half-crown piece, and would, if required, admit with little difficulty the whole hand.

From the very great facility with which the foetus could be raised and moved about, it occurred to me that its position might be improved without either introducing the whole hand or rupturing the membranes—in short, that it might be possible, without having recourse to either expedient, to bring down the head into the brim of the pelvis, so as to convert the case into a natural presentation. With this object in view, I endeavoured to raise up the presenting part with two of the fingers of the left hand, while with the right I made steady pressure upon the head in the direction of from left to right. In a very short time the shoulder began to recede, but only to be replaced by another part of the child. The head could now be felt approaching slowly the mesial line. The external pressure was continued, while the fingers of the left hand were employed in guiding the head towards the pelvic brim, into which, before I had withdrawn the hand, it had entered. The case, being now converted into a natural presentation, was left to nature. In course of time a fully developed and healthy male child was born. The whole operation was completed in less than five minutes, and without the knowledge of the mother—a matter of no small moment in the present instance. No doubt this mode of version was greatly favoured by the peculiar circumstances of the case; and, although it may be applicable in only a very few, it seems to me by far the safest both to mother and child.

I send you the above observations, which show, as I think, that some cases of malposition of the head may be remedied according to the "new method" without causing the child to perform a complete evolution, in the hope that others may be induced to record their experience on the subject, so that a proper conclusion may be arrived at regarding the merits or demerits of the "new method of version."

I remain, Sir, yours faithfully,

Stranraer, Wigtonshire, Sept. 1860.

DAVID EASTON, M.D.

DR. WILLIAM BUDD'S VIEWS

RELATING TO THE

CONNEXION BETWEEN INTESTINAL ULCERATION & THE ELIMINATION OF FEBRILE POISONS BY INTERNAL ERUPTIONS.

(LETTER FROM STAFF-SURGEON DR. RENNIE.)

To the Editor of THE LANCET.

SIR,—Referring to the very interesting and important observations on intestinal fever by Dr. W. Budd, in THE LANCET of Feb. 25th, I shall feel obliged by your giving insertion to the following remarks, as the occurrences on which they are based tend materially to corroborate the views Dr. Budd has advanced regarding ulcerations in the intestines frequently being the result of eruptions, standing in the same relation to pre-existing morbid conditions of the blood as the eruption of small-pox does to the constitutional disturbance which precedes it:—

In the summer of 1852, when serving with the Royal Artillery in Hong Kong, my attention was first drawn to the relation existing between local disease and varieties in the modes of elimination of febrile poisons. The circumstances were the following:—A corps of gun Lascars, recruited from the Madras army, and attached to the Royal Artillery in China, were suffering severely from an obscure and fatal form of disease, setting in with all the ordinary symptoms of fever, and speedily becoming complicated with ascites, bronchitis, and a swollen state of the joints, which latter symptom led to its being viewed by some as a species of rheumatic fever. As the men composing this corps enlist on the understanding that their religious scruples are to be respected, opportunities were not afforded for observing the post-mortem appearances. I myself did not believe in the rheumatic origin of the disease; but no satisfactory theory of its pathology occurred to me until, after watching with some care the progress of the ordinary intermittent and remittent fevers (with their intestinal complications) which prevailed extensively amongst the European soldiers on the island, I ascertained that so long as the men had the regular febrile attacks, terminating by diaphoresis, they were free from any affection of the bowels; but that so soon as the paroxysms of fever ceased to pass off by perspiration, they were, as a general rule, seized with diarrhoea,

usually of a periodic form, standing in the same relation to the hot stage of the fever as the sweating did, and which eliminative action in the intestinal mucous membrane was, in the majority of instances, the precursor of the dysenteric symptoms which were so common in the chronic forms of the disease.

The observation of these facts in connexion with tropical fever of the periodic type in European constitutions, enabled me to account for the obscure disease of the gun Lascars. I believe them to have been seized with the Hong Kong intermittent, and that after passing through the cold and the hot stages, instead of the attack terminating by profuse sweating, as in the case of Europeans in the earlier periods of the disease, the crisis by watery elimination occurred internally, accounting for the sudden invasion of the dropsy, which sometimes set in in the air tubes with a rapidity terminating in speedy suffocation. This view appears to me the more probable when the peculiarities of the skin of the natives of the East are borne in recollection.

Shortly after arriving at these conclusions, I embarked for England in medical charge of troops, and as most of the men had suffered from intermittent and remittent fevers during their service in China, instances were of frequent occurrence tending fully to corroborate the views I had formed in reference to the dependence of some forms of diarrhoea on the absence of the sweating stages in these diseases. One man, I recollect, was attacked every second night, between eleven and twelve o'clock, with rigors, followed by fever, terminating by violent purging. From his previous history, and the general character of the attack, no reasonable doubt could exist for viewing the watery diarrhoea to be otherwise than perspiration from a mucous surface, and I accordingly placed him under treatment as for common ague—namely, ten grains of quinine on the day after the seizure,—and succeeded in arresting the disease after two doses.

