

science and for his many private virtues, and regretted that a peremptory engagement had compelled him to leave their company before the present opportunity occurred. After referring to the gratification which all had felt in hearing the oration, the toast was drunk with much enthusiasm.

Mr. WILLIAM FAIR proposed the health of their President. The rapid progress of the cause of medical reform was in a great measure owing to the honest advocacy of that gentleman. He had made sacrifices in promoting it, which none but the members of the council could appreciate. (Loud applause.) He trusted that he would be long spared to continue his valuable exertions in so noble a cause as the good of the profession. (Cheers.)

The toast having been drunk with reiterated plaudits,

Dr. WEBSTER in returning thanks said, it was true that he had taken a great interest in medical reform. He had seen it progressing first through and around the metropolis, then in different directions in the country, and then extending into Scotland and Ireland. It was now spreading its roots like the Banyan tree—(Cheers),—which had the power of striking them into the earth from its very branches, and so covered a large space. Right principles never could be put down. He felt, however, that he must be relieved from some of the duties which he had hitherto discharged, but he hoped to be able to labour among them until he saw complete success attending their laudable exertions. (Cheers.)

Dr. CLARK proposed the health of the "Vice-Presidents and Council of the Association," for whom

Mr. HOWELL returned thanks.

The CHAIRMAN, in proposing "The Medical Reform Associations of England, Scotland, and Ireland," observed, in reference to what had fallen from Dr. Hall, that the Provincial Medical Association was established, in the first instance, for scientific purposes, and that reform had been rather forced upon them. Its formation, however, was not only a proof of the want of reform, but was in itself a reform. Medical men finding that they were neglected by the colleges were obliged to associate for their own protection. Although one association did not run so fast as the others, or took a different view of a question, they were not on that account to despise it. (Hear, hear.) He believed there were some very zealous and honest reformers in the Provincial Association, and he should be happy to work with them. Dr. W. then alluded to the exertions of the Irish and Scotch Associations as well as the North of England and the young English societies.

R. WALLACE, Esq., proposed "The health of the Treasurer, Officers, and Trustees of the Association;" to which E. EVANS, Esq., responded in a humorous and excellent

speech, and reminded the members of the necessity of keeping him well supplied with their treasures.

The CHAIRMAN then gave "The health of Mr. HARRISON, the Honorary Secretary, and Mr. DAVIES, the Honorary Solicitor," who severally acknowledged the honour, which was awarded to them with acclamation.

Mr. R. INNERARITY, of Baldock, cordially proposed "The health of the Stewards," for which Mr. EALES returned thanks.

The CHAIRMAN said, that letters had been received from many gentlemen regretting their inability to attend; among others, from Professor Kidd of Oxford, Sir James Clark, Mr. Hawes, M.P., Mr. Wakley, M.P., Dr. Cowan of Reading, Dr. John Webster, Professor Sharpey, Dr. Beddingfield of Stowmarket, and Mr. Ceeley of Aylesbury, &c. &c.

Mr. J. BRYANT proposed, as the last toast, "The Visitors who have honoured us on this occasion."

H. BURFORD, Esq., returned thanks, and expressed the gratification he had experienced, and wished every success to the objects of the association.

The company then separated a few minutes after twelve o'clock.

## WESTMINSTER MEDICAL SOCIETY.

Saturday, October 23, 1841.

Mr. GREGORY SMITH, President.

### NEW PRESIDENTS.—TWIN CASE.

Dr. Golding Bird was elected president, and Dr. Reid vice-president, of the society.

Mr. STREETER related some particulars of a twin case which had just occurred to Mr. Hughes, of Holborn. The child was born alive at the full term of the pregnancy, while the other, which had perished at about the third month, had been retained in the uterus nearly six months after its death, without having undergone much decomposition. The blighted fœtus had been squeezed quite flat, probably during the labour, and was expelled a few minutes before the placenta. The parts were on the table; the blighted fœtus might be seen still attached to that portion of the amnion which had covered the fetal surface of the placenta. The membranes were imperfect and considerably torn, but enough remained to show that the fœtuses had been inclosed in one common decidua and one common chorion, and that each had its own amnion. The placenta had been injected from the umbilical vein of the chord of the full-grown child; and one vein, as large as a goose-quill, could be seen arising near the insertion of the funis in the placenta distinctly anastomosing with the umbilical vein of the funis of the smaller fœtus: a circumstance which probably accounted for the part

