have been made by Montgomery, Power, Girdwood, Raciborski, and others, into the condition of the ovaria during menstruation and after conception, and also into the structure of the human ovum before impregnation; the mode in which the blood circulates in it during the early months; the various diseases to which it is liable during the intra-uterine existence; and the causes of its death and premature expulsion from the uterus. In addition to these, valuable investigations have been made into the structure of malignant and non-malignant tumours of the uterus. The nature of several puerperal diseases has likewise been determined by morbid anatomy during this period. For the elaborate but too-lightly valued researches into the pathology of the venous system of the gravid uterus, we are much indebted to the labours of Dr. Lee. The diagnosis of pregnancy, and of the death of the fœtus, has of late years been greatly improved by the employment of auscultation. The introduction of the speculum also opened up a new field for our knowledge, especially in the diagnosis of diseases of the neck of the womb. Medical feeling seems now to have undergone a change with regard to the theory and practice of midwifery, and labor is rightly looked upon as a strictly natural process, so that whilst we are jealous of interference in the ordinary course of events, we are ever on the alert to remedy any deviations from the course which appears to be the usual one, and our office as accoucheurs seems to consist in the prevention of impending evil rather than in the cure of what would be falsely considered a disease.

(To be concluded next week.)

CASES AND NOTES FROM HOSPITAL AND PRIVATE PRACTICE.

By C. M. DURRANT, M.D.,

Physician to the East Suffolk and Ipswich Hospital.

(Continued from page 59.)

CASE X.

PARTIAL PLEURISY FOLLOWING MEASLES; SPONTANEOUS PERFORATION, WITH SUBSEQUENT CONTRACTION OF THE WALLS OF THE CHEST: RECOVERY.

Thomas Crowe, aged 6, was brought as an out-patient, to the Ipswich Hospital, November 17th, 1845. His mother stated that he had been the subject of measles seven months previously, from the effects of which, he had never perfectly recovered, having progressively emaciated and lost strength; he had also slight cough, with occasional expectoration, and rather profuse nocturnal perspirations. On admission his countenance was anxious and contracted; tongue tolerably clean; appetite capricious; bowels regular; urine depositing lithates.

Physical Signs.—*Inspection*: Slight bulging, with deficient expansibility of the antero-inferior region of the right side of the chest. Tactile vibration not noted.—*Percussion*: Marked dullness over the right side in front, extending from between the third and fourth ribs to the base of the chest, including the anterior two-thirds of the lateral region; resonance behind slightly defective; stroke-sound normal over the entire left side. No detrusion of the liver.—

Auscultation: Complete absence of breath-sound over the right side in front, corresponding to the extent of dullness, as elicited by percussion; respiratory murmur audible under the right clavicle and over the back, but less distinct than natural, loudly exaggerated throughout the left lung; action of the heart quick and irritable, its sounds transmitted to the right side with unnatural clearness.

The ordinary treatment,—viz., mercury, blisters, and the iodide of potassium, was steadily persevered in, notwithstanding which, the patient became progressively worse, with extreme debility and emaciation. At this stage an intercostal abscess, formed between the fifth and sixth ribs, on the right side, opened spontaneously, and discharged its contents (which were copious and purulent,) in jets, on the patient coughing or taking a deep inspiration. From this period, under the prolonged use of the syrup of the iodide of iron, the general health improved; the parietes of the abscess approximated; the chest over the seat of the disease contracted, in consequence of the lower portion of the lung being firmly bound down by adhesions; and the patient recovered.

On taking a retrospective summary of the history and physical signs presented in the above case, we shall find some points of practical interest; and as such, meriting a brief notice. As a sequela of measles, it presents a rather unusual variety of chest-affection, which, in one form or other, so frequently complicates and renders dangerous the original disease. Pleurisy, as a concomitant of measles, is by no means of such frequent occurrence as bronchitis or pneumonia; and the circumscribed form presented in the case in question, must be certainly regarded as rare. The patient, it will be seen, had never perfectly recovered from the rubeolous attack, inasmuch as he had been the subject for seven months of cough, expectoration, and emaciation. It is not, therefore, improbable, that at the onset of the chest-affection, a certain degree of pneumonia may have obtained; and that this was subsequently followed by effusion into the pleura. The mother admitted that but little medical advice had been obtained. The general symptoms presented in the earlier stages of the above case, were by no means commensurate with its severity; still, however, the progressive emaciation, night perspirations, and anxious countenance, were sufficient to excite a suspicion of the existence of formidable internal disease. That such obtained, the physical examination of the chest fully verified. The bulging of the antero-inferior region of the right side, which, although but slight, became at once evident on removing the patient's clothes. The marked dullness over the front and part of the lateral portions of the same side, with corresponding absence of breath-sound, together with the negative evidence of non-displacement of the liver, and the comparatively healthy results of auscultation and percussion over the back, rendered the diagnosis of circumscribed pleuritic effusion highly probable, and which the subsequent progress of the case so fully confirmed.

CASE XI.

PLEURISY, WITH EFFUSION, ARISING FROM A STRAIN.

