tism, of which there had been several, for the heart was complained of at the time. There appears then to have been endocarditis without pericarditis. The boy's mother died of well-marked disease of the heart four months before his admission.

2. I think it probable that the recent pericarditis was rheumatic. I confess that this impression was not so strong when I witnessed the case as it is now; nor if the case were viewed singly, would it be very easy, perhaps, to justify the opinion. But if it be considered in connexion with the three last published cases, which show how trifling an amount of articular affection may be present with rheumatic pericarditis, the subject may appear in a different light. The boy had a distinctly rheumatic diathesis. He had suffered from several attacks of acute rheumatism. His health had been failing somewhat, and he had been getting thinner during the four months which had elapsed since his mother's death, and although there was no acute rheumatism, in the ordinary acceptance of the term, there had been rheumatic pains, and there *may* have been fever, but of this the history does not enable us to judge. We find in the report that there had been pains in the limbs for three months prior to his admission. Within three weeks there had been pains, first in the right side, then in the left, and then betwixt the shoulders. These may have been rheumatic. After admission (May 9th and 10th) there was pain in the integuments of the chest, and, June 20th, there was pain and slight swelling in both knees, but without redness.

The apparent absence of the other ordinary causes of pericarditis may be adduced as an argument in support of its rheumatic origin. There was no evidence of renal disease. The other chief cause of the disease which I have observed, is extension of inflammation from a neighbouring organ, especially the pleura. In this case there was pleuritis, but it appeared after the pericarditis. The pneumonia, however, may have existed before the pericarditis, but it is not certain that it did. If it did, the inflammation at that time was limited to the right lung, and to its upper lobe. The pericarditis also first appeared at the base of the heart, but then it was on the side next to the left lung, and furthest from the right. It seems to me far more probable that the pericarditis and the pneumonia were both due to the same cause, than that the one produced the other, for they either occurred, or were increased simultaneously.

Treatment.—1. Ten leeches were applied over the heart on admission, because it was not certain that acute inflammation did not then exist in the heart. Calomel also was given thrice daily. The gums became affected in about twelve days.

2. About the end of May, and ten days after the mouth had become sore, pericarditis with pneumonia unequivocally appeared. The leeches were then repeated, with the effect of immediately relieving the pain, and the next day they were followed by a blister over the heart, and tartarized antimony was given for the inflammation of the lungs. The strength of the patient forbade any general depletion.

3. June 2nd.—The leeches were repeated, and the calomel was resumed. On the 12th the roof of the mouth was sore, and this was ascribed to the calomel, but there was no redness of the gums, nor fœtor of the breath. If this soreness were mercurial, it is deserving of remark that inflammation of the right pleura was set up just at this time. The friction sound in the pericardium ceased soon after the soreness of the mouth appeared, but then it was evidently approaching to what may be called its natural termination; and a review of all the facts of the case affords but little ground for believing that the calomel exercised much influence upon the progress of the several inflammations within the chest.

4. The boy improved in all respects for the first two or three days after he had returned home and had been taking a more stimulating diet. The physical signs of the pericarditis and pleuritis continued to decline, and disappeared. Perhaps the moral influence of being surrounded by his friends may have been beneficial. The improvement, however, was of brief duration. Fresh inflammation appeared in the lungs, and speedily carried him off.

ON PLACENTA PRÆVIA.

By GEORGE BROWN, Esq., Surgeon, Kensal Green, London.

