

deodorize the place; but the remissness of the friends rendered this measure ineffectual. In Mrs. C.'s house there was nothing of an objectionable nature discovered; but it is possible that there was something faulty in the sanitary condition of the neighbourhood. It is worthy of remark, that the placenta was in each case detached naturally, and within ten minutes.

Chatham, July 30th, 1853.

### PUERPERAL CONVULSIONS IN A PRIMIPARA DELIVERED OF TWINS: ADVANTAGES OF CHLOROFORM IN SUCH CASES.

By HENRY RUDGE, Esq.

SINCE the discovery of the superiority of chloroform over ether as an anæsthetic agent, by Professor Simpson of Edinburgh—a discovery destined to render his name immortal—much diversity of opinion has been expressed by accoucheurs, as to the safety and propriety of employing it in labour. It is not my intention to enter upon this field of controversy. My object is to contribute an observation from my own practice, which points out a class of cases in which anæsthesia, induced by chloroform, must be at once recognised as a great boon. I propose to give a simple history of the successful administration of chloroform in a case of puerperal convulsions, occurring in a primipara, during her labour with twins.

CASE. On the 25th of July, at 11 P.M., my assistant, Mr. Boyce, a gentleman of ability and considerable experience in midwifery practice, was called to Mrs. E. M., aged 23. The pains were ineffective, and at considerable intervals. The head presented. She was unusually restless; and it was stated by the nurse that she had been convulsed two or three times previous to the arrival of Mr. Boyce. He remained with her during the night, treating her judiciously. The labour slowly advanced until half-past five o'clock A.M. on the 26th; when, after falling asleep, she was seized with a violent convulsive paroxysm, during which she severely bit her tongue, causing considerable hæmorrhage, before a cork or any substance could be thrust between her teeth. The convulsions were suspended until nine o'clock A.M., when they returned with greater violence, and in frequently succeeding fits. The danger of the patient now being imminent, and the responsibility great, Mr. B. very properly sent for me. On examination, I found the os uteri dilated, and the head presenting. The pains were entirely arrested; and the patient was in strong convulsions, attended with considerable hæmorrhage. Under these circumstances, I quickly procured some chloroform, twenty drops of which were administered at intervals, by means of a folded cambric handkerchief, by my assistant. The effects were magical. The convulsions, after a few inhalations, entirely ceased; and I proceeded to extract the child, which was effected without difficulty. On examination, I found it was a twin case (both females); and a second head presenting, I ruptured the membranes, and extracted the second child without difficulty, with the forceps; and, in consequence of smart hæmorrhage, after a few minutes, I introduced my hand, and carefully extracted the placenta. Leeches and cold applications were applied to the head. After delivery she had, at 3 P.M., one attack of convulsions. She passed a good night; the bowels having been well cleared out. No unpleasant symptom has arisen up to this date.

Mrs. E. M. was not conscious of her delivery; and was much surprised when informed that she had given birth to twins. Both infants are well, and likely to live. I have no hesitation in attributing the favourable issue of this case to the use of chloroform: and I firmly believe that, in skilful hands, it will prove an inestimable boon to the fairest portion of the creation, relieving them from much of the danger and dreadful suffering of tedious and complicated labours—sufferings, the witnessing of which frequently unnerves the strongest of the other sex.

Cominster, Herefordshire, July 31, 1853.

## BIBLIOGRAPHICAL NOTICES.

THE PATHOLOGY OF THE BRONCHIO-PULMONARY MUCOUS MEMBRANE. By C. BLACK, M.D., formerly Medical Scholar in Physiology and Comparative Anatomy in the University of London. Part i, pp. 99. Edinburgh: 1853.

Dr. BLACK has undertaken the task of showing the application of chemistry and the microscope to the investigation of pulmonary diseases; of doing, in fact, for these affections what Bowman, G. Johnson, Simon, and others, have done for the kidney and its diseases. The attempt has not, as far as we are aware, been before made—at any rate, not on so extensive a scale as is here presented before us. Although the work is as yet incomplete, the novelty and interest of the subject will tempt us to present our readers with a pretty full abstract of the author's researches; which we may at once state to form a highly valuable contribution to pathological medicine.

Dr. Black first describes the Structure of the Bronchio-Pulmonary Mucous Membrane. He differs from the majority of histologists, with regard to the question whether the pulmonary epithelium is continued into the ultimate cells. He says:

"If a very thin slice of pulmonary tissue be taken from the surface of the lung, macerated for a short time in distilled water to decolorise it, and be afterwards subjected between two slips of glass to the microscope, each pulmonary cell is seen to have a perfect layer of epithelium." (p. 1.)

The uses of the pulmonary epithelium are to protect the basement membrane on which it rests, and to secrete mucus for the purpose of lubrication. In certain forms of disease, however, the epithelial cells "act the part of true excretory organs, and thus eliminate from the blood the elements of disease, in the same manner as the renal epithelium is believed to eliminate the scarlatinic poison in cases of albuminous nephritis." There is, however, this difference; that the morbid products of the bronchio-pulmonary epithelium are physically and chemically determinable; while those of the renal epithelium, in the instance cited, as yet have eluded our means of research. To this interesting subject we shall presently have occasion to return.

Contrary to the opinion generally expressed, Dr. Black asserts that acetic acid *coagulates* albumen. He says that if to the white of egg pure acetic acid be added, and the mixture stirred with a glass rod for a few minutes, distinct flocculi of coagulated albumen will immediately form; and that, if more acetic acid be added, and the mixture be allowed to stand for a short time, the whole will pass into a firmly coagulated mass. He agrees with Kirkes and Paget, that albumen, coagulated by heat, is soluble in acetic acid if boiled with it; but he finds, contrary to their statement, that digestion in the acid produces no effect.

The author next proceeds to the investigation of the Diseases of the Bronchio-Pulmonary Mucous Membrane. These he arranges under the following heads:

- I. Inflammatory Diseases;
- II. Diseases for the most part non-inflammatory;
- III. Lesions of Structure.

Inflammation of the Bronchio-Pulmonary Mucous Membrane may be; 1. Simple, acute, or chronic; 2. Sthenic or asthenic; 3. Specific.

Acute inflammation is subdivided into

- I. Simple Acute Epithelial Bronchitis;
- II. Bronchitis involving the Submucous Tissue;
- III. Cellulitis, or Inflammation of the Epithelium of the Pulmonary Cells.

The first pathological condition of Epithelial Bronchitis is that of inordinate congestion of the blood-vessels of the mucous membrane. This produces encroachment on the calibre of the air-tubes, tightness of breathing, and, by pressure on the nerves, cough. At first, there is dryness, from deficient transudation of fluid; but afterwards exuda-