the same habit of body; their being preceded by a cachexia in no respect distinguishable for the one and for the other; their coexistence in the same individual; the occurrence of one series in certain individuals of a family, of the other in other members of the same family; their common transmissibility, including that of the cachexia or diathesis; the apparently indifferent development of either amongst the offspring of parents, one or both of whom may have manifested one only of the two forms of affection. Facts like these, some of which are strikingly illustrated by histories reported in M. Legrand's work (as e. g. by cases 52 and 53), and of which we are persuaded the personal experience of all our practical readers will have furnished them with instances, appear to us to demand, that far more substantial arguments than have hitherto been brought forward, whether of statistics or of logic, shall be adduced, before the common nature and origin of tubercle and scrofula, to which they so strongly and, in our apprehension, so conclusively point, may be considered as disproved. A belief in this generic identity we conceive to be still the prevailing one amongst our countrymen; nor should we, even at the instigation of a work honoured by the approbation of the French Academy of Medicine, have been disposed to give so much space to an examination of the arguments brought against it in that production, had we not been mindful of the powerful influence likely to have been derived to the contrary belief by the statements of Mr. Phillips, whose work, as a whole, deserves to be regarded as the most complete and valuable monograph on the subject of Scrofula in our own, or probably in any other, language. The arguments of this able writer were principally statistical, and were examined, and we think satisfactorily disposed of, in the pages of one of our predecessors; they are also met by very pertinent objections in the little work of Dr. Madden which stands at the head of this article; and we have no intention of alluding to them any further. But believing as we do, that the pathology of tubercular disease cannot be advantageously investigated, apart from that comprehensive view of its phenomena which depends upon an admission of its essential identity with scrofula, we have thought it desirable to defend this position from the more recent attacks upon it contained in M. Legrand's pages.

ART. XIV.

1. *Obstetrics: the Science and the Art.* By CHARLES D. MEIGS, M.D., Professor of Midwifery in the Jefferson Medical College at Philadelphia, &c. &c. With 121 Illustrations on Wood.—*Philadelphia*, 1849. 8vo, pp. 686.
2. *Parturition, and the Principles and Practice of Obstetrics.* By W. TYLER SMITH, M.D. Lond., Lecturer on Obstetrics in the Hunterian School of Medicine.—*London*, 1849. Fcap. 8vo, pp. 396.

IN continuation of our review of these works, we have to notice particularly the more practical subjects which are discussed in them. And in doing so, we shall chiefly be engaged with Dr. Meigs; not only on account of his acknowledged experience as an obstetric practitioner, but also because the scope and construction of his treatise require it. We have already devoted much space to a critical analysis of Dr. T. Smith's

views ; and as we regard the practical portion of his work as altogether subordinate to the physiological, we shall not at any length allude to it.

Dr. Meigs has illustrated many parts of his work with diagrams, most of them simple outlines like M. Chailly's ; and in general they are well selected and instructive. In connexion with the planes of the pelvis, he has added four useful outline figures from Wigand, showing different inclinations of the superior strait of the pelvis. His side view of the pelvis has an anatomical error, which we have seen in several other works : the anterior lip of the os uteri is made shorter than the posterior lip ; this should be reversed. We doubt, too, the propriety of representing the vagina as an open cylindrical canal, because in truth, during life, the two walls closely approximate, and form an important column of support to the uterus. To watch through the aperture of a speculum the way in which the vagina contracts as the instrument is withdrawn, affords a sufficient demonstration of this fact.