of the placenta having a withered appearance. Mr. Streeter considered that the presence of a common chorion proved, beyond the possibility of doubt, that it was a case of twin conception, and not one of superfœtation. Many cases of twins, where one foetus was blighted early and retained till the other was nearly or completely developed, had been recorded; for example, three by Dr. R. Collins, at page 317 of his "Practical Midwifery;" one figured by Cruveilhier, in his "Anatomie Pathologique;" one was related in the essay which he (Mr. Streeter) read before the society two sessions ago. The most remarkable instance, however, with which he was acquainted, was one in the possession of Dr. Robert Lee, and which he had himself seen, where triplets had been conceived, but two of the foetuses had perished about the third or fourth month, and had been retained until the full term of gestation, when they were expelled, and remained attached to the placenta of the living child. With respect to the disposition of the membranes, and the vascular communication between the placenta in twin cases, he would take this opportunity of referring the members to the researches of M. Duges, in the "Revue Medicale," of March, 1826. Mr. Streeter then enumerated the four varieties which exist in the disposition of the foetal membranes.

CALCULI PASSED BY THE URETHRA.

Mr. W. T. ELLIOTT exhibited four calculi, of somewhat pyramidal form, and weighing, apparently, about six drachms each, which had been expelled involuntarily from the bladder of an old lady *per urethram*. This patient was 74 years of age, and had suffered from what was considered to be prolapsus of the uterus for some years. For this complaint she went into the hospital at Brighton, but received no benefit. She had suffered for a short time with symptoms of stone in the bladder, and had incontinence of urine, the water discharged being occasionally sanguineous. She expelled the stones two at a time, without difficulty, and at intervals of a month; they were coated with mucus, and appeared to consist of magnesia and phosphate of lime. She had passed altogether seven stones. She had now rather more power over the contents of the bladder than she had previous to the stones being discharged, and the prolapsus was less. There was no fistulous communication between the bladder and urethra.

Dr. VERRALL knew something of the case detailed, which was under the care of Mr. Sinnock, of Eastbourne. He believed that when she was in the hospital the parts were carefully examined, and no disease detected, except prolapsus of the uterus.

DISCUSSION ON ASPHYXIA; RECOVERY OF PERSONS APPARENTLY DROWNED.

Mr. FORBES WINSLOW thought that in his

paper Mr. Snow had not made sufficient distinction between those cases of asphyxia of new-born children dependent on plethora and those resulting from collapse, in which an opposite mode of treatment to that employed in the former would be necessary. In the first class of cases the symptoms were very nearly allied to apoplexy, and would be the most effectually removed by the abstraction of blood. Respecting inflation of the lungs by Mr. Read's instrument, as a means of removing asphyxia, he thought that that apparatus should be employed with much care, as it was liable, if the air were forcibly injected, to do injury to the texture of the lungs. He was of opinion that inflation by air breathed from the mouth of the practitioner was the best plan of carrying on artificial respiration. Experiments had shown that the air so used was but little altered in quality, and contained only one-hundredth part less of oxygen than it did previous to its being respired. With respect to the recovery from asphyxia by drowning, Dr. A. T. Thomson had related a case in which a person who had been twenty minutes under water was restored; while other cases were recorded, in which three minutes' immersion was sufficient to entirely destroy life, and frustrate all efforts for its revival. How did we account for this discrepancy? The most experienced pearl-divers could not remain under water for more than five minutes. He (Mr. Winslow) thought that when persons fainted immediately on submersion, vitality was longer retained in consequence of there being less demand upon the system than when struggles were made by the sufferer.

Dr. REID remarked that Mr. Snow, in his paper, had stated the proportion of still-born children to be one in twenty. This was a proportion much larger than he (Dr. Reid) had met with in his own practice; and this when even the prematurely born infants were included in the number. He agreed with Mr. Winslow as to the different kinds of asphyxia in new-born children, and related a case in which all the usual means were resorted to without effect, and in which until some blood was allowed to escape from the chord no signs of recovery were manifested. Immediately, however, on the loss of a little blood the infant exhibited signs of life. It was necessary in this case to repeat the operation, in consequence of the return of some of the symptoms. The case was successful. In this instance the child weighed eleven pounds, and had been delivered by the forceps. He thought Mr. Read's instrument might be useful in some cases, if it were at hand.

