Again, why does the heart cease its office, and the lungs yet continue to expand and contract—aye, to inhale oxygen, but nevertheless fail to stimulate “the lord of the bosom” to persist in his wonted beat? Simply, I imagine, because the cerebral or ministerial centre has, through the agency of the “leprous distilment” poured into the blood, been deprived of the necessary supplies of healthy nourishment—the means, in fact, of carrying on the government and life of the constitution. The lungs, aided by the tenacious muscles, acting as long as the final contribution of nervous fluid from the spinal cord endures, afford a parallel to a bank (of “limited liability”, of course), which, having disposed somehow or other of its capital, real and imaginary, deposits, and other means, yet carries on business, with the assurance of security, till the last paid up call of the shareholders is expended, although the direction, like the paralysed heart, feels that “it is all up”. The official lungs at length find their “occupation gone”, and give up because they have become overpowered by the carbonic acid gas, against which, in the general ruin, they have been left hopelessly to contend. The bankrupt body then succumbs to the decomposition awaiting it, with a rapidity in proportion to the intensity and celerity of the destroying agent, to the remaining amount of carbonic acid gas, and to the fluidity of the corrupt blood; as in cases of death from lightning, prussic acid, strychnia, etc.; or as in instances of typhus arising from the absorption of excrementitious matter, or the importation of a malarious poison, where often the decay of death begins before life ends. In Dr. Snow's case, it is much to be regretted that the condition of the brain, and also of the spleen, was not inquired into; but it occurs to me that the emphysematous state of the lungs, and the abnormal distension of the right ventricle (not detected during life), might be otherwise accounted for.

Last, but not least, comes the natural inquiry, How is threatened dissolution to be arrested where the anæsthetic, be it chloroform, amylene, or other product of that class, has turned traitor to our humane intentions? With deference, I submit, by injecting into the jugular vein distilled water impregnated with salt (the “savour” of the blood), and rousing the chords of the sleep-bound heart into harmonious play by the help of that tried and valuable adjunct, galvanism. Dr. Stevens, after despatching a rabbit by a blow upon its head, and afterwards breaking up its brain, so as to cut off entirely its connexion with the rest of the body, placed the animal upon a warm water plate, and kept up at his pleasure for many hours the heart's beat, by sprinkling upon the exposed organ salt and water: once he washed off the salt with distilled water, and its throb ceased; he renewed the saline stimulant, and it beat again: he then poisoned it with a weak solution of belladonna; it again lay motionless; again was it revived by the salt and water inspiration, and carried on its wonted contractions till the nervous supply was at an end. The experiments of Sir B. Brodie, Dr. Hope, and others, shew that the nervous centre is not essential to the heart's action, so long as a supply of nourishment is kept up.

Henceforth, then, I would recommend a Blundell's transfusion, or other properly appointed syringe; a galvanic battery; an aromatic spirit vapour-bath, to assist in the elimination of carbonic acid gas by the skin (in preference to the negative stimulus of a chill by the dashing of cold water); a flannel dress or blanket; flat metallic hot water bottles, with loops at the sides or ends for tapes; a solution of salt; ammonia in substance, also a saturated solution of it; bellows, a tracheal catheter, a scalpel, and a lancet,—as the attendants in waiting upon the administration of chloroform, amylene, and the like.

Before concluding this lengthy paper, I must beg to observe, that I should be running counter to my views and feelings, were I to omit stating that to my highly gifted and much esteemed friend, Dr. Wm. Stevens (of whom my late friend, the farseeing, scientific, and amiable Dr. Prout, spoke as being “fifty years in advance of the professional knowledge of the day”), is mainly due the credit of any good which may happily arise from the suggestion I have made for the consideration of my medical brethren; which I have been led to make in consequence of my having (in the year of 1832, during the prevalence of cholera at Great Yarmouth, where I was then practising) carried out his (Dr. Stevens's) plan by injecting salt and water into the veins of several patients who were in the last stage of choleraic collapse, by which they were recovered, after hope from all other means was gone. And I may further add, in justice to him against whom opposition, armed with all the rancour of narrow-minded jealousy and the malevolent shafts of prejudice, too commonly attendant on merit, was unsparingly exercised, that I have had ample proof of the truth of another remark

pronounced by Dr. Prout upon Dr. Stevens's paper on the Blood, read at the College of Physicians; namely, that his views contained “germs of discoveries of the last (English-like, I should say *first*) importance to mankind”.

It does not appear whether galvanism was employed, or whether the means for employing it were at hand, in either Mr. Paget's or Dr. Snow's case.

The vapour-bath is valuable in driving off sebaceous incrustations and mucoid accumulation; and it has been suggested to me by a very scientific and distinguished chemist, of whose friendship I have long enjoyed the advantage, that a vaporised ammoniacal solution would, by attracting the carbonic acid gas, assist in its elimination, by alternately absorbing and diffusing or giving it off to the surrounding atmosphere.

