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## PART III.

### MEDICAL INTELLIGENCE.

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*An Account of the Present State of Medicine in Italy, by Fr. W. Oppenheim, M.D.*

THE above is the title of an article in a late Number of the Magazine of Foreign Literature, an excellent medical work, edited in Hamburg by Dr Gerson and Dr Julius. It contains much interesting matter, from which we have made a selection, calculated to give a correct idea of the state of medical science in Italy, and to serve as a guide to those who visit that country for the purpose of adding to their stock of professional information.

Our author describes the Institutions of the Italian States, according to the order in which he visited them, beginning with the kingdom of Sardinia, in which there are two Universities, one at Genoa and one at Turin.

In the Genoese University ten professors are employed in teaching the different branches of Medicine and Surgery. None of these professors however enjoy much celebrity; practical anatomy is shamefully neglected, and there is no anatomical museum. The languishing state of science in this University, is attributed by our author to its being under the direction of the Jesuits, who are in possession of its revenues, and expend considerable sums upon the purchase of theological books, while they almost entirely neglect, or give but little encouragement to the cultivation of Natural History, Comparative Anatomy, and the other departments of medical education. During the short-lived constitution of thirty days, the students ranked themselves on the side of the anti-royalists, in consequence of which, the University was closed for three months, upon the return and restoration of the king.

The population of Genoa amounts to 90,000. It has two civil, and one military hospital, besides a work-house.

The *Ospedale Pammatone* is very large, and externally resembles a palace more than an hospital. Its pillars, stairs and balustrades, all of Carrara marble, lead the stranger to expect a commodious interior. But here he is miserably disappointed, and finds a total want of every thing suited to promote the health or comfort of the patients. The wards are very spacious, but badly lighted, imperfectly ventilated, and extremely filthy. The floors are made of tiles, half worn out, and scarcely ever cleaned. The bedsteads are of iron, have no curtains, and are ranged in three rows, two of which are so close to each other that they touch.

The patients are attended by nuns, belonging to the order of *Nostra Donna del Rifugio*. Three physicians and four surgeons are attached to this institution, which has 1600 beds, but is capable of containing 4000. When our author visited it in 1824, the number of patients amounted only to 826. Post mortem examinations are here very rare, and the anatomical cabinet consequently very poor, containing only about a dozen dried preparations, and one skeleton! In 1821, the admissions amounted to 9344; the proportion of deaths to recoveries as 1 to 6.

*Spedale degli Incurabili*, is a handsome but badly situated building, containing 1000 beds, and destined for the reception of the aged, the poor, and the insane.

Patients of the latter description occupy a separate wing of the building. Their wards are spacious, but here again we meet with three rows of beds; and our feelings revolt at the situation of these wretched beings, the greater number of whom are chained hand and foot to their iron bedsteads! Where such a mode of coercion is employed,—where the strait waistcoat is unknown,—where the physicians, Drs Isola and Timoni, (we wish not to conceal their names), hurry daily through this abode of misery, without giving a single direction to the nurse-tenders concerning the treatment of the patients, can we wonder that a cure is scarcely ever effected? We are sorry to find, that disgusting as such a scene must be, it is even surpassed in an asylum at Vienna, where Dr Oppenheim has seen the lunatics not only chained, but caged, like beasts in a menagerie!

We feel particularly anxious that such a state of things should not exist unknown, and consequently unredressed. What Dr Oppenheim has already disclosed to our professional brethren in Germany, we think our duty to publish in Great Britain, in the hopes of thereby contributing to promote a reformation in the treatment of lunatics in Italy, the first step to a reformation being to attract public attention to the extent and nature of the abuse. While we feel it our duty to record this barbarous treatment of lunatics in one of the first cities in Italy, we are yet far from wishing to stigmatize the Italian character as inhumane, or their physicians in general as ignorant, for we ourselves recollect the existence, and that at no very distant period, of abuses not less enormous in Great Britain.\*

Dr Oppenheim is doubtful whether to attribute to absolute want, or a degraded state of national character, the alms-begging which prevails in the Italian hospitals. "As I passed each bed, he observes, its sickly tenant stretched forth his meagre arms to implore for charity!

