use of the remedies last mentioned, he soon got quite well, and, I believe, remains so.

It will be seen from the remarks which have been made that I have employed the blister-treatment both as a means of cure, as ordinarily understood, and of relief. In many of the two former classes of cases it may be regarded as essentially curative, though the cure may be assisted by the employment of constitutional remedies. In the latter cases it can only be considered alleviative, and as an adjuvant, though a very important one, to the cure by constitutional means.

ACUTE YELLOW ATROPHY OF THE LIVER, ABORTION, AND *POST MORTEM* EXAMINATION OF MOTHER AND FÆTUS.

By ALEXANDER OGSTON, M.D., Surgeon to the Royal Infirmary, Aberdeen.

In September 1872, J. R., unmarried, a female domestic servant at a farmhouse in the parish of Turriff, Aberdeenshire, aged 21, took medicine to procure abortion, she being then four months advanced in her third pregnancy. Shortly afterwards, she was one day, after performing her ordinary morning work, and being apparently in perfect health, delivered of a fœtus. Although hæmorrhage was not excessive, her collapsed state immediately after the delivery led to Dr. Mortimer, of Turriff, being sent for. He removed the placenta, and, perceiving slight indications of jaundice, gave an unfavourable prognosis. A few hours afterwards, without having lost more blood, she died.

The *post mortem* examination of her body, performed by Dr. Mortimer and myself, gave the following results. There was jaundice of the whole skin and of both conjunctivæ. The pupils were dilated, and subcutaneous ecchymoses were present on the right shoulder, right arm, left haunch, and left shin. There were black areolæ around the nipples, and milk in the breasts. The lineæ albicantes of previous pregnancies were present. The fingers and thumbs were clenched. There were several rounded ecchymoses, in breadth from an inch downwards, under the scalp. The dura mater was yellow. There was a moderate amount of serum in the ventricles of the brain. There was *post mortem* central softening of the brain. The blood in the sinuses were fluid and cherry-coloured. The mouth and throat were pale. Brown matter was present on the teeth and back of the tongue, and black grumous matter in the trachea and œsophagus. At the lower part of the pharynx, opposite the larynx, was an oval ulcer half an inch long, longitudinal in direction, and in the process of healing. The lungs were anæmic and œdematous behind. A few ounces of pink serum were contained in each pleural cavity. The thymus gland was persistent, but small. The heart was empty; its walls were pale, soft, flabby, and friable; microscopically, its structure was fatty, the fatty granules, all of minute size, being so numerous in every muscular fibre, that few of them showed any transverse striation, and not one was healthy; no large granules or drops of fat were present, and the whole heart was equally degenerated. The stomach was pale, containing a large quantity of black grumous fluid, mixed with friable brownish knots of altered blood. The duodenum, which contained similar matter, presented a small patch of injected mucous membrane. The gall-bladder was contracted, and contained only whitish mucus. The liver was pale, yellow, and intensely anæmic; its structure was soft and friable; microscopically, the acini were crowded with fat globules, a narrow zone of the cells around the intralobular vein alone remaining free from them, and in this zone the liver-cells were cloudy and swollen. The portal veins were full of blood. The hepatic ducts contained no bile. The spleen was healthy. The kidneys were yellow, anæmic, and fatty; microscopically, the epithelium of the tubules was loaded with fatty granules, and some of the tubules contained pure fat, which spirted from their cut ends in some of the sections. The bladder was full of natural urine. The uterus was large, and contained grumous blood. The ovaries were healthy; a corpus luteum was present in the left ovary. A small quantity of blood was found in Douglas's space behind the uterus. The blood was everywhere fluid, and of a peculiar cherry colour. Small extravasations of blood, in addition to those already mentioned, were found under the mucous membrane lining the pelves of the kidneys, and under the peritoneum on the right side of the uterus.

