stead of increasing, in reality repaired the injury from which it arose. A cough obviously often served to remove the *Injury* which caused it."

I am amazed at this arguing. Is the doctor, then, called in to assist disease? If so, the M.D. is only assistant doctor. This is a transposition of names, however, from which we can possibly gain nothing, unless it be the suspicion that we do not know what we are talking about. Look at the novel sequence of causation: 1. Objective cause of injury (physical, chemical, or toxicological); 2. The injury effected (say fever-injury, cardiac injury, skin-injury, etc.); 3. Natural disease, or curative process following injury; 4. Human disease—i. e., physician's remedy; 5. Health or death.

Surely Dr. T. K. Chambers's definitions are better than these, when he places disease as the intermediate stage of vitality between health and death. Besides, what possible advantage is got by this novel, strained, and undefined use of the word disease, whereby it is made to discard the notion of injury or malady, and to assume the contrary idea of just and beneficial action? Let the injury be defined, at least; and let it be separated from the actions to be defined as disease. We shall then be able to reason intelligently, and to see—what we shall see! For one, I confess to an irresistible inclination to believe that malady is mischief; that disease is deterioration and injury; and that injury is the progressive element of destruction. If, however, zymotic diseases, cholera, etc., be constructive, and the torment of tic reproductive, so much the better. Good things have had to suffer from bad names, which Mr. Toynbee of London and Dr. Trall of New York are attempting to re-nominate and redress. Well, we won't quarrel about their new versions, or inversions, *provided they can educe any practical benefit out of the metamorphosis*. "A rose will smell as sweet by any other name." So, while cholera will be as fatal, cure will be as welcome, under the respective names of Injury, Symptom, and Disease, as of Disease and Remedy.

THREE CASES OF ASIATIC CHOLERA.

By HENRY DAYMAN, F.R.C.S., Southampton.

The three cases here narrated occurred in my practice, and were narrowly watched by myself and my assistant, Mr. Robinson, to whom I am indebted for the particulars of the first case; the treatment of which was conducted, and the results accurately observed by him, from the beginning.

CASE I. Samuel Bessant, aged 60, employed by a farmer to bring manure in a cart (on which he invariably rode) from the Southampton Docks to his farm at Milbrook; of unhealthy constitution; living in an ill-drained filthy hovel; and surrounded by circumstances of a depressing character; was attacked, on October 14th, 1865, by Asiatic cholera. The usual symptoms were present when he was first seen, and there was no pulse perceptible at the wrist. The ice plan, according to Dr. Chapman's method, was carried out.

On the 15th, at 10 A.M., the skin was warm; the cramps had ceased. There was no diarrhoea nor vomiting, nor pulse. At 11 A.M., he died.

CASE II. Mary Ann Bowers, aged 44; had been employed as a nurse to watch a lunatic for several days and nights, in a neighbourhood where there had been three fatal cases of cholera. She returned to her home on Oct. 18th.

Oct. 21st. I was called to see her. She then had rice-water vomiting and diarrhoea. She had a cold

deathly skin of a greyish brown colour; very feeble beating of the heart; and a small thread-like pulse; also cramps of the extremities.

Living in a miserable room, with little or no furniture in it, there was no means of putting her into a bath; and no nurse, except a sickly daughter with a child at her breast, to wait on her. I ordered her to have mustard cataplasms applied over the abdomen and feet, and to take twenty drops of dilute sulphuric acid every two hours.

Oct. 22nd. The skin was warm. She had not much pain or cramp; no diarrhoea; slight vomiting. There was distress of countenance. The pulse was firm; the urine scanty. I ordered her to have diluents, and to sit over hot water in the absence of the bath.

Oct. 23rd. The choleraic symptoms were gone. There was total suppression of urine. She had occasional delirium; pulse quick. I ordered hot fomentations to be applied, if possible, to the loins; and diluents with liquor potassæ and nitre to be taken.