Dr. CHOWNE would look with suspicion on any case of recovery from asphyxia by drowning, in which it was stated that the person had been under water for more than six or seven minutes. He believed, indeed, that there was no well-authenticated case of

recovery in which the submersion had exceeded six minutes. With respect to Mr. Snow's statement regarding the number of still-born children, the proportion was much larger than he had met with in his own practice. In looking over the last 500 cases which had occurred, he had found only sixteen infants were still-born. He included in these statistics only children at the full time. He thought nothing could help us much in the treatment of asphyxia except artificial respiration, and that Mr. Read's instrument was very ingenious, and likely to answer the purpose for which it was intended.

Mr. ELLIOTT related a case of submersion in which a young man was under water for several minutes. He had got intoxicated with port wine, and in attempting to row himself on the Thames at night was capsized. He was picked up by Mr. Elliott, who attributed his ultimate recovery to the quantity of wine which was in his stomach.

Mr. WOOLLEY thought Mr. Read's instrument would be of great service in asphyxia, whether occurring in adults or infants. He had been in the habit of using the means recommended by the Humane Society to keep up artificial respiration, for some years. The instruments used were the bellows and the trachea-tube. The use of the bellows might be productive of much injury; and it was not always an easy matter, even to those who knew the anatomy of the parts well, to insert the trachea-tube into the proper orifice. Mr. Read's instrument did away with these objections, and he considered it an admirable means of keeping up artificial respiration. Nothing could be more harmless and efficient, and more easy of application. Any intelligent person, indeed, could use it. It was impossible to do injury to the lungs by its use, as only forty cubic inches of air could be injected into the chest by it. He had placed the instrument at the receiving-house of the Royal Humane Society, in Hyde Park, where the superintendent could use it in his absence as effectually as himself. In asphyxia from drowning, however, he had seldom found much benefit from attempts to keep up artificial respiration. When a body was brought to the receiving-house, it was immediately placed in a bath at 100°. Respiration most frequently occurred spontaneously whilst the person was in the bath, and in some cases it took place before the patient had arrived at the station. If, after the body had been placed in the bath, there was no appearance of vitality, he had generally found the employment of artificial respiration of no benefit. Respiration, when first returning, was generally interrupted and spasmodic; it then became regular, and frequently no ill consequences followed. There was, however, in many cases, much mischief supervening in the form of congestion of the brain and thoracic viscera. In some cases of this kind, the convulsions were so great, that

the patient was held with difficulty whilst blood was abstracted. In these cases the only instrument he had found of service was the lancet; and it was often necessary to take away a considerable quantity of blood. In illustration of the mode employed by the Humane Society for the recovery of persons apparently dead from drowning, Mr. Woolley read the following remarkably interesting case which he had transmitted to the society in question, and which had been published in their report for 1840:—

"At about half-past ten in the morning, a police-constable on duty, and the gate-keeper, saw a man, a little more than half way, over the bridge, place his hat upon the pavement, mount the parapet, and leap into the water. The policeman ran to the spot where the occurrence had taken place, and the gate-keeper to his lodge, in which was one of the society's speaking-trumpets, to use it in calling for a boat; but, before doing so, he took out his watch, and carefully observed the time. When he saw the boat coming, he ran and joined the policeman and others who were observing the man in the water. From the time of his jumping in he had remained under the surface, supported in a perpendicular position by the flaps of his coat, which lay upon the surface, a small portion of the scalp being out of the water. His face was never above the surface, and a great number of small air-bubbles kept coming up from the commencement. He moved very little—at length a large bubble came up, and he immediately began to sink deeper; the bystanders now exclaimed that it was all over with him. At this moment the boat reached the spot, when he had sunk so low that his coat-tails were but just within the reach of the arm of the man employed by the institution, who, however, got hold of them; and pulled him into the boat. The gate-keeper then looked at his watch, and found that exactly five minutes had elapsed since he first noted the time. The man was apparently dead; but just after he was laid down in the boat a low moan was heard, another midway between the bridge and the receiving-house, and a third when he was on the stretcher being carried into the house. There was, however, no appearance of breathing nor of life when he was put into the warm bath, which was ready upon his arrival; but, almost immediately after, convulsive and irregular breathing commenced—he breathed irregularly and moaned occasionally for about fifteen minutes. In five minutes more I saw him; his breathing was then quite natural, his pulse regular and good; he had no pain in the head or chest, nor anywhere else, and felt pretty well; his face, however, was very pallid, and his eyes suffused: he looked like a man who had suffered from habitual intemperance, which I found was the case. Dr. Wilson, one of the physicians of St. George's Hospital, was in the

