avoid rupturing the membranes; if the membranes can be preserved without rupture until the dilatation of the perinæum has been effected, so much the better. No pressure should be made on the perinæum, and the head should be prevented from passing rapidly through the ostium vaginae. The mind of the patient should be kept as tranquil as possible.

Labour is, as I have already remarked, sometimes so intense as to be almost tetanoid in its character: it would indeed be quite proper to recognise a tetanic variety of parturition. Here the avoidance of all emotional and physical disturbance should be as absolute as in tetanus itself. Between the pains, perfect quiet should be preserved, and during the uterine contractions all unnecessary excitation of every kind should be avoided.

CASES OF MALIGNANT SPASMODIC CHOLERA.

By ALFRED CARR, Esq., M.R.C.S., London.

CASE 1.—On Tuesday evening, October 10th, 1848, at eight P.M., I was called upon to visit a young lady, twenty-five years of age, who had been suddenly seized with cramp. I found, upon inquiry, that she had been suffering from diarrhoea for the two or three previous days, of which she had taken no notice.

Symptoms.—Severe muscular spasms of the whole body, especially of the extremities and muscles of the neck, the latter rendering deglutition difficult; sickness and headach. I prescribed six grains of James's powder, with one grain of opium, mustard cataplasms to the stomach, friction, &c. The sickness and diarrhoea were checked for a time; the spasms became less violent, and slight perspiration came on. The patient having been allowed by her attendants to leave her bed for a short time, the perspiration was checked, and towards morning the sickness returned, accompanied by diarrhoea, the evacuations resembling rice-water, and quenchless thirst, the patient crying perpetually for water, which was allowed, deglutition being more easy. I now prescribed one grain of powdered opium, with three grains of calomel; the first dose was rejected almost instantly; a second being given, was retained, and a similar dose ordered to be repeated every four hours. The sickness and diarrhoea became rather less violent; the evacuations at the end of twelve hours showed appearances of bile, &c.; but in other respects the patient was not much better.

At four A.M., on Thursday, I was suddenly sent for, and found the patient considerably worse. The tongue of a leaden-bluish colour; lips discoloured; countenance anxious; skin harsh and dry; the pulse rapid, 140, and scarcely perceptible; the extremities cold; the vomiting and purging more alarming than ever. Finding the patient was rapidly sinking, and that the smaller doses of calomel and opium produced no decided effect, I gave, without delay, ten grains of calomel, and three grains of opium, heated flannels being applied to the abdomen. This had the desired effect; the sickness was immediately arrested. In the course of an hour the heat returned to the surface of the body, copious perspiration broke out, which was encouraged by extra blankets, warm drinks, &c., and shortly after the patient fell asleep. She awoke refreshed, with a request for food, when some tapioca was given. The evacuations gradually became less frequent, and by degrees assumed a more natural appearance; the countenance lost its peculiar expression, and the patient is this day, Monday, completely convalescent. The after treatment, consisting of occasional minute doses of calomel and opium, and, on Sunday, a dose of castor oil, together with light farinaceous food.

On the Monday preceding the attack, a sister was affected with diarrhoea, which was at once checked by a few drops of laudanum.

The mother has constantly slept in the same room with the patient, and there have been no traces of disease amongst any of the family, effectually proving the disease not to be contagious.

CASE 2.—Saturday, Oct. 14th, 1848, at four P.M., I was called upon to see a child, aged three years and nine months, in the Mews, Conduit-street, Westbourne-terrace, said to be dying.

Symptoms.—Eyes glazed, without expression, greatly convulsed; the child tossing and rolling about the bed; lips and hands blue, the latter contracted; pulse 140; tongue furred and dark; extremities cold; breath very offensive.