Oct. 24th. She had muttering delirium with convulsive twitchings. There was no urine; pulse quick and feeble. She was ordered to take half a drachm of compound jalap powder every four hours until watery action was obtained. (On this day, a grandchild of the patient died in the same house of diarrhoea, after six hours' duration.)

Oct. 25th. The symptoms were the same. There was slight action of the bowels. She passed half a teacupful of dark turbid urine. The patient was comatose and sinking.

She died early on the 26th.

CASE III. T. S., aged 45, a well-built man, whose health had always been good, removed with his family from a large well-constructed house to a small cottage immediately under the walls of a bone and blood manure factory, where there is a perpetual stench, and where the thatch of the neighbouring cottages seems to have absorbed much of the foetid gases that are constantly given off.

Nov. 4th. Two days after his removal to the cottage, he was attacked by cholera. I saw him on that day at 11 A.M. He was blue, cold, clammy, shrivelled like an old man. The pulse was scarcely perceptible; he had incessant vomiting and diarrhoea, violent cramps in his feet, legs, hands, and arms, with much general pain in the abdomen. He was at once put into a warm hip-bath, in which a pound of mustard was mixed. His feet were put into a pail of warm water, with a quarter of a pound of mustard. He began immediately to feel warmer. He took no medicine at this time, except twenty drops of dilute sulphuric acid, which he instantly vomited.

3 o'clock P.M. The surface was warm; the pulse improved; the other symptoms the same.

7 P.M. The skin was warm; the pulse rising. The cramps were not so severe. Vomiting and diarrhoea continued. I ordered half a grain of calomel and a quarter of a grain of opium every three hours.

Nov. 5th. He had had a disturbed night, from the constant vomiting; the diarrhoea was stopped. The cramps were slight; the urine scanty. He still looked bluish. The calomel and opium were omitted, and the warm hip-bath was repeated without mustard.

6 P.M. The vomiting continued. There was slight increase of urine; no action of the bowels. The bath was repeated.

Nov. 6th. No action of the bowels had taken place. The vomiting was distressing. The urine was scanty. He was ordered to take one grain of blue pill, three grains of compound rhubarb pill every four hours, and to repeat the warm hip-bath.

The hip-bath was used on the 7th and 8th, when the normal quantity of urine was obtained. The vomiting gradually subsided as the kidneys began to

work; but the bowels did not act copiously until the 12th, after an active pill of calomel, gamboge, aloes, and soap.

Nov. 14th. He had no choleraic symptoms, but was weak, depressed, and without appetite. His bodily discomforts seemed now to arise from his still breathing an air that was full of a foul smell.

DELIVERY DURING SLEEP.

By ADOLPHUS SAMELSON, M.D., Manchester.

THE cases quoted from the *Philadelphia Medical Reporter* in the number of this JOURNAL for Oct. 21st, p. 417, remind me of the following.

In the evening of February 22nd, 1844, I was sent for to Zabelsdorf, a village near Zehdenick, in the Uckermark, where I then resided (some thirty miles from Berlin), to attend a case of labour. Hannah Rohde, the wife of a farm-labourer, about forty years old, of middle size, spare habit, and sallow complexion, having had eight children, of whom three were living, had passed easily through all her confinements; but, immediately after several of the births, especially after the eighth, she had for a short time been unconscious.