receiving-house from the commencement, and witnessed the whole process with much satisfaction. I now had him taken from the bath, and put upon the warm bed, apparently free from cerebral or thoracic congestion, and only wanting strength to enable him to go home. As the ward was too hot and close, I desired that a little air might be let in, and left the room for a short time. On my return, I found that my order had been misunderstood, and all the windows had been opened. I was absent only a very few minutes in the adjoining room. The effect of this admission of cold air was to produce oppressed breathing and much cough, and to require treatment and watching which detained me six hours at the receiving-house: they would not take him into St. George's Hospital, and, till the expiration of that time, I did not think it safe to send him home. This shows the importance of warm air in resuscitation. The poor patient ultimately got quite well: his name was Thomas Walsh, an Irish labourer, aged 28.

"It appeared he had been a good member of society, a good husband, and a good father, till within three months, when, losing at once all he most valued on earth, his wife and two children, he became sadly distressed in mind, and unhappily sought relief in frequent intoxication, which had become habitual to him: this led to his attempted suicide. It was deeply interesting to have saved this poor fellow under such critical circumstances from self-destruction; but to me the case was also of great interest, as illustrating and proving the correctness of opinions which I had ventured to offer to the committee only four days before, in a letter addressed to the secretary.

"Walsh was five minutes under water, and, during the whole of that time, the process of expelling air from the lungs was seen to go on. The lungs must, by the end of that time, have been in a state of collapse, and, on being taken out, the atmospheric pressure would, necessarily, fill with air the vacuum which had been formed, and the spontaneous return of respiration proved that there was nothing present in the lungs to prevent it. The perfectly natural state of breathing which existed previously to the admission of the cold air, showed also that no water had got into the air-tubes. In my former letter, I said we saved no cases which had been more than *four* minutes under water: Walsh had been five; but the society's man, who took him out, represented to me that he had been only three minutes and a half; and this I should have believed, had it not been for the gate-keeper, of whose accuracy I have no doubt. Our people are always obliged to guess at the time, and have, I believe, generally leaned to the side opposed to the marvellous so much, as sometimes to err from the truth. I am afraid we often meet with sad errors on the other side;

unfortunately, the cause of science is served by neither. I, however, renounce the opinion that we have not before had successful cases in which the patient had been five minutes under water.

"Some persons will live longer than others under water—the protracted existence depending chiefly, perhaps, upon a larger quantity of air being in the lungs at the time the accident occurred, and on no struggling taking place to accelerate the circulation, or on syncope quickly supervening."

Persons might, and he thought did, occasionally die from mischief done to the lungs, some time after all the symptoms of drowning and congestion had passed away. With regard to the early employment of artificial respiration, Sir B. Brodie was of opinion that it could be advantageously resorted to, only in that interval between the occurrence of asphyxia and the complete cessation of the heart's action.

## MEDICAL SOCIETY OF LONDON.

Monday, October 25, 1841.

Dr. CLUTTERBUCK, President.

### EXTENSIVE OSSIFICATION OF THE HEART AND LARGE VESSELS.

A PAPER was read from the pen of Mr. Mitchell, of Kennington, giving some particulars of a case of heart disease which had been under his care. Unfortunately there were some omissions in the case, such as the age of the patient, the state of the *prima via*, &c., which very much diminished its value. Mr. Mitchell first saw the patient in December, 1838, when, after a sudden mental shock, he was attacked with the following symptoms: Extreme cold skin of death-like paleness, and covered with a clammy sweat; lips quite livid; breathing most laborious; there was a copious, bloody, frothy mucons discharge, forced involuntarily out of the mouth by every expiration. There was no perceptible pulsation at the wrist, in the carotids, or the heart itself; in fact, he appeared to be dying. He was thought to be suffering from great engorgement of the lungs consequent upon obstruction in the heart. It would have been useless to attempt to take blood. The extremities were, therefore, placed in hot water, friction was made by the hand over the region of the heart, and camphor mixture, ammonia, and tincture of henbane, given internally. His body was kept at rest, and in the half recumbent position. The next day he was quite well, and continued so for twelve months; at the end of which time having caught cold he experienced another attack. He was treated as before. The heart was now examined; there was greater impulse than natural, but no morbid sound. He was kept quiet for a