

This oration, delivered at the eleventh anniversary of the Hunterian Society, February 11, 1830 ... / J.T. Conquest.

Contributors

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With Conquest's respect
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THIS

ORATION,

DELIVERED AT THE ELEVENTH ANNIVERSARY OF THE
HUNTERIAN SOCIETY, FEBRUARY 11, 1830,

IS RESPECTFULLY DEDICATED TO

SIR WILLIAM BLIZARD, F.R.S.,

W.M. BABINGTON, M.D. F.R.S.,

AND THE OTHER MEMBERS, BEFORE WHOM IT WAS READ,

AND AT WHOSE REQUEST IT IS PRINTED,

BY THEIR FAITHFUL FRIEND AND SERVANT,

J. T. CONQUEST.



Finsbury-square,
London, February, 1830.

ORATION

DELIVERED AT THE ANNUAL MEETING OF THE

WESTMINSTER SOCIETY, FEBRUARY 11, 1841.

BY

WILLIAM WALLACE, ESQ.

LONDON :

PRINTED BY W. CLOWES,
Stamford-street.

MR. PRESIDENT AND GENTLEMEN,

I HAVE selected PUERPERAL INFLAMMATION to supply me with materials for this Oration,* because, by universal consent, it is a subject of immense importance, inasmuch as it is one in which are involved some of the dearest interests of social life; and because, in that sphere in which Providence has destined me to move, I have had many opportunities of witnessing this insidious and fatal disease in all its grades, and in its various modifications. My observations will be purely practical, as I have neither time, nor talent, nor inclination, to bring before you any thing that can amuse by its ingenuity, or attract by its pretensions to novelty.

By *Puerperal Inflammation*, correctly so called, is meant one of those affections which are known among practitioners under the vague and indefinite term of *Puerperal Fever*; a generic term, which in reality designates only a prominent symptom of disease, but which, in ordinary usage, embraces complaints having little or no resemblance or connexion, either in their essential nature, their seat,

* The Writer had it in contemplation very much to amplify this Oration, but such are his engagements just now, that he finds it impossible to accomplish his intention and wishes. Had he been able to do this, he would have appended the details of two highly interesting and instructive cases, which many of his medical friends have solicited him to publish: one a successful case of *hydrocephalus internus*, cured by withdrawing nine ounces of fluid, and another equally favourable termination of a case, in which he removed a very large *fleshy tubercle* from the substance of the uterus. The circumstances referred to at page 11, have induced him at once to print these remarks for private circulation,—incomplete as they are, and just in the familiar and unpretending style and language in which they were delivered.

or their treatment. For I fearlessly appeal to every cautious, intelligent, and reflecting man present, whether the term is not in daily use, equally to designate spasmodic and inflammatory affections of the peritoneal investments of the uterus and abdominal viscera; inflammation of the muscular fibres; inflammation of the veins of the uterus; phrenitis; irritative fever; diarrhœa; and spasm of the intestinal canal, so frequently confounded with inflammation. Indeed, it is truly lamentable to find among our most distinguished pathologists the greatest imaginable discrepancy of opinion on the nature and treatment of these formidable complaints. And where is the medical man, who has seen any thing of practice, who has not had painful demonstration of the correctness of these remarks, and on many occasions had to deplore the confusion of his own pathological views of this fell disease, which is so incessantly carrying heart-rending desolation and despair into the bosom of families, and cutting off, in the bloom of life, and under the most endearing and interesting circumstances of relationship, those members of society which give to it its purest pleasures and its highest joys?

It is of moment to dissociate this disease from several others with which it is often confounded, and for which it is treated in every-day practice; for, unless our diagnosis be correct, there will ever be the most conflicting statements as to the nature and seat of Puerperal Inflammation, and the utmost discordance of opinion as to the treatment to be pursued.

Those complaints to which I more particularly refer are,

First. That high though transitory febrile excitement of the constitution, to which lying-in women are liable, called *Ephemera*, or *Weed*, referrible to some slight and casual disturbance in the breasts or small intestines. This is never epidemic.

Secondly. Various disturbances and disorganizations of the brain.

Thirdly. Derangement of the intestinal canal, constituting puerperal diarrhœa.

Fourthly. Remittent pain of the intestines, from detained fæces, producing violent spasm of the larger bowels.

