

ciously used. I believe practitioners are not always sufficiently watchful in feeling their way, if I may so express myself, with the doses, which in some habits are uncertain. And with regard to the action of remedies generally, there is one thing of which I have been convinced in practice, namely, that if a very small dose of mercury produce salivation, or one of tartarized antimony vomiting, the notion that the minor or prior effects of such remedies would be omitted or jumped over, is *not true*. It only shows a peculiar sensibility to the effects of the remedy, and that a much smaller dose, or a milder preparation, would produce the proper curative effect.

On a former occasion I suggested a probable *modus operandi* of mercury in syphilis; it is as follows:—

Before nutrition takes place, decomposition of the nutritious matter contained in the arterial blood is effected, and a distribution of the elements in the required forms. Decomposition must also take place before its counterpart, absorption, can be effected; that is, cellular tissue and bone are not absorbed as cellular and bone, but their elements, or new forms. On this principle we have a more rational theory of the *modus operandi* of mercury in syphilis, and in cutaneous diseases depending on a specific virus; by increasing that species of absorption which is the counterpart of nutrition (both governed by the distribution of the ganglial nerves), it promotes decomposition, and without purging it from the system, as generally conceived, from innocuous compounds of the elements of the poisonous secretion.—(See LANCET, Vol. II. 1836-7, p. 692.)

I believe phagedenic ulcer is often *promoted*, if not *produced*, by the effect of mercury on the absorbents; larger doses being administered than necessary for the proper curative effect. And though sometimes it may be caused by circumstances not under the control of the practitioner, yet this cannot be brought forward as an objection to the use of mercury in syphilis.

Protracted and secondary disease have been owing, in every case which has come under my observation, either to the total or partial neglect of mercury, and sometimes to its use being precluded by injudicious dosing in the first instance. I have no hesitation in stating this, and would bring forward cases, if I had any better than those related by Dr. R. Burridge.

The outcry against the use of mercury in syphilis, places in a strong light the bad effects of general practice, as opposed to particular,—a charge not only to be brought against empirics, but also against scientific men in large consulting practice, who must, of necessity, generalise; but whose word is taken by all in prejudice of the remedy. And, moreover, it must not be forgotten,

that the cases of secondary or pseudo-syphilis which fall into the hands of consulting practitioners, have generally been first in the hands of empirics, and their history being doubtful, it is not to be wondered at if these states of disease have been looked upon as mysterious, or even somewhat misrepresented. For pseudo-syphilis appears to be only that negatively-defined disease which resembles syphilis in all respects but one, viz., its not being benefitted by the usual modes of administering mercury. I remain, Sir, your very obliged and obedient servant,

ROBERT STEVENS.

Kennington Common, Feb. 14, 1838.

CASE OF SPONTANEOUS EVOLUTION OF THE FÆTUS.

By J. MOORE NELIGAN, M.D., *Clonmel, Ireland.*

MARY MORRISSEY, ætat. 26, the mother of four children, a strong healthy woman, with dark hair and florid complexion, was seized with labour-pains, which were slight and irregular, on Saturday afternoon, February 3rd, 1838. In the course of that evening a discharge of a portion of the liquor amnii took place, when the pain ceased; during the three following days there was a constant dribbling of the waters, with occasional inefficient pains. On Wednesday night, about twelve o'clock, they became more vigorous, and continued regularly until I saw her at nine o'clock A.M. on Thursday morning. She states that all her previous labours were natural and speedy, with the exception of the second, which was an arm presentation, when the child was turned.

On examination, the right-hand and forearm were found without the external orifice of the vagina, the thumb towards the front of the pelvis, and the palm of the hand turned to the left side. I determined immediately to attempt the turning of the child, not without apprehending a good deal of difficulty in the process, owing to the waters having been so long discharged, and from the violence of the pains, which recurred every five or six minutes. The os uteri was reached without much difficulty, and was found well dilated; by efforts made during the short intervals between each pain, I was able to get the fore-finger of my left-hand as far as the base of the right scapula of the foetus, when I found the uterus contracted strongly around the body of the child, and any attempt to reach the knees and feet was attended with such forcible contraction of the womb, that I was obliged to desist and withdraw my hand.

