contains no less than 110 pages, (more than one-third of the entire work,) into which Dr. Davis has contrived to transfer thirty-seven cases from Gölis, not to mention several observations from the works of Quin and Cheyne. The original work of Gölis contained exactly thirty-seven cases; every one of these has Dr. Davis, with unrelentless hand, seized upon and displayed in his pages, for the superfluous purpose of proving to us that hydrocephalus is an inflammatory disease. Well might we exclaim with the poet,

"Non tali auxilio nec defensoribus istis
Tempus egit."

We have now accompanied Dr. Davis to the last section of his work, in which he describes the means to be employed in the treatment of acute hydrocephalus. The first and main remedy is bleeding, (at the outset of the disease,) carried to full and decided fainting. This sweeping recommendation, which would have startled even Broussais himself, is made without the slightest qualification, or any attempt to point out those cases in which every practical physician knows that copious blood-letting would be attended with the worst results. But even here Dr. Davis shows himself to be incapable of producing anything original. His formulæ for blood-letting, which are quoted as original by the Editor of the *Lancet*, by Dr. Johnson, and by Dr. Forbes, are taken, slightly altered, and without acknowledgment, from Gölis. Thus, Dr. Davis informs us that—

"From a very early age forward to one year old, the quantity of blood to be abstracted should be from 3 to 5 ounces. In cases of two years old, from 5½ to 6 ounces. In cases of between three and five years old, I usually prescribe the abstraction of between 5 and 10 ounces of blood."

Now what does Gölis say?

"From six months up to one year old, 3, 4, or 5 ounces. In cases of children aged two to four years, from 4 to 6 ounces may be taken; and in older children, a still greater quantity may be abstracted, and the bleeding repeated according to circumstances." P. 154.

But enough of this. Our readers are, probably, as tired as ourselves of this exposure. We therefore recommend them to enjoy a little recreation in the perusal of Dr. Davis's cases of acute hydrocephalus cured by blood-letting after his formula. Such cases of hydrocephalus we never saw recorded in any medical work; besides, hundreds of such cases are daily treated and cured without copious blood-letting; yet the well-educated and truly practical physicians under whose care they have prospered, never dreamed of denominating them "hydrocephalus."

In conclusion, we would apply to Dr. Davis the remark which he has applied (Introduction, p. 16,) to Dr. Cheyne, "one wonders what could have induced the author to waste his time in writing such a book on the subject of hydrocephalus," and say to him,

"Nunc vale, si possis."

ON THE RESUSCITATION OF STILL-BORN CHILDREN.

By J. TOOGOOD, Esq. Senior Surgeon to the Bridgewater Infirmary.

Cases of apparently still-born children are very common. The attempts to restore life are frequently ill-directed, and not calculated to promote the object. It will be found that a very large proportion of children, apparently dead born, may be resuscitated, if proper means be resorted to and persevered in for a sufficient length of time; but the modes generally employed to restore life, such as immersing the

infant in warm water, friction, and pouring stimulants down the throat, are not at all calculated to produce the effect intended; and if these means do not succeed after a short trial, all further attempts are generally abandoned. The plan which I always adopt, which has never failed where the child was living during birth, is very simple, and only requires perseverance. The following cases, under circumstances by no means favourable, which have been selected from a great many more, will prove the success of the practice recommended.

CASE I.—Grace White, a very weakly woman, far advanced in consumption, was seized in the morning with uterine hæmorrhage, which continued slightly till the evening, when I saw her, and, whilst standing by her bedside, the flooding increased with such violence that I thought it best to deliver her instantly; the child was still-born. As soon as I had removed it from the mother, and seen her safe from any immediate danger, I placed a napkin over the child's mouth, and inflated its lungs from my own mouth, pressing out the air from the chest afterwards, and thus imitating natural respiration. After having continued this process for thirty-five minutes, the child made a very slight attempt to breathe, and the face became slightly suffused; by persevering ten minutes longer, the free action of the lungs was established, and the child cried lustily.

CASE II.—The next case was that of a poor woman named Sarah Holmes, of the parish of Spaxton, who had been in labour a long time, with a presentation of the arm; and, as it was her first confinement, it became very difficult to turn the child, particularly as she was advanced in age, and the parts were very rigid. The child was still-born; but, by pursuing the same plan actively for three quarters of an hour, animation was perfectly restored.