I have been led to offer the foregoing remarks, with the special object of drawing the attention of able heads than mine to a subject which is creating much apprehension in the minds of the public in general, in order to prevent a fast growing discomfort from ripening into a mischievous panic.

ABORTION WITHOUT HÆMORRHAGE : CASE OF PROTRACTED RETENTION OF BLIGHTED OVUM.

By R. U. WEST, M.D., Alford, Lincolnshire.

Mrs. C. M., of S., aged 40, called me in on May 6th, 1851. She stated that she considered herself to be about thirty-two weeks gone in the family way. Nine weeks previously, she had a sudden loss of a great quantity of “dirty-looking water”; after which, she was well again. There had been no pain and no hæmorrhage. The day before I saw her, she had begun to feel pains, which continued. There was no hæmorrhage. On instituting a vaginal examination, I found a three months (or from three to four months) fetus in the vagina. I removed it: it was a putrid mass, doubled up and compressed into a sort of oval ball, about the size of a hen's egg; it was hanging by the funis, which was very thin, and six or eight inches long. The os uteri was firmly closed, so that I made no attempt to remove the placenta. I called again two days after, and found the os uteri beginning to open; but it was still not open enough to permit the extraction of the placenta. There was no hæmorrhage, not the slightest. The placenta came away spontaneously on May 13th, there having been no hæmorrhage throughout. The woman menstruated about eleven days after the placenta came away.

In this case, most probably, the fetus died in the thirteenth or fourteenth week of gestation. Nine or ten weeks after this event, the liquor amnii, tinged with putrescence, escaped. The fetus was still retained, notwithstanding its own death and the escape of the liquor amnii, for nine weeks longer, and the placenta yet another week, and all this without any hæmorrhage whatever.

The perusal of the case published by Dr. Roulston in the JOURNAL for May 9th, has prompted me to forward for publication the above extract from my note-book.

SPONTANEOUS SEPARATION OF THE LEG BY GANGRENE IN A MAN AGED EIGHTY- NINE YEARS: RECOVERY.

By THOMAS L. PRIDHAM, Esq., J.P., Bideford, Devon.

SOME weeks since, I was requested to see George Slewman, aged 89 years. I found him, considering his advanced age, looking in good health and spirits, and his intellect unimpaired. He had been a bed-lie for the last seven years. On inquiry, I heard the following extraordinary history of his case.

About a year and a half since, he complained of a pain in his heel; his wife, thinking it was rheumatism, put him on a worsted stocking. About three weeks from that time, his leg appearing to be uneasy and swollen, the stocking was removed, when a bladder was discovered extending continuously from about four inches below the knee to the end of the toes. The bladder was punctured with a needle, when a quantity of clear fluid escaped. A few days afterwards, the skin became of a brownish colour, and at the end of a week perfectly black, a distinct line of demarcation was formed. Within a few weeks, the skin became as hard as horn, and the leg had the appear-

ance as if a black silk stocking was drawn over it. A discharge of offensive matter escaped between the dead and the living parts, but the leg did not waste much, and retained its usual shape, the skin continuing as hard as horn.

This was the state thirteen months after the first sensation of pain in the heel; when, one night, whilst dreaming of youthful days when few men surpassed him in active labour, he suddenly started in his sleep; and, on awaking, he found that his leg had actually dropped from his body, the bones having snapped across in a line with the external line of demarcation. There was very little hæmorrhage. The leg continued in the same state as already described for several weeks, and was kept in an adjoining room to show the friends and relations who came to visit him. I was amongst that number, just six weeks after the separation of the dead from the living parts. What is still more remarkable, the stump had healed, with the exception of a small portion, where the bone protruded a little.

Slewman has been married sixty six years; his wife is eighty-six years of age, and of sufficient health and strength to nurse and take care of her husband. Little or no surgical advice was sought in the case; the relations, one and all, considered it hopeless, as mortification of the lower extremities is generally considered the forerunner of a speedy dissolution. It was not so, however, with Slewman, who now lives, and is hearty and well; and who says "he hopes he shall not have the same thing over again, as he sometimes complains of pain in his other heel."

Reviews and Notices.

THE HYGIENIC TREATMENT OF PULMONARY CONSUMPTION. By BENJAMIN W. RICHARDSON, M.D., Licentiate of the Royal College of Physicians; Physician to the Royal Infirmary for Diseases of the Chest; etc. pp. 115. London: John Churchill. 1857.