*Albergo dei Poveri*, a splendid building, adorned with costly architectural ornaments, but deficient in more essential qualities. It contains 2000 persons, consisting of the poor, the aged, and many orphans. The internal management of this institution is much better than that of those already described. The paupers and orphans appeared clean, well clothed, and well fed.

In Genoa there are also a military hospital containing 800 beds, and an institution for the instruction of the deaf and dumb. The latter was founded in 1801, by the Abbé Octavius Assarotti, who still presides over it, and pursues nearly the same mode of instruction as is usual in France. In Italy, as elsewhere, this malady has been observed to be much more frequent among the poor than among the rich. The state of this institution, which contains 20 boys and 12 girls, is highly creditable to the Abbé.

Turin, for a population of 80,000, has four civil hospitals. That of S. Giovanni is the largest, being capable of containing 600 patients. But at the time of Dr Oppenheim's visit, there were not more than 200 in it. The wards are large, and well ventilated. The proportion of deaths to recoveries, out of 4557 patients admitted in 1821, was as one to seven. There is a clinical ward in this hospital, containing 20 beds.

*Casa dei Pazzi* contained 260 lunatics, of whom more than one-third were chained. Their situation seemed even more deplorable than that of their fellow-sufferers

\* For an account of the dreadful and even appalling abuses in British Lunatic Asylums, see an Article on that subject in the *Edinburgh Review*, August 1817. See also the Report of a Committee appointed by the Irish House of Commons, to examine into the causes of the mortality observed among the children admitted into the Foundling Hospital in Dublin. Two-thirds of the children admitted perished from neglect or maltreatment. The cause of death in many cases was opium, in the form of a mixture, left in the hands of the nurses, who administered this sedative when the children became uneasy, or cried perhaps from hunger. Great numbers of healthy children were put at once into the condemned or venereal ward, in which, of course, no wet nurses were employed, and the infants were so negligently attended, that a majority of them perished in the course of a few days. This practice had existed for many years, during which it was proved to have been fatal to many thousands. The physician of the hospital, during that period of infantine slaughter, obtained the name of Herod the Great!

at Genoa. Although there are three physicians and three surgeons attached to this asylum, yet Dr Oppenheim could not discover that any curative measures were ever employed.

The University of Turin has eleven medical and surgical professors. The number of medical students generally amounts to nearly 100. The medical practitioners of the kingdom of Sardinia are much divided as to the systems they pursue. The juniors who have studied in Paris adhere in general to the doctrines of Broussais. Some of the seniors are still Brunonian; and what is singular, the younger Rasori has many fewer followers than might be expected.

The Grand Duchy of Tuscany has one University at Pisa, and three medical academies, viz. at Florenz, Pistoia, and Sienna. In order to obtain a license to practise, the student must not only have attended an hospital in one of the above towns for seven years, but must have practised during that period under the direction of the clinical professor, and must finally submit to an examination. Even those who have taken the regular academical degree of M. D. elsewhere, must attend one of the Tuscan hospitals for two years, before he is allowed to enter on private practice.

The academies at Pistoia and Sienna are too inconsiderable to claim attention. Our author therefore passes at once to the University of Pisa, which has nine Medical and Surgical Professors. There is here, however, no school for teaching midwifery.

The University building is small and inconvenient, and contains a few lecture rooms, besides an Anatomical and Surgical theatre, but the latter is so badly lighted, that most of the operations are performed in the former.

The medical courses commence in November, and conclude in August. The students of medicine amount to about 200, of whom many are Greeks. Dr Oppenheim had an opportunity of hearing one of the lectures on anatomy, and declares it was the worst he ever heard.

We shall give our author's account of the Medical Institutions at Pisa, in his own words.

