ordinary inference, where, from the state of the lungs, this process has been proved to have existed, is, that the child must have been born *alive*. Had the cases, however, to which I have referred, been left to themselves, the infants would have been born *dead*, with an indented groove encircling their necks; and yet a *post-mortem* examination would have revealed all the indications usually regarded as conclusive proof that they had been born *alive*. Hence, then, the necessity of great caution in forming an opinion of the cause of death in all such cases.—*Edinburgh Medical and Surgical Journal*, February, 1858.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION. BY J. N. BORLAND, M.D., SECRETARY.

FEB. 1st, 1858.—Dr. BUCKINGHAM read a paper* on a case of *Acute Rheumatism, with Disease of the Heart, and Effusion into the Pleura.*

In reply to questions asked by Dr. BOWDITCH, Dr. Buckingham said there was no prominence over the heart; that the patient had no tendency to syncope when she had dyspnœa, the nearest approach to it being dizziness when sitting up; no dislocation of the heart was noticed. Dr. B. diagnosticated effusion, when he found dulness on percussion in the lower part of the back, and a tympanitic resonance above it, with bronchial respiration throughout: he could not say whether or no the heart's sounds were transmitted along the carotids. Dr. Bowditch asked this last question, because it has been stated as a point in diagnosis, that *endocardial* murmurs are transmitted along the carotids, while the *pericardial* murmurs are not.

Dr. Bowditch said he thought more active treatment would have been better in restraining the heart affection. He thinks very highly of the antiphlogistic treatment in just such cases as the one reported, as it does no harm at all to the general disease, while it relieves the local trouble. It is one of the points of practice of which he feels most sure.

Dr. Buckingham replied that this was just the point on which he disagreed with Dr. Bowditch. He thought that such antiphlogistic treatment did no good whatever. The published cases of Latham would go to prove even more than its want of efficacy, most of his patients thus treated having died, and those that lived were left in poor condition. Until very recently, just such a course would have been pursued in the management of iritis. The Society have lately had laid before them the good results of the opposite method.

Dr. Bowditch, however, could not disavow the results he had obtained in his own practice. He but a short time since had had under treatment a case of endocardial disease. While let alone, the symptoms grew steadily worse; but as soon as he began to use tincture of iodine and leeches they began to improve, and this improvement has been steadily maintained. This same thing has been proved to him

* Published in another part of this number of the JOURNAL.

again and again. In regard to all treatment, Dr. Bowditch thinks we have reached the ultimatum of scepticism. He went through with it himself, some twenty years ago, since which time his medical faith has been steadily reviving.

In reply to questions by Dr. J. C. WHITE, Dr. Buckingham said that he had not noticed any peculiar character of the pulse, as affected by disease of the valves, and that he had thought there was no disease of the mitral valves. Dr. White asked if any notice was paid to the sound of the pulmonary valves? He asked the question because it was now considered possible in all cases to determine if there is insufficiency of the mitral valve, but not by the position of the murmur alone. It would be impossible, in the majority of cases, to say whether we had insufficient mitral or stenosis of aortal valves, by the fact that we heard the souffle more plainly at the aorta, or the apex of the heart. Auscultation of the pulmonary valves, however, decides this point; for whenever there is insufficiency of the bicuspid, the second sound of the pulmonary artery must be accentuated just in proportion to the extent of disease in the left ventricle. The explanation of this is as follows. The blood by the ventricular contraction is partly thrust back into the auricle, and from thence the impulse is extended through the pulmonary veins to the lungs, and the pulmonary artery, causing partial stagnation in that vessel, and a consequent flapping back of its valves with unusual force. In this way the accentuation becomes, without exception, diagnostic of mitral insufficiency, and whenever this sound is absent, there can be no such disease. This is true also in any pulmonary disease when there is obstruction to the free circulation of blood through the organs. And in emphysema, even, we may have the accentuation as strong as in valvular disease.