Fifthly. Irritative fever, from a portion of retained placenta, or membranes, or coagula.

Sixthly. Hysteria.

Seventhly. Hysteralgia, or that alarmingly painful spasm of the uterus, characterised by the earliness and rapidity of its accession and departure, the periodical remission of pain, and the absence of rigors. And,

Eighthly. All that train of anomalous symptoms, referrible to exhaustion from fatigue, anxiety, or loss of blood. All these affections are incessantly liable to be mistaken and treated for genuine Puerperal Inflammation;—affections in which opiates and fomentations are alone admissible.

It is scarcely possible to form a correct notion of what is called the proximate cause, or rather essential nature of this disease, until we better understand and more accurately define the pathology of inflammation itself; and, unquestionably, Puerperal Peritonitis would be better understood and more successfully treated, if men of intelligence and disinterestedness in their investigations could approximate and agree in their views of inflammation. May not inflammation be *primarily* a state of nervous depression and collapse, and *secondarily* and consecutively a state of morbidly increased action and sensibility?

It is not improbable that much of the difference of opinion which exists on this subject may be traced to the reluctance with which many pathologists admit the possibility of the existence of inflammation without pain, notwithstanding several conclusive proofs of this fact. Pain is the consequence of turgescence and tension of a part; it is not essential to inflammation, and is only present as it advances. If this be admitted, we may explain and account for most of the phenomena of all the varieties of the frightful malady now under consideration. And does not the pathology of the disease justify this theory? Look impartially at the result of its scrutiny, in connexion with

every leading feature of the disease. Let us banish far away mere gratuitous assumption, and calmly and legitimately deduce a theory from unalterable and indisputable facts; for the grand barrier and the most fatal hinderance to the advancement of medical science, from its earliest history, has been the substitution of hypothesis and speculation for patient research and plain inductive observation. Examine the detail of symptoms presently to be brought before you; compare them with post-mortem investigations, and see how far they accord with the proposed theory. When this disease runs a very rapid and fatal course, destroying the patient within twenty-four or forty-eight hours, it is astonishing how little will be found to account for death. Perhaps there may be slight efflorescence and turgescence of parts, with a very little sero-sanguineous effusion, or an isolated spot of gangrene; and these disputable evidences of inflammation are sometimes confined to a fallopian tube or an ovary. These equivocal and unimportant changes are more particularly noticed in those most distressing and untractable cases ushered in by extreme and overwhelming depression of the nervous energies, with almost irrecoverable prostration of the vital powers; and these occur in great numbers in particular districts, in lying-in hospitals, in crowded neighbourhoods, and under a peculiar condition of atmosphere, when puerperal diseases have not borne the abstraction of blood, or any other depletory measure, but with extreme caution. Under these circumstances, although there is effusion, it is small in quantity and peculiar in quality. It is like dirty red water, without any flakes of coagulable lymph, and often pervades every part of the contents of the pelvis. The uterus itself becomes unnaturally soft, and not only is there this effusion formed between the muscular parietes, and in the cellular tissue, but under the peritoneal covering. It may also be traced under the investment of the broad ligaments, ovaries, and every contiguous organ.

In ordinary phlogistic cases, the appearances after death are very diversified. The substance of the uterus is sometimes infiltrated with pus, and becomes livid and spongy, or it may contain small abscesses; and the uterine veins, particularly those containing blood from the spermatic arteries, may be inflamed, and contain coagula

or pus. At other times, spots and patches of gangrene will be perceived externally; and not unfrequently the inner surface or cavity is black, ragged, and covered with flakes of coagulable lymph. When the disease has originated with, or been principally confined to, the peritoneal investments of the uterus, bladder, and pelvic and abdominal viscera, they will be agglutinated in one morbid mass, or there will be more or less turbid serous effusion of a dirty white colour, mixed with pus and flakes of coagulable lymph.

In the chest, particularly in those cases in which respiration has been hurried from the commencement, there will be found slight effusion in the cavity of the pleura, in the bronchial tubes, and in the cellular substance of the lungs.