Mr. ———, aged 28, a farmer, stated that two days prior to my seeing him, while reaching over a plough,

his foot had slipped, and in the endeavour to avoid a fall, he had sprained his side, the sensation being that of "something having given way." Was perfectly confident that nothing had struck his side. Had not been exposed to cold, and had previously enjoyed tolerable health. His countenance was sallow; complexion leucophlegmatic; manner nervous and anxious; pulse 80, of good strength; complained of pain at the lower part of the left side, both on taking a deep inspiration, and on moving; tongue coated; appetite indifferent; bowels regular; urine depositing lithates.

Physical signs. These at first were normal, with the exception of diminished respiration over the affected side, in consequence of the pain excited by that act; subsequently a loud friction-sound became audible, which in its turn was succeeded by dulness on percussion over the lower third of the chest, with absence of breath-sound to the same extent; both of which latter phenomena were influenced by the position of the patient, during examination. At this stage, the most perfect ægophony was audible over the inferior angle of the scapula. Under the ordinary treatment the "redux" signs successively obtained; the ægophony, together with the dulness on percussion ceased; the respiratory murmur, accompanied by friction-sound, became again audible; the latter gradually subsided, and a permanently healthy condition of parts followed.

I have seldom, if ever, recognized the advancing and receding physical signs of acute pleurisy more completely developed than in the above case, affording as it does, an instance of the invaluable aid derivable from the combined resources of general and physical diagnosis in the investigation of thoracic disease. The case is also interesting, as proving the facility (in a system already predisposed,) to take on serious disease, at the same time rendering caution necessary, by avoiding a too hasty prognosis.

CASE XII.

EMPHYSEMA OF BOTH LUNGS; PHYSICAL SIGNS; DISLOCATION OF THE HEART: TREATMENT.

W. G—, aged 20, a shoemaker, admitted into the Ipswich Hospital, November 27th, 1845. Stated that about eight years ago he suffered from a very severe inflammatory affection of the chest, (apparently bronchitis,) since which, on slight exposure to cold and moisture, he has been the subject at intervals of cough, with great shortness of breath, incapacitating him for his ordinary occupations. Countenance sallow, swollen, and anxious; tongue tolerably clean; appetite very indifferent; bowels regular; urine diminished in quantity, high coloured, specific gravity 1.040, yielding rapid and abundant crystallization on the addition of nitric acid; cough troublesome, especially at night, with considerable mucous expectoration; extreme dyspnoea, obliging him to maintain the erect posture. Pulse 96, of moderate strength.

Physical Signs.—*Inspection:* Entire chest rounded and prominent; bulging of infra-clavicular regions, and antero-superior surface generally; ribs rise *en masse*, collapsing tardily, and with difficulty; cardiac impulse imperceptible.—*Percussion:* Morbidly clear over the entire chest, but more particularly so over the superior regions in front; natural cardiac dulness elicited at the lower part of the sternum.—*Auscultation:* Respiratory murmur very feeble; expiration prolonged

in the lower lobes of both lungs, with a few bronchial rhonchi at the base of the left side; heart's sounds of greatest intensity over the ensiform cartilage, and for a few inches to the right of that spot, but not transmitted through the lung; very feebly heard over the natural site of the organ.

Treatment.—Cupping between the shoulders; mercury with chalk, to affect the mouth; blisters to the epigastrium; and the bicarbonate with the nitrate of potass, in doses of five and ten grains three times a day.

Under these remedies the congestion was removed, the heart materially restored to its normal position, and he was discharged much benefitted.

CASE XIII.

EMPHYSEMA OF BOTH LUNGS; THE LEFT CHIEFLY AFFECTED; DISLOCATION OF THE HEART BACKWARDS; PHYSICAL SIGNS: TREATMENT.

Mr. D—, a farmer, consulted me in June of the present year, stating, to use his own words, "that he had been asthmatic for the last twenty years, but finding himself becoming worse, was now induced to seek advice;" states that his attacks occur at irregular and uncertain intervals, generally in the evening, often about midnight, preventing subsequent sleep. Countenance ruddy; general complexion dull; conjunctivæ injected and suffused; tongue moderately clean; appetite good; bowels regular; urine generally clear, occasionally depositing lithates; no pain in the chest, but slight cough, without expectoration; frequent dyspnoea, increased by exertion; pulse 76.

Physical Signs. *Inspection:* Evident rounding of both sides of the chest, but most distinctly visible upon the left, confined to its anterior aspect; sluggish movement of the ribs generally; impulse of the heart quite imperceptible.—*Percussion:* Morbid clearness over the front of the chest, also most evident upon the left side, and extending in a less degree to the back; the natural dulness of the cardiac space scarcely, if at all, appreciable.—*Auscultation:* Respiratory murmur very feeble over the front of the chest, most distinct upon the right side and back; expiratory sound prolonged, with very loud sibilant rhonchi at intervals. Sounds of the heart heard most distinctly below the angle of the left scapula; extremely feeble in front; its sounds unaccompanied by murmur; action regular.