Dr. White said that this explanation was fully substantiated by autopsies, and was generally accepted throughout Germany, though it had not yet got into English books.

Dr. PARKS asked Dr. Buckingham why he relied so much on Cannabis Indica in the treatment of this case?

Dr. B. replied, that he had been making numerous experiments of late with this drug, as to its powers of relieving pain, and it had answered so well in other cases that he wished to use it in this. He thought that opium might perhaps have relieved the pain more quickly, but having had bad results in other cases with opium, he felt disinclined to use it. As to the use of Cannabis Indica, Dr. Buckingham said that he thought the activity of the medicine depended very much upon the parcel from which it was taken. When used in five-grain doses, he thought it a good substitute for opium. He was first led to use it from results obtained by Dr. John C. Dalton, Jr., who took it in doses commencing at 20 drops of the tincture, three times daily, increasing the amount to 100 drops three times daily. The use of it in the latter dose induced a peculiar prolonged and agreeable sleep.

Dr. CABOT said that he had employed it, and never saw any result obtained from less than three-grain doses.

Dr. CLARKE asked if any peculiar mental effect was produced.

Dr. Buckingham had not noticed any; he had never given the medicine in over five-grain doses at a time. He commonly orders one or two grains every hour, till the pain is relieved. The apothecaries

commonly consider three grains as the maximum dose. He had not found it to produce any peculiar effect on the skin, nor to act as a diuretic.

Dr. Clarke said that of late the Cannabis Indica was much used in the treatment of the insane, and that it had been found to be exceedingly variable in its effects.

Dr. Buckingham remarked, that as prepared by one or two London chemists, the drug was very even and powerful; generally it was not so. The best of it only dissolves in chloroform, ether, or the strongest alcohol. The best way of making a mixture was to dissolve the drug in chloroform, and then add to it simple syrup. In about twenty-four hours it will settle to the bottom, but it may be readily shaken up again.

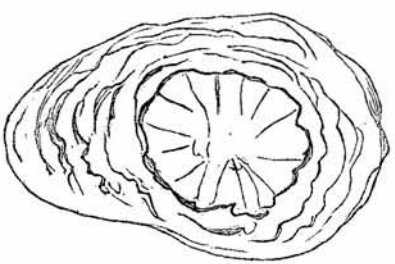
EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.
BY W. O. BROWN, M.D., SECRETARY.

AUG. 3d, 1857.—*Scarlatina.* Dr. SNOW (Physician to the Board of Health) remarked, that scarlatina continued to prevail to some extent in the city.

Dr. J. MAURAN stated it as a singular fact, that scarlatina was very rarely (almost never) fatal in Tuscany, it being always of the simple form. It was very prevalent there. The prevalent disease in Tuscany was milliaria.

Low Diet in threatened Miscarriage.—Dr. MAURAN remarked upon the benefit sometimes derived from low diet, in cases of habitual miscarriage. In illustration of this point, he related a case which had come to his knowledge, of a lady of notable family descent, in Edinburgh, who had miscarried in eleven successive pregnancies, but who was safely carried through the twelfth, under the care of Dr. Simpson, by strict adherence to a very abstemious diet. The child was represented as being very poor at its birth.

SEPT. 7th.—*Large Biliary Calculus.*—Dr. COLLINS exhibited a large biliary calculus, and furnished the following sketch and notes of the case.



The calculus was two inches long, one inch and five sixteenths wide, and weighed six drachms. A view of it, after being sawn through, with its nucleus of cholesterine, is shown in the accompanying cut.

The patient, a female, æt. 50, single, was taken sick Feb. 7th, 1857 She had suffered from a "bilious" attack in the preceding August. There was urgent vomiting, and other symptoms of mechanical obstruction of the bowels. The symptoms continued, with great severity, until the 14th of March, forty-two days, when the calculus presented itself at the anus, and was removed by the finger. The convalescence was exceedingly slow; but she has nearly recovered her previous health.

Some discussion followed upon various articles which have been