presence could not be dissociated in his mind from the *idea of water*, and hence the occurrence of the dreadful spasms which the mere mention of his name occasioned.

The only remaining point of interest to be discussed is, the question whether mesmerism influenced in any degree, and to what extent, the progress of the disease? My practical acquaintance with mesmerism in any form, is exceedingly slight, but the appreciable phenomena induced by the manipulations are so accurately related by Mr. Gardom, that any one who has heard it, can form an opinion for himself. The conclusion at which I have arrived is—first, that a tranquillizing impression was made on the patient; but secondly, that as it is unphilosophical to refer to mysterious and doubtful, what may be effected by known and certain causes, we shall not be justified in determining that this tranquillization was the result of mesmeric manipulations *quasi* mesmeric. To support this position it should be observed, that prior to the operation, Fletcher was much depressed in spirits, anxious, and agitated; that he had recently been greatly disturbed by the proposal that Mr. Holt should visit him, and that he had had several violent spasms. Now, however, strict quietness was enjoined in the house; absolute silence reigned in the apartment; he lay extended in an easy position in bed; rather strong expressions of hope and encouragement were used; he was directed to keep his attention fixed on the operator, in which he was doubtless assisted by the manipulations, and his mind was thus withdrawn from distracting thoughts on his melancholy state, while perfect bodily quietude would tend to relax all muscular rigidity. The, to him, mysterious nature of the performance would also exercise an influence on his condition. Does it then require more than quiet hope, rest of body and mind, and a vague notion of some mysterious power used on his behalf, to induce those changes which Mr. Gardom has enumerated? I cannot believe that it does; yet, should another case occur to me, I should make another trial of mesmeric agency, since, if it do no good, it cannot by possibility diminish the patient's chance of recovery; and though in this instance it has failed, it is not certain that in the next it may not prove successful. Before concluding I have only to add that the *post-mortem* examination, as in many other instances, throws no light on the nature of this disease.

J. AIKENHEAD, M.D.

RETROSPECTIVE ADDRESS OF THE READING PATHOLOGICAL SOCIETY.

Delivered by J. L. WALFORD, Esq., Surgeon to the
Reading Dispensary, July 23, 1845.

(Concluded from page 576.)

From the heart and its envelope we pass to the lungs. Mr. Harrison presented portions of the lungs of a man, aged 60, who died from a condition of the system, induced by disease in various organs. A circumstance worthy of being noted, is, that he never was able to run: running produced such an indescribable sensation about his heart, that he was obliged to desist. At spring and fall for many years he had petechiæ on his

legs; for the last two years he had suffered much from hæmoptysis. When admitted a patient of the Dispensary, his chest was generally, if not normally, clear on percussion, excepting at the base of the right lung; rhonchus, with crepitation on both sides; breathing short, laboured, increased by the slightest exertion; expectoration copious, like currant jelly; heart's action regular, but very feeble and distant; ascites, œdema, petechiæ, help to fill up the description of his condition.

Inspection. The right pleura universally adherent through the medium of a thick membrane, except at the lower part, where about a pint of fluid was collected; left pleura free; both lungs much congested and studded throughout with small whitish bodies, strongly believed to be miliary tubercles, but which, from their disappearance a week or two afterwards, were concluded to have been lymph in their character; heart free from disease, but remarkably small; liver small, bound down with a thick false membrane, in an advanced state of nutmeg degeneration; spleen large and soft; some quarts of fluid in the abdomen. The discussion on this case was long and interesting, but no new principle of treatment was insisted on.

By Mr. Bulley was presented, from Mr. Brooks, of Henley, a larynx, in which the upper rings of the trachea are ossified posteriorly, so as to form perfect circles of bone.

By your reporter was presented, a portion of lung, taken from a female, aged 22, who died from anæmia. The whole of the right lung was in a leathery condition; the symptoms were vomiting of anything she was induced to take; the other symptoms were really only those which took their rise from such a state of the stomach. The brain was not examined.