“*Ospedale Santa Chiara è Casa de' Trovatelli* contains 300 patients, the wards are clean, spacious and lofty. The medical and surgical patients, in this as in the other Italian hospitals, are not separated from each other, but lie in the same ward. There is a clinical ward with twelve beds for the treatment of medical cases, under the direction of Professor Morelli, besides one for surgical cases, under the direction of Professor Vacca Berlinghieri. The attention of these professors is not however confined to the clinical patients, for they make remarks upon every interesting case in the hospital. The surgeon's visit is made at seven in the morning, the physician's at ten. The hospital pupils here, as in all the other Tuscan schools, wear a particular uniform, consisting of a red surtout, and a white apron; as the domestics of the hospital are similarly dressed, they are scarcely distinguishable from the Students. Professor Vacca Berlinghieri is extremely polite to strangers, and is very communicative upon professional subjects. I shall relate what I saw and heard while in his company. His method of lithotomy\* is well known from his three memoirs on that subject. His success has undoubtedly been considerable; for of 29 patients upon whom he has operated, he has lost but two, and of these, one was more than 64 years old. I saw two persons upon whom he had operated; one was a boy 4 years old, who had been cut for the stone five days before. He seemed to be doing well, the greater part of his urine being already voided through the urethra, while the wound was beginning to heal. The other was a very melancholy case of a young man, on whom the operation had been performed 14 weeks previously to my visit. The stone had been broken in the first attempt to extract it, and the fragments were successively removed, great care being taken by the Professor to leave no part of it in the bladder. He used injections and every other usual precaution, but nevertheless, and although the wound had assumed a healthy appearance, the patient complained of calculous pains on the twelfth day, when the Pro-

\* He opens into the bladder from the rectum.

essor discovered another piece of the stone in the bladder. In removing this he made no new incision, but merely dilated the original wound with his finger. This fresh irritation caused a violent inflammation of the parts, and the swollen part of the rectum, which had performed the office of a valve in preventing the feces from entering the bladder, sloughed away, so that a fistulous opening was formed between the rectum and the bladder, and the urine was consequently evacuated partly *per anum*, and partly through a catheter introduced into the urethra. When the catheter was introduced only as far as the neck of the bladder, the urine flowing through it was mixed with fecal matter, but when it was pushed higher, towards the fundus, the urine was natural. When I saw the patient, he was less hectic than he had been, but still the fistulous opening into the rectum remained; its calibre was however diminished. When this operation had been revived in France by Sanson, and improved in Italy by Vacca, who merely makes an incision into the neck of the bladder, it excited much attention, and was practised by many French and Italian surgeons with considerable success. Scarpa however urged many objections against its safety, the most important of which was the danger of wounding the vesiculæ seminales. To this Vacca replied by stating, that of 80 patients thus operated on, none had felt a diminution of their sexual powers. It is very remarkable that so celebrated a surgeon as Dupuytren should have so suddenly changed his opinion concerning the propriety of this operation. He now declares himself decidedly hostile to it, and yet when I was in Paris in 1825, he was quite enthusiastic in its favour, for I heard him say, that the number of patients who suffered from a fistula after this operation, was not greater than that of those who died after any other!

“ Calculous complaints are very rare in the neighbourhood of Pisa, and the majority of the cases operated on by Vacca, come from Bologna, Genoa, and the Piedmontese countries, whose population subsist almost entirely on vegetable nutriment; a fact proving that the formation of stone does not depend upon a superabundance of nitrogen.

“ Diseases of the large arteries are so unfrequent at Pisa, that there had been no operation there for aneurism during ten years.

Dr Oppenheim however saw at Pisa one case of popliteal aneurism in a healthy man. It is singular that Vacca refused in this case to perform the operation; alleging as a reason, that he believed the patient's blood possessed too little *plasticity*,\* and the arterial coats had too much inclination to suffer from distension or rupture, to authorize a reasonable hope of successful termination. He could not assign any intelligible grounds for this opinion, which was however justified by the event, for another surgeon having performed the operation, hemorrhage took place on the third day, which was stopped by tying the femoral artery above the origin of the profunda. This resource proved also ineffectual; for a fresh hæmorrhage occurred in three days after, and the patient died.

