(2) that the sanguineo-lymphatic temperament is the usual predisposing diathetic cause; (3) that exhaustion of nerve-force, especially through the brain, is the common exciting cause; (4) that it is not inflammatory in nature, nor accompanied by pyrexia; (5) that the vascular system, probably through the vaso-motor nerves, is principally involved in the production of the objective phenomena; and (6) that the affection or disease itself consists essentially of a passive congestion of the venous plexuses within the vertebral canal, which induces pressure on the nervous structures to which they correspond, either directly from increase of calibre from dilatation, or indirectly from inducing a certain amount of local oedema in the spinal membranes. This theory of the pathological anatomy of one form at least of irritable spine is, of course, in the absence of any opportunity of *post mortem* examination, based entirely on a study of the symptomatology of the affection, and as such only it is brought forward on this occasion.

MOUNTAIN AIR IN THE TREATMENT OF PHTHISIS.

By ROBERT SINCLAIR, M.D.,

Physician to the Dundee Royal Infirmary.

It has occurred to me to send the following note as a small contribution to the discussion.

R. H., aged 21, consulted me for the first time on April 21st, 1879. He then complained of weakness, loss of flesh, irritating cough, and occasional night perspirations. His previous health had been exceptionally good, and his family history was satisfactory. His illness was attributed to overwork during the winter session at the University of Edinburgh. He admitted that he had been in the habit of reading, for hours on a stretch, in a very stooping position. Examination of the chest was satisfactory, except that the expansion was slightly impaired, and the respiratory murmur exaggerated at the left apex.

He was advised to live as much as possible in the open air; to give up study; to live well; to take cod-liver oil and the hypophosphite of lime; and to apply iodine to the upper part of the left chest.

A month later (May 19th), his general health was much worse, and his appearance extremely wretched. His weight was one hundred and fifty-two pounds, which indicated a loss of fourteen pounds in three months. He had become feverish towards the end of each day. His cough had become more troublesome; and the perspirations had occurred nightly and more copiously of late. The expectoration consisted of tenacious muco-pus. Expansion and elevation were deficient at the left apex, where the percussion-note was decidedly dull; the expiration prolonged and blowing; vesicular respiration and vocal fremitus had increased, with an occasional friction and moist *râle*. These signs extended more or less to the level of the nipple in front and the apex of the scapula behind. In the extreme right apex, the respiratory murmur was rough, with prolonged expiration. He was advised to go at once to Switzerland, staying at first at Engelberg, and in the beginning of July to go on to Camper, near St. Moritz; to live as much as possible an out-door life; to continue the cod-liver oil and hypophosphite of lime; and to take one-eighth of a grain of sulphate of atropia in pill every night.

About the end of July, I received the following report from Dr. Biermann, to whom I had sent an account of the patient's state when he left Dundee.

"The health of Mr. H. has improved very much since his stay in the Engadine. His appetite is good; also sleep. He has gained in nutrition. He has no fever or perspiration, much less cough. Percussion shows that the disease does not extend any further. The occasional friction and moist *râle* are much less. Vocal fremitus on the left side is not so pronounced."

A few days ago, I received a letter from Mr. H.; and I shall transcribe the portions that bear on the case. It is dated August 29th.

"The weather is still very fine, but the air is becoming colder; and many people are going away. We intend staying here till probably the 10th proximo; and then we go on to Italy. We are going to Monticello, a small village on a height about twenty miles from Milan. Dr. Biermann has advised me to do the whole journey in one day (twelve hours). In a little time, we shall go to Genoa, and then to San Remo for the winter. Was anything said at Cork about going down to lower heights? Some people here say that the descent from the Engadine should be very gradual. Others say it does not matter much. I have enjoyed the Engadine very much. I am much stronger than when I came here. My appetite is very good indeed. I sleep well, and do not perspire at night. My cough and expectoration are much less; but, unfortunately, they are still present. The worst of the Engadine is, I

think, that the temperature often changes, both greatly and suddenly. If the sun goes under a cloud, even on a very fine day, the air becomes at once very cold. Here I always carry a light shawl to put on on such occasions."

