very weak and ineffective, and indeed the membranes were very slightly affected during their continuance; a considerable sized portion of placenta was felt in connexion with them.

On applying my hand on the abdomen during the contraction of the uterus, I ascertained that this organ did not then become hard and resistant, but it continued softish. Under these circumstances, we concluded first to pass the galvanic currents through the longitudinal and transverse axis of the uterus; and afterwards to adopt such measures as we thought best suitable for the case. After a very short time the uterus acted more energetically. The regulating bandage was now put on, and afterwards the hand was introduced, and a portion of the placenta was detached, and the membranes were ruptured. The waters being discharged, the head very soon came down, and pressed on the os uteri. The hæmorrhage had now entirely ceased. Although the pains were much stronger, we considered it prudent to again pass the galvanic current through the uterus; and we continued to do so at intervals for about an hour. During this time the pains strengthened; and the head of the child descended and passed by the placenta, pressing this organ against the side of the pelvis. The child was born (alive) in about three hours after we first applied galvanism. The placenta was removed from the vagina in half an hour, and there was only an ordinary discharge of blood.

REMARKS. An atonic state of the uterus in cases of unavoidable hæmorrhage is always to be deplored, for although the placenta is always more or less separated by each pain, yet active contraction of the fundus and body of the uterus, especially when there coexists a dilated and a dilatable os, is most advantageous, and tends, under proper obstetric management, to save the woman. The os was in this favourable condition, and by the application of galvanism, active and effective, uterine contraction was induced. The salutary effects of this powerful agent are not confined alone to giving energy to the uterus; but the depressed vital powers are raised by its use.

CASE XIX. April 13th, 1848. I saw a poor woman residing in Canal Street, along with my respected friend and late pupil, Mr. Dorrington. She was in labour of her seventh child. He said he found her flooding excessively; the os uteri very little dilated and firm. The midwife informed him the patient had flooded very slightly twice before. Each of these attacks had come on without any assignable cause. The pains were regular, but very short and weak. Mr. Dorrington had a bandage, with a compress under it, tightly applied. He ordered her a drachm of laudanum. He remained with the patient for some time; and then, as there was no hæmorrhage, he left, and in about three to four hours he called again to see her; and as there was no further discharge of blood, and as there was an improvement in her pulse, and the pains still were frequent and feeble, he determined to withdraw the plug. Some small coagula with the liquor amnii immediately came away, and soon afterwards fresh blood flowed. Mr. Dorrington found the os uteri considerably dilated, and very soft, and he now felt a portion of the placenta, and through the opened membranes he touched the head of the child. At this time I was sent for, and requested to bring my galvanic apparatus. She appeared to have lost a large quantity of blood; she was very pale; her pulse was frequent and small; and she was faintish. I passed the hand and found the os uteri dilated to a considerable size and dilatable, and a portion of placenta loosely hanging through it. With Mr. Dorrington's concurrence, I further detached this organ before withdrawing my hand.

The galvanic apparatus having during this time been got in readiness, the conductors were successively applied on the abdomen, so that the current would pass transversely and longitudinally through the uterus. One conductor was also placed on the spine, and the other on the lower portion of the body of the womb, with the view of transmitting the galvanic current along the course of the nerves. We were well satisfied with the effects of each

trial. Uterine action soon improved, and in half an hour was very effective. The head of the child was pushed through the os uteri, forcing the placenta aside. The hæmorrhage had now ceased, and as the pains returned spontaneously, the labour was left to be finished by nature. The child was born alive in about three hours from our first essay with galvanism. The placenta was soon expelled. There was no more discharge than usual. The patient recovered well.

REMARKS. The plug proved of great utility, as there is not much doubt the hæmorrhage would have been much greater than it was, and not unlikely would have been fatal, if this mode of treatment had not in the first instance been adopted. The spontaneous rupture of the membranes did not arrest or even abate the discharge. The continuance of the bleeding was in some degree owing to the atonic state of the uterus, and in some degree to leaving the placenta to have its connexions gradually broken. This organ was placed in a position favourable for the escape of blood, in consequence of the want of active uterine contraction, which would have quickly separated a necessary portion of the placenta by the head passing rapidly through the os uteri. These two important desiderata were obtained by artificially detaching a portion of the placenta, and the induction of brisk uterine contraction by the aid of galvanism.

