lying-in room, but in two patients who died after placenta prævia, where hæmorrhage was controlled by treatment, and no excessive amount of blood had been lost, I am convinced that the issue, preceded by dyspnoea, and at the time (ten or more years ago) ascribed to shock, was due to heart-clot. In examining records of typhoid fever in the City Hospital there is found one example of sudden death in which the diagnosis of pulmonary embolism was confirmed by autopsy.

Sudden death in labor is described by Denman, Chevalier, Robert, and others, and attributed to various causes. "Dr. Meigs, of Philadelphia, was the first to point out, in 1849, the spontaneous coagulation of the blood in the right side of the heart and pulmonary arteries as a cause of sudden death in the puerperal state, but Paget had written of the lesion in other than lying-in women in 1845. In 1855 Hecker attributed most of these cases to embolism proper, and since that date most authors have taken the same view, believing that spontaneous coagulation occurs only in exceptional cases, such as those in which, on account of some obstruction in the lung, or in the debility of the last few hours before death, coagula form in the smaller ramifications of the pulmonary arteries, and gradually creep backwards towards the heart."

"A case related by Richardson in his clinical essays was that of a man who, for weeks, had symptoms precisely similar to those described by Playfair. In one of his agonizing attacks he died, and after death it was found that a fibrinous band extended into the pulmonary artery. This observation proves to a certainty that life may continue for weeks after the deposition of a coagulum, and, moreover, this condition was precisely what we should anticipate, since, of course, the obstructing coagulum must necessarily be small, otherwise the vital functions would be immediately arrested."

Playfair considers the strongest argument in favor of the spontaneous origin of pulmonary thrombosis to be one which he originally pointed out in a series of papers on Thrombosis and Embolism of the Pulmonary Artery as a Cause of Death in the Puerperal State. "He then showed, from a careful analysis of twenty-five cases of sudden death after delivery, in which accurate post-mortem examination had been made, that cases of spontaneous thrombosis and true embolism may be divided from each other by a clear line of demarkation depending on the period after delivery at which the fatal result occurs. In seven out of these twenty-five cases there was distinct evidence of true embolism, and in these the death occurred at a remote period after delivery, in none before the nineteenth day. This contrasts remarkably with the cases in which the post-mortem examination afforded no evidence of embolism. These amounted to fifteen out of the twenty-five, and in all of them, with one exception, death occurred before the fourteenth day, often on the second or third. The reason of this seems to be that in the former time is required to admit of degenerative changes taking place in the deposited fibrin leading to separation of an embolus, while in the latter the thrombosis corresponds in time and to a great extent, no doubt, also, in cause, to the original peripheral thrombosis, from which, in the former, the embolus was derived. Another clinical fact points in the same direction. In one or two cases distinct signs of pulmonary obstruction have shown themselves without proving immediately fatal, and shortly afterwards peripheral thrombosis, as evinced by phlegmasia dolens

of one extremity, has commenced. Here the peripheral thrombosis obviously followed the central, both being produced by identical causes, and the order of events necessary to uphold the purely embolic theory was reversed."

The most satisfactory discussion of these points by authorities at my command I find in Barker, Simpson, and Playfair. I note nothing about it in Ramsbotham or the first edition of Leishman. Schroeder dismisses it in a few lines on sudden death after labor.

The opinion I formed of my patient was that a small embolus was picked up from the uterine sinuses, carried into the right side of the heart, and at the pulmonary valve stopping the circulation and causing lividity, the clot passed on into the artery at its bifurcation, when the patient became pale, and nearly ceased breathing; rallied by the stimulus, and respiration re-established, the body was swept further on and absorbed in less than forty-eight hours. It may be of comfort to some practitioner, whose patient does not die instantly of an attack like the one reported, to know that there is a chance of life, however weak.

THE FIRST MEDICAL SCHOOL IN AMERICA ; AN HISTORICAL ITEM.

BY FRANCIS H. BROWN, M. D.

IN the report of a recent meeting of the Massachusetts Historical Society¹ it was noted that inquiry had been made concerning a "certain gentleman of Boston" who in 1739 liberally offered to establish a professorship of medicine "in this Province, and who deserves the honor of having been the first promoter of medical education in America," even though his plans appear at the time to have been fruitless.

By reference to the journal of the House of Representatives for July 7, 1739, one may find this record: "Information being given to the House by the Member from Worcester, that a certain gentleman of the town of Boston, well disposed for the Encouragement and Support of a Professor of Physick within this Province, and that for good Purpose would cheerfully contribute out of his own Estate a considerable Sum of Money, provided this Court will join in making a Grant of Lands, or other wise establish a good Fund for the valuable Ends aforesaid; and the same being considered:

"Ordered, That the Members of Boston, Charlestown, Roxbury, and Chelsea, be a committee to treat with the said Gentleman, hear him on his Proposals, and report their Opinion of what may be proper to be done for the encouragement of so good a Scheme."

Whether the gentleman indicated appeared before the committee cannot be ascertained; but no action was taken on his suggestion, certainly during that session of the General Court.

The learned gentleman who propounded this inquiry is in error in considering this the first attempt at a medical school in the provinces. In making investigations regarding the history of medicine in America previous to 1700, and especially in reference to biographical memoranda concerning the earliest physicians of Boston and its neighborhood, I find in the first general letter issued by the Massachusetts Bay Company to Endicott, under date of April 17, 1629, the following passage:—

¹ Boston Daily Advertiser, March 9, 1882.