The last specimen of diseased lungs we have to notice was exhibited by Mr. Harrison,—the lungs of a monkey, and the liver also, aged six months, a native of Calcutta. It came over with a number of others, and when landed, was apparently in perfect health; within a week after its arrival in Reading, it began to droop, lose its appetite, and cough. It died in five weeks, and with every symptom general and physical of consumption.

Inspection.—The lungs, liver, and spleen, and mesentery, were crowded with tubercles. Mr. Harrison observed that the great practical lesson to be drawn from the production of tubercles in the case under consideration was, their development, independently of an hereditary taint.

We have now reached the abdomen. Dr. Cowan presented the section of a liver, taken from a female, unmarried, and aged 43, afflicted with medullary sarcoma of both mammae. Six weeks before death he discovered a tumour of the liver, which daily increased in size; exceedingly rapid pulse; extreme debility; urgent dyspnoea on the slightest exertion; some little effusion into the abdominal cavity; no œdema; no want of bile; no alteration of urine. Examination after death discovered the liver to be of double its natural size and weight, and converted throughout into medullary carcinoma.

By Mr. J. Taylor were shewn sections of a scirrhus liver, taken from a female, aged 45, married, the mother of several children. Her symptoms were pains of the abdomen, spasms of the stomach, frequent vomit-

ing, obstinate constipation, and great prostration of strength. Examination after death discovered the liver studded with scirrhus tubercles, the pylorus surrounded with scirrhus deposit, in a state of ulceration, and slight effusion on either side of the chest.

By Mr. Vines, a specimen of encysted dropsy of the liver; the cyst containing hydatids. The preparation was taken from a man who died suddenly, having drunk some alcoholic fluid and beer. Examination discovered a large cyst, occupying the left lobe of the liver. The right ventricle of the heart was filled with *hydatids floating in its cavity*.

The last morbid specimen under this division of our subject we have to notice, was presented by your reporter, viz., the intestines of a man, aged 62, who died with all the symptoms of ileus. A night passed in agonising efforts to pass a calculus from the urethra, appears to have been the exciting cause of the attack, whilst enfeebled health, from mental anxiety, and an apoplectic seizure two years previous to his death, appears to constitute the predisposing cause. Examination after death discovered the whole of the abdominal viscera covered with bloody-like looking fluid; in one or two places, what appeared to be clots, existed; the intestines were red throughout; jejunum thickened; some parts contracted; all the rest normal. No tumours, hernia, or intus-susception; no ulceration or perforation discovered.

The uterus, in a morbid condition, has been presented to the Society four times—two by Mr. Vines, one by Dr. Woodhouse, and one in connexion with the bladder by Mr. May. The following is the case presented by Dr. Woodhouse:—

H. H., aged 30, had menstruated only once, at the age of 15. Her symptoms during the last illness did not lead to the detection of the state of the womb. The autopsy revealed an uterus larger than the virgin organ, feeling soft as if containing a fluid; the ovaries were puckered and discoloured; both exhibited appearances as if corpora lutea had been formed, and ova escaped; the rectum and sigmoid flexure were adherent to the uterus. On making a section of the uterus, about three or four drachms of pus were found in its cavity; the os internum was completely closed.

By Mr. Vines, the uterus of a woman who died the eighth day after confinement, having a portion of the placenta attached to its fundus. The female attendant said that the after-birth had come away entire, that it was followed by considerable hæmorrhage; but as the after-birth had been removed, she left her. Hæmorrhage again followed, when Mr. Vines was called in. Stimulants revived her only for a time. This case was brought forward as an instance of the malpractice of midwives.

By Mr. Vines, the uterus of a woman, aged 26, who suffered from uterine hæmorrhage, and the expulsion of a small foetus at three months, followed by fever, tenderness of the uterus and bowels, ending in puerperal fever. She died at the end of three weeks. The uterus was found highly congested, and covered with lymph; the interior lined with a puriform coating.