WE have here an important gap in medical literature well filled up. In pleasant style and lively strain, but with all due seriousness, Dr. RICHARDSON expounds to all parties concerned, whether the public or the profession, a series of hygienic propositions on the management of phthisis. The plan he adopts, wherein a brief statement is first laid down, and then followed by full expansion and illustration, reminds us of that employed in Dr. Arnott's most admirable of all text-books on physics. There is great clearness in such a method; and, if it necessitates some slight appearance of dogmatism, perhaps, to be at once both brief and clear, an author must be dogmatic. It ensures, at all events, that both writer and reader thoroughly understand the meaning intended.

Dr. Richardson lays down a rule in the form of a positive proposition, and then proceeds to discuss "the reason why". By transcribing these rules, we shall best convey an idea of the nature of the book. For the details under the several heads, we must, of course, refer our readers to the work itself; assuring them that they will not only profit by, but relish, its perusal.

"RULE I. A supply of pure air for respiration is the first indication in the treatment of the consumptive patient.

"RULE II. Active exercise is an essential element in the treatment of the consumptive.

"RULE III. A uniform climate is an important element in the treatment of consumptives.

"RULE IV. The dress of the consumptive patient should be adapted to equalise the temperature of the body, and so loose, that it interferes in no way with the animal functions.

"RULE V. The hours of rest of the consumptive patient should be regulated mainly by the absence of the sun.

"RULE VI. The occupation of the consumptive patient should be suspended if it is in-door or sedentary; but a certain amount of our-door occupation may be advantageous.

"RULE VII. Excessive mental exertion should be scrupulously avoided by the consumptive.

"RULE VIII. The amusements of the consumptive should be so selected as to favour muscular development, and sustain a healthy respiration.

"RULE IX. Cleanliness of body is a special point in the treatment of consumption.

"RULE X. Abstinence from habits of gross sensual indulgence is an essential part, both in the prevention and the cure of consumption.

"RULE XI. The marriage of consumptive females for the sake of arresting the course of the disease by pregnancy is morally wrong, and physically mischievous.

"RULE XII. The diet of consumptive patients should be ample, and should contain a larger proportion of the respiratory elements of food than is required in health."

By way of showing our author's style, we append two short quotations in reference to the atmosphere which a consumptive should not, and that which he should, breathe.

"The inhalation of an atmosphere charged with smoke is necessarily an evil in the case of the consumptive. In a large town, it is difficult to escape from this evil; for if in a London fog it is injurious for the phthisical man to walk out of doors, his condition in the house is little less favourable. He escapes the damp outside, in fact, to breathe in a heated room, which, in foggy seasons, cannot be freely ventilated, the products of his own combustion, and of those arising from artificial lights, which are in essence the same." (p. 17.)

"During seasons of atmospheric variation, deaths from consumption are most prevalent. Thus, an equable temperature is of great moment, and should always be sought after by the phthisical sufferer." (p. 30.)

"I shall recommend no particular place as a resort for consumptives; for I wish not to enter into disputation on this point. But here is the formula for an hypothetical Atlantis for consumptives. It should be near the sea-coast, and sheltered from northerly winds; the soil should be dry; the drinking water pure; the mean temperature about 60°, with the range of not more than ten or fifteen degrees on either side. It is not easy to fix any degree of humidity; but extremes of dryness and of humidity are alike injurious. It is of importance in selecting a locality that the scenery should be enticing, so that the patient may be the more encouraged to spend his time out of doors in walking or riding exercise; and a town where the residences are isolated and scattered about, and where drainage and cleanliness are attended to, is much preferable to one where the houses are closely packed, however small its population may be. In speaking thus of the value of an equal climate, I am guided entirely by the facts daily presented to me in relation to climatic variations on patients living in or near London." (p. 31.)

From one opinion of our author, however, we are constrained to express our dissent. Dr. Richardson strongly objects to hospitals for receiving consumptives as in-patients. Being personally connected with two such institutions situated in an "Atlantis" of the kind aforesaid, we can speak from experience as to the fact that the majority of patients at the end of May go out of the institutions better than they came in at the beginning of October.

In conclusion, we cordially recommend this little work; feeling assured that such of our readers as will possess themselves of it, will find, in lending it to their consumptive patients, much which they would fain say for themselves, said for them with the precision of a practised writer and with the authority of print, calculated to benefit the patient in exact proportion as he can observe the injunctions conveyed. To every fellow associate, therefore, we say—Buy this little work, and lend it to your consumptive patients.

CLINICAL LECTURES ON CERTAIN DISEASES OF THE URINARY ORGANS; AND ON DROPSIES. By ROBERT BENTLEY TODD, M.D., F.R.S., Physician to King's College Hospital. pp. 435. London: John Churchill. 1857.

THE high merits of the volume of Clinical Lectures on Diseases of the Nervous System, which was published by Dr. Todd some years ago, and which has reached a second edition, must have caused in the minds of many a desire to see a similar treatise by the same author on the affections of other organs and systems; and all who have entertained this desire must now be gratified at the appearance of the volume of Clinical Lectures on Diseases of the Urinary Organs. The number of