worse. On attending to the summons, a remarkable change appeared impending: an unmistakable anxiety in the features of the child; a slight lividity about the eye; an unmeaning glare of the pupil; the tongue dry and furred; distress of the throat and præcordia; nostrils clogged, and the rash faded to a brown brick colour; the skin dry and painfully hot to the touch—all telling fully the terribly rapid change to low fever, dating from the moment of the recession of the rash. The child was with difficulty aroused; wine and stimulants were at once exhibited, but with no effect. The cases at Bristol came vividly to my mind, and the remembrance of the temporary improvement in one little patient on the re-appearance for a few hours of a partial rash. It was evident in the case before me that general congestion had occurred, impeding vitality, and that, if unrelieved, the heart must soon wear itself out in its endeavours to revive or force again into circulation the stagnant and poisonous determinations of blood that were evidently taking place. I at once ordered flannels to be steeped in hot mustard-and-water, made of the thickness of milk, wrung out, and applied round the throat, over and round the chest, abdomen, upper arm and thigh; over that again a dry flannel, and this attempt at superficial reaction was assisted by the continued administration of stimulants.

In the course of half an hour the child became restless, and, on moving the flannels, I saw that capillary circulation was slightly established. The flannels were reapplied, and in an hour afterwards the pulse seemed to soften and become fuller; the child cried, an involuntary discharge of highly ammoniacal urine took place, and I had the gratification later in the day of seeing reaction fairly set in, and my little patient with a renewed and favourable chance of existence.

During the night the child had broken but natural sleep, took a little thin arrowroot and wine, and at intervals stimulant drops, composed of Battley's bark, hydrochloric acid, and sulphuric ether. Shortly after daybreak nearly a pint of urine was passed, with very sensible relief to my patient. Progress for the first few days was necessarily slow; but no complication at any time arose to threaten or seriously hinder convalescence, and the little sufferer made a good and wholesome recovery.

The narration of the two other cases would be but relating the same thing over again. The treatment was equally successful.

Remarks must necessarily be short. It is evident that during the stage of eruption the capillary circulation is intense, and that on any sudden or unnatural recession of the eruption some or all of the great organs of the body must become surcharged with poisonous blood, and that the heart, if unassisted, will labour, and labour in vain, to revive and restore a healthy balance in the circulation. It is at the best but a clumsy contrivance to exhibit stimulants internally to doubtfully prolong the labours of the heart, if we do not avail ourselves of appliances that may, without uselessly exciting the great centre of circulation, assist in relieving and restoring its capillary and terminal system. My own experience is necessarily but small in a healthy locality like Cheltenham; but I have a deep impression that in many cases of eruptive fever, we possess in the application of such stimulants a valuable aid in relieving the heart by restoring capillary circulation and nervous power in the skin, and so assist in preventing local determinations of a dangerous tendency.

Royal-terrace, Cheltenham, 1858.

ON A

CASE OF SPONTANEOUS EVOLUTION;

SUPPRESSION OF THE LOCHIA; DEATH FROM PNEUMONIA.

By EDWARD B. BOGG, Esq., M.R.C.S., &c.

THE features of the following case are, perhaps, of sufficient interest to render it worthy of record.

On Nov. 28th, I was called, at seven A.M., to attend Mrs. C—, of Awworth-lane, in labour. She was a stout, well-nourished woman, aged thirty-six. This was her fifth confinement. Only one child was living, the rest being still-born. She had always had "very bad times." I was told that she had a severe fall on the 26th; that the membranes broke the same night; that she had experienced no pain till one A.M. on the morning that I visited her; and that she had been in the

hands of a midwife for a day and a night, who now confesses herself unable to assist her any longer. The woman was in strong pains, occurring in rapid succession, during which she tore at everything within reach with a convulsive grasp, and which were followed by loud shrieks of agony. The perinæum was very thin and enormously distended, and I found the midwife vigorously pushing at the sacrum, deeming that it required support. The soft parts were well dilated and tolerably lubricated, and on making an examination I found the right arm protruding, dark-coloured, and swollen, the palm looking to the spine; the right shoulder and part of the chest occupied the vagina. I then attempted to pass my hand within the uterus, but found it contracting so strongly as to make me fear that any attempt at turning would prove most dangerous as well as difficult. I therefore sent for another surgeon, requesting him to bring some chloroform, as I expected to have to perform exvisceration or turning in the contracted uterus. Meanwhile the pains kept increasing in frequency and violence, and, as I supported the perinæum, I feared each moment that it would be rent, or the uterus ruptured. Presently the right acromion appeared beneath the symphysis and the apex of the shoulder, turned upwards towards the mons veneris. Hoping that the case might be terminated naturally, I pressed the clavicle strongly upwards against the symphysis, and had the patient's right knee well raised by a nurse. After the next pain, I found part of the back had appeared externally, and after a few more pains the breech was expelled, both legs and the left arm remaining in the vagina. These I soon extricated. The left shoulder was then expelled. I then made an examination to ascertain the position of the head, and found the face looking to the sacrum. I got my finger into the mouth, and gave the head a slight turn towards the right sacro-iliac symphysis. The uterus contracted immediately, and my hand and the head were expelled together. The placenta came away ten minutes after. I examined it carefully, to ascertain if it were entire. The child, which was at full time, was still-born, nor did I find the Marshall Hall Method of any avail. The woman complained of great soreness and pain in the vulva and perinæum. The uterus contracted firmly, with little loss of blood. The after pains were very severe, but were relieved by full doses of compound ipecacuanha powder. The lochia appeared on the 29th, and the milk on the 30th. She was lying in a room without a fireplace, with a door and window that would not close.

Dec. 1st.—Her bowels were well relieved.

Dec. 4th.—The milk and lochia suddenly disappeared. She was seized with rigors last night. She complained of slight pain in the right iliac region. No uterine or abdominal tenderness. Pressure relieved the pain. Micturition painful and scanty. She was seized with rigors if she put her hand out of bed, owing to the coldness of the room. Pulse 110. Countenance very anxious. The pain was relieved by turpentine stupes, and a large linseed poultice to the abdomen, and by opium internally. I endeavoured to procure a return of the lochial discharge by the application of heat to the vulva, and by the administration of salines and sudorifics. Under this treatment she perspired very copiously, and felt greatly relieved, but the lochia never re-appeared. A few days after, she caught cold from sitting up in bed while perspiring profusely. Pneumonia supervened, and she sank immediately under it, and died on the 9th of December.

Newthorpe, near Nottingham, Dec. 1858.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JAN. 1ST.—The total number of deaths registered in the metropolitan districts in the last week of the year was 1494. In the ten years 1848-57 the average number of deaths in the weeks corresponding with last week was 1315; but as the deaths in the return for last week occurred in a population which had increased, they should be compared with the average after it is raised proportionally to the increase, a correction which will make it 1446. The comparison shows that the deaths of last week exceeded by 48 the number which the rate of mortality as derived from the fifty-second week of previous years would have produced. Fatal cases of diseases of the zymotic class numbered last week 400. Measles, scarlatina, whooping-cough, and typhus all exhibit an increase on some previous weeks. Scarlatina was fatal in 135 cases. Measles carried off 53 children. Whooping-cough carried off 61 children. Fifty-two deaths occurred from typhus. Last week the deaths from bronchitis were 167, and those from pneumonia (inflammation of the lungs) were 122. Last week the births of 981 boys and 1013 girls, in all 1994 children, were registered in London.