

within the walls of this institution. *Here*, at least, that science has been duly recognised and methodically cultivated. On the one hand, the governing body of this college, ever active in the cause of intellectual progress, were not only in this country the first to establish a chair especially devoted to the subject; but they anticipated even our zealous neighbours the French in the elevation of the study to a distinct professional department.* On the other hand, the chair was filled and the science taught in this college by a pathologist of whom I may affirm (without wishing to detract in the smallest degree from the high and well earned reputation of many of our countrymen) that he did more than all others, by his admirable "Illustrations," to popularise the study of morbid anatomy among the profession in England. To the enlightened labours of Dr. Carswell, English medicine owes a deep and lasting debt, one which could only be repaid that high-minded observer by the sedulous cultivation, on the part of his brethren, of that branch of medicine on which his toil was spent, and to which his scientific tastes pointed. And it is most gratifying to find that his example has not been lost upon those brought more immediately within its influence. The published debates of the University College Medical Society may be confidently appealed to, as affording the best kind of evidence that the study of pathological anatomy has been pursued with sustained vigour and success by those who acquired their knowledge of its principles within these walls.

It is also a circumstance of no mean import with respect to the future prospects of morbid anatomy in this country, that the public examining bodies appear at length to have understood how important an influence due acquaintance with its facts and principles must exercise on the efficiency of the future practitioner of medicine and surgery. The University of London commences this year to examine candidates upon "pathological anatomy" as a distinct subject. Here is an innovation which cannot fail to promote, in a high degree, the cultivation of this branch of inquiry, and one for which the followers of that practical medicine, founded on science, have strong reason to be grateful.

Before we separate, Gentlemen, let me entreat your indulgence for one moment. Feeling, as I trust I have shown that I do, the high importance of the subject of morbid anatomy, and sensibly alive as I am to the eminent merits of my predecessor in this

* The early and active devotion of Dr. Hodgkin to the study of morbid anatomy, has ensured for him a place among the most distinguished of its cultivators, in this or any other country.

chair, it is not to be wondered that I should undertake its arduous duties with anxiety and diffidence. But allow me to assure you most sincerely, that whatever my defects may be, they shall not be those of negligence or inattention to your interests. So far as my humble abilities go, they shall be enlisted cordially in your service; and such knowledge as I possess I shall always feel flattered by being called upon to impart in the form of explanation or illustration of the subjects considered in my lectures.

CASE OF SHORT FUNIS,

WITH SOME GENERAL OBSERVATIONS.

To the Editor of THE LANCET.

SIR,—As the annexed notes of a case, which has recently come under my notice in company with Mr. Blamey, may be deemed of some practical importance, perhaps you would oblige me by giving them a place in your next publication. I remain, Sir, your obedient servant,

JAMES B. THOMPSON, M.D.

London, May 20, 1842.

Mrs. Gelder, of 44, Seymour-street, Euston-square, ætat. 35, of a low stature, was, in Jan. last, delivered of an unusually large male child, her first confinement; she was only four hours ill. The placenta came away in four minutes, and she had in every respect a most favourable accouchement. What induces me to submit this case to your notice, is the circumstance of the shortness of the funis, which when measured was found to be only *seven and a half inches in length*. Now here was a case which one would anticipate to be tedious, more particularly when the age, stature, and other circumstances of the patient are taken into consideration: whereas it was the shortest and quickest I have ever witnessed, in public or private practice. I find, on referring to some former dispensary reports made by myself, that out of three hundred cases of midwifery, the shortest funis was thirteen inches, the longest was forty-eight inches; the most frequent was twenty-one inches, and the next most frequent was twenty-six inches. On referring to a statistical report of my friend Dr. Churchill, referred to in his most practical work, I find that he says, out of five hundred cases, the shortest cord was twelve inches, the longest fifty-four inches; the most frequent length was eighteen inches; the next most frequent was twenty-four inches. Mr. Stone makes mention of some cases in which the cord was not more than six inches in length, and in which the abdomen had been torn from it. Mr. Streeter exhibited to the Westminster Medical Society a cord forty-five inches in length.