"We have entertained Lambert Wilson, surgeon, to remain with you in the service of the Plantation; with whom we are agreed that he shall serve this Company and the other planters that live in the Plantation, for three years, and in that time apply himself to cure not only of such as came from hence for the general and particular accounts, but also for the Indians, as from time to time he shall be directed by yourself or your successor and the rest of the Council. And moreover he is to educate and instruct in his art one or more youths, such as you and the said Council shall appoint, that may be helpful to him, and, if occasion serve, succeed him in the Plantation; which youth or youths, fit to learn that profession, let be placed with him; of which Mr. Hugesson's son, if his father approve thereof, may be one, the rather because he has been trained up in literature; but if not he, then such other as you shall judge fittest."

Young, in his *Massachusetts Bay Chronicles*,¹ very truly says:—

"We have here the embryo of a medical school, undoubtedly the first contemplated on the Continent of America."

No record, however, exists of the success of this school, or of that to which reference is made in the letter to the Historical Society; but as an historical fact the *attempt* to found a medical school in 1629 has the precedence of the other by one hundred and ten years.

PROGRESS IN GENITO-URINARY SURGERY.

BY ABNER POST, M. D.

NEPHRO-LITHOTOMY.

A CASE of removal of a calculus from an otherwise healthy kidney was reported to the Clinical Society, of London, by Mr. Henry Morris.² By the term nephro-lithotomy Mr. Morris means the removal, through a lumbar incision, of a renal calculus from a kidney in which the pelvis is not dilated and which, but for the presence of the stone, is presumably healthy.

This operation is to be distinguished from the numerous cases in which the kidney is cut for the evacuation of fluid accumulated within it, whether as the result of a renal calculus, of tubercular disease, or some other cause, and to which, from ancient times, the name nephro-lithotomy has been applied, as well as from those cases, also numerous, in which a stone has been removed after it has been detected through a sinus in the loin.

The opinion of writers has been universally adverse to the attempt to remove a stone from the kidney unless it could be reached through a distended pelvis, fatal hæmorrhage being feared if the excreting substance of the kidney was cut or torn. The case described by Mr. Morris proves the feasibility of the operation.

A servant girl, aged nineteen, had for eight years been subject at times to pain in her right side, accompanied occasionally with a feeling of sickness and even actual vomiting. There was tenderness but no swelling in the right loin.

No relief being gained from treatment, and employ-

ment aggravating her symptoms, chloroform was administered and the right kidney exposed through an oblique lumbar incision. The right index finger was then passed over the posterior surface of the kidney and at once detected something faintly projecting from the renal substance near the hilus. The renal substance was incised near the spot with a probe-pointed bistoury and a mulberry calculus of triangular shape, weighing thirty-one grains, was extracted by means of a scooping movement of the finger tip. There was no hæmorrhage at any stage of the operation. The upper end of the ureter was not dilated. No attempt was made to examine the front side of the kidney.

Urine ceased to flow through the wound in less than three months, and the patient made a good recovery. Thus the operation shows that a stone may be removed from a healthy kidney by incision without serious hæmorrhage, and without greater risk than is warranted by the sufferings and disability which the operation was designed to remove.

Mr. Morris propounded four questions necessary to be considered before the success of one case is allowed to influence treatment in others. (1.) Can the diagnosis as to the disease and the organ affected be made with certainty? (2.) What are the prospects of being able to complete the operation when a stone is found? (3.) What are the dangers of the operation? (4.) What is the best result which can be hoped for from the operation if successful?

In the discussion which followed Mr. Barker gave the history of a case in which he had cut down upon the kidney and incised the organ, but the calculus was of large size and branched. He removed part of it and some pus escaped. Unfortunately a large portion of the calculus was left behind and its extraction being difficult he was led to attempt the removal of the whole organ, but, unable to remove it perfectly, he found it easier to extract the calculus, which he accordingly did. In this case the diagnosis rested between renal calculus and tubercular disease. By passing a needle through the loin he struck the stone, and he believed this the first case in which a renal calculus had thus been sounded through the loin.

Mr. Bryant supported Mr. Morris as to the advisability of performing the operation. For as it was not one of great difficulty, was not always of great simplicity and should not be undertaken without grave consideration. Granting the diagnosis of stone in the kidney and the want of relief in spite of medical skill, then there would be but little hesitation in the surgeon's cutting down to remove the calculus. But all knew of cases where a calculus settles down and the patient lives for years no longer troubled by it; such cases make one hesitate in arguing in favor of the operation. The method of diagnosis alluded to by Mr. Barker was interesting, but he doubted the expediency of such attempts in view of the important structures in the neighborhood which might be injured. To clear up a doubt it might be expedient to use these means.

Mr. Heath, without wishing to detract from the value of the operation, considered that it was done under remarkably favorable circumstances. The patient was young and the stone presented on the surface so as to be readily identified. As it protruded the renal substance there was not much of the organ incised. Mr. Barker had opened the kidney in his case by means of Paquelin's cautery. Mr. Heath thought a

¹ Page 165.

² The Lancet, October 30, 1880. Clinical Society's Transactions, vol. xiv., p. 20.