The mechanism of the different cranial positions, of which Dr. Meigs enumerates six, is divided, after the manner of the French, into a series of movements of the foetal head, viz. flexion, rotation, extension, and restitution. This is a clear way of describing the passage of the head in childbirth, and one which is readily appreciated by students. In the fourth position, where the occiput is directed to the right sacro-iliac synchondrosis, Dr. Meigs accords with Professor Naegele, and all well-informed accoucheurs, that the occiput moves round to the right acetabulum spontaneously ; although this movement of internal rotation sometimes requires, according to Dr. Meigs, to be aided by the accoucheur's hand, or even by an instrument. The way in which the child is born when this movement is not accomplished, is shown by a diagram ; and we confess in our own experience, that it is far better to leave the selection of the two to nature, than to make any attempts to rectify it. We doubt very much whether the hand alone can ever accomplish it ; and it may well be questioned whether the movement, in cases where this kind of assistance has been given, would not have been accomplished without it. It is, we believe, a judicious practice, if instruments are employed at all, to be content with supplying the force, in accordance, of course, with the proper axes of the pelvis, and to leave the way in which the child's head will pass out entirely to nature. If the large movement of rotation can be made, it will take place of itself ; and if it is not spontaneously effected, it is better to deliver with the forehead first. Our own experience, at least, has led us to this conclusion. Dr. Meigs agrees with Dr. Naegele and others, in considering their fourth position as the next in frequency to the first, viz. where the occiput is forward, and to the left. He states this as the result of his registry of presentations and general clinical experience, but without giving the relative number.

Abortion. The chapter on Abortion in Dr. Meigs's work is short and defective, and much in contrast with the elaborate lectures on this subject by Dr. Tyler Smith. The influence of the excito-motor power in conveying impressions from different parts of the system, through the spinal cord to the uterus, and inducing abortion, is here well illustrated. Without recognising, says Dr. T. Smith, the paramount influence of the nervous system in the causation of abortion, we deal only with surface physiology. Hence he has simplified the large and diversified subject of the

causes of abortion, by ranging them under two heads. 1. The excentric causes which act by irritating the extremities of the spinal nerves; and, 2, the centric causes in which the spinal centre is mainly concerned.

Among the *excentric causes* we find irritation of the mammary, trifacial, vesical, ovarian, rectal, vaginal, and uterine nerves; and, although in this catalogue we find no more than what are usually included as the accidental causes of abortion, yet Dr. Smith's mode of describing them, as practical illustrations of the excito-motor theory, is novel and interesting.

Among the *centric causes* are blood-poisons, the exanthemata, syphilis, scrofula, mercurialization, carbonic acid, specific uterine excitants, and emotion.

We do not propose to follow Dr. Smith into his description of the operation of these various causes; but we notice that he speaks in a very cursory manner of the diseases of the os and cervix uteri. He hints, indeed, at their having been forced into a too prominent position, as though they were the main and almost the exclusive causes of abortion. Dr. Meigs does not even mention them; and in speaking of their treatment in the prevention of abortion, Dr. T. Smith only says, that "it is sufficiently simple, consisting of local abstraction of blood, and occasional cauterization of the diseased sites; every possible care being taken to prevent local and constitutional disturbance following upon the treatment." Indeed, if we were to judge of the relative importance of the various causes of abortion by the care and pains with which they were described, we should say that Dr. T. Smith attributed greater importance to irritation of the mammary and trifacial nerves, than to these local complaints; which is perhaps to be accounted for from their affording apt illustration of his physiological views of the synergic relation between these remote parts. Perhaps the rarest cause of abortion is irritation of the trifacial nerve, and about the next is mammary irritation. And yet we think he has shown a good deal of forecast in the following statement.

"I ought to state, that while I do not doubt the frequent occurrence of inflammatory disorder, and its consequences in the os and cervix uteri in pregnancy, still the organ has so recently become the subject of common visual examination, that I do not think the variations of colour, size, hardness, and the state of the circulation which may be consistent with moderate health in different classes of life, are as yet satisfactorily made out; and thus many cases may be set down to disease which are not truly and decidedly morbid; and in some cases of this kind, abortion has been positively excited by the treatment pursued to prevent it." (p. 144.)

