Barry's case, several hours had elapsed between the accident and the termination of life.

Dr. CHOWNE said he was aware that Sir David Barry was impressed with the idea that he laboured under an affection of the heart. Was Sir David of the same opinion during the present attack?

Dr. JOHNSON replied that about four years ago Sir David called on him, and requested that he would examine his chest with the stethoscope, as he (Sir David) feared that his heart was affected; but at that time no disease could be detected, although it was not impossible that the hypertrophied condition of the right ventricle had already commenced. As Sir David was inclined to be stout, and one who might justly be termed a *bon-vivant*, though not irregular in his habits, he (Dr. J.) recommended him to live rather more abstemiously. The circumstances of the sudden death of a Dr. B.—were recalled to his mind on the present occasion. The doctor was rather an invalid, and he (Dr. J.) called to see him in the evening, when he found him taking his wine. He (Dr. J.) sat with him for about half an hour, when, all at once, without any evident cause, Dr. B. complained of pain in the head and stomach, and turned pale. Presuming that the doctor was fainting, he administered some brandy and water, which presently revived him, but, shortly after, the pain returned in the stomach and back with increased intensity, and in a few hours after he died. At the examination, a considerable quantity of blood was found effused, from the rupture of an aneurysm, which no doubt burst when he (Dr. J.) was first sitting with him, and the faintness induced, arrested the hemorrhage, but at last the gush was too large to be thus checked, and death followed.

Mr. COSTELLO related the case of a young gentleman who was brought into the *Hotel Dieu*, under the care of Dupuytren; who had, while fencing, the point of a dagger thrust through the pericardium, which corroborated the opinion, and in great measure served to lay the dispute that had long existed, whether such injuries were fatal or not. Dupuytren maintained that they were not always followed immediately by death.

A few other remarks followed, and then the subject dropped. The other discussions of the evening, as well as those of some other societies, shall find a place in our next number.

THE *Medico Chirurgical Society* held its first meeting for the present session, on Tuesday evening last. A report of the proceedings shall be given in the next LANCET.

MEDICO-BOTANICAL SOCIETY.

Tuesday, November 10th, 1835.

EARL STANHOPE, President, in the Chair.

THIS being the first night of the session, on the President taking the Chair, an address of congratulation on his return to England after a long absence was read. His lordship, in returning thanks, assured the Society that he felt most anxious for its success, and that he should devote much of his time to promote its welfare, both from his love for botanical science, and from the great respect he felt for the medical profession.

Dr. SIGMOND then read an eulogium on the late Mr. Gilbert Burnett, which was ordered to be entered on the minutes of the Society.

Mr. JOHNSON read an address introductory to the opening of the session, pointing out the advantages which had resulted from the study of botany, by contrasting the present objects pursued in medical education with its state many years since.

A paper by M. GERMON was next read, on the application of the juice of the Manchineel tree in cancerous diseases. The remedy is to be brought into contact with the eschar alone; care being taken to prevent its absorption at the edges, from which the worst effects might follow. Its analogy to the action of arsenic induced M. G. to recommend the juice, and anticipate success from its employment.

LONDON MEDICAL SOCIETY.

OBSERVATIONS BY DR. RAMSBOTHAM, ON EXTRA-UTERINE FŒTATIONS, AND ON THE TERMINATIONS OF THE UTERINE VESSELS, IN CONNECTION WITH THE PLACENTA.

To the Editor of THE LANCET.

SIR,—As you have noticed in the last number of your journal some remarks I made at the *London Medical Society* on a case of extra-uterine conception, I shall feel obliged by your correcting the following trifling inaccuracies into which your reporter has fallen.

I stated,—not that there were only recorded five cases of extra-uterine fœtation,—but that I was only acquainted with five, reported in our language, in which an extra-uterine fœtus had been extracted by operation through the abdominal parietes; and that none of those cases had occurred in Britain. The earliest is given by Mr. Brodie,

of Nevis, W. I. (*Philosoph. Trans.* vol. 19, June 1697.) Mr. Bard of New York has furnished one. (*Med. Obs. and Eng.* vol. 2, March 1760.) So has Dr. Bell of Dublin. (*Med. Commentaries*, vol. 2, part 1, 1774); in which instance the gestation was twin; and both fœtuses were removed at the same time. We have another by Dr. M'Knight of New York. (*Mem. Med. Soc. Lond.* vol. 4); and a fifth by Mr. Baynham, Essex County Virginia. (*Med. Facts and Obs.* vol. 1, 1791.) I might have added a sixth, which at that time escaped my recollection. (*Philosoph. Trans.* vol. 41, 1741), in which a butcher, named O'Neil, in the County Tyrone, Ireland, extracted by incision a fœtus, whose elbow appeared through an ulcerated aperture in the abdominal parietes.