[To be continued.]

THE TREATMENT OF SCARLATINA ANGINOSA.

By PYE H. CHAVASSE, F.R.C.S., late President of Queen's College Medico-Chirurgical Society, Birmingham.

[Read before the Society, March 4th, 1856.]

As I have been very fortunate in my cases of scarlet fever, I consider it a duty to bring my treatment before the notice of the members of this Society.

My plan, of late years, has been so uniformly successful (not having lost a case of scarlet fever for upwards of seven years), that I have not deemed it necessary to keep a record of cases. The system I adopt, in a case of scarlet fever, is to keep the bedroom cool—I may say cold—and to have a thorough ventilation through it: I, therefore, throw open the windows, be it winter or summer, and have the curtains and valances of the bed removed. If it be winter time, I allow the patient to have one blanket and a sheet; if it be summer time, a sheet only to cover him. If the throat be not seriously affected, I merely order a narrow strip of flannel once round the throat. If the tonsils be much enlarged, I apply a barm and oatmeal poultice to the throat, changing it night and morning. I prescribe an acidulated infusion of roses mixture, that is to say, infusion of roses, with an excess of acid, made palatable with an additional quantity of syrup, to be taken every three or four hours. This is the only medicine I give. Where the child is old enough, I find roasted apples, mixed with raw sugar, very grateful to the patient.

Here let me pause, to advise my medical brethren always to make medicines for children pleasant. The administration of nauseous medicine to children oftentimes causes sickness, disgust, and irritation, which frequently do more harm than the medicine does good.

But to return to our subject: I avoid purgatives in scarlet fever. I never, on any account whatever, give a particle of opening medicine for the first ten days at least. It is my firm conviction, that the administration of purgatives in scarlet fever is a fruitful source of dropsy, disease, and death. When we take into consideration the sympathy that there is between the skin and mucous membranes, I think that we should pause before giving irritating medicines. The irritation of purgatives on the mucous membrane may cause the poison of the skin disease to be driven internally, to the kidneys, throat, pericardium, or brain. You may say, Do you not purge if the bowels be not opened for a week? I say emphatically, No!

Now with regard to food. If the infant be at the breast, keep him entirely to it. If he be weaned, and under two years old, give him milk and water, and cold water to drink. If he be older, give him toast and water, and plain water from the pump, as much as he chooses; let it be quite cold—the colder the better. Weak black tea, or thin gruel, may be given, but caring little if he take nothing but cold water, unless he be an infant at the breast. Avoid broths and stimulants of every kind.

Now, you must warily watch for a change of temperature of the skin. As long as the skin is hot, the above plan I steadily follow; but the moment the skin of the patient becomes cool, which it will do, probably, in five or seven days, instantly close the window, and immediately put more clothes on the bed. But still do not purge.

You will find the acidulated infusion of roses most grateful to the little patient; it will abate the fever, it will cleanse his tongue, it will clear his throat of mucus, it will, as soon as the fever is abated, give him an appetite. I believe, too, the acid treatment has some peculiar properties of neutralising the scarlatina poison. I do not pretend to explain how, or why, or wherefore.

When the appetite returns, you may consider the patient to be safe. The diet must now be gradually improved. Bread and butter, milk and water, and arrow-root, made with equal parts of milk and water, may be given for the first two or three days. Then a light batter or rice pudding may be added; and, in a few days afterwards, a little chicken or a mutton-chop.

Within the last few years, I have had some fearful cases of scarlet fever; but, relying on this plan of treatment, I have given, even in very bad cases, a favourable diagnosis. I have had cases where there have been violent headache and delirium; where there have been immense swellings of the parotid and submaxillary glands; where there have been enormous enlargement and ulceration of the tonsils; where a great portion of the fluid that has been taken by the mouth has escaped down the nostrils; where there has been a purulent discharge down the nose, which discharge has in many instances quite excoriated the skin over which it has travelled;—and yet in such cases the patients have invariably recovered.