Amongst the invalids on board there were several men from the 59th Regt. labouring under chronic dysentery; the whole of them having suffered severely from fever in China. On inquiring carefully into the history of their cases, I found that, without exception, when first attacked, the crisis occurred by ordinary diaphoresis, but that after the disease had continued for some time the perspirations ceased, and they noticed their bowels become affected—commencing with intermittent attacks of diarrhoea, which gradually became remittent, and ultimately merged into the form of chronic dysentery for which they were invalided.

The facts as I have now given them were embodied by me in a series of "Observations on the Connexion between Internal Disease and Irregularities in the Modes of Termination of Fevers in general," which I submitted in a printed form to the Army and Ordnance Medical Departments in the early part of 1854; and I drew the following practical deductions from them,—namely, that the tendency of the fever as it then prevailed at Hong Kong was to terminate by watery effusions, which in the first instance, as a general rule, took place from the skin, but that after a time it seemed as if the cutaneous surface became unable to perform the eliminative process, compelling nature to select the surface next best suited for its purpose, and which seemed to be the intestinal mucous membrane, the process at first going on from it with the same regularity as it did from the skin; this, however, was of short duration, as it appeared to me that when the termination by diarrhoea was once fairly established, the characteristics of the disease became less marked—the diarrhoea, formerly intermittent, gradually became remittent, and ceased to be preceded by the same amount of constitutional disturbance as formerly—sometimes by none at all; ultimately no remission could be noticed in the bowel complaint, and the characteristic form of chronic dysentery became fairly established; the lining membrane of the bowels apparently not being capable of carrying on the process of elimination for any length of time without becoming diseased: constant irritation probably producing inflammation, succeeded by ulceration. The decline of the febrile symptoms in proportion as the bowels became diseased seemed to me to admit of the following explanation: that the materies morbi of the fever was prevented attaining a bulk within the current of the circulation sufficient to produce the constitutional disturbance it did formerly, from the fact of its having a constant breach of surface—a sort of safety-valve, in fact—to ooze out at in the ulcerated intestines.

The views I have now given were originally formed by me in 1852; and while I believe them to be correct as applying to certain forms of intestinal ulceration occurring as sequelæ of fevers, from observations I have made since, I am satisfied that other and possibly graver forms of ulcerative action in the

bowels originate in pustular eruptions similar to those which are supposed to be peculiar to the skin, having on several occasions found the intestines the seat of them. The cases I allude to occurred in the year 1854, when I was surgeon of the convict establishment in Western Australia. The prisoners at that time were suffering a good deal from dysentery, which occurred in a large number of instances metastatically with cutaneous eruptions and a very severe form of purulent ophthalmia, which were also then very prevalent in the prison. The pathology of these diseases was entered into by me at considerable length in my report for the half-year ending the 31st December, 1854, and which has been published in the blue book on "Australian Transportation," bearing date June, 1856, at page 125 of which it will be found stated—

"Several forms of dysentery prevail, the type depending on the peculiar action established on the intestinal mucous surface. In some cases there is reason to suppose that the intestines become the seat of pustular and other eruptions similar to those prevailing on the skins of the prisoners; but in the most aggravated forms I believe the functions of the minute glands which abound on the inner surface of the intestines become arrested, their structure disorganized, and filled with a peculiar yellow secretion, differing in several respects from ordinary purulent matter. On examining the intestines in three fatal cases, I found them in this state; and in a fourth, they were studded with a copious pustular eruption, in every respect resembling one of the prevailing forms of skin disease."

In conclusion, as bearing essentially on the very important views relating to sewerage inculcated by Dr. Budd, the question appears to me fit to be asked, as to whether small-pox may not frequently occur without its true character being recognised, inasmuch as I doubt if we are in a position to deny the possibility of all the constitutional symptoms of the disease being present, and still from individual idiosyncrasy or other peculiarity its local manifestations occur internally, as in the cases of contagious eruptive fever cited by Dr. Budd, or in those of the tropical remittent and eruptive diseases instanced by me.

I am, Sir, your most obedient servant,

D. F. RENNIE, M.D.,
Staff Surgeon.

Glasgow, 1860.

SPONTANEOUS REDUCTION OF PROCIDENTIA UTERI WHICH FOR FIFTEEN MONTHS HAD REMAINED IRREDUCIBLE.

To the Editor of THE LANCET.