Our own experience very much coincides with this; and we think that Dr. T. Smith ought to have shown far greater caution in keeping with this opinion of his, than by recommending, in a loose and unpractical way, "the local abstraction of blood, and occasional cauterization," as the *simple* way of treating these cases. We believe that a soft granulating surface around the os uteri produces very little irritation indeed; and if it were left alone, would rarely, if ever, cause abortion. If, however, the deeper tissues of the canal of the cervix are inflamed, then far greater irritation is occasioned; but then it must be noticed, that as long as this state lasts, pregnancy very rarely occurs. We believe we are enunciating a practical fact when we say that such a condition of the os and cervix, whether of induration or ulceration (as a simple granulating surface is constantly called, and familiarly spoken of to patients), as does not occasion sterility,

will rarely cause abortion; provided always, that the disease is not mixed up with some syphilitic or cancerous taint. The great danger is in over-treatment.

We cannot but observe, too, that syphilis, as a cause of abortion, has not received from either author a sufficient degree of attention. It is of little practical value to speak of such a disease as syphilis, in general terms, as causing abortion; and our present knowledge of the disease, in this relation, requires a more minute description of it. Every one understands that if a woman, having had a primary sore, retains so much of the poison as to exhibit any of the recognised forms of secondary or tertiary signs, her offspring will be either killed by it in utero, or born with marks of it. This is an elementary fact. But supposing a man to have been cured of primary sores, and have only a very slight appearance of secondary symptoms,—say a little discoloured spot or two on the inside of the hand or edge of the scalp,—can he transmit the poison to the ovum, through the semen, without the woman having any known marks of syphilis; and can the taint then remain so long, as to cause a succession of abortions? Again, supposing the husband to be cured of his secondary symptoms, can he still retain so much of the poison as shall infect the ovum, though no trace of it shall be apparent on him or his wife; and may the death and abortion of the early fœtus ensue? We might refine on this inquiry, and still not overstep the limits within which this poison may be said to range in destroying the early ovum. The character of the ovum, under these circumstances, is an important part of intra-uterine pathology. There is oftentimes a well-marked change on the surface of the placenta; thick white patches, which we believe to be a primary disease of the placental decidua, and particularly of the cells of which it is composed. The ovum undergoes a slow death; the fœtus, at an early period, is frequently wanting when the amnial sac is opened; it appears to have broken up, and disappeared by liquefaction. The preventive treatment of abortion under the more disguised states, is full of clinical interest. Ought one or both parents to undergo mercurialization? and how long ought they to be separated, and pregnancy prevented? We cannot, of course, do more than hint at this inquiry; but we feel that our authors have virtually omitted one of the most widely diffused causes of abortion, in not having critically and at length examined this subject.

The use of instrumental aid in withdrawing the ovum is referred to by Dr. Meigs, who speaks favorably of Dr. Dewees's hook and of Dr. Henry Bond's forceps. He wisely enough limits their application in the following remarks:

“While I lay before the student these instruments for the extraction of the dead ovum, I ought to warn him against too facile a disposition as to the employment of them, and to assure him they will often disappoint his expectations, and sometimes, where they do succeed, lead to evil consequences as to the mother. The ovum, in abortions, inhabits the body and fundus uteri. The cervix stands guardian as the *facultas retentrix* over the deposit, and reluctantly yields it a passage. In doing so, the conical neck of the womb must become a cylindrical canal, into which the fundus and corpus uteri thrust their intolerable burden. When this cylindrical canal hath received into its calibre a small ovum, or the remains of one, it has, of itself, little or no power of expulsion, but merely grasps the ovum and holds it fast. It holds it sometimes for many days. I have found it to hold the ovum in this manner for many consecutive days, because the very os uteri would not let it

escape, refusing to yield, chiefly, perhaps, because no dilating pressure was applied. In the long run it yields, the os tinæ becomes wide open; and then, a bearing-down effort, a fit of coughing, or straining at stool or urine, drives it forth into the vagina. Now, until the canal has become truly cylindrical, Dr. Bond's forceps and Dr. Dewees's hook are not to be employed without much care and gentleness. For the most part it is better to wait until all is prepared, and then remove the object with the index-finger." (pp. 215-16.)