History.—On the previous day the family dined at one o'clock, on beefsteak and onions, of which the child partook heartily; it was then quite well. At about seven P.M., the child suddenly vomited, complained of headach, and became

very thirsty; the vomiting returned twice or thrice during the night, the thirst continuing, and great quantities of water were given; in the morning the child was flushed. The mother went to a chemist, who gave her some saline medicine, saying the child had scarlet fever; in the afternoon the child became suddenly worse, and medical advice was sought for.

Treatment.—Four grains of calomel and half a grain of powdered opium were placed upon the tongue; the child was placed in a hot-bath for ten minutes, upon being removed from which she was wrapped in a blanket, and mustard cataplasms were applied for twenty minutes to the stomach and chest. On removing the child to the bath, an evacuation of a chalky appearance was found in the bed.—Five P.M.: The spasms have ceased and the heat has returned to the surface of the body and extremities.—Six P.M.: The child is asleep; no sickness or evacuations; the pulse 120, soft and full; the hands pink and agreeably warm; expression of countenance more tranquil; slight perspiration. Ordered to be kept quiet and the perspiration to be encouraged.—Nine P.M.: The child under the full influence of opium, the pupil being contracted; it, however, easily dilated under the influence of occasional small doses of ammonia and coffee; the hands and feet warm; the whole body perspiring copiously; the offensive breathing has disappeared.—Two A.M. (Sunday): The narcotism is passing off; the breath has again become offensive; a gelatinous, chalky-coloured evacuation, exceedingly offensive, has just come away; this was rapidly succeeded by others presenting traces of bile; no sickness.—Nine A.M.: Slight congestion of the brain, evidenced by dilated pupil; the lips pink; the whole body agreeably warm; the breath still offensive and the evacuations gradually becoming darker and less offensive. Ordered beef-tea and arrowroot, and a teaspoonful of chalk mixture after each evacuation; mustard plaster at the back of the head.—One P.M.: The congestion of the brain relieved; the breath is less offensive; the evacuations resemble bird-lime. Ordered, one grain of calomel with half a grain of Dover's powder and plenty of beef-tea, &c.—Five P.M.: Breath still less offensive; there has been only one evacuation since one P.M., yellowish, interspersed with patches of green.—Eight P.M.: Child in every way better; there have been two or three evacuations since five P.M., each succeeding one becoming more natural in appearance; the child irritable and inclined to sleep; still thirsty.—Eight A.M. (Monday): The child has passed a very good night, dozing from time to time; slight retching occasionally, but no actual sickness; less thirst; perfectly sensible; no evacuation since last night. Ordered, to be kept quiet, the room well ventilated, and a teaspoonful of castor oil to be given at eleven o'clock.—Two P.M.: The child continues to improve; the castor oil has not been given, and there have been no more evacuations.

No symptoms of disease amongst the other members of the family.

Sheldon-street, Hyde-park, Oct. 16th, 1848.

DEDUCTIONS FROM EXPERIMENTS ON THE NATURE OF CHOLERA AND OTHER EPIDEMICS.

By SIR JAMES MURRAY, M.D. T.C.D. & Edinburgh.

(Continued from page 343.)

51st.—The abstracts hitherto abbreviated for *THE LANCET*, are, from their nature, chiefly of a theoretical character. The pathological consequences of electrical alterations are not yet sufficiently ascertained to admit of mathematical demonstration. Long tables could be here given, showing the amount of electrometric indications at different times, and their comparison with epidemic gradations since 1828. But as such registers are tedious, and as improved instruments enable scientific searchers better to conduct investigations for themselves, I will here only adduce some practical evidence from my note-books and diaries of diseases.

Whatever may be the conclusions other physicians may draw from the propositions already submitted, and from the following practical inferences, they were sufficient to convince my own mind. Experience leads me to the electric doctrine which I now believe, and to renounce the misty theory of miasms, which ought to be abandoned.

52nd.—During many years I attended the sick of an unhealthy district in the valley of a muddy river. It flows through swampy suburbs, and receives in its course several sewers from neighbouring streets, from a house of correction, a lunatic asylum—from a great number of cotton-factories, a