

cluding the cases dying within the first twenty-four hours, it was 19.56 per cent.; in 1851, it fell to 8.8; in 1860 it rose to 60 per cent. Out of 18,292 cases; from the different hospital of London, Glasgow, and Edinburgh, there were 3,525 deaths: a mortality of 18.78 per cent.

Speaking of the treatment of typhus, Lebert, one of the latest authorities, says:*

"Absolute cleanliness is to be insisted upon, both with regard to the bed, the body, and the excretions of the patient. The treatment is at the best *expectant*, as in typhoid fever and acute diseases generally, and once more I insist upon the most careful and thorough ventilation, for cold is much less to be feared than bad air. Quiet is to be maintained. As the nursing is exhaustive, experienced nurses should be obtained. Cool drinks in abundance, water, lemonade, carbonic acid water, and every three hours I give milk, broth, or small quantities of weak soup. Cold sponging is rather pleasant than useful. Cold baths at about 65° Fahr. may be repeated day and night as often as the temperature rises above 102.2° Fahr.; these are not only well borne, but meet with no opposition from the patient as soon as a few have been taken.

Trousseau almost literally endorses Douglas and Racey's Practice, and says:† "We cannot cure the disease, we cannot even shorten its course; all we can do, is to be on the watch to assist nature. I repeat to you the words of Stokes, of Dublin, that *the disease cures itself*. If you keep up the patient to the fourteenth, nineteenth, or twenty-first day, he will recover. The leading indications are to sustain the vital powers by food suited to the digestive capacity of the individual, by stimulating and tonic beverages, and by wine and spirits measured out in exact quantities."

As to alcoholic stimulants, they formed *no part* of Dr. Douglas' plan of treatment. Food and not drink was his plan of treatment, and has ever been mine also. This fact I mention *pointedly*, in consequence of the fatal abuse of alcoholic stimulants in the treatment of fevers and other diseases at the present day. I shall have no burthen on my conscience "when I go hence to be no more seen of men" on this account; but, in the truthful and eloquent words of Dr. Graves of Dublin, to his pupils: "If you are at a loss for an epitaph to inscribe on my tomb, you may use these words: **HE FED FEVERS.**"

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St. George's Day, 23rd April, 1875. }

*Cyclopædia of the Practice of Medicine, by Ziemssen, vol. 1., page 339; Wood & Co., New York, 1874.

†Trousseau's Clinical Lectures, vol. 1., page 315; Lindsay & Blackiston Philadelphia, 1873.

P.S.—In the foregoing paper I have not touched on the etiology, symptomatology, complications, duration, diagnosis or prognosis of "typhus fever," my object being solely to lay before the medical profession what seems to me to be unparalleled success. The cases treated by Dr. Douglas at Beauport, were cases of true idiopathic "typhus," "typhus petechialis," which is a typically distinct disease from "typhoid fever." Dr. Frantz Glenard, a French physician, who was a prisoner during the Franco-Prussian war,* demonstrated the advantages of hydropathy in the treatment of typhoid and typhus fever, under Dr. Brand of Stettin, and says:—"Out of 170 cases there was not a single casualty," but he does not say there were cases of petechial typhus.

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*"Practical Guide to Health, &c., by F. Arnold Lees," F.R.S., L.R.C.P.L., M.R.C.S., Eng., London, 1874.

Progress of Medical Science.

THE MANAGEMENT OF HEAD-LAST LABORS.

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Labors in which the head is born last are the bugbears of the physician; and well they may be, for Atropos, and not Lucina, presides over them. The tediousness of the labor, the probable ascent and possible fracture of the arms, the impaction of the head, the peril in which the child's life is placed, and the very disagreeable chance of breaking the neck, or, indeed, of leaving the head behind, present in their aggregate a very unwelcome group of complications. The chief dread of the physician is, however, the death of the child, and the length of the labor.

The causes of foetal death in this form of labor are manifold. But, what is worse, they accumulate in proportion as labor advances, and in the end act in concert. The first, in regard to time, comes from the irregularity of the presenting part, and consists in the escape of all the liquor amnii as soon as the bag of water breaks. The next is the delay attending the expulsive stage. The other causes lie in ambush until the breech is born, and then combine with the former in making a deadly assault upon the child's life. These include the compression of the cord and placenta, the partial detachment of the latter, the embarrassment to the utero-placental circulation from the lessened size of the womb, and, finally, what is not uncommon, the long pauses between the pains. But there is yet another danger, not so generally known, which is, perhaps, the most common cause of death before delivery, and of feeble vitality or of death after delivery. When the placental circulation begins to flag, the child, unless at once delivered, keenly craves oxygen. Urged on by this air-hunger, it makes premature respiratory movements. But since air cannot gain excess to its nostrils, the child draws into its lungs the bloody and mucous discharges of the maternal passages. These foreign bodies so plug up the bronchia that the child is very liable to die either at