power will differ in different persons, but it may be said that, in so far as it is defective, whether by exhaustion from long-continued violent efforts, or natural want of strength, in so far exactly is the danger of after hemorrhage increased. In these circumstances, considering the thing merely theoretically, it would evidently be a great advantage if the uterine muscular fibres, already much exhausted, had something to rest upon half-way, to give time for the recovery of that power which is still necessary, not now, however, for the expulsion of the child, but for the safety of the woman. Of all the contrivances that could possibly be conceived for this purpose, the existence of the placenta, filling the uterus, as it were, like a plug, and applying itself closely to its inner surface, is one of the most admirable. Of the many important functions which it is destined to perform, this is certainly not one of the least; and if nature in her wise designs be not crossed or interfered with, but be aided and assisted, such a course will not only lead with ease to the result aimed at, but will save the practitioner a world of anxiety and much valuable time. These observations might be illustrated by cases in which the partial neglect of the precautions I speak of led to alarming hemorrhage, but I trust it is unnecessary to devote space to them. It would be, of course, to no purpose inserting cases of an opposite kind, illustrating the safety of the practice inculcated, as their evidence would be entirely of a negative character.

(To be continued.)

Art. III.—Observations on the Intermittent and Remittent Fevers of the West Indies. By Hugh Croskery, L. R. C. S. I., Honorary Member of the Surgical Society of Ireland; Licentiate of the College of Physicians and Surgeons of Jamaica, &c. &c; late Assistant Surgeon, R.N.

Mr. R. T., planter, aged 37, of slender make, and rheumatic diathesis, was attacked with intermittent fever on Saturday, the 13th of August, 1859, and, until Monday the 15th, when I saw him, the fever had continued with very little intermission. He stated that he had suffered much on the 12th from headach, nausea, vomiting, and a sense of extreme tension at the præcordium. To relieve the latter, a mustard cataplasm had been applied, and with much benefit. On the morning of the 15th I found him with a moist skin, and a soft but rapid pulse. He did not seem much inclined to talk. The nurse,
however, told me that he had been passing blood, both by stool and in his urine. On examining the contents of the chamber utensil, I found the urine to be of a dark porter colour, with a deposit of grumous sediment at the bottom of the vessel. The evacuations were liquid, black, and very offensive, and evidently contained a large amount of bile. On admitting a stream of light into the room, I now discovered what no one had suspected, namely, that Mr. T. was jaundiced. The conjunctiva were deeply tinged with bile, and the upper part of the body was of a deep lemon colour. The tongue was loaded with a thick yellow fur. The bowels had been moved during the night, and the evacuations were of an acrid nature, showing that the biliary secretion had been more than usually profuse. The attack had evidently been very sudden, and no one had noticed the deep yellow tinge of the skin before I had attracted attention to it. What, then, was the primary cause?

Mr. T. had, for a long time previously, and at different periods, been confined to bed by a rheumatic affection, and had often shown signs of hepatic congestion, passing bloody stools for days together. Just now, however, pressure over the hypochondria and epigastrium does not elicit any evidence of pain. The liver then is not altogether at fault. Mr. T. is often a sufferer from rheumatism, and, as the pathological conditions, which predispose to the latter, are closely allied to the morbid states that induce jaundice and tropical fevers, it is not difficult to come to the conclusion that the jaundice is, in this case, a concomitant of the fever, and that there has been a greater secretion of bile than it was possible for nature to carry off by the usual channel. I ordered him ten grains of calomel and five of James' powder at once, and a draught of five grains of quinia dissolved in a little acidulated water, immediately after; a second powder of five grains of calomel and three grains of James' powder at mid-day, followed by a second draught of quinia; in addition, a Seidlitz draught every third hour, and an opiate of twenty minims of laudanum at bedtime. He vomited a good deal after taking the first powder, and brought up large quantities of bile. In the course of the day the stools became less offensive, and large quantities of dark bilious matter were evacuated. The conjunctiva and skin became clearer, and the patient more lively. About 6 o'clock P.M. I was sent for in great haste, and when I reached the house, I found Mr. T. in a very weak state, and in great pain. The urine was now of a deep port-wine colour, and, on the addition of nitric acid, deposited fibrine in large quantities. A strip of linen dipped in it, and then subjected to the action of muriatic acid,