By Mr. May, the uterus and bladder taken from the same subject, as is noticed by Mr. James Taylor, dying from scirrhus liver. She had for years a vesico-vaginal fistula. When under his care in the hospital, the fistulous opening had been cauterized, and con-

siderably reduced in size, though the constant escape of urine had not been prevented. The seton, as practised by Mr. Harrison, (see case in *Provincial Journal*, June 11th, 1845,) had been used, but the irritability excited was so great as to compel its removal, without any good being effected.

By your reporter was presented the placenta of a woman, confined with her first child two or three weeks before the full time; the cuticle peeling off from the child. The death of the child was attributed to a fright the mother had received, producing effusion of blood into the placenta, which was already in an abnormal condition, as evinced by hardness in many parts of it, and cheesy deposits. From this state of the placenta, it was suggested to the patient that if she liked to suckle a child for a few months, it would probably prevent a similar occurrence in future, upon the principle thrown out by Dr. Marshall Hall, of affecting one organ through its sympathy with another, and so laying the foundation for a more healthy development than at present exists.

We have now arrived at the last organ of which we have anything to note—the kidneys. By one of our esteemed Presidents, Dr. Smith, was exhibited the kidneys of a man who died in the hospital. He had been bled and salivated before his admission; he was much debilitated. The urine was examined and found pale and albuminous; it diminished in quantity daily; the sweat had an urinous smell. He became comatose and died, with all the appearance of one labouring under serous apoplexy. On examination, the kidneys were small and appeared incapable of performing their functions. They were presented as throwing light on those cases where persons die from the non-secretion of urea.

By Mr. Vines, the kidneys of a patient, who died with symptoms of compression of the brain. The examination after death found one kidney converted into a membranous sac; the other appeared normal.

By Mr. Harrison, the kidneys of a female in the middle period of life, atrophied to the last stage of Bright's disease. The urine in the bladder was one mass of albumen. For the last ten months she had been complaining of a variety of severe symptoms; pains in several parts of the body, with ascites and an extreme feeling of depression; the skin resembled ichthyosis; there was dulness over the right lung; the liver very much enlarged; urine scanty, but not tested at this time. The liver was supposed to be the organ most grievously at fault. An inunction of about a drachm and a half of mercurial ointment produced the most violent salivation, followed by sloughing of the cheeks and exfoliation of the jaw with the teeth. After some weeks, hæmoptysis with diarrhœa of bloody stools set in, under which she sank.

By Dr. Cowan, the kidneys of a woman who came into the hospital with a very cachectic appearance; the urine of a very low specific gravity, and slightly albuminous; not more than three pints were passed in the twenty-four hours. After being a fortnight in the house, she had a copious eruption of boils over the back, probably the result of the poisoned condition of the blood. It has been noticed by Dr. Prout, that the gelatinous tissues become inflamed in cases of diabetes, and assume the carbuncular diathesis, and that in these cases sometimes the urine contains sugar and

sometimes albumen. In these cases the system is exceedingly susceptible of mercury. The examination after death, found one kidney reduced to almost the last stage of atrophy, the other much wasted at one end, so that only one half of it remained capable of secreting.

By Mr. Harrison, the omentum and kidneys removed from a patient, aged 45, a male. His symptoms were chiefly those of confirmed dyspepsia. On the fourth day before death, he suddenly brought up, partly by coughing and partly by vomiting, a considerable quantity of blood and bloody fluid. He had become highly jaundiced; on the third day he had become easier, but did not like to be disturbed; on the day before death the vomiting of bloody fluid recurred, and he could scarcely be roused; coma advanced during the day, and he died at night perfectly comatose. He had been in the habit of drinking freely. *Post-mortem*:—Skin uniformly yellow; lungs healthy; effusion on both sides; heart small; valves slightly thickened; three pints of yellow-coloured serum in the abdomen; omentum rolled up into a mass, and thickly interspersed with little whitish bodies—similar bodies existed in the whole of the mesentery; liver of a bright yellow colour, soft, beginning to contract at its edges; (cirrhosis;) kidneys large, filled with minute yellow deposit; spleen very soft. Mr. Harrison's opinion of the cause of death was, that the individual died poisoned, by matters, probably bile, and some of the constituents of urine, which neither the kidneys nor the liver were in a condition to eliminate.

