tured by, and to be obtained from myself) act entirely by pressure, which they have no means of regulating, other than by tightening or relaxing the straps. Beyond this, they, it is true, can change the spring for one of greater power, or supply an additional spring; but all these contrivances only serve to increase the torture of their already agonised patients, without giving them any facilities of endurance; and we still are forced to recur to Sir Astley Cooper's anxious research—for a strong truss, and an easy one!"

XLIII.

ON AN INSIDIOUS FORM OF PUERPERAL FEVER. By M. LEGALLOIS, Physician to the Hospice St. Michael.

In a memoir which the author presented to the Royal Academy of Medicine, he maintained that the majority of puerperal diseases of an inflammatory nature, as phlegmasia dolens, peritonitis puerperalis, &c. were occasioned by some specific or deleterious substance mixed with the blood—and secondly, that this morbid principle was lochial discharge absorbed after it had become purulent. This etiology he based on the anatomical condition of the uterine veins—on comparative pathology, and on close examination of the various phenomena. In these ideas he was confirmed by the researches of M. Dance and various other pathologists. The following observations we shall quote in an abridged form.

The Spring of 1828 was very wet, and the Summer as dry. This constitution of the atmosphere produced immense numbers of intermittents. Scarcely a day passed without applications at the Maison Royale de Charenton. In the month of August, when the heat was very great, M. Legallois was called to a female, who had been delivered a few days previously, in an easy and natural manner. The lochia were still flowing freely, and there was no local pain of any kind. The abdomen, however, was rather more voluminous than natural,

but quite void of tenderness on pressure. Every evening the female was seized with a shivering, followed by reaction, which lasted the greater part of the night. Several days were allowed thus to pass, without the exhibition of any medicine. M. L. conceiving that it was a case of the prevailing intermittent. Fearing that the paroxysms, if continued, might determine a congestion in some of the abdominal organs, our author exhibited cautiously the sulphate of quinine. The subsequent remission was prolonged beyond the usual period, and the succeeding paroxysm less severe. The quantity of quinine was increased to ten grains in the day, and ultimately to fifteen grains, without any other apparent effect than a slight amendment. But suddenly the accession became anticipated and exasperated—vomiting ensued—the epigastrium became tender, though not swelled. These symptoms continued for another day, and then a consultation was held, when it was determined that there was inflammation of the stomach, with the addition of puerperal fever. Leeches and baths were employed; but the abdomen now became distended, the vital powers were prostrated, and the patient died in four or five days from the invasion of this new train of symptoms. No dissection ensued; but the Doctor very candidly blames himself for giving the quinine too long, when he ought to have watched the local symptoms. We shall give some particulars of another case, on account of the dissection.

Case 2. A female, 18 years of age, strong and well formed, was confined in natural labour, and safely delivered, the 9th of October, 1830. The lochia flowed during two days; on the third they became pale, and on that evening she was seized with a rigor very severe. This was succeeded by strong febrile reaction, and a remission. Next evening another rigor—and the same happened every day till the 14th October, without any symptom of local affection. Nothing but diluents were given, with an emollient lavement evening and morning. On the 15th October, the vascu-

lar action being considerable, a small quantity of blood was taken from the arm, after which the pulse rose in strength, and amounted to 120 in the minute. Still the abdomen was soft and not tender on pressure. On this day she had two rigors. 16th. She complained of great debility, and the pulse was rather weak, at 130 in the minute. For the first time pressure on the right hypogastric region occasioned deep-seated pain. The tongue was moist; and there was neither nausea nor vomiting. The rigor occurred to-day, followed by fever, and afterwards by some perspiration. In the evening all things appeared worse—the abdomen was painful—the features sunk. Another venesection, which was too late, as she died the next day.

Dissection. About two pints of a milky fluid were found in the cavity of the peritoneum. The peritoneum itself was neither inflamed nor injected. The uterus was about the size of two large fists, and was capable of holding a hen's egg. The place where the placenta had been attached, was rugous and pierced by several apertures, into which a quill could easily be introduced. The veins of the uterus, the muscular tissue of the organ, the ovaries, and the spermatic veins were unaltered. In short, our author was unable to trace any vestige of uterine phlebitis or uterine inflammation of any kind. He was about to give over the investigation when, on looking at the vagina, he perceived, on the internal surface of the labia, near the posterior commissure, two lacunæ, of three or four lines in diameter, filled with a white and puriform matter. On introducing a probe into one of these he found that it communicated with one of the large veins which ran from the bladder to the vagina. This vein, and the trunk from which it rose, till it merged in the hypogastric vein, viz. during an extent of three or four inches, was completely filled with the same puriform matter observed in the above-mentioned lacunæ. The veins of the opposite side presented the same phenomena, and the internal surfaces of all these vessels were found to be thickened and inflamed. The hypogastric

veins contained some clots of blood mixed with a substance similar to that already mentioned. The other particulars of the dissection we pass over, as not throwing any light on the disease.—*REVUE MEDICALE.*

XLIV.

PARALYSIS OF THE LOWER EXTREMITIES.
By PROFESSOR CHIAPPA.

THE following case is curious and consolatory. A young female, of slender form but sanguineous temperament, gradually lost the muscular power of the lower extremities—and, in the course of two years, she was totally incapable of moving them. Yet, in this deplorable condition she became, by some inadvertence, pregnant, and, in the usual period, gave birth to an infant, without favourable change in the paralysis. She was then transferred to the *CLINIQUE* of Dr. Chiappa, who noted the following symptoms:—pulse small and hard—frequent cephalalgia—very little sleep—thirst—constipation—violent pain in the left scapula—also in the abdomen, to which she referred the want of sleep. The thighs, but more especially the legs were the seat of acute pain, of a burning kind. All the parts above-mentioned were extremely sensible to the least pressure. The lower extremities were in a state of extreme emaciation.

These symptoms being all taken into consideration, M. Chiappa did not hesitate to attribute them to inflammation of the spinal marrow, extending to the nerves of the abdomen and lower limbs. The treatment was shaped according to this diagnosis, and venesection was practised, while rigid diet, and all the other antiphlogistic measures were put in force. The blood was found to be highly inflamed, as much so as in pleurisy. After four bleedings, leeches were applied to various parts, and in great numbers, on the abdomen, along the spine, to the anus, &c. In the mean time the bowels were kept open by castor oil, while antimonials, acetate of