

sary for the effective operation of the exciting external cause—that the former is restricted to parturient females, and therefore they can only be influenced by the latter. Dr. M. shows the childbed fever is epidemic, and has enumerated the different visitations of this fearful scourge that have been authentically reported; and in treating of contagion, makes some unhappy jumbling in trying to discriminate between contagion and pestilence. The observations offered certainly do not strengthen the assumption he puts forth of the non-contagiousness of childbed fevers. We think the fact of their contagiousness is satisfactorily proved by a large number of credible testimonies. We need only allude to one, the communicability of their infection by the accoucheur, an occurrence well known, and substantiated by many observations. As to the nature of these diseases, we are not disposed to admit they are of the nature of common inflammation, for we see this action attacking the same parts in the same class of persons, and not being attended by any other than its ordinary features, certainly by none of the characteristic phenomena of the puerpeal affections. We think Mr. M. has hit upon nearly, if not altogether, the right explanation in the following passage; the discrepancy in sentiment and belief it evinces from opinions formerly maintained are not for us to unravel; we are not expositors of double workings or contradictory statements. “I suppose certain conditions of the nervous mass of individuals, or even vast numbers of a population may be brought about by epidemic forces that allow the subject organs to fall into certain specific modes of disease, which disease will depend upon the original and peculiar impression made by the morbid cause.”

The sixteenth letter is on “*the diagnosis*” of childbed fevers. It contains some useful hints that may be judiciously observed by the practitioner. Occasionally, however, he is too terse and *peculiar* to please us, thus, in treating of that important symptom meteorism in peritonitis, he thus describes and finishes it:—“Tympanitis or *ballooning* of the belly is an invariable symptom, but it is greater or less in different cases and times. You ought expect to find a smaller and softer abdomen in metro-phlebitis than in peritonitis.”

Of the style—the expressions, and composition—of Meigs on childbed fevers, we feel disposed, as the saying is, to open out our mind freely, but we refrain, because the author assures us it is the last book he will ever publish, so that any remarks for his personal edification would only be thrown away. We sincerely hope, however, that his successors in literary matters will guard against the levity, aye even profanity, the conceit, the pedantry, inflation and affectation that darken and spoil nearly every page of the writings of this Nestor of American obstetricians in whom, after fifty-five years’ experience in medical matters, such faults