

lular tissue. Above 20 days, 2; both into cellular tissue; of which 1 lived 42 days.

Recovered, 5; 3, into cellular tissue; 1, into peritoneal cavity; 1, partial.

*Post-mortem appearances of Viscera.*—External marks of injury in 2, both ruptured into peritoneal cavity. No external marks of injury in 8; 7, ruptured into cavity of peritoneum; 1, not involving peritoneum. Fracture and injury of pelvis in 15; 11, ruptured into cellular tissue; 3, into peritoneum; 1, not given. Marks of inflammation in abdomen, in 31; 27, being into peritoneal cavity; 5, into cellular tissue; 2, not involving peritoneum. No marks of inflammation in cavity of abdomen, 7; 4, being ruptured into cellular tissue; 3, into cavity of abdomen.

*Post-mortem appearances of Bladder.*—Rupture into cavity of peritoneum, 50; 39, the result of direct violence; 6, concussion, or indirect violence; 4, from parturition; 2, stricture; 1, retroversion uteri. Rupture in the anterior wall of the bladder, 9; 5, being direct violence; 3, concussion; 1, stricture. Rupture at neck, 6; 5, direct violence; 1, not given. No bladder found, 2; bladder firmly contracted in 17.

## PRACTICE OF MEDICINE.

*Pertussis—its Treatment, based on a Conjectural Pathology*—by R. L. MADISON, M. D., PETERSBURG, VA.—The wide-spread prevalence of this distressing disease—the rapidity with which it propagates itself—the formidable sequelæ by which it is followed—and, above all, the fearful manner in which it decimates the ranks of childhood, gives to it a pre-eminence in the scale of diseases, equaled scarcely by any other, and causes it to be viewed by the physician with an apprehension which he only can appreciate.

Notwithstanding the great antiquity of whooping cough—notwithstanding the careful attention which it has received at the hands of ancient and modern investigators—and in spite of the revelations of the microscope, almost the same obscurity now rests upon its pathology as in the days of De Thou, Sauvages, or Conario!

That the "pathology of pertussis" consisted in a bronchitis exaggerated by epidemic influence, was for a long period a part of the professional creed—again it was supposed to be superinduced by pneumonic inflammation—by some it was considered to be an irritation of the peripheral extremity of the pneumogastric nerve—while others believed that the

cough was essentially spasmodic in its character, and that the irritation inducing it was located in the brain!

Now with all due respect, to the high authorities who have promulgated the above-mentioned theories, it appears to me that they have invariably mistaken effects for causes, and signs for symptoms of disease. The simple fact that bronchitis occurs so frequently in children, without being accompanied by any of the phenomena of whooping cough, proves conclusively that the disease does not consist in this, and that we must push our investigations further before we can arrive at correct conclusions. If inflammation either of the lungs or of the brain could originate whooping cough, certainly pneumonia or cerebritis would constantly attend it; whereas they are known to be merely accidental lesions, or rather complications following, and evidently caused by, the violence of the cough.

Whoever has seen a child attacked by a paroxysm of whooping cough, and has witnessed its painful struggles—the convulsive and suffocative cough—the laryngismal spasm, and the sudden determination of blood to the brain—must be surprised that congestion and inflammation of the lungs, bronchi, larynx and brain do not more frequently occur!

It was conjectured by the late Dr. Sey of England, that an enlargement of the cervical glands by a "specific animal poison," similar to that of the parotids in mumps, constituted the essence of whooping cough, by causing from their enlargement an irritation of the pneumogastric and recurrent nerves. But here also the effect seems mistaken for the cause; for swelling of these glands often occurs as the result of pulmonary and bronchitic irritations, and when present in whooping cough, they make their appearance not at the commencement but at the height or towards the termination of the disease!

Now, a careful investigation of a good many cases, which have recently presented themselves to my observation, induces me to believe that the cough is essentially nervous in its character, developed by a specific irritation of the spinal cord extending from the origin of the eighth pair down to that of the phrenic nerve. This conclusion is arrived at by a species of negative induction. If the cough were dependent upon pneumonic inflammation, we should have all the physical signs of pneumonia constantly de-