I mentioned also, as your reporter states, that I had personally known ten cases of extra-uterine conception, besides the one under consideration; but as he has made me affirm what could not possibly happen, you will allow me also to correct him here. Four of the patients died from rupture of the sac, as evidenced by dissection; three of these were tubal—the most frequent form of all the varieties,—and the other parietal, or as the French call it, “interstitial,”—in which the ovum is lodged within that portion of the fallopian tube which traverses the parietes of the uterus. Three women died during the process of ulceration, established for the purpose of getting rid of the putrid mass; and three have recovered,—two after the evacuation of the fœtal body, piecemeal, *per rectum*; and the last, who had the fœtus remaining within her when I last saw her (having conceived about 20 years ago), and who has, to my knowledge, borne three children since she became the subject of this irregular species of gestation.

In noticing my remarks also on Dr. Lee's description of the connection between the uterus and placenta, your reporter asks in a note, “Where does Dr. Lee state that the apertures [described in the uterine vessels in communication with the placenta] are at their extremities?” It is true that Dr. Lee does not use the word “extremities,” but in his paper on the connection between the uterus and placenta, published in the *Philosophical Transactions*, and reprinted in his essay on some of the diseases of women, we read (p. 203), “The semilunar or valvular-like edges of the vessels at their *terminations* in the inner surface of the uterus, are admirably adapted to ensure the effects of arresting the current of blood,” &c.; and in the letter from Mr. Owen, of the College of Surgeons, to him, which the doctor has inserted in that paper (and whose opinions we may therefore fairly conclude that he adopts) we find the following passages:—“In every instance, the vein, having reached the inner surface of the uterus, *terminated in an open mouth on*

that aspect.” “But with respect to the veins, they invariably presented the same appearances, *terminating* in open semicircular orifices, which are closed by the apposition of the deciduous membrane, and placenta.” Again: “The preparation which accompanies this letter shows the *termination* of a vein on the inner surface of the uterus, and an artery of the decidua cut through, with the corresponding appearances on the surface of the placenta.”

Dr. Nimmo's report, also embodied by Dr. Lee in his paper, is to the same effect. “These (uterine vessels), instead of passing directly into the placenta, are distinctly seen applying their *open mouths* to the membrane of the placenta;” and Dr. Lee himself states that “Mr. Broughton (after having re-examined the preparations on which Dr. Nimmo had previously made his observations) authorized him (Dr. Lee) to state to the *Royal Society* that Dr. Nimmo's account was perfectly correct.”

I think, from these quotations, we may presume that Dr. Lee's opinion at the time they were published was, that the uterine vessels, in connection with the placenta, terminated by open extremities. I am, Sir, your obedient servant,

FRANCIS H. RAMSBOTHAM.

14, New Broad-street, Nov. 11, 1835.

COUNCILSHIP IN THE COLLEGE.

To the Editor of THE LANCET.

SIR,—Let Mr. Kingdon take all the benefit he desires from his “appeal” to the profession. “What's he to Hecuba, or Hecuba to him?” The Council of the College of Surgeons dishonestly exercise the power which they wield;—to share this power Mr. Kingdon aspires, and bases his claim on the same pretensions as have been advanced and acted upon by all successful candidates for the usurpation, and he now grumbles that he is denied the power of riding roughshod over his fellow members, and demands their sympathy that the power is refused him! The members of the College have not shown all the spirit which their declarations in 1826 justified us to expect; but they surely will not weep with Mr. Kingdon, he having sought for office by recognising the unworthy principle which excludes from the Council the very men whose support he now supplicates. Let this gentleman show cause for the inconsistency which thus marks his conduct. I am, Sir, yours respectfully,

A MEMBER OF THE COLLEGE.

London, Nov. 5, 1835.