But so anomalous is Puerperal Inflammation, that not unfrequently the extent and variety of mischief shall be infinitely more than could have been expected, *à priori*, from the duration or severity of symptoms during life, and only to be explained by admitting that the disease must have existed, and been making sure, though unnoticed progress before delivery; or to the possibility of the inflammation having run a very rapid course, and destroying in a few hours the vitality of parts which had been previously brought into such a condition, in consequence of the prostration of nervous energy, as to be unable to resist high excitement; and effusion or destruction inevitably and rapidly follows.

The time allotted to this Oration will permit me only to sketch an outline of this highly interesting, though obscure disease; and in attempting to describe Puerperal Inflammation, as it is presented to us in that best of schools, the lying-in-room, I would say it attacks women irrespective of the duration, mildness, or severity of their labours, women of all ages, and during every season of the year; but the type of the inflammation will be so varied and modified by circumstances as to be scarcely recognised as the same disease in its essential character in different women, in different districts, and during peculiar constitutions of the atmosphere. It will sometimes be strictly tonic and phlogistic, and at other times atonic and typhoid.

I have seen some cases in which the pulse has been full and hard

but *slow*, the breathing has been laborious, the countenance dusky, and every function oppressed. There has appeared to be venous congestion overpowering arterial action, and preventing the full manifestation of disease. The crassamentum of the blood first drawn, has less firmness, and it does not become buffy and cupped until the circulation is relieved by bleeding. It is true the appearance of the blood supplies but very fallacious guidance. In these cases depletion will lessen the simulated debility, and the concealed disease will become more clearly developed.

Indisputably, this disease is often conveyed by medical men and nurses, as well as by patients themselves. We now possess unquestionable evidence to support this statement.

The disease is most frequently epidemic during the winter and spring, and has always been most fatal during and immediately after severe and long-continued frosty weather; and yet, strange and inexplicable as is the fact, during the prevalence of cold it runs its course most rapidly, and often assumes the low type, as during this season. (1830.)

I am particularly solicitous to establish,

First. The momentous and influential fact, that gestation and parturition produce a change in the physical condition of the female, which so modifies disease, as to give to it a *specific character*. This is familiar to every medical man who frequents the lying-in-room, and is remarkably illustrated when puerperal patients become the subjects of Scarlatina or of any other exanthematous disease. Such women will lose their lives, although many other members of the family, labouring under the same disease, have escaped with the most trifling and unimportant indisposition. I consider this, as it were, a clue to the peculiarities and difficulties of all puerperal diseases, and if not borne in mind, I think it is impossible to understand or to manage complaints incident to parturient women.

Secondly. It is of importance never to forget the inexplicable and pernicious influence of season, or the constitution of the atmosphere, and of certain situations, as they produce and characterise the inflammatory diseases of the puerperal female. This is occa-

sionally seen when the complaints of the lying-in-room become epidemic and very unmanageable. Nothing is more common than for particular districts of this metropolis to be thus infested.

Thirdly. It must ever be borne in mind, that this dire disease may, and generally does, begin during gestation, from mental depression, impure air, bodily fatigue, low living, or stimulating food, and bursts forth in its full developement after the uterus has expelled its contents. Many sporadic cases of this character must be familiar to every observant practitioner, in which he has been able to connect pre-existing, threatened mischief with the subsequent inflammatory action. How often does this occur in young women of previously good character, who have been seduced, and who suffer bitterly from mental despondency and broken spirits during the long and tedious months of seclusion which precede their confinement.

If the uterus be primarily affected, constituting *Hysteritis*, it is manifested by severe, constant, and darting pain about the hypogastric region, greatly augmented by pressure. Constitutional excitement, with bluish-white tongue, thirst, and vomiting, are present, and the lochia become suppressed. Generally, although the inflammation begins in the uterus, sooner or later it extends to the duplicatures of the peritoneum, producing *Peritonitis*, or inflammation of the peritoneal lining of the abdomen, which often exists at its commencement, independently of inflammation of the uterus, and without suppression of the lochia. Sometimes the approach of this formidable inflammation is so extremely obscure, that extensive and important disease, amounting to destruction, will elude detection. In many cases even pain is absent, or so unimportant a symptom as not to be adverted to but in common with general uneasiness, restlessness, and exhaustion; and it is only by long-continued and deep pressure that the slightest degree of suffering can be detected. This is principally the case when the disease is epidemic, and assumes a low type; while in sporadic and phlogistic cases, either a particular part, or the entire superficies of the abdomen, will be the seat of constant, acute, and agonizing pain.

