

to them, conspire with their disorganized condition and mischievous habits to keep perpetual the elements requisite to give malignancy to disease and facility to its spread. But there are other mischievous and hurtful usages which we tolerate, apart from our foreign population. We have space to allude to but one, and that a huge and monstrous one. This is the manner in which our city authorities sanction the filling up of the land reclaiming by the changes of our river bed. A vile compost, one more abounding in disgusting, offensive nuisances, cannot be found anywhere. Standing on an evening after sunset, on any portion of our levee, one might realize something of the disgust of Coleridge at Cologne:—

“He might count two-and-seventy stenchs,
All well-defined and genuine stinks,”

so thick and reeking are the odors escaping from those foul spots. They are the burial places of all dead animals, from a mouse to a horse, the common receptacle of the offals from every cook-shop and kitchen, of the refuse vegetables, bones and garbage of our market houses, and the sweepings of our streets. If the art of man could contrive anything worse than this, we should like to see it. Yet we breathe this foul air, worse than the abattoirs of Paris, and wonder that we sicken and die. Rouse up we must and set our household in order, if the future is to be spanned with brighter hopes and stronger assurances. We will have to look more intently at home, more closely into our domestic habits, more narrowly into our social vices, more determinedly on the negligence of our laws, if we are to be anything besides the immense lazar-house the late pestilence has made us.—*New Orleans Medical Register.*

CEPHALIC SPONTANEOUS EVOLUTION.

[Communicated for the Boston Medical and Surgical Journal.]

“M. Velpeau admits a spontaneous cephalic evolution, as well as a spontaneous pelvic evolution. We cannot imagine spontaneous cephalic evolution, except in cases of abortion or in cases where the fetus is completely putrid.”—*Cazeaux's Midwifery*, p. 149.

THE occurrence of the above passage in a work of so high an authority as Cazeaux's, induces me to mention the following case:—

Oct. 20th, 1853.—I was called at 6½ o'clock, A.M., to Mrs. N., a medium-sized, well-formed woman, of good general health, æt. 35, in labor with her third child. The os uteri was fully dilated, and the waters, by report, discharged since 2 o'clock, A.M. The pains were frequent and strong; the presenting part just engaged at the superior strait. I soon discovered that this was the left shoulder, and that the child's back was in front. Whilst confirming the diagnosis, the arm came down into the vagina and protruded externally, nearly up to the elbow. The long discharge of the liquor amnii prevented the success of an attempt to perform version. Whilst waiting the arrival of assistance, the pains continued unabated in vigor, the arm was forced further outside the vulva, and a large portion of the shoulder, considerably tumefied and discolored,

became visible beyond the vulva. Up to this time, the head, as at first, was with difficulty felt above the brim on passing the finger up beside the neck, which latter, to my surprise, I now saw gradually coming down and distending the perineum to a considerable extent. I immediately supported this, and at once felt the head descending into the cavity of the pelvis, so that very shortly I was able to feel the ear. The shoulder in a few moments slightly retracted under the arch of the pubis, the whole arm still continuing external, and after one or two uterine contractions, the head was delivered, rapidly followed by the body, extremities and placenta.

The child was at full time and average size, weighing $7\frac{1}{2}$ pounds, at least, and evidently alive up to the time just antecedent to its birth. The whole length of time spent with the patient was not above one hour and a half. The patient's convalescence was slow, but good. She had given birth to two children previously. The first was born before the physician reached the house; the second, within five minutes after his arrival at the bedside—evidence, to a certain extent, of a large-sized pelvis.

This is evidently not a case in which procidence of the head and arm complicated itself with the cephalic extremity of the child; nor is it one in which, by force of the uterine contractions, the shoulder at first presenting subsequently retires from the superior strait to give place to the head, in what is called *spontaneous version*, for the arm and shoulder continued in the excavation of the pelvis, protruded beyond the vulva, were never withdrawn, and in spite of them, the child was delivered by the head; constituting plainly what Velpeau (Meigs's Translation, p. 422, pp. 959—964) means by spontaneous cephalic evolution, and which Cazeaux says he "cannot imagine."

The question may be asked, whether the long discharge of the waters can be considered the cause of the mode in which this case terminated. The protrusion of the arm to the extent which it did immediately after my first examination, was a proof that the shoulder was firmly engaged at the brim of the pelvis, and consequently that the liquor amnii had been long and completely evacuated from the uterine cavity. From this protracted contact of its walls upon the inequalities of surface presented by the child, arose irregular and spasmodic contractions of the body and neck of the uterus (irregular and spasmodic in character, though regular enough in point of time), which, although they might have entirely prevented the birth of the child, might with equal possibility, assisted by a large-sized pelvis, have been the cause of the evolution which took place.

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COBALT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Your correspondent, Dr. Galentine, inquires, through your Journal—"Is cobalt a poison?" and asks the symptoms and treatment. In answer I beg leave to state:—