenomena which were reported to me in connexion with it.

1st. The patient previous to this attack had been hard of hearing. While labouring under it his hearing became excellent.

2d. He had also laboured under some difficulty of speech, for a number of years, owing to what seemed a partial paralysis of the tongue. When the derangement of the cerebral system came on, he recovered the use of his tongue and was able to speak distinctly and rapidly.—*Western Journal of Medicine and Surgery.*

Variola, Vaccinia, Varioloid, and Varicella.—Dr. Koesch, the author of any essay published under the above title, concludes:—

1. That cow-pox is nothing more than small-pox, transmitted to the cow by contact.
2. That persons who have been effectually vaccinated may, in some rare instances, contract dangerous small-pox.
3. That small-pox after vaccination is, in the great majority of cases, of trifling severity.
4. That the rarity and mildness of small-pox are in proportion to the recency of the vaccination.
5. That small-pox seldom appears after the age of thirty, but is not always less severe when it does so.
6. That the majority of the vaccinated are entirely exempt from small-pox, even though exposed to contagion.

7. The identity of variola and varioloid is demonstrated by their phenomena, development, and by the results of contagion or inoculation.

8. That varicella is in nowise connected with variola, but in a perfectly distinct disease.

9. That vaccination is the only mode of exterminating small-pox.—*Medical Times.*

Hydrocephaloid Disease, from Lectures on the diseases of Infancy and Childhood, published in London Medical Gazette, Sept. 10, 1847, by CHARLES WEST, M. D., Lecturer on Midwifery at, and Physician Accoucheur to, Middlesex Hospital, &c. &c.—Closely connected with a state of atrophy of the brain, is that condition which is induced if the organ be somewhat suddenly deprived of its usual supply of blood. Even in the adult, a profuse loss of blood is followed by extremely severe head-ache and by various other cerebral symptoms. In the child, whose brain needs for the due performance of its functions, a proportionably larger quantity of blood, the symptoms that follow its excessive loss are of a corresponding gravity. Often indeed they present a striking similarity to those which betoken inflammation of the brain; a fact implied in the name of the *hydrocephaloid disease*, by which Dr. Marshall Hall, who was among the first to call the notice of the profession to this affection, has proposed that it should be designated.

“This affection,” says he, in his admirable essay on the subject,* may be divided into two stages: the first that of irritability; the second that of torpor. In the former there appears to be a feeble attempt at reaction; in the latter, the powers appear to be more prostrate. These two stages resemble in many of their symptoms the first and second stages of hydrocephalus respectively.

“In the first stage the infant becomes irritable, restless, and feverish; the face flushed, the surface hot, and the pulse frequent; there is an undue sensitiveness of the nerves of feeling, and the little patient starts on being touched, or from any sudden noise; there are sighing and moaning during sleep, and screaming; the bowels are flatulent and loose, and the evacuations are mucous and disordered.

“If, through an erroneous notion as to the nature of this affection, nourishment and cordials be not given, or if the diarrhoea continue, either spontaneously, or from the administration of medicine, the exhaustion which ensues is apt to lead to a very different train of symptoms. The countenance becomes pale, and the cheeks cool or cold; the eyelids are half-closed; the eyes are unfixed and unattracted by any object placed before them, the pupils unmoved on the approach of light; the breathing, from being quick, becomes irregular, and effected by sighs; the voice becomes husky, and there is sometimes a husky, teasing cough; and eventually, if the strength of the little patient continue to decline, there is a crepitus or rattling in the breathing; the evacuations are usually green; the feet are apt to be cold.”

In early infancy, symptoms of this kind sometimes succeed to premature weaning, especially if that be followed by an unsuitable diet, but afterwards they generally succeed to some definite attack of illness, either exhausting in itself, or for the cure of which active measures had been necessary. It is important, too, to bear in mind that they are not equally apt to come on in the course of all diseases, but that those in the early stages of which considerable cerebral irritation has existed are much more likely to assume the characters of

* Republished in his work *On the Diseases and Derangement of the Nervous System*. 8vo. London, 1841. Chap. v. Section iii. It can scarcely be necessary to refer to Dr. Gooch's paper, “On Symptoms in Children erroneously attributed to Congestion of the Brain,” for another most graphic account of this disorder.