Dissection showed that all the coats of the artery had been divided by the ligatures, while no sufficient coagululum had been formed, and no attempt made towards the exudation of coagulable lymph.

What symptoms Vacca conceived to contraindicate the operation in this case, we as well as Dr Oppenheim are unable to guess.

“ *Fistula Lachrymalis* is a very frequent disease at *Pavia*, and Vacca has observed it to occur in women more frequently than in men, in the proportion of 7 to 1. His operation consists in making an opening into the sac, with a small straight bistoury; he afterwards widens the sac with a fine silver probe, and introduces into the duct, a bit of extremely fine catgut, having a silk thread fastened to its upper extremity, by means of which it is secured above. In the course of a few days the lower end of the catgut is forced through the nostrils by blowing the nose; it is then drawn down and detached from the silk thread, to which he fixes a small dossil of charpie, and is thus enabled to introduce the latter, from below upwards, into the lachrymal sac. The advantage of this method is, that the dossil being intro-

\* The probable meaning of this expression is, that the blood was deficient in coagulable lymph.

duced into the sac through the lower opening, the superior external opening need not be enlarged or stretched so as to render it liable to inflammation. Vacca insists upon the necessity of dividing the tendon of the orbicularis muscle in this operation, as a portion of the sac lies directly under this muscle, and of course cannot be touched with the necessary escharotics, and if this be not done, he contends that this portion of the sac will remain in a state of inflammation and will occasion a relapse of the disease. In my opinion the division of this tendon cannot be effected, without danger of also dividing the lachrymal duct.

"One of the most interesting cases I saw at Pisa, was an emphysema caused by fracture of the ribs on the right side of the thorax, together with injury of the pleura and lung, but without any external wound. The patient was brought to the hospital five days after the accident, when the emphysema was excessive, and had extended over the entire of neck, chest, abdomen and scrotum. The patient felt very little pain, and was quite free from the usual symptoms, cough and expectoration of blood. He could lie on either side, but preferred lying on the uninjured side. His respiration was free, and he could make a deep inspiration without its causing uneasiness. The transverse fracture of the rib was quite evident on examination. This case is certainly extremely interesting, and seems inexplicable. Under other circumstances it would have been necessary to make an immediate incision, but Vacca merely applied a few leeches, and the disease disappeared gradually.

"I saw here also a case of peculiar induration of the mammary glands, in a strong healthy woman aged 30, who had been but a few days in the hospital. Both breasts were equally affected, and were of a stony hardness; the indurated glands were moveable, and the skin immediately covering them was very red, while in every other part of the breast, it was quite natural as to colour. The temperature of the affected parts was elevated and the nipples as it were pressed inwards. The woman said that the disease had commenced suddenly and without any assignable cause, about seven years before, since which it had remained in the same state.

"In every other respect she felt herself remarkably well, did not feel any pain whatsoever in the breasts, and had no disorder of the digestive organs. There was no suspicion of syphilis, and the malady bore not the least resemblance to scirrhus; for both of the mammary glands were attacked at the same time, their temperature was increased, and the skin red. This disease too had remained nearly stationary from the time of its first origin; and in its form the swelling did not at all resemble scirrhus, being destitute of the knotty elevations and inequalities so peculiar to that affection. The axillary glands were quite healthy.

"Vacca treated this disease as a case of chronic inflammation. He commenced with a venesection, the woman's constitution being very strong; and he afterwards applied leeches to the part, and cloths moistened with aqua laurocerasi. I saw this treatment continued for three days without effect.