SIR,—In the belief that the peculiarities of this case, which occurred in my pauper practice, may be of interest to your readers, I beg to transmit the following account of its principal features:—

Mrs. M—, aged forty-six, an anæmiated-looking person, wearing the aspect of one who had experienced very protracted suffering, was admitted into the hospital on the 3rd of August. Her menstrual periods are not characterized by any peculiarity, with the exception of an occasional postponement of the anticipated flux. Sixteen years ago, after a very tedious labour, she was delivered of her only child. About two years since, she began to experience, without any assignable cause, dragging pains in the loins, and her notice was soon attracted by a tumour, which, on any violent succussion of the body, as in sneezing, could be forced externally, but in the recumbent state retained its position within the vagina. About fifteen months ago, her attempts at reduction proved unavailing, and since that period the uterus has maintained its external relations, its growth increasing visibly during the last three months, occasioning considerable difficulty in micturition, and profuse leucorrhœal discharge. The dimensions of the tumour are those of an ordinary-sized orange, somewhat oval, but less broad at the base than the apex, where a transverse slit, surrounded with superficial ulceration occupying the area of a crown-piece, denotes the seat of the os tincæ. The mucous membrane has altogether lost its ordinary characteristics, by conversion of the mucus into cuticular epithelium; and the vaginal walls are much hypertrophied. The perineum is quite sound, and the vagina and soft tissues lax and easily extensible. The mass was acutely sensitive, and, as moderate pressure was only the occasion of considerable pain, I soon desisted from any very decided attempt at reduction. Two days subsequently, half a dozen leeches were applied to the uterus, and tonics prescribed. With the exception of the inconvenience of restraint and distressing palpitation of the heart, matters pro-

ceeded favourably till the 24th, when I was hastily summoned, and found my patient labouring under complete retention of urine. She remarked to me that, in the agony of her sufferings, she had experienced a sense of the tumour "slipping up." On examination, I discovered partial subsidence of the swelling, and the abstraction of upwards of six pints of urine effected its complete disappearance within the vagina. Her gratitude since this occurrence has been unbounded, as this restoration of parts to their normal position has dissipated the lumbar and uterine pains which for fifteen months have annoyed her extremely. Were it not for the distressing palpitation dependent on organic disease of the heart, she would be in a fair way to recovery, as the uterus has since remained *in situ*, and in no way inconveniences the patient.

No doubt the effect of the hyper-distended bladder, in its expansion acting through its intimate connexion with the uterus, was to raise this organ, in which the process of involution had been encouraged by the local depletion, and the rest rigidly enjoined. It is not, however, the less surprising that tolerance should be so speedily acquired of the return to a position to which, though primarily natural, the pelvic organs had become by the lapse of time dishabituated.

I remain, Sir, yours, &c.,

Guernsey, Sept. 1860.

FRANCIS E. CAREY, M.D.

POST-PARTUM HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—If you can allow space for another communication relative to the treatment of post-partum hæmorrhage, I will venture to give you my experience as to the quickest, safest, and most effective mode of practice.

Much has been written on kneading, plugging, emetics, ice, &c., none of which I think can be fully relied upon, but I have always succeeded by the simple plan of injecting about half a pint of very cold water (iced if you can get it) into the rectum, giving at the same time cold brandy-and-water, with a drachm of Curtis's liq. secalis cornuti in it. There is less difficulty in this operation than in injecting the uterus, which, I imagine, when attempted, is not always done. The application of the infant to the breast frequently fails to produce the desired contraction. I invariably carry in my midwifery case a small elastic enema instrument.

I am, Sir, your obedient servant,

Croydon, Sept. 1860.

P. HUBBERT, M.R.C.S.

UNIVERSITY OF LONDON M.B. HONOURS.

To the Editor of THE LANCET.

SIR,—In the list of honours for the London University M.B. first examination, in your last number, the "University of Edinburgh" is given as the school of Mr. John Bayldon (the gold medallist and exhibitionist in Anatomy and Physiology,) and of Mr. Alexander Crum Brown (one of the gold medallists and exhibitionists in Chemistry). It is due to my colleagues and myself to state that Mr. Brown was equally a pupil in this school, and a prizeman in several of its classes; and that Mr. Bayldon received much the greater part of his education in this school, where he was well-known as a prizeman in the anatomical and other classes.

I am, Sir, your obedient servant,

Surgeons' Hall, Edinburgh,
Sept. 3rd, 1860.

ONE OF THE LECTURERS.

THE BOTANICAL GARDENS AT CHELSEA.

To the Editor of THE LANCET.

SIR,—You would confer a benefit upon medical students by drawing attention to the present disgraceful condition of the Botanical Gardens at Chelsea. Examiners have long complained of the inattention shown to botanical study by students; but let any one of them visit these gardens, and he will no longer feel surprised that such should be the case. The place is, indeed, a perfect wilderness; many of the plants are unnamed, whilst others again are wrongly named. Surely some arrangement of the plants, such as is so advantageously adopted at Kew and at the Botanical Gardens in Regent's-park, might be made here. There is, I know, a miserable attempt at classification; but of what use is such a one in the present state of the science? These gardens are readily accessible to the students of nearly every hospital in London, and if improved and thrown open more freely, they would be much