In the three hundred cases already alluded to, there were twenty-two cases of first confinement, and the majority were of a duration varying from eight to thirty hours. The membranes were ruptured in from half an hour to two hours previous to the birth of the child. The placenta came away in from eight to thirty minutes. In five cases it was expelled into the vagina as the child was born; and in two cases it was expelled along with the child, and no very serious hæmorrhage ensued, as would be very naturally supposed from such unfrequent occurrence.

I would here draw the attention of the profession to the fact of the similarity in the duration or period of time between the birth of the child and the expulsion of the placenta; for I have been often struck with the remarkable coincidence that in the ratio of the duration of labour, so will invariably the expulsion or retention of the after-birth be regulated. If the one be *quick* or *tedious*, so is the other. This, of course, may not always be found to be so, but I have so frequently noticed it, that I am justified in introducing it here, with a view that others may, at some future period, corroborate or deny its frequency, as far as their own observations may enable them so to do.

CASE OF FÆCAL VOMITING

DURING

THIRTY-FOUR DAYS.

POLYPUS OF THE INTESTINE, INTUS-SUSCEPTION,
AND RUPTURE.

By J. STEWART ALLEN, Esq., Assistant-Surgeon, St. Marylebone Infirmary.

ANNA REGUS, ætat. 38, was first visited on the 3rd of February last; she complained of a severe but intermitting pain in the epigastric region, which was increased by pressure. She stated that her health was generally good, but that of late she had been obliged frequently to have recourse to purgative medicines. The pulse was not affected, nor was there any constitutional disturbance. A dose of calomel and opium was prescribed, to be followed by a dose of castor-oil. On the following day the pain had considerably increased; the bowels had not been acted on; she had frequent and violent eructations; and towards evening there was copious vomiting, of a green, foetid, bilious matter; pulse 70; tongue red and rather dry. Twenty-four leeches were directed to be applied. Calomel and opium every six hours; a common enema to be administered, and repeated until the bowels were acted on.

5. No relief from the leeches; the enema brought nothing away, but they gave great temporary relief; continues to vomit large

quantities of a foetid, yellowish, chalky matter. More leeches were applied, but they also gave no relief.

7. Much worse, the pain recurring in violent paroxysms; the spasmodic action going on in the intestines can be felt by placing the hand on the abdomen; they press in knots against the abdominal parietes; friction gives relief; countenance anxious; pulse 85. Was bled to sixteen ounces.

8. Did not vomit for nearly twelve hours after being bled; is easier, and slept for some time during the night; towards evening there was a return of the violent pain. She was again bled to twenty ounces, which produced syncope.

9. Gums affected by the mercury; pain abated.

10. Apparently sinking; countenance collapsed; extremities cold; pulse scarcely perceptible at the wrist. To have brandy and stimulants: did not vomit for some hours after taking the brandy.

11. Considerably revived. To continue six ounces of brandy daily: to have beef-tea, and an enema to be administered twice daily.

12. Abdomen became covered with large, round vesicles, or rather pustules.

From this time until the 20th there was no material alteration. She continued to vomit daily large quantities of fæcal matter, of the same yellowish, white appearance: the brandy had always the effect of relieving the sickness. That and the beef-tea were the only nutriment, solid or fluid, which she did not immediately eject. On the 20th the enema brought away a large quantity of fæcal matter, but the vomiting continued: no difference could be distinguished between the ejection and the defecation.

From this time until the 28th she continued apparently to make great progress towards recovery; the vomiting, however, continued, although not so frequent, and large quantities of fæcal matter were brought away with each enema.

On the 1st of March she had passed twenty-four hours without having vomited; the bowels had acted three times without the aid of enemas; she was able to sit up in bed; the countenance had lost every trace of anxiety; and she wished for permission to leave the bed.

On the 2nd the vomiting returned; the bowels had acted once of their own accord. The enemas were again directed to be administered, owing to the great relief which they gave.

From this until the 9th the vomiting continued, with little alteration in the other symptoms; the abdomen again became covered with large pustules, nearly the size of a sixpence; and a large patch of integument below, and to the right side of the umbilicus, became discoloured: it is in this region she complains of most pain.