By Mr. May, the kidneys of a man, aged 60, a carpenter, of irregular habits, who had passed frequently lithic acid calculi. He remained at work until three weeks before death, when his symptoms were loss of appetite; thirst; vomiting of every thing he took; bowels confined; vision obscure; sleep disturbed; cramps in the legs; slight subsultus. The urine was at first a pint in the twenty-four hours, gradually diminishing to a quarter of a pint; specific gravity 1.010, pale, albuminous, alkaline. *Diagnosis*:—Advanced stage of renal disease. The vomiting continued to the end, and he died by asthenia. *Post-mortem*:—Kidneys enveloped in fat; capsules much thickened; the right small, atrophied, compressed, the cortical portion of a yellow colour, very distinct from the tubular; the left kidney larger, and not so hard; the calyces and pelvis of both were dilated, and the ureters enlarged; sabulous matter found in the right, and in the left a calculus, the size of a filbert.

By Mr. May, a tumour, weighing four pounds two ounces, taken from a patient, a female, aged 80. The patient died apoplectic, having been paretic; the tumour was not complained of until a week before her death; it filled up the pelvis, and did not appear to be in the region of the kidney. Examination discovered one large cyst, and several smaller cysts, standing on the surface of the left kidney. On cutting open the tumour, it appeared to be a dilated pelvis, the whole kidney having disappeared; the contents of the cyst contained no elements of urine. The urine healthy; right kidney normal.

By Mr. James Taylor, the section of a calculus, taken from the intestines of a horse, weighing fifteen pounds; its composition is animal matter, phosphate of ammonia and magnesia; no siliceous nor lime.

It only remains, Mr. President and gentlemen, that I thank you for the patience with which you have listened to me. The preparation of this survey, though one of labour, I have felt to be one of pleasure and of profit. The subjects have been rare, and of a very important class; and if a retrospective glance at them has been dull and wearisome to you, it must be my fault for the manner in which I have brought them before you.

CASE OF PLACENTA PRÆVIA.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND SURGICAL JOURNAL.

SIR,

The great importance of establishing a proper rule of practice in those important cases—placenta prævia, is so evident, that no apology is necessary for offering, the following case to your readers:—

I was sent for a few years since, to visit a Mrs. Morris, of Weston-zoyland, near Bridgwater, by a surgeon who was in attendance on her in her confinement for her second child. On my arrival I learnt that she had been suffering from hæmorrhage about a fortnight previous, which, after continuing a short time, had suddenly ceased, that it had again recurred about four hours before my arrival, and had ceased after continuing about an hour, accompanied by active labour pains.

On making an examination, to my astonishment I found the placenta lying on the bed, completely expelled from the vagina, and about two inches of the umbilical cord also protruded with it; the arm of a full-grown fœtus was also presenting and protruding from the vagina as far as it could. There was not the slightest hæmorrhage; there were regular pains at short intervals; the patient complained of feeling faint and weak; she had a small quick pulse. After giving her a full opiate, in a little warm brandy and water, I slowly and cautiously introduced my hand, got one foot, and with little comparative difficulty turned; the delivery was soon effected, there was not the slightest hæmorrhage, and the patient recovered without one unfavourable symptom.

Here it appears to me nature effected that which, in cases of placenta prævia, art should imitate, and after the many important cases published in your Journal, and the able investigations conducted by Drs. Radford and Simpson on this subject, the best rule of practice appears established.

J. C. PARKER,

Surgeon to the Bridgwater Infirmary, &c.

Eastover, Bridgwater, Sept. 15, 1845.

PROVINCIAL
Medical & Surgical Journal.
WEDNESDAY, SEPTEMBER 24, 1845.

The proceedings which have taken place at a recent election for a physician to the Cumberland infirmary, afford so apposite an illustration of the evils attending the present mode of appointment to offices of this description, that we feel we cannot more forcibly impress the remarks which we have