I now gave her a draught with sixty drops of tincture of opium, and decided to

wait for its effect to be produced before another attempt should be made. At half-past eleven Surgeon Phelan returned with me, when we both again essayed to turn, but without success, as, although the pains had ceased for nearly an hour, every movement of the hand in the womb excited such violent contraction of that organ as to endanger its rupture.

At three o'clock P.M. Dr. Scully saw her with us; a renewed attempt to reach the feet was made by him, but the action of the uterus opposed so great an obstacle that he was forced to desist. On consultation we determined, as the pulse did not admit of any abstraction of blood, to administer eighty drops of the tincture of opium, and allow three hours to elapse before any further attempt. When we returned at six o'clock, the midwife who was in attendance, gave us the following statement of what occurred during our absence:—Immediately after the draught was taken, she said that the pains returned with great vigour, and continued so for about a quarter of an hour, then they ceased for about an hour and a half, when, after two or three energetic pains, the breach protruded, the hand and arm not having moved, and the child, which seemed to have been dead for some hours, was expelled, the placenta following soon after; the child was of the full size, and appeared to be over six pounds weight.

Although the possibility of birth in arm presentation by spontaneous evolution, is no longer doubted, still, from the small number of cases on record, any addition to them must be of interest to the profession, inasmuch as it will assist us in deciding whether we ought to adopt the precept to wait for the evolution. That spontaneous evolution will not occur in all cases, and rarely happens in proportion to the number of arm-presentations, is proved by the statement of Dr. Burns, in his "Principles of Midwifery,"—"That he has heard of its occurrence only twice in the city of Glasgow, *though some women have died undelivered, or have not been delivered until it was too late to save them.*" From this it would appear, that it is a process of nature, on the certainty of the occurrence of which we cannot so far depend as to dispense with all interference on our part; but when we are unable to produce inversion, it is one for which we may wait, or, perhaps, endeavour to assist, as long as a due attention to the safety of the mother will permit.

In addition to the foregoing, Mr. Phelan has mentioned two others to me, which occurred in his practice, one was the first case of arm-presentation in that female; and, in the other, as in this, it was the second, a natural birth having intervened.

Clonmel, Feb. 12th, 1838.

PROCESS FOR THE PREPARATION OF CREOSOTE.

By W. WAHL, of Leipzig.

(From the *Archives für die Homöopathische Heilkunst.*)

THIS substance was first discovered by Dr. Reichenbach, in the pyroligneous acid, and subsequently in the different sorts of tar. He discovered also, by means of the dry distillation of organic bodies, paraffin, eusseon, and pieamar, substances which have as yet no particular weight in medicine. By means of a series of experiments and indefatigable exertions, he succeeded in discovering creosote, being also the first person that made any medicinal experiments with it. It is not contained in the pyroligneous acid alone, in which he first discovered it, but also in tar, from which he procured larger quantities and with less difficulty. It is of some service, perhaps, to know that it is contained in the acid; but it is better to make use of the tar to procure it.

Empyreumatic substances form a knotty point for us to unravel; nor is it in our power to separate a single one without great difficulty and trouble. The following is Dr. Reichenbach's method of preparing creosote:—

Tar, obtained by the dry distillation of organic bodies (for instance, beechwood) is to be distilled in iron retorts until the residue consist of what is called shoemakers' wax. This substance may be known by its hardening if dropped into water, so as to become brittle, but softening by the warmth of the hand, and becoming capable of being drawn into long threads. It is best to stop the distillation in time, that the residue may not again become carbonised and affect the distillation with empyreumatic substances of the same nature as those which are intended to be removed by means of this first distillation. This product of distillation contains oil and empyreumatic water, which latter is to be discarded. The oil called tar-oil is now put into a glass retort, and rectified, but not to dryness, the water which appears in the recipient being likewise removed. The tar-oil in both these distillations is in the beginning very light, and passes out with a comparatively small degree of heat; it however gradually becomes heavier, and requires a higher degree of temperature for the same purpose. Regard must be paid to that period of the process at which the oil ceases to swim on the surface of the water, but sinks by its own weight. The oil that remains on the surface of the water contains little creosote, consisting principally of eusseon and other lighter substances, very much deteriorating the purity of the creosote, particularly in a physiological point of view