CASE III.—The next was a case of presentation of the funis, and as the labour was slow, the child was still-born, but recovered by the same means in half an hour.

CASE IV.—The last case which I shall mention was such as to encourage the attempt at resuscitation under any circumstances; it was a case of twins. The second child presented the head, before which a considerable portion of the funis had descended. The delivery was extremely slow, from the general weakness of the woman, who had been for a long time in a bad state of health, and the child was born apparently quite dead. As the mother's situation was very critical, more than half an hour had elapsed before I could attend to the child, and, on inquiring, I found it had been wrapped in a cloth and placed on a chair in another room. I immediately made the attempt to restore it, and, by persevering steadily for twenty-five minutes, I had the satisfaction to see symptoms of returning life; and in about fifteen minutes more the child breathed freely.

REMARKS.

Every thing in this last case was unfavourable to the restoration of the child; the mother's long-continued disease, the circumstance of her having two children, and more particularly the delay which took place before any attempt was made, during which time the child was exposed in a room without fire in the winter time, with a partial and very slight covering. I am warranted, by my own experience, in recommending the attempt to restore all still-born children who have been alive during the birth; and if the means of resuscitation abovementioned be actively employed, and steadily persevered in, I believe the majority of cases will be successful. In all cases the restoration of a child is a most satisfactory circumstance, and, in some instances, of the greatest possible consequence. I have never found any thing necessary but the regular inflation of the lungs, which I do with my own mouth in the way I have described, and have generally observed the first symptom of returning life to be a tremulous motion of the respiratory organs; the child next makes a feeble attempt to inspire, and the colour of the face changes. The

inflation should then be made quicker, and as the attempts to breathe increase, sal volatile, or brandy, rubbed on the palm of the hand and held over the mouth during the inspiration of air, will materially assist the recovery, and has a better effect than pouring stimulants into the stomach. A few smart slaps on the gluteal muscles will now generally complete the recovery. It has always been my practice to respire as completely, and immediately to inhale as much air as possible, and this should be repeated frequently during the process of inflating the lungs.

PRESENTATION OF A SERVICE OF PLATE TO DR. EVORY KENNEDY.

YESTERDAY the medical practitioners who had been pupils of Dr. Evory Kennedy, during the period of his mastership of the Dublin Lying-in-Hospital, waited on him at his residence, Merrion-square, for the purpose of presenting him with a testimonial of their respect, on the occasion of his retiring from that important office. There were several eminent medical gentlemen and other individuals of station present, who attended on the invitation of the committee, including among others—Sir Philip Crampton, Bart., Colonel D'Aguilar, Major M'Ferrar, Captain Larcom, R.E., the Second Remembrancer; Mr. Carmichael; Professors Stokes, Lendrick, Graves; Doctors Jackson and Law; Messrs. Kyle, Studdert, Kelly, Schoales. Upwards of forty practitioners formed the deputation. A highly complimentary address was read by Dr. Stack, from which we extract the following passages.

"The Lying-in Hospital of Dublin lost none of its character and efficiency under your management. Nay, its capabilities of affording instruction were largely improved on by the establishing of wards, wherein we had an opportunity of becoming conversant in a concentrated and connected form with the varied diseases incidental to the female. This facility was practically aided by the free access allowed us to the admirable pathological museum which your industry has collected. These important features in the history of the institution call for our especial notice, and show, that whilst you were not neglectful of the interests of the poor, your well-directed talents were devoted to the promotion of science and the happiness of society.

"As a teacher, you were clear in your arrangements, happy in your illustrations, and convincing in your conclusions. As a friend, you were considerate and candid; and as moral adviser, you, by kindly precept and example, inculcated that delicacy of act and tact so necessary to the effective discharge of our duties. Above all, whilst you enforced the necessity of an intimate acquaintance with every means devised for the alleviation of human suffering, you ceased not to enjoin, as the indispensable accessory, an unswerving adherence to principle and probity."

The service which accompanied the address was a very beautiful one, and consisted of a sideboard of plate of six silver salvers, bearing a Latin inscription.—*Dublin Journal*.

