woman should break her leg, it will be imputed to something that happened at her lying-in, and the doctor must bear the blame." But if his reputation is built on a surer basis than the mere breath of fame, it will be certain to rise above these evil reports, unshaken by any such side blasts, and to remain a monument of truth alike the admiration and envy of all who are beneath. It is only the ignorant who have to fear such under-currents of slander, for in our profession ignorance is indeed weakness, and "to be weak is to be miserable, either doing or suffering;" but knowledge, on the contrary, is indeed power. Knowledge, however, for every-day use, requires to be dressed in an agreeable exterior; and if there is one thing, in fine, which will insure success in midwifery practice, it is a patient, kind, and attentive manner. There is no description of practice to which the trite adage "*suaviter in modo fortiter in re*" applies more aptly. We should ever remember that our patients belong to that sex, who from their confiding nature, are always wont to look up to ours for protection and support, and we should accordingly endeavour to forget our own inconveniences in our diligent attendance upon them at this trying and distressing period. These feelings, although they may be nurtured and fostered by that liberal education which every member of our profession ought to have received, yet to be genuine they should take root in that temporary sacrifice of self to the all-absorbing interest in the sufferings of fellow creatures, which so eminently characterizes the true gentleman, the philanthropist, and the christian.

CASE OF SCARLET FEVER, FOLLOWED BY SYMPTOMS OF EFFUSION ON THE BRAIN: MERCURIAL TREATMENT: RECOVERY.

By FREDERICK FRANCIS GIRAUD, Esq., Surgeon,
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Annie Giraud, aged 9 years, had a mild attack of scarlatina about the middle of August, which appeared, as I had hoped, to pass off without leaving any sequelæ. However, on the 13th of September, slight œdema of the eye-lids shewed itself; and on the 15th, towards evening, whilst amusing herself quietly with the other children, she sat down, and complaining that she could not move, requested the maid to assist her in walking. Immediately after this, a general convulsion of the whole body took place, which continued for five or six minutes, and left her with hemiplegia of the left side. She now complained of great pain in the right temple and over the eye-brow of the same side. Six leeches were applied to this part, from which remedy she expressed great relief, which was soon followed by a return of power in the left side, after which she walked without the least difficulty. I gave her two grains of calomel, and went to bed, leaving her perfectly conscious and free from pain.

On visiting her the next morning, Wednesday, the 16th, at five o'clock, I found that she had slept well until about one o'clock, when she complained of headache and was sick; then she fell into a sleep again, which was interrupted occasionally by a feeling of sickness, with headache. I at first attributed these symptoms to the action of the calomel taken at

bed-time, but they proceeded from the head and not from the stomach, for in a few hours, viz., at half-past ten p.m., she complained of great increase of pain over the right eye-brow, and appeared terrified at the prospect of another convulsion fit, and exclaimed, "Oh! papa, if you cannot take away this pain I shall never be well again." Leeches were applied, but she soon became incoherent, and vociferated loudly, with occasional shrieks, so characteristic of meningitis. These symptoms were alternated with a kind of seesaw singing and tossing about in the bed; then a convulsive fit would come on, with different degrees of intensity, but leaving no paralysis of the limbs. The state of the pulse was constantly varying.

In this manner, the latter part of the day and much of the following night were spent. A blister was applied to the nape of the neck and to the right temple; an injection of croton oil with mucilage was administered; and calomel, in doses of two and three grains, was given every hour or every two hours, as opportunities were afforded to get it down; sometimes she would swallow it, at other times putting anything into the mouth induced a violent effort to spit and force it from the surface of the tongue. Mercurial ointment was freely and frequently applied over the abdomen and part of the chest.

During the whole of the day, and nearly all night, the act of rubbing the surface with ointment, as well as the efforts to make her swallow the medicine, caused much incoherent vociferation and resistance; but early on the morning of the following day—viz., 17th, she became more obtuse, and the convulsion fits less frequent; the pupils were dilated and fixed. Calomel and mercurial friction were continued at intervals of two hours through this day.

At about one o'clock, p.m., a constant rolling motion of the legs came on, whilst the hands and forearms were fixed and contracted; she snored loudly at times; the face was tumid; the lips livid; the pulse very feeble and rapid; the breathing was quick and laborious; and her existence seemed to be confined to mere organic life, which itself appeared to be fast declining. From one o'clock until four or five, p.m., several grass-green evacuations passed, which gave hope that the mercury had entered the system; still the severity of the symptoms gave me no reason to indulge a hope of her recovery; however, about seven p.m., she began to breathe more tranquilly, the pulse became less frequent, still the pupils remained fixed, and there was no return of consciousness.