At about 1 A.M. on the above day, some blood was first observed to come from the vagina; however, it stopped again, when about noon a more copious flow set in, which now continued through the afternoon, and soon associated itself with unconsciousness. At 7.30 P.M.—the time of my arrival—I found the os uteri pretty well dilated, and the membranes fairly distended, but the head placed quite to the right, and still so high that the particulars of the presentation could not be verified. Towards the right, partly in front, and partly to the side of the membranes, the placenta could be felt. The flooding had ceased. The woman did not recognise any one, and answered incoherently. The pulse, but little accelerated, and at first weak, became somewhat fuller soon after my arrival. The skin perspired moderately. During the afternoon, one single pain had been felt. From time to time the membranes grew a little more tense, but the woman made no complaint; she only appeared to feel rather hot. She was placed on her left side—that opposed to the uterine tumour. She kept pretty quiet in this posture, appeared to sleep tranquilly, and after a time awoke a trifle more conscious. Soon, however, she relapsed into her doze. A few slight twitchings of the arms had been observed meanwhile. At ten o'clock the messenger returned, who had been sent for some ergot to the town, about six miles distant. At five minutes past 10, I gave half one of the ten-grain powders ordered. Almost immediately a labour came on; but, even before it was observed, the woman exclaimed, "The water!" The membranes were ruptured; the head had at once descended lower; it soon placed itself right in the middle of the pelvis, and came further down. Fifteen minutes after the first, the woman got another dose of ergot, of two-and-a-half grains only (the midwife in attendance having mistakenly once more divided the half powder left); fresh labour-pains ensued, which, thirty-five minutes after 10, caused the face of the child to appear at the outlet. The entire body followed rapidly, and was immediately succeeded by a great gush of blood, welling out in two or three large waves. Within a few minutes more, the placenta, perfectly normal, came away; the funis was rather short.

The child, a middle-sized male, was some little time before he made himself heard. Only by degrees the woman's consciousness returned; she felt weary, and was much inclined to sleep. Soon after eleven

o'clock, she had recovered her senses, and was not a little surprised at what had happened. The uterus kept contracting satisfactorily; nothing unusual further occurred. The number of pains had been seven or eight in all. As a stimulant, about three table-spoonfuls of poor Sauterne wine had been consumed during the process.

SANGUINEOUS DISCHARGE FROM THE VAGINA OF AN INFANT.

By J. BIRCHENALL, Esq., Macclesfield.

On the morning of August 25th, 1865, I was sent for in haste to Mrs. W., who had been suffering through the night from cramps in the abdominal muscles, recurring at intervals, which, as she was at the full period of utero-gestation, she regarded as the precursors of labour. On my arrival, I found that, half an hour previously, but without any other premonition, she felt as if the bowels would be moved, and withdrew to the water-closet for this purpose. Whilst she was there, a smart labour-pain supervened, by which the head of the child was protruded. The nurse, who was at hand, quickly replaced her on the bed; but the body of the child was not expelled until the moment I entered the room.

There was no pulsation in the cord, which was perfectly flaccid; and the child was asphyxiated, the head and neck being livid and cold, and a general pallor diffused over the body. As the action of the heart, however, had not entirely ceased, I endeavoured to restore it by applying flannels dipped in hot water to the chest, and sponges similarly charged to the groin and to the fontanelle. By the use of these means, the pulsations of the heart gradually increased in frequency and force; and, after the lapse of half an hour, there was a faint convulsive inspiration, which was repeated at intervals during from five to ten minutes more, when the breathing slowly quickened into its natural state.

The child was a female, of large development, as compared with the children the lady had previously borne.

On the morning of the fifth day after birth, the nurse was startled by a discharge of blood on the napkin of the infant, to which she called my attention, stating, as her firm belief, that it proceeded "from the female passage". She produced a napkin which had been recently removed, upon which there was a patch, of about the size of a crown-piece, of a florid muco-sanguineous discharge. It was obvious that the blood could not have proceeded from the bowels, as the fecal discharge occupied a distinct patch on the napkin in this, as well as in every previous and subsequent instance. On separating the outer labia, I found the internal surface suffused with blood; and the vulva, when cleansed by sponging, uniformly injected. On the third day, the vaginal discharge assumed a somewhat brownish colour; but on the fourth it became florid as at first, and terminated on the fifth with a dark clot, such as not unfrequently occurs at the close of the usual menstrual period. There was no marked tumescence in any portion of the sexual appendages.

Although there has been no recurrence of this particular phenomenon, it is worthy of note, as something like an approximative coincidence, that, at the end of the month precisely, from the period first indicated, there was a transudation of sero-sanguineous fluid from the mucous surface of the bowels, like that which is ordinarily seen in the milder forms of dysentery, which continued a day or two only, but without any deviation from the natural state of the alvine evacuations.