Puerperal Inflammation usually seizes women within a few days, but sometimes not till some weeks after delivery, and is ordinarily

ushered in by severe rigors, though often only by horripilatio or slight chills. The temperature of the surface is usually augmented; but, should the disease be of a typhoid character, it will be even below the standard of heat. The pulse is accelerated, though varying much in frequency, force, and fulness, being either hard and incompressible, or yielding and powerless. The countenance always expresses either anxiety or suffering; now and then, from the commencement, it puts on a distressingly saddened and apprehensive character, with severe and tensive headache. The tongue is not always white and foul. I have known it perfectly clean through the entire course of the malady, and have often seen amendment follow when the tongue has lost its loaded, cream-coloured appearance, and become brown and dry.

If the disease is not checked and subdued, it generally proceeds rapidly, and the abdomen becomes tympanitic, and swollen to a size nearly equal to what it was before delivery. From the inflamed condition of the parts, and the exquisite pain which exists, the very weight of the hand or bed-clothes is intolerable; and in order to endure her distress the patient is obliged to lie on her back, with her knees bent upwards, to relax the abdominal muscles. The slightest pressure or motion greatly harasses her. The stomach is often severely affected from the first, and vomiting is a not unfrequent attendant; regurgitation of the contents of the stomach almost always attends the disease towards its close. The bowels are constipated, but this is not uniformly the case; now and then numerous scanty and extremely offensive motions rather tease than relieve the intestines. The hepatic and intestinal secretions are not healthy. The bladder is usually affected either with a constant inclination to empty itself, or there is a suspension of the renal functions. The secretion is turbid and high-coloured, sometimes milky, and this has been deemed a highly dangerous symptom. As the disease advances, the abdominal tumefaction augments, and great difficulty of breathing ensues. The secretion of milk, in most cases, becomes diminished, and it soon ceases altogether. The breasts are flaccid and empty, and if the uterus was not primarily concerned, now the lochial discharge is put a stop to, in consequence of participating in the disease.

If the disease proceeds in its course, all the symptoms become highly aggravated ; and, at last, a deceitful remission, or a total cessation of pain occurs, though occasionally the patient is agonized to the last ; the pulse becomes extremely small, feeble, intermittent, and scarcely to be counted ; the tongue dry and brown ; the countenance wild, and expressive of great distress ; the skin alternately hot and cold ; and the teeth covered with sordes ; cold, clammy sweats break out over the whole body ; the urine and the fæces come away involuntarily ; the extremities are cold ; and the patient, often in full possession of her intellectual consciousness, dies within four or six days from the accession of disease,—sometimes within a few hours from the prostration of the sensorial functions, owing to inexplicable sympathy subsisting between the vital powers and the destructive process in a remote organ, however trifling may be its degree. But there is a great difference in the duration of this disease. In strictly active inflammatory cases, death occurs much more distantly from the accession of the complaint, than in those cases which commence with extreme prostration of the vital powers, and rapidly assume a typhoid character.

In approaching the *management* of this insidious and formidable complaint, I confess to you that I am appalled and discouraged by the difficulties which press upon me. When this disease becomes epidemic, in defiance of the best concerted plans of treatment, the insatiate monster death moves on in his desolating path, without our being able to alter his course or stay his progress. At this very time, in one of our largest metropolitan hospitals, although directed by some of the most intelligent and devoted men that adorn our profession, such has been the mortality, that its inmates have been expelled, and its doors closed ; in another, with which I am myself connected, it is raging like the plague ; and while I am speaking, women are dying under every form and variety of this overwhelming malady, notwithstanding those intensely anxious attentions which the magnitude of the evil is securing for them. In our hospitals it is extremely difficult to detect incipient inflammation. Women become terrified by the activity of the means, the employment of which they

hourly witness, and will most positively deny the existence of pain, and artfully conceal every symptom of disease.