"The operation of trepanning, which I never saw performed in France, and but once in England, during a very diligent attendance on the hospitals in both these countries, is by no means of rare occurrence at Pavia. Neither are its results on the whole unfavourable. In two cases a perforation was made through the mastoid process, for the purpose of giving exit to matter formed in its cells, in consequence of otitis. Vacca has lately abandoned an operation he was formerly in the habit of performing frequently, I mean tying the saphena vein in cases of varix and varicose ulcers. The success of this practice was for a time considerable, but cases afterwards occurred, in which dangerous symptoms were occasioned, such as violent inflammation of the vein. In a few instances this inflammation proved fatal."

Dr Oppenheim observes, that an operation occasionally attended with such dangerous consequences ought never to be undertaken for the relief of a complaint in itself destitute of danger.

We subscribe most willingly to this opinion, having ourselves learned from an extensive experience the uncertain issue of tying the saphena vein. One case we shall not easily forget. A young person, otherwise enjoying perfect health, was admitted into an hospital in order to undergo this operation. It was performed. Inflammation of the venous system supervened, and the patient died in a few days!

For farther information on this subject, see Hodgson on Diseases of the Veins and Arteries, Mr Carmichael on Varix and Venous Inflammation, Dublin Hospital Reports, Vol. 2d, and an excellent article on "*Varices*" in the Dictionnaire des Sciences Medicales.\*

*Florence*.—Population 80,000.

There are two hospitals, besides a foundling hospital.

1. Spedale de Santa Maria Nuova, capable of containing 1200 patients, but Dr Oppenheim found in it only 600 in April 1824. The wards are large and lofty. The lower wards are in the form of a cross, and contain from 150 to 200 beds. They are badly ventilated, and uncleanly. Six physicians and six surgeons are attached to this Institution, and attend in rotation, each for one month. Dr Oppenheim blames this practice, as subjecting the patients to a constant change of treatment. The clinical wards of this hospital contain 50 beds, and what is remarkable, almost all the operations are performed by the pupils, of course, however, in the presence of the professors. Dr Oppenheim saw here many cases of compound fracture, which were treated according to Dupuytren's method. He saw a case of medullary sarcoma affecting the testicles; castration was performed, but in five days a new fungous growth began to arise from the wound.

"Another melancholy picture was presented, by a case of fungus of the antrum highmorianum, which had forced its way into the mouth. Indeed I do not think I ever visited an hospital containing so many desperate diseases, such as hopeless cases of morbus coxarius, cancer, and abscesses, attended with confirmed hectic. *Fistula lachrymalis* is here also common; and I had an opportunity of seeing some cases of suppuration within the substance of the mastoid process, one of which proved fatal, from caries and effusion of matter in the dura mater. It was attended with symptoms of cerebral compression."

Scrofula in all its forms, such as tubercular phthisis, caries of the bones, &c. is not less frequent here than at Pisa. The Italians administer occasionally muriate of barytes in this affection, and Vacca often sends his scrofulous patients to the sea for the benefit of bathing.

The operation for cataract employed both at Florence and Pisa, is depression or else reclination, the needle being introduced through the sclerotica.

2. Ospedale di St Bonaficio, destined for the reception of lunatics, incurables, and those afflicted with cutaneous complaints, is capable of containing 1000 patients. The lunatics are here much better treated than at Pisa or Genoa; they are never chained, but are subjected to much milder modes of coercion, such as the strait-waistcoat; dark rooms having the walls lined with padding, to prevent the patients from injuring themselves, are used for the confinement of persons during the accession of the maniacal paroxysm. There is no care taken to provide amusements or employment for the patients, and on the whole, their moral treatment is entirely neglected, so that Dr O. justly remarks, it ought to be called an Asylum, not an Hospital for lunatics, the latter name implying the application of proper curative means; the consequence of this neglect is, that a cure is scarcely ever heard of.