IN requesting you to give publicity in *THE LANCET* to the following case, it is by no means my wish to recommend for general adoption the several steps which were pursued in its treatment, but simply to record them, as illustrative of some of the points which have of late been the subjects of controversy in obstetrical medicine. On the evening of November 17th, I was hastily summoned to Mrs. W—, whom I had attended about fifteen months ago, in a premature labour of her first child, at the

seventh month of gestation; and who, I understood was now advanced to about the same period of this her second pregnancy. Upon my arrival, I was informed, that hæmorrhage to a considerable amount had taken place, and this statement was fully confirmed by the appearances which met my view on entering her room. Upon making an examination per vaginam, I ascertained that the flooding still continued, and resulted from a nearly complete presentation of the placenta over the os uteri; I say "nearly," for it covered the uterine surface more extensively at its posterior part than anteriorly. The os uteri was dilated to the size of half-a-crown, but so extremely rigid, that I could not insert two fingers within it, nor was there any probability, as far as I could judge, of its yielding to any attempt at dilatation, that could with safety be applied. Under these circumstances, what plan was to be pursued? As it was impossible to turn the child, (the usual course in these cases,) from the extreme rigidity of the os uteri, I proceeded to rupture the membranes, at the anterior part, just under the arch of the pubes, where alone they could be felt; but this failed in arresting the hæmorrhage, for with every return of uterine action, the blood continued to pour forth with unabated violence. It became now plainly evident, that delivery must be brought about, and having been led to believe, from several circumstances which the patient described to me, that the fœtus was dead, I judged that this was a favourable opportunity for testing the correctness, or the contrary, of Dr. Simpson's views upon this subject. Accordingly, without the least difficulty, I, with the forefinger of my right hand, separated the entire placenta from the uterine surface, and almost immediately the hæmorrhage ceased. The pains still continuing, and the os uteri yielding to the pressure of the placenta, the latter was protruded into the vagina; but now uterine action gradually diminished, and shortly afterwards was entirely suspended. During three hours, my patient remained quite free from pains, nor did the slightest hæmorrhage take place during that period. At the expiration of that time, finding the head presenting, and there being no obstacle to the exhibition of the ergot of rye, I administered the usual dose, and the uterus speedily resumed its wonted parturient functions. In a few minutes, a seven months fœtus was expelled, followed by the placenta, which had been pushed by the child, in its passage, into the bottom of the sacrum. Judging from appearances, the child had been dead upwards of forty-eight hours. These are the leading facts of the case. Like the majority of my medical brethren, I have a natural objection to desert old and well established rules of practice, for novel, and what might be considered dangerous innovations; but this case, being in several respects peculiarly suited for the adoption of the new plan, I considered myself justified in testing the validity of Dr. Simpson's views, and so far as one case can confirm what he has advanced, I think the preceding worthy of the attention of your numerous readers, supporting as it does those opinions.

Kensal Green, London, Nov. 1845.

ON GENERAL PATHOLOGY.

By J. BOWER HARRISON, Esq. M.R.C.S.L., &c., late Surgeon to the Ardwick and Ancoats Dispensary, and formerly one of the Resident Medical Officers of the Manchester Royal Infirmary.

No. XVI.

OF THE CO-EXISTENCE OF FEVER AND OLD AGE WITH OTHER CONDITIONS OF DISEASE.

THE co-existence of morbid actions may be well exemplified by the consideration of the specific fevers and their complications. The associated pathological states which constitute fever, have relations, not only to each other, but also to coincident states of disorder of an accidental nature. When one morbid condition arises, it produces a second, and this may, in like manner, originate a third, and the three may continue to exist and receive fresh accessions of disorder in a regular and determinate manner. The whole makes up the compound idea expressed by the word fever. In the first instance, a noxious influence is felt by the nervous system, and probably there is a synchronous deterioration in the quality of the blood. To these succeed that general vascular excitement which may be called simple fever. From the combination of these states it mostly happens that inflammation arises wherever local peculiarity may exist, or accidental circumstances may determine. So common are these inflammations, that many able pathologists have supposed that they form a necessary part of all fever. At any rate, when they do exist, they, in themselves, re-act upon the combination by which they were produced. A concomitant disorder of the secretions, which we have seen to result from the lesions included in this combination, contributes materially to favour the supervention of further disease, and the vitiation of the circulating fluids. In this manner,