In those tedious and dangerous cases of abortion, where the ovular membranes lacerate early and the decidua peels off only by degrees, with fetid discharges and recurring hemorrhages, we have found a stream of tepid water thrown into the uterus very useful, not only in clearing the cavity of the womb itself from the decomposing matter and so removing a source of disease, but also in favouring the separation and expulsion of the collapsed membranes. Cases of this kind extend over six or eight weeks or more, before the uterus is cleared; and the patient becomes sadly debilitated. Hooks or forceps are of no use in such instances.

Conduct of labour. Under this title Dr. Meigs has given a comprehensive summary of what may be required of the accoucheur, not only in natural but in many cases of difficult labour. "The conduct of labour," he says, "might refer to any, and so to all possible events in midwifery: for midwifery after all is but the conduct of labours." Hence he not only in separate paragraphs gives the general rules and precepts on the management of labour,—such as attention to the bowels, position of the patient, the support of the perineum, &c. &c.,—but he considers also the treatment in cases of obliquity of the uterus, the effects of a "badly-shaped sacrum and pubis," and the management of the placenta when retained and adherent. There is of necessity little that is novel in these matters; it is enough that the sound and judicious principles which have guided the best accoucheurs should be here adopted: but we willingly acknowledge a very pleasing style in their description, which is in general free from Dr. Meigs's former conceits, and retains all his raciness and apt illustration. He has an earnest way with him, when speaking of the most elementary subjects, which fixes the attention and adds much value to the work as a text-book for students; indeed it is obviously the result of much practical acquaintance with the art of teaching.

There is only one subject contained in this chapter which we feel it necessary to allude to, and that is the use of ether and chloroform in midwifery.

Anæsthesia in midwifery. It is now more than two years and a half since (January 1847) Professor Simpson, of Edinburgh, first employed the vapour of ether in a case of delivery by turning where the pelvis was deformed; and the result of this was, that the labour was terminated without the woman feeling pain, without impairing the force or frequency of the contractions of the womb, or the consentaneous movements of the abdominal muscles, either during the labour or after it, and without injury to the child. Before the year was out, Dr. Simpson's strenuous advocacy of this mode of saving women the pain of labour had induced other obstetric practitioners to employ it; its use was not confined to difficult or instrumental cases, but it was exhibited in natural labour; and after a series of experiments on other anæsthetic agents, devised and carried out with the greatest perseverance and at some personal peril, Dr. Simpson

discovered that chloroform was a more available, and in most, if not all respects, a more valuable, agent for the induction of anæsthesia. Indeed the superiority of chloroform over sulphuric ether was found in practice to be so very great, that the latter was abandoned; and since then the vapour of chloroform has been the sole agent used throughout the scientific world, both in the practice of surgery and in obstetrics. The increased amount of benefit derived from it in addition to that above stated, as the result of Dr. Simpson's additional experience, may in general terms be stated to be, that its influence may be kept up for hours—six, eight, or more,—without any harm; that the minds of women are relieved from the distressing forebodings connected with labour; that the soft parts are relaxed; and further, that the chances of a rapid and more healthy convalescence are increased. With all this alleged good there is little or no evil, none at least but what a careful administration of well-prepared chloroform may be expected to avert. Whatever our opinions may be on the use of anæsthetics in midwifery, we cordially offer our congratulations to Dr. Simpson on his discovery of chloroform, and our admiration of the enterprise and energy with which he has confirmed and extended the use of anæsthesia in painful diseases and operations; and we have, too, the pleasing reserve, that this great boon to the human race is inseparably associated with an obstetric physician.

Notwithstanding, however, the good report of chloroform in midwifery, our two authors are decidedly opposed to it. Dr. T. Smith condemns it, without, however, giving any reasons in detail why he does so.