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\* In varix of the lower extremities we have never, when the disease has been of long standing, been able to find valves in the diseased veins. Our attention was drawn to this point by Mr Hewson of Dublin. When a portion of the saphena vein in such cases is excised, it immediately contracts so as scarcely to admit the passage of a probe. The inner coat of the vein is then found corrugated into longitudinal folds, while the external is considerably thickened, and possesses much elasticity and strength. This state of the vein appears necessary for resisting the increased pressure its coats have to bear when deprived of the mechanical assistance of the valves. This species of varix we would call *active varix*, to distinguish it from a much rarer species, in which great varicose distension of the veins takes place, without any increase of thickness in their coats. This we would call *passive varix*; it occurs in all parts of the surface of the body. We have been favoured by Dr Graves with a drawing of a woman at present in the Meath Hospital, Dublin, in whom the face, body, upper and lower extremities are disfigured with the latter species of varix. The disease commenced about her twentieth year.

*Foundling Hospital.*—A well managed Institution, which receives annually from 1500 to 1800 infants. They are well taken care of, and remain one year in the house, after which they are sent to the country. The bed-steads are of iron, and each contains four separate divisions, in which are placed four children's beds. This arrangement facilitates the attendance of the nurses upon the children.

“The diseases observed among the foundlings are not numerous. Inflammation or blenorrhoea of the eyes, is uncommon, a circumstance probably owing to the exclusion of a glaring light from the wards, and to their cleanliness and proper ventilation. Jaundice and induration of the cellular membrane, are quite unknown here. A great number of children are said to fall a sacrifice to syphilis: when brought into the house, they are apparently healthy, but in the course of a few weeks or even days, they become pale and thin, cry or rather *whimper* much, get an appearance of old age in the face, and often become covered about the genitals, anus, &c., with pustules and small ulcers. They grow cachectic, and finally die in a state of marasmus. The exhibition of mercury in this affection is found to be quite useless. I myself concur in the opinion of Dr Breschet of Paris, who has observed a similar complaint among the infants in ‘L’Hospital des enfans trouvés,’ but does not conceive it to depend upon syphilitic taint. His observations render it probable that it arises from an insidious inflammation of the abdominal viscera, a view of the subject confirmed by the diminution in its mortality, since a mode of practice founded on this view has been adopted.\*

A small lying-in hospital, containing six beds, erected for the instruction of the Tuscan midwives, is connected with the Foundling Hospital. In order to obtain a license to practise midwifery, the females must attend three courses of lectures on that subject, besides which, they must reside 18 months in the Institution. The anatomy of the female pelvis is taught, by means of beautiful wax models, which can be taken to pieces.

Puerperal fever is rare at Florence. On an average, twins occur 5 times in the 100. The Caesarean operation has been performed twice there, and in both cases was unsuccessful. The midwifery practice seems on the whole judicious, and the accoucheurs are not addicted to the unnecessary use of instruments in delivery.

\* The species of itch, termed by German authors *crusta serpiginosa*, the true nature of which was first pointed out by Professor Autenrieth, is also frequently looked upon as syphilitic. When of long standing, the child becomes miserably emaciated, in consequence of the constant cutaneous irritation and want of sleep, while the whole surface of the body, together with the scalp and face, are covered with a papular eruption, the papulae of which are inflamed, so that when they become very numerous, the skin assumes a red or copper colour, and extensive desquamations take place, together with superficial ulcerations about the anus, folds of the thigh, &c.

Here we shall only remark,

1st, That we have seen two cases of true pustular itch affecting the ears and face in adults. 2dly, That we believe the face in adults is so rarely affected with psora, only because constant exposure to the air tends to harden it, so that it is less liable to suffer from the contact of infectious matter. The hands are, it is true, equally exposed, but they only suffer in those parts which, by their situation, are less exposed, and consequently covered with a more tender cuticle, viz. between the fingers, the wrists, &c. 4thly, The face in infants does not enjoy this immunity from psora, because in them its cuticle is scarcely less tender than that on other parts. 5thly, When a nurse and child, both free from itch, are exposed to its infection, the disease always appears first upon the child; in other cases the nurse escapes at first, while the child being more susceptible of the infection, gets the disease, which it communicates to the nurse, in whom it will be then observed to appear first on the arm most used in supporting the child. These facts are always brought forward by the nurse as proofs that the disease is not the itch, but a spontaneous eruption occurring first on the child, and communicated to her. We have made these remarks in order to show the futility of the opinion which absolutely denies the psorous nature of any eruption which affects the face, and in order to lead to a more rational practice in this troublesome cutaneous affection of infants.