The epidemic of one season may differ essentially from the epidemic of a preceding and following year, and may consequently demand very different management; and it is always found that the more generally prevalent the disease may be, the more fatal is its course. Sporadic cases are managed more successfully than those more strictly epidemic. Every case must be isolated and studied alone, and looked at by itself; and its management must depend on its type and its stage. Measures of paramount value and of imperative necessity in one case, and at some periods of the disease, will be valueless and detrimental under other circumstances. It is very unusual for any case to preserve an unwavering uniformity of character during its entire progress; and consequently, the treatment must vary with its exigencies; and if we expect to bring the disease to a satisfactory termination, we shall be compelled so to alter our course of proceeding, as to incur the risk of being chargeable, by the novice and inexperienced, with vacillation and indecision.

Our treatment must be at once simple and decided: promptitude is as necessary as activity, because the curable stage rapidly passes away,—often in a few hours. Should the case be decidedly inflammatory, with a hard, unyielding, vibrating pulse, and acute, constant pain, the abstraction of blood, locally and generally, early and copiously, with the steady exhibition of purgatives, mercury and opiates, constitute the remedial means on which our hopes must be suspended; all other measures being merely auxiliary and subordinate. Much depends on the early and liberal detraction of blood. One bleeding of twenty or thirty ounces within the first six hours of the attack, will accomplish more than the loss of twice the quantity in several small bleedings after twelve hours have elapsed. *Neque temere, neque timide*, should be engraven on every lancet. Blood-letting will always be in discredit in the management of inflammation of vital parts, if used with timidity, or resorted to late. It is owing to the inefficient influence of a small bleeding, begun too late, or repeated after too long an interval, that the natural and rapid tendency

of the disease to assume a low or typhoid character, has been supposed to be the result, or at least to have been aggravated by this invaluable, but in these cases ill-managed, remedy. The necessity of proportioning blood-letting in all cases to the actual effect which it is observed to produce on the pulse of the patient, and on her pain; and not on any arbitrary measure of ounces, if we would do justice to our patient, and obtain the full agency of the remedy, must be the only limitation of the quantity of blood to be withdrawn, provided all that is requisite be abstracted within the first twelve or twenty-four hours of the disease.

Now I entreat you, Gentlemen, not to infer that I am a convert to the modern practice of almost indiscriminate bleeding in the majority of diseases. So far from it, I deem the present rage for blood-letting in almost every ailment to which the human frame is liable, as most injudicious and injurious; I would enter my protest against it; and deeply regret that in the practice of medicine we do not rather steadily keep in view the object to be accomplished, and reflect whether that object may not be attained by other means with which we may be supplied from the *Materia Medica*; rather than by having incessant recourse to one, which, while it subdues urgent disease, often induces as a consequence serious mischief: but, at the same time, I do maintain that, when the necessity positively exists, we do not employ the remedy sufficiently early, or sufficiently liberally.

But to return to the disease under consideration. One early and plentiful bleeding, inducing a temporary collapse of the system, will generally suffice for an acute attack of the most active kind: the *temporary debility* resulting from *such* a bleeding may be greater, but the *permanent weakness* is certainly less. Fainting is very desirable in the abstraction of blood in this, and, indeed, in all inflammatory diseases, because it implies an almost entire cessation of circulation. This is most readily accomplished by having our patient's head raised, preserving the body in a recumbent posture, and by suddenly drawing away blood from a large orifice, or permitting it to flow from two veins at the same time. It will thus be found that the abstraction of a less quantity of blood will be required for every stage of this disease, superseding the practice of small and

repeated bleedings, which exhaust the strength as much as the original excitement, and inevitably accelerate the fatal termination of our patient's sufferings. Still, blood-letting is not allowable beyond a certain extent, and must not be repeated when the danger of organic mischief has disappeared, or general exhaustion rapidly ensues; immediate depletion may produce a universal and irrecoverable suspension of the vital principle, or at least leave a vacillating state of the circulation, or a hurried reaction of the heart and arteries, or congestion of the venous system, or effusion of serum; thus instituting a disease almost as dangerous as the one removed. I need scarcely add, that the application of leeches to the abdomen, and cupping from the loins, are adjuvants of considerable value; and especially when some dregs of inflammatory disease may remain after copious general bleeding.