On examining the ovum, we found the placenta and membranes still attached to the child, and a portion of the decidua lying beside them. These latter, and the decidua, were studded through their whole thickness with small ecchymoses and extravasations of blood, which were so numerous on the inner surface as to be confluent. The fœtus was nine and a half inches long, its sex undeterminable. The scarf-

skin was loose and readily detaching. There were several capillary ecchymoses on the back part of the scalp. A patch of extravasated blood, half an inch broad, lay beneath the skin on the right side of the neck. There was brown discoloration of the right leg; green discoloration of the belly. Extravasated blood was found in the lower parts of both lungs, which had not breathed. The liver was soft, containing several clots and extravasations of blood of the size of peas.

An analysis of her liver, spleen, and stomach, and of a mixture said to be the drug she was using, disclosed no trace of phosphorus. The mixture consisted of a small quantity of perchloride of iron, a bitter vegetable infusion, and a minute proportion of antimony.

CONTRIBUTION TO THE HISTORY OF PUBLIC MEDICINE.

By J. INGHAM IKIN, Esq., Leeds.

As far back as 1851, I published in the *Provincial Medical and Surgical Journal* a series of papers on the Progress of Public Hygiene and Sanitary Legislation in England, and the Advantages to be derived from their further Extension. Now that the Public Health Act of 1872 is about to be carried out, an important epoch in the history of sanitary reform has arisen; and it seems an appropriate time to supplement my former papers with a brief commentary or appendix on the progress of sanitary measures from 1851 to 1872. With this view, therefore, I have penned a short statement for the *JOURNAL* in the first place, and afterwards for the perusal of the public generally, as general information on the question of public health is much needed, and the medical profession are in a position at least to claim the credit of having been the most urgent and effective sanitary reformers—so much so that, without their agitation, combined with their writings, discussions, and practical observations, the slight progress made would have been slower even than it has proved.

The progress of sanitary reform in this country has been slow in the extreme—a fact not creditable to a practical people like ourselves. This has arisen more from apathy and lukewarmness, and from the want of a due appreciation of its national importance, than from any decided opposition or objection to the cause itself. Our heavy bills of mortality, the frequent prevalence of epidemics of a dangerous and fatal character amongst both men and beasts, the alarming illness from fever of a Prince, the spread of cholera from the East to Europe, the breaking out of the small-pox in all parts of the kingdom, the reports and warnings of our medical officials of the Privy Council, and the urgent demands of the medical profession generally, have at last induced Parliament and the Government to discuss and legislate, and a portion of a Public Health Bill has just been the result, along with the consolidation of the Local Government Board. Still, a beginning has only been made; the main work has to be accomplished, and the value of the agencies employed tested. Fortunately for the interests of the country and the health of the community, the leaders of both the great political parties in the State are now pledged to encourage and carry out a well devised system of sanitary legislation; so that no change in the Government and no party strife can check the progress of sanitary reform, in itself as important as any Church or State question.

If the public had been earlier better informed, and a knowledge of the ordinary laws of life even partially understood, we should not have been so long kept from sanitary legislation; but the fact is, people are only just beginning to understand that it is for their pecuniary interest that sanitary measures should be adopted; and at last the ratepayer is getting to understand that every preventable disease, every dangerous nuisance, and every premature death, is so much pecuniary loss, local and national. Our leading sanitary reformers have for years led the van in sanitary agitation without any pecuniary object to gain, aided by our state-paid officials, the most enlightened of our class, and philanthropic statesmen like the late Lord Brougham, the Earl of Carlisle, the Earl of Shaftesbury, etc. At last, sanitary reform has become, if not a popular question, at any rate a prominent one. Considering the array of facts that have been published during the last thirty years from time to time, showing the necessity of improved sanitary legislation, it is not creditable to our legislature that so little has been done to remedy the evils pointed out, or to protect the health of the public, check disease, and lessen mortality.

It would be tedious in the extreme to enumerate the steps that have had to be adopted, and the exertions made by different individuals, in favour of the various isolated and imperfect Sanitary Acts that have been adopted since 1851. Equally would it be a waste of time to