Professor Bigeschi speaks highly of the Ergot, as a means of forwarding the progress of labour in tedious cases.

"I must not omit mentioning the celebrated Florentine waxworks, which exceed the Vienna collection, not only in number, but in execution and anatomical accuracy. What has been added lately, is inferior to the old collection, especially in the colouring. I shall never forget my astonishment at seeing a representation of the distribution of the fifth pair of nerves. It left nothing to be wished for, and had every branch described by a *Bock* or a *Meckel*. In fact, on examining it, you could not determine which was the more to be admired,—the anatomist who made the dissection, or the artist who made the model. The late Professor Ucelli, who was not only an able anatomist, but an expert artist, enriched this collection with many beautiful specimens in comparative anatomy, well worthy of a minute examination. The imitations of plants, fruits, &c. are not less elegantly executed, but this part of the collection loses its value, from the circumstance that the objects represented are indigenous in Italy! and we do not find any imitations of rare or tropical plants.

"I did not observe so great a number of blind people in any Italian city as in Florence. Every good begging station in this city is occupied by a blind beggar, and those stations descend by hereditary right, from one generation to another. How great the profits of these beggars must be, appears from the answers of a young man, when asked, how it happened that he could afford to marry,—"*Thank God I have a blind father, therefore as long as he lives I can never want.*" In general, these blind beggars are attended by stout young men, so that the proper order of things is reversed, for he who can neither see nor work, supports him who can do both!

"Here I cannot omit adverting to another custom prevalent not only in Florence, but in the other Italian cities, and which must necessarily exercise an injurious influence on the state of the medical profession. The apothecary's shop is the physician's rendezvous, for his messages are left, not at his own house, but at the shop of the apothecary whom he patronizes, or who patronizes him.

"The Italians do not understand the comfort of the expression "at home," like us Germans, but spends all his leisure hours in the open air, in the street, and engaged in the "*Dolce far niente.*" The first thing the Italian practitioner does in the morning, is to hurry to his apothecary's shop, for the purpose of learning what orders have been left for him. Meetings are held by physicians, and appointments made at the shop of the apothecary, and there the young physician, who is looking for practice, must loiter away his days; I say *must*, for if he does not do so, he will not succeed. Every stranger who is in want of a physician, sends for one to the apothecary; and every one who has no family physician does the same. The *understanding* relative to their mutual interest, which arises from this singular connexion between these branches of the profession, must prove injurious to the patient, at least so far as it increases the probability of his being made to swallow medicine, more with the view of increasing the bill, than of restoring his health. This custom evidently degrades the physician, by making him a sort of creature of the apothecary, and likewise occasions a most serious loss of time, just at that period of life when his time is most valuable.

(To be continued.)

*Observations on the Filaria or Thread Worm, found in the eyes of Horses in India.* By W. Twining, Esq. Presented Oct. 2, 1824.—We have been indebted to Sir James M'Grigor for the perusal of some very interesting observations on the *filaria* found in the eyes of horses in India, by W. Twining, Esq. assistant surgeon to the forces, and surgeon to his Excellency the Commander of the forces in India, which was communicated, we believe, to the Medical Society at Calcutta, and will form a part of the first volume of these Transactions, about to be published. The disease is by no means rare in India. Mr Twining also saw similar worms extracted from the eyes of horses in Ceylon, but they appeared to him of a darker colour and somewhat larger. Mr Gijb who had the charge of the stud at Ponah for 22 years, says, that it occurs exclusively in the cold months, never having seen a case before October, nor later than the commencement of March, and that the heavier the rains have been in their proper season, the more numerous have cases of worms in the eye been dur-