Yet there are unquestionably very many cases so modified by constitution, by season, and by other circumstances above noticed, and which run so rapidly towards a state of collapse, that the abstraction of blood from the arm is tantamount to signing the death-warrant of the patient. It is in these cases, and they are by far the most numerous in and about this metropolis, that *local bleeding* by leeches is an invaluable remedial measure. While *general* bleeding diminishes the force of arterial action, *topical* bleeding unloads and relieves the capillary vessels. When copious and general bleeding is inadmissible and injurious, fifty or a hundred leeches should be applied to the abdomen; and this will scarcely ever be done without sensible relief,—often to such an extent that the poor woman will again and again solicit their reapplication. In the epidemic and typhoid form, this is often the only allowable method of abstracting blood; and in every stage of this unmanageable disease, even when effusion is manifest and death is inevitable, leeches will smooth the ruggedness of the path. The bleeding may be encouraged by a large, soft, warm poultice.

Considerable benefit will result from the application of a *blister* over the entire abdomen, when topical bleeding is no longer advisable; and sometimes very marked relief will be afforded, on the principle of revulsion or counter-irritation, by repeatedly covering the

bowels with flannel dipped in hot oil of turpentine. This may be used every six hours, for ten minutes each time, until high erythematous efflorescence takes place.

Immediately after bleeding, the most effectual means of emptying the bowels must be had recourse to, so that an evacuation once in three or four hours may be obtained for two or three days, or longer if necessary. The existence of diarrhœa, which is sometimes attendant on this disease, must not prevent the exhibition of purgatives, because the fæces are scybalous, slimy, and fetid; such, only keep up an incessant irritation in the abdomen, which will be best remedied by cathartics. *Saline purgatives* do not appear to be well adapted to this disease. They produce irritation and distention, and lead the unwary to suspect inflammation. They seem to accelerate the peristaltic action of the bowels, discharging frequent and watery stools, while the hardened scybala, in the arch and head of the colon, remain unmoved by their operation.

A full dose of *calomel*, say a scruple or half a drachm, with or without jalap, or jalap in cinnamon water, with a little citric acid, may be exhibited. If jalap be not combined with the calomel, castor oil should be given an hour or two after it. By these means we shall completely unload the intestinal canal of its contents, allaying irritation in its course.

Perhaps *oil of turpentine*, in all cases not admitting of much reduction of power, is the best purgative that can be given. It may be combined with castor oil and laudanum; and by this combination we shall freely unload the intestines, and produce gentle excitement and a healthy action of their mucous coat. In those alarming cases of *spasm* of the uterus and large intestines, which are constantly being mistaken for Puerperal Inflammation, this combination will act as a charm.

Purgative and emollient glysters are decidedly beneficial, and fomentations to the abdomen are always found to be soothing and useful.

Opiates combined with mercurials are invaluable. Opium used to be thought to afford only an insidious truce, and rather tend to obscure and prolong the disease than to contribute to its subjugation.

I place great dependance on large doses of opium and calomel in all cases after bleeding and purging. They must be exhibited in such doses as will make a decided impression on the sensorial functions, and speedily bring the constitution under the specific influence of mercury; and when we succeed in doing this, the case will generally assume a favourable character.

Camphor in scruple doses, combined with opium, will be found a very efficient anodyne in cases of great restlessness with comparatively little acute suffering.

Digitalis, *Nitrate of potass*, *Ipecacuanha*, and *Antimony*, are of great value as adjuvants, but cannot be exclusively relied upon, because irreparable mischief may take place while waiting for their operation. The *infusion* of *digitalis* is most speedy in its influence, most decided in its effects, and most capable of being controlled in its operation.

In presenting to the Hunterian Society this avowedly imperfect and intentionally rapid sketch, or mere outline of one of the most obscure, interesting, and unmanageable of the complaints of women, I wish it to be distinctly understood that what I have offered has been with feelings of the highest deference. I have purposely thrown my materials together in the most familiar and colloquial style, and I am aware that I may be charged with reiteration, from a wish to press home my own painful experience and convictions. I have ventured to lay down only general governing principles, faithful pathological statements, and practical suggestions, such as will, I hope, be acknowledged to be cautious and impartial deductions from incontrovertible facts, forced on my observation at the bed-side of patients during moments of intense anxiety. Should a particle of information have been conveyed, a single doubt removed, or more correct diagnosis established, I shall deem this one of the most useful days of my professional existence.