Dr. E. repudiates the idea of placing such patients generally under corporeal restraint and for the very good reason, if there were not other weighty ones to be urged against the measure, that in many cases it would be quite ineffectual. In reference to the *medical treatment* of insanity, we entirely concur with Dr. Earle, "that the report of a public institution, intended as it is, for general readers, for persons mostly unconnected with the medical profession, is not a legitimate or appropriate organ through which to publish a detailed account of the subjects belonging to this department." We have never been able to understand, why the details of *medical treatment in insanity*—the different formulæ employed, or dissertations on these subjects should be discussed in documents unquestionably more *popular* in their general character than the same matters when applied to fevers, to phthisis, or any other maladies. Such information is, or ought to be intended for the profession, and with great deference for the opinions of some who differ from us on this point, the medical journals of the country are the media through which it should be obtained.

During the past winter a course of lectures upon miscellaneous subjects has been given for the advantage of the patients and with very satisfactory results. We have no doubt that for hospitals of a particular description, lectures will be found the best and most popular mode of instruction for insane patients.

On the subject of restraint, Dr. E. believes with most American superintendents, that mechanical means are rarely required, but that "there are cases when the application of them is the most judicious course that can be pursued." We are gratified to learn that "the so called 'tranquilizing chairs,' which had for many years been among the means of restraint, were taken from the halls in April last, and neither of them has since been used."

Why this chair was called *tranquilizing*, we cannot imagine, for such an effect we never saw produced by it; in excessively rare cases it might be used with advantage, but it is so liable to abuse and to be used unnecessarily, that we feel confident it is better to banish it from all institutions for the insane. Of the means of restraint, Dr. E. regards "the *camisole*, the only distinguishing peculiarity of which is, that the sleeves are about twice the length of those of ordinary garments," "among the most simple, effectual, and least offensive to the patient."

An interesting historical notice of the provisions made for the insane by the corporation of the New York Hospital, follows, and the report concludes with tables of the produce of the farm and garden, meteorological observations and the form of register adopted at the asylum.

T. S. K.

ART. XXII.—*Dissertatio Obstetrica Inauguralis de Prolapsu Funiculi Umbilicalis. Auctore.*—JOH. CHRIST. SAXTORPH. Medicus subsidiarius Nosocomii Fredericiani. Hauniæ, MDCCCXL.

An Inaugural Dissertation on Prolapsus of the Umbilical Cord.—By JOHN C. SAXTORPH, Subordinate Physician of the Frederick's Hospital. Copenhagen, 1840: 8vo., pp. 68.

FROM the statistics collected by the author of the present dissertation, who appears to have collated, with great industry, almost every thing that has been written upon the subject of prolapsus of the cord by the ancient and modern obstetrical authors.—compared with those given by Churchill, we find that the frequency with which this accident occurs, is rather less than four times in every thousand cases of labour. In two hundred and ninety-two cases, the prolapsus occurred in head presentations; in forty-two, in presentations of the head and extremities; in five, in presentation of the nates; in twenty, in presentations of the feet, and in twelve, of the arm or shoulder.

In 356 cases of labour complicated with prolapsus of the cord, collected by our author, the infants in 195 were born dead, and, in 355 cases given by Churchill, 220 of the children were lost. From the two sources we obtain the statistics of 463 cases of prolapse of the cord, in which 380 of the infants were born dead, being about 82 in the hundred, a larger mortality, as Churchill remarks, than we find in any other order of practicable labour.

From these facts, we can understand the great anxiety which many of the European obstetricians have evinced to discover some effectual means either to prevent the prolapse of the cord at the commencement of labour, or to replace and retain it beyond the head of the child when its descent into the pelvis has unfortunately occurred.

The whole subject is very ably discussed by Dr. Saxtorph—who has collected and compared the opinions of all the leading authorities in relation to it, and described all the various procedures that have been suggested to save the life of the infant when prolapsus of the cord takes place.

His dissertation constitutes certainly one of the most complete digests of all that is known, or that has been imagined in reference to this accident, its causes, its prevention, and its remedies, that we are acquainted with. But, although it contains numerous references to authorities with whose names even we are but little familiar, and presents the results of the experience of the entire host of obstetrical practitioners of nearly all ages and all countries, it affords, after all, scarcely a single useful rule to direct us in the management of the cases of labour of which it treats, beyond what are to be found in any of the recent works on midwifery.

Of the various instruments that have been proposed with the view of carrying up the prolapsed cord, and retaining it beyond the head of the fœtus until this has so far descended into the pelvis as to prevent it from again falling down—of which accurate delineations are given by our author—although some are better adapted, no doubt, for the purpose than others, no one will be found invariably to succeed; few of them can be used, indeed, without incurring some risk to the soft parts of the mother whatever degree of caution may be employed.

The instruments described and delineated in the work before us, are those of Aitken (*Elements of Obstetrics*); Eckardt (see Busscher, *de funiculi umbilicalis prolapsu*, *Journ. Gén. de Méd.*, t. x.); Ameline (*Journ. Gén. de Méd.*); Ducamp (see Busscher); Dudan (see Dewees—Velpeau); Champion (*Schurz, de la procidence du cordon ombilical.*); Michaelis (*abhandlungen aus dem Gebiete der Geburtshülfe*); Bouhard (*Neue zeitschrift für Geburtskunde*, bd. 2); Schöller (*Ibid.*, bd. 6); Davis (*Operative Midwifery*); Trefurt (*Neue Zeitschrift für Geburtskunde*, bd. 2); Tellengen (see Busscher); Bakker (*Journ. Gén. de Méd.*, t. x.).

D. F. C.

ART. XXIII.—*Practical Remarks on some exhausting Diseases, particularly those incident to Women.*—By SIR JAMES EYRE, M. D., Physician at St. George's and St. James's Dispensary. London: John Churchill, 1845: 12mo., pp. 75.

THE object of this essay is to induce practitioners to make trial of the oxide of silver in pyrosis, certain cases of gastric disorder, the slowly exhausting hemorrhage from mucous surfaces, and above all, atonic menorrhagia, which diseases, the author confidently predicts, will henceforth, by the use of the remedy just alluded to, be as amenable to treatment as it has hitherto been unmanageable.

Attention was first drawn to this remedy by Dr. C. B. Lane,* who reported very favourably of its effects in gastrodynia, pyrosis, menorrhagia, hemorrhage from the bowels, diarrhœa and irritable bladder, and its effects are said to have been speedy, and produced without a single bad symptom.

Dr. Lane also says that Dr. Golding Bird has tried it in one hundred cases, and “thinks well of it in menorrhagia, considering its properties to be tonic, and to a certain degree sedative, and that Drs. Clendinning and Ryan thought it useful in epileptic and gastralgic affections. The result of Dr. Eyre's experience is fully confirmatory of the high character here given of the oxide. He has administered it in a large number of cases, the records of most of which have been kept, and many of which are reported in the present work.

That the oxide is a tonic and a sedative Dr. Eyre thinks there can be no doubt, and that there is good evidence to prove that it is a safe and efficient astringent. He never gives it in doses exceeding three grains a day, and its employment is

* See Nos. of this Journal for Jan., 1842, p. 204, and April, 1842, p. 464.