At eight o'clock she breathed naturally, and the pulse was reduced to a little more than 100 in a minute; I therefore tried to rouse her, asking her at the same time whether she would take a little milk, when, to my great astonishment, she answered by saying, "yes." Soon after this she inquired for cold water, and then fell into a healthy sleep, which continued all night, only interrupted occasionally by asking for something cold to drink.

Friday, September 18th. She was much refreshed with sleep this morning, answered questions correctly, but had no recollection of any thing that had passed since the time she was first seized with convulsions; she complained of nothing but the effect of mercury, her mouth being very sore, and the left eye-lid and pupil still remained powerless.

October 18th. She has continued to improve in health and strength, and there is a slight return of motion in the eye-lid. She pursues all her former amusements with her usual cheerfulness, and evinces the same readiness and capacity for attending to her lessons as she did before her illness.

The chief points of interest in this case are the gradual development of the effects of effusion between the membranes of the brain, and the subsequent removal of the effused fluid and of the inflammatory action in the membranes, appearing to result from mercurial action.

The same weakness of the capillaries consequent upon scarlatina, which caused œdema of the eyelids, suddenly seemed to affect the minute vessels of the membranes of the brain over the right hemisphere; partial paralysis and convulsions appeared to be the consequence of the effused fluid pressing upon portions of the brain, and in watching the case, I could imagine, that the first suspension of urgent symptoms indicated a more diffused state of the effused fluid, without any increase of quantity. At the end of the first twelve hours, symptoms of meningitis came on, indicated first by intense pain over the right side of the forehead, followed by loud screams, delirium ferox, and convulsive twitchings. At this stage of the illness, I supposed that effusion was going on more rapidly, for these active symptoms in a few hours gave place to coma, fixed and dilated pupils, stertorous and laboured breathing, and constant rolling motions of the lower extremities, which last symptom, I inferred, was caused by the fluid from between the membranes of the brain, having extended to the theca vertebralis, which I supposed was therefore in a state of high irritation, verging on inflammation, from the presence of an increased quantity of fluid.

At the very time when the rapid increase of the symptoms of effusion led me to expect that the respiratory nerves would soon become paralyzed, my hopes of mercurial action becoming established were revived, by the circumstance of copious grass-green evacuations passing, as well as a considerable quantity of urine, and from this time the improvement began.

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, OCTOBER 28, 1846.

A letter, under the title of Medical Reform, but really an attack on the Provincial Medical and Surgical Association, has been published in a London medical journal of last week. The writer, though his intention is manifest enough, is obviously but imperfectly informed of the nature, objects, and proceedings of the Association. This will be sufficiently clear to our readers when we state that the Association is charged with supporting the Council of the College of Surgeons in their proceedings under the new Charter! and with virtually excluding general practitioners from the Council of the Association!! A reply to either

of these charges is certainly not necessary as regards the members of the Association. We have only to refer to the proceedings of General Meetings, to the reports presented at those meetings, to the petitions and memorials emanating from them, and from the Council, and addressed to the legislature and the Government; and, in short, to every act of the Association from the first promulgation of this Charter to the present time to expose the entire groundlessness of the accusation.

Neither is it needful for the information of the members of the Association to treat the second charge more seriously. They are well aware that the members of the Council are appointed at the General Meetings of the Association, that no exclusion is practised, that the appointments are made to meet the convenience of the Branches, and for the purpose of working out the local arrangements of the Association, and in every case where practicable, on the nomination of the members resident in the Branches and various districts in which members of the Council are required. The selection, we will fearlessly assert, has been made in all instances without regard to any class distinctions, and the sole object in view has ever been the general fitness of the individuals named for discharging the duties of the office with efficiency.

But it is said that four-fifths of the Council are Scotch Physicians and Fellows of the London College of Surgeons. If by Scotch Physicians, the Graduates of the University of Edinburgh are intended, we have only to remark, that probably nine-tenths of the physicians, practising in the provincial districts belong to that class. They are natives of England Ireland and Scotland, who, from the real eminence of that University as a school of medicine, studied and graduated there before the Metropolitan University existed, and when the course of medical study in any English University was considered, to say the least, scarcely of equal value. They are precisely of that class which the College of Physicians were compelled by public opinion to admit into their Fellowship, not many years ago, and from which the College has since acquired many of its brightest ornaments. With respect to the Fellows of the Royal College of Surgeons who are members of the Council of the Association, it should be borne in mind that they were members of the Council before they were Fellows of the College; that their real eminence and standing, as provincial surgeons, forced the distinction, and that irrespective of their being in general practice or not. The simple fact is, that the writer of the letter referred to, has been misled by finding the names of so many of these gentlemen in the list of Fellows of the College, and imperfectly informed as to the state of the profession