FOREIGN MEDICAL LITERATURE.

REMEDIES AGAINST TAPE WORM.

IN a lecture recently delivered at the Hospital Necker, M. Trousseau made the following observations on the treatment of tænia. A great number of remedies have been employed in the treatment of tænia, but amongst these, two have chiefly attracted the attention and gained the approbation of medical men; viz. the bark of the pomegranate tree root, and the root of the male fern. For the last fifteen years, the pomegranate was exclusively used, and the fern had been neglected, when M. Pechier of Geneva succeeded in obtaining an ethereal extract of fern, in the form of a greenish brown oil; this he immediately tried on persons affected with tænia, and the results were always immediately successful.

It is preferable to the pomegranate root, for the following reasons:—it is much cheaper, and therefore less likely to be adulterated; is not disagreeable to the taste, and does

not produce colic, vomiting, or any other unpleasant effects. The ethereal extract of fern may be given in the dose of from two to four scruples, in the middle of the day, when the stomach is empty. A purgative compound of calomel and jalap should be administered in the evening. The worm is usually expelled in a couple of days.—*Gaz. des Hosp.* No. 145.

SECONDARY CAPSULAR CATARACT.—NEW OPERATION.

BY M. SICHEL.

SECONDARY capsular cataract is one of the most frequent consequences of the operation for cataract, either by extraction or depression. The extraction of secondary capsular cataract, through the cornea, is always a matter of great difficulty, because the surgeon often fails in trying to bring the opaque membrane forwards by means of the forceps or hook; it generally escapes backwards, and many unsuccessful attempts are made before it can be seized with the instrument. Prolapsus of the iris, followed by staphyloma, irregularity, or even obliteration of the pupil, may result from such attempts. In order to avoid these accidents, M. Sichel proposes to extract the opaque capsule through the sclerotic, in a manner somewhat different from that practised by Bell, Earle, and other ophthalmologists, for the removal of lenticular cataract. The usual way of dividing the sclerotic coat has been by a vertical incision; hence, when the external rectus muscle contracts, it constantly separates the edges of the wound, and diminishes the chances of success. M. Sichel, then, applies this method to secondary capsular cataract; but instead of a vertical incision, he makes a small transverse one, parallel to the fibres of the external rectus muscle, as high up as possible, and uses an extremely fine forceps. Four successful cases are given in illustration of this method.—*Gaz. des Hosp.* No. 139.

DIARRHŒA IN INFANTS.

IN the diarrhœa to which infants are often subject, when unaccompanied by fever or other signs of inflammatory action, M. Trousseau recommends the following enema:—Nitrate of silver, one to three grains; water, twelve and a half ounces. Or the nitrate of silver may be given in solution, thus:—Nitrate of silver, one to two-fifths of a grain; water, thirty scruples; simple syrup, thirty scruples. Five or six tea spoonfuls to be taken in the 24 hours.—*Gaz. des Hosp.* No. 136.

SMALL-POX AND REVACCINATION.

M. VILLENEUVE has recently sent in a report for the year 1839 on the above subject, from forty-two of the departments of France. The total number of persons vaccinated amounted to 30,413; of these, 29,853 cases were successful; 560 were unsuccessful. 2,199 revaccinations were practised; 223 with success; 1,976 without success. 365 cases* of small-pox, after successful vaccination, occurred; and of these six died.

The following are the results which may be deduced from M. Villeneuve's tables.

1. The proportion of cases in which vaccination succeeds to those in which it fails is as 1 to 54½.
2. Revaccination succeeded in only 1 out of every 13 or 14 cases.
3. The mortality of modified small-pox (after vaccination) was 1 in 61; in natural small-pox it is well known that the mortality often amounts to one-tenth, one-eighth, or even one-fourth of those attacked.

LONDON HOSPITAL.—In consequence of the resignation of Dr. Frampton, senior physician to the London Hospital, a vacancy in the office of assistant-physician has occurred. Dr. Fraser and Dr. Pereira are candidates. We have heard that Dr. Clendinning and Dr. W. H. Walshe are candidates for the chair of pathological anatomy in University College, vacant by the resignation of Dr. Carswell.

* All doubtful cases were scrupulously excluded from this number.