There is another important regulation I lay great stress upon. I never allow a scarlet-fever patient, even if the attack be mild, to leave the house under the month in the summer, and then not if the wind be in the east or north-east; nor under six weeks in the winter. During the last seven years, I have never had anasarca from scarlatina; and I attribute it entirely to the plan I have just recommended, and in not allowing my patients to leave the house under the month—until, in fact, the skin that has peeled off has been renewed. Dr. Watson, in his valuable lectures, gives some excellent advice on this subject. From the sixteenth to the thirtieth day, I watch the case assiduously, to assure myself that there be no dropsical approach, carefully examining the urine, ascertaining that there be plenty of it, and that it be not albuminous.

Let me now sum up the plan I adopt:—

1. Thorough ventilation, a cool room, and scant clothes on bed, for the first five or seven days.
2. A change of temperature of skin to be carefully regarded. As soon as the skin is cool, closing the windows, and putting additional clothes on bed.
3. Infusion of roses, with an excess of acid, sweetened, the only medicine to be given.
4. Purgatives to be religiously avoided for the first ten days at least, and even afterwards, unless there be absolute necessity.
5. Leeches, blisters, emetics, and cold and tepid spongings, inadmissible in scarlet fever.
6. A strict antiphlogistic diet for the first week, during which time cold water to be given *ad libitum*.
7. The patient *not* to leave the house in the summer under the month; in the winter, under six weeks.

My firm conviction is, that purgatives, emetics, and blisters, by depressing the patient, sometimes cause scarlatina

anginosa to degenerate into scarlatina maligna; for although I have had numerous cases of scarlatina anginosa (my practice being much among children), and some of the cases very severe ones, I have never had, since I have adopted my present plan of treatment, one single case of scarlatina maligna. I have such faith in my present plan of treatment, that if it be duly followed out, I should seldom despair of even the worst of cases recovering.

I am aware that some of our first authorities advocate a different plan to mine. They recommend purgatives, which I may say, in scarlet fever, are my dread and abhorrence. They advise cold and tepid spongings—a plan which I think dangerous, by driving the disease internally. Blisters, too, have been prescribed: these I consider weakening, injurious, and barbarous, and likely further to irritate the already inflamed skin. They recommend leeches to the throat, which, I am convinced, by depressing the patient, lessen the chance of his battling against the disease, and increase the ulceration of the tonsils. Again, the patient has not too much blood: the blood only is poisoned. I look upon scarlet fever as a specific poison of the blood, and which will be eliminated from the system, not by bleeding, not by purgatives, not by emetics, but by a constant supply of fresh and cool air, by the acid treatment, by cold water as a beverage, and for the first few days by strict antiphlogistic diet.

Sydenham says, that scarlet fever is oftentimes “fatal through the officiousness of the doctor”. I conscientiously believe that a truer remark was never made; and that, under a different system to the usual one adopted, scarlet fever would not be so much dreaded.

Let me urge my medical brethren to give my treatment a fair trial, and I am convinced that they will then add their testimony to mine that the plan is a good one. I have spoken out fearlessly and boldly; but I feel so satisfied of the truth of my statements, and of the immense importance of the subject, that I could not be less emphatic.

Clinical Lectures:

DELIVERED IN

ST. BARTHOLOMEW'S HOSPITAL, LONDON.

By F. C. SKEY, Esq., F.R.S., Surgeon to the Hospital.

NO. I.

ON THE PLURALITY OF POISONS IN SYPHILITIC DISEASES.

GENTLEMEN,—Among the more common, or prevalent diseases met every day in practice, there is perhaps none so critical in its nature, perhaps none which has been so much under surgical observation, or studied, yet so little understood, as syphilis. When I say not understood, I mean none so unsatisfactorily decided about.

Now, whether your experience in St. Bartholomew's be affirmative or contradictory of what I am about to say, I would urge on you, before all things, to observe for yourselves, and study nature, not books. Fifteen years ago I had charge of venereal wards in this hospital, and fifteen years additional experience have only confirmed the impressions I then formed. I entered on the study intending to observe for myself, and not to yield submissively to mere book-makers. I do not know any other disease in which servile submission to one name has done so much mischief. Now, I must tell you, I have very decided, and, some think, heterodox opinions on this subject; but I have formed them from observing cases, not for the mere sake of opposition to authorities.

I make short work of the history of the disease. I think 1494 is the year usually noted when the malady first made its appearance in Europe, having been introduced by Columbus from the New World. There, then, is the disease; but whether it existed before this we are not now