REMARKS.—This case, from the rapidity of the changes, was, to begin with, a very unpromising one. Between April 21st, when the physical signs were far from being decided, and May 19th, when they had made terrible progress for the worse, the patient was under the best hygienic conditions that could be procured at home. On the other hand, any one who knows the usual course of such cases in this part of the country must admit that the improvement already gained, in the Upper Engadine, is very considerable; and justifies a more hopeful outlook than could possibly have been entertained three months ago. I am well aware of the difficulty of estimating the value of any particular line of treatment in a single case, or even in a number of cases. But, it appears to me, the case which I have recorded does not belong to the category of hopeful cases; and in view of the fact that the patient was going rapidly downhill, at home, under the same treatment that was continued with success on a high mountain elevation, the change of climate must be credited with the chief share of the result. I should add that Mr. H. did not find his circulation embarrassed by the mountain air to the extent I feared and warned him of before he left home. Perhaps some one of the members who took part in the discussion at Cork, or who have had special opportunities of judging, will kindly answer the question my patient asks, concerning the best mode of leaving an elevated situation, in an early number of the JOURNAL. It will be observed that the temperature—this summer at all events—has not been so equable as Dr. Clifford Allbutt told us at the meeting we might expect. At least, I presume that he did not confine the application of his remarks on this subject to Davos.

A SIMPLE METHOD OF DELIVERY IN DIFFICULT BREECH CASES.

By DR. CHARLES E. UNDERHILL, Edinburgh.

OBSTETRICIANS not unfrequently meet with cases where the presenting breech is fixed either at the brim or low down in the pelvis, and where the natural forces are unable to finish the labour. Almost all writers on the subject recommend either to bring down one foot, or, failing that, to insert one or more fingers in the groin and employ traction. Should this not succeed, the use of the blunt hook, or of a handkerchief passed over the fold of the groin, or some such device, is resorted to before delivery can be effected. These manœuvres are generally difficult, and sometimes dangerous to the child.

In the following case, I adopted a method which is very simple, and proved easy of application and rapidly successful. It consisted essentially in making traction with the fingers fixed upon the child's pelvis *from behind*, instead of hooking them in the fold of the groin; additional purchase is obtained by placing the thumb and fourth finger in the groins.

On the 25th of February last, I was called by a friend to assist him in delivering a case in which the breech presented and had stuck at the outlet of the pelvis. He had tried with much perseverance, but without success, to pull down the breech by the use of his fingers in the groins, and pressure upon the uterus from above, etc. On reaching the house, I found the patient, a vigorous healthy woman, in labour with her second child; labour had made good progress until the breech reached the outlet of the pelvis, where it had remained without advance for three or four hours, in spite of the attempts to deliver spoken of above. Protruding from the vagina was the scrotum of the child, greatly swollen and nearly black. The vagina was large, and the pelvis apparently of full size. The child's sacrum was opposite to the right sacro-iliac synchondrosis of the mother, the child's legs being bent upon the belly opposite the mother's left groin. After chloroform had been given, I passed my left hand up behind the child's sacrum until I was able to hook the index and second fingers over the crests of the ilium from behind, one on each side of the lumbar vertebræ; this gave me a strong and firm hold, and enabled me to use a little steady traction, and to deliver in a few minutes. The child was alive and survived, the swelling of the scrotum subsiding in a few days. The mother made a good recovery.

I believe this method of delivery will be found applicable to many cases of impacted breech; and it has the advantages of being easy to execute, rapidly accomplished, and free from danger. I do not know whether this mode of delivery has been practised before; but it is certainly worth a trial in such cases as the foregoing, before recourse is had to instrumental or other more serious procedures.