Treatment. R. Hydrarg. Biniiodidi, gr. $\frac{1}{2}$; Extr. Taraxaci, gr. iv. Fiat pilula omni nocte sumenda. R. Acid. Hydrocyanici, (Scheele's,) m. vj.; Potassæ Bicarb., scr. iv.; Potass. Nitr., dr. ss.; Tinct. Colchici, dr. ss; Spir. Ætheris Nitr., dr. ij.; Aquæ Destillatæ, oz. viijss. M. Pars sexta ter indie.

This plan of treatment with a regulated diet, was continued for three weeks, when the patient having regained his usual state of health, discontinued medicines, and up to the present time remains apparently relieved.

The foregoing cases both present examples in an exaggerated form of pulmonary emphysema or dilatation of the air-cells. In both, the commencement of the disease could be traced to an inflammatory affection of the lungs; in both, the heart was dislocated from its site; and in both, the configuration of the chest was so much, and permanently altered, as to render impossible the restoration of the lung to its healthy condition. Under these circumstances, the

object of the treatment consisted—1st, in restoring the balance of the circulation, and thereby removing congestion; 2ndly, in correcting the depraved condition of the digestive organs, which so frequently accompanies this affection, and which, by producing flatulent distension so greatly aggravates the dyspnoea; and 3rd., in avoiding all excitement of the respiration and circulation, by strict attention to diet and regimen, and carefully guarding against a renewal of inflammation or congestion.

(To be continued.)

PROVINCIAL

Medical & Surgical Journal.

WEDNESDAY, OCTOBER 21, 1846.

We are authorized by the Council of the Provincial Medical and Surgical Association to state, that it has been determined to present a Memorial on the subject of the Registration of Medical Practitioners to the Right Honourable the Secretary of State for the Home Department; and that the propriety of soliciting an interview for a Deputation from the Association, is under consideration.

The following is an outline of the proposed Memorial:—

To the Right Honourable Sir George Grey, Bart., Her Majesty's Principal Secretary of State for the Home Department.

We, the undersigned, acting in the name and on the behalf of the Provincial Medical and Surgical Association, beg respectfully to direct your attention to the circumstances under which the members of the said Association, (amounting to upwards of one thousand eight hundred and sixty physicians and surgeons,) in common with others, members of the medical profession, practising Medicine and Surgery, in various parts of Her Majesty's dominions are placed.

Your Memorialists, acting for, and empowered to act on the part of, the said Association, are prepared to shew that a sufficient primary and equal qualification in Medicine, Surgery, and every department of Medical Science should be required of all persons entering the medical profession, before receiving a license to practise the same.

That all persons so qualified, and duly certified and licensed as such, should be entitled to practise any and all of the branches of Medicine throughout the whole extent of her Majesty's dominions.

That in order the better to secure the above objects, and at the same time to protect the rights of all qualified medical practitioners by law or custom appertaining to them, and to afford a basis or ground-work on which future legislative measures for the mutual benefit of the public and the medical profession may be founded, it is desirable that the existing members of the

said profession, whether graduates in medicine of any British University, members or licentiates of any recognized British College of Medicine or Surgery, or of any corporate body authorized by law to grant licenses to practise Medicine or Surgery in either of the three divisions of the United Kingdom, should be duly distinguished as medical practitioners from all others not so qualified.

That for this purpose, a registration of all such qualified medical practitioners on some simple and comprehensive plan should immediately be had recourse to.

That your Memorialists, are further desirous of directing your attention to the principles adopted by the Provincial Medical and Surgical Association, a statement of which is herewith inclosed, as those on which measures for the reform of the medical institutions of this kingdom should be based; and your Memorialists beg to represent, that where the public health is so materially concerned, the Government of the country cannot but be deeply interested, and that it seems to your Memorialists most desirable that the whole question should receive the attention of the Secretary of State for the Home Department, under whose auspices alone can any satisfactory measure finally be carried.

The Power of the Soul over the Body, considered in Relation to Health and Morals. By GEORGE MOORE, M.D., Member of the Royal College of Physicians, &c. London: 1845, 8vo., pp. 355.

Some two years since, a treatise entitled "Vestiges of the Natural History of Creation" was published, and had for a time an extensive circulation. Believing the tendency of this work to be most mischievous to the unreflecting and more superficial class of readers, while the pen of a ready writer had enabled its author to clothe his extraordinary assumptions in an easy and readable language, we deemed it best to pass it over in silence, rather than draw attention in any way to so questionable a production. As, however, this work has acquired a considerable degree of notoriety, and its pages would seem to be suited to the tastes as well as to the capacities of drawing-room readers, we here briefly allude to it, in the hope of inducing our medical friends to recommend, by way of antidote, the perusal of Dr. Moore's work, wherever they may have occasion to notice that the insidious poison has found acceptance.

If the "Vestiges of the Natural History of Creation" are characterized by assumption and superficiality of reasoning, the treatise of Dr. Moore is no less remarkable for high principle, deep thinking, and extensive research;—for the interest of its illustrations, and the elegance, purity, and force of its language.