"A year ago, and all women were promised safe and perfect exemption from the pains of natural labour. Now, however, the anæsthetic Elixir proves to be but a cup of Circe, instead of the true birth-help. At the present time, when the febrile excitement of the medical mind upon this subject is rapidly passing away under the influence of the numerous fatal cases which have occurred from the use of anæsthetic agents, there seems a more than ordinary necessity for dwelling upon the manifold wisdom with which the act of parturition is surrounded. Woman will certainly derive truer comfort, and a greater measure of safety and freedom from unnecessary suffering, from physiology, than from a wild therapeutics, which, in her hour of trial, only offers a choice betwixt poison and pain." (p. 168.)

This is severe but indiscriminating; and we cannot but remark that the talk about a "wild therapeutics" comes with a bad grace from the advocate of catheterization of the fallopian tubes. Dr. Meigs, however, has considered this subject far more at length, under the title of etherization, and in answer also to a letter from Dr. Simpson, which is given. He does not "deny that there may be instances of severe suffering for women in labour, that ought to be mitigated or even wholly obviated by casting the woman into the profound anæsthesia of chloroformization. But what he desires to say is this;—that having carefully studied the reports upon etherization and chloroformization, whether of America or of Europe, he yet remains unconvinced, either of the necessity of the method or of its propriety." His first argument against its necessity is derived from the average duration of labour, which is computed to be four hours; and taking the number of labour-pains at about fifty, and their average length at about thirty seconds, the woman really suffers about fifteen or sixteen minutes. "I should find," says Dr. Meigs, "the objection to it less, and the inducement greater, were the fifteen minutes of pain to be always fifteen consecutive

minutes. When they are distributed through two hundred and forty minutes, or four hours, I look upon the exhibition as unnecessary and uncalled for." Dr. Meigs thinks, too, that the harrowing distress connected with childbirth has been greatly exaggerated by the friends of anæsthesia; and that the lying-in room is more a scene of cheerfulness and gaiety, than of the shrieks, and anguish, and despair which have been so forcibly portrayed. The hazards, too, of anæsthesia are in his mind great. He fears, from the result of experiments, its influence on the medulla oblongata; and he says: "Many and but too many examples of the power of these tremendous agents to overthrow, almost instantly, the force resident in the medulla oblongata, are spread upon the records of medicine for the last two years."

The arguments which our author furnishes of the impropriety of anæsthesia, we give in his own forcible words:

"I cannot avoid the feeling of astonishment which seizes upon me when I read the details of cases of midwifery that have been treated during the profound *Drunkeness* of etherization. To be insensible from whisky, and gin, and brandy, and wine, and beer, and ether, and chloroform, is to be what in the world is called dead-drunk. No reasoning—no argumentation is strong enough to point out the ninth part of a hair's discrimination between them—except that the volatility of one of the agents or its diffusibility as a stimulant narcotic, enables it sooner to produce its intoxicating effect, which is sooner recovered from. . . .

"I have by no means said what I am inclined to say as to the doubtful nature of any processes that the physician sets up, to contravene the operation of those natural and physiological forces that the Divinity has ordained us to enjoy or to suffer. The question is often propounded as to the Beneficence that ordained woman to the sorrow and pain of them that travail in childbirth. It ought to be taken for granted without any the least disposition to what is called *canting*, that some economical connexion exists betwixt the power and the pain of labours. While, therefore, we may assume the privilege to control, check, and diminish the pains of labour whenever they become so great as to be properly deemed pathological, I deny that we have the professional right, in order to prevent or obviate them, to place the lives of women on the hazard of that *progress* of anæsthesia, whose laws are not, and probably can never be ascertained so as to be foreknown." (pp. 318-19.)

Dr. Meigs recapitulates these opinions in a letter to Dr. Simpson; but, in addition, he has used some very forcible expressions on the employment of chloroform in natural and instrumental midwifery. With reference to the latter, he holds that, in a forceps case, to place a patient under such circumstances that she cannot answer yes or no to the question whether she is hurt or not, is to cast away our safest and most trustworthy diagnosis, for the questionable equivalent of ten minutes' exemption from a pain, which even in this case is physiological. In relation to the former we cannot do better than transcribe his own words:

"I readily hear, before your voice can reach me across the Atlantic, the triumphant reply that an hundred thousand have taken it *without accident*! I am a witness that it is attended with alarming accidents, however rarely. But should I exhibit the remedy for pain to a thousand patients in labour, merely to prevent the physiological pain, and for no other motive—and if I should in consequence destroy only one of them, I should feel disposed to clothe me in sackcloth, and cast ashes on my head for the remainder of my days. What sufficient motive have I to risk the life or the death of one in a thousand, in a questionable attempt to abrogate one of the general conditions of man?

"As to the uses of chloroform in the medical or therapeutical treatment of pain,

the question changes. There is no reasonable therapeia of health. Hygienical processes are good and valid. The sick need a physician, not they that are well. To be in natural labour, is the culminating point of the female somatic forces. There is, in natural labour, no element of disease—and, therefore, the good old writers have said nothing truer nor wiser than their old saying, that ‘*a meddling midwifery is bad.*’ Is chloroformization meddling?” (p. 325.)

We are bound to notice that Dr. Simpson has replied to these observations of Dr. Meigs, and other objectors to anæsthetics in midwifery, in a Report on its early History and Progress;* and to this we must refer our readers, until we take up the subject in more detail.

We own ourselves amongst those who are not convinced by his arguments, although we readily acknowledge their shrewdness and ability. In practice our objection is to its employment in simple natural labour. We have used it, however, with great advantage in the intense suffering which accompanies the irregular contractions of the first stage of labour in some hysterical women; also for a time in the second stage of labour, when it is prolonged, and the patient’s powers become depressed, and her mind desponding. It is particularly indicated in that agonising form of precipitate labour, where the force and frequency of the pains are vehement and rapid; but with the exception of a single case of version, we have never employed it in instrumental midwifery. We believe that the judgment of the majority of the accoucheurs of any celebrity in London is adverse to its extended employment; and we think also that it has not found that favour with our countrywomen which its zealous advocates anticipated.

Præternatural labour. Amongst the various subjects which come under this division, Dr. Meigs includes the different forms of hemorrhage; which are comprised also in the last two lectures of Dr. T. Smith. The latter gives a very interesting exposition of the physiological modes of arresting uterine hemorrhage; without, however, in any material way increasing our resources for this purpose. Dr. Meigs refers to the practice recommended by Drs. Radford and Simpson, of detaching the placenta in some cases of placenta prævia. He argues theoretically, and under what we believe to be perfectly mistaken notions of the anatomy of the utero-placental circulation, that too much confidence has been reposed in this means of arresting hemorrhage. There is so much concurrent testimony, however, that when the placenta is separated, the bleeding ceases, that this fact alone is a sufficient warrant for the practice, provided it does not involve other invalidating objections. The necessary death of the fœtus is one of them; and in Dr. Meigs’s opinion, such a dilatation of the os uteri as would admit of the perfect separation of the placenta, would also admit of the operation of turning. But this is just the question. It is certain that the os uteri will in some cases, in spite of copious hemorrhage, remain a firm, solid, undilatable ring, not admitting the introduction of the hand. Dr. T. Smith considers this condition, although in our minds without any show of practical truth, an active contraction of the cervix uteri, not a rigid unyielding structure. It is in this complication, one of a *very rare* description, that it is considered feasible to effect by the sweep of the fingers, an entire separation of the placenta. In some cases, where the placenta is small and not morbidly adherent, there can be no doubt that it may be

* Anæsthetic Midwifery: Report on its Early History and Progress. 1848.

accomplished. But if there is but little liquor amnii, and the head of the foetus during pregnancy has rested on the concave surface of the placenta, it happens that the placenta is thinned and extended, and perhaps adherent. Such a complication we have met with; and to attempt to separate such a placenta with the imperfect means at our command, is an operation which we feel persuaded would signally fail. Dr. Meigs speaks of this practice as becoming "very popular." If so, we cannot but suppose that cases are treated by this method, which ought to be completed by version. A man may have the greatest opportunities from public and consultation practice, and he will very rarely indeed meet with a case of placenta prævia which would justify the artificial separation of the placenta. So far as our own observation goes, the error is in not turning early enough, and in looking rather to the positive extent of dilatation of the os uteri, instead of to its dilatability.

We must refer our readers to a comprehensive discussion of the causes of puerperal convulsions, by Dr. Tyler Smith. The subject, as he has treated it, involves so many physiological considerations, that it would be beside our present purpose to analyse or criticise it. Neither he nor Dr. Meigs has given, in our minds, sufficient importance to the condition of the blood which precedes eclampsia, and which is attended with albuminuria. Dr. Meigs, indeed, does not even mention it; and Dr. T. Smith alludes to the albuminuria as sometimes accompanying puerperal convulsions, and as always caused by pressure on the kidneys and the renal vessels and nerves, accumulating noxious elements in the blood. We believe that Dr. T. Smith will find the condition of blood, which is generated at the latter periods of gestation, and most commonly in first pregnancies, and which is accompanied with anasarca of the upper parts of the body and albuminuria, to be the great cause of puerperal eclampsia; and to be of infinitely greater moment, in a practical point of view, than all the excentric causes put together. What this condition of blood is, and how it is occasioned, are the pathological problems to be solved. As to pressure on the large abdominal vessels, whether arterial or venous, being the cause, we know of no facts on which this supposition is based. What are the noxious elements? Urea, we know, is present in such small quantity as not to account for it. Again, in some cases of pregnancy with Bright's disease, which we know of, convulsions were not present. We must look to animal chemistry for an interpretation of this disorder.

Dr. Meigs records a very interesting case of labour, with carcinoma of the posterior lip of the uterus. The patient was thirty-three years of age, and had been sterile for fourteen years; but before then had borne two children. The pregnancy had been more than usually painful, with bloody vaginal discharges. The labour was attended with intense suffering, and at length the lower segment of the uterus, with the malignant tumour, was separated and cast off, after which a full-sized child was born. The patient died on the following day. There are three figures illustrating this case.

Smallpox. Dr. Meigs devotes a paragraph to smallpox in connexion with pregnancy and labour; in which he speaks of the extreme danger attending it. He cautions the medical man against allowing a pregnant patient to be exposed to the infection of variola, or to be vaccinated during or immediately after her pregnancy. He speaks of having witnessed shocking spectacles of distress from the vaccination of pregnant females;

and in an epidemic of smallpox, he would leave his pregnant patients to the chance of a natural infection, rather than bring them within the scope of its virulent power by a vaccine inoculation. "I have seen," says he, "pregnant women very nigh to term unnecessarily revaccinated, with consequences so terrific, that I think I would not, for a thousand golden crowns, vaccinate any woman knowing her to be pregnant." His opinion of the danger attending smallpox, and he might have added scarlet-fever, is thus expressed :

"I will not say that every woman who gives birth to a child while labouring under smallpox must inevitably perish, since my clinical experience has shown me that the contrary may, rarely, be the case. But I do hold to the opinion, that a pregnant woman, labouring under a considerable attack of smallpox, is far more likely to be lost than saved, whether she miscarries, whether she be prematurely confined, or whether she give birth to her child at the full term of utero-gestation. A pregnant woman may be attacked with smallpox even in its most direful confluent form, and yet recover well, provided labour does not come on in the course of the disease; but, if she be confined or suffer abortion, she shall hardly escape death by hemorrhage from the womb, or by metro-phlebitis coming on early after the detachment and expulsion of the placenta." (p. 431.)

Embryotomy. The history of a very difficult delivery in a patient whose conjugate diameter of the pelvis measured only two inches, is recorded at great length. In conducting the delivery of this case, Dr. Meigs found the crotchet and Dr. Davis's osteotomist fail him in breaking up the cranial bones; and it was not until putrefaction had done its work, that the bones could be removed, and the head so reduced as to be drawn through the narrow strait, the woman being nearly dead from exhaustion. In a subsequent confinement, at full term, the patient not consenting to the induction of premature labour, Dr. Meigs first drilled a hole in the foetal head with a convenient instrument made for the purpose; and then with two pair of pliers, the one straight and the other curved, he broke away the posterior and the front parts of the bones of the head, leaving only the bone to be withdrawn. Dr. Meigs figures these instruments, which are known in America as Dr. Meigs's Embryotomy Instruments; and he considers them an important contribution to the operation. In two subsequent pregnancies this patient underwent the Cæsarean section, the operation on both occasions being successfully performed by Dr. Gibson of the University of Pennsylvania. The children were saved and the mother recovered well. The particulars of the last operation are given in detail.

Puerperal fever. It is somewhat curious to see how uncompromising an advocate Dr. Meigs is of the treatment of this disease by bold venesection. He is an ardent admirer of Dr. Gordon's plan of depletion. "I scarcely can find words," says he, "to express my admiration of Dr. Gordon's work upon Puerperal Fever." Again he regrets the treatment recommended by other late writers, who, in general, are unfavorable to depletory measures. He does not believe in its being contagious. Our inference can only be, that he does not see the same disease in Philadelphia that we do in London or Dublin. As for bleeding in the epidemics we have witnessed here, whether in hospital or private cases, it is quite out of the question; it cannot be borne. The patients are struck with death by the puerperal poison; and to depress their powers by bleeding, is only to hasten the fatal end. A correspondence which we notice in another

part of this Number, between Dr. Joseph Clarke of Dublin, and Sir Charles M. Clarke, will throw some light on this subject.

Our last word with Dr. Meigs is in justification of ourselves. He takes us to task for an uncalled for severity towards Professor Simpson, on account of his uterine sound, which Dr. Meigs praises most highly. It is rather a failing with the Doctor to be strong in his eulogy; he has an amiable way with him of becoming warm and glowing in his laudatory testimonials; and we should have paid more attention to his short criticism on ourselves, only that we see he has been premature in his judgment. He wants experience in the uterine sound. His work on Females and their Diseases, is dated 1848; and in it there is no mention of the uterine sound. His pleasing conversations with the ladies, with his drawings of the womb retroverted, did not contain the sound in the act of turning it forward and backward, and backward and forward; making and unmaking the displacement. We are now in 1849. Let him wait and try it, and let be seen in general practice; and we are well confident that our estimate of it will be verified. Our observations in the review referred to (January) on the uterine sound, and the uterine stem pessary, were founded on an abundant experience of these instruments; and we adhere, without a tittle's abatement, to the practical truth of our remarks.

ART. XV.

A Physician's Holiday; or a Month in Switzerland in the Summer of 1848. By JOHN FORBES, M.D., F.R.S. With a Map and Illustrations. —London, 1849. Post 8vo, pp. 520.

IT is refreshing to have a legitimate opportunity now and then permitted to us, of diverging from the beaten track of professional criticism, into the more verdant paths of general literature; such opportunities, however, are but too seldom presented to us. Considering the high mental accomplishment which exists in the ranks of our profession, it seems to us that there is too great a fear of allowing the public to know it, and that in consequence our body contributes proportionally less to the mental food of the present generation, than it has done in past times. We think that this is a matter of regret on several accounts; and not least because it tends to discourage that general cultivation of mind, on the part of the younger members of our profession, which is requisite, not merely to enable them to take that social position at which they ought to aim, but also to give them a comprehensive view of the objects of their professional study. If the men in highest repute among us for their practical skill, and at the same time the most distinguished for their ability as thinkers and writers, shrink from ever committing themselves to publication except on topics purely professional, their silence may well discourage younger men who have yet their position to gain, and who too often feel themselves compelled, not merely to avoid the ostensible display of the accomplishments they may possess, but even to the positive concealment of them.

On these grounds, then, even if on no others, we should welcome the appearance of the '*Physician's Holiday*,' as an agreeable indication that taste